Following the publication in November of Extended Annual Report on the State of the Drugs Problem in the European Union (EMCDDA, 1999), a number of misleading reports appeared in the press about drug-related death levels in Ireland. These reports were based on a misinterpretation of an ‘index of change’ chart (Figure 8) produced in the EMCDDA report (see below).

The chart demonstrated trends in the number of drug-related deaths in the EU between 1991 and 1997 with three-year moving averages.

The rate of increase was higher for Ireland than other EU countries, not the actual numbers or rates of drug deaths.

The available data show that the trend in drug-related deaths in Ireland is upwards - the number of drug-related deaths rose from 7 in 1990 to 52 in 1997.

The 1997 figure represents a rate of 1.4 per 100,000 population. This rate, in comparison with other EU countries, is at the lower end of the scale.

This of course is not to play down the seriousness of the issue and in fact there is an increasing awareness of the need to have quality information on drug-related deaths available in Ireland.

To this end, at the national level, the Drug Misuse Research Division along with the relevant agencies and individuals is involved in the promotion of more comprehensive data collection and, at the EU level, the DMRD is working with the EMCDDA in the harmonisation of data collection across the EU.

Ms. Mary O’Brien
Drug Misuse Research Division
The Health Research Board
Inter-institutional Conference on Drugs Policy in Europe
(10th-11th Dec)

DrugNet Europe, 22, (April 2000).
Making the EU Drugs Strategy (2000-2004) work.

Organised by the Portuguese Presidency of the European Union, the European Parliament and the European Commission, the second Inter-institutional Conference on Drugs Policy in Europe (28-29 February, Brussels) was attended by high-level experts from the drugs field. The goal of the Conference was to discuss optimal methods of implementing the European Union Drugs Strategy (2000-2004).

The Drugs Strategy aims to achieve a ‘global, multidisciplinary and integrated response to illicit drugs’. The Strategy aims:
• to ensure that addressing drugs issues remains a major priority in EU internal and external action;
• to maintain the EU’s integrated and balanced approach to tackling drugs, in which supply and demand are viewed as mutually reinforcing elements;
• to ensure the collection, analysis and dissemination of objective, reliable and comparable data on the drugs phenomenon in the EU with the support of the EMCDDA * and Europol;
• to promote international co-operation and the integration of drug control into EU development and to support the efforts of the United Nations (UN General Assembly on Drugs, June 1998) and the UNDCP in developing international co-operation; and
• to emphasise that, although not bidding for new funds, the successful implementation of the Strategy will require appropriate resources.

The importance of reliable information on drugs – acting as the basis for sound political decision making – was applauded as being crucial to the Strategy.

The strategy envisages the successful attainment of a number of targets over its five year timeframe:
• to reduce significantly the prevalence of illicit drug use, as well as new recruitment to it, particularly among young people (<18 years)
• to reduce substantially the incidence of drug-related health damage (HIV, hepatitis B and C, TB, etc.) and the number of drug-related deaths
• to increase substantially the number of successfully treated addicts
• to reduce the availability of illicit drugs
• to reduce the number of drug-related crimes
• to reduce money-laundering and illicit trafficking of precursors.

* The Drug Misuse Research Division is the Irish Focal Point of the EMCDDA Reitox Network.

UN condemns Australian plans for "Safe Injecting Rooms"

Gavin Yamey, Sydney

The first Australian, medically supervised injecting room for heroin users will open in Sydney in May 2000 despite last week's condemnation by the United Nations International Narcotics Control Board and opposition from John Howard, the Australian Prime Minister. The supervised facility will have 10 bays in which users can inject, supervised by two health professionals, and clients will be offered supportive counselling and primary health care.

The UN is so opposed to the development that it is sending a delegation to Australia this month to try to stop it. The centre, based in the inner city district of Kings Cross, will be managed by the United Church Board for Social Responsibility, an Anglican organisation that supports local community projects. The Vatican has banned all Catholic groups from participating.

The state government of New South Wales recommended the trial and passed appropriate legislation for the trial after its 1999 drug summit, which brought together groups of drug users, parents of drug users, non-governmental organisations, and...
Irish National Workshop on Prevalence Estimates as an Indicator of Drug Misuse

The European Monitoring Centre for Drugs and Drug Addiction, organised a workshop on prevalence estimation of drug misuse in February of this year. The aim of the workshop was to address the lack of availability of good quality data which hampers efforts to calculate quality prevalence estimates in the Irish context.

The workshop explored the present data sources available in Ireland and examined how these data sources could better facilitate prevalence estimation. The workshop brought together 50 participants involved in the collection, management and interpretation of information relevant to the estimation of the Prevalence of Problem Drug Use in Ireland. Dr. Catherine Comiskey of the Department of Mathematics, NUI Maynooth discussed the methods used to calculate prevalence, the assumptions involved and specified the types of data required to make the calculations.

Representatives of the following data sources replied by outlining the data they held, its availability for research purposes and steps which they would take to meet the requirements outlined. The data sources included: Police data, Methadone Treatment List, Hospital In-Patient Enquiry, Needle exchange, National Drug Treatment Reporting System, National Psychiatric In-Patient Reporting System, Drug-related deaths and Drug Courts. The possibility of using Infectious Diseases, Accident and Emergency data sources was also discussed.

The workshop represented the beginning of the process aimed at improving the availability and quality of information sources for prevalence estimation in Ireland. Achievement of these goals will involve the cooperation of many agencies and individuals. The workshop indicated that such cooperation was likely to be forthcoming.

Concern regarding the inaccurate reporting of prevalence estimates in the Irish context led to the adoption by the workshop of a set of Standards for carrying out such work and reporting findings based on estimates.

EMCDDA and WHO to sign memorandum of Understanding

Brussels will witness the signing of the Memorandum of Understanding (MOU) establishing co-operation between the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) and the World Health Organisation (WHO). This has clear benefits in relation to the collection, analysis and dissemination of existing drug-data, and also enhances methods of data comparison.

This Memorandum of Understanding will also allow for co-ordination of efforts to - ensure optimal use of information; - enhance the quality of respective reports; - achieve efficient use of resources; - develop collaborative strategies in the planning and co-ordinating of their activities; - avoid duplication of effort; and - share information on matters of common interest.
Drug Use among Prisoners
An Exploratory Study

‘Drug Use among Prisoners’ is an exploratory study of the issues surrounding drug use in the Irish prison system. The overall objectives of the study are:

• To explore the nature of drug use among prisoners
• To explore the impact of incarceration on prisoners’ drug use
• To explore users’ perceptions of services available to them within the prison setting
• To examine the experiences of non-drug users within a prison setting where there may be a significant number of prisoners with a history of drug use.

Data has been gathered from twenty-nine inmates imprisoned in Mountjoy Prison, Dublin. In-depth qualitative interviews have been carried out with both prisoners with a history of drug use (n=25), and those who reported no history of illicit drug use (n=4). Both male (n=22) and female (n=7) prisoners were included in the sample. With respondents’ informed consent, interviews were all tape recorded and transcribed for analysis.

It should be noted that there are wide variations nationally in the nature of drug use and that these may be reflected in the experiences of inmates situated in different prisons. This may be in relation to both the types of drugs used and the extent to which they are used. This study is confined to twenty-nine prisoners from just one of the country’s prisons. Therefore, the sample will be representative of neither the whole prison population nor those prisoners who are drug users. However, within these limitations, the study will provide insights into the nature of drug use within the prison setting and the impact this has on the experiences of a particular inmate population.

Publication is planned for Winter 2000

Contact Lucy Dillon

Drug Misuse in Rural Areas

This exploratory study aims to gather information relating to illegal drug use in rural areas. Key informants; such as health professionals, community leaders, and members of An Garda Síochána in each Health Board Area [other than the Eastern Regional Health Authority] are being interviewed. Topics being explored with these informants include;

• The extent and type of drug use in their communities,
• Patterns of drug use,
• Availability of drugs,
• Socio-environmental context of drug use
• Community Response,
• Access to Information and Education on Drug Issues and
• Possible Areas of Improvement in the drug services currently available.

Publication is planned for Autumn 2000

Contact Aoife O’Brien

Knowledge, Attitudes and Beliefs regarding Drugs and Drug Users
A National Sample amongst the General Public

The study aims to ascertain;

• attitudes of the general public to illicit drugs and drug users,
• general public’s knowledge of and experience with drugs,
• attitudes to prevention and to different forms of treatment,
• general public’s perception of the personal and societal consequences of drug misuse.

A nationwide sample survey of respondents randomly selected from the electoral register has been conducted. The results will be of interest inter alia, to academic researchers, policy makers and public health personnel.

Publication is planned for Summer 2000

Contact Ros Moran

Annotated Bibliography of Drug Misuse in Ireland

The Drug Misuse Research Division of the Health Research Board has commissioned an Annotated Bibliography of Drug Misuse in Ireland. The objective is to have a comprehensive historical and current annotated bibliography of research and information relating to illicit drug use and associated issues in Ireland. The Bibliography is intended to be a resource document for all those interested in the drugs area, both nationally and internationally. Research for the Bibliography was carried out by Aoife O’Brien, Social Researcher. It is planned to update the Bibliography on a regular basis. Accordingly if you have articles or reports for inclusion, please send them to the Administrative Assistant, Drug Misuse Research Division.

Publication is planned for Winter 2000

Contact Caroline Corr
General Population Survey of Drug Misuse in Ireland

A national stratified sample of respondents randomly selected from the electoral register were interviewed with the following aims:
- To obtain an estimate of lifetime, yearly and monthly prevalence rates for alcohol and illegal drugs including hashish/marihuana, ecstasy, cocaine, heroin, LSD, amphetamines among the general population.
- To determine frequency of use of hashish/marihuana, ecstasy, cocaine, heroin, LSD, amphetamines.
- To ascertain levels of knowledge about drugs and direct/indirect experience with illegal substances.
- To examine general attitudes to alcohol, drugs and drug-related problems.

Publication is planned for Winter 2000.

Recently Completed Research

The Feasibility of the Inclusion of General Practitioners and Prisoners in the National Drug Treatment Reporting System

Summary and plans for the implementation of the NDTRS in prison and community GP services.


While the National Drug Treatment Reporting System (NDTRS) run by the Drug Misuse Research Division of the HRB provides ‘good’ coverage of treated drug misuse in Ireland, it is important, given its role as a national information resource and framework for policy formulation that coverage is as near ‘complete’ as possible. There was however a considerable gap in existing coverage. This study addressed this issue by assessing the feasibility of including two specific groups (i.e. drug misusers treated by the Prison and General Practitioner services) in the NDTRS. A survey of the attitudes of General Practitioners and members of the Prison services toward drug misusers in general and the NDTRS in particular was carried out. The results endorsed the feasibility of including these two groups, and a plan to implement the NDTRS in the two situations was developed. The plan is currently being implemented for the year 2000. The inclusion of these services in the NDTRS should result in a more representative picture of treated drug misuse in Ireland.

The Feasibility of the Inclusion of General Practitioners and Prisoners in the National Drug Treatment Reporting System

The Feasibility of the Inclusion of General Practitioners and Prisoners in the National Drug Treatment Reporting System

The Feasibility of the Inclusion of General Practitioners and Prisoners in the National Drug Treatment Reporting System

The Availability, Use and Evaluation of the Provision of Crèche Facilities in Association With Drug Treatment


The study explored crèche facilities in drug treatment environments - their provision, usage, types of users and the programmes provided. Semi-structured interviews were conducted with four groups associated with the drug treatment services - treatment staff, crèche leaders, parents and/or guardians of users and children of problem drug users. A number of recommendations emerged from the study which can inform future planning and development of such crèche facilities.

On foot of the report, The Minister for Justice, Equality and Law Reform announced the allocation of £30,000 towards training for staff working in crèches in drug treatment centres.

Final Report

Literature Review on The Relation Between Drug Use, Impaired Driving, and Traffic Accidents


European Monitoring Centre for Drugs and Drug Addiction & The Health Research Board.

A literature review was conducted which addressed:
- the experimental and laboratory evidence in relation to the effects of different drugs on driving skills
- the evidence from field studies of a relationship between drug use and traffic accidents
- existing and proposed drug testing procedures with regard to driving in the EU and the issues raised by such testing.

The study was funded by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) and carried out in collaboration with the Transport Policy Research Institute, University College Dublin. A bibliography of related research was compiled. Both the review and bibliography are now available from the EMCDDA.


This Statistical Bulletin provides information regarding treated drug misuse in the Republic of Ireland for 1997 and 1998. The Bulletin is based on the epidemiological data collected through the National Drug Treatment Reporting System (NDTRS), and is organised according to the health board area of residence of cases treated for drug misuse. Information is provided on Socio-Demographics, Problem Drug Use, Risk Behaviour and Treatment Contacts.
Kilkenny Drugs Initiative
Substance Misuse Research Findings and Action Plan


The Kilkenny Drugs Initiative (KDI) is a local and autonomous response to drug and alcohol issues in the Kilkenny city area. The primary aim of the KDI is "to help build the capacity of local communities to support, facilitate, train and empower local people to develop their resources which will enable them to develop preventative and integrated responses to drug-related issues in their communities."

This qualitative research, which used focus groups, was carried out in six local communities and culminated in the formulation of an action plan, designed in accordance with the stated aims of the Initiative. Some of the drug-related issues examined included:
- the type of substances that are available in the area,
- who is using these drugs and why, and
- the effects of drug use on families and communities.

As a result of the research findings the KDI’s action plan prioritised the need for:
- Family support
- Training & Education and
- the Development of Policy Statements (from schools, Gardaï…).

First Annual Report 1996-99
Domville House, Ballymun


Domville House is a community-based addiction centre operated by the Eastern Regional Health Authority. The clinic operates as the Ballymun branch of the Authority’s HIV and Addiction Service, which aims to provide a statutory multidisciplinary approach to prevention and treatment, and rehabilitation for local drug misusers.

The report outlines the extent and the importance of the service provided within the context of the specific needs of the individual and of the locality. The report illustrates the socio-demographic characteristics of the client-group and describes the extensive multi-disciplinary team and their active role within the community.

Making Contact: Evaluation of an Exchange Programme

This comprehensive report of the Health Promotion Unit (operational in the Merchant’s Quay Project since July 1992), gives a detailed evaluation of the unit designed to decrease or eliminate both injecting and sexual risk behaviours among clients of the Merchant’s Quay Project. The structured interviews, carried out at both ‘First Intervention’ and at a ‘Follow Up’ visit (3 months later), examined drug use, injecting risk behaviour, contact with services, and health and well-being. Three hundred and seventy of the 1,337 clients present for the ‘First Intervention’, returned for the three-month ‘Follow Up’.

While acknowledging some of the limitations of the research, the results indicated that attendance at the Health Promotion Unit was related to improvements to the health and well-being of the clients. The authors concluded that further research should be carried out to advance and legitimise drug service provision.

Funding and Fellowships

European Monitoring Centre for Drugs and Drug Addiction

The EMCDDA works with a large number of external contractors on its many projects

Call for Tenders issued by the EMCDDA in relation to drug research are published regularly on their website. Any individuals or organisations wishing to be included on the EMCDDA’s list of potential contractors should apply to the relevant Call for the Expression of Interest (CEI), published in the Official Journal of the European Communities, Series S (OJ S 47-07.03.1998). Alternatively, the application forms for the CEI are downloadable (Adobe Acrobat) from the website:

http://www.emcdda.org/about/work_with_contractors_forms1.shtml

The Health Research Board

The HRB is committed to supporting careers in health research in Ireland. To meet this objective, the HRB provides a number of fellowship awards each year, targeted at different groups within the health research community.

The Board will be inviting applications from health researchers, medical doctors, scientists, nurses and midwives for the following fellowship awards in 2001. The fellowships will be advertised in the Summer.

Clinical research training fellowships are designed to enable medical and dental graduates at any stage in their career, up to and including Senior Registrar, Lecturer or equivalent levels to gain specialised clinical research training in a biomedical field.

Postdoctoral research fellowships are designed to enable researchers with a PhD, MD or equivalent to develop their research careers at an advanced level in a biomedical field.

Health services research fellowships provide an opportunity for graduates with appropriate experience to undertake health services research in Ireland. The research may be interdisciplinary in nature and may involve clinical, epidemiological, public health, statistics, health economics, social science, operational and management disciplines.

Clinical research fellowships in nursing and midwifery provide experienced nurses and midwives with an opportunity to carry out research in clinical nursing and midwifery, leading to a postgraduate qualification at masters and doctoral level.

Application forms and further information on these fellowships and other research support schemes are available on the HRB website (www.hrb.ie) or from the Health Research Board.
National Drug Treatment Reporting System

The National Drug Treatment Reporting System [NDTRS] is an epidemiological database, providing anonymous data on people who present to drug treatment services. The NDTRS, which is operated by the Drug Misuse Research Division of the Health Research Board, was established in the Greater Dublin Area in 1990 and has been in operation throughout the country since 1995. The focus of data collection is on people who are experiencing problems with their drug use and who present for treatment. These problems can involve different types of drugs such as opiates, stimulants, benzodiazepines, so called ‘designer drugs’, volatile inhalants etc. Treatment can be non-medical, such as counselling, as well as medical.

Over time, NDTRS data can indicate trends and changing patterns of problem drug use. The NDTRS can also provide a foundation for more detailed investigations, such as comparisons with samples of untreated drug users or changes in behaviour patterns in different sub-groups. The Drug Misuse Research Division welcomes collaborative research using the NDTRS database.

Several reports have been published to date and a Statistical Bulletin covering data for 1997 and 1998 was recently published (May 2000). With the cooperation of health services personnel throughout the country, it is planned that the data for 1999 will reach the Drug Misuse Research Division by April 2000 and the annual report on Treated Drug Misuse in Ireland will be published later in the year.

A number of developments have been taking place in the past year. New structures were put in place in the Eastern Health Board Area – now Eastern Regional Health Authority (ERHA) – in August 1999. These structures are designed to incorporate developments within the ERHA and ensure the timely returns of NDTRS data. Personnel in each of the new Area Health Boards were designated responsibility, by the Director of AIDS/ Drugs Services, for informing the Drug Misuse Research Division of new drug services coming on-stream and for overseeing the timely collection of NDTRS data in each area.

In the past year also, a new Data Co-ordinator for Drugs was appointed in South Eastern Health Board Area based at the Centre for Demand Reduction Measures for Drugs, St. Patrick’s Hospital, Waterford.

Above is a list of the personnel currently responsible at Health Board level for data returns to the NDTRS.

A very positive development has been the on-going recruitment of General Practitioners to the NDTRS. This was achieved with the cooperation of the Department of Health & Children and the Irish College of General Practitioners. General Practitioners involved in the treatment of drug users up to now were under-represented in the system. Following positive results from a feasibility study carried out by the Drug Misuse Research Division in 1998, General Practitioners from all over the country are now participating in the NDTRS.

Another development is that some Health Boards are planning to set up electronic databases at regional level and when operational will help to ensure more timely returns to the NDTRS, thereby guaranteeing more up-to-date reporting.

In Summer 2000 it is planned to begin implementing the introduction of the NDTRS data collection in the Prison Service. This will involve co-operating with the new Prison Authority, the Director of Prison Medical Services, General Practitioners working in the Prison Service, and other personnel, in order to ensure co-ordination and best practice for quality NDTRS data collection.

Mary O’Brien
Drug Misuse Research Division

European Database on Demand Reduction Activities - EDDRA

EDDRA is a database that describes state of the art drug demand reduction activities in the 15 member states of the European Union.

Purpose of EDDRA
EDDRA was developed by the European Monitoring Centre for Drug and Drug Addiction (EMCDDA) to collect objective, reliable and comparable information on demand reduction activities across Europe. EDDRA is designed to meet the needs of practitioners, researchers and policy makers involved in the planning and implementation of demand reduction activities in the drugs area.

Type of projects in EDDRA
Projects on prevention, treatment, rehabilitation and criminal justice initiatives are all included in EDDRA.

Access to EDDRA
The EDDRA database is located on the website of the EMCDDA and has the following address: http://www.reitox.emcdda.org:8008/eddra/

Using EDDRA
EDDRA can be used to find out about demand reduction projects in Ireland and all over Europe. If you are looking for ideas for a new project or would like to find out about projects taking place in Europe, EDDRA is the place to look. It offers you easy access to detailed information on a broad range of demand reduction projects.

Selection of projects for inclusion in the EDDRA database
Projects in the EDDRA database are chosen to represent ‘best practice’ in demand reduction. To be eligible for inclusion in EDDRA a project must have been evaluated.

If you would like further information about EDDRA, or have a project which you think could be suitable for inclusion in EDDRA, please contact:
EDDRA Manager for Ireland
Ms. Eimear Farrell, Drug Misuse Research Division, The Health Research Board, 73 Lower Baggot Street, Dublin 2. Tel: 01 6761176 (extn – 166) Fax: 01 6611846 Email: eimear@hrb.ie.

Further information about EDDRA is contained in the enclosed brochure.
National Conference – Young People and Drugs

EHB, Dublin Castle
17th – 18th February 2000

REPORT BY PAUL CAHILL and LUCY DILLON
Drug Misuse Research Division

A range of papers was presented focusing on current trends, types of suitable responses and current settings, in relation to Young People and Drugs. Practitioners, administrators and community groups tackled issues including Research, Prevention, Education, Treatment and Rehabilitation. The following is a summary of some of the contributions to the conference.

Day One

Dr. Michael Farrell, consultant psychiatrist London, emphasised the need for drug treatment services for young drug users to be designed specifically around the needs of those young people. This is in contrast to the current situation where these young people are placed in regimes designed for adults.

A range of papers was presented focusing on current trends, types of suitable responses and current settings, in relation to Young People and Drugs. Practitioners, administrators and community groups tackled issues including Research, Prevention, Education, Treatment and Rehabilitation. The following is a summary of some of the contributions to the conference.

Day One

Dr. Michael Farrell, consultant psychiatrist London, emphasised the need for drug treatment services for young drug users to be designed specifically around the needs of those young people. This is in contrast to the current situation where these young people are placed in regimes designed for adults.

Treatment programmes should ideally involve parents, be implemented early and be based upon life-skills.

Peer-education: CREW 2000. This highly energised presentation on ‘volunteer peer education drug information’ was made by young people from Edinburgh who themselves are/were drug users. The CREW motto of “neither condemn nor condone illicit drug use” proved very controversial. Information on drug use is distributed to young people through the organisation’s shop-front, at dance events and on the web. Their methods, they claim, are the most effective and the most realistic way to increase knowledge and to reduce harm associated with drug use.

The Blanchardstown Advocacy Group, outlined their goals for a ground-breaking “Charter for Drug-Users in Treatment”. The multi-faceted charter aims to restore “human rights” to those being treated for drug abuse.

Day Two

Crinian Project: Dr. Cathal O’Sullivan gave an overview of the work of the Crinian Project in Sean McDermot Street, from its establishment in 1996 and progression from initial short-term detoxification to a longer-term detox approach using methadone.

Cuan Dara: Ms. Mary Kineen, Ward Sister, outlined the approach taken within Cuan Dara in relation to young drug users highlighting the importance of family participation and research (evidence-based practice).

JADD: Jobstown Assisting Drug Dependency, originally set up in 1996, is a methadone detox initiative. The provision of crèche facilities has proven to be very necessary. The living status and employment levels of those on the programme have greatly improved.

Fortune House: This out-patient detox service, established in 1997, is for children 14-18 yrs. Mr. Dennis Murray highlighted the importance of the motivation of the child entering treatment, the importance of quality aftercare for the children and also the importance of providing staff training specific to the needs of young people.

Merchant’s Quay Project: Ms. Mary O’Shea outlined how the project, established in 1989, responds to a chaotic pattern of use among many drug users. In addition to a Women’s health project, there is a very successful INTEGRA residential care programme in place.

Making Contact

An Evaluation of a Syringe Exchange research launch and seminar

The Merchant’s Quay Conference

Dublin Writer’s Museum
February 2000

This seminar took place to launch "Making Contact: Evaluation of a syringe exchange programme" by G. Cox and M. Lawless. The launch saw a number of speakers presenting on issues of relevance to syringe exchange programmes.

Dr. Joe Barry, Specialist in Public Health Medicine with the Eastern Regional Health Authority, outlined the rational for, the procedures in place and subsequent emerging issues in relation to a Needle Exchange Programme. Issues that were

addressed included
• legal parameters
• under age attendees and consent,
• blood borne viruses, and,
• the giving of needles to smokers (e.g. of heroin).

Gemma Cox of the Merchant’s Quay Project, presented some of the findings of the recently published "Making Contact: Evaluation of a syringe exchange programme" (see recently completed research section – ed).

Ms. Mary O’Shea and Mr Kevin Flemen, concluded the seminar by outlining some of the difficulties in developing services for the ‘hard to reach’, from an Irish and a London perspective respectively.

Poverty, drugs and policy

Combat Poverty Agency

Dublin Castle
February 2000

In 1997, the Combat Poverty Agency (CPA) embarked on the grant scheme "Poverty, Drug Use and Policy – Developing Policy from Local Responses". The aim was to incorporate the contribution of local groups and communities into the policy-making processes in relation to drug-issues. At the end of two years, the seven funded groups have identified policy gaps, developed action plans and continue to strive for further developments.

The conference allowed attendees to learn from the experiences of participants of the CPA programme.

Workshops facilitated discussion in relation to – issues of estate management/homelessness; educational disadvantage; policy development; and treatment & prevention. Recommendations arising for further debate included – improving the availability of resources for policy work at local levels, developing a broader network of operations at local levels, and increasing participation of the Department of Education and Science.
Making knowledge work for health

Towards a strategy for research and innovation for health

The Health Research Board

Dublin Castle
28th March 2000

The Dublin Castle Conference concluded a period of consultation on a discussion document: Making Knowledge work for Health – Towards a Strategy for Research and Innovation for Health. Published by the Health Research Board (Jan. 2000). Over ninety submissions were received on the document and a summary of the comments was circulated among conference delegates.

Mr Micheál Martin, Minister for Health and Children, said that he was committed to supporting research for health and recognised that research is a vital part of the activities of the health services. The minister expressed his support for a definitive strategy for health research and innovation for health and clarified how, together with my department, the Health Research Board and the research community can make knowledge work for health.

Professor Michael Murphy, Chair of the Health Research Board, outlined that the purpose of this conference was to provide all those with an interest in research with an opportunity to agree the parameters of a national research strategy to make knowledge work for health. The

submissions to the consultation document ‘make clear the capacity of the Irish research community to conduct world class research,’ Professor Murphy said.

Nearly 300 delegates attended the conference, representing the universities and third level colleges, the health services, the research community, the voluntary sector and the health care industry. Other speakers and chairpersons at the conference included Dr Don Thomhill, Chairman of the Higher Education Authority, Dr Art Cosgrave, President of UCD, Dr Edward Walsh, Chair, Irish Council for Science and Technology, Professor Ingrid Allen, Director, Research and Development Office Belfast and Ms Anne Nolan, Chief Executive, Irish Pharmaceutical Healthcare Association.

Summary of the submissions made and the text of the Minister’s speech is available on the HRB website (www.hrb.ie).

UPCOMING EVENTS

June 16-17, 2000
European Regional Seminar on Drug and HIV/AIDS Services in Italian Prisons
Padua, Italy.

This seminar is aimed at professionals working with drug using offenders in the criminal justice system. Participants will have the opportunity to hear from colleagues from other European countries about different models of treatment and practice in prisons.

F. Ambrosini, Cranstoun Drug services, 4th Floor Broadway House, 112-134
The Broadway, London, SW19 IRL, UK
T: 044 181 543 8333  F: 044 181 543 4348  E: fambrosini@cranstoun.org.uk

September 21-23, 2000
Eleventh Annual Conference
European Society for Social Drug Research
Trinity College Dublin

This major European Conference is currently inviting submissions (ESSD members) for presentation. The papers should correspond to one of the following broad headings: • Trends and Patterns in Drug Use, • Ethnographic Studies of Drug Use and Drug Users, • Drug Use and Drug Policy, and, • The Normalisation of Drug Policy-Making.

Further enquiries welcome at: Department of Social Studies, Trinity College, Dublin. Tel: (01) 6081163. Email: addiction.studies@tcd.ie

September 2000
European Seminar on Alternatives to Imprisonment for Drug Dependent Offenders
Amsterdam, The Netherlands

There is increasing concern and interest in the provision of alternatives that can be used with drug dependent offenders before trial, at trial stage and during the sentence. Although European countries have different legal structures and follow different treatment models, they share some common factors and difficulties and these will be addressed.

F. Ambrosini, Cranstoun Drug services, 4th Floor Broadway House, 112-134
The Broadway, London, SW19 IRL, UK
T: 044 181 543 8333  F: 044 181 543 4348  E: fambrosini@cranstoun.org.uk

October 11 – 14, 2000
Encouraging Health Promotion for Drug Users within the Criminal Justice System
University of Hamburg, Germany

A wide range of risk reduction and health promotion interventions take place with drug users at different parts of the criminal justice system, e.g. arrest, court, community sentences, prison and release.

This conference is part of a European project aimed at promoting and protecting the health of drug users at all parts of the criminal justice system. The conference will identify and disseminate knowledge and expertise amongst and from individuals and agencies involved with drug users and criminal justice (including drug services, drug users; health services; judges; lawyers; police; policy makers; prison services and probation services). The main conference language will be English. Further information:

Conference Secretariat, HIT Cavern Court, 8 Matthew St, Liverpool L26RE
T: 0044 151 227 4423,
E: hamburg@hit.org.uk, www.hit.org.uk/hamburg/home.htm
Recent weeks have, through collaboration between the UK’s Royal Colleges of Psychiatrists and Physicians and the Joseph Rowntree Foundation, seen the publication of an important book on national and international problems caused by the use of illegal drugs. Targeted at general readers, *Drugs: Dilemmas and Choices* aims to stimulate a long overdue rational debate on illegal drugs, but its authors have not shied away from making firm recommendations on law enforcement policies, treatment, and education. The multidisciplinary approach taken in preparing this book has resulted in a comprehensive and academically rigorous text.

The authors are clearly concerned that they will be misrepresented as being “soft on drugs.” Is it, for example, sending a wrong message to juxtapose the annual numbers of deaths in the United Kingdom attributable to various illegal and legal substances: none due to cannabis, about 20 to ecstasy, many hundreds to methadone and heroin, and about 30 000 to alcohol? The book provides extensive evidence that alien drugs or new formulations of older drugs have tended “to excite attention disproportionate to the harm they cause.” This assertion will not reassure parents who go on to read its detailed discussion of the apparently inexorable rise in use of these substances.

**Being truthful about drugs . . . must remain the foundation of drug policy**

The book gloomily predicts that attempts to curb the trade in cannabis, amphetamines, cocaine, and heroin will be as unsuccessful in the future as in the past 30 years. It also raises the possibility that failure to combat the criminal consequences of drug misuse will eventually force a radical review of international legislation.

The working party calls for a shift of some of the money spent on restricting the supply of drugs (which is failing to achieve its aims) to treatment, which accounts for about 13% of the expenditure on drug misuse. There is now good research evidence for the efficacy of treatment programmes for those addicted to heroin. However, “the biggest failing in Britain’s drug services is the persistent failure to evaluate . . . treatment approaches adequately or to develop practice in response to evidence of efficacy, with training lagging far behind research findings.”

Nobody is going to disagree that being “truthful about drugs and their effects must remain the foundation of drug policy.” But there may then be no option but to face up to the end of the quotation: “even if it sometimes results in greater acceptance of drugs and more widespread drug use.” The authors of *Drugs: Dilemmas and Choices* seem to have done their best to give readers the whole truth and nothing but the truth, but they are hampered by inadequacies in the scientific research on treatment, education, and international and national drug control. Even if all the very obvious research questions were answered there would still be disagreement about every aspect of the drugs problem.

**Contact:** Book Sales Office: Royal College of Psychiatrists, 17 Belgrave Square, London SW1X 8PG, UK. Tel: 0044 – 171 – 245 1231

**Order Forms** also available at http://www.rcpsych.ac.uk/pub/pubsfs.htm

**Price:** £ 9.50 (sterling).

### Books/Reports


**Health Promotion Department, North Western Health Board.** (1999). *North West Inter-Agency Drug Group – Annual Report 1998.* North Western Health Board (Tel - 072-52000).


### Journal Articles


### Health Board & Task Forces Publications

1. No single treatment is appropriate for all individuals. Matching treatment settings, interventions and services to each patient’s needs and problems is crucial.

2. Treatment needs to be readily available. Treatment applicants can be lost if treatment is not immediately available or readily accessible.

3. Effective treatment attends to multiple needs. Treatment must address the individual’s drug use and associated medical, social, psychological, vocational and legal problems.

4. Treatment needs to be flexible. This coincides with assessing the patients needs, as they may change during the course of treatment.

5. Remaining in treatment for an adequate period of time is critical for treatment effectiveness. Dependent on the patient’s needs the threshold for significant improvement is reached at about 3 months in treatment. Strategies should be in place to prevent patients from leaving treatment prematurely.

6. Individual and/or group counselling and other behavioural therapies are vital components of effective treatment for addiction. Addressing motivation, building skills to resist drug use, replacing drug using activities with constructive and non drug-using activities, and improving problem solving capabilities, are considered key aspects of effective treatment. Behavioural therapy also facilitates interpersonal relationships.

7. Medications are important elements of treatment for many patients. This is most notable when combined with counselling and other behavioural therapies.

8. Addicts or drug-abusing individuals with coexisting mental disorders should have both disorders treated in an integrated way. Patients presenting for one condition should be assessed and treated for any other additional conditions.

9. Medical detoxification is only the first stage of addiction treatment. Such ‘detox’ manages the acute physical symptoms of withdrawal, for some individuals this is only the precursor of effective drug addiction treatment.

10. Treatment does not need to be voluntary to be effective. Sanctions/enticements in the family, employment setting, or criminal justice system can significantly increase treatment entry, retention and success.

11. Possible drug use during treatment must be monitored continuously. Monitoring, as through urine-analysis can help the patient withstand urges to use drugs, this also allows treatment to be adjusted if necessary.

12. Treatment should provide assessment for HIV/AIDS, hepatitis B & C, tuberculosis and other infectious diseases. Counselling can help patients avoid high-risk behaviour and help people who are already infected manage their illness.

13. Recovery from drug addiction can be a long-term process. This may require multiple episodes of treatment, relapses may occur during or after successful treatment episodes. Participation in self-help support groups during and following treatment often helps maintain abstinence.

National Institute on Drug Abuse (Vol 14,) No 5. Thirteen Principles of Effective Drug Treatment (NIDA) - USA

More than two decades of scientific research have yielded a set of fundamental principles that characterise effective drug abuse treatment. These 13 principles which are detailed in the American National Institute on Drug Abuse’s new research based guide, “Principles of Drug Addiction Treatment: A Research-based Guide”, are:

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- Matching treatment settings, interventions and services to each patient’s needs and problems is crucial.

- Treatment applicants can be lost if treatment is not immediately available or readily accessible.

- Treatment must address the individual’s drug use and associated medical, social, psychological, vocational and legal problems.

- Assessing the patients needs, as they may change during the course of treatment.

- Dependent on the patient’s needs the threshold for significant improvement is reached at about 3 months in treatment. Strategies should be in place to prevent patients from leaving treatment prematurely.

- Addressing motivation, building skills to resist drug use, replacing drug using activities with constructive and non drug-using activities, and improving problem solving capabilities, are considered key aspects of effective treatment. Behavioural therapy also facilitates interpersonal relationships.

- This is most notable when combined with counselling and other behavioural therapies.

- Patients presenting for one condition should be assessed and treated for any other additional conditions.

- Such ‘detox’ manages the acute physical symptoms of withdrawal, for some individuals this is only the precursor of effective drug addiction treatment.

- Sanctions/enticements in the family, employment setting, or criminal justice system can significantly increase treatment entry, retention and success.

- Monitoring, as through urine-analysis can help the patient withstand urges to use drugs, this also allows treatment to be adjusted if necessary.

- Counselling can help patients avoid high-risk behaviour and help people who are already infected manage their illness.

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The DMRD is responsible for the selection of materials for the Bookshelf. However, responsibility for the content of these publications, and the opinions expressed therein lies with the authors.
Drugnet Ireland and Drugnet Europe can be accessed on the Health Research Board’s website (http://www.hrb.ie) as they become available.

Drug Misuse Research Division
The Health Research Board, 73 Lower Baggot Street, Dublin 2.
Email: dmr@hrb.ie

Dear Colleague,

The Drug Misuse Research Division distributes DrugNet Europe bimonthly and the same mailing list will be used for Drugnet Ireland.

- If you are not on our mailing list or wish to receive further copies of these magazines directly, please complete the form below and indicate whether you would prefer to receive an electronic or paper copy.

The readership of Drugnet Ireland is ever expanding and encompasses community groups, policy makers, academics, treatment providers, educationalists and many more.

- This newsletter places the latest drug-related information and research into the public arena. If you have upcoming events that you would like publicised, research results disseminated or issues raised, please contact me at the address below.

In calling for contributions one is reminded of the sheanfhocal

Ni fú sceáil gan an fhúrínne agus is minic a bhíonn an fhúrínne sin searbh.

There is no worth to a story without truth, and often that truth may be bitter.

Le gach dea-ghai
Paul Cahill
Drug Misuse Research Division

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In Memoriam

It is with great regret that I inform readers of the death of two of our valued colleagues. Professor James Crowley of the Transport Policy Research Institute of University College Dublin died on 21st July 1999. We worked together on a number of EU projects and up to the time of his death on a study of Drug Use, Impaired Driving and Traffic Accidents. His enthusiasm and good humour were infectious. He will be greatly missed. The 25th of April 2000, marked the sudden passing of Roger Lewis who coordinated the REITOX network for the European Monitoring Centre for Drugs and Drug Addiction. Roger steered the REITOX network through difficult meetings with energy and humanity. He was a valued colleague, supportive of innovation and generous with his time. Our deepest sympathies go to the families of Jim and Roger.

Ros Moran

New CD-ROM:
EU Legal Texts on Drugs

The EMCDDA has recently published its first CD-ROM "European Union Legal Texts on Drugs". The CD-ROM contains over 200 key legal texts issued by the EU institutions in response to the drugs phenomenon, as well as the conclusions of major European meetings on drugs issues.

Produced in response to the growing interest in drug legislation and policies in Europe, the CD-ROM provides the European Member States, their European partners, other institutions, practitioners in the drugs field and the general public with a practical overview of the Community strategies and policies on drugs and related legislation passed since the late 1980s.

Presented in an accessible and user-friendly format, this specialised product provides a wealth of useful information for all those interested in the drug situation in the European Union.

CD-ROM: European Union Legal Texts On Drugs
Available free of charge and in English.