

drugnet Ireland

Newsletter of the Drug Misuse Research Division

Issue 5, July 2002

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Welcome to Issue 5 of Drugnet Ireland. Drugnet Ireland is the newsletter of the Drug Misuse Research Division of the Health Research Board. The role of this publication is to disseminate information, news and research among those involved in the drugs area in Ireland.

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New Minister of State with Responsibility for Drug Strategy



On 18 June the Taoiseach appointed Noel Ahern, TD, as Minister of State at the Department of Community, Rural and Gaeltacht Affairs, with special responsibility for drugs strategy and community affairs. Mr. Ahern also was appointed Minister of State at the Department of the Environment and Local Government, with special responsibility for housing and urban renewal.

In an interview on RTE Radio 1 the following morning, the new Minister commented that assigning him responsibility for both housing and drugs 'made sense' because 'there is an overlapping or at least shared

responsibility between estate management, which local authorities do, and some of the other good work that drug task forces and the youth facilities and services programme do, and it is an attempt to pull all those strands together'.

The new Government's thinking regarding the connection of drugs strategy to other policy areas was explained by the newly-appointed Minister for Community, Rural and Gaeltacht Affairs, Éamon Ó Cuív, TD, in an interview in *The Irish Times* on 8 June. He said that the linking of community affairs with drugs policy shows how central community is to the drugs problem in the eyes of the Taoiseach. The minister stated, 'I think the linking of drugs with building community shows that the Taoiseach is aware that there is a wide community dimension to the drugs issue, the need to deal with the issue of deprivation, for instance. It shows that he thinks the drugs issue cannot be dealt with in isolation from community'.

Agreed Programme for Government

In June the incoming Fianna Fáil-Progressive Democrats coalition government agreed a programme of action for the next five years. The Agreed Programme addresses the drugs issue under two main headings – 'Tackling Drug Abuse' and 'Crime' – within the section 'Building a Caring Society'. On the next page, the key elements of the new government's agreed response to the drugs issue, as presented under these two headings, are outlined. (Continued over.)



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Treatment and rehabilitation, including residential programmes, will be expanded so that there is a place available for every person seeking the service

Agreed Programme for Government

Heroin targeted

Heroin is specially targeted in the Agreed Programme. Actions include the publication of a national target for the reduction of heroin supply; the establishment of an early-warning system, involving all key agencies, to track the potential spread of heroin into new areas; and a plan to end heroin use in Irish prisons to be published by end-2002.

Supply reduction

The new government focuses strongly on supply reduction, pledging to 'continue to prioritise heroin and cocaine for intervention, and publish separate targets for supply reduction for each major type of drug'. The new government will focus particularly on enhancing the role of the Gardaí and targeting drug dealers.

Additional Gardaí will be 'concentrated in the areas experiencing the greatest drugs problems'. The Gardaí will be required to establish 'a coordinating framework for drugs policy in each Garda District, to liaise with the community on drug-related matters and act as a source of information for parents and members of the public'. Each 'Garda District and Sub-District [will] be required to produce a Drug Policing Plan to include multi-agency participation in targeting drug dealers'.

Drug dealers are to be specially targeted. The Agreed Programme states, 'We will target the assets of all persons involved in drug dealing and, in particular, middle-ranking criminals', and 'We will continue to target drug dealers at local level by making additional resources available to existing drugs units and for the establishment of similar units in areas of need.' The document also pledges to require 'convicted drug dealers to register with the Gardaí after leaving prison.'

Prevention

The new government pledges that the new Regional Drug Task Forces will 'operate efficiently to ensure that prevention programmes are active in all areas of the country'. It also states that 'as part of the new regional education management structures, local supports will be provided and new guidelines will be issued to all schools on the implementation of a drugs policy'.

Treatment and rehabilitation

The Agreed Programme contains the following commitment: 'Treatment and rehabilitation, including residential, programmes will be expanded so that there is a place available for every person seeking the service'.

Achieving its targets

The government commits to publishing 'annual reports of activity and progress towards the achievement of specific prevention, supply reduction and treatment targets'.

Drugs in prisons

The Agreed Programme addresses drug use and drug dealing in prison: 'By end-2002 we will publish a plan to completely end all heroin use in Irish prisons. This will include the availability of treatment and rehabilitation for all who need them and the introduction of compulsory drug testing for prisoners where necessary.' 'Where a person has been found to be involved in the supply of drugs to a prisoner we will introduce a new stiffer penalty.'

An electronic copy of *An Agreed Programme for Government between Fianna Fáil and the Progressive Democrats* (June 2002) is available on the Department of the Taoiseach website at www.antaoiseach.ie

Community Sector Calls for Action on Drugs

On 19 June Dublin City Wide Drugs Crisis Campaign and the nationwide Family Support Network led a march by community groups through central Dublin to highlight the 'drugs crisis'.

The organisers said a march was needed because in the recent general election, drugs did not feature as an issue and there was a need to put them back on the agenda. Moreover, the progress of the previous few years could not be undermined: the communities affected by drugs needed investment, not cutbacks. Finally, drug users and their families were still living with the devastation of the drugs crisis on a daily basis and their voices needed to be heard.

Speakers at the march included Fergus McCabe of the National Drugs Strategy Team, Susan Collins, Co-Chairperson of Dublin City Wide Drugs Crisis

Campaign, Sadi Grace of the Family Support Network, and Tommy Larkin of UISCE.

The speakers highlighted a number of needs:

- The National Drugs Strategy needs to be fully implemented.
- The regional drug task forces need to be established, with clearly defined budgets, to provide a regional structure to complement national structures.
- The local drug task forces need to be properly resourced in order to support the voluntary and community sectors, which played a pivotal role in developing the national drugs strategy and which now need to be strengthened financially and developmentally.
- Treatment needs to be holistic, providing not just methadone treatment but a whole range of

services including rehabilitation and after-care. Treatment also needs to be available after hours and at weekends and suit the needs of the clients.

- Waiting lists for treatment need to be eliminated.
- Permanent accommodation needs to be provided for homeless drug users so that they can avail of treatment services.
- With the growing number of drug users who are testing HIV positive, many of them in their teens, drug-related treatment needs to be recognised as a basic human right.

Some 30 community groups from all over Dublin and as far away as Bangor, Newry, Cavan, Kilkenny and Waterford, as well as individuals working in the drugs area, supported the march. The organisers said it was the opening of what will be a 6-month campaign demanding action on the part of the government.

For further information, contact Dublin City Wide Drugs Crisis Campaign, 175 North Strand Road, Dublin 1. Tel: (01) 836 5090; Fax: (01) 836 4849

Regenerating Disadvantaged Communities

The incoming Fianna Fáil–PD coalition government has identified the regeneration of disadvantaged communities as part of its programme to ‘build a caring society’. In this context, it endorses two existing programmes that target the drugs issue in disadvantaged communities.

Young People's Facilities and Services Fund (YPFSF)

Established by the government in 1998, the YPFSF is intended to assist in the development of youth facilities, including sport and recreational facilities, and services in disadvantaged areas where a significant drug problem exists or has the potential to develop. The main aim is to attract ‘at risk’ young people in disadvantaged areas into these facilities and activities and divert them away from the dangers of substance abuse. A sum of €129.5 million has been allocated under the National Development Plan to support measures under the YPFSF.

The incoming government has pledged: ‘We will continue the Young People's Facilities and Services Fund and complete a comprehensive survey of the availability of recreational facilities in disadvantaged areas.’

RAPID

First launched by the government in February 2001, and standing for ‘Revitalising Areas by Planning, Investment and Development’, the RAPID programme identified the 25 most disadvantaged

areas in the country and frontloaded a significant share of NDP expenditure on social inclusion measures (some €19.5 billion in total) in these areas over three years. The targeted areas have been prioritised for investment and development in relation to health, education, housing, childcare and community facilities, youth development, employment, drug misuse and policing. In February 2002 the government announced the Provincial Towns Strand of RAPID, identifying 20 additional towns.

In the Agreed Programme the incoming government endorses the RAPID programme, stating ‘We will develop the RAPID initiative in our most disadvantaged communities as a priority programme. When the small areas data is made available from the latest census we will review the areas covered and consider additional areas for inclusion.’

To ensure co-ordinated, integrated and democratic processes for regenerating disadvantaged communities, the government has pledged to ensure that the county and city development boards’ strategic plans effectively target areas of greatest need, and to enhance the integrated services process (ISP) as a means of ensuring integrated service delivery across state, local and voluntary sector agencies. The government has also undertaken to ensure ‘democratic legitimacy on local boards appointed to implement development programmes’.

We will continue the Young People's Facilities and Services Fund and complete a comprehensive survey of the availability of recreational facilities in disadvantaged areas.

NACD Awards Research Grants

In December 2001 the National Advisory Committee on Drugs launched a Community/Voluntary Sector Research Grant Scheme to generate innovative, community-based drugs research. Following an application and support process, five organisations were recently awarded research grants of between €20,000 and €25,000 each. The successful organisations and their proposed research are:

Community Response, a voluntary drug agency based in Dublin's South West Inner City, working with individuals, families and communities on a

range of levels from drug awareness to training to health promotion and family support. The study aims to research the viability of an integrated multi-disciplinary approach to families affected by problem drug use. It will examine the impact of problem drug use on the family and will assess the effectiveness of services and networks used by families affected by problem drug use. (Continued over.)

Ballymun Youth Action Project (BYAP) was established in 1981 and offers a range of services on all aspects of drug misuse to individuals, families and groups. In 1996 the Ballymun Youth Action Project established Urrús as a Community Addiction Studies Training Centre.

The aim of the BYAP research proposal is to explore the role of benzodiazepines in the development of substance misuse problems in Ballymun. The research will investigate the relationship between benzodiazepines, opiates, and other substances in young persons' drug repertoires; describe the dynamics of benzodiazepine supply and demand in local street drug markets; examine the impact of benzodiazepine use on the community; and identify possible models of prevention and harm reduction which might be effective and appropriate in the community.

Kilbarrack Coast Community Programme (KCCP), established in 1997, is a drugs rehabilitation and aftercare project based in Northeast Dublin. The KCCP runs a three-year support and aftercare programme for recovering drug misusers; a Parents Support Group; and a youth service for 10 to 18 year olds in the area. The study aims to establish the patterns and trends of drug misuse in Kilbarrack by young people in the 10 to 17 age group. It will attempt to identify the current and potential problems which arise from drug misuse and assess the extent of knowledge of and attitudes towards drugs and drug misuse among young people.

Merchants Quay Ireland (MQI), established in 1989 by the Franciscan Friars to provide services for people affected by drug use and HIV. MQI is committed to minimising the harm associated with drug use to individuals, families and the wider community. To this end MQI provides a wide range of services for drug users and their families such as the Crisis Contact Centre, stabilisation services, residential programmes; settlement and integration

services; and the Fáilteú Resource Centre for homeless people.

The aim of the research proposed by MQI is to carry out an exploratory study into the nature of drug use among three new ethnic minority communities in Ireland. The study will examine the patterns of, and motivations for, drug use among the new communities. It will also explore drug users' exposure to risk and examine the level of awareness of health promotion / harm minimisation strategies and drug treatment services.

Tallaght Homeless Advice Unit (THAU) was established in January 1993 to provide an advice, information and advocacy service to people who are homeless, or at risk of becoming homeless. THAU also works extensively with drug users and advocates on their behalf to statutory and voluntary agencies. The THAU research study will explore the link between homelessness and drug use (especially heroin use). As well as examining the nature and extent of drug use amongst the homeless, the study will assess the policies and practices of local authorities and homeless services in relation to the housing of homeless drug users.

About the NACD

The National Advisory Committee on Drugs (NACD) was established in July 2000 to advise the Government in relation to problem drug use in Ireland. The committee, whose members are drawn from statutory, community, voluntary, academic and research organisations as well as relevant government departments, oversees the delivery of a comprehensive drugs research programme.

For further information, contact Aileen O'Gorman, Research Officer, National Advisory Committee on Drugs (NACD), Shelbourne House, (3rd Floor), Shelbourne Road, Dublin 4. Tel: (01) 667 0832; Fax: (01) 667 0828; Email: aogorman@nacd.ie; Website: www.nacd.ie

Report reveals 'dramatic' increase in alcohol consumption

Ireland has had the highest increase in alcohol consumption among EU countries, according to the Interim Report of the Strategic Task Force on Alcohol, published on 28 May. Between 1989 and 1999, alcohol consumption per capita in Ireland increased by 41%, while other EU Member States either showed a decrease or only a modest increase during the same period. Ireland's consumption continued to increase in 2000 and ranked second after Luxembourg for alcohol consumption with a rate of 11.1 litres of pure alcohol per head of population. The EU average for 2000 was 9.1 litres of pure alcohol per capita.

A more realistic reflection of alcohol consumption at a population level is the consumption per adult, aged 15 years and over, given that children under 15 years are primarily non-drinkers and represent 21% of the Irish population. The interim report showed that between 1995 and 2000 the total alcohol consumption per adult increased from just under 12 litres of pure alcohol to over 14 litres of pure alcohol. The Strategic Task Force, established by the Minister for Health and Children, Micheál Martin, described the increase in alcohol consumption as 'dramatic'.

The interim report also highlighted the direct link between the increase in alcohol consumption and a continuum of problems, ranging from increases in hospital Accident and Emergency Department visits, public order offences, marriage breakdown and unprotected sex.

The Strategic Task Force, comprising Government Department representatives, state agencies and others, was requested to produce interim recommendations within three months of its first meeting. In assessing the impact of measures taken to date to limit the damage alcohol can cause, the Task Force observed that most of the measures had been directed at demand reduction (information, education, training) while the supply side had few initiatives. The Task Force points out that a basic rule of economics is that supply is related to demand. It is an interactive process where supply not only responds to demand but also stimulates demand by price incentives, advertising, promotions and increased product availability. Therefore, a balanced approach is required with appropriate measures which influence both supply and demand of alcohol, in a way that prevents and reduces alcohol-related harm.

The interim report provides over 21 recommendations aimed at lowering per capita consumption and reducing the harm that consumption causes.

The report may be downloaded from the Health Promotion Unit website at www.healthpromotion.ie



More Prevention Measures Needed to Stem HIV/AIDS Among EU Drug Users

HIV/AIDS is 'still a big problem' in Europe said the EMCDDA at a press conference on 26 June to mark the UN International Day Against Drugs.

The theme of the Day this year was HIV/AIDS. The need to address the topic is urgent, said the EMCDDA, as there is a risk of 'acceptance' - the public getting used to alarming figures and forgetting the importance of prevention.

The EMCDDA explained that, although the picture generally is stable, new infections continue to occur at constant rates. 'Data still show very high HIV prevalence - more than 25% - among injecting drug users (IDUs) in some EU regions and countries, e.g. some Italian regions, some Portuguese cities, Spain, and among older IDUs in France. These data reflect mainly older epidemics but, in some cases, rises have been reported in recent years at a national level, e.g. in Finland and Ireland, and locally, e.g. in Heerlen, the Netherlands, and some Italian regions. This suggests that risk behaviour, such as lack of injecting hygiene and failure to use condoms, may be increasing again.

IDUs are the group most at risk of HIV in the EU. 'They can form a reservoir of infection for continued risk of transmission to the wider population, e.g. sexual transmission and transmission from mother to

newborn. So high prevalence among IDUs can "fuel" a heterosexual epidemic.'

EMCDDA has worries about some countries' data on 'coverage' of prevention measures. 'We have preliminary estimates on the coverage of prevention efforts among drug users, e.g. the proportion of IDUs probably being reached by needle-exchange programmes. But these data do suggest large variations in coverage, with the UK and Spain probably among the best and coverage possibly very low in many other countries. This is surprising in view of the fact that the AIDS epidemic is not recent among drug users. These data need to be urgently improved and refined.'

Overall, the EMCDDA is concerned that if control measures such as prevention including needle exchange and condom availability had been sufficient, the problem of HIV/AIDS among IDUs should have been slowly diminishing in the most-affected areas. 'There are some signs of this, e.g. in France, Spain and some regions of Italy, but in some other countries it's still on the up.'

For more information please see the EMCDDA's Annual report 2001: www.emcdda.org

Trends in Treated Drug Misuse

In May the Drug Misuse Research Division (DMRD) of the Health Research Board announced the launch of the first of a new series of Occasional Papers on issues related to drug misuse in Ireland.

The first series of Occasional Papers (Nos. 1-8) examined trends in treated drug misuse in the regional health board areas between 1996 and 2000.

The DMRD oversees the maintenance and development of the National Drug Treatment Reporting System (NDTRS). The NDTRS is an epidemiological database on treated drug misuse. It was established in 1990 in the Greater Dublin Area only. In 1995 it was extended to other parts of the country. The objectives of the NDTRS are to provide reliable information on the number and characteristics of people who are treated for problem drug use; and to examine trends and patterns of problem drug use. It provides information relevant to the health consequences and social implications of drug misuse and contributes to an understanding of the epidemiology of drug misuse in Ireland.

Extent of the problem

Trends in first treatment contact (new cases) rates for the 15-39 year age group since 1996 show an increase in all health board areas other than the eastern region. While the first treatment contact rate is much higher in the eastern region than in other regions of the country, it showed a decreasing trend, from 27 per 10,000 population in 1996 to 22 per 10,000 in 1999 (last year for which complete data available). For health board areas outside the eastern region the rate was under 10 per 10,000 population in 1996. By the year 2000 four health boards (Northern Eastern, Midland, South Eastern, and the Southern Health Board) had rates over 10 per 10,000 population.

Increased provision of treatment services at individual health board level is a factor that must be taken into consideration when examining trends in treated drug misuse. Where there are accessible drug user oriented services provided, people are more likely to approach them, resulting in higher uptake which in turn is reflected by greater numbers in treatment data.

Socio-demographics

In most health board areas the typical client coming for treatment is male, in his early twenties, leaving school at an early age, and living in the family home. Employment levels among those attending for treatment improved in most areas, as might be expected given the general favourable economic conditions in the country. However, these levels are still very low in comparison to that of the general population. These characteristics are indicative of the social disadvantage of drug users and present a challenge to policy makers, if social exclusion and marginalisation issues are to be addressed.

Problem drug use

With the exception of the eastern region, where opiates are predominantly the drugs causing the most problems, cannabis is the drug for which most people present for treatment in all other regions of the country. Trends show that polydrug use is very much a feature of drug use patterns. Drug users presenting for treatment are likely to be involved in the use of more than one drug. The drugs involved vary somewhat from opiates, benzodiazepines and cannabis in the eastern region; to cannabis, alcohol and ecstasy in the Southern Health Board area. The most likely combination in most other areas is cannabis and ecstasy.

Risk behaviour

The mean age of initial drug use in all regions is between 15 and 16 years of age. In the eastern region injecting practices were presenting as a major problem, and the mean age at which injecting commenced was about 20 years of age. The prevalence of risk behaviours such as injecting drug use and sharing injecting equipment have very serious implications for the health of this population of drug users, particularly in relation to the transmission of infectious diseases such as hepatitis C and HIV. Injecting drug use was not presenting as a problem in most areas outside of the eastern region.

Treatment provision

Health boards throughout Ireland are responsible for the provision of drug treatment services in line with the drug policies of the Department of Health and Children. Most health board areas adopt prevention, education and health promotion approaches to underpin their drug strategies. Drug policies are supported by a broad range of addiction services covering prevention, treatment and rehabilitation programmes. These include addiction counselling services, drug substitution programmes (opiate detoxification, methadone reduction, methadone maintenance) and rehabilitation programmes. In the Western Health Board (WHB) area the Health Advice Café is an innovative project offering a range of services and facilities for young people. In the Eastern Regional Health Authority area (Dublin, Kildare, Wicklow), where serious drug problems are most acute, drug strategies embrace a harm reduction approach by providing what has been described as 'one of the more innovative drug service programmes in Europe'¹.

For further information, contact Mary O'Brien, Senior Researcher, Drug Misuse Research Division, Health Research Board, 73 Lower Baggot Street, Dublin 2. Tel: (01) 676 1176; Email: mobrien@hrb.ie

¹ Farrell, M., Gerada, C. & Marsden, J. (2000). External Review of Drug Services for the Eastern Health Board. London: National Addiction Centre, Institute of Psychiatry.

Where there is accessible drug user orientated services provided, people are more likely to approach them.



The typical client coming for treatment is male, in his early twenties, leaving school at an early age, and living in the family home.

What are Young People Reading about Drugs?

In 2001 the EMCDDA completed a feasibility study on monitoring youth print media as a means of detecting, tracking and understanding emerging trends in drug use among young people. A media-monitoring instrument was developed and yielded useful information. However, cultural, political and legal differences between member states weakened the instrument's usefulness as a standardised indicator.

The Drug Misuse Research Division is now participating in a follow-up pilot study, together with Greece, Sweden and Britain, intended to refine and develop the instrument for wider European use. The study is scheduled to be completed by the end of 2002. It is anticipated the EMCDDA will then

have a new, low-cost source of data on drug trends among young people at EU level. The pilot study is sampling print media aimed at readers who have 'young' attitudes and lifestyles, do not condemn drug use as a matter of principle, and are trendsetters interested in news about drugs, drug use and new substances. The categories of print media being monitored include general lifestyle magazines, music and cult magazines, student publications, and Internet websites and newsletters.

For further information, contact Brigid Pike, Researcher, Drug Misuse Research Division, Health Research Board, 73 Lower Baggot Street, Dublin 2. Tel: (01) 676 1176; Email: bpik@hrb.ie

The Users' Perspective of Methadone Maintenance

The Methadone Maintenance Research Project aimed to explore the perceptions and experiences of a sample (n=71) of clients on methadone maintenance programmes in Dublin. The main findings of the report were presented at the Fifth Annual ICGP Conference on Opiate Misuse in a paper by Lucy Dillon of the Drug Misuse Research Division and Dr. Evelyn Mahon of the Department of Sociology, Trinity College Dublin.

Among the main findings was that participation on a methadone maintenance programme was seen to 'stabilise' clients on a number of levels. Participation on the programme offered clients an alternative to the generally chaotic lifestyle they associated with their heroin use. Respondents did not equate 'success' on a methadone maintenance programme with becoming drug free. Success in this context was found to be relative, and much more complex than a simple measure of abstinence. Instead, respondents felt that their participation on a maintenance programme had a positive impact on their quality of life in a number of areas. In this context, clients valued the stability the programme offered and

argued that it gave them an opportunity to get their lives 'back on track'. However, it was highlighted also that given their generally disadvantaged socio-economic profile, even when clients were stabilised many were pursuing their further rehabilitation from a disadvantaged starting point. Therefore, the provision of methadone was perceived to be only one aspect of the complexities involved in providing a comprehensive treatment and rehabilitation programme. As clients became stabilised their other needs for education, training and personal development needed to be addressed by ancillary services. The authors highlighted that medical practitioners need to keep this in mind and adopt this broad definition of 'success'.

For further information please contact Hamish Sinclair, Head of Division, Drug Misuse Research Division, Health Research Board, 73 Lower Baggot Street, Dublin 2. Tel: (01) 676 1176; Email: hsinclair@hrb.ie

Lucy Dillon

In May Lucy Dillon left the Drug Misuse Research Division after more than three years to take up a new post with the National Centre for Social Research in London. She will be remembered as an enthusiastic, thorough, and sociable colleague who made a significant contribution to drug-related research in Ireland, particularly in the areas of drug use in prisons and infectious diseases. She was recently awarded a M.Litt. by Trinity College for her thesis on people engaging with methadone treatment services. We wish her every success and happiness in the future.

National Documentation Centre

Work will commence shortly on the furnishing and equipping of the National Documentation Centre on Drug Use in Holbrook House on Holles Street, Dublin 2. Visitors to the centre will be able to use a wide range of drugs-related material in both hardcopy and electronic format. The centre will contain a comprehensive collection of research on the drugs area in Ireland. This collection comprises reports, journal articles, theses and conference papers. These documents are being added to an electronic library of drug-related research, and the full text of this material will be available to users of the National Documentation Centre's web site.

Users will also be able to search the centre's library catalogue to find information on the centre's book and journal collections. Other resources available to users of the web site will include a news archive and online bibliographic databases. The National Documentation Centre will be open to the public and staff will be available to assist visitors with their research queries.

If you wish to know more about the National Documentation Centre, please contact Brian Galvin, Senior Information Specialist, Drug Misuse Research Division, Health Research Board, 73 Lower Baggot Street, Dublin 2. Tel: (01) 676 1176; Email: bgalvin@hrb.ie

The EDDRA Column

Welcome to the second EDDRA (Exchange on Drug Demand Reduction Action) column. The aim of the column is to inform people involved in the drugs area on activities related to the EDDRA database and to draw attention to the database as a resource of detailed, standardised and comparable information on demand reduction activities in EU member states. In this issue we will look at some of the different theoretical models being used in 'School Drug Prevention Programmes' in member states of the European Union (EU) that are included on the EDDRA database. It is hoped that this may contribute to:

- The future process of setting up School Drug Prevention Programmes
- A reflection by existing School Prevention Programmes on the models currently employed by them and to what extent these models may be consistent with their specific objectives

The data referred to derives from an analysis carried out in the summer of 2001 by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) on School Prevention Programmes that are included on the EDDRA database. The analysis identified 53 specific School Prevention Programmes covering 14 EU countries on the database. This identification was based on the aims and objectives, the target group, the setting of implementation and the theoretical models on which the programmes were reportedly based. Because of the lack of harmonised definitions of theoretical models in different countries and because models were often not defined according to existing classifications, the EMCDDA chose to create an adapted classification derived from the literature. Thus, the theoretical models of all 53 school programmes in EDDRA were grouped as follows:

- Health Promotion
- Peer Approach: Influence and Imitation (methods of education through peer groups, experiences lived by other can influence changes of behaviour)
- Life Skills Model
- Evolutive models (a group of models with sequential and evolutive theoretical conceptions)
- Social Influence
- Problem / Risk Behaviour
- Knowledge on Drugs (Cognitive)
- Ecological / Environmental (a group of models focused on a macro-social level, social environment, networks in the community-institutions, associations) which will influence individuals and their consumption behaviour

The analysis revealed that the Life Skills model was the most used model in school prevention programmes included in the EDDRA database, with 17 programmes in eight countries relying on it. This was followed by Peer Approaches: Influence and

Imitation model which was used in 12 programmes in seven countries. Knowledge on Drugs model was used in 11 programmes in six countries while Ecological and Environmental models were applicable to 11 programmes in seven countries.

The Life Skills model is primarily based on the development of skills in the young person. These skills include communication, relationship building, assertiveness, maintaining self-esteem, the maintenance of physical well-being, stress management and time management. The specific issue of drug/substance use is covered as one of several topics in this programme. The assumption is that by developing such skills the young person will be better equipped to withstand the pressures that could lead to drug use.

This is one example of how the EDDRA database can be used as an information resource by people involved in the drugs area. The database can be useful for individuals/groups setting up new demand reduction projects/programmes and wishing to learn about existing models across the European Union. In addition, the database can be useful to existing programmes/projects that may be preparing for evaluation and could benefit from placing their programme/project in a theoretical framework in order to locate the rationale of specific objectives.

It is hoped that this brief overview of the theoretical aspects of school prevention programmes on the EDDRA database will:

- demonstrate to key personnel in the field of drug misuse how the EDDRA database can be a useful resource in spreading knowledge about demand reduction activities across the EU
- encourage in demand-reduction personnel an appreciation of the importance of theoretical frameworks to project/programme design and implementation
- encourage use of the EDDRA database as a general resource in the field of demand reduction.

EDDRA stands for Exchange on Drug Demand Reduction Action. The project has been running since 1998 under the sponsorship of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). The main activity of EDDRA is to collect information on demand-reduction projects at national level throughout the European Union. The EDDRA manager in each member state carries out this task. This information is then entered on the EDDRA database in Lisbon, Portugal, and can be accessed through the Internet at www.emcdda.org.

If you wish to know more about the EDDRA database, please contact Martin Keane, EDDRA Manager for Ireland, Drug Misuse Research Division, Health Research Board, 73 Lower Baggot Street, Dublin 2. Tel: (01) 676 1176; Email: mkeane@hrb.ie

From Drugnet Europe

Talking harm reduction

Cited from Gregor Burkhart and Julian Vicente (January–February 2002)

The 1st Latin conference on harm reduction was held in Barcelona from 14 – 16 November 2001. The conference brought together some 700 participants from France, Italy, Portugal, Spain and several Latin American countries. Its aim was to promote harm-reduction programmes in the participating countries.

Sessions focused on issues such as: substitution treatment (methadone, buprenorphine, heroin); needle exchange and infectious diseases; drugs in party settings; prison harm-reduction programmes; overdoses; and injection rooms. These sessions revealed that although harm reduction has been adopted formally at many political levels, the development of concrete interventions still differs from country to country.

Further information on the Barcelona conference is available on the Grup Igia web site at www.igia.org/clat/index.htm

Cited from Lucas Wiessing (May–June 2002)

The 13th International Conference on the Reduction of Drug-related Harm took place in Ljubljana, Slovenia, from 3–7 March 2002. Over 1,000 scientists, service-providers and policy-makers attended the event.

Specific attention was devoted this year to alarming rises of HIV and injecting drug use in Eastern Europe. Innovative data were presented on subjects ranging from injecting rooms, heroin trials and the legal issues of harm reduction, to ethnography in drugs and forecasting the future impact of HIV.

A western European harm-reduction network was set up at the conference by Mainline and LSD, two Dutch umbrella organisations for drug-user support groups.

Abstracts from the conference are available from the conference web site at www.ihrc2002.net

Safe-clubbing guidelines

Cited from Gregor Burkhart (May–June 2002)

Developing international guidelines for health protection in the nightlife setting was among the key topics on the agenda at 'Club Health 2002', the 2nd International Conference on Nightlife Substance Abuse and Related Health Issues, held from 24–27 March 2002 in Rimini (Italy).

The meeting adopted the Rimini Declaration, in which participants agreed on a core set of items to be included in these guidelines. A broad

implementation of the guidelines in the European Union is foreseen for 2003 with the support of the World Health Organisation (WHO).

Safe-clubbing guidelines aim to minimise the most frequent health hazards to young club-goers. Measures may include: providing fresh drinking water and chill-out areas to avoid overheating; better training for nightclub staff in first aid, early detection of problems and monitoring; and facilitating the work of outreach teams in prevention activities.

The Rimini Declaration is available on the Club Health web site at www.clubhealth.org.uk

For further information, please email Mark Bellis (m.a.bellis@livjm.ac.uk).

An 'Inventory of on-site pill-testing interventions in the EU' is available on the EMCDDA website at www.emcdda.org

Ongoing debate on QED website

Cited from Deborah Olszewski and Jane Fountain, Drugnet Europe No. 34 March–April 2002

At a conference on qualitative research in 2001, it was suggested that qualitative researchers in the drugs field may be relying too heavily on interview data and overusing quotes in their presentations. A debate on the issue has since been developing on the EMCDDA's QED website.

Questions tackled include: Are there other research methods to study the social context? Are quotes the best way to present findings? When one of the aims of qualitative research is 'giving drug users a voice', why then study them? How relevant is 'give-them-a-voice' for the users of 'new drugs'? Join in the debate at <http://qed.emcdda.org>

Drugnet Europe

Drugnet Europe is the bimonthly newsletter of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). The Lisbon-based EMCDDA is an autonomous agency of the European Union established in 1993 to provide the Community and its member states with 'objective, reliable and comparable information' on drugs and drug addiction. An electronic version of Drugnet Europe is available from the EMCDDA's web site at www.emcdda.org

If you wish to have your name included on the mailing list for future issues of Drugnet Europe, please send your contact details to Mary Dunne, Administrative Assistant, Drug Misuse Research Division, Health Research Board, 73 Lower Baggot Street, Dublin 2. Tel: (01) 6761176; Email: mdunne@hrb.ie

Drugs in Focus – Policy Briefings from the EMCDDA

It is estimated that around half a million drug users receive substitution treatment worldwide, with 300,000 of these being in Europe.

In early 2002 the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), the EU drugs agency based in Lisbon, launched its bimonthly series of policy briefings. Called *Drugs in Focus*, the 4-page briefings introduce a theme and include latest findings and statistics, key policy issues and considerations, web information and further reading. The three issues so far have covered:

Substitution Treatment

Substitution treatment is a key component of a comprehensive approach to drug treatment and can be effective in reducing the risks of HIV infection, overdoses, use of legal and illegal drugs and drug-related crime, argues the EMCDDA. It is estimated that around half a million drug users receive substitution treatment worldwide, with 300,000 of these being in Europe. This first policy briefing looks at the effects of substitution practices; the substances used; and accessibility and delivery of services.

The conclusions drawn for future policy consideration include:

- Substitution treatment should be accompanied systematically by psycho-social care.
- A broader, more diversified range of substances and dosages should be offered to match the profiles of the people entering treatment.
- There should be greater availability of, and access to, substitution treatment, with both low- and high-threshold options offered.
- Both GPs and specialised services should be involved in delivery.
- The proportion of problem drug users covered by substitution treatment should be examined regularly by geographical region to monitor the delivery of services.

Drug Users and the Law in the EU

According to this second briefing, laws in the EU relating to drug use are slowly finding a 'middle ground' between the liberal and the repressive in a delicate balance between punishment and treatment. In many member states, judicial and administrative authorities are increasingly seeking opportunities to discharge offenders, or, failing that, choosing arrangements that stop short of severe criminal punishment, for example fines, suspension of a driving licence, etc. The briefing notes that in Ireland possession of cannabis is punishable by a fine up to the third offence when a prison sentence becomes possible.

Despite the trend for some countries to stop short of a criminal punishment, data show that police action against drug users is on the rise across the EU. The

EMCDDA believes this may be due to greater drug prevalence combined with the fact that police officers in several member states are obliged to report drug offences regardless of the outcome of the prosecution.

Prosecution policies in most EU states favour alternatives to traditional criminal punishment for drug use and possession, with most member states having implemented a range of measures including fines, formal warnings, probation, diversion or treatment.

Measuring Drug Use

Recent population surveys show that roughly 50 million people in the EU have tried an illicit drug at some point in their lives, giving a lifetime prevalence of approximately 20 per cent of the EU population aged 15 to 64. However, only about 7 per cent have used an illicit drug in the past year, and even fewer, about 4 per cent, in the past month (i.e. current users).

In this third issue of *Drugs in Focus*, the EMCDDA looks at the most appropriate measures of drug prevalence and incidence, what they can tell us and how they can inform drug-prevention policy-making and help in assessing progress.

The EMCDDA argues that, while school surveys (typically of 11- to 16-year-olds) can be a valuable yardstick of drug use in the age group, and useful in monitoring the development of drug use prevalence among the under-16s, their coverage is limited and they ignore the sharp increases in drug use in early adulthood. Policy-makers need to consider young adults up the age of 25 when monitoring and responding to drug use among young people.

Only a small proportion of people (estimated at 20%) continue to use drugs regularly in later life. Progression into more intensive, problem drug use later in life is mostly triggered, according to the EMCDDA, by adverse social and economic circumstances that are conducive to drug use, ready availability of drugs, and a range of personal or social problems that place these people at greater risk. Policy-makers need to decide how far to spread their prevention resources across the whole population and how far to concentrate efforts on those at greatest risk.

Drugs in Focus is available on the web site www.emcdda.org. Alternatively, if you would like to receive a hard copy, please contact Mary Dunne, Administrative Assistant, Drug Misuse Research Division, Health Research Board, 73 Lower Baggot Street, Dublin 2. Tel: (01) 6761176; Email: mdunne@hrb.ie

Policy-makers need to consider young adults up the age of 25 when monitoring and responding to drug use among young people.

Online Resources

A number of national and international institutions, which support research in the drugs area, also provide free access to online bibliographic data and document delivery services.

EMCDDA

The EMCDDA Documentation and Information Centre maintains a bibliographic database which contains a catalogue of the EMCDDA's documentary holdings. Bibliodatabase has a particular focus on EMCDDA Technical and Scientific Reports. The full text of these documents, many of them unpublished, can be obtained by email.

The Qualitative European Drug Research Network - QED - was established to facilitate networking and to encourage dialogue and the sharing of ideas between qualitative drugs researchers working in EU Members States.

Increasingly, qualitative drugs research is seen as a useful method for understanding drug-use patterns and related responses by, focusing on the meanings, perceptions, processes and context of the 'world of drugs'. In this respect, the QED website provides a valuable source of information on research issues including:

- a comprehensive annotated bibliography of qualitative research on drug use (over 700 references);
- the names, contact details and research interests of over 300 qualitative researchers;
- details of over 100 recent and current projects in qualitative research.

If you'd like to have your work and details included on the web site, contact:

Aileen O'Gorman, Research Officer, National Advisory Committee on Drugs.

Tel: 01 667 0832 email: aogorman@nacd.ie

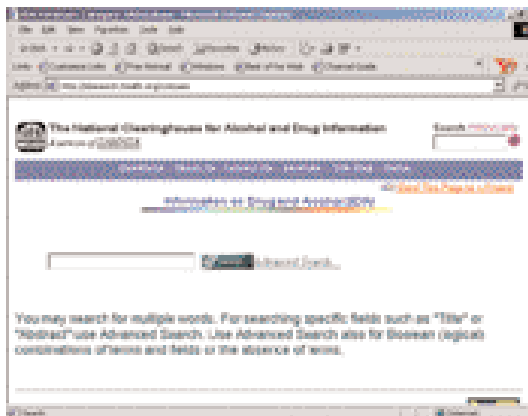
Both of these databases are available on the EMCDDA's website at www.emcdda.org



NCADI

The library of the National Clearing House for Alcohol and Drug Information maintains a bibliographic database comprising citations of both monographs and journal articles from over 100 serial titles in its collections.

The Information on Drugs and Alcohol (IDA) <http://idasearch.health.org/compass> database contains bibliographic details and abstracts of published drug-related material. The library also runs a low cost document delivery service.



NIAAA

The National Institute of Alcohol and Alcoholism's ETOH database <http://etoh.niaaa.nih.gov> includes abstracts and bibliographic references to journal articles, books dissertations, conference papers, reports and chapters in edited publications. The database is indexed using the Alcohol and other Drugs Thesaurus, itself a very valuable source of information on drug related terminology.

ELISAD

An Internet Subject Gateway, which will provide a guide to quality online drug-related information, is being created by members of the European Association of Libraries and Information Services on Alcohol and other Drugs (ELISAD). The project was initiated by individual ELISAD members in 1999 as a means of overcoming the difficulties in finding reliable and useful information in the drugs area on the Internet. The project involves cataloguing and classifying by subject between 700 and 1000, mainly European, web sites. The contents of these sites are being evaluated and indexed by the project team. This will allow users of the Gateway to quickly find those sites that deal with their specific area of interest. The project is receiving funding from the European Commission and is due to complete its first phase later this year, after which it will be available for use.

Information on the work of the project is available on the ELISAD website at www.elisad.org

Recent Publications

The following are summaries of a number of recently published books and reports that would be of interest to those carrying out research in the drugs area.

Movers and shakers: A study of community involvement in responding to the drugs issue.

King D, McCann MH, Adams J
Ballymun Youth Action Project 2001
 ISBN: 0-9541429-0-X

The aim of the study was to find out what happened to the 300 or so people who had taken part in the Community Addiction Studies Course (CASC) run in Ballymun between 1994 and 1999.

Of the 196 course graduates who responded to the questionnaire (67% of total participants), it was found that:

- 35% had participated in CASC through personal/family circumstances
- 55% did not have Leaving Certificate before doing the course
- 59% went on to some other kind of further training
- the number in fulltime employment increased by 12%
- 55% wanted to become more involved in the response to drugs than they were at the time of the study

The authors of the report found that CASC is contributing to providing 'extra pairs of hands' to deliver services and to forming self-help actions, including getting involved in paid employment at community level. However, it proved more difficult to establish the level of involvement of CASC graduates in organising communities, analysing the effects of central policy on neighbourhoods, and participating in effective monitoring and feedback mechanisms. The authors acknowledged ongoing support for community involvement in the drugs area, through community education linked to development by groups like Dublin City Wide Drugs Crisis Campaign and Craigavon Health and Social Services. However, they recommended that the level of community involvement in roles impacting at the policy level could be greatly strengthened through clearer job descriptions, employment conditions, curriculum development, and career structures.

Fighting back. Women and the impact of drug abuse on families and communities.

Murphy-Lawless J
Liffey Press 2002 ISBN: 1-904148-09-3

The introduction of heroin in the early 1980s into the north inner city of Dublin, an area already experiencing the consequences of economic dislocation and social damage, had a profoundly debilitating effect on families and local communities. This was felt particularly keenly by women who had to raise families through a period of deep crisis. This

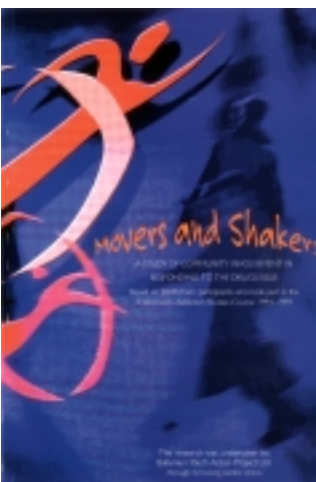
book examines the experiences of women facing the problem of heroin use amongst their children and extended family and who organised to protect and create a better environment for the young people of these communities. The book draws on information gathered through background interviews with people working in the communities affected by the heroin problem and meetings and interviews with 29 women in four different groups in the inner city, conducted over a 10-month period. The impact of heroin and the manner in which women tackled this and other problems facing their communities through effective grassroots organisation is revealed through these interviews. A number of those interviewed describe their experiences of anti-drugs marches and direct action campaigns beginning in the mid 1990s. Women's involvement in this type of activism was spurred largely by official indifference or lack of response to the problems they faced every day. Work with community-based groups led to important advances for women in education, growing self-confidence, and overcoming the sense of isolation felt by many of them. Recent advances based on a social economy model of development and the establishment of support structures to deal with the drugs problem in the wider community and family contexts are welcome. However, their success will largely depend on the establishment of democratic decision-making structures that can draw on the skills, experience and energy of women active in their own communities.

Criminal justice in Ireland.

(Ed.) O'Mahony P *IPA* 2002 ISBN: 1-902448-67-7

The 42 essays in this collection, written by leading lawyers and well-known figures in the judiciary and in academia, cover practically all areas of the Irish criminal justice system. Three contributions deal directly with the drugs issue: Tim Murphy's *Drugs, crime and prohibitionist ideology*; Shane Butler's *A tale of two sectors: a critical analysis of the proposal to establish drug courts in the Republic of Ireland*; and, *Social and psychological aspects of drug treatment and rehabilitation within Irish prisons* by Paul O'Mahony. Tim Murphy's paper examines the manner in which drugs are seen not only as a social problem in and of themselves but also as exacerbating another social phenomenon – the 'crime problem'. The philosophical and legal underpinning of the demonisation of drugs in the Irish context, a combination of the 'medical' and 'moral-legal' models, is outlined. The author argues that it is environmental factors, not the drug itself, which are critical in determining whether use of a particular drug has a detrimental effect on the user. Similarly, it is drug prohibition, not 'drugs', which is the real cause of drug-related crime. The author argues for a serious review of Irish drug policy, which would have the reduction of drug-related harm as its focus.

Shane Butler describes the background to the 1998 report of the Working Group on a Courts Commission, which recommended the setting up of



drugs courts in Ireland. Increasing frustration amongst criminal justice professionals, the experience of special drug courts in the United States, and the recognition of the need for intersectoral collaboration in dealing with the drug problem were influential in the discussions of the Working Group. However, it was almost entirely representative of the criminal justice sector and the significant shift in treatment philosophy in the Irish healthcare sector over the preceding decade does not seem to have been carefully considered. This is particularly apparent in the retention of the traditional stereotypical distinction between users and dealers.

Paul O'Mahony's paper examines the institutional, psychological and socio-cultural constraints on drug treatment and rehabilitation in prison, and discusses the forms of drug treatment and rehabilitation that are viable in a prison setting. He describes the response to the problem delivered in the report of the Steering Group on Prison Based Drug Treatment Services (2000) as 'profoundly disappointing and seriously flawed.' The proposal to establish equivalence of care between the prison and the outside community is wholly unrealistic. The report does not attempt to examine harm-reduction measures introduced into other prison systems, nor does it consider the issues of prisoner classification and separation. The author recommends an approach that prioritises personal development and the enhancement of employability as the best way of confronting the drug culture in prisons.

[Guidelines for the evaluation of outreach work. A manual for outreach practitioners.](#) EMCDDA 2001 ISBN: 92-9156-024-3

The fact that outreach work in the drug field is an important means of accessing hard-to-reach drug-using populations, and of detecting new and emerging trends in drug use, does not mean that every outreach project is good. Following this line of reasoning, the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) in Lisbon has published *Guidelines for the evaluation of outreach work: a manual for outreach practitioners* (2001). The aim is to help outreach projects to:

- understand their aims and objectives,
- understand and value their activity,
- improve that activity,
- show themselves and others their worth.

The guidelines focus on *self-evaluation in consultation with stakeholders*. Self-evaluation is defined as the process whereby individual projects assess and reflect on their own performance, plan and take action in the light of that assessment, and project members learn new skills. A stakeholder is defined as anyone who has an interest in the aims, objectives and performance of a project or intervention. It could mean consulting a lot of people. The guidelines describe the four stages of evaluation, complete with examples and exercises:

- why are you evaluating?
- what do you want to evaluate?
- how was the intervention planned and implemented?

- did the intervention have the intended impact/outcome?

The authors emphasise four important elements in the self-evaluation process: It is an *empowerment evaluation* in which project personnel are taught to conduct their own evaluation; It is an *assumption-focused evaluation* whereby project staff and volunteers understand how the project was planned and implemented; *Indicators*, or pieces of data which act as surrogate markers; and, *Outcome interdependence*, which is another critical factor to bear in mind in the evaluation process

These guidelines are the second in a series of practical handbooks aimed at professional and grassroots practitioners working in the drugs field. The first in the series, *Guidelines for the evaluation of drug prevention: a manual for programme-planners and evaluators*, published in 1998, gives detailed step-by-step advice on how to assess the different stages of drug-prevention interventions.

The guidelines are available on the EMCDDA web site at www.emcdda.org

[Working with substance users: a practical guide.](#)

Petersen T *Routledge* 2002 ISBN: 0-415-23567-7

This publication is intended for use as a textbook by clinicians, social workers and counsellors who are new to the area of substance misuse treatment. The book employs the technique of role-playing, describes clinical scenarios and contains detailed suggestions for reader activities. The following areas are covered: key theory/practice links; types of use and types of treatment; specific client groups; social policy and service issues; and of user and worker perspectives.

[Addictions.](#)

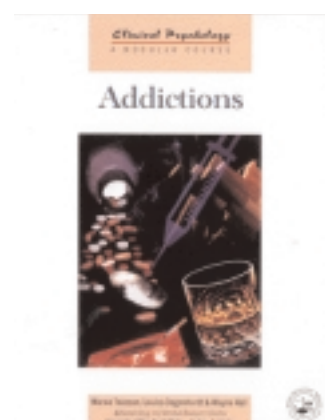
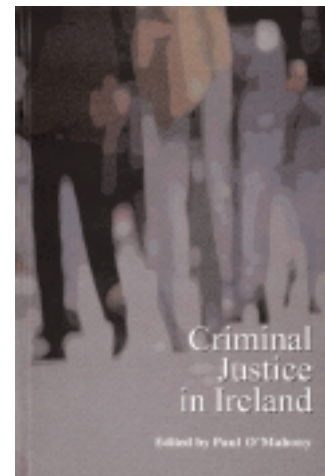
Teesson M, Degenhardt L, Hall W
Psychology Press 2002 ISBN: 1-84169-314-6

Addictions is designed as a textbook for both students and professionals working in the area of substance misuse treatment. Various experts in the field of drug and alcohol research contribute sections on their own particular area of study. The book contains an overview of the various theories which have developed around the subject, including neuro-scientific, behavioural, personality and rational choice. The contents draw on research carried out in The National Drug and Alcohol Research Centre, Sydney, and a variety of international surveys, and include material on: the nature of addiction and who become addicted; the health consequences of alcohol and other drug dependence; and theories and causes of addiction.

[Substance abuse and dependence in adolescence: epidemiology, risk factors and treatment.](#)

Essau CA *Brunner-Routledge* 2002
ISBN: 1-58391-263-0

This publication contains reviews of the most recent



academic studies in the area of adolescent substance misuse, focusing on prevention and intervention strategies. The various researchers and clinicians who contributed essays also present summaries of recent empirical findings in the area. The book is divided into the following general categories: general issues related to substance use disorders; epidemiology, comorbidity, course, outcome and risk factors; the prevention of substance abuse and dependence; a discussion on progress and unresolved issues in substance abuse disorders; and, recommendations for future studies in the field.

Combining medication and psychosocial treatments for addictions. The BRENDA approach.

Volpicelli JR, Pettinati HM, McLellan AT
Guildford Press 2002 ISBN: 1-57230-618-1

This publication is intended to serve as a practical manual for applying a combination of psychosocial support and medications to lead to better addiction outcomes than those achieved by either form of treatment on their own. BRENDA is described as a collaborative, case-management approach to treatment, incorporating the use of newly-developed medications that target the biological underpinnings of addiction. Treatment advice within the BRENDA framework incorporates a wide range of medical and psychosocial concerns, including detox and withdrawal, developing the patient's coping skills and social support, and addressing employment and housing needs. Practical applications of the treatment are described through case studies.

Calculating the social cost of illicit drugs - Methods and tools for estimating the social cost of the use of psychotropic substances.
 Kopp P *Strasbourg: Council of Europe Publishing*, 2001
 ISBN: 92-871-4734-5

Illegal drug use implies costs for society. Estimating these costs is a methodological challenge. This Council of Europe (Pompidou Group) publication is designed to provide guidance on how to calculate the social cost of illicit drug use, mainly through a 'cost-of-illness' approach.

The report is divided into three parts. The first part discusses methodology. It highlights the methodological difficulties of identifying the negative consequences attributable to drugs, documenting and quantifying the degree of causality between drugs and their negative consequences, and assigning economic values to these negative consequences. The second part explains the methods used to estimate the various types of cost to be taken into account when calculating the social cost of illicit drug use. Finally, the report describes a case study of how the method was used to calculate the social cost of both licit and illicit drug use in France.

Potentially, social cost estimates are a valuable source of information for policy makers on the

impact of prevention, treatment and law enforcement strategies.

The Council of Europe's involvement in action against drug misuse and drug trafficking is carried out through the work of the Pompidou Group. Set up in 1971 as a European multidisciplinary platform for co-operation on drug-related issues, the Pompidou Group aims to combine information exchange, scientific assessment and political decision-making.

The content analysis guidebook.

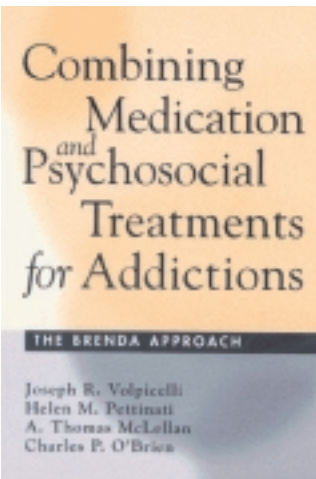
Neuendorf KA *Sage* 2002 ISBN: 0-7619-1978-3

Content analysis is an extremely important, but complex, social science research method. According to the author of this book it is perhaps the fastest-growing technique in quantitative research, thanks largely to the rapid advancement in computer text content analysis software. The aim of the book is to explore the current options in the analysis of the content of messages. The book combines a strong scientific approach and high methodological standards with a practical approach that both academics and industry professionals will find useful. Content analysis is defined as the systematic, objective, quantitative analysis of message characteristics. *The content analysis guidebook* teases out the various aspects of this definition to demonstrate how content analysis may be conducted on written text, transcribed speech, verbal interactions, visual images, characterisations, non-verbal behaviours, sound events, or any other message type.

Qualitative research in action.

(Ed.) May T *Sage* 2002 ISBN: 0-7619-6068-6

This is a collection of essays by researchers from several different countries examining various aspects of the practice of qualitative research in the field. In his introduction the editor describes the recent evolution of qualitative research methodology and theory. Various areas of debate, including the relations between fieldwork and social identity, actions, narratives, reflexivity, participation, representation and generalisation are examined, along with the impact of new data analysis technologies, evaluation research and ways of combining methods to enhance insights. The book is divided into five parts. The first part, 'Putting the Practice into Theory', assesses the potential of research methodologies to explain social relations using actual research examples. Part 2 looks at concerns with generalisations, interpretation and analysis and Part 3 examines methodological choices in practice. Part 4 focuses on issues of power, participation and expertise in the research process. The final section looks at the themes of reflexivity, the self and positioning. According to the book's promotional material it 'provides the reader with a *state of the art* overview of qualitative research' and will enable the reader to 'gain a broader understanding and explanation of the place of qualitative research in the social sciences.'



Recent Articles

The following are brief summaries of a selection of articles recently published in national and international journals, relating to the drugs situation in Ireland.

Trends in alcohol consumption in undergraduate third level students.

O'Brien S, Sinclair H, Soni S, O'Dowd T, Thomas D
Irish Journal of Medical Science 2001, 170 (4): 224-7

Alcohol consumption has increased in the Irish population in recent years. It is not known to what extent the student population has been affected by this increase. The aim of this study was to determine levels of alcohol consumption among undergraduates in one Irish university and identify changes in drinking patterns in the years 1992-1999. Information on alcohol use was obtained by anonymous self-completed questionnaire in a stratified random cross-faculty sample of undergraduates in 1992 and 1999. The CAGE questionnaire to determine problem drinking was included in both surveys. A statistically significant ($p=0.01$) drop in weekly alcohol consumption by males was found, although the proportion of male problem drinkers increased. Consumption for females remained the same. Findings are contrary to recent figures for drinking patterns in young Irish people in general. The fall in alcohol consumption in male students may be linked to improved male insight into the negative effects of alcohol or to the substitution of cheaper substances.

Absence of opioid withdrawal symptoms in patients receiving methadone and the protease inhibitor lopinavir-ritonavir.

Clarke S, Mulcahy F, Bergin C, Reynolds H, Boyle N, Barry M, Back DJ
Clinical Infectious Diseases 2002, 34 (8): 1143-5

A study was designed to determine the interactions, both clinical and pharmacokinetic, between methadone and lopinavir-ritonavir. Results demonstrated a 36% reduction in the methadone area under the plasma concentration-time curve after the introduction of lopinavir-ritonavir, with no coincident symptoms of opioid withdrawal and no requirement for methadone dose adjustment.

Alcohol abuse: prevalence and detection in a general hospital.

Hearne R, Connolly A, Sheehan J
Journal of the Royal Society of Medical Science 2002, 95 (2): 84-7

Despite a high prevalence of alcohol-related disabilities and the availability of cost-effective interventions, alcohol abuse and dependence commonly go undetected in hospital inpatients. In a university teaching hospital the authors compared three well-validated screening methods for sensitivity and specificity: the Alcohol Use Disorders Identification Test (AUDIT, with various cut-off scores); CAGE (a four-question screening tool); and a 10-question version of the Michigan Alcoholism Screening Test (BMAST). A subset of patients also completed the DSM IV structured clinical interview for diagnosis. 1133 adult patients were randomly selected from all hospital admissions, with exclusion of day cases and patients too ill to be interviewed. Two-thirds of the patients were interviewed, most of the remainder being unavailable at the time. 30% of the men and 8% of the women met the DSM IV criteria for alcohol abuse or dependence. Sensitivities and specificities of the screening tools were as follows: AUDIT (with cut-off score >8) 89% and 91%; CAGE 77% and 99%; BMAST 37% and 100%. 255 case records of patients scoring above the cut-off on one or more questionnaires were subsequently reviewed. The admitting team recognised an alcohol problem in only 46, of whom 17 were

referred for appropriate follow up. As in previous hospital surveys, alcohol abuse and dependence were not receiving proper attention. The most efficient screening tool was the CAGE questionnaire.

Policy response to opioid misuse in Dublin.

Barry J
Journal of Epidemiology and Community Health 2002, 56 (1): 6-7

The attempt to adopt a multi-sectoral approach in tackling the problem of opioid misuse in Dublin is examined. From the early 1990s Irish policy on drug use began to shift from an abstentionist to a harm reduction approach, with the active promotion of methadone maintenance and needle exchange for injecting drug users. This shift was accelerated by the publication of a government policy document in 1996 which made explicit the links between opioid addiction and social exclusion. This acknowledgement and the recognition of the need for multi-sectoral approach were reflected in the composition of the National Drug Strategy Team and the establishment of the Local Drugs Task Forces. The shift in the official approach to drug use has not been reflected in media coverage where drugs are seen primarily as a law and order issue. There are a number of reasons why the harm reduction approach has won political support including the high levels of blood borne viruses in opioid users, the link between reductions in crime and harm reduction, and the proven benefits to individual drug users in terms of overall health and well-being.

European adolescent substance use: the roles of family structure, function and gender.

McArdle P, Wieggersma A, Gilvarry E, Kolte B, McCarthy S, Fitzgerald M, Brinkley A, Blom M, Stoeckel I, Pierolini A, Michels I, Johnson R, Quensel S
Addiction 2002, 97(3):329-36

The aim of this study was, first, to explore family structure and measures of family functioning in relation to adolescent substance use and secondly, to establish if these relationships differed according to gender or according to the city of origin of the sample. The study surveyed pupils aged 14-15 years in representative samples drawn from five European cities: Newcastle upon Tyne, Dublin, Rome, Bremen and Groningen. Data were obtained on 3984 participants in relation to their substance use, living with both biological parents, confiding in parents and grandparents and supervision, as well as other variables representing delinquency, social class and drug availability. Living with both parents was associated with reduced levels of drug use in four cities but not in Dublin, due perhaps to the high availability from peers in that city. It was not associated with reduced levels of regular drinking. The effect of confiding in mother was evident in all cities and in relation to substance use in general. However, when a delinquency variable was added to the logistic regressions, its significance in relation to polydrug use disappeared. Supervision was somewhat more important in relation to male than female drug use. The study concludes that living with both parents is a less robust barrier to substance use than qualitative aspects of family life, particularly attachment to mothers. The latter is a robust inhibitor of substance use irrespective of regional differences in drug availability, weakening only in the face of more generally problematic behaviour. Perhaps because of their greater tendency to risk-taking or rule breaking, supervision appears more important for male than female drug use. These findings underscore the role of families, but especially that of mothers, in regulating the substance-related behaviour of young people.

Upcoming Events in 2002 – A Selection

July

Thursday 18 July – Friday 19 July
Homelessness and Problem Drug Use – Two Faces of Exclusion

Venue: Dublin Castle
 Organised by: Niamh Randall, Information & Communications Officer, Merchants Quay Ireland, 4 Merchants Quay, Dublin 8. Tel: (01) 604 0071; Fax: (01) 671 3738; Email: niamh.randall@mqi.ie; Website: www.mqi.ie
 Information: This first annual conference addresses the separate but related issues of homelessness and problem drug use and will provide a good opportunity for practitioners and policy makers from different fields to get together and learn from one another.

August

Sunday 4 August – Friday 9 August
16th International Conference on Alcohol, Drugs and Traffic Safety

Venue: Montreal, Canada
 Organised by: ICADTS – T 2002, Opus 3 Inc., 417 rue Saint-Pierre, Suite 203, Montreal, Quebec H2Y 2MA, Canada. Tel: +1 (514) 395 1808; Fax: +1 (514) 395 1801; Website: www.saaq.gouv.qc/t2oo2
 Information: Aims to contribute to knowledge on traffic safety and drug and alcohol use.

September

Wednesday 18 September – Thursday 19 September

23rd Annual EAP Conference 'Creating a Drug-Free Workplace'

Venue: Stillorgan Park Hotel, Dublin
 Organised by: 'Employee Assistance Professionals' Conference Administrator, EAP Institute, 143 Barrack Street, Waterford. Tel: (051) 855 733; Fax: (051) 879 626; Email: eapinstitute@eircom.net

Wednesday 18 September

The Drugs Debate: Changing Times

Venue: Theatre Clwyd, Mold, North Wales
 Organised by: North Wales Drug and Alcohol Forum, The DAWN Centre, 35-37 Princes' Drive, Colwyn Bay, Conwy LL29 8PD United Kingdom. Tel: +44 (0) 1492 523 683; Fax: +44 (0) 1492 536666
 Email: alison.richardson@canolfan-dawn-centre.org.uk

Thursday 19 September – Saturday 21 September

New Advances in the Understanding and Treatment of Addiction

Venue: University of Sussex, Brighton, UK
 Organised by: European Behavioural Pharmacology Society and British Association for Psychopharmacology. BAP Administrator, BAP Office, 36 Cambridge Place Hills Road, Cambridge CB2 1NS United Kingdom. Tel: +44 (0) 1223 358428; Fax: +44 (0) 1223 321268; Email: susan@bap.org.uk

Monday 23 September – Friday 27 September

11th Annual Addictions Forum

Venue: Durham, United Kingdom
 Organised by: Conference Secretary, The Addictions Forum, University of the West of England, Glenside Campus, Blackberry Hill, Stapleton, Bristol BS16 1DD, United Kingdom. Tel: +44 (0) 117 344 8788; Fax: +44 (0) 117 344 8421; Email: Jan.Green@uwe.ac.uk

Thursday 26 September

2nd Annual Conference 'Debating Drug and Alcohol Policies'

Venue: Trinity College, Dublin 2
 Organised by: Addiction Research Centre, Goldsmith Hall, Trinity College, Dublin 2. Tel: (01) 608 3647; Fax: (01) 608 3790; Email: addiction.research@tcd.ie

Thursday 26 September – Friday 27 September

2nd European Conference on Drug Trafficking and Law Enforcement

Venue: IHESI, Paris
 Organised by: DrugScope, 32 Loman Street, London SE1 0EE United Kingdom. Tel +44 (0) 20 7922 8611; Fax: +44 (0) 20 7922 8780; Email: conferences@drugscope.org.uk
 Information: Intended audience is law enforcement and intelligence managers and practitioners working at all levels against serious and organised crime.

October

Thursday 24 October – Friday 25 October

The European Drugs Conference, 2002. Drugs and Society 'Implementing the Changing Agenda'

Venue: Ashford International Hotel, Kent, UK
 Organised by: Customer Services, Pavilion, FREEPOST (BR458), The

Ironworks, Cheapside, Brighton, East Sussex BN1 4ZZ, UK. Tel: +44 (0) 1273 623222; Fax: +44 (0) 1273 625526; Email: info@pavpub.com
 Customer Services, Pavilion, FREEPOST (BR458), Information: This conference has been organised by a consortium of British partners and the University of Amsterdam, and will provide an opportunity to take an in-depth look at: successes/ failures of UK drug services; current initiatives in UK policy and practice; opportunities to hear how the Netherlands has developed a distinctly different approach to the regulation of hard and soft drug use; the implications for the UK of the cutting-edge policies and practice initiatives of some European countries, including Sweden, Portugal and Germany. The Ironworks, Cheapside, Brighton, East Sussex BN1 4Z

November

Wednesday 13 – Friday 15 November
'From Addiction to Abstinence: new pharmacological techniques for making and maintaining change.'

7th Stapleford International Conference

Venue: Nijmegen, The Netherlands
 Organised by: Administration, The Stapleford Trust, Henley Road, Claverdon, Warwickshire, U.K., CV35 8LJ Tel: +44 (0) 1926 842 984; Fax: +44 (0) 1926 842 984; Email: stapcen@globalnet.co.uk; Website: www.staplefordcentre.co.uk

Wednesday 27 – Thursday 29 November
Search for Quality in School-Based Drug Prevention

Venue: Astron-Altona Hotel, Hamburg, Germany
 Organised by: Trimbos Institute, Unit International Affairs, Conference Secretariat, PO Box 727, 3500 AS Utrecht, The Netherlands. Tel: +31 (30) 297 1149; Fax: +31 (30) 297 1111; Email: ehds@trimbos.nl

If you have information on upcoming conferences or other events, please let us know so that we can include it in future issues of Drugnet Ireland. Send information to Brian Galvin, Senior Information Specialist, Drug Misuse Research Division, 73 Lower Baggot Street, Dublin 2. Tel: (01) 676 1176; Email: bgalvin@hrb.ie.

Drugnet Ireland Mailing List

If you wish to have your name included on the mailing list for future issues of Drugnet Ireland, please send your contact details to: Mary Dunne, Administrative Assistant, Drug Misuse Research Division, Health Research Board, 73 Lower Baggot Street, Dublin 2. Tel: (01) 6761176; Email: mdunne@hrb.ie