

Attendance for drug misuse to Dublin Accident and Emergency Departments

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Over the past seven years, there has been a marked increase in referrals to the National Drug Advisory and Treatment Centre at The Charitable Infirmary. In this study attendances at 13 Casualty Departments in the greater Dublin area were analysed for a one month period – September 1985 – to examine the incidence of drug misusers presenting to casualty departments and to establish if the characteristics of those attending elsewhere were similar to those at the Drug Advisory and Treatment Centre.

Methods

The survey identified patients with problems relating directly to their misuse of drugs who presented to the Accident and Emergency Departments of the hospitals within the Eastern Health Board area, which serves a population of 1,194,735 with 128,323 between the high risk age group 15-24 years. There are 13 hospitals in this area with functioning accident and emergency departments, all of which agreed to take part in the four week period of survey from midnight preceding September 1, 1985 until the midnight of September 28, 1985.

During the month prior to the commencement of the survey period, each Accident and Emergency Department was visited and the aims and requirement of the study, and the notifications were discussed with the medical and nursing personnel. They were requested, in the event of there not being time to fill in the questionnaire, to keep a record of the patients name and card number, so that the research worker might subsequently fill in the details directly from the casualty card.

Standardised questionnaire forms using mainly 'tick box' answer choices, were filled in for each individual attending, who was judged by the examining doctor to be currently (within the past six months): (a) experimenting with drugs; (b) abusing drugs – defined as persistent or sporadic use of a drug, inconsistent with, or unrelated to, acceptable medical practice; (c) drug dependent – defined as a state characterised by a compulsion to take a drug on a continuous or periodic basis in order to experience its psychic effects and sometimes to avoid the discomfort of its absence.

Information obtained included name, address, date of birth, sex and occupational status, the names of drugs used, whether the parenteral route was used for any particular drug, the status of the drug user, i.e. experimenter, abuser or drug dependent and the drugs used with alternative colloquial terms for the popular street drugs being listed to facilitate the doctor's enquiries. The last part of the questionnaire concerned the patient's current or previous contact with the National Drug Advisory and Treatment Centre, their reason for attendance at the casualty department and the treatment administered.

Results

During the month of September 1985, 73 drug misusers were identified by 13 casualty departments of whom 44 (60.3%) were male and 29 (39.7%) were female. The average age of

attenders was 26 years for both sexes (range 14-50 years). In the majority of cases the reason for attendance was overdose.

In 86% of females drug use was intentional. Three-quarters of the male abusers admitted to using heroin (diamorphine) while half the female abusers admitted to taking minor tranquillisers (benzodiazepines). Approximately 40% were known to the National Drug Advisory and Treatment Centre.

Drug Abused

Drug	N = 140	(%)
<i>Heroin</i>	43	(58.9)
<i>Methadone</i>	11	(15.1)
<i>Morphine Sulphate</i>	13	(17.8)
<i>Diconal (Dipipanone)</i>	12	(16.4)
<i>Palfium (Dextromoramide)</i>	12	(16.4)
<i>Barbiturates</i>	3	(4.0)
<i>Benzodiazepines</i>	25	(34.0)
<i>Cocaine</i>	2	(2.7)
<i>Amphetamines</i>	3	(4.0)
<i>LSD</i>	4	(5.5)
<i>Cannabis</i>	3	(4.0)
<i>Solvents</i>	0	(0.0)
<i>Cough Bottles</i>	1	(1.4)
<i>Magic Mushrooms</i>	1	(1.4)
<i>DF 118</i>	2	(2.7)
<i>Alcohol</i>	5	(6.8)

Almost two-thirds (63%) were unemployed, with 16.5% in employment or full time education. The drugs abused are listed in the table. Of the total sample, 58.9% (43 subjects) admitted to injecting diamorphine; methadone, morphine sulphate, dipipanone and dextromoramide were the next most commonly abused opiates (16.4%). 50% of females and 25% of males admitted to using minor tranquillisers (benzodiazepines). The reason for attendance was overdose in 53 cases (72.6%), intentional in 85.7% of the females and 37.5% of the males. The next most common reason for attendance was sepsis (16.4% of the sample).

40.5% of attenders needed admission to hospital, the remainder being discharged following treatment (59.5%). 22% were subsequently referred to the National Drug Advisory and Treatment Centre or the general psychiatric services. 8.2% were currently attending the Drua Centre, and 31.5% had previously attended there leaving 44.4% who had never attended. There was missing data on 20.5% of cases.

Discussion

The most notable trends emerging in this survey, are that opiates continue to be a major source of abuse, as recent studies have indicated¹ and the continued misuse of prescribed medication, especially methadone and benzodiazepines. The large number of the sample reported to use heroin (43) is notable when compared with Ghodses (1976) study of 62 London casualty departments during the month of July 1975,² where, the number of patients using heroin was only 3.0%. The minor tranquillisers, which were misused by one-third of the sample in the Dublin survey, were the most widely abused group of drugs in the London survey (27%). The incidence

of methadone misuse is another interesting comparison, 4% of the London sample compared with 15.1% of the current sample. It remains a source of concern that indiscriminate prescribing by some general practitioners is contributing to this increase. The ratio of male to female patients is also notable when compared with London; the proportion of females was greater in London (60%) while the number of males was in the majority (60%) in Dublin. Other differences between the two cities were a higher attendance for self-poisoning and a lower incidence of sepsis in London.

The main variation between the sexes was the high incidence of heroin misuse in the males, and of benzodiazepines in females; and a greater proportion of female overdoses were judged to be intentional (85.7%) as compared with only 27.2% of the male sample.

The age of patients in this study is older than those attending the Drug Centre suggesting that the patients presenting to casualty departments are different to those presenting to the Drug Centre.

Figures for those attending the Drug Centre indicate that there is a 2-7 year interval between first drug use and presentation at the Centre. Only a small proportion of those identified as drug dependent by casualty departments was known to the Drug Centre, and since early referral for treatment improves prognosis, it might be reasoned that casualty departments may have a major role in facilitating earlier intervention. In this study only 22.5% of attenders were referred for further psychiatric treatment.

References

- ¹ Dean G, O'Hare A, O'Connor A, Kelly MG, Kelly G. The opiate epidemic in Dublin. *Ir Med J* 1985; 78: 107-10.
- ² Ghodse AH. Drug problems dealt with by 62 London casualty departments. *Br J Preventative Soc Med* 1976; 30: 251-6.

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