Since his appointment as Minister of State at the Department of Tourism, Sport and Recreation with special responsibility for the National Drugs Strategy in February 2000, Eoin Ryan, T.D., has continued to show the Government’s full commitment to tackling drug misuse in Ireland. As part of this commitment, Minister Ryan initiated a comprehensive review of the National Drugs Strategy in April 2000. A sub-group of the Inter-Departmental Group on Drugs (IDG) and the National Drugs Strategy Team (NDST), known as the Review Group, oversaw the management of the review.

Since 1996, Irish drugs strategy has been underpinned by the findings, recommendations and policies established by the two reports of the Ministerial Task Force on Measures to Reduce the Demand for Drugs, which led to the establishment of the Cabinet Sub-Committee on Social Inclusion and Drugs and the IDG. At an operational level, their work has been implemented through the NDST, the Local Drugs Task Forces, the Drugs Co-ordinating Committees of the Regional Health Boards, and the National Assessment Committee of the Young People’s Facilities and Services Fund and its associated local Development Groups. Given the considerable amount of resources involved and the scale of drug misuse, it was considered that a review of National Drugs Strategy was needed.

Chapter 1 - Introduction to the review - outlining the rationale and background to the review and the review process.

Chapter 2 - Overview of drug misuse in Ireland - examining the latest available data on the extent and nature of problem drug use in Ireland. Prevalence comparisons with other countries are also illustrated in this chapter.

Chapter 3 - State responses to the drug problem in Ireland - outlining the evolution of the four interlinked pillars of the current responses of State Agencies and Government Departments to the drug problem, namely supply reduction, prevention, treatment and research.

Chapter 4 - Overview of international response to drug misuse - looking at the drug policies in the Netherlands, Portugal, England, Scotland, Spain, Switzerland, Sweden and Australia.

Chapter 5 - Overview of issues emerging from the public consultation process - outlining the various issues that arose during the consultation fora under the four pillars of supply reduction, prevention, treatment and research.

Chapter 6 - The conclusions of the review Group in relation to the individual pillars that constitute the current strategy are set out. In light of these conclusions and the overall strategic objective and strategic aims set for the Strategy, a series of 100 individual actions were developed.

Objectives under the Four Pillars

Supply Reduction
• To significantly reduce the volume of illicit drugs available in Ireland, to arrest the dynamic of existing markets and to curtail new markets as they are identified; and
• To significantly reduce access to all drugs, particularly those drugs that cause most harm, amongst young people especially in those areas where misuse is most prevalent.

Prevention
• To create greater societal awareness about the dangers and prevalence of drug misuse; and
• To equip young people and other vulnerable groups with the skills and supports necessary to make informed choices about their health, personal lives and social development.

Treatment
• To encourage and enable those dependent on drugs to avail of treatment with the aim of reducing dependency and improving overall health and social well-being, with the ultimate aim of a drug-free lifestyle; and
• To minimise the harm to those who continue to engage in drug-taking activities that put them at risk.

Research
• To have available timely and comparable data on the extent of drug misuse amongst the Irish population and specifically amongst all marginalised groups; and
• To gain a greater understanding of the factors which contribute to Irish people, particularly young people misusing drugs.
• To eliminate all major research gaps in drug research by 2003.

Enlargement of the European Union: Impact on illegal drug trafficking

Source: Mr. William Maher
European Movement

Background
The European Union is about to enlarge its membership from the current fifteen states to a potential twenty-eight states. This is the fourth enlargement of the Union since its foundation in 1957, and is expected to commence by 2004. Ireland was part of the first enlargement in 1973 together with Denmark and the United Kingdom.

The process of accession
To ensure that the eventual accession of Eastern European countries to the Union is managed well, the process of enlargement is of necessity a slow and comprehensive process. The population of the Union shall increase from 375m to around 545m people. The EU must reform and develop new ways to democratically represent all its peoples while also increasing the Union’s work efficiency.

The accession countries themselves are in the process of implementing within their...
DMRD Establish National Documentation Centre on Drug Use

The Drug Misuse Research Division, on foot of a report of the Interim Advisory Committee on Drugs, is establishing a National Documentation Centre on drug use in Ireland. The centre will serve as a national information resource for policy makers, researchers, the community and voluntary sector, the media, the general public and all those with an interest in the area of drug misuse. This resource will consist of:

- A bibliographical database of research on drug misuse. The database will comprise annotated bibliographic records and registers of current research ("Book of Readings") in all areas of drug misuse in Ireland, published and unpublished. Online access to the database will be provided;
- An electronic library containing full text copies of research reports included in the bibliography. These documents will also be made available online;
- A library containing hard copies of material cited in the bibliography, which can be studied by visitors to the centre.

The knowledge acquired from research is essential to the development of strategies to deal with the problem of drug misuse. The purpose of the Documentation Centre is to make this valuable resource easily available and to promote greater awareness of research work currently underway.

The Division's information and dissemination mechanisms currently in place (mailing lists, web site, Drugnet Ireland) will continue to be developed throughout 2001.

For further information please contact: Mr. Brian Galvin, (briang@hrb.ie) Senior Information Specialist, Drug Misuse Research Division.

administrations the laws and regulations of the EU known as the "acquis communautaire". This process has and will take many years to complete. However, it is required that the accession countries do so, to prevent any dilution of the political and economic integration of the Union. The success of the enlargment process depends upon the adaptation of these regulations by the candidates.

How will enlargement assist the fight against illegal drug trafficking?

With the Enlargement of the European Union more countries will be assisted by tighter trafficking controls and can avail of more extensive information to counteract the threat posed by drugs. Reinforced EU external borders should restrict the inflow of drugs into Central and Eastern European areas and throughout the remainder of the union also.

Through the implementation of the Common Foreign Security Policy (CFSP), the EU will be enabled to fight the illegal trafficking of drugs and allow national authorities take a more co-ordinated and responsive approach to dealing with the problem. Despite the excellent interaction between the police forces of the EUROPOL international police agency at present, the free movement of drugs throughout Europe continues. Central and Eastern European States complain of being used as a corridor or gateway to Europe from Russia.

The accession to the EU of these countries will not only assist them in resisting the flow of drugs, but will provide increased protection for the countries currently within the EU.

Closer co-operation through a common security policy will make the movement by the drug activists, more difficult and hopefully lead to a safer continent for all Europeans.

For further information on Enlargement or other European issues, please contact the European Movement, 32 Nassau Street, Dublin 2. (01) 6714300 or www.europeanmovement.ie.

Cocaine and Base / Crack Cocaine Use in Ireland.
M. Paula Mayock
Cocaine and Base / Crack Cocaine Use in Ireland is an exploratory study of the levels and patterns of cocaine use in Irish society. In order to ensure an overview of current patterns of use and to assess dominant perceptions of the scale of the problem, there were three distinct research components incorporated in the research:

- Statistical data were obtained from key indicators of drug prevalence including:
  - Drug seizures/arrests
  - Drug treatment figures
  - Surveys (school-based and general population)
  - Drug-related deaths
  - Hospital morbidity
  - Ethnographic / qualitative studies.

- Interviews were conducted with individuals well positioned to detect local developments and trends in perceptions, concerns and consequences of cocaine use. Key informants included drug service providers, youth workers, members of An Garda Síochána, night-club owners, hospital personnel, drug counsellors and others.

- A small-scale qualitative study of recreational or non-problematic forms of adult cocaine use was undertaken (n=10). The research challenge was to locate and gain the co-operation of adult users not in contact with drug treatment agencies.

This investigation, using analytic induction, also examined dominant attitudes towards cocaine, investigated perceptions of the risks associated with cocaine compared to other drug use, and examined the dominant or preferred circumstances associated with the use of cocaine in Ireland.

Publication of the research and its findings is planned for 2003 in DMRD edited "A Collection of Papers on Drug Issues in Ireland". Contact: Rosalyn Moran, (rmoran@hrb.ie)
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 were:

- 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 have 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=29) and those who reported no history of illicit drug use (n=4). Both male (n=2) 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 that are drug users. However, within these limitations, the study provides insights into the nature of drug use within the prison setting and the impact this has on the experiences of a particular inmate population.

This study will be launched 4th of July 2001.

Drug-Related Knowledge, Attitudes and Beliefs in Ireland

Reports of a Nation-Wide Survey

The Health Research Board.

The survey findings reveal that the general public hold very negative attitudes towards individuals addicted to drugs; believe that experimentation with drugs is commonplace amongst young people; are supportive of drug prevention education in primary schools and agree with present treatment policy/options. The survey revealed widespread public concern about the current drug situation. A very high percentage of the sample perceived all illegal drugs to be harmful to health while 56% agreed that alcohol abuse caused more problems in society than drug abuse.

The questionnaire on which the research was based constituted a module of the 1998 Irish Social Omnibus Survey. A total of 1,000 adults 18 years and over, randomly selected from the 1997 Register of Electors for the Republic of Ireland, took part in the study. Data was collected using face-to-face interviews between February and April 1998.

The study presents a set of recommendations.

Irish adults have a good general awareness of commonly used illegal drugs. However, their perception of the general harmfulness of these substances indicates a lack of accurate knowledge about the different effects associated with different types of drugs.

Recommendation: The provision of accurate information of a non-sensationalist type to all age groups, on the relative known risks associated with different types of drugs.

Societal attitudes towards drug users are mostly negative. Those with personal experience of someone ‘with a drug problem’ tend to have less negative attitudes, as do the younger adults surveyed and those with higher levels of education.

Recommendation: The promotion of more positive attitudes towards those who misuse drugs, particularly among older people and those with less education. A positive attitudinal climate is important to the social integration of problem drug users and to their willingness to avail of treatment.

While societal attitudes towards those who use drugs are negative, respondents attach high priority to providing help to drug users. This high level of support for drug treatment is likely to be related to the widespread perception that the drug problem is a very serious issue in Irish society.

Recommendation: The retention of the drugs issue high on the political and social agenda.

For further information please contact: Rosalyn Moran, (rmoran@hrb.ie) or Mary O’Brien, (mary@hrb.ie) Drug Misuse Research Division.

Annotated Bibliography of Drug Misuse in Ireland

The Health Research Board.

This annotated bibliography covers works of research and information on drug misuse and related issues in the Irish context. It also includes works in these areas by Irish authors. The objective is to provide a comprehensive historical and current annotated bibliography. The emphasis is on materials published between 1980 and early 2000. The bibliography comprises around 300 references and presents most of the available literature on the subject of drug misuse in Ireland.

For further information please contact: Rosalyn Moran, (rmoran@hrb.ie) or Mary O’Brien, (mary@hrb.ie) Drug Misuse Research Division.
The Role of Counselling in Methadone Maintenance Treatment in Ireland

Harper, S. (unpublished research)
Inchicore Community Drug Team, Dublin

Methadone maintenance treatment (MMT) is accepted as one of the most effective treatments for opioid dependence. Variations in the delivery of this treatment approach however, means there is debate over which of the constituent parts of treatment leads to overall effectiveness. Counselling has been described as an essential part of MMT. The purpose of this study was:

a) To examine whether clients who received regular counselling as part of their drug treatment showed better outcomes on a range of measures as measured by the Opiate Treatment Index (OTI).

b) To serve as a pilot study for the use of the Opiate Treatment Index in monitoring the effectiveness of methadone maintenance treatment in an Irish setting.

The OTI measures treatment outcome of opioid users in six major domains: drug use, HIV risk behaviour, social functioning, criminality, health, and psychological adjustment. Thirty-one clients (mean age 30.6), of the Merchant’s Quay Project’s methadone treatment programme were assigned to either an experimental group (n=16) or control group (n=15) on the basis of whether they were receiving regular counselling as part of their treatment or not.

Clients in counselling were found to be significantly more likely to be in full-time employment, education or training. Analysis of the data from the OTI showed that clients in counselling had significantly less alcohol use but were more likely to engage in sexual risk behaviours and to have significantly higher levels of anxiety. The data generated by both groups were similar with respect to health, injecting risk behaviour and levels of crime. Although this exploratory, cross-sectional study showed some evidence that counselling contributes to improved outcomes further research would be required to determine the exact nature of the relationship. The study also concludes that the OTI is a useful tool in monitoring the outcomes of MMT in a clinical setting.

Contact: Stephen Harper, Community Addiction Counsellor, Inchicore Community Drug Team. Tel: 01-4736052 E-mail: harpers@ireland.com

Boys and Girls Encounter Different Drug Offers, Use Different Refusal Strategies

Source:

Ethnic and gender differences and similarities in adolescent drug use and refusals of drug offers.

Substance Use & Misuse 34 (8): 1059-1083.

Moon and Hecht (1999), National Institute on Drug Abuse (NIDA) researchers, interviewed 2,622 7th graders (12 year olds) in Phoenix, Arizona. The research aimed to determine patterns of exposure to and use of illicit substances—alcohol, tobacco, marijuana, or ‘hard drugs’ (described in the interviews as hallucinogens, cocaine, or crack cocaine), and inhalants.

Exposure
Boys were found to be more at risk than girls for offers at a younger age, and more likely to be offered alcohol, marijuana, and ‘hard drugs’ by their parents or by other males (relatives, acquaintances and strangers). Girls, on the other hand, tend to be at risk for offers from other girls (acquaintances or family members of roughly the same age) or to a lesser extent from older boyfriends.

Setting
The social settings and nature of drug offers also differ by gender. Boys are more likely to receive offers in a public setting, such as on the street or in a park, and the offers to males typically emphasise the “benefits” (improved status or self-image) of drug use. Girls are more likely to receive a straight forward “do you want some?” offer or one that minimises the risks of drug use. For girls, these offers are usually made in a private setting such as a friend’s home.

Refusals
Gender-based influences are also apparent when the strategies used to refuse the offer are examined. Boys are often socialised in a manner that makes a simple “no” unacceptable. They are therefore more likely to explain their refusal. However, girls are less likely to use an ‘explain’ strategy as this leads to a counter explanation. Girls may be susceptible to accepting the offer if this explain-and-counter goes through a number of cycles. Understanding the different ways in which boys and girls experience and refuse offers of drugs is crucial to the design of more effective intervention or prevention programs.

The Drug Misuse Research Division’s forthcoming research “Knowledge, Attitudes, Beliefs 2” will throw some light on these issues in the Irish & Northern Irish contexts.
National Drug Treatment Reporting System

The NDTRS co-ordination team at the Health Research Board would like to extend sincere thanks to staff at drug treatment services throughout the country who provide data for the NDTRS database. Their willing support and co-operation is acknowledged and very much appreciated.

The recruitment of General Practitioners to participate in the NDTRS is on-going with the support of the Health Boards and the Irish College of General Practitioners. During 2001 the NDTRS data collection will be extended to the Prison Service with the co-operation of the Prison Authority, Prison Governors, Director of Prison Medical Services, General Practitioners and other personnel working in the Prison Service.

The NDTRS allows for detailed analyses of treated drug misuse in Ireland to be carried out, recent examples include:

Published Journal article

Conference paper plus abstract

This paper informed delegates about treated drug misuse and its trends, the characteristics of those affected and their drug misuse patterns. Such information is essential to planning appropriate strategies and interventions at local and national levels. The data presented here suggested that there is a need for drug treatment services to be designed to meet the specific needs of these adolescents and young adults, n=4,366 (those aged 19 and younger). In addition, the findings illustrated differences in the characteristics of misusers of various types of drugs, suggesting a range of treatment options need to be considered for different treatment groups.

PrevNet
PrevNet Network is a European Project that supports the development of telematic methods in drug and alcohol prevention. It will provide a place to share experiences on telematics drug and alcohol at both professional and public levels.

The web-site www.prevnet.net will become a virtual portal for networking, training and dissemination purposes. There will be the opportunity to disseminate literature and link lists, to support research, and find out about good practices and programmes.

The aims of PrevNet are
■ to develop a working model for telematic drug prevention, both for young people and professionals
■ to develop easy-access, user-friendly and appealing prevention information channels for EU citizens
■ to test and evaluate new telematic methods in drug and alcohol prevention
■ to disseminate the findings from telematic prevention pilots to other preventionists in Europe and elsewhere.

UISCE
UISCE (Union for Improved Services, Communication and Education) is a small group that represents drug service users at North Inner City Task Force meetings. The group is made up of people currently on methadone programmes, ex-users and professionals. The purpose of this group is to provide service users with a forum in which they can have a direct input into the improvement of services, policy and strategy.

UISCE also produces a newsletter which covers a range of issues including the activities of the group, results of group surveys and information on issues directly relevant to drug users such as drug-related infectious diseases.

For further information contact:
Mr. Tommy Larkin, Co-ordinator, ERIU Centre, 53 Parnell Square West, Dublin 1.
Phone 01 - 8733799.

Journal Articles

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Predicting retention in a residential drug treatment alternative to prison program

Improving drug treatment in general practice
A Variety of Heroin Addiction

Treatments Compared

Opioid dependence has important public health implications in Ireland. During 1998, eight out of ten people receiving drug treatment in Ireland, were doing so for some form of opiate use. (n=4857 [80.5 valid %], Health Research Board, NDTR5, 2000).


A comparison of levomethadyl acetate, buprenorphine, and methadone for opioid dependence.

New England Journal of Medicine, 343 (18) 1290-7.

Dr. Rolley E. Johnson, of the Johns Hopkins University School of Medicine, and his research team, compared a variety of opioid addiction treatment options, in a 17-week randomised study of 220 patients (21-55 years of age). The team compared the treatments of levomethadyl acetate (LAAM) (75 to 115mg), buprenorphine (16 to 32 mg), and high-dose (60-100mg) and low dose (20mg) methadone for opioid dependence. There were 55 patients in each treatment group and each individual had been diagnosed as being heroin dependent. In all four treatment groups, heroin use had reportedly decreased by 90%. All measures-a) length of time remaining in the study, b) heroin use during the study, and c) ratings of drug problem severity, were better for subjects in the LAAM, buprenorphine, and high-dose methadone groups than for those in the low-dose methadone group. The percentage of patients with 12 or more opioid-negative urine specimens was LAAM (36%), buprenorphine (26%), high-dose methadone (28%), while only 8% of the low-dose methadone group provided 12 or more opioid-negative samples. Patients, at the time of their last report, marked on a scale of 0 up to 100 that their drug problem had a mean severity of 35 with levomethadyl acetate, 34 with buprenorphine, 38 with high-dose methadone, and 53 with low-dose methadone (p=0.002).

LAAM and buprenorphine were administered to those patient groups three times a week, whereas those in both methadone groups received daily doses. Dr. Johnson stated that not having to administer LAAM or buprenorphine on a daily basis gives these drugs a clinical advantage. "Less-than-daily dosing" he says, "reduces the need for take-home medication, requires fewer clinic visits, and allows a more normal lifestyle."

Research conclusion. As compared with low-dose methadone, levomethadyl acetate, buprenorphine, and high-dose methadone substantially reduce the use of illicit opioids.

Delivery of HIV risk-reduction services in drug treatment programs


Grella C.E., Bheridge R.M., Joshi V. & Anglin M.D.

Drug Abuse Research Center, Neuropsychiatric Institute, University of California, Los Angeles, 1640 S. Sepulveda Boulevard, Suite 200, 90025, Los Angeles, CA, USA.

Abstract:

This study examined services received for HIV risk reduction among individuals in drug treatment in America. Analyses were conducted using data from 4,412 participants in the national Drug Abuse Treatment Outcome Study (DATOS), a prospective multisite study of drug treatment effectiveness. A higher percentage of individuals in long-term residential programs received HIV-related services, compared with clients in short-term inpatient, methadone maintenance, and outpatient drug-free programs.

More men than women, and individuals at higher sex-risk as compared with those at lower sex-risk, received HIV services. Logistic regression analyses indicated that individuals who engaged in sex work had a higher likelihood than those who did not, of receiving HIV-related services, although individuals with high-risk or multiple sexual partners were no more likely than others to receive HIV services. More comprehensive service delivery is needed in order to reduce the risk for HIV among clients in drug treatment.

Reduced injection frequency and increased entry and retention in drug treatment associated with needle-exchange participation in Seattle drug injectors


Public Health, Seattle King County, 106 Prefontaine Place South, 98104, Seattle, WA, USA.

Abstract:

The association between needle exchange, change in drug use frequency and enrolment and retention in methadone drug treatment was studied in a cohort of Seattle injection drug users (IDUs). Participants included IDUs classified according to whether they had used a needle exchange by study enrolment and during the 12-month follow-up period.

The relative risk (RR) and the adjusted RR (ARR) were estimated as measures of the association. It was found that IDUs who had formerly been exchange users were more likely than never-exchangers to report a substantial (>=75%) reduction in injection (ARR = 2.85, 95% confidence limit [CL] 1.47-5.51), to stop injecting altogether (ARR = 3.5, 95% CL 2.1-5.9), and to remain in drug treatment. New users of the exchange were five times more likely to enter drug treatment than never-exchangers.

We conclude that reduced drug use and increased drug treatment enrollment, associated with needle exchange participation, may have many public health benefits, including prevention of blood-borne viral transmission.
Measuring and Improving Cost, Cost-Effectiveness, and Cost-Benefit for Substance Abuse Treatment Programs.


A review by:
Dr. Brion Sweeney
Consultant Psychiatrist
Drug Treatment Centre Board,
Trinity Court, Dublin

This is a timely document for healthcare professionals involved in substance misuse, particularly within the statutory sector and also indeed the voluntary agencies. The healthcare sector is now moving to increasing accountability and evaluation of treatment programmes. This is particularly true with the setting up of the Eastern Regional Health Authority.

It is clear that treating drug misusers is not an easy business and that often outcomes from treatment are not as satisfactory as we would wish for. On the other hand, it is clear that treatment works, as has been shown by the recent National Treatment Outcome Study in the United Kingdom which followed closely a large number of treatment participants in different treatment settings. This study has looked at resources consumed and treatment outcomes using different modalities of treatment.

Further it has shown that for every pound spent in drug treatment there is a saving of more than three, (Farrell et al, 2000).

However, despite these figures it is necessary for Drug Treatment Services in Ireland to look more carefully at our treatment programmes and define what works best and for what patients. This manual is a very useful resource in this regard as it helps health care deliverers to work out the real cost of treating any one patient, as the manual details the step by step determination of such costs, both from direct and indirect sources. Further the manual includes useful information on data collection, on patient characteristics and describes treatment processes, and has standardised effectiveness measures. It is a source of a wealth of information giving references to many instruments which have become standardised in the field.

As Ireland is now moving towards more evaluation of treatment programmes, (see Department of Health’s Strategy 1994 ’Shaping a Healthier Future’), and cost benefit analysis, this manual is an invaluable guide to those working in substances misuse who wish to design evaluation of their programmes and thereby help improve the treatment we offer our patients.


This monograph contains the papers presented at the second European conference on the evaluation of drug prevention, Evaluation: a key tool for improving drug prevention, Strasbourg (2-4 Dec 1999). In addition to the conference papers, the volume includes the recommendations drawn up and adopted by the participants as the final outcome of the meeting. The major problems confronting evaluation were identified as:

- lack of interest in the concept;
- fear or apprehension;
- lack of necessary skills;
- lack of resources.

Georges Estievenart Executive director EMCDDA
Available free from The Drug Misuse Research Division


Pompidou Group (The Co-operation Group to Combat Drug Abuse and Illicit Trafficking in Drugs), Council of Europe, 2000. This publication focuses on the proceedings of the October 1999 seminar on ‘Drug-misusing offenders in prison and after release’ Ordering:
Council of Europe Editions F 67075 Strasbourg Cedex Fax: (33) 03 88 41 39 10 e-mail: publishing@coe.int

Drug Related Harm Reduction, - the impact of drug policy, - drugs and young people, - gender specific aspects of drug consumption, and - methods and problems in addiction research, among others.

Of particular interest to Irish readers will be Shane Butler’s “A Tale of Two Sectors: A critical analysis of the proposal to establish drug courts in the Republic of Ireland” and also Margarette Woods’ “Women, Drug use and Parenting in Dublin: The views of professional workers in the drug treatment and social work fields.” Available from L B I Sucht.
The 2000 Annual report on the state of the drugs problem in the European Union contains data on a broad range of issues relating to the drugs problem in Europe. With this launch, Oct 2000, the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) informed the EU and each of the Member States of the nature of the drug phenomenon in Europe at the beginning of the new millennium. Through close collaboration with the national and European focal points of the Reitox network, the EMCDDA is contributing significantly to the development and enhancement of drug policy Europe-wide. The publication addresses drug-related issues including - Overall trends - Prevalence and patterns of drug use - Responses to drug use and - The drugs problem in Central and Eastern Europe. Available free from The Drug Misuse Research Division or alternatively can be downloaded from the EMCDDA homepage http://www.emcdda.org/


Publisher is source of review. Drugs in Perspective gives readers the latest information in the rapidly changing field of chemical dependency with an emphasis on family dynamics, the impact of family on individuals, and their use of alcohol/drugs. The text is designed to give readers full an understanding of the dynamics of chemical dependency as possible as well as to foster and develop an effective perspective on the multifaceted aspects and problems associated with alcohol/drug use, abuse, and addiction.

Available to buy through www.amazon.com or www.bn.com


Publisher is source of review. Treatment for drug misuse has been dominated in recent years by the use of methadone as a substitution agent in heroin dependency, to the extent that other treatment options have been neglected. This book draws on the author's direct clinical experience and makes use of international research findings to provide a comprehensive and highly practical guide to service provision and treatment for drug misuse, with an emphasis on social aspects. An essential resource for psychiatrists and other professionals involved in the management of drug misuse.

Available to buy through www.amazon.com or www.bn.com
The Prevalence of Problematic Opiate Use in Austria, Based on a Capture-Recapture Estimation

Dr. Alfred Uhl, Ludwig-Boltzman-Institute for Addiction Research, Vienna. Dr. Dan Seidler, Emergency Department of Vienna General Hospital, Vienna.

Improving epidemiological techniques is a task of great national importance, most notably in prevalence estimates of problem drug use. Many interesting models to estimate hidden populations stem from the field of estimating wild animal populations. These models are vital to the work of wildlife ecologists, for example, to identify endangered species. Another area where such models are vital is epidemiology. Questions like “Did information campaigns about AIDS significantly reduce the incidence of HIV-infections?”, “What percentage of problem drug users are in contact with the treatment services?” depend on such estimates.

This report focused on the epidemiology statistics of the “capture-recapture approach.” The model heavily depends on a number of central assumptions - perfect identification of cases, perfect identification of matching cases, closed population, homogeneity and independence of the sampling processes. Unfortunately, in the real world these assumptions are almost always violated to some extent.

This study developed two simple approaches allowing the authors to construct data based on more realistic assumptions and then to examine how the estimated capture-recapture values differed from the true values. In this way it is possible to determine how assumption violations impact on actual estimates. Plausible scenarios were introduced and the magnitude of the possible biases determined.

The authors used the example of estimates of problem opiate use in Vienna/Austria, as the focus of the statistical analyses throughout the studies. The results obtained, using constructed scenarios etc., made it apparent that serious bias are introduced and the magnitude of the possible bias is to be expected in the course of standard capture-recapture-estimates.

In conclusion: The advantages of capture-recapture approach are that existing data sources may be used without any additional empirical work and that the estimate does not directly depend on the intensity of the capturing processes. The main disadvantage is that the results depend greatly upon basic assumptions that are more or less severely violated within the data-sets being used. Some of these biases can be compensated for by higher order capture-recapture calculations - dependent on the use of a correct model - but the remaining biases demand extremely cautious interpretation of any results. Realistically speaking the belief that prevalence estimates based on capture-recapture methodology can only formulate “between 50% less and 100% more than the estimate” (Uhl & Seidler, 2000) is quite plausible.

Based on all the different calculations carried out by the authors, they conclude that no number between 9,000 and 36,000 of problematic opiate users in Austria, could be ruled out (Uhl & Seidler, 2000). Taking a broad range of information sources and exercising informed judgement, the authors assume that 15,000 to 20,000 cases are plausible. The authors stress that such numbers depend on judgement and are by no means fully evidence based. The fact that the application of capture-recapture approach to social sciences is not highly reliable is well known to many experts.
Addiction Research Centre Trinity College Dublin First Annual Conference

ECONOMY, CULTURE AND COMMUNITY - PERSPECTIVES ON DRUG PROBLEMS AND DRUG POLICIES

During the 1990s, drug policy makers in Ireland and elsewhere showed a new willingness to recognize the casual links which existed between socio-economic disadvantage and serious drug problems and to create responses based upon this recognition. The purpose of this one-day conference, involving local and international contributors, was to explore the effects of economic change on problem drug use and to analyze in a preliminary way the functioning and outcomes of locally based partnership approaches to this area.

The Conference Programme included

OPENING
Des Corrigan, Chairperson, National Advisory Committee on Drugs

Papers presented included.

DRUG PROBLEMS: ECONOMIC AND SOCIAL IMPACT
Barry Cullen, Director of Addiction Research Centre, Trinity College Dublin

SOCIAL EXCLUSION, CULTURE AND INFORMAL DRUG ECONOMIES
Philippe Bourgois, Professor in Medical Anthropology, University of California, San Francisco

DRUG PROBLEMS AND HOMELESSNESS
Gemma Cox, Researcher, Addiction Research Centre, Trinity College Dublin

COCAINe USE AND CHANGING DRUG SCENEs
Paula Mayock, Researcher, Addiction Research Centre, Trinity College Dublin

DRUG-USE AND CLIENT VIOLENCE IN COMMUNITY-BASED TREATMENT
Paul Quigley, Public Health Doctor, Northern Area Health Board

THE PUBLIC HEALTH PARADIGM AND DRUG PROBLEMS
Margaret Hamilton, Director of Turning Point Alcohol and Drug Centre and Associate Professor, School of Public Health, University of Melbourne

THE POTENTIAL AND LIMITATIONS OF COMMUNITY RESPONSES
Susanne MacGregor, Professor of Social Policy Research Centre, University of Middlesex, London

MAINSTREAMING SUCCESSFUL POLICIES
Joe Barry, Senior Lecturer in Public Health, Trinity College Dublin and Specialist in Public Health Medicine, Eastern Regional Health Authority

Rapporteur
Shane Butler, Senior Lecturer in Social Work, Trinity College Dublin.

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Dear Colleague

The readership of Drugnet Ireland is continuing to rapidly expand, encompassing treatment providers, academics, policy makers, community groups and many more.

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

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 articles for inclusion, please contact me at the address below. Contributions to the newsletter are greatly valued and appreciated.

Tá súil agam go mbeidh samhradh 2001 faoi shéan agus faoi mhaise daoibh

Beir bua agus beannacht,

Drugs Misuse Research Division

Please indicate your preference ✔ and return the completed form to:

73 Lower Baggot Street, Dublin 2
Tel: (01) 6761176  Fax: (01)6611856  Email: dmrd@hrb.ie

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CD-ROMs - Encyclopaedia on Substance Abuse

The International Council on Alcohol and Addictions (ICAA) has published a new CD-ROM entitled Encyclopaedia on Substance Abuse. This comprehensive work, with the latest international research, is designed as a working resource for professionals in the drugs and alcohol fields. The CD-ROM contains more than 30,000 articles, thousands of articles and illustrations, ranging from historical and literary documents, quotations and images, to structural formulae and colour images of commonly abused drugs.

The Reports Section contains the latest information from international organisations. The Treaty Section includes the UN drug conventions. The Document Section contains historical and literary articles in full text. Finally a National Reports Index provides information on all articles referring to a specific country in national and international documents. All information is presented in fully searchable text and is suitable for transfer to MSWord Documents. A photograph, illustration or structural formula accompanies most of the articles.

Web pages

Recent weeks have seen the revamping of the Health Research Board’s new website, including the redesigned Drug Misuse Research Division’s pages. The website underpins the continuing commitment of the Division to offer all those interested in the drugs area in Ireland, in-depth accurate and up to the minute information relating to the Division, its research and its publications.

The site is accessible at www.hrb.ie and offers viewers a clear and manageable source of information with links to many related sites, local, European and world-wide, and offers downloadable texts of DMRD publications, including this newsletter.

Departure of Head of DMRD

Ros Moran is leaving the Drug Misuse Research Division to head up the Mental Health Division of the Health Research Board. Under her direction, the work of the DMRD and its contribution to drug misuse research in Ireland have expanded significantly. To this task she brought considerable qualities of leadership, professionalism and enthusiasm. Although she will be greatly missed by her colleagues in the DMRD, they wholeheartedly wish her well in her new post.

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