HRB **Trends** Series

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Trends in treated problem drug use in Ireland, 2001 to 2006

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National Drug Treatment Reporting System

Contents

Summary

The data presented in this paper describe trends in treated problem drug use in Ireland between 2001 and 2006. The paper describes treated problem drug use in relation to person, place and time. The analysis presented is based on data reported to the National Drug Treatment Reporting System (NDTRS) and to the Central Treatment List (CTL). It is important to note that the NDTRS collects data on episodes of treatment, rather than the number of individual people treated each year. This means that individuals may appear in the figures more than once if they attend more than one treatment service in a year, and may reappear in subsequent years.

The main findings and their implications are:

- There were 68,754 cases treated between 2001 and 2006, of which 31,620 entered treatment during the six-year period. Of these cases, 29,373 (93%) lived in Ireland at an identified address, 2,203 (7%) lived in Ireland at an unidentified address and 44 (0.1%) did not live in Ireland.
- In Ireland, treatment for problem drug use is provided in outpatient, inpatient, low-threshold and general practice settings. Of the 68,754 cases treated between 2001 and 2006, the majority (68%) attended outpatient services. The number of individuals in methadone treatment from the preceding calendar year and carried forward on 1 January each year increased by 46%, from 4,963 in 2001 to 7,269 in 2006. Just over 2,300 methadone treatment places have been created since the beginning of the current National Drugs Strategy (2001–2008).
- Of the 5,191 cases entering treatment for problem drug use in 2006, 51% received counselling, 39% received methadone substitution, 17% received a brief intervention and 14% attended medication-free therapy. Thirty-six per cent of cases received more than one initial treatment intervention. It is widely recognised that a combination of interventions is required to treat problem drug use effectively. In recent years there has been an increase in the types of intervention provided, and a greater emphasis on brief intervention, counselling, family therapy, aftercare and social re-integration.

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- The **prevalence** of treated problem drug use among 15–64-year-olds living in Ireland, expressed per 100,000 of the population, increased by 15%, from 372 in 2001 to 426 in 2006. This increase consists mainly of previously treated cases, indicating that problem drug use is a chronic health condition that requires repeated episodes of treatment over time or continued treatment for an extended period of time.
- New cases entering treatment are an indirect indicator of recent trends in problem drug use. The **incidence** of treated problem drug use among 15–64-year-olds living in Ireland was marginally lower in 2006 (74.8 cases per 100,000) than in 2001 (75.7 cases).
- The relatively stable incidence observed during the period masks separate trends in the former health board areas. The number of new cases increased by 100% in the Western, by 57% in the Midland, by 37% in the North Eastern and by 33% in the Mid-Western health board areas between 2001 and 2006. The number of new cases increased by 89% in the South Eastern Health Board area between 2001 and 2005.
- An opiate (mainly heroin) was the most common main problem drug reported by new cases who lived in Dublin. There was a 31% decrease in the number of new opiate cases who lived in Dublin, from 675 in 2001 to 468 in 2006, indicating that the heroin epidemic in this area has abated. In contrast, there was a 96% increase in the number of new opiate cases who lived outside Dublin, from 226 in 2001 to 442 in 2006.
- The main problem drugs reported by new cases were cannabis (41%), opiates (39%) and cocaine (9%). In line with the results of the 2006/7 general population survey, the number of new cases who reported cocaine as their main problem drug increased noticeably, from 43 in 2001 to 342 in 2006. The number of new cases reporting cannabis as their main problem drug increased marginally.
- The most commonly reported main problem drug for new cases varied between HSE regions: cases living in the Dublin North East and Dublin Mid-Leinster regions reported opiates, while cases living in the South and West regions reported cannabis. Across all HSE regions, between 7% and 10% of new cases reported cocaine as their main problem drug, which indicates that problem cocaine use is a small but nationwide problem.
- The vast majority (72%) of new cases treated between 2001 and 2006 reported problem use of more than one substance (polysubstance use). The proportion of new cases entering drug treatment who reported using more than one drug remained constant between 2004 and 2006. In the HSE South and West regions, the two most common additional problem drugs reported by new cases were alcohol and ecstasy. Cannabis and cocaine were the two most common additional problem drugs reported by new cases in the HSE Dublin North East and Dublin Mid-Leinster regions. Of the new cases who entered treatment during the period under review, 31% reported problem use of two substances, 23% reported problem use of three substances and 18% reported problem use of four or more substances. Polysubstance use increases the complexity of these cases, and is associated with poorer treatment outcomes.
- The association between the main problem drug and additional drugs among new cases entering treatment was examined for the period 2001 to 2006. The pattern of additional drugs used was linked to the main problem drug. The additional substances used with cannabis and cocaine indicate their link with alcohol and other recreational drugs. Information about the combinations of drugs used and the situation in which they are used is important in terms of individual clients' care plans, and policy initiatives.

- The rise in polysubstance use presents a challenge to drug treatment and monitoring systems that have traditionally focused on the use of individual substances. While there are no policy links between alcohol and drug treatment services in Ireland, in practice, many drug services also treat clients with problem alcohol use. There appears to be a growing consensus in recent years that responses to problem drug and alcohol use should be integrated. The data presented in this paper indicate that there is a definite overlap between problem alcohol and other drug use, and highlight the need for an integrated approach to the management of substance misuse in this country. Indeed, a number of the former health boards have linked drug and alcohol treatment at local level.
- In total, 2,473 new injector cases entered treatment between 2001 and 2006. Over half of these were still injecting on entry to treatment, and 47% reported sharing injecting equipment. The proportion of injector cases who reported sharing equipment decreased from 51% in 2001 to 44% in 2006, which indicates the positive effect of proactive outreach work. The number of new cases entering treatment who had ever injected drugs was much lower in the HSE South and West regions than in the HSE Dublin Mid-Leinster and Dublin North East regions. Injecting drug use was associated with opiates and, to a lesser extent, with amphetamines and cocaine. Several studies in Ireland have linked injecting drug use with infection by blood-borne viruses such as hepatitis C and HIV.
- In general, problem drug users are young and male, have low levels of education and are unlikely to be employed, indicating the importance of personal development and educational and employment opportunities as part of the drug treatment and reintegration process. Almost 18% of all new cases treated were under 18 years of age, while just under 3% of treated previously cases were in this young age group.
- Though small, the proportion of cases who reported being homeless and the proportion not born in Ireland increased steadily during the reporting period. Previously treated cases entering treatment reported a higher incidence of homelessness (5%) than new cases entering treatment (3%). The proportion of cases who reported that they were not born in Ireland was higher among new cases (4%) than among previously treated cases (3%) in 2006. The increase in the proportion of other nationalities seeking treatment may have implications for service provision as drug treatment interventions rely heavily on verbal communication.
- In 2004, there was a decrease in returns to the NDTRS from many areas of the country because of a change in the NDTRS protocol and a lack of clarity about how the new protocol was to be applied at each treatment service. Completion of NDTRS forms or Dublin Addiction Information System (DAIS) entries by counsellors working in drug treatment centres in Dublin is sporadic and lower than desired. NDTRS returns were not completed by some services in the former Mid-Western Health Board area between 2002 and 2005, but this was rectified in 2006 and 2007. While there has been an improvement in NDTRS returns by general practitioners, further work is required to sustain this improvement and increase coverage. The proportion of new cases aged under 18 years was considerably higher in the HSE West and South regions than in the other two HSE regions; this may be due to under-reporting in the other two HSE regions or to a lack of appropriate treatment facilities for young drug users in those regions. The issues raised in this paragraph should be kept in mind when interpreting this paper.

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 in this case because 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 2007, in a county with a population of 31,182, 10 opiate users sought treatment for the first time. The incidence is the number of new cases treated divided by the county population, expressed per given number of the population, i.e., per 100, per 1,000, per 10,000, per 100,000 etc. The rate in this example may be calculated as follows: (10/31,182) x 100,000, which gives an incidence rate of 32 per 100,000 of the county population in 2007.
- 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 2007, in a county with a population of 31,182, 10 opiate users sought treatment for the first time, 20 returned to treatment and five continued in treatment from the previous year, giving a total of 35 people treated for problem opiate use in the year. The prevalence is the total number of cases divided by the county population, expressed per given number of the population, i.e., per 100, per 1,000, per 10,000, per 100,000 etc. The rate in this example may be calculated as follows: (35/31,182) x 100,000, which gives a prevalence rate of 112 per 100,000 of the county population in 2007.
- Epidemic disease levels exist when there is an excess number of new cases among a specific population for that point and place in time. An epidemic can also be called an outbreak. An excess number of cases is defined as a number greater than two standard deviations above the norm expected for that point in time.
- Health Service Executive (HSE)
  - On 1 January 2005, the 10 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 maintained these 10 areas for an interim period and called them HSE areas. The table below presents the past health board structure and the interim HSE area structure:

Regional Health Authority	Health boards	HSE areas
Not applicable	North Eastern Health Board	HSE North Eastern Area
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
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
Not applicable	Southern Health Board	HSE Southern Area
Not applicable	Mid–Western Health Board	HSE Mid-Western Area
Not applicable	North Western Health Board	HSE North Western Area
Not applicable	Western Health Board	HSE Western Area

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

– Following a number of years of re-structuring, health care is now provided through four HSE regions and 32 local health offices (LHOs). The local health offices are based on the geographical boundaries of the former community care areas. The table below presents the current HSE structure:

HSE regions	Local health offices		
HSE Dublin North East	North West Dublin North Central Dublin	North Dublin Cavan/Monaghan	Louth Meath
HSE Dublin Mid-Leinster	Dun Laoghaire Dublin South East Dublin South City	Dublin South West Dublin West Kildare/West Wicklow	Wicklow Longford/Westmeath Laois/Offaly
HSE South	Cork South Lee Cork North Lee West Cork	North Cork Kerry Carlow/Kilkenny	Tipperary South Waterford Wexford
HSE West	Donegal Sligo/Leitrim/West Cavan Galway	Mayo Roscommon Tipperary North/ East Limerick	Limerick Clare

– The data in this paper relating to the average annual incidence of treated problem drug use and place of residence of treated cases living in Ireland are presented by HSE region and by former health board area. Each of the four HSE regions is made up of a number of former health board areas and can be easily divided along their boundaries. It is also worth noting that the 10 regional drugs task forces were created to service the areas covered by the former health boards.

Introduction

The National Drug Treatment Reporting System (NDTRS) is an epidemiological database on treated drug and alcohol misuse in Ireland. It is co-ordinated by staff at the Alcohol and Drug Research Unit (ADRU) of the Health Research Board (HRB) on behalf of the Department of Health and Children. The monitoring role of the NDTRS is recognised by the Government in its document *Building on experience: National Drugs Strategy 2001–2008*. The collection and reporting of data to the NDTRS is one of the actions identified and agreed by Government for implementation by the former health boards (now HSE regions): 'All treatment providers should co-operate in returning information on problem drug use to the Drug Misuse Research Division [now ADRU] of the HRB' (Department of Tourism, Sport and Recreation 2001: 118).

The NDTRS was established in 1990 in the Greater Dublin Area and was extended in 1995 to cover all areas of the country. It was 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). Originally designed to record drug misuse, the NDTRS recorded problematic use of alcohol only in cases where it was an additional problem substance, that is, where the client's main reason for entering treatment was drug misuse but he/she also reported problematic use of alcohol.

However, it became increasingly evident that alcohol was the main problem substance in Ireland and that a large proportion of cases used both alcohol and drugs (Long *et al.* 2004). In parts of the country, particularly outside Dublin, alcohol and drug treatment services are integrated. Failure to include alcohol data in reporting systems leads to an underestimation of problem substance use, and of the workload of addiction services (Long *et al.* 2004). In recognition of this, the remit of the NDTRS was extended in 2004 to include cases where alcohol is recorded as the main or only reason for seeking treatment. The overlap between problem alcohol and drug use has been identified in the current strategic plans of a number of drugs task forces, which have emphasised the need for treatment services that can address the many forms of polysubstance use.

Drug and alcohol treatment data are viewed as an indirect indicator of drug and alcohol misuse as well as a direct indicator of demand for treatment services. NDTRS data are used at national level (alcohol and drug data) and at European level (drug data) to provide information on the characteristics of clients entering treatment and on patterns of substance misuse, such as types of substance used and consumption behaviours. Drug data 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 substance misuse policy and planning. 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 (LDTF) areas, and are continuing to co-ordinate strategic responses to drug misuse in their communities. Again, in 2004, NDTRS data were used to describe treatment-seeking characteristics and behaviours of those under 18 years and to inform the deliberations of the Working Group on the need for a specific treatment approach (Working Group on treatment of under 18 year olds 2005). In recent years, NDTRS data have been used to inform some of the recommendations of the Working Group on Drugs Rehabilitation (2007), and by the Working Group on residential services to help estimate the number of residential places required to address severe alcohol and drug problems in Ireland (Corrigan and O'Gorman 2007).

The National Advisory Committee on Drugs (NACD) and the Department of Health, Social Services and Public Safety (Northern Ireland) published jointly two all-Ireland general population drug prevalence surveys which provide another view of drug use in Ireland (NACD and DAIRU 2005, 2008). The proportion of adults (aged 15–64 years) who reported using an illegal drug in their lifetime increased by 5 percentage points, from 19% in 2002/3 to 24% in 2006/7. The proportion of young adults (aged 15–34 years) who reported using an illegal drug in their lifetime also increased by 5 percentage points, from 26% in 2002/3 to 31% in 2006/7. As expected, more men than women reported using an illegal drug in their lifetime. The proportion of adults who reported using an illegal drug in the last year increased marginally, from 6% in 2002/3 to 7% in 2006/7. The proportion of young adults who reported using an illegal drug in the last year increased from 10% in 2002/3 to 12% in 2006/7. The proportion of adults who reported using an illegal drug in the last month remained stable at 3% in the two surveys.

Cannabis was the most commonly used illegal drug in Ireland. The proportion of adults who reported using cannabis at some point in their life increased from 17% in 2002/3 to 22% in 2006/7. Just over 5% of adults claimed to have tried ecstasy at least once in their lifetime in 2006/7. The proportion of adults who reported using cocaine (including crack) at some point in their life increased from 3% in 2002/3 to 5% in 2006/7. The proportion of young adults who reported using cocaine in their lifetime also increased, from 5% in 2002/3 to 8% in 2006/7. As expected, more men than women reported using cocaine in their lifetime. The proportion of adults who reported using cocaine in the last year increased from 1% in 2002/3 to almost 2% in 2006/7. The proportion of young adults who reported using cocaine in the last year increased from 2% in 2002/3 to 3% in 2006/7. The proportion of adults who reported using cocaine in the last month was similar in both surveys at less than 1%.

Methods

Treatment for problem drug use in Ireland is provided by statutory and non-statutory services, including residential centres, community-based addiction services, general practices and prison services.

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 substance misuse problems. Clients who attend needle-exchange services are not included in this reporting system. From 2004 onwards, clients who report alcohol as their main problem drug have been recorded by the system. These data have been presented in an earlier paper in the HRB Trends Series (Fanagan *et al.* 2008). Drug treatment options include one or more of the following: medication (detoxification, methadone reduction, substitution programmes and psychiatric treatment), brief intervention, counselling, group therapy, family therapy, psychotherapy, complementary therapy, and/or life-skills training.

Compliance with the NDTRS requires that one form be completed for each new client coming for first treatment and for each previously treated client returning to treatment for problem drug use. Service providers at treatment centres throughout Ireland collect data on each individual who attends for first treatment or returns to treatment in a calendar year. In February each year, staff maintaining the Central Treatment List provide the HRB with data on the number of individuals who were receiving methadone treatment on 31 December in the preceding year and carried forward to 1 January in the current year. The Central Treatment List (CTL) was established under Statutory Instrument No. 225. This list is administered by the Drug Treatment Centre Board on behalf of the Health Service Executive and is a complete register of all clients receiving methadone as treatment for problem opiate use in Ireland. When a person is considered suitable for methadone detoxification or maintenance, the prescribing doctor applies to the CTL for a place, and a unique number is allocated to the client. Under this system, each client can receive their methadone from one source only.

Staff at the ADRU of the HRB compile anonymous, aggregated data, which are analysed and reported at national and EU levels.

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

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

Continuous care cases – describes individuals continuing in methadone treatment from the preceding calendar year and carried forward to 1 January each year;

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;

New cases treated – describes individuals who have never been treated for problem drug use; and

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 that individuals appear more than once in the database: for example, where a person receives treatment at more than one centre.

Treatment is provided in both residential and non-residential settings (Table 1). Data returns to the NDTRS for clients entering treatment services for problem drug use during 2006 were provided by 238 treatment services, comprising 146 outpatient services, 23 residential facilities, three low-threshold services and 66 general practitioners.

The data presented in this paper provide a description of problem drug use in Ireland by health area of residence between 2001 and 2006. There were 68,754 cases treated in the six-year period, of which 31,620 entered treatment during the reporting period. Of these cases, 29,373 (93%) lived in Ireland at an identified address, 2,203 (7%) lived in Ireland at an unidentified address and 44 (0.1%) did not live in Ireland. The tables presenting data on service provision and treatment status are based on the total number of 68,754 treated cases (Tables 1 and 2). Table 3 presents data on the 31,620 cases who entered treatment during the period under review. The remainder of the tables are based on the 29,373 cases who entered treatment and whose HSE region of residence in Ireland was known.

Analysis

The analysis presented demonstrates the public health importance of problem drug use and provides an outline of the following: service provision; numbers treated; incidence and prevalence of treatment; main problem drugs; additional problem drugs; initial treatment intervention(s) provided; risk behaviours; socio-demographic characteristics; and relationships between the main problem drug and selected characteristics.

Service provision

The total number of drug treatment services available in Ireland and participating in the NDTRS increased between 2001 and 2006 (Table 1). The largest increase was in outpatient treatment services. Of the 68,754 cases treated, the majority (68%) attended outpatient services. The Prison Service has not participated in the NDTRS up to now, but intends to submit data from 2008 onwards. The number of general practitioners providing data to the NDTRS decreased sharply, from 99 in 2005 to 66 in 2006. This could be due to a lapse in participation or a decrease in cases entering treatment; this observation requires further investigation.

Table 1 Number and types of service providing treatment for problem drug use and number of cases in treatment (in brackets) in Ireland and reported to the NDTRS or the CTL, 2001 to 2006

Type of service	2001		2002		2003		2004		2005		2006	
	Number of services (Number of cases treated)											
All cases in treatment		**(10098)**		**(11062)**		**(11515)**		**(11235)**		**(12100)**		**(12744)**
Outpatient	N/A	(7134)	N/A	(7723)	N/A	(7808)	N/A	(7487)	N/A	(8156)	N/A	(8626)
Residential	N/A	(725)	N/A	(800)	N/A	(900)	N/A	(739)	N/A	(827)	N/A	(994)
Low-threshold*	N/A	(227)	N/A	(188)	N/A	(269)	N/A	(310)	N/A	(289)	N/A	(234)
General practitioner	N/A	(2012)	N/A	(2343)	N/A	(2527)	N/A	(2699)	N/A	(2828)	N/A	(2890)
Service type unknown†	N/A	(0)	N/A	(8)	N/A	(11)	N/A	(0)	N/A	(0)	N/A	(0)
Cases continuing in methadone treatment from previous year‡		**(4963)**		**(5601)**		**(5944)**		**(6433)**		**(6924)**		**(7269)**
Outpatient	N/A	(3239)	N/A	(3652)	77	(3758)	77	(4044)	79	(4328)	81	(4532)
Residential	N/A	(7)	N/A	(11)	2	(9)	2	(8)	4	(10)	2	(7)
Low-threshold*	N/A	(87)	N/A	(63)	2	(64)	2	(89)	2	(98)	2	(88)
General practitioner	N/A	(1630)	N/A	(1875)	207	(2113)	221	(2292)	224	(2488)	230	(2642)
Service type unknown†	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)
Previously treated and new cases who entered treatment during year		**(5135)**		**(5461)**		**(5571)**		**(4802)**		**(5176)**		**(5475)**
Outpatient	117	(3895)	121	(4071)	132	(4050)	144	(3443)	146	(3828)	146	(4094)
Residential	16	(718)	20	(789)	17	(891)	19	(731)	21	(817)	23	(987)
Low-threshold*	2	(140)	2	(125)	3	(205)	3	(221)	3	(191)	3	(146)
General practitioner	83	(382)	92	(468)	91	(414)	95	(407)	99	(340)	66	(248)
Service type unknown†	0	(0)	1	(8)	1	(11)	0	(0)	0	(0)	0	(0)

*Low-threshold services are services that provide low-dose methadone or drop-in facilities only.
† Relevant data not recorded on the NDTRS form returned.
‡ Data provided by the Central Treatment List.

Numbers treated

Of the 68,754 cases in treatment for problem drug use between 2001 and 2006, 37,134 (54%) were continuous care cases. Continuous care cases are those continuing in methadone treatment from the preceding calendar year and carried forward on 1 January each year. The number of cases carried forward increased by 46%, from 4,963 in 2001 to 7,269 in 2006 (Table 1). Just over 2,300 methadone places have been created since the beginning of the National Drugs Strategy in 2001. The number of previously treated cases increased by 6%, from 2,837 in 2001 to 3,000 in 2006 (Table 2). Continuous care cases and previously treated cases are an indicator of a chronic situation and the requirement for addiction services into the future. The number of new cases increased by 8%, from 2,108 in 2001 to 2,278 in 2006. New cases entering treatment are an indirect indicator of recent trends in problem drug use.

Table 2 Number (%) of cases in treatment in Ireland, by treatment status, reported to the NDTRS, 2001 to 2006

Treatment status	2001		2002		2003		2004		2005		2006	
	Number (%)											
All cases in treatment	**10098**		**11062**		**11515**		**11235**		**12100**		**12744**	
Cases continuing in methadone treatment from previous year	4963	(49.1)	5601	(50.6)	5944	(51.6)	6433	(57.3)	6924	(57.2)	7269	(57.0)
Entries to treatment each year	**5135**		**5461**		**5571**		**4802**		**5176**		**5475**	
Of which:												
Previously treated cases returning to treatment	2837	(28.1)	3072	(27.8)	3192	(27.7)	2765	(24.6)	2970	(24.5)	3000	(23.5)
New cases	2108	(20.9)	2131	(19.3)	2245	(19.5)	1858	(16.5)	2054	(17.0)	2278	(17.9)
Treatment status unknown*	**190**	**(1.9)**	**258**	**(2.3)**	**134**	**(1.2)**	**179**	**(1.6)**	**152**	**(1.3)**	**197**	**(1.5)**

*Relevant data not recorded on the NDTRS form returned.

Of the 31,620 cases entering treatment for problem drug use, 29,373 (93%) lived in Ireland at an identified address, 2,203 (7%) lived in Ireland at an unidentified address and 44 (0.1%) did not live in Ireland (Table 3).

The remainder of the tabular analysis in this paper is based on 29,373 cases who lived in one of the four HSE regions and entered treatment for problem drug use in Ireland between 2001 and 2006.

Table 3 Number (%) of cases entering treatment in Ireland, by place of residence, reported to the NDTRS, 2001 to 2006

Place of residence	2001		2002		2003		2004		2005		2006	
	Number (%)											
All cases entering treatment	**5135**		**5461**		**5571**		**4802**		**5176**		**5475**	
Specified HSE region	4797	(93.4)	4948	(90.6)	5054	(90.7)	4506	(93.8)	4877	(94.2)	5191	(94.8)
Ireland unknown	331	(6.4)	504	(9.2)	514	(9.2)	291	(6.1)	290	(5.6)	273	(5.0)
Not resident in Ireland	7	(0.1)	9	(0.2)	3	(0.1)	5	(0.1)	9	(0.2)	11	(0.2)

In 2004, the total number of cases entering treatment decreased in all HSE regions apart from HSE Dublin Mid-Leinster, but in the following years the number of cases gradually increased in all HSE regions (Table 4). The NDTRS protocol changed in 2004; this may have reduced compliance in some HSE regions, which may explain the decrease in numbers in 2004. In the six-year period as a whole, the highest proportion of all cases entering drug treatment lived in HSE Dublin Mid-Leinster Region (39%); 29% lived in the HSE Dublin North East Region; and the lowest proportion (10%) lived in HSE West Region (Table 4). The highest proportion of new cases entering drug treatment lived in the HSE South Region (34%); 27% lived in the HSE Dublin Mid-Leinster Region; and the lowest proportion (14%) lived in the HSE West Region. The largest proportional increase in new cases between 2001 and 2006 was in the HSE West Region (at 35%), followed by the HSE Dublin North East (at 18%) and South (at 11%) regions.

Table 4 Number (%) of cases entering treatment in Ireland, by HSE region of residence and by treatment status, reported to the NDTRS, 2001 to 2006

HSE region of residence*	2001		2002		2003		2004		2005		2006	
	Number (%)											
All cases entering treatment	**4797**		**4948**		**5054**		**4506**		**4877**		**5191**	
Dublin North East	1446	(30.1)	1278	(25.8)	1499	(29.7)	1347	(29.9)	1484	(30.4)	1511	(29.1)
Dublin Mid-Leinster	1966	(41.0)	2030	(41.0)	1802	(35.7)	1870	(41.5)	1876	(38.5)	1995	(38.4)
South	975	(20.3)	1144	(23.1)	1255	(24.8)	886	(19.7)	1047	(21.5)	1104	(21.3)
West	410	(8.5)	496	(10.0)	498	(9.9)	403	(8.9)	470	(9.6)	581	(11.2)
Previously treated cases	**2588**		**2721**		**2838**		**2555**		**2760**		**2781**	
Dublin North East	859	(33.2)	771	(28.3)	963	(33.9)	850	(33.3)	942	(34.1)	811	(29.2)
Dublin Mid-Leinster	1281	(49.5)	1422	(52.3)	1238	(43.6)	1303	(51.0)	1331	(48.2)	1346	(48.4)
South	320	(12.4)	370	(13.6)	470	(16.6)	281	(11.0)	334	(12.1)	388	(14.0)
West	128	(4.9)	158	(5.8)	167	(5.9)	121	(4.7)	153	(5.5)	236	(8.5)
New cases	**2030**		**2005**		**2097**		**1790**		**1976**		**2228**	
Dublin North East	531	(26.2)	444	(22.1)	499	(23.8)	442	(24.7)	488	(24.7)	629	(28.2)
Dublin Mid-Leinster	621	(30.6)	513	(25.6)	517	(24.7)	503	(28.1)	489	(24.7)	567	(25.4)
South	630	(31.0)	741	(37.0)	774	(36.9)	588	(32.8)	700	(35.4)	698	(31.3)
West	248	(12.2)	307	(15.3)	307	(14.6)	257	(14.4)	299	(15.1)	334	(15.0)
Treatment status unknown	**179**		**222**		**119**		**161**		**141**		**182**	

*Excludes cases whose HSE region of residence is not known and cases not normally resident in Ireland.

Data are presented by former health board area of residence as these areas have the same geographical boundaries as seven of the 10 regional drugs task force areas, which is very useful for service planning purposes. The former South Western Area (of Dublin and Wicklow), Northern Area (of Dublin) and Southern health boards reported the highest numbers of cases entering treatment. The former North Western and Western health board areas reported the lowest numbers of cases entering treatment (Table 5). Apart from the South Western Area, all health board areas had a decrease in the total number of cases entering treatment in 2004. The total number of cases who entered treatment in the South Western Area decreased by 17% between 2001 and 2003 and increased again in 2004. The total number of cases entering treatment in the Western Health Board area increased by 144% between 2001 and 2006.

In the Southern, North Western, Midland, Western and South Eastern health board areas the numbers of previously treated cases increased between 2001 and 2003 but decreased in 2004. The small numbers of previously treated cases entering treatment and living in the Mid-Western Health Board area decreased between 2002 and 2004. This decrease is likely to be explained by under-reporting to the NDTRS, rather than by a true decrease in problematic drug use or a decrease in service provision; the figure increased by 108% between 2004 and 2006.

New cases entering treatment are an indirect indicator of recent trends in problem drug use. The number of new treated cases living in the East Coast Area Health Board (of Dublin and Wicklow) decreased by 63%, from 144 in 2001 to 54 in 2005, and increased noticeably (to 95 cases) in 2006. The number of new cases entering treatment and living in the South Western Area Health Board decreased by 36% between 2001 and 2003, increased again in 2004, and remained relatively stable in the following two years. Opiates (mainly heroin) were the main drugs reported by cases who attended drug treatment centres in Dublin, and the stabilisation in the number of new cases is an indicator that the opiate epidemic in Dublin in the nineties has abated.

Table 5 Number (%) of cases entering treatment in Ireland, by former health board area of residence and by treatment status, reported to the NDTRS, 2001 to 2006

Former health board area of residence*	2001		2002		2003		2004		2005		2006	
	Number (%)											
All cases entering treatment	**4797**		**4948**		**5054**		**4506**		**4877**		**5191**	
Southern	616	(12.8)	660	(13.3)	645	(12.8)	378	(8.4)	490	(10.0)	513	(9.9)
North Western	101	(2.1)	110	(2.2)	120	(2.4)	118	(2.6)	108	(2.2)	102	(2.0)
Midland	117	(2.4)	148	(3.0)	228	(4.5)	196	(4.3)	175	(3.6)	195	(3.8)
Western	79	(1.6)	144	(2.9)	160	(3.2)	105	(2.3)	178	(3.6)	193	(3.7)
Mid-Western	230	(4.8)	242	(4.9)	218	(4.3)	180	(4.0)	184	(3.8)	286	(5.5)
North Eastern	370	(7.7)	306	(6.2)	387	(7.7)	374	(8.3)	365	(7.5)	471	(9.1)
South Eastern	359	(7.5)	484	(9.8)	610	(12.1)	529	(11.7)	609	(12.5)	636	(12.3)
East Coast Area	332	(6.9)	391	(7.9)	304	(6.0)	230	(5.1)	260	(5.3)	327	(6.3)
South Western Area	1464	(30.5)	1426	(2.8)	1215	(24.0)	1392	(30.9)	1364	(28.0)	1414	(27.2)
Northern Area (Dublin)	1076	(22.4)	972	(19.6)	1112	(22.0)	97321.6		1119	(22.9)	1040	(20.0)
Area of residence unknown†	53	(1.1)	65	(1.3)	55	(1.1)	31	(0.7)	25	(0.5)	14	(0.3)
Previously treated cases	**2588**		**2721**		**2838**		**2555**		**2760**		**2781**	
Southern	195	(7.5)	214	(7.9)	267	(9.4)	108	(4.2)	165	(6.0)	165	(5.9)
North Western	28	(1.1)	36	(1.3)	40	(1.4)	29	(1.1)	22	(.8)	33	(1.2)
Midland	42	(1.6)	57	(2.1)	91	(3.2)	82	(3.2)	66	(2.4)	77	(2.8)
Western	31	(1.2)	46	(1.7)	62	(2.2)	43	(1.7)	75	(2.7)	101	(3.6)
Mid-Western	69	(2.7)	76	(2.8)	65	(2.3)	49	(1.9)	56	(2.0)	102	(3.7)
North Eastern	125	(4.8)	99	(3.6)	146	(5.1)	130	(5.1)	125	(4.5)	149	(5.4)
South Eastern	125	(4.8)	156	(5.7)	203	(7.2)	178	(7.0)	183	(6.6)	242	(8.7)
East Coast Area	179	(6.9)	236	(8.7)	197	(6.9)	161	(6.3)	199	(7.2)	217	(7.8)
South Western Area	1037	(40.1)	1088	(40.0)	928	(32.7)	1043	(40.8)	1041	(37.7)	1027	(36.9)
Northern Area (Dublin)	734	(28.4)	672	(24.7)	817	(28.8)	720	(28.2)	817	(29.6)	662	(23.8)
Area of residence unknown†	23	(0.9)	41	(1.5)	22	(0.8)	12	(0.5)	11	(0.4)	6	(0.2)
New cases	**2030**		**2005**		**2097**		**1790**		**1976**		**2228**	
Southern	408	(20.1)	427	(21.3)	373	(17.8)	257	(14.4)	317	(16.0)	332	(14.9)
North Western	71	(3.5)	71	(3.5)	75	(3.6)	86	(4.8)	79	(4.0)	68	(3.1)
Midland	74	(3.6)	70	(3.5)	135	(6.4)	107	(6.0)	105	(5.3)	116	(5.2)
Western	46	(2.3)	91	(4.5)	94	(4.5)	59	(3.3)	97	(4.9)	92	(4.1)
Mid-Western	131	(6.5)	145	(7.2)	138	(6.6)	112	(6.3)	123	(6.2)	174	(7.8)
North Eastern	221	(10.9)	186	(9.3)	229	(10.9)	236	(13.2)	224	(11.3)	303	(13.6)
South Eastern	222	(10.9)	314	(15.7)	401	(19.1)	347	(19.4)	420	(21.3)	392	(17.6)
East Coast Area	144	(7.1)	138	(6.9)	101	(4.8)	63	(3.5)	54	(2.7)	95	(4.3)
South Western Area	376	(18.5)	282	(14.1)	250	(11.9)	300	(16.8)	279	(14.1)	322	(14.5)
Northern Area (Dublin)	310	(15.3)	258	(12.9)	270	(12.9)	206	(11.5)	264	(13.4)	326	(14.6)
Area of residence unknown†	27	(1.3)	23	(1.1)	31	(1.5)	17	(0.9)	14	(0.7)	8	(0.4)
Treatment status unknown	**179**		**222**		**119**		**161**		**141**		**182**	

*Excludes cases whose HSE region of residence is not known and cases who are not normally resident in Ireland.

†Refers to cases living in Wicklow who were not assigned a specific electoral division code; it is not possible to assign such cases to a former health board area of residence.

The number of new cases living in the Southern Health Board area decreased by 19% over the reporting period, while the number of new cases in the North Western Health Board area decreased by 21% between 2004 and 2006. The number of new cases living in the following areas increased between 2001 and 2006: Western (by 100%), Midland (by 57%), North Eastern (by 37%) and Mid-Western (by 33%). The number of new cases increased by 89% in the South Eastern Health Board area between 2001 and 2005. These increases are largely explained by an expansion in treatment services for problem drug use outside the Dublin area during the reporting period.

With respect to local health office (LHO) areas, the total numbers of cases entering drug treatment between 2001 and 2006 were highest for those living in Cork, Dublin South West, Dublin North Central and Dublin South City, and lowest for those living in Mayo and Roscommon (Table 6).

The highest numbers of previously treated cases entering drug treatment between 2001 and 2006 lived in Dublin West, Dublin South West, Dublin North Central and Dublin South City LHO areas.

The numbers of new cases who entered drug treatment and lived in the LHO areas of Kildare–West Wicklow, Galway, North Tipperary, Louth, Meath, Wexford and Waterford increased between 2001 and 2006, while the numbers of new cases who entered treatment and lived in Laois–Offaly and South Tipperary increased in the earlier years under review but decreased in the later years. For example, the number of new cases entering treatment and living in the Laois–Offaly LHO area increased by almost 168% between 2001 and 2003 but decreased by 45% between 2003 and 2006.

The numbers of new cases who entered treatment and lived in the LHO areas of Dublin North Central, Donegal, Sligo–Leitrim, Mayo, Roscommon and Carlow–Kilkenny remained stable during the reporting period. The numbers of new cases who entered treatment and lived in Dublin South City, Dublin South West, Dublin West and Kerry decreased between 2001 and 2006. For example, the number of new cases entering treatment and living in Dublin South City LHO area decreased by 38% during the reporting period.

The numbers of new cases who entered treatment and lived in Dublin South, Dublin South East, North West Dublin, Dublin North Central, Wicklow East, Limerick, Cavan–Monaghan, Clare, and Longford–Westmeath decreased in the earlier years under review, but increased in the later years. For example, the number of new cases living in Wicklow East LHO area decreased by 65% between 2001 and 2005 and increased by 37% in 2006.

Table 6 Number (%) of cases entering treatment in Ireland, by local health office (LHO) area of residence and by treatment status, reported to the NDTRS, 2001 to 2006

Local health office	2001		2002		2003		2004		2005		2006	
	Number (%)											
All cases	**4797**		**4948**		**5054**		**4506**		**4877**		**5191**	
Dublin South	135	(2.8)	193	(3.9)	137	(2.7)	70	(1.6)	87	(1.8)	118	(2.3)
Dublin South East	94	(2.0)	92	(1.9)	69	(1.4)	64	(1.4)	60	(1.2)	68	(1.3)
Dublin South City	387	(8.1)	445	(9.0)	373	(7.4)	362	(8.0)	344	(7.1)	318	(6.1)
Dublin South West	478	(10.0)	447	(9.0)	360	(7.1)	420	(9.3)	422	(8.7)	482	(9.3)
Dublin West	560	(11.7)	524	(10.6)	488	(9.7)	546	(12.1)	531	(10.9)	477	(9.2)
North West Dublin	371	(7.7)	356	(7.2)	389	(7.7)	307	(6.8)	326	(6.7)	352	(6.8)
Dublin North Central	427	(8.9)	354	(7.2)	447	(8.8)	382	(8.5)	524	(10.7)	414	(8.0)
North Dublin	264	(5.5)	261	(5.3)	271	(5.4)	284	(6.3)	266	(5.5)	272	(5.2)
Kildare–West Wicklow	90	(1.9)	73	(1.5)	68	(1.3)	109	(2.4)	109	(2.2)	177	(3.4)
Wicklow East	92	(1.9)	70	(1.4)	65	(1.3)	68	(1.5)	89	(1.8)	113	(2.2)
Kerry	84	(1.8)	102	(2.1)	113	(2.2)	39	(0.9)	69	(1.4)	63	(1.2)
Donegal	49	(1.0)	59	(1.2)	51	(1.0)	76	(1.7)	53	(1.1)	56	(1.1)
Sligo–Leitrim	52	(1.1)	51	(1.0)	69	(1.4)	42	(0.9)	55	(1.1)	46	(0.9)
Longford–Westmeath	75	(1.6)	77	(1.6)	105	(2.1)	89	(2.0)	66	(1.4)	119	(2.3)
Laois–Offaly	42	(0.9)	71	(1.4)	123	(2.4)	107	(2.4)	109	(2.2)	76	(1.5)
Galway	38	(0.8)	87	(1.8)	90	(1.8)	69	(1.5)	115	(2.4)	124	(2.4)
Mayo	34	(0.7)	24	(0.5)	31	(0.6)	20	(0.4)	41	(0.8)	35	(0.7)
Roscommon	7	(0.1)	33	(0.7)	39	(0.8)	16	(0.4)	22	(0.5)	34	(0.7)
Limerick	159	(3.3)	143	(2.9)	113	(2.2)	105	(2.3)	111	(2.3)	172	(3.3)
Clare	44	(0.9)	63	(1.3)	52	(1.0)	42	(0.9)	37	(0.8)	67	(1.3)
North Tipp–East Limerick	27	(0.6)	34	(0.7)	44	(0.9)	33	(0.7)	35	(0.7)	47	(0.9)
Louth	175	(3.6)	117	(2.4)	229	(4.5)	179	(4.0)	205	(4.2)	220	(4.2)
Meath	122	(2.5)	150	(3.0)	127	(2.5)	159	(3.5)	113	(2.3)	175	(3.4)
Cavan–Monaghan	73	(1.5)	39	(0.8)	31	(0.6)	36	(0.8)	47	(1.0)	74	(1.4)
Carlow–Kilkenny	136	(2.8)	185	(3.7)	145	(2.9)	157	(3.5)	168	(3.4)	159	(3.1)
South Tipperary	61	(1.3)	76	(1.5)	154	(3.0)	96	(2.1)	78	(1.6)	86	(1.7)
Wexford	68	(1.4)	107	(2.2)	149	(2.9)	131	(2.9)	185	(3.8)	203	(3.9)
Waterford	94	(2.0)	111	(2.2)	162	(3.2)	145	(3.2)	178	(3.6)	188	(3.6)
Cork†	532	(11.1)	555	(11.2)	531	(10.5)	338	(7.5)	421	(8.6)	445	(8.6)
LHO area unknown‡	27	(0.6)	49	(1.0)	29	(0.6)	15	(0.3)	11	(0.2)	11	(0.2)
Previously treated cases	**2588**		**2721**		**2838**		**2555**		**2760**		**2781**	
Dublin South	76	(2.9)	116	(4.3)	87	(3.1)	49	(1.9)	65	(2.4)	83	(3.0)
Dublin South East	61	(2.4)	55	(2.0)	47	(1.7)	48	(1.9)	47	(1.7)	35	(1.3)
Dublin South City	282	(10.9)	344	(12.6)	281	(9.9)	295	(11.5)	286	(10.4)	247	(8.9)
Dublin South West	358	(13.8)	338	(12.4)	286	(10.1)	307	(12.0)	315	(11.4)	369	(13.3)
Dublin West	381	(14.7)	405	(14.9)	376	(13.2)	422	(16.5)	427	(15.5)	363	(13.1)
North West Dublin	261	(10.1)	234	(8.6)	277	(9.8)	217	(8.5)	246	(8.9)	241	(8.7)
Dublin North Central	291	(11.2)	263	(9.7)	355	(12.5)	308	(12.1)	396	(14.3)	246	(8.8)
North Dublin	171	(6.6)	174	(6.4)	181	(6.4)	195	(7.6)	172	(6.2)	174	(6.3)
Kildare–West Wicklow	41	(1.6)	38	(1.4)	29	(1.0)	46	(1.8)	40	(1.4)	75	(2.7)
Wicklow East	35	(1.4)	41	(1.5)	37	(1.3)	43	(1.7)	68	(2.5)	77	(2.8)
Kerry	28	(1.1)	39	(1.4)	57	(2.0)	10	(0.4)	27	(1.0)	17	(0.6)
Donegal	16	(0.6)	15	(0.6)	9	(0.3)	12	(0.5)	8	(0.3)	19	(0.7)
Sligo–Leitrim	12	(0.5)	21	(0.8)	31	(1.1)	17	(0.7)	14	(0.5)	14	(0.5)
Longford–Westmeath	31	(1.2)	36	(1.3)	51	(1.8)	44	(1.7)	33	(1.2)	47	(1.7)
Laois–Offaly	11	(0.4)	21	(0.8)	40	(1.4)	38	(1.5)	33	(1.2)	30	(1.1)
Galway	15	(0.6)	28	(1.0)	37	(1.3)	31	(1.2)	52	(1.9)	69	(2.5)
Mayo	12	(0.5)	5	(0.2)	9	(0.3)	6	(0.2)	14	(0.5)	16	(0.6)
Roscommon	4	(0.2)	13	(0.5)	16	(0.6)	6	(0.2)	9	(0.3)	16	(0.6)

Table 6 Number (%) of cases entered treatment in Ireland, by local health office (LHO) area of residence and by treatment status, reported to the NDTRS, 2001 to 2006 *(continued)*

Local health office	2001		2002		2003		2004		2005		2006	
	Number (%)											
Previously treated cases	**2588**		**2721**		**2838**		**2555**		**2760**		**2781**	
Limerick	41	(1.6)	36	(1.3)	31	(1.1)	23	(0.9)	36	(1.3)	58	(2.1)
Clare	19	(0.7)	25	(0.9)	17	(0.6)	14	(0.5)	9	(0.3)	25	(0.9)
North Tipp–East Limerick	9	(0.3)	14	(0.5)	13	(0.5)	12	(0.5)	11	(0.4)	19	(0.7)
Louth	69	(2.7)	38	(1.4)	101	(3.6)	53	(2.1)	79	(2.9)	70	(2.5)
Meath	33	(1.3)	52	(1.9)	34	(1.2)	64	(2.5)	32	(1.2)	59	(2.1)
Cavan–Monaghan	23	(0.9)	9	(0.3)	11	(0.4)	13	(0.5)	14	(0.5)	19	(0.7)
Carlow–Kilkenny	46	(1.8)	62	(2.3)	57	(2.0)	70	(2.7)	59	(2.1)	74	(2.7)
South Tipperary	20	(0.8)	16	(0.6)	42	(1.5)	30	(1.2)	23	(0.8)	30	(1.1)
Wexford	39	(1.5)	46	(1.7)	57	(2.0)	39	(1.5)	55	(2.0)	70	(2.5)
Waterford	20	(0.8)	30	(1.1)	47	(1.7)	39	(1.5)	46	(1.7)	68	(2.4)
Cork†	167	(6.5)	175	(6.4)	209	(7.4)	98	(3.8)	138	(5.0)	145	(5.2)
LHO area unknown‡	16	(0.6)	32	(1.2)	13	(0.5)	6	(0.2)	6	(0.2)	6	(0.2)
New cases	**2030**		**2005**		**2097**		**1790**		**1976**		**2228**	
Dublin South	54	(2.7)	69	(3.4)	45	(2.1)	19	(1.1)	19	(1.0)	33	(1.5)
Dublin South East	33	(1.6)	34	(1.7)	22	(1.0)	16	(0.9)	12	(0.6)	30	(1.3)
Dublin South City	91	(4.5)	84	(4.2)	77	(3.7)	60	(3.4)	53	(2.7)	56	(2.5)
Dublin South West	102	(5.0)	87	(4.3)	66	(3.1)	92	(5.1)	93	(4.7)	93	(4.2)
Dublin West	161	(7.9)	103	(5.1)	99	(4.7)	106	(5.9)	79	(4.0)	90	(4.0)
North West Dublin	102	(5.0)	108	(5.4)	104	(5.0)	78	(4.4)	66	(3.3)	91	(4.1)
Dublin North Central	123	(6.1)	79	(3.9)	83	(4.0)	58	(3.2)	111	(5.6)	147	(6.6)
North Dublin	82	(4.0)	71	(3.5)	82	(3.9)	70	(3.9)	87	(4.4)	87	(3.9)
Kildare–West Wicklow	44	(2.2)	32	(1.6)	36	(1.7)	60	(3.4)	68	(3.4)	96	(4.3)
Wicklow East	54	(2.7)	24	(1.2)	28	(1.3)	21	(1.2)	19	(1.0)	26	(1.2)
Kerry	55	(2.7)	58	(2.9)	56	(2.7)	27	(1.5)	42	(2.1)	44	(2.0)
Donegal	32	(1.6)	42	(2.1)	39	(1.9)	63	(3.5)	41	(2.1)	37	(1.7)
Sligo–Leitrim	39	(1.9)	29	(1.4)	36	(1.7)	23	(1.3)	38	(1.9)	31	(1.4)
Longford–Westmeath	43	(2.1)	31	(1.5)	52	(2.5)	42	(2.3)	30	(1.5)	70	(3.1)
Laois–Offaly	31	(1.5)	39	(1.9)	83	(4.0)	65	(3.6)	75	(3.8)	46	(2.1)
Galway	22	(1.1)	54	(2.7)	50	(2.4)	36	(2.0)	58	(2.9)	55	(2.5)
Mayo	21	(1.0)	19	(0.9)	21	(1.0)	13	(0.7)	27	(1.4)	19	(0.9)
Roscommon	3	(0.1)	18	(0.9)	23	(1.1)	10	(0.6)	12	(0.6)	18	(0.8)
Limerick	93	(4.6)	94	(4.7)	68	(3.2)	65	(3.6)	70	(3.5)	108	(4.8)
Clare	21	(1.0)	30	(1.5)	34	(1.6)	27	(1.5)	28	(1.4)	40	(1.8)
North Tipp–East Limerick	17	(0.8)	20	(1.0)	31	(1.5)	20	(1.1)	24	(1.2)	26	(1.2)
Louth	89	(4.4)	66	(3.3)	119	(5.7)	121	(6.8)	115	(5.8)	138	(6.2)
Meath	83	(4.1)	93	(4.6)	92	(4.4)	94	(5.3)	79	(4.0)	111	(5.0)
Cavan–Monaghan	49	(2.4)	27	(1.3)	18	(0.9)	21	(1.2)	30	(1.5)	53	(2.4)
Carlow–Kilkenny	87	(4.3)	119	(5.9)	88	(4.2)	86	(4.8)	108	(5.5)	85	(3.8)
South Tipperary	38	(1.9)	58	(2.9)	109	(5.2)	66	(3.7)	55	(2.8)	56	(2.5)
Wexford	26	(1.3)	57	(2.8)	92	(4.4)	90	(5.0)	126	(6.4)	133	(6.0)
Waterford	71	(3.5)	77	(3.8)	112	(5.3)	105	(5.9)	131	(6.6)	118	(5.3)
Cork†	353	(17.4)	366	(18.3)	317	(15.1)	229	(12.8)	275	(13.9)	286	(12.8)
LHO area unknown‡	11	(0.5)	17		15	(0.7)	7	(0.4)	5	(0.3)	5	(0.2)
Treatment status unknown	**179**		**222**		**119**		**161**		**141**		**182**	

*Excludes cases whose HSE region of residence is not known and cases not normally resident in Ireland.

† The LHO area coding for County Cork was inconsistent for the period 2001–2006.

‡ Refers to cases living in Wicklow who were not assigned a specific electoral division code and to cases living in other counties who were not assigned a specific county code; it is not possible to assign such cases to an LHO area of residence.

Incidence and prevalence of treated drug use

In order to adjust for variation in population size by geographical area, the actual incidence of treated drug use in each area was calculated using the average number of new cases over the six-year period living in each of the 10 former health board areas, 26 counties and 32 local health office areas; this average was divided by the population aged 15–64 years living in the respective former health board areas and counties, using the census figures for 2001 and 2006, and for local health office areas using census figures for 2006 only (Census 2007).

Between 2001 and 2006, the average incidence of new cases treated for problem drug use was highest in the former South Eastern Health Board area (at 117 cases per 100,000 of the 15–64-year-old population), followed by the North Eastern (at 91 cases) and Southern (at 84 cases) health board areas (Figure 1).

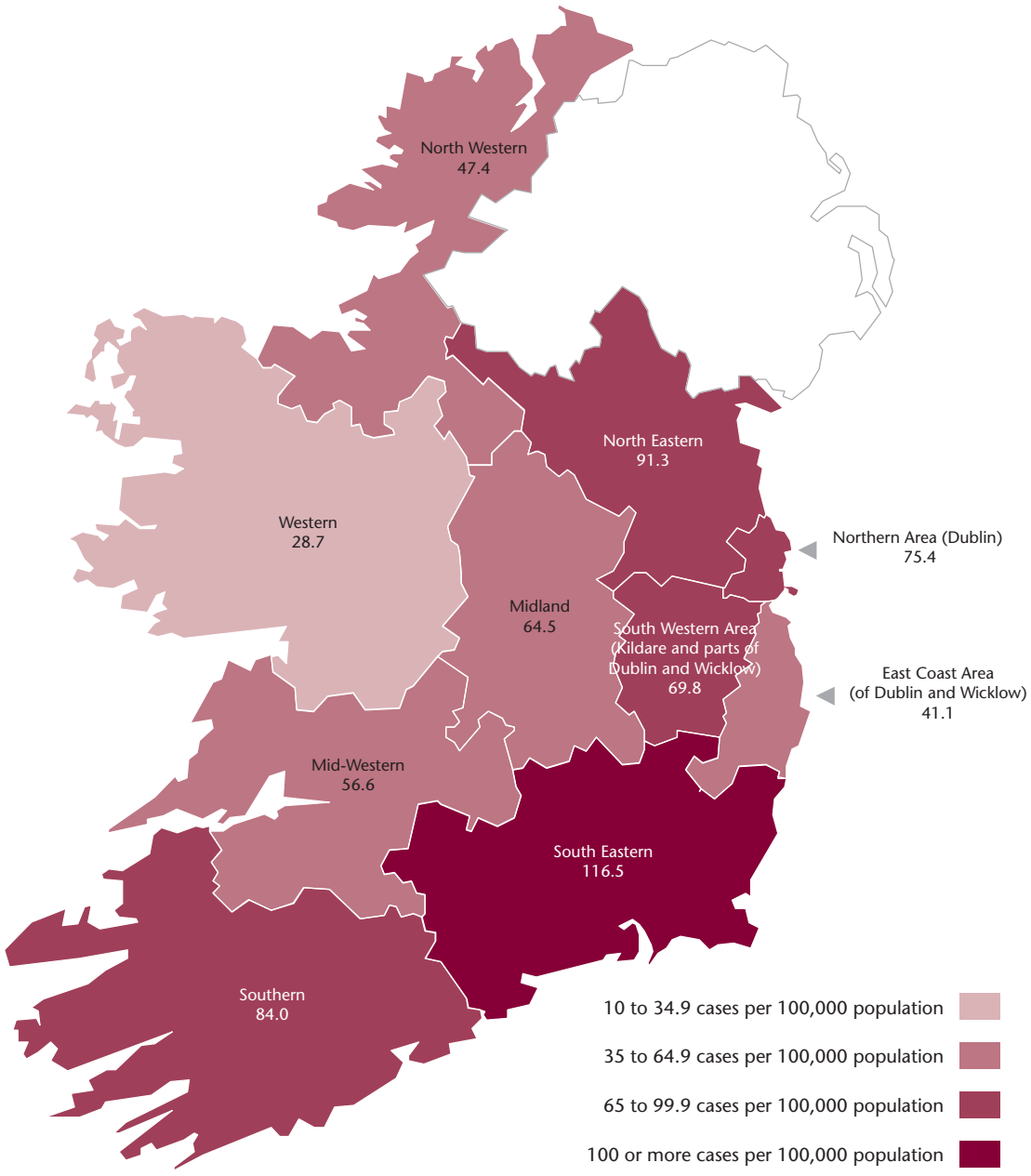


Figure 1 Average annual incidence of treated problem drug use among 15–64-year-olds living in Ireland, by former health board area of residence, based on returns to the NDTRS per 100,000 of the population, 2001 to 2006 (Central Statistics Office 2007)

The Western Health Board area had the lowest incidence, at 29 cases per 100,000, indicating one or more of the following: lower drug use rates in this area than in the rest of Ireland, or lower access to or uptake of appropriate treatment services.

The incidence of treated problem drug use was examined by county for the period 2001 to 2006 (Figure 2). The average incidence for the period were highest in Carlow, Waterford, Louth and Wexford (with over 104 cases per 100,000 of the 15–64-year-old population) followed by Cork, Meath, Tipperary, Kilkenny, Sligo, Dublin, and Laois (with between 69 and 93 cases per 100,000). The incidence was lowest in Leitrim, Mayo, Galway and Monaghan (with between 11 and 31 cases per 100,000).

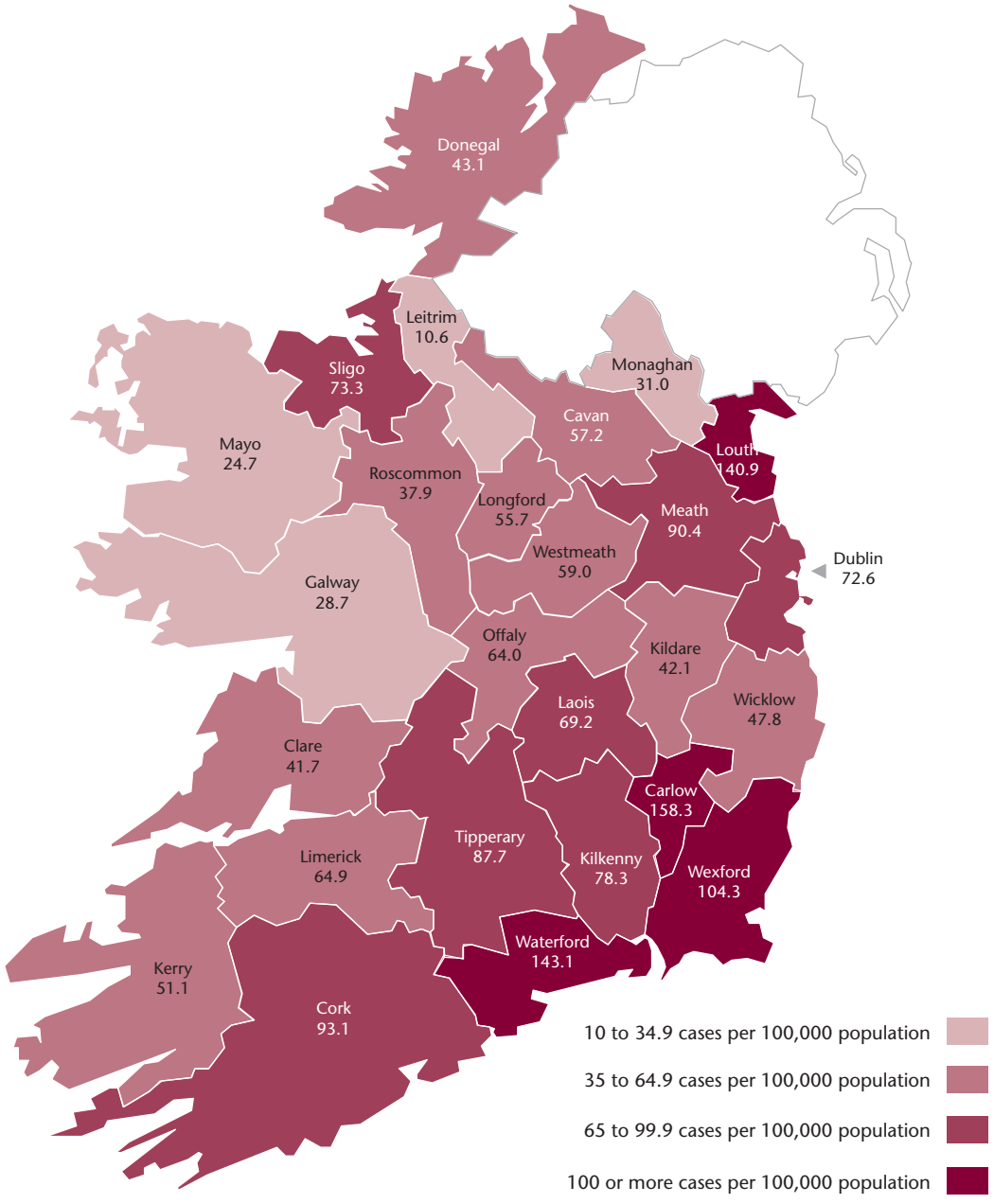


Figure 2 Average annual incidence of treated problem drug use among 15–64-year-olds living in Ireland, by county, based on returns to the NDTRS per 100,000 of the population, 2001 to 2006 (Central Statistics Office 2007)

The average incidence (new cases) of treated problem drug use was examined by local health office area for the period 2001 to 2006 (Figure 3). The incidence was highest in Louth, Waterford, Carlow–Kilkenny, Dublin West and South Tipperary (with over 103 cases per 100,000 of the 15–64-year-old population) followed by Wexford, Cork, Meath, Dublin City North Central, Dublin South West, Dublin South City and North West Dublin (with between 67 and 97 cases). The incidence was lowest in Mayo, Galway and North Tipperary–East Limerick (with between 24 and 33 cases).

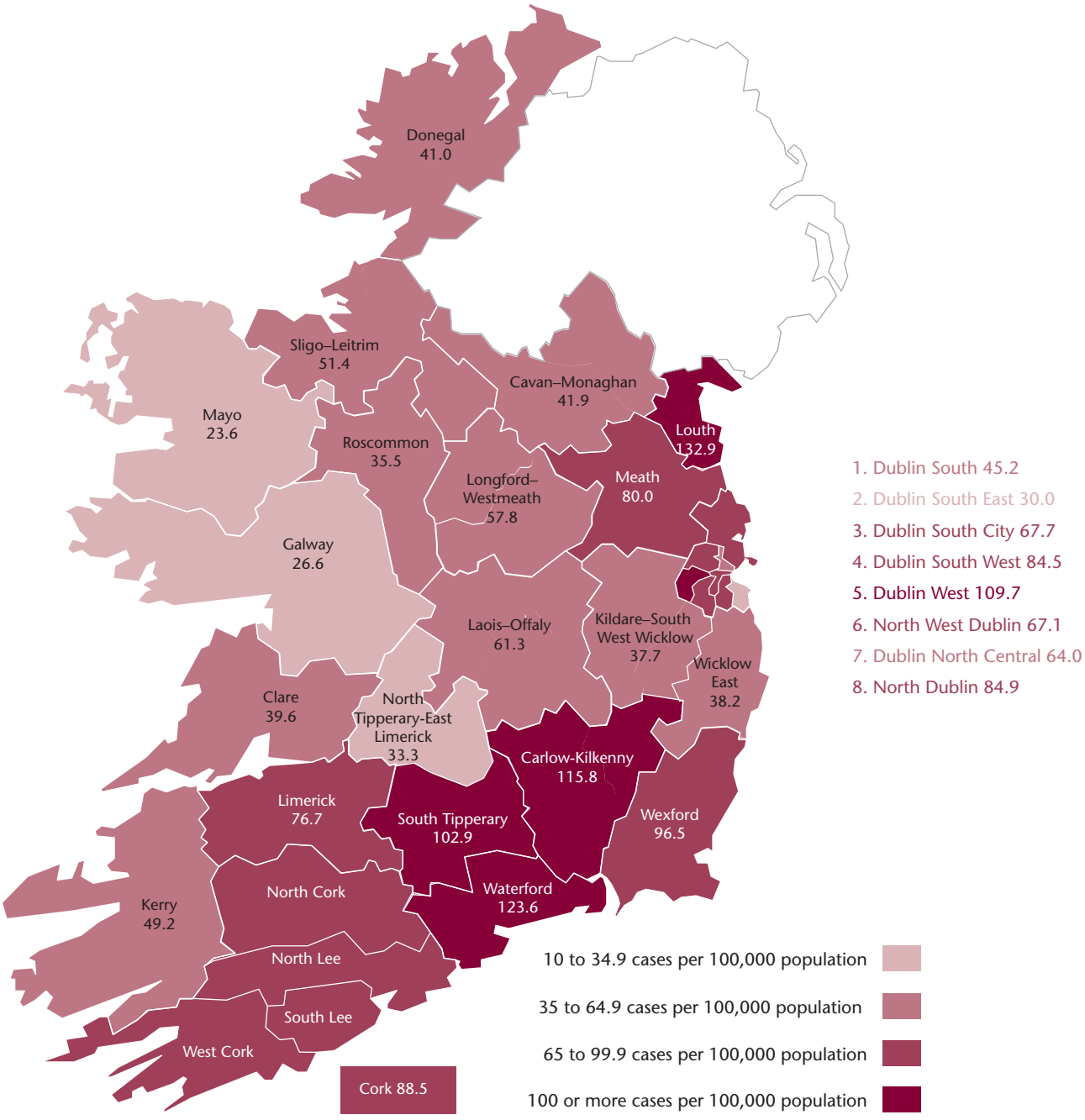


Figure 3 Average annual incidence of treated problem drug use among 15–64-year-olds living in Ireland, based on returns to the NDTRS, 2001 to 2006, by local health office area, per 100,000 of the 2006 population (Central Statistics Office 2007)

Figure 4 presents the average incidence (new cases) and prevalence (all cases) of treated problem drug use from 2001 to 2006 among 15–64-year-olds living in Ireland, expressed per 100,000 of the population. The prevalence increased by 15%, from 372 in 2001 to 426 in 2006. This indicates that problem drug use is a chronic health condition that requires repeated episodes of treatment over time or continued treatment for an extended period of time. The incidence of treated problem drug use among 15–64-year-olds living in Ireland decreased marginally (by 4%) in 2002 (72.7 cases per 100,000) when compared to 2001 (75.7 cases). There was a 15% decrease (to 62 cases) between 2002 and 2004, and a return to the 2001 rate in 2006 (74.8). The fluctuation in incidence observed during the period masks separate trends in the former health board areas. New cases entering treatment are an indirect indicator of recent trends in problem drug use.

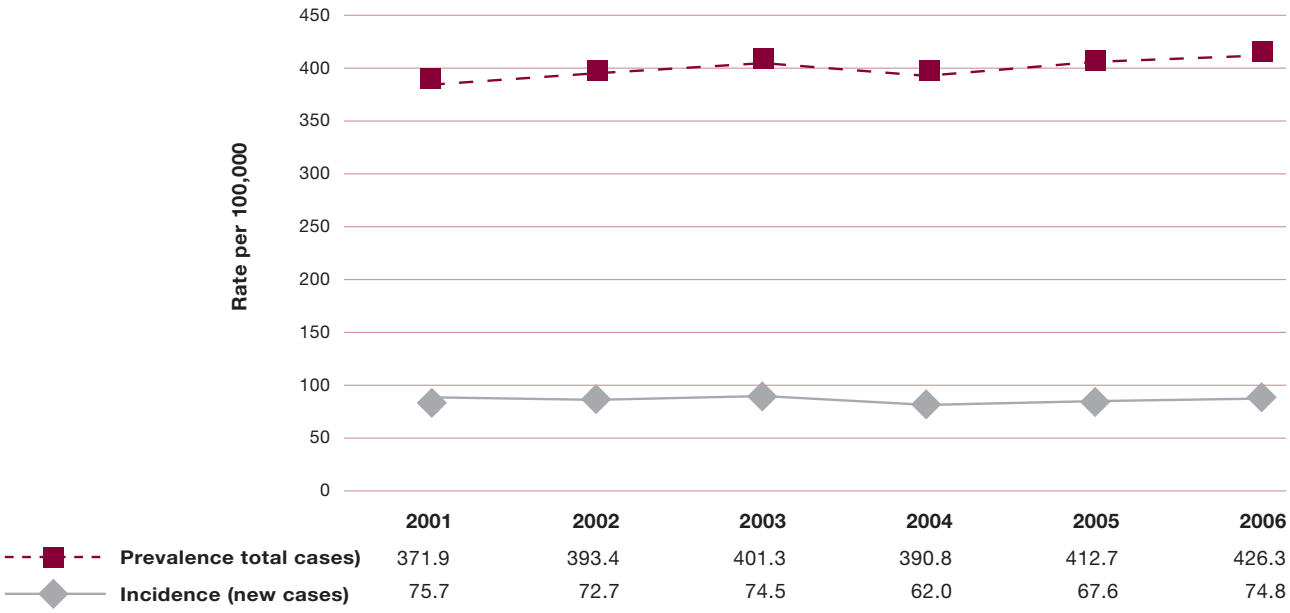


Figure 4 Incidence and prevalence of treated problem drug use among 15–64-year-olds living and treated in Ireland, based on returns to the NDTRS and the CTL per 100,000 population, 2001 to 2006 (Central Statistics Office 2007)

Main and additional problem drugs

In 2006, the highest number of cases entering treatment reported opiates as their main problem drug, followed by cannabis and then cocaine (Table 7). Overall, the number of cases reporting cannabis as their main problem drug decreased in the six-year period. This contrasts with the results of the surveys on drug use in the general population, in which cannabis was the most commonly used drug and opiates were among the less commonly used drugs reported by respondents (NACD and DAIRU 2005, 2008). General population surveys are not an appropriate way to measure problem drug use or drug use in marginalised populations, such as those of opiate or crack cocaine users. Research on the use of hard drugs among marginalised populations requires special study methods. In line with the results of the 2006/7 general population survey, the total number of cases entering treatment who reported cocaine as their main problem drug increased considerably (by 581%) between 2001 and 2006. The total number of cases entering treatment and reporting ecstasy as their main problem drug decreased by 66% during the reporting period.

The most common main problem drug reported by previously treated cases entering treatment was opiates (81%), followed by cannabis (11%) and cocaine (4%).

The most common main problem drug reported by new cases entering treatment was cannabis (41%), followed by opiates (39%) and cocaine (9%). The number of new cases entering treatment who reported cocaine as their main problem drug increased sharply (by 695%), from 43 in 2001 to 342 in 2006.

Table 7 Main problem drug used by cases living and entered treatment in Ireland, by treatment status, reported to the NDTRS, 2001 to 2006

Main problem drug	2001		2002		2003		2004		2005		2006	
	Number (%)											
All cases entering treatment*	**4797**		**4948**		**5054**		**4506**		**4877**		**5191**	
Opiates	3109	(64.8)	3075	(62.1)	3029	(59.9)	2863	(63.5)	3094	(63.4)	3280	(63.2)
Ecstasy	282	(5.9)	216	(4.4)	219	(4.3)	139	(3.1)	124	(2.5)	95	(1.8)
Cocaine	81	(1.7)	128	(2.6)	253	(5.0)	331	(7.3)	467	(9.6)	552	(10.6)
Amphetamines	15	(0.3)	25	(0.5)	35	(0.7)	23	(0.5)	36	(0.7)	30	(0.6)
Benzodiazepines	82	(1.7)	79	(1.6)	76	(1.5)	103	(2.3)	75	(1.5)	96	(1.8)
Volatile inhalants	38	(0.8)	43	(0.9)	24	(0.5)	31	(0.7)	27	(0.6)	23	(0.4)
Cannabis	1136	(23.7)	1336	(27.0)	1384	(27.4)	991	(22.0)	1039	(21.3)	1096	(21.1)
Others	54	(1.1)	46	(0.9)	34	(0.7)	25	(0.6)	15	(0.3)	19	(0.4)
Previously treated cases*	**2588**		**2721**		**2838**		**2555**		**2760**		**2781**	
Opiates	2107	(81.4)	2180	(80.1)	2190	(77.2)	2108	(82.5)	2281	(82.6)	2237	(80.4)
Ecstasy	80	(3.1)	48	(1.8)	69	(2.4)	33	(1.3)	30	(1.1)	29	(1.0)
Cocaine	31	(1.2)	56	(2.1)	96	(3.4)	119	(4.7)	175	(6.3)	194	(7.0)
Amphetamines	11	(0.4)	10	(0.4)	14	(0.5)	7	(0.3)	14	(0.5)	9	(0.3)
Benzodiazepines	41	(1.6)	53	(1.9)	49	(1.7)	50	(2.0)	30	(1.1)	40	(1.4)
Volatile inhalants	1	(0.0)	6	(0.2)	2	(0.1)	2	(0.1)	5	(0.2)	3	(0.1)
Cannabis	299	(11.6)	349	(12.8)	401	(14.1)	224	(8.8)	219	(7.9)	260	(9.3)
Others	18	(0.7)	19	(0.7)	17	(0.6)	12	(0.5)	6	(0.2)	9	(0.3)
New cases*	**2030**		**2005**		**2097**		**1790**		**1976**		**2228**	
Opiates	901	(44.4)	760	(37.9)	759	(36.2)	654	(36.5)	722	(36.5)	912	(40.9)
Ecstasy	197	(9.7)	162	(8.1)	150	(7.2)	103	(5.8)	92	(4.7)	65	(2.9)
Cocaine	43	(2.1)	61	(3.0)	148	(7.1)	195	(10.9)	275	(13.9)	342	(15.4)
Amphetamines	4	(0.2)	15	(0.7)	21	(1.0)	16	(0.9)	22	(1.1)	21	(0.9)
Benzodiazepines	36	(1.8)	26	(1.3)	27	(1.3)	47	(2.6)	42	(2.1)	50	(2.2)
Volatile inhalants	36	(1.8)	36	(1.8)	20	(1.0)	28	(1.6)	21	(1.1)	19	(0.9)
Cannabis	781	(38.5)	924	(46.1)	955	(45.5)	736	(41.1)	794	(40.2)	809	(36.3)
Others	32	(1.6)	21	(1.0)	17	(0.8)	11	(0.6)	8	(0.4)	10	(0.4)
Treatment status unknown*	**179**		**222**		**119**		**161**		**141**		**182**	

*Excludes cases whose HSE region of residence was not known and cases not normally resident in Ireland.

The main problem drug reported by new cases entering drug treatment between 2001 and 2006 was examined by HSE region of residence (Table 8). Cases living in the HSE Dublin North East and Dublin Mid-Leinster regions reported opiates, while cases living in the HSE South and West regions reported cannabis. Across all HSE regions, between 7% and 10% of new cases reported cocaine as their main problem drug, which indicates that problem cocaine use is a small but nationwide problem.

An opiate (mainly heroin) was the most common main problem drug reported by new cases who lived in Dublin and attended drug treatment (not shown in table). There was a 31% decrease in the number of

new opiate cases residing in Dublin and entering treatment, from 675 in 2001 to 468 in 2006, indicating that the heroin epidemic in this area has abated. In contrast, there was a 96% increase in the number of new opiate cases entering treatment who lived outside Dublin, from 226 in 2001 to 442 in 2006.

Table 8 Main problem drug used by new cases living and entering treatment in Ireland, by HSE region of residence, reported to the NDTRS, 2001 to 2006

Main problem drug	Dublin North East		Dublin Mid-Leinster		South		West	
	Number (%)							
New cases*	**3033**		**3210**		**4131**		**1752**	
Opiates	1667	(55.0)	2285	(71.2)	464	(11.2)	292	(16.7)
Ecstasy	103	(3.4)	82	(2.6)	394	(9.5)	190	(10.8)
Cocaine	275	(9.1)	242	(7.5)	405	(9.8)	142	(8.1)
Amphetamines	3	(0.1)	5	(0.2)	68	(1.6)	23	(1.3)
Benzodiazepines	43	(1.4)	39	(1.2)	122	(3.0)	24	(1.4)
Volatile inhalants	15	(0.5)	16	(0.5)	75	(1.8)	54	(3.1)
Cannabis	913	(30.1)	530	(16.5)	2546	(61.6)	1010	(57.6)
Others	14	(0.5)	11	(0.3)	57	(1.4)	17	(1.0)

*Excludes cases whose HSE region of residence was not known and cases not normally resident in Ireland.

The vast majority (71%) of drug cases treated between 2001 and 2006 reported problem use of more than one substance (polysubstance use). The proportion of cases entering drug treatment who reported using more than one drug increased somewhat up to 2003 but decreased subsequently (Table 9). The same trend was noted among new and previously treated cases. Polysubstance use increases the complexity of such cases, and is associated with poorer treatment outcomes.

Table 9 Use of more than one drug by cases living and entering treatment in Ireland, by treatment status, reported to the NDTRS, 2001 to 2006

Treatment status	2001		2002		2003		2004		2005		2006	
	Number (%)											
All cases entering treatment	**4797**		**4948**		**5054**		**4506**		**4877**		**5191**	
All cases who used more than one drug	3459	(72.1)	3582	(72.4)	3760	(74.4)	3157	(70.1)	3401	(69.7)	3692	(71.1)
Previously treated cases	**2588**		**2721**		**2838**		**2555**		**2760**		**2781**	
Previously treated cases who used more than one drug	1873	(72.4)	1940	(71.3)	2091	(73.7)	1811	(70.9)	1934	(70.1)	2007	(72.1)
New cases	**2030**		**2005**		**2097**		**1790**		**1976**		**2228**	
New cases who used more than one drug	1469	(72.4)	1496	(74.6)	1588	(75.7)	1244	(69.5)	1374	(69.5)	1555	(69.8)
Treatment status unknown	**179**		**222**		**119**		**161**		**141**		**182**	

Between 2001 and 2006, the highest proportions of new cases reporting problem use of more than one drug lived in the HSE South and West regions; this may be a result of more accurate recording of drug use in these regions, rather than an actual higher rate of polysubstance use (Table 10).

Table 10 Polysubstance use by new cases living and entering treatment in Ireland, by HSE region of residence, reported to the NDTRS, 2001 to 2006

	Dublin North East		Dublin Mid-Leinster		South		West	
New cases				Number (%)				
Total	3033		3210		4131		1752	
New cases who used more than one drug	2010	(66.3)	2134	(66.5)	3290	(79.6)	1292	(73.7)

Of the cases who entered treatment during the period under review, 30% reported problem use of two substances, 24% reported problem use of three substances and 18% reported problem use of four or more substances (Table 11). Previously treated and new cases showed very similar trends.

Table 11 Number of problem drugs used by cases living and entered treatment in Ireland, by treatment status, reported to the NDTRS, 2001 to 2006

Number of problem drugs used	2001		2002		2003		2004		2005		2006	
						Number (%)						
All cases entering treatment	**4797**		**4948**		**5054**		**4506**		**4877**		**5191**	
One drug	1338	(27.9)	1366	(27.6)	1294	(25.6)	1349	(29.9)	1476	(30.3)	1499	(28.9)
Two drugs	1667	(34.8)	1544	(31.2)	1498	(29.6)	1252	(27.8)	1385	(28.4)	1404	(27.0)
Three drugs	1083	(22.6)	1172	(23.7)	1244	(24.6)	1128	(25.0)	1103	(22.6)	1200	(23.1)
Four drugs	709	(14.8)	866	(17.5)	1018	(20.1)	777	(17.2)	913	(18.7)	1088	(21.0)
Previously treated cases	**2588**		**2721**		**2838**		**2555**		**2760**		**2781**	
One drug	715	(27.6)	781	(28.7)	747	(26.3)	744	(29.1)	826	(29.9)	774	(27.8)
Two drugs	859	(33.2)	805	(29.6)	836	(29.5)	699	(27.4)	774	(28.0)	732	(26.3)
Three drugs	606	(23.4)	663	(24.4)	702	(24.7)	679	(26.6)	646	(23.4)	669	(24.1)
Four drugs	408	(15.8)	472	(17.3)	553	(19.5)	433	(16.9)	514	(18.6)	606	(21.8)
New cases	**2030**		**2005**		**2097**		**1790**		**1976**		**2228**	
One drug	561	(27.6)	509	(25.4)	509	(24.3)	546	(30.5)	602	(30.5)	673	(30.2)
Two drugs	739	(36.4)	649	(32.4)	636	(30.3)	505	(28.2)	573	(29.0)	625	(28.1)
Three drugs	448	(22.1)	480	(23.9)	516	(24.6)	413	(23.1)	430	(21.8)	479	(21.5)
Four drugs	282	(13.9)	367	(18.3)	436	(20.8)	326	(18.2)	371	(18.8)	451	(20.2)
Treatment status unknown	**179**		**222**		**119**		**161**		**141**		**182**	

Between 2001 and 2006, a higher proportion of new cases entering drug treatment and living in the HSE South Region reported use of third and fourth drugs when compared to other HSE regions (Table 12).

Table 12 Number of problem drugs used by new cases living and entering treatment in Ireland, by HSE region of residence, reported to the NDTRS, 2001 to 2006

Number of problem drugs used	Dublin North East		Dublin Mid-Leinster		South		West	
				Number (%)				
New cases	**3033**		**3210**		**4131**		**1752**	
One drug	1023	(33.7)	1076	(33.5)	841	(20.4)	460	(26.3)
Two drugs	919	(30.3)	1002	(31.2)	1220	(29.5)	586	(33.4)
Three drugs	621	(20.5)	665	(20.7)	1085	(26.3)	395	(22.5)
Four drugs	470	(15.5)	467	(14.5)	985	(23.8)	311	(17.8)

Table 13 Additional problem drugs used by cases living and entered treatment in Ireland, by treatment status, reported to the NDTRS, 2001 to 2006

Additional problem drug(s) used*	2001		2002		2003		2004		2005		2006	
	Number (%)											
All cases	**3459**		**3582**		**3760**		**3157**		**3401**		**3692**	
Cannabis	1383	(40.0)	1362	(38.0)	1445	(38.4)	1239	(39.2)	1417	(41.7)	1579	(42.8)
Alcohol	829	(24.0)	1024	(28.6)	1288	(34.3)	993	(31.5)	1136	(33.4)	1460	(39.5)
Cocaine	624	(18.0)	829	(23.1)	1095	(29.1)	1029	(32.6)	1144	(33.6)	1362	(36.9)
Benzodiazepines	1014	(29.3)	1078	(30.1)	993	(26.4)	859	(27.2)	963	(28.3)	1043	(28.3)
Ecstasy	910	(26.3)	907	(25.3)	968	(25.7)	631	(20.0)	645	(19.0)	597	(16.2)
Opiates	620	(17.9)	735	(20.5)	711	(18.9)	712	(22.6)	686	(20.2)	701	(19.0)
Amphetamines	262	(7.6)	274	(7.6)	326	(8.7)	206	(6.5)	195	(5.7)	205	(5.6)
Others	261	(7.5)	214	(6.0)	172	(4.6)	125	(4.0)	113	(3.3)	98	(2.7)
Volatile inhalants	57	(1.6)	58	(1.6)	41	(1.1)	45	(1.4)	31	(0.9)	23	(0.6)
Not recorded†	0	(0.0)	5	(0.1)	1	(0.0)	0	(0.0)	0	(0.0)	0	(0.0)
Previously treated cases	**1873**		**1940**		**2091**		**1811**		**1934**		**2007**	
Cannabis	797	(42.6)	797	(41.1)	842	(40.3)	757	(41.8)	844	(43.6)	925	(46.1)
Benzodiazepines	779	(41.6)	817	(42.1)	778	(37.2)	668	(36.9)	739	(38.2)	765	(38.1)
Cocaine	377	(20.1)	490	(25.3)	650	(31.1)	648	(35.8)	717	(37.1)	827	(41.2)
Opiates	438	(23.4)	525	(27.1)	489	(23.4)	569	(31.4)	515	(26.6)	463	(23.1)
Alcohol	319	(17.0)	374	(19.3)	557	(26.6)	357	(19.7)	439	(22.7)	576	(28.7)
Ecstasy	355	(19.0)	327	(16.9)	367	(17.6)	214	(11.8)	223	(11.5)	197	(9.8)
Amphetamines	84	(4.5)	100	(5.2)	120	(5.7)	66	(3.6)	69	(3.6)	88	(4.4)
Others	128	(6.8)	97	(5.0)	81	(3.9)	65	(3.6)	53	(2.7)	38	(1.9)
Volatile inhalants	18	(1.0)	18	(.9)	14	(.7)	12	(.7)	9	(.5)	9	(.4)
Not recorded†	0	(0.0)	2	(0.1)	1	(0.0)	0	(0.0)	0	(0.0)	0	(0.0)
New cases	**1469**		**1496**		**1588**		**1244**		**1374**		**1555**	
Alcohol	499	(34.0)	617	(41.2)	707	(44.5)	599	(48.2)	663	(48.3)	846	(54.4)
Cannabis	540	(36.8)	511	(34.2)	556	(35.0)	449	(36.1)	527	(38.4)	583	(37.5)
Ecstasy	518	(35.3)	547	(36.6)	584	(36.8)	401	(32.2)	407	(29.6)	394	(25.3)
Cocaine	223	(15.2)	304	(20.3)	421	(26.5)	355	(28.5)	401	(29.2)	477	(30.7)
Benzodiazepines	213	(14.5)	230	(15.4)	191	(12.0)	161	(12.9)	198	(14.4)	257	(16.5)
Opiates	162	(11.0)	190	(12.7)	198	(12.5)	123	(9.9)	150	(10.9)	194	(12.5)
Amphetamines	171	(11.6)	168	(11.2)	205	(12.9)	138	(11.1)	123	(9.0)	113	(7.3)
Others	117	(8.0)	101	(6.8)	87	(5.5)	52	(4.2)	57	(4.1)	58	(3.7)
Volatile inhalants	38	(2.6)	39	(2.6)	27	(1.7)	31	(2.5)	20	(1.5)	14	(0.9)
Not recorded†	0	(0.0)	3	(0.2)	0	(0.0)	0	(0.0)	0	(0.0)	0	(0.0)
Treatment status unknown	**117**		**146**		**81**		**102**		**93**		**130**	

*By cases reporting use of one, two or three additional drugs.
† The type of additional problem drug was not specified.

Table 13 shows the additional problem drugs used by those reporting problem use of more than one drug, by treatment status. Between 2001 and 2006, cannabis, alcohol, cocaine and benzodiazepines were the most common additional problem drugs reported by all cases entering treatment. Cannabis was top of this list in each of the six years ,and its use as an additional substance increased by 14% over the reporting period. Benzodiazepines were the second most common additional drug in 2001 and 2002, replaced by alcohol in 2003 and in 2006 and by cocaine in 2004 and 2005. Between 2001 and 2006, the total number of cases entering treatment and reporting alcohol or cocaine as an additional problem drug increased by 76% and 118%, respectively.

The most frequently used additional problem drugs reported by previously treated cases in the period under review were cannabis, benzodiazepines, cocaine and opiates. Cannabis and benzodiazepines ranked as the top two additional drugs for previously treated cases entering treatment up to 2005, and in 2006 cocaine replaced benzodiazepines as the second most common additional drug. The percentage rise in cocaine as an additional problem drug was similar among previously treated cases (at 119%) to that among all cases (at 118%).

New cases entering treatment reported alcohol, cannabis, ecstasy and cocaine as the most commonly used additional problem drugs. From 2002 to 2003 alcohol and ecstasy were ranked as the two most common additional problem drugs, but in 2004 cannabis replaced ecstasy as the second most common additional problem drug. The use of alcohol and cocaine as additional problem drugs by new cases rose by 70% and 114% respectively over the period under review.

In the HSE South and West regions the two most common additional problem drugs reported by new cases were alcohol and ecstasy, while cannabis and cocaine were the two most common additional problem drugs reported by new cases in the HSE Dublin North East and HSE Dublin Mid–Leinster regions (Table 14).

Table 14 Additional problem drugs used by new cases living and entering treatment in Ireland, by HSE region of residence, reported to the NDTRS, 2001 to 2006

Additional problem drug(s) used	Dublin North East		Dublin Mid-Leinster		South		West	
	Number (%)							
New cases who used additional drug(s)	2010		2134		3290		1292	
Alcohol	452	(22.5)	496	(23.2)	2231	(67.8)	752	(58.2)
Cannabis	888	(44.2)	1054	(49.4)	852	(25.9)	372	(28.8)
Ecstasy	506	(25.2)	430	(20.1)	1415	(43.0)	500	(38.7)
Cocaine	557	(27.7)	592	(27.7)	742	(22.6)	290	(22.4)
Benzodiazepines	488	(24.3)	516	(24.2)	174	(5.3)	72	(5.6)
Opiates	355	(17.7)	464	(21.7)	142	(4.3)	56	(4.3)
Amphetamines	171	(8.5)	95	(4.5)	514	(15.6)	138	(10.7)
Volatile inhalants	39	(1.9)	23	(1.1)	54	(1.6)	53	(4.1)
Others	113	(5.6)	62	(2.9)	221	(6.8)	76	(5.9)
Not recorded†	2	(0.1)	1	(0.0)	0	(0.0)	0	(0.0)

*By new cases reporting use of one, two or three additional drugs.
† The type of additional problem drug was not specified.

The association between main problem drug and additional drugs among new cases entering treatment was examined for the period 2001 to 2006 (Table 15). The pattern of additional drugs used was linked to the main problem drug. For example, where an opiate was the main problem drug the most common additional problem drugs were cannabis (40%), followed by cocaine (22%) and benzodiazepines (22%), whereas where cannabis was the main problem drug the most common additional drugs were alcohol (48%), followed by ecstasy (38%) and cocaine (17%). Where cocaine was the main problem drug, the most common additional problem drugs were cannabis (57%), alcohol (47%) and ecstasy (37%). Information about the combinations of drugs used is important in terms of individual clients' care plans, and policy initiatives. The proportion of new cases reporting alcohol as an additional problem substance was relatively high (between 36% and 48%) except in cases reporting an opiate as their main problem drug. These data indicate a link between alcohol and illicit drug use.

Table 15 Main problem drug and associated additional drugs used by new cases living and entering treatment in Ireland and reported to the NDTRS, 2001 to 2006

New cases	4708		769		1064		99		228		160		4999	
	Main problem drug													
	Opiates		Ecstasy		Cocaine		Amphet-amines		Benzo-diazepines		Volatile inhalants		Cannabis	
Additional problem drug(s) used*	Number (%)													
Opiates	751	(16.0)†	16	(2.1)	78	(7.3)	1	(1.0)	36	(15.8)	2	(1.3)	128	(2.6)
Ecstasy	447	(9.5)			394	(37.0)	49	(49.5)	32	(14.0)	11	(6.9)	1897	(37.9)
Cocaine	1029	(21.9)	206	(26.8)	12	(1.1)†	25	(25.3)	37	(16.2)	3	(1.9)	865	(17.3)
Amphetamines	89	(1.9)	183	(23.8)	109	(10.2)			4	(1.8)	2	(1.3)	528	(10.6)
Benzodiazepines	1029	(21.9)	20	(2.6)	67	(6.3)	2	(2.0)	9	(3.9)†	1	(0.6)	117	(2.3)
Volatile inhalants	17	(0.4)	15	(2.0)	5	(0.5)	1	(1.0)	3	(1.3)	8	(5.0)†	118	(2.4)
Cannabis	1866	(39.6)	489	(63.6)	611	(57.4)	60	(60.6)	56	(24.6)	47	(29.4)	6	(0.1)†
Alcohol	466	(9.9)	341	(44.3)	497	(46.7)	36	(36.4)	103	(45.2)	57	(35.6)	2389	(47.8)

*By cases reporting use of one, two or three additional drugs.
† Additional problem drug(s) used may be a form of drug in the same family as the main problem drug.

Treatment provision

Of the 5,191 cases entering treatment for problem drug use in 2006, 51% received counselling, 39% received methadone substitution, 17% received a brief intervention and 14% attended medication-free therapy (Figure 5). Thirty-six per cent of cases received more than one initial treatment intervention (Figure 6). It is widely recognised that no single intervention will effectively treat problem drug use. It is important to note that the NDTRS form records only the initial treatment provided in each case. Treatment interventions that may be provided subsequently are not recorded. In recent years there has been an increase in the types of intervention provided and a greater emphasis on brief intervention, counselling, family therapy, aftercare and social re-integration. With the help of regional and local drugs task forces, a number of community and voluntary organisations have been set up throughout the country in response to specific problem drugs, such as alcohol, cocaine or opiates, used in local areas.

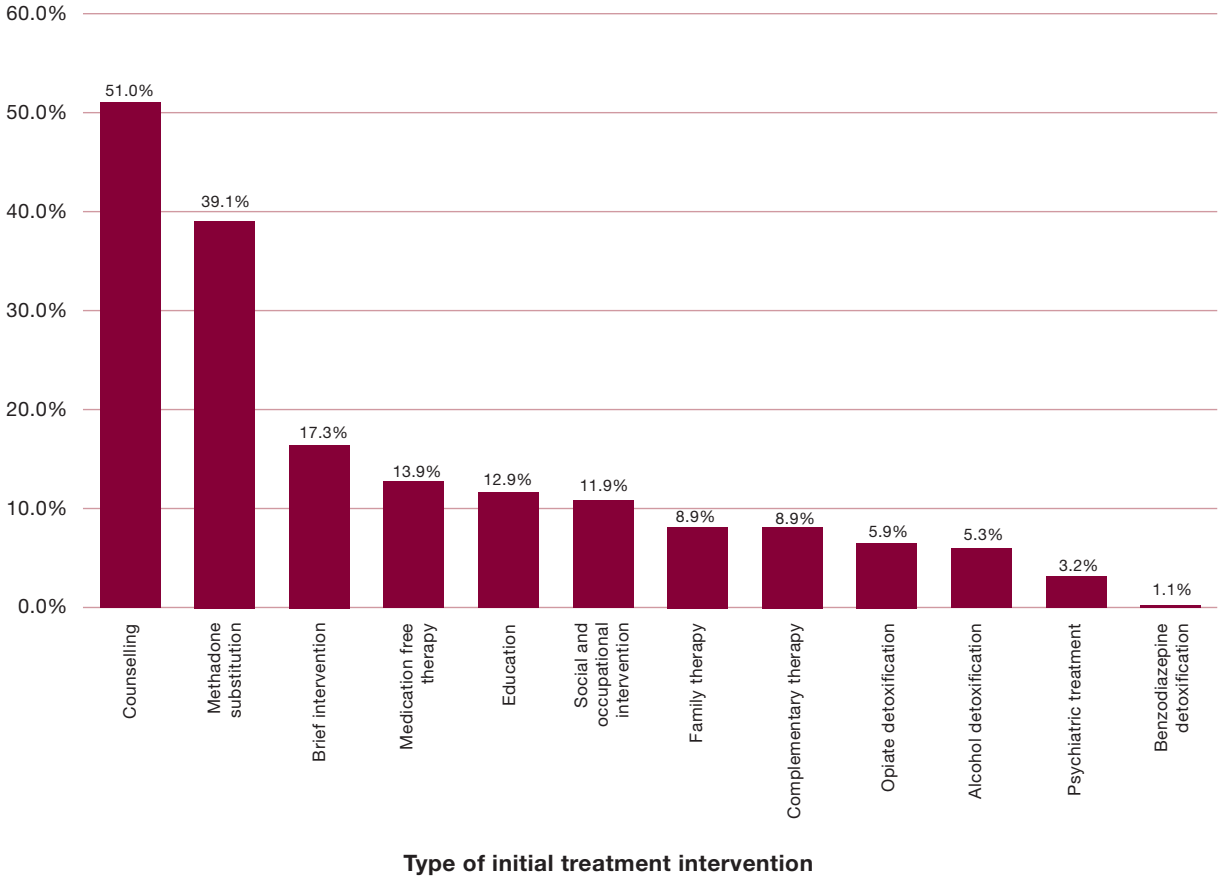


Figure 5 Percentage of cases living and entering treatment in Ireland who availed of each type of initial treatment intervention provided, reported to the NDTRS, 2006

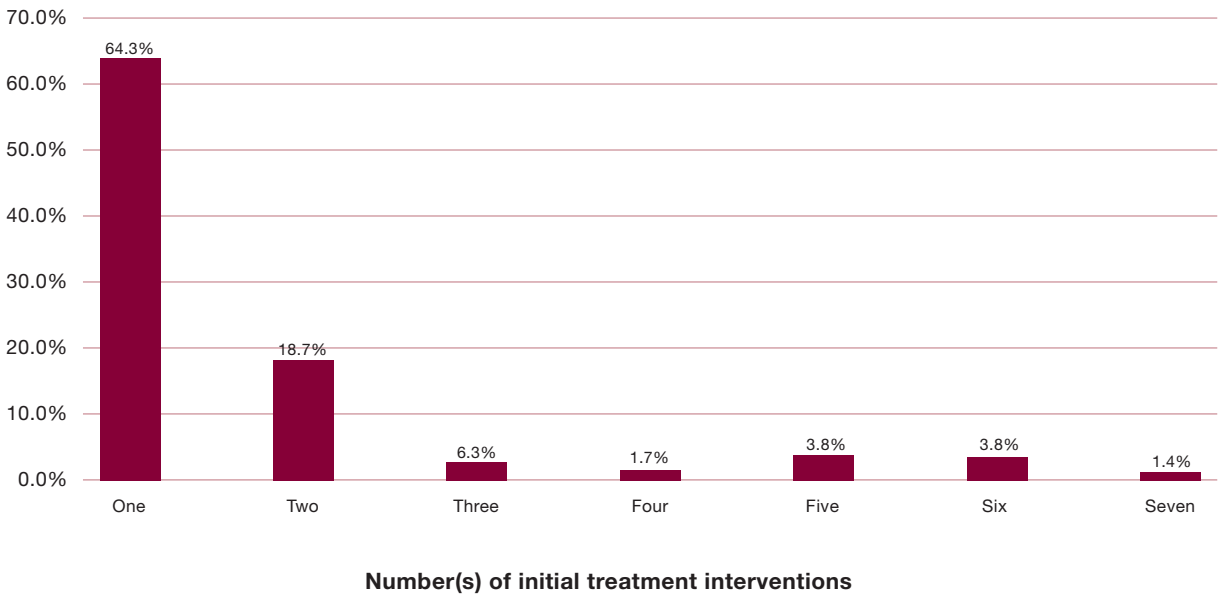


Figure 6 Percentage of cases living and entering treatment in Ireland, by the number of treatment interventions availed of, reported to the NDTRS, 2006

Risk behaviours

Between 2001 and 2006, the median age at which all cases entering treatment commenced their drug use ranged between 14 and 15 years (Table 16), which indicates that at least half of treated drug users had commenced drug use before they were 15 years old. Of all cases who reported ever having injected illicit (or licit) drugs, 50% started injecting before they were 19 years old. The median age at which previously treated cases started injecting was 19 years, whereas the median age at which new cases started injecting ranged between 19 and 21 years. This is a little older than previously reported and indicates an increasing interval between commencing illicit drug use and moving on to injecting drug use.

Table 16 Risk behaviours reported by all cases living and entering treatment in Ireland, by treatment status, reported to the NDTRS, 2001 to 2006

	2001		2002		2003		2004		2005		2006	
All cases	**4643**		**4748**		**4924**		**4356**		**4707**		**4992**	
Number (%) who had ever injected	2216	(47.7)	2242	(47.2)	2233	(45.3)	2074	(47.6)	2164	(46.0)	2104	(42.1)
Of whom:†												
Ever shared	1404	(63.4)	1386	(61.8)	1378	(61.7)	1245	(60.0)	1305	(60.3)	1239	(58.9)
Currently injecting	1142	(51.5)	1008	(45.0)	1000	(44.8)	990	(47.7)	918	(42.4)	954	(45.3)
Median age (range*) started drug use, in years	15 (11–22)		15 (11–22)		14 (11–21)		14 (11–21)		15 (11–23)		14 (11–22)	
Median age (range*) started injecting, in years	19 (15–29)		19 (15–30)		19 (15–29)		19 (15–29)		19 (14–30)		19 (15–30)	
Previously treated cases	**2505**		**2609**		**2747**		**2448**		**2639**		**2660**	
Number (%) who had ever injected	1657	(66.1)	1760	(67.5)	1722	(62.7)	1679	(68.6)	1745	(66.1)	1595	(60.0)
Of whom:†												
Ever shared	1133	(68.4)	1164	(66.1)	1147	(66.6)	1064	(63.4)	1112	(63.7)	1012	(63.4)
Currently injecting	810	(48.9)	744	(42.3)	687	(39.9)	739	(44.0)	704	(40.3)	707	(44.3)
Median age (range*) started drug use, in years	15 (11–21)		14 (11–21)		14 (11–20)		14 (11–21)		14 (11–21)		14 (11–21)	
Median age (range*) started injecting, in years	19 (14–28)		19 (15–29)		19 (15–28)		19 (15–29)		19 (14–30)		19 (15–29)	
New cases	**1989**		**1954**		**2075**		**1770**		**1940**		**2173**	
Number (%) who had ever injected	489	(24.6)	409	(20.9)	461	(22.2)	333	(18.8)	358	(18.5)	423	(19.5)
Of whom:†												
Ever shared	248	(50.7)	195	(47.7)	214	(46.4)	152	(45.6)	160	(44.7)	188	(44.4)
Currently injecting	287	(58.7)	228	(55.7)	298	(64.6)	213	(64.0)	189	(52.8)	215	(50.8)
Median age (range*) started drug use, in years	15 (12–23)		15 (11–23)		15 (12–22)		15 (11–21)		15 (11–24)		15 (12–24)	
Median age (range*) started injecting, in years	19 (15–32)		20 (15–34)		20 (15–31)		21 (15–34)		20 (15–31)		20 (15–32)	
Treatment status unknown	**149**		**185**		**102**		**138**		**128**		**159**	

*Age range presented is the 5th to 95th percentile (90% of cases are included within this range).

† It is not possible to ascertain the exact percentage of injectors with each risk factor of interest as not all known injectors provided the relevant information.

The total number of injector cases who were still injecting at entry to treatment decreased noticeably (by 20%), from 1,142 in 2001 to 918 in 2005, and a marginal (4%) increase was noted between 2005 and 2006. A somewhat similar trend was noted for previously treated cases. In total, 2,473 new injector cases entered treatment between 2001 and 2006, over half of whom were still injecting on entry to treatment. In the six-year period, the proportion of new cases who reported injecting at entry to treatment was higher than that of previously treated cases.

As expected, a higher proportion of previously treated injector cases (65%) reported sharing injecting equipment than the proportion of new injector cases (47%). Overall, the proportion of injector cases who reported sharing equipment decreased between 2001 and 2006. Several studies in Ireland have linked injecting drug use with infection by blood-borne viruses such as hepatitis C and HIV (Long 2006).

Between 2001 and 2006, the median age at which new cases commenced illicit use of drugs was 15 years across all HSE regions (Table 17). The median age at which new cases commenced injecting drug use was lowest in the HSE Dublin Mid-Leinster Region at 19 years and highest in the HSE West Region at 23 years. During the period under review, the number of new cases entering treatment who had ever injected drugs was much lower in the HSE South and West regions than in the HSE Dublin Mid-Leinster and Dublin North Eastern regions.

Table 17 Risk behaviours reported by new cases living and entering treatment in Ireland, by HSE region of residence, reported to the NDTRS, 2001 to 2006

	Dublin North East		Dublin Mid-Leinster		South		West	
New injector cases	**2961**		**3143**		**4089**		**1708**	
Number (%) ever injected	916	(30.9)	1208	(38.4)	231	(5.6)	118	(6.9)
Of whom:†								
Ever shared	462	(50.4)	571	(47.3)	87	(37.7)	37	(31.4)
Currently injecting	537	(58.6)	708	(58.6)	131	(56.7)	54	(45.8)
Median age (range*) started drug use, in years	15 (12–22)		15 (11–23)		15 (12–23)		15 (12–22)	
Median age (range*) started injecting, in years	20 (15–33)		19 (15–30)		20 (15–34)		23 (15–34)	

*Age range presented is the 5th to 95th percentile (90% of cases are included within this range).
† It is not possible to ascertain the exact percentage of injectors with each risk factor of interest as not all known injectors provided the relevant information.

Socio–demographic characteristics

The median age of previously treated cases entering treatment increased from 25 to 28 years between 2001 and 2006, while the median age of new cases increased by two years, from 22 to 24 years (Table 18). Almost 18% of new cases were under 18 years of age, while less than 3% of previously treated cases were in this age group. The proportion of new cases under 18 years decreased noticeably in 2006, which may reflect under-reporting in HSE Dublin Mid-Leinster and Dublin North East (Table 19). There was an increase in the number of male cases entering treatment, most notable among new cases. The proportion of cases who reported living with their parents or family was higher among new cases entering treatment than among previously treated cases, 62% compared to 51%. Though small, the proportion of cases reporting being homeless and the proportion not born in Ireland both increased steadily during the reporting period. Previously treated cases entering treatment reported a higher incidence of homelessness (5%) than new cases (3%). In 2006, a higher proportion of new cases (4%) than of previously treated cases (3%) reported that they were not born in Ireland. The increase in the proportion of other nationalities seeking

treatment may have implications for service provision, as these types of interventions rely heavily on verbal communication. The proportion of cases who reported leaving school early was higher among previously treated cases (23%) than among new cases (15%). The proportion of cases reporting that they were still in school on entry to treatment was higher among new cases (12%) than among previously treated cases (1%). Overall, 19% of previously treated cases aged 16–64 reported that they were in employment on entry to treatment, in comparison to 29% of new cases.

Table 18 Socio–economic characteristics of cases living and entering treatment in Ireland, by treatment status, reported to the NDTRS, 2001 to 2006

	2001		2002		2003		2004		2005		2006	
Characteristics*						Number (%)						
All cases	**4797**		**4948**		**5054**		**4506**		**4877**		**5191**	
Median age (range†)	24	(16–40)	24	(16–40)	25	(16–40)	25	(16–40)	26	(16–41)	27	(17–42)
Under-18s	440	(9.2)	497	(10.0)	526	(10.4)	415	(9.2)	404	(8.3)	363	(7.0)
Males	3516	(73.3)	3552	(71.8)	3577	(70.8)	3291	(73.0)	3613	(74.1)	3983	(76.7)
Living with family	2861	(59.6)	2871	(58.0)	2817	(55.7)	2393	(53.1)	2536	(52.0)	2664	(51.3)
Homeless	153	(3.2)	148	(3.0)	195	(3.9)	197	(4.4)	217	(4.4)	265	(5.1)
Non-Irish nationals	135	(2.8)	135	(2.7)	168	(3.3)	123	(2.7)	162	(3.3)	195	(3.8)
Early school leavers	937	(19.5)	895	(18.1)	974	(19.3)	892	(19.8)	986	(20.2)	1040	(20.0)
Still at school	198	(4.1)	318	(6.4)	377	(7.5)	271	(6.0)	275	(5.6)	222	(4.3)
Employed (aged 16-64)	1240	(26.7)	1125	(23.8)	1080	(22.3)	956	(22.0)	1025	(21.8)	1069	(21.2)
Previously treated cases	**2588**		**2721**		**2838**		**2555**		**2760**		**2781**	
Median age (range†)	25	(18–40)	26	(19–42)	26	(19–41)	27	(19–41)	28	(19–42)	28	(19–43)
Under-18s	80	(3.1)	81	(3.0)	86	(3.0)	64	(2.5)	72	(2.6)	72	(2.6)
Males	1882	(72.7)	1892	(69.5)	1953	(68.8)	1782	(69.7)	1972	(71.4)	2093	(75.3)
Living with family	1451	(56.1)	1441	(53.0)	1454	(51.2)	1250	(48.9)	1291	(46.8)	1343	(48.3)
Homeless	86	(3.3)	85	(3.1)	124	(4.4)	136	(5.3)	155	(5.6)	156	(5.6)
Non-Irish nationals	80	(3.1)	63	(2.3)	86	(3.0)	69	(2.7)	74	(2.7)	95	(3.4)
Early school leavers	578	(22.3)	587	(21.6)	617	(21.7)	599	(23.4)	685	(24.8)	660	(23.7)
Still at school	24	(0.9)	37	(1.4)	43	(1.5)	31	(1.2)	29	(1.1)	22	(0.8)
Employed (aged 16-64)	582	(22.7)	555	(20.7)	559	(19.9)	445	(17.5)	460	(16.8)	447	(16.2)
New cases	**2030**		**2005**		**2097**		**1790**		**1976**		**2228**	
Median age (range†)	22	(15–37)	22	(15–38)	22)	(15–39	22	(15–38)	23	(15–39)	24	(15–40)
Under-18s	351	(17.3)	407	(20.3)	430	(20.5)	338	(18.9)	326	(16.5)	285	(12.8)
Males	1495	(73.6)	1497	(74.7)	1539	(73.4)	1392	(77.8)	1542	(78.0)	1758	(78.9)
Living with family	1344	(66.2)	1322	(65.9)	1323	(63.1)	1065	(59.5)	1175	(59.5)	1227	(55.1)
Homeless	51	(2.5)	48	(2.4)	62	(3.0)	52	(2.9)	54	(2.7)	103	(4.6)
Non-Irish nationals	47	(2.3)	61	(3.0)	78	(3.7)	50	(2.8)	84	(4.3)	93	(4.2)
Early school leavers	333	(16.4)	279	(13.9)	338	(16.1)	264	(14.7)	274	(13.9)	339	(15.2)
Still at school	171	(8.4)	276	(13.8)	325	(15.5)	234	(13.1)	240	(12.1)	196	(8.8)
Employed (aged 16-64)	615	(32.3)	522	(28.4)	501	(26.1)	487	(29.4)	542	(29.7)	590	(28.0)
Treatment status unknown	**179**		**222**		**119**		**161**		**141**		**182**	

*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 cases are included within this range).

The socio–economic characteristics of new cases treated were examined by HSE region of residence for the reporting period (Table 19). The proportion of new cases who were under 18 years was considerably higher in the HSE West and South regions than in the other two HSE regions; this may be due to under-reporting in the other two regions or to a lack of appropriate treatment facilities for young drug users. In the HSE West and South regions, new cases aged under 18 years were more likely to be in school than they were in the other two regions. In the HSE Dublin Mid-Leinster Region a higher proportion had left school early than in the Dublin North East Region.

Table 19 Socio–economic characteristics of new cases living and entering treatment in Ireland, by HSE region of residence, reported to the NDTRS, 2001 to 2006

	Dublin North East		Dublin Mid-Leinster		South		West	
	Number (%)							
New cases*	**3033**		**3210**		**4131**		**1752**	
Median age (range†) in years	23	(15–38)	23	(16–38)	21	(15–39)	21	(15–38)
Under-18s	508	(16.7)	294	(9.2)	892	(21.6)	443	(25.3)
Males	2217	(73.1)	2273	(70.8)	3380	(81.8)	1353	(77.2)
Living with parents/family	1860	(61.3)	1891	(58.9)	2623	(63.5)	1082	(61.8)
Homeless	114	(3.8)	86	(2.7)	129	(3.1)	41	(2.3)
Non-Irish nationals	75	(2.5)	89	(2.8)	166	(4.0)	83	(4.7)
Early school leavers	495	(16.3)	571	(17.8)	560	(13.6)	201	
Still at school	328	(10.8)	161	(5.0)	599	(14.5)	354	(20.2)
Employed (16–64-year-olds)	753	(26.8)	817	(26.3)	1271	(33.7)	416	(26.7)

*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 cases are included within this range).

Relationship between main problem drug and selected characteristics

In order to highlight important relationships, the main problem drug reported by new cases entering treatment in the period 2001 to 2006 was examined by selected socio-demographic and economic characteristics. Figure 7 presents the three most common main problem drugs reported by new cases treated in each of the former health board areas. Apart from the North Western and Southern areas, all former health board areas reported opiates and cannabis as the two most common main problem drugs reported by new cases entering treatment. In the North Western area, cannabis and ecstasy were the most common main problem drugs reported by new cases, while the Southern area reported cannabis and cocaine. Cocaine was among the three most common main problem drugs in a number of former health board areas, including the East Coast Area, South Western Area (of Dublin and Wicklow and Kildare), Northern Area (Dublin), North Eastern Area, Southern and Mid-Western. The observations above may reflect either the types of drug used or the types of treatment service provided in the area, or a combination of both factors.

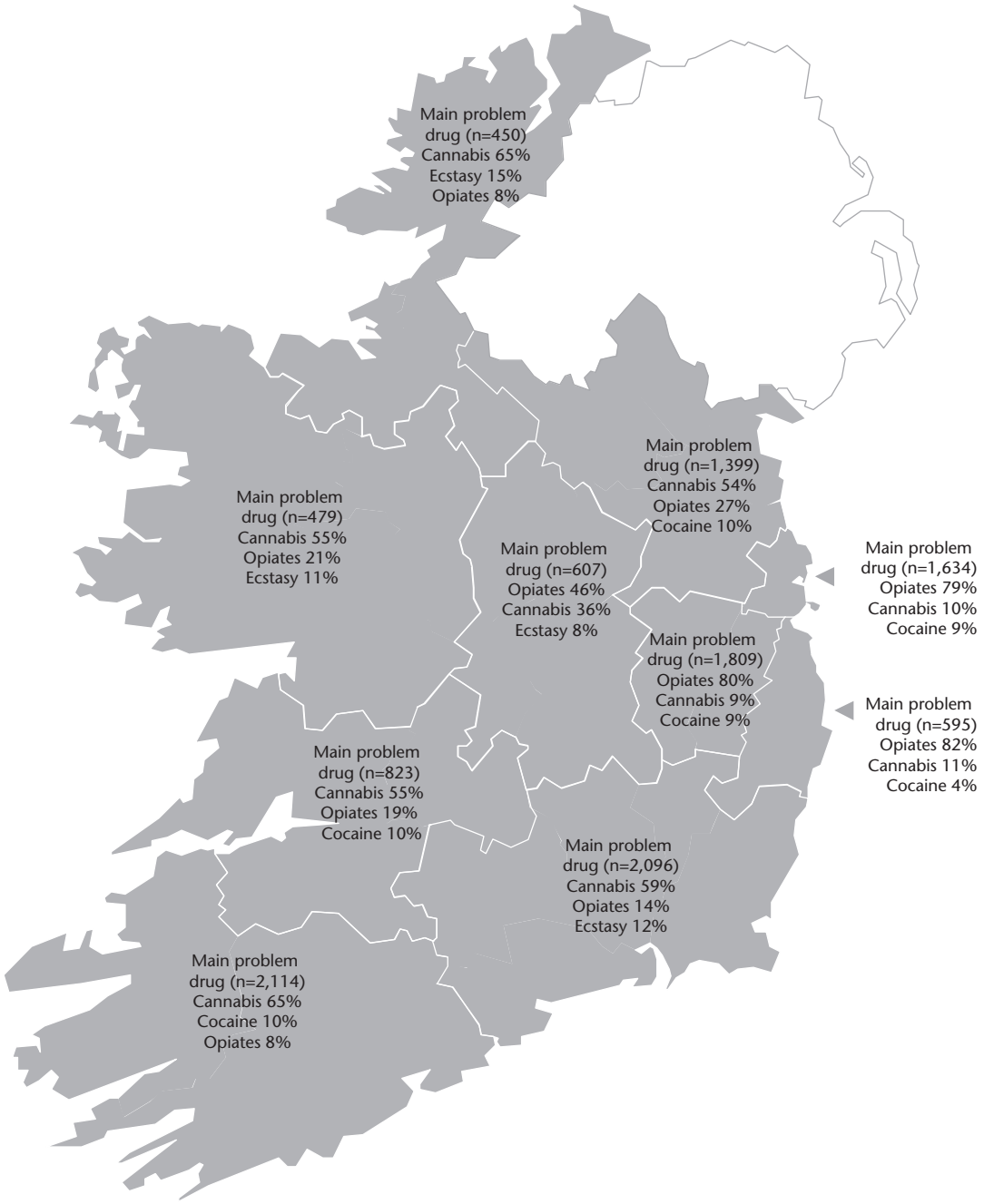


Figure 7 The three most common main problem drugs, by former health board area, for new cases living and entering treatment in Ireland, reported to the NDTRS, 2001 to 2006

Figures 8a and 8b present the ages at which new cases living and entering treatment in Ireland between 2001 and 2006 commenced use of their main problem drug. A considerable number of new cases commenced use of cannabis, opiates and, to a lesser extent, volatile inhalants as their main problem drug in their early teens. The majority commenced use of cocaine and ecstasy in their mid to late teens. The number reporting benzodiazepines as their main problem drug was small; this drug is more commonly reported as an additional problem drug by new cases (and by previously treated cases, as shown in Table 13).

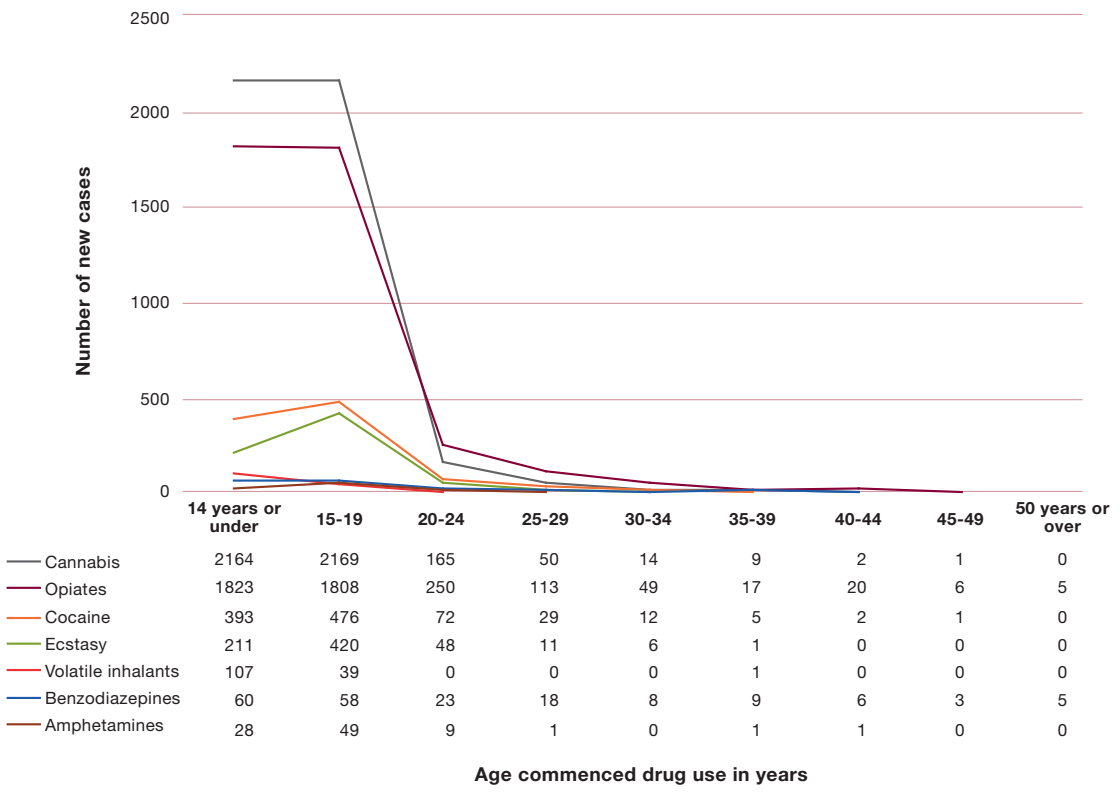


Figure 8a Age at first use of main problem drug by new cases living and entering treatment in Ireland, reported to the NDTRS, 2001 to 2006

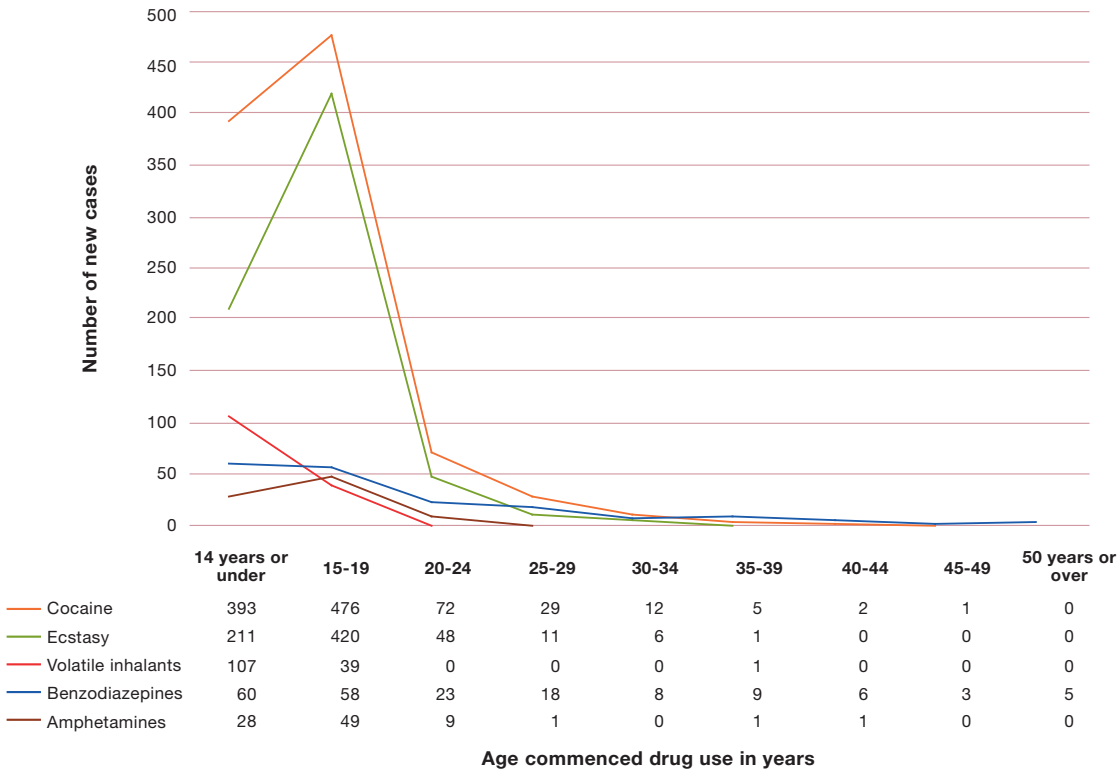


Figure 8b Age at first use of main problem drug (excluding opiates and cannabis) by new cases living and entering treatment in Ireland, reported to the NDTRS, 2001 to 2006

Figures 9a and 9b present the ages at which new cases sought treatment in Ireland, by the main problem drug, for the period 2001 to 2006. Although the numbers using volatile inhalants are small, this is the main problem substance for a very young client group. It is clear that cannabis and ecstasy users seek treatment in their late teens, while the majority of opiate and cocaine users seek treatment in their early twenties. Taken together, Figures 8a and 8b and Figures 9a and 9b show the interval between initiation of the main problem drug (such as cannabis and opiates) and seeking treatment for problem drug use.

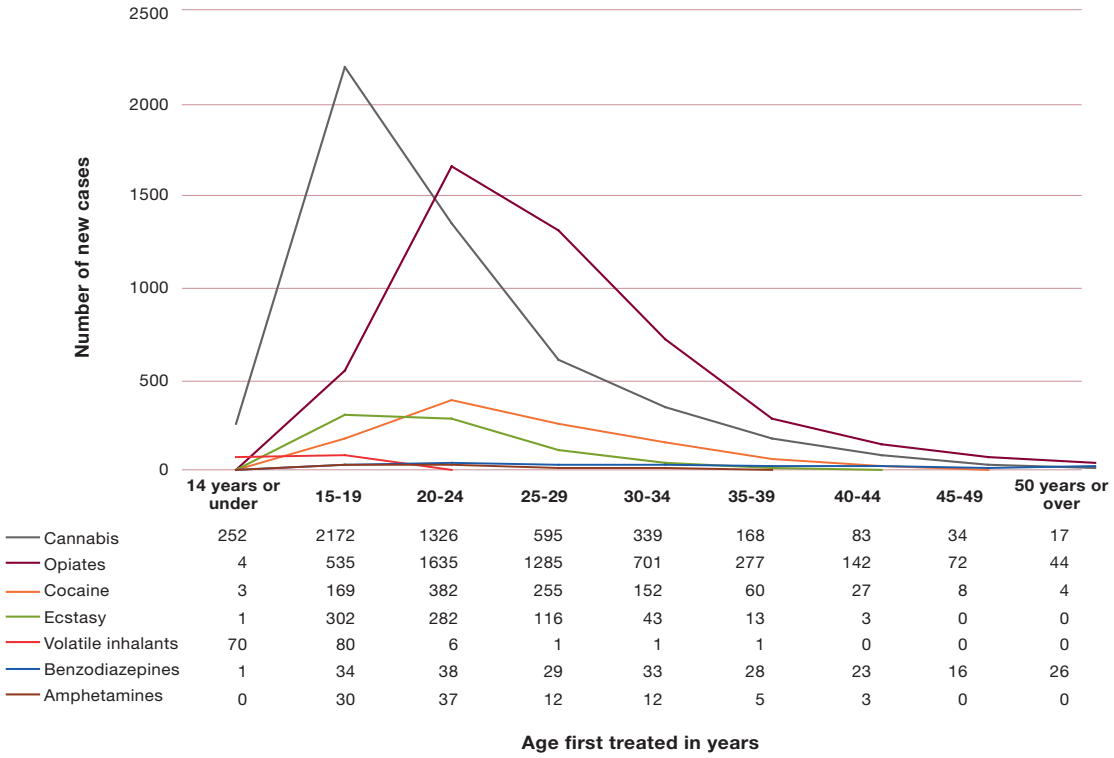


Figure 9a Age attended first treatment, by main problem drug, for new cases living and entering treatment in Ireland, reported to the NDTRS, 2001 to 2006

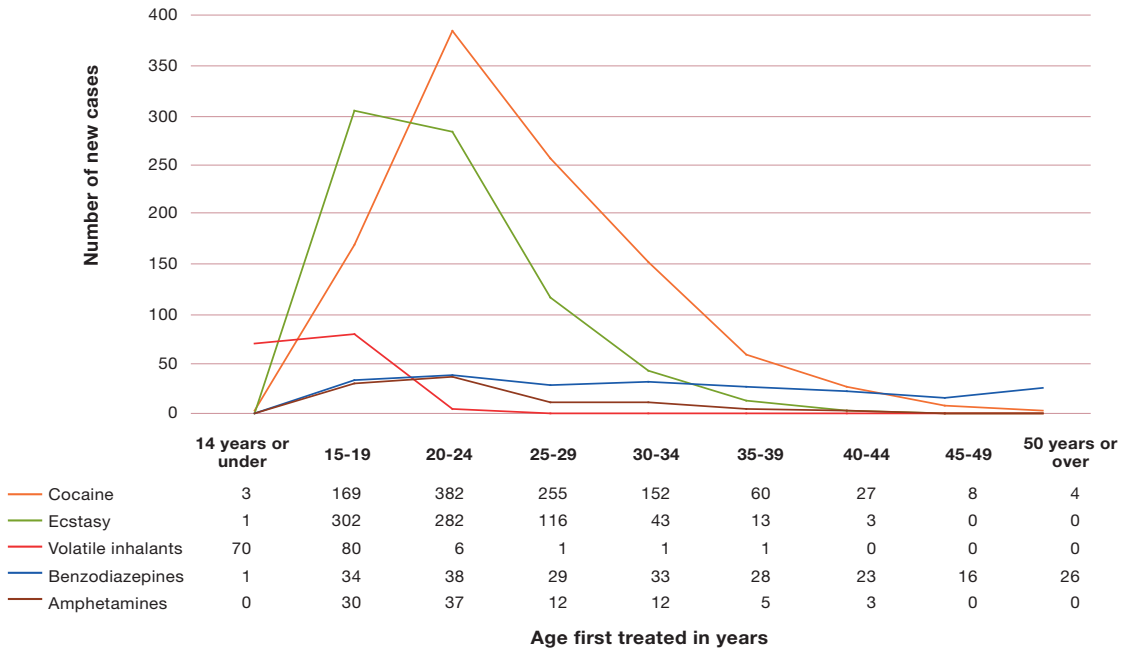


Figure 9b Age attended first treatment, by main problem drug (excluding opiates and cannabis), for new cases living and entering treatment in Ireland, reported to the NDTRS, 2001 to 2006

Figure 10 shows the main problem drug, by gender, for new cases entering treatment in the period 2001 to 2006. The differences between the proportions of males and females treated were less pronounced in the case of volatile inhalants and benzodiazepines than in the case of other drugs.

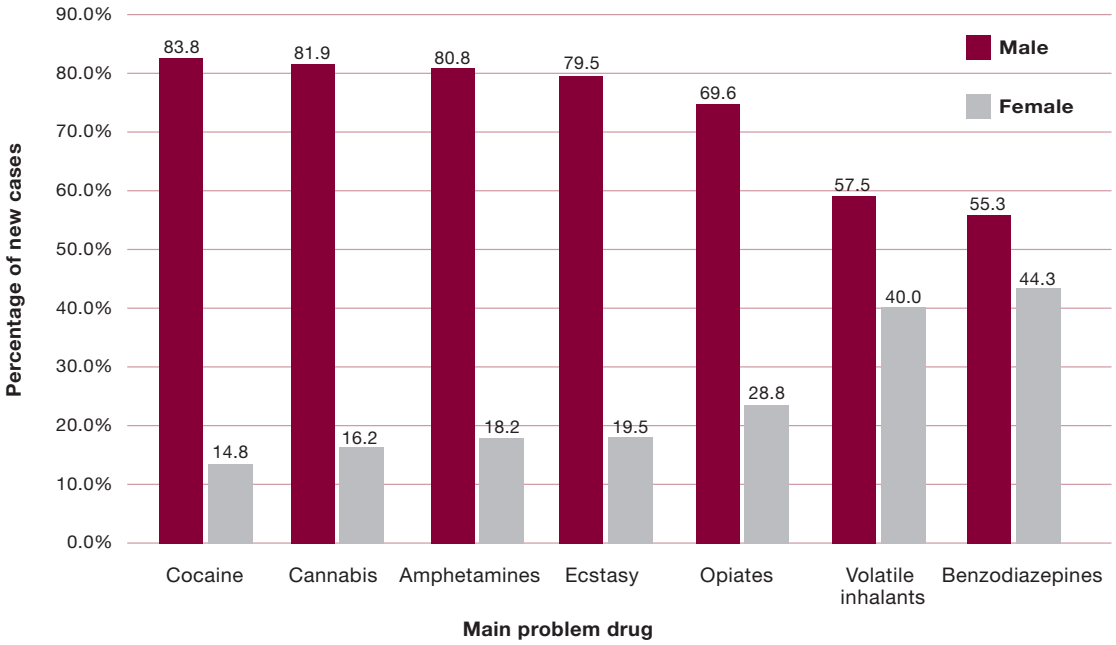


Figure 10 Main problem drug, by gender, for new cases living and entering treatment in Ireland, reported to the NDTRS, 2001 to 2006

Figure 11 presents the proportion of new cases in employment upon entry to treatment, by the main problem drug, for the period 2001 to 2006. The highest rates of employment were among those who used drugs commonly associated with social events, and the lower rates were among those who used opiates and benzodiazepines. This has important implications for prevention opportunities with young drug users and for the social and occupational reintegration of opiate and benzodiazepine users.

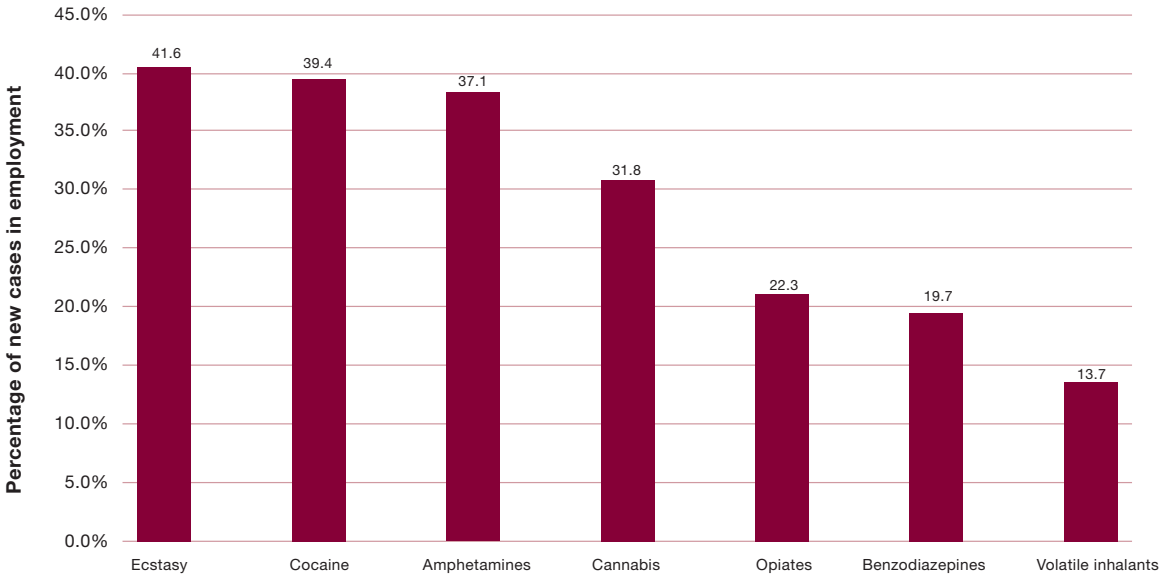
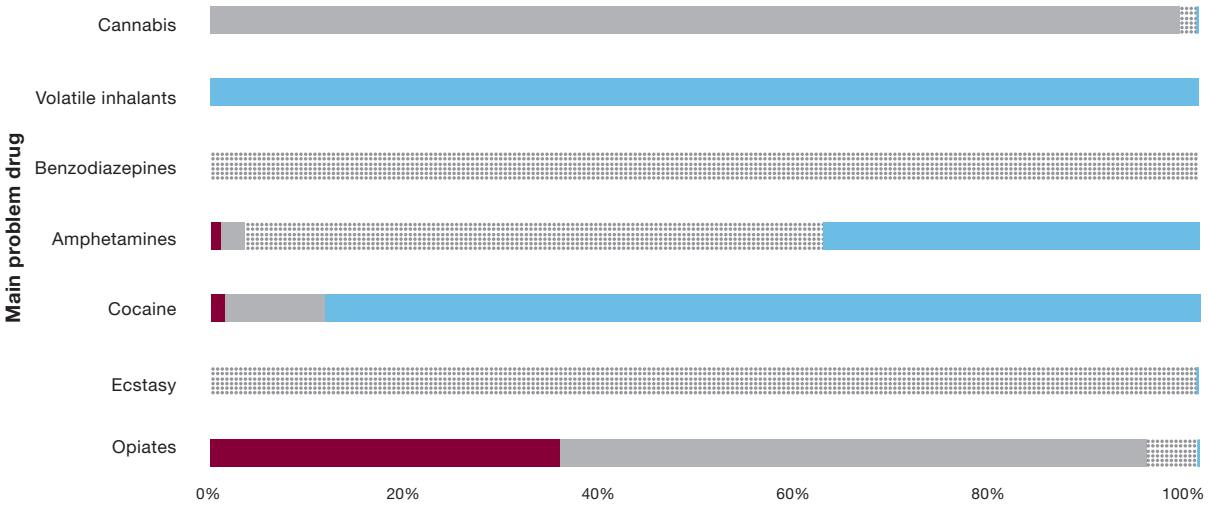


Figure 11 Main problem drug for new cases aged 16–64 years in employment and living and entering treatment in Ireland, reported to the NDTRS, 2001 to 2006

Figure 12 presents the route of administration of the main problem drug reported by new cases who entered treatment between 2001 and 2006. Injecting drug use was associated with opiates and, to a lesser extent, with cocaine and amphetamines. The routes of administration shown in Figure 12 are those associated with the main problem drugs only. Benzodiazepines are not normally injected as a main problem drug, but can be injected by opiate users when used as an additional problem drug.



	Opiates	Ecstasy	Cocaine	Amphetamines	Benzodiazepines	Volatile inhalants	Cannabis
Sniff/Snort	0.2	0.1	87.2	36.4		100.0	0.2
Eat/drink	5.3	99.3	0.4	56.6	97.8		1.8
Smoke	58.2		9.6	2.0			97.4
Inject	35.2		1.4	1.0			

Figure 12 Route of administration of selected main problem drugs for new cases living and entering treatment in Ireland, reported to the NDTRS, 2001 to 2006

Conclusions

Information about people treated for problem drug use, and about patterns of drug use, is valuable in that it allows health care managers to describe the extent of the problem, the personal and substance-using characteristics of those seeking treatment, and trends in treatment seeking over time. The data presented here will enable planners to rank problem drug use alongside other public-health priorities in the population and to allocate appropriate resources to its treatment.

The data presented in this paper indicate that there were significant increases in drug treatment services and the total number of people requiring such services since the beginning of the current National Drugs Strategy in 2001. The total number of cases treated in 2006 increased by 26% when compared to the number treated in 2001. Just over 2,300 methadone places have been created and there was a 25% increase in the number of outpatient treatment services during the reporting period.

Between 2001 and 2006 problematic drug use has become a nationwide issue rather than a predominately Dublin issue. In 2006, there were treated drug users living in every county in Ireland. Cannabis was reported as a main problem drug by 41% of new cases, opiates by 39% and cocaine by 9%. The number of new opiate cases attending treatment decreased noticeably in Dublin while the number increased substantially outside Dublin. Across all HSE regions, between 7% and 10% of new cases reported cocaine as

their main problem drug and the trend in treated cocaine use was in line with the reported use of cocaine among the general population (NACD, 2008).

The vast majority (72%) of new cases treated between 2001 and 2006 reported problem use of more than one substance (polysubstance use) and this is a major challenge facing drug services. The two most common additional problem drugs reported by new cases were alcohol and ecstasy in the HSE South and West regions, and cannabis and cocaine in the HSE Dublin North East and Dublin Mid-Leinster regions. The association between the main problem drug and additional drugs among new cases entering treatment was examined for the period 2001 to 2006. The pattern of additional drugs used was linked to the main problem drug. The additional substances used with cannabis and cocaine indicate their link with alcohol and other recreational drugs. Information about the combinations of drugs used and the situation in which they are used is important in terms of individual clients' care plans, and policy initiatives.

In general, problem drug users are young and male, have low levels of education, are unlikely to be employed, and have no stable homes, indicating the importance of accommodation, personal development and educational and employment opportunities as part of the drug treatment and reintegration process. These findings are supported by the report of the Working Group on Drugs Rehabilitation (2007); it is essential that the recommendations made in this report are implemented.

Though small, the proportions of treated cases who were not born in Ireland increased steadily during the reporting period. The increase in the proportion of other nationalities seeking treatment may have implications for service provision as drug treatment interventions rely heavily on verbal communication.

In 2004, there was a decrease in returns to the NDTRS in many areas of the country because of a change in the data-collection protocol and a lack of clarity about how the new protocol was to be applied at each treatment service. Completion of NDTRS forms or Dublin Addiction Information System (DAIS) entries by counsellors working in drug treatment centres in Dublin is sporadic and lower than desired. NDTRS returns were not completed by some services in the former Mid-Western Health Board area between 2002 and 2005, but this was rectified in 2006 and 2007. While there has been an improvement in NDTRS returns by general practitioners; further work is required to sustain this improvement and increase coverage. The proportion of new cases aged under 18 years was considerably higher in the HSE West and South regions than in the other two HSE regions; this may be due to under-reporting in the other two HSE regions or to a lack of appropriate treatment facilities for young drug users in those regions. The issues raised in this paragraph should be kept in mind when interpreting this paper.

It is important to note that the data recorded by the NDTRS relates to episodes of treatment, rather than to individual people treated each year. This means that individuals may appear in the figures more than once if they attend more than one treatment service in a year, and may reappear in subsequent years. This limits the type of analysis that can be done on the data. The introduction of a unique case identifier as an essential element of the NDTRS would be invaluable in determining the precise numbers of people treated for problem drug and/or alcohol use and the types of services they attend.

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