

drugnet Ireland

Newsletter of the Drug Misuse Research Division

Issue 6, December 2002

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Welcome to Issue 6 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 findings among those involved in the drugs area in Ireland.

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Drugs in an Enlarged Europe

As the EU prepares for enlargement, the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) has published two reports highlighting the current drugs situation in both the 15 member states and Norway, and the 10 Central and East European Countries (CEEC) seeking EU membership.

The reports highlight the challenges facing the enlarged EU in the drugs area. While the 15 current member states are experiencing 'a stable "endemic" situation with constant recruitment and exit rates', the CEECs are facing a growing drugs issue as they shift from being 'drug transit' countries to becoming 'clear targets for drug consumption'.



Planning for the Future

The challenge for the enlarged Union is to help new member states achieve a more comprehensive and sustainable response. In September 2002 the EMCDDA wound up an 18-month project, which sought to involve the ten candidate countries in the EMCDDA's activities through the development of National Focal Points (NFPs) and drug-information systems. The EMCDDA reports (Drugnet Europe No 38) that it is now embarking on a follow-up project to strengthen the national focal points in the candidate countries and to ensure their continuing participation in the EMCDDA's activities.

Within the existing 15 member states of the EU, the EMCDDA's 2002 Annual Report highlights three areas – polydrug use, treatment, and drug use in prisons. The report voices concern about growing polydrug use and calls for greater attention to the 'rituals and social controls' involved, together with clinical issues. In relation to treatment, the report finds that there are no aggregated EU data to measure the success of treatment directly; while treatment provision has expanded, the challenge now is to widen the scope, refine the interventions and boost their success. Prison systems in all EU countries are experiencing problems owing to drugs and drug-related infectious diseases. The prison population is a high-risk group in terms of drug use, but the report finds that current availability of addiction-care services does not match the estimated 50%+ of the EU's prison population who are drug users.



Key findings from these two reports are carried on page 2 of this issue of Drugnet Ireland.



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Drugs in an Enlarged Europe (continued)

2002 Annual Report on the State of the Drugs Problem in the European Union and Norway

The EMCDDA's 2002 annual report on the drugs situation in the EU, based on national reports submitted to the EMCDDA by each member state in late 2001, presents its findings on the current situation in two sections – 'Drug Situation' and 'Responses to Drug Use'.

Drug Situation

Drug use in the general EU population is reportedly concentrated among young adults and particularly males in urban areas. The most commonly-used drug is cannabis, and while use increased markedly during the 1990s in most EU countries, in recent years cannabis use may have levelled off in some countries, including Ireland. Cocaine use may have increased in recent years in some countries, although this trend is less clear.

In general, problem drug use seems to be stable and countries report an increase in the number of clients in treatment. The increased numbers seeking treatment seem to be attributable to improved methods of data collection, the expansion of treatment facilities and the creation of specialised services for targeted groups such as minors. Ireland has one of the youngest treated populations. While the mean age across the EU is 27 years for clients entering treatment for the first time, in Ireland the mean age of first-time clients is 23 years. This reflects the age distribution of the general Irish population.¹

Across the EU it was reported that the social conditions of clients demanding treatment are worsening compared to the general population. However, recently-published treatment data in Ireland show that employment levels among those attending for treatment improved in most areas of the country. This trend was attributed to the generally favourable economic conditions in the country. It was noted, however, that these levels were still very low compared to those among the general population.

The EMCDDA has only recently started to systematically collect data on HIV and hepatitis B and C among intravenous drug users (IDUs). On the basis of available data, it reports that levels of HIV infection vary from 1% in the United Kingdom to 34% in Spain but in general they are stable. Increases in HIV transmission (in subgroups of IDUs) may have occurred in regions or cities, including Dublin. Hepatitis C virus prevalence appears to be extremely high in all countries and settings, with infection rates of between 40% and 90% among different subgroups of IDUs.

Responses to Drug Use

While the report acknowledges the recent tendency to produce national drugs strategies, including identification of objectives and targets, it states that implementation and evaluation are now the main challenges. The national drugs strategies of Ireland, Portugal and Finland are heralded as 'promising examples' of countries addressing the need for evaluation mechanisms to assess overall results. The report also notes the key performance indicator in Ireland's National Drugs Strategy to 'develop formal links at local, regional and national levels with the National Alcohol Policy by end 2001 and ensure complementarity between the different measures being undertaken'.

In the legislative area, member states report progress in relation to distinguishing between drug users and other drug law offenders, reducing or removing penalties for personal use or possession of cannabis,

introducing testing for drugs driving, and developing legal frameworks for substitution treatment.

In the area of demand reduction, the report tentatively discerns four basic approaches:

- *School Prevention* – Ireland is acknowledged as one of the countries where programme-based information on school prevention is available and can be evaluated. Ireland is also listed among the countries implementing quality assurance and evidence-based prevention and setting up databases to assess and monitor their national 'prevention coverage'.
- *Prevention and Early Intervention for Young People at Risk*
- *Responses in the Criminal Justice System*
- *Strengthening of Treatment Structures*

In relation to supply reduction, the report focuses on organised drug trafficking. Criminal groups in the EU are taking full advantage of the globalising market economy to expand their range of activities to include more than one type of drug, as reflected by the increasing number of polydrug seizures. International co-operation is expanding, involving international organisations such as Interpol and the World Customs Organisation.

An online, interactive version of the 2002 Annual Report on the State of the Drugs Problem in the European Union and Norway is available at <http://annualreport.emcdda.eu.int> in 12 languages. This version provides links to data sources, reports and background documents used in assembling the report.

2002 Report on the Drug Situation in the Candidate CEECs

Published alongside the 2002 Annual Report on the EU, this report on drugs in the Central and East European Countries (CEECs) candidates for EU membership reports that since about 1995, the CEECs have changed from drug 'transit' countries, to clear targets for drugs consumption. The reports states that imported heroin is taking the place of locally-produced opiates and other substances, and use is spreading from major urban centres to all regions, with a concurrent increase in demand for opiate dependency treatment. There is also evidence that risky behaviour related to drug consumption is very prevalent and there is a strong potential for the spread of drug-related infectious diseases among IDUs.

Synthetic drugs are becoming increasingly popular among young people and their production has increased significantly, together with increasing imports of ecstasy from the EU. The report states that the candidate CEECs have taken substantial steps to develop relevant legislative measures and administrative and coordination structures. In addition, as part of the process of EU enlargement, the ten candidate CEECs have attempted, with varying degrees of success to adjust their drug-control legislation to ensure consistency between domestic policies and those endorsed at EU level. Nevertheless, capacity to implement effectively the adopted measures is limited and resources allocated are generally insufficient. 'It is therefore essential', the report emphasises, 'that the countries concerned continue to reinforce their policies, institutions and coordination mechanisms and allocate additional resources to this end.'

An online interactive version of the 2002 Report on the Drug Situation in the Candidate CEECs is available at <http://candidates.emcdda.eu.int> This version provides links to the reports and background documents used in assembling this report.

the CEECs are facing a growing drugs issue as they shift from being 'drug transit' countries to becoming 'clear targets for drug consumption'

Across the EU it was reported that the social conditions of clients demanding treatment are worsening compared to the general population

¹ See article in Drugnet Ireland 5 (July 2002), p. 6, on the Occasional Papers Series (Nos 1 – 8) Trends in Treated Drug Misuse by Health Board Area, published by the Drug Misuse Research Division in 2002.

Buprenorphine Deemed Effective and Safe

'Buprenorphine may be viewed as an effective treatment option in the management of opiate dependence syndrome, with an acceptable safety profile.' This is the conclusion of the recently-published Report on Use of Buprenorphine as an Intervention in the Treatment of Opiate Dependence Syndrome, commissioned by the National Advisory Committee on Drugs (NACD) and prepared by the National Medicines Information Centre, St James's Hospital, Dublin.

Results of Review

The review found that buprenorphine can be as effective as methadone when used in the maintenance/substitution treatment of opiate dependence, in terms of treatment retention and positive urinalysis. Because of its particular properties it is less likely than methadone to cause withdrawal symptoms after abrupt discontinuation. This makes it useful for subjects who wish to undergo detoxification or withdraw from a methadone maintenance programme and become opiate free.

Those most likely to benefit from buprenorphine are those who have higher baselines levels of psychosocial functioning. This has implications for support services. Less than daily dosing, for example one dose three times per week, has been shown to be as effective as daily dosing, using comparable total daily weekly doses, although this may not be suitable for all subjects. The research showed that the potential for abuse is significant because of buprenorphine's ability to induce opioid effects. Administration of the drug

would need to be supervised in the same way as methadone is supervised under a protocol system.

Withdrawal symptoms may occur when trying to change a methadone-maintained individual to buprenorphine therapy. This would require a reduction in methadone levels prior to the changeover, with close monitoring and management of the patient in the early stages of buprenorphine treatment. Care needs to be taken in prescribing buprenorphine with a variety of other medications, including certain anti-HIV medications. Patients with liver disease may also need supervision.

NACD Recommendations

On the basis of this systematic review, the NACD has proposed to the government that buprenorphine should be viewed as another effective treatment option in the management of heroin addiction. Seeing it as a cost-effective option in selected Irish settings, the NACD recommends that pilot studies be initiated in a range of treatment settings, including GP surgeries. It advises that the use of buprenorphine is not risk-free: it should be used in conjunction with other non-drug treatments such as counselling and other psycho-social supports, and that potential abuse be managed by using a system of supervised dispensing.

Copies of the report may be purchased directly from the Government Publications Sales Office, Sun Alliance House, Molesworth Street, Dublin 2, or by mail order from Government Publications Postal Trade Section, 4-5 Harcourt Road, Dublin 2. ISBN 0 7557 1308 7. Cost €5.00.

Buprenorphine may be viewed as an effective treatment option in the management of opiate dependence syndrome, with an acceptable safety profile

Medicinal use of Cannabis and Derivatives in the EU

The European Monitoring Centre on Drugs and Drug Addiction (EMCDDA) has published a comparative study on medicinal cannabis and its derivatives in the EU and Norway. The study provides a legal analysis of the options, limitations and current practice regarding the medicinal use of the drug in the various EU member states and Norway.

The study also looks at the various derivatives of cannabis and the methods of administration, from smoked cannabis herb, through cannabis-extract sprays, to prescribed dronabinol. The different legal controls applied to these derivatives at international, EU and national level are examined in the study and the various levels of permission – whether for clinical trials, limited or general use – are considered.

Published in May 2002, the study does not cover recent developments in Ireland. In October 2002, in reply to a Parliamentary Question, Micheál Martin, TD,

Minister for Health and Children, announced in Dáil Éireann that the Irish Medicines Board, under the Control of Clinical Trials Act 1987 and 1990, had granted permission to a UK-based pharmaceutical company to conduct a clinical research trial at a hospital in Ireland 'to determine the effectiveness of a cannabis-based medicinal extract in controlling cancer-related pain'. The company concerned was already involved in similar trials in the UK.

The Minister reported that the Department of Health and Children had subsequently granted licences to the hospital to import, be in possession of, prescribe, supply and administer the cannabis-based extract, as the hospital's application for licences fell within the conditions required under the Misuse of Drugs Act for research.

The comparative study can be downloaded from the EMCDDA web site at www.emcdda.org

British-Irish Council Misuse of Drugs Sectoral Group Meets

In March 2002 the Misuse of Drugs Sectoral Group of the British-Irish Council met for the first time, in Dublin. Ministers with responsibility the drugs area and officials shared information in an number of areas including targeting the proceeds of drug trafficking, facilities for young people at risk, community involvement in implementing drug strategies, education and training for recovering drug users and harm reduction.

The Group was established following the November 2001 British-Irish Council Summit meeting. There was a commitment by all members to deal with the problem of drug misuse and agreement to develop an enhanced programme of information exchange, including cooperation on models of best practice, research data pilot programmes, and rehabilitation and reintegration strategies. Lead responsibility for this information exchange programme was given to the Irish government.

Since the last Summit in June 2002, a number of events have taken place. These include a seminar in

London on the 'Positive Futures' initiative, which provides sporting programmes for youngsters at risk, and a conference on drug and alcohol strategies which took place in the Isle of Man. Following the successful conference on the exchange of information on Assets Confiscation in Guernsey in May of this year, it was agreed to hold a second conference on the issue in the near future. Scotland and Ireland are scheduled to host a seminar on education, training and employment opportunities for recovering drug misusers later this year. A further Ministerial meeting in Dublin is scheduled to take place in February 2003.

The British-Irish Council was created under the Agreement reached in the Multi-Party Negotiations in Belfast in 1998 to promote positive, practical relationships among its members, which included the British and Irish governments, and the devolved administrations of Northern Ireland, Scotland and Wales, and Jersey, Guernsey and the Isle of Man. For further information, see www.britishirishcouncil.org

National Crime Council Publishes Consultation Document

In a recently published consultation document Tackling the Underlying Causes of Crime: A Partnership Approach, the National Crime Council states that 'there is no doubt that drug use and criminal activity are linked'. While acknowledging the complexity of the link, the Council cites a 1997 study by the Garda Research Unit, which 'estimated that 66% of all crime in Dublin and over 80% of burglaries and larcenies from the person and from unattended vehicles were drug-related'.

The document focuses on the crimes that are most frequent and most damaging at local level, including drug offences, assault, burglary and larceny. White-collar and organised crime are outside the remit of the document.

The Council also takes the view that not all crime is committed by those from so-called 'disadvantaged' backgrounds or that all people from areas of 'disadvantage' are themselves 'deprived'. It points out that many offences committed in Ireland are by those from more affluent backgrounds. The Council quotes the Minister for Justice, Equality and Law Reform, John O'Donoghue, speaking to the Garda Representative Association in May of this year: 'The sad reality is that the young people who become involved in this form of anti-social behaviour come from all backgrounds and that, for many of them, it is a case of having too much money and too little sense'.

It is interesting to note a similar comment by the Taoiseach, Bertie Ahern, in Dáil Éireann on 17 April of this year: 'In many cases the people involved in anti-social behaviour do not come from poverty-stricken backgrounds. The opposite is the case as they have too much money, drink and drugs.'

The document examines broadly the impact of government initiatives on crime, crime prevention policies and structural responses, community and neighbourhood influences on crime, and the underlying causes of crime. It then looks in detail at the criminal justice system, youth services, family support, and education and early intervention. It concludes with 53 provisional recommendations aimed at strengthening an integrated approach to tackling the causes of crime, crime prevention and anti-social behaviour at a local level and improving the 'quality of life' of local residents and enhancing community safety.

The National Crime Council was established by government as an independent body to provide a forum for the development, expression and contribution of a wide range of views on anti-crime strategies and to serve as an aid to policy formulation on crime issues. It is inviting public submissions on Tackling the Underlying Causes of Crime: A Partnership Approach by mid December and plans to publish the final report in spring 2003. For further information on the Council, and for a PDF version of the consultation document, visit the Council's web site www.crimecouncil.ie

Report on Blood Borne Diseases in Irish Prisons

the problem of wide spread high risk behaviours for the transmission of these diseases among prisoners is exacerbated by the near complete absence of effective prevention measures

The alarming level of blood borne diseases among the Irish prison population has been highlighted in a report by Rick Lines for the Irish Penal Reform Trust and Merchant Quay Ireland. A Call for Action: HIV/AIDS and Hepatitis C in Irish Prisons, published in May, reviews a number of studies which demonstrate that the HIV infection rate among prisoners is more than ten times greater than that in the outside population, and that of hepatitis C more than a 100 times. The problem of wide spread high risk behaviours for the transmission of these diseases among prisoners is exacerbated by the near complete absence of effective prevention measures. Despite important steps taken in the outside

community, prison authorities have failed to introduce a harm reduction strategy. This is in contrast to practice being adopted in several European and North American jurisdictions where the provision of condoms, bleach and clean needles is common in prisons. Methadone treatment remains very restricted in Irish prisons. The report recommends that steps be taken immediately to introduce effective harm reduction and prevention programmes into Irish prisons. This must include training for staff and prisoners, hiring of professional healthcare staff, and improved nutrition and medication for infected prisoners.

UN Report on International Drug Trends



Global Illicit Drug Trends is the annual publication of the Research Section of the United Nations International Drug Control Programme (UNDCP), which is part of the Vienna-based United Nations Office for Drug Control and Crime Prevention (ODCCP). The report uses data collected by Governments, UNDCP and other agencies to prepare a statistical assessment of the status of world supply in and demand for illicit drugs. The main body of the report contains statistics on production, trafficking and consumption. These statistics are supplemented by an analysis section which focuses on a different theme each year. This year's report examines the effect of the drastic reduction in Afghanistan's illicit opium production in 2001, and the dramatic return to full production in early 2002. The statistical section on consumption compares data for use of various types of drugs in the countries surveyed. For two of these drug types,

ecstasy (2.4%) and amphetamines (2.6%), Ireland had the highest annual prevalence of abuse as a percentage of the population aged 15 and above in Europe. The figures for Ireland are based on data from 1998, but the source of these data is not provided. These figures were recorded by the SLAN (Survey of Lifestyle, Attitudes and Nutrition) carried out by the Centre for Health Promotion, NUI, Galway. The drug modules of this survey have not been published, and the figures used in the UNDCP report were obtained from the Health Research Board. (See Overview of Drug Issues in Ireland 2000: A Resources Document. p161) Figures for lifetime prevalence among students 15-16 years of age are taken from the 1999 ESPAD survey, conducted in schools across Europe. Using this data, Ireland is reported to have the second highest prevalence for ecstasy (5%) among this cohort in Europe.

Drugs Driving in Ireland – a growing danger

As part of the Government's Strategy for Road Safety 1998–2002, the Medical Bureau of Road Safety (MBRS) was commissioned to carry out research on the epidemiology and trends in regard to driving under the influence of drugs (DUID) in Ireland. A report on the preliminary findings was presented in Montreal in August 2002.*

During 2000 and 2001, two thousand blood and urine samples, taken by Gardaí from Irish drivers suspected of driving under the influence of an intoxicant, were sent to the MBRS. Analysis showed that one thousand specimens were over the limit for alcohol. All the samples were then tested for the presence of seven drugs or drug classes – amphetamines, methamphetamine, benzodiazepines, cannabis, cocaine, opiates and methadone. By October 2001, eighteen hundred samples had been tested for drugs, and preliminary results indicated:

Samples Over the Legal Limit for Alcohol

- 26% contained drugs
- 31% of the samples containing drugs also showed evidence of polydrug use

Samples Under the Legal Limit for Alcohol

- 46% contained drugs
- 62% of the samples containing drugs also showed evidence of polydrug use

Class of Drug

- The most common classes of drug found in the samples were cannabis, followed by benzodiazepines, amphetamines and methamphetamine.
- The least common drug was cocaine.

The preliminary conclusions of the researchers are:

- 36% of all specimens screened positive for the presence of a drug or drugs, excluding alcohol.
- There has been an increase in DUID since a previous survey in 1991.
- The high percentage drug positives found among the specimens tested indicates that all DUID specimens should be tested for the presence of drugs.
- The high percentage showing polydrug use and drug and alcohol use is cause for concern.

About the Medical Bureau of Road Safety (MBRS)

Established under the Road Traffic Act 1968, the principal functions of the MBRS are to analyse specimens of blood, urine and breath, for their intoxicant (alcohol and/or drugs) content, provided by the Gardaí from persons suspected of drink driving offences; to issue certificate of results of such analyses; and to undertake research on drinking and drugs in relation to driving, including the methods of determining the amount of alcohol or drugs in a person's body. Further information on the work of the MBRS may be found at www.ucd.ie/~legalmed

* DA Cusack, G Harrington, P Furney, K Flynn and CP Leavy. 'Driving under the Influence of Drugs in Ireland: A Growing and Significant Danger'. Paper presented at 16th International Conference on Alcohol, Drugs and Traffic Safety (CADTS), Montreal, 4–9 August 2002.

NACD Research Profile

The National Advisory Committee on Drugs advises the government in relation to the prevalence, prevention, treatment and consequences of problem drug use in Ireland, based on its analysis and interpretation of research findings and information available to it.

Research Programme

The NACD is currently overseeing a three-year programme of research and evaluation on the extent, nature, causes and effects of drug misuse in Ireland. The programme is organised around the four themes on which the NACD is required to advise the government – prevalence, prevention, treatment and consequences of problem drug use in Ireland. Some of the research projects listed below have been completed; others are under way; and the tenders for some are still to be awarded.

Prevalence

1. *Drug Prevalence in Ireland* – an overview of the prevalence of opiate and non-opiate drug use in Ireland using existing data sets
2. *Network Analysis Study* – a network analysis of opiate users, including data on aspects of their drug use, such as drug treatment, drug offences and drug overdoses, which can be used to establish multipliers for estimating the prevalence of opiate drug use in Ireland
3. *Capture-Recapture Study* – to provide statistically valid estimates on the prevalence of opiate drug users in Ireland during 2000
4. *General Population Survey of Drug Use* – to measure the extent and pattern of drug use in the general population on the island of Ireland. (This is a collaborative project with Northern Ireland Drug and Alcohol Information and Research Unit.)

Prevention

5. *Drug Use Prevention: An Overview of Research* – an overview and analysis of all available research in

Ireland and abroad relating to the prevention of drug misuse

6. *Family Support Study* – to assess family support services and their potential to contribute to the prevention of drug problems
7. *PhD Research Fellowship* – to examine the potential of media awareness campaigns to contribute to drugs prevention and the reduction of drug-related harm, by tracking the process of the National Drugs Awareness Campaign from beginning to end and to capture the lessons to be learned from the approaches adopted by the campaign.

Treatment/Rehabilitation

8. *Buprenorphine Study* – to provide an overview of the international research and literature available regarding the use of Buprenorphine as an intervention in the treatment of opiate dependence syndrome
9. *Longitudinal Study* – to evaluate the effectiveness of treatment and other intervention strategies used in Ireland for opiate dependence syndrome with adult opiate users
10. *Dual Diagnosis* – to examine the structures of mental health and addiction services and how they experience and manage dual diagnosis
11. *Harm Reduction* – a literature review of harm reduction approaches aimed at minimising the sharing of equipment used to administer drugs

Consequences

12. *The Consequences of Drug Misuse* – a literature review and analysis of research/information available in relation to the consequences of drug misuse for families and communities
13. *Scientific Information on Cannabis* – an overview of up-to-date scientific information on cannabis
14. *Community Study* – a study of how communities' experiences of the drug situation have changed since 1996

Studies on Drug Misuse among At-Risk Groups

In the National Drugs Strategy one of the key actions the government assigned to the NACD was 'to carry out studies on drug misuse amongst the at-risk groups identified, e.g. Travellers, prostitutes, the homeless, early school leavers etc.' Following literature reviews on Travellers and the Homeless population in relation to drug use, and after consultation with relevant agencies, representative groups and others, the NACD is preparing to commission research on the Traveller population, using a method called RAR (Rapid Assessment Response), which allows for information to be channelled to inform service development and change for the betterment of people's lives. They are also conducting a qualitative pilot survey of a number of service providers in treatment services and in homeless services to ascertain their views on the issues

surrounding the homeless population and drug use, with the intention of give feedback to a research advisory group prior to commissioning research.

Community/Voluntary Sector Research Grant Scheme

This scheme is intended to generate innovative, community-based drugs research. Five community-based agencies – Community Response; Ballymun Youth Action Project; Kilbarrack Coast Community Programme; Merchants Quay Ireland; and Tallaght Homeless Advice Unit – have been awarded research grants of between €20,000 and €25,000 each. The five research topics were outlined in Drugnet Ireland 5.

For further information on the work of the NACD, contact the Director, Mairéad Lyons, NACD, Floor 3, Shelbourne House, Shelbourne Road, Ballsbridge, Dublin 4, Tel. (01) 667 0760, or visit the web site www.nacd.ie

Trinity Research on Cocaine Use

The Addiction Research Centre in Trinity College is taking part in a European-wide study on cocaine use, 'The Support Needs of Cocaine / Crack Users in Europe.' The research project is being funded by the European Union and work is being done simultaneously in several European countries, including Germany, Great Britain, Switzerland, Austria, Spain, Italy, Sweden and Hungary. The purpose of the study being carried out by staff in the Addiction Research Centre is to assess the needs of cocaine and crack users in Dublin. The study will also collect information

on education, employment background, health, personal and social functioning and current drugs intake. The study will attempt to assess: the available supports for cocaine and crack users; the subjective demand for support for cocaine and crack users; and the objective needs for support for cocaine and crack users.

Further information on this research may be obtained from the Addiction Research Centre, M43-46, Goldsmith Hall, Trinity College, Dublin 2. Tel: 01-6082315 / 3696. Email: nryder@tcd.ie

The EDDRA Column

Welcome to what is the third EDDRA column of Drugnet Ireland. EDDRA is an acronym for Exchange on Drug Demand Reduction Action. The EDDRA project is sponsored by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). The aim of the EDDRA project is to compile a database that will contain 'best practice' demand reduction interventions from European Union (EU) member states. Data from TEN projects representing 'best practice' in Ireland was entered on the

database during 2002. (See Table below) Each project has been judged as representing 'best practice' by the EMCDDA on the basis of being a) internally coherent b) being evaluated and c) having an impact on their target groups. A brief look at some aspects of each project is included below. For a more comprehensive overview of each project you can access the EDDRA database using the following link.

<http://www.reitox.emcdda.org:8008/eddra/>

| Project | Target Group | Impact of Project so far |
|---|---|---|
| High Park (Merchant's Quay Residential Programme) | Stabillised drug users seeking drug free lifestyle | Above average retention and completion rates for residential drug treatment |
| The Awareness FC programme | Young people in schools in Finglas/Cabra area | Increase in participant's level of accurate information on drugs and related issues |
| The STAY Project | Young people from St. Aengus parish in Tallaght identified as being 'at risk' | participants' remaining in mainstream education |
| St. Dominics Community Response Project | Young people from St. Dominics parish in Tallaght identified as being 'at risk' | Delivered a drug education programme to 240 young people in a school year |
| The Tower Programme (Clondalkin) | Young offenders and those 'at risk' of offending | Reductions in the levels of arrest, imprisonment and court appearances through participation on the project |
| The Ringsend and District Response to Drugs | Recovering drug users from the local area | Participants achieving drug-free lifestyle and accessing employment and education |
| The STAR project | Recovering female drug users from the Ballymun area | Accredited-training certificates achieved by participants on the project. |
| The HYPER project | Recovering drug users | Participants achieving drug-free lifestyle and accessing employment and education |
| The Fettercairn Drug Rehabilitation Programme | Recovering drug users in the Fettercairn area of Tallaght | Participants accessed employment and became involved in drama and sport |
| The Gateway Project | 'chaotic drug users' and those in initial stabilisation | Participants moving from 'chaotic' to stabilised drug use |

Note: The impacts listed in the right hand column have been reported by the projects through process evaluations and project reports. These are indications of the progress being made by the projects in question in achieving their stated objectives. It is anticipated that a more complete assessment of these indications will be included in any future outcome/impact evaluation of the projects.

If you wish to have a project included on the database or learn 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) 6761176 x169 or Email: mkeane@hrb.ie

The Work of the Drug Misuse Research Division

The Drug Misuse Research Division (DMRD) of the HRB is involved in national and international research, and information gathering and dissemination activities, in relation to drugs and their misuse in Ireland. Through its activities the DMRD aims to inform policy and contribute to the academic understanding of drug misuse. The DMRD is funded by national and EU sources, and by contract research.

While the DMRD was established in 1989, the HRB (formerly the Medico-Social Research Board) has been involved in drug misuse research since the late 1960s.

Research Range

The DMRD carries out original research on a range of topics within the drugs field, using both quantitative and qualitative methods. Studies carried out by the Division have addressed a range of issues including:

- Drug use among prisoners;
- The childcare needs of drug users in treatment;
- Emerging patterns of drug use;
- Recreational cocaine use;
- Drug use, impaired driving and traffic accidents
- General public's drug-related knowledge, attitudes and beliefs.

National Drug Treatment Reporting System

At a national level, the DMRD oversees the maintenance and development of a national epidemiological database on treated drug misuse in Ireland i.e. the National Drug Treatment Reporting System (NDTRS). The system collects data on treated drug misuse throughout the country, for example:

- Number of contacts;
- Type, duration and frequency of drug use;
- Socio-demographic characteristics and living situation of treated drug users;
- Risk behaviour.

The data gathered is analysed and trends in treated drug misuse are reported.

National Documentation Centre on Drug Use

The Government has designated the DMRD as the central point to which all Irish research data and information on drug misuse should be channelled. In order to deliver on this role, the DMRD is developing a National Documentation Centre which

policy-makers, service providers, researchers, community groups and the interested public can use to easily access all relevant and up-to-date information and research in the field of drug misuse in Ireland and internationally. The National Documentation Centre will be open to the public in December. The centre's web site, which includes the Electronic Library of Irish drug-related research will be launched at the same time.

Drugnet Ireland

The DMRD publishes its own newsletter – Drugnet Ireland. The role of this publication is to disseminate information, news and research findings among those working in the drugs area in Ireland. Drugnet Ireland is now published three times a year.

European Focus

At a European level, the DMRD is the designated Irish Focal Point for the European Information Network on Drugs and Drug Addiction, co-ordinated by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). The EMCDDA is one of 12 decentralised agencies set up by the European Union (EU) to carry out specialised technical or scientific work. Established in 1993 and operational since 1995, the EMCDDA's main goal is to provide objective, reliable and comparable information at European level concerning drugs and drug addiction and their consequences. The DMRD works closely with the EMCDDA, other Focal Points, and national partners in an attempt to harmonise data collection in the EU. By harmonising data, valid comparisons can be made about current patterns and emerging trends in drug use in Europe.

International Roles

The DMRD also participates in the epidemiology working group of the Pompidou Group of the Council of Europe. The Pompidou Group is an inter-governmental structure within the Council of Europe which aims to support national policies and programmes on drug misuse and to strengthen European cooperation. The epidemiology working group develops new methodological approaches in the field of drug research.

In addition, the DMRD contributes information on the Irish situation for the Annual Report of the United Nations International Drug Control Programme on the extent, patterns and trends in drug misuse.

Paul Cahill

Earlier this year Paul Cahill, a member of staff of the Drug Misuse Research Division, was awarded a HRB Health Services Research Fellowship. In September Paul began a three-year career break to work on his doctoral thesis called "A Multivariate Analysis of the Influences and Profiles of Treated Drug Misuse in Ireland". This research is being carried out with the School of Psychology, University of Ulster at Magee in Derry and is in collaboration with the DMRD. Paul joined the DMRD in February 2000 as an analyst with

the National Drug Treatment Reporting System and has made a valuable contribution to the work of the Division. Besides his work with the NDTRS Paul also compiled and edited Drugnet Ireland. He was also an enthusiastic member of various staff committees in the HRB. Paul's colleagues in the DMRD are delighted that his resourcefulness, energy and creativity will continue to be applied in drugs research and we wish him every success in his studies.

From Drugnet Europe

New trends in drug treatment in the EU

Cited from Margaret Nilson and Ulrik Solberg (July–August 2002)

A recently conducted Dutch study on co-prescribed heroin to methadone clients has provided new scientific evidence on the potential offered by this kind of treatment to very deprived drug users. A heroin trial in Germany is also starting up and will randomly apply two different kinds of psychosocial treatment modalities to the trial population. A further trend in medically assisted treatment is the increasing use of alternatives to methadone around the EU. Buprenorphine, once predominant in France, is being used more frequently in other Member States.

In the area of drug-free treatment, there seems to be a trend towards increased availability, both in terms of numbers of treatment slots as well as geographical coverage.

The fight against drugs: a priority for the EU

Cited from Cécile Martel (September–October 2002)

The last European public opinion survey, Eurobarometer, showed that the majority of European citizens believe that the fight against drugs should be tackled at EU level rather than national level. Among the 11 post-Amsterdam strategic policy areas, they ranked the fight against drugs in fourth place, after the fight against international terrorism, the fight against the trade and exploitation of human beings and the fight against organised crime.

The survey reveals that 71% of European citizens would prefer decisions in this policy area to be made at EU level.

Mapping national drug strategies and coordination arrangements in the EU

Cited from Danilo Ballotta (September–October 2002)

A new EMCDDA research project shows how a new culture of actions and evaluation is gradually emerging in the field of drugs. Whereas, in the period 1987–1997, only four national drug strategies had been adopted, in the five years between 1998 and 2002 at least 25 strategic documents were adopted at national and regional level in the EU. Evaluation and assessment of results are the keywords in this new trend, whereas measuring performance and delivering concrete outputs are the main objectives.

Furthermore, over the last two to three years, most EU countries have also appointed a national drug coordinator, with coordination responsibilities lying predominantly within health and social administrations (in at least 11 out of the 16 countries), and with a growing tendency to cover supply and demand reduction holistically.

Prevention of heroin overdose

Cited from Dagmar Hedrich (September–October 2002)

The EMCDDA has also recently launched a project that aims at collecting, analysing and disseminating information about how heroin overdoses can be prevented and how those that occur can be managed better. The information will be used to support local and national policy-makers as well as practitioners in their efforts to develop and implement effective strategies and interventions to reduce drug-related deaths within the broader context of the EU Drugs Strategy.

Drugs in Focus – Three Policy Briefings from the EMCDDA

Drug Injecting has Disproportionate Impact on Public Health

Drug injecting accounts for most of the severe health consequences of drug use in Europe today. So says the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) in Issue No 4 of its Drugs in Focus series.

Entitled 'Drug injecting challenges public health policy', this briefing examines the current trends in drug injecting and associated policy responses. It reports that there are probably between 500,000 and 1 million drug injectors in the EU today, excluding those who inject occasionally or who have injected in the past. This represents no more than 5% of the estimated 18 million who use illegal drugs each year.

Issues that need to be addressed by policy-makers are as follows:

1. Though rare, drug injecting has a major public health impact, is closely linked to marginalisation, and despite decreases in some countries, is increasing in others.
2. Drug injecting underlies most cases of HIV, hepatitis and overdose death among drug users in Europe.
3. Continued drug injecting and risky behaviour, and renewed rises in overdoses and drug-related infectious diseases in some countries, indicate the need for greater efforts to reduce injecting and risk among drug injectors.
4. Interventions must be part of a comprehensive public health approach that addresses broad issues of social exclusion as well as balancing local needs.
5. A range of responses adapted to local circumstances has been found useful to reduce transmission of infectious diseases. These include outreach and information, needle exchange, substitution treatment and, more controversially, injection rooms. Evidence suggests such responses do not increase drug use or drug-injecting, as some fear.
6. Drug injecting substantially increases the risk of overdose – especially after release from prison and among the most marginalised people. Some, perhaps many, overdoses are preventable.

Information and Reporting Systems Crucial to Effective Drug Prevention in Schools

The fifth in the Drugs in Focus series, 'Drug prevention in EU schools' cites Ireland, among others, as an example of good practice in relation to the planning, co-ordination and evaluation of drug prevention initiatives in schools.

The briefing lists the following for consideration in developing policy on school drug prevention programmes:

1. The most promising outcomes are found in countries whose national strategies explicitly address school prevention with specific targets, and where there is a tight logistical organisation of preventive delivery and financing.
2. Successful programmes are delivered using interactive teaching, discussion among peer groups, acquiring social skills, and not didactic teaching alone.
3. Short-term, isolated and 'moralising' interventions are counter-productive.
4. Intensive training of professionals and teachers in prevention skills strengthens the evidence base of prevention projects as there are fewer problems in reporting data and conducting evaluations.
5. Information systems recording the extent of drug prevention in schools provide the data to guide and improve prevention policy.
6. The priority areas for prevention policy are the co-ordination of institutions and the establishment of accreditation systems for prevention projects that are evidence-based and need minimal evaluation and reporting.

Rapid Spread of 'Fun' Drugs in EU Nightlife Scene Needs Innovative Responses

Entitled 'Recreational Drug Use – a Key EU Challenge', the EMCDDA's sixth Drugs in Focus policy briefing profiles recreational drugs as a new and distinct area of concern.

The briefing says that dance music and ecstasy have 'spread through the EU with the speed and intensity you would expect in the digital age'. Rough calculations suggest that between 3 and 3.5 million adults in the EU have tried ecstasy at least once. Approximately half a million people have used it once a week or more over a period of time.

Use is much higher among people in nightlife settings than among the general population and is most prevalent among the relatively affluent outgoing urban youth. Use is linked to alcohol and also to young people's consumer lifestyles, and these linkages have been exploited by the music, entertainment, alcohol and other industries catering for young people.

Despite the media's focus on ecstasy deaths, the policy briefing asserts that the greatest public health issue is the possibility of long-term impairment caused by regular or 'binge' use of amphetamine-type stimulants such as ecstasy.

Six policy actions are put forward for consideration:

1. Research is needed into patterns and contexts of use, risk perception and responses.
2. The entertainment and alcohol industries should be monitored and involved in measures to curtail the supply and promotion of, and demand for, harmful psychoactive drugs, including alcohol, to young people.
3. The consequences and risks of recreational drug use need to be scientifically assessed.
4. Realistic responses in night-life settings need to focus on providing personalised, evidence-based and balanced information to users and potential users.
5. Safety in recreational settings is a matter for legislation. Safe-clubbing guidelines are the most promising and politically feasible measure to reduce acute risks.
6. Member states need to have a high degree of cooperation and information exchange in order to arrive at realistic and effective solutions.

In just four pages, the *Drugs in Focus* policy briefings address a specific theme and include the latest findings and statistics, key policy issues and considerations, web information and further reading.

Issues to date have covered:

1. Substitution Treatment
2. Drug Users and Law in the EU
3. Measuring Drug Use
4. Drug Injecting
5. Drug Prevention in EU Schools
6. Recreation Drug Use

Drugs in Focus series may be downloaded from the EMCDDA 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 Baggot Street, Dublin 2, Tel (01) 676-1176, ext 160, email mdunne@hrb.ie

Conferences

Addiction Research Centre's 2nd Annual Conference

In September Trinity College's Addiction Research Centre held a one-day conference entitled Debating Public Policies on Drugs and Alcohol. Two of the keynote speakers addressed the drugs issue. Dr Jeff Ward, School of Psychology, Australian National University, and lead author of *Methadone Maintenance Treatment and Other Opioid Replacement Therapies* (Harwood Academic Publishers, 1998) presented a paper entitled *Justifying Drug Substitution Therapies: The Case of Methadone Maintenance Treatment*. He reviewed nearly four decades of evidence concerning the effectiveness of methadone maintenance treatment, with regard to moral justifications and criticisms of the approach. He argued that methadone maintenance treatment is effective in reducing heroin use, crime and mortality. It also helps to reduce the incidence of HIV but does not appear to be effective in containing the spread of HCV among injecting opioid users. While acknowledging the risks associated with the first two weeks of treatment, Dr Ward argued that these were

outweighed by the benefits of treatment. There was no evidence to show that methadone treatment prolonged dependence.

Dr Eoin O'Sullivan, Social Policy, Trinity College, Dublin, and joint author of *Crime Control in Ireland* (Cork University Press, 2001), gave an overview of the various competing explanations for the relationship between alcohol/drug use and crime in Ireland in his paper, *Drugs and Crime: Evidence and Trends*. He also reviewed the pertinent literature, the evidence from Ireland and, given the 'substantial limitations' of the Irish data, evidence from other jurisdictions. Based on available research it can be concluded that, while alcohol use is associated with violent crime, other drug use is associated with property crime and crimes of possession. There is a clear punitive trend in other jurisdictions, even though opiate maintenance is a proven crime-control strategy. As in other areas of social policy, drug control policies fitting a broad ideological agenda will be implemented regardless of empirical evidence.

EAP Conference on Drugs, Alcohol and the Workplace

The 23rd Annual Employment Assistant Programmes Conference entitled Creating a Drug Free Workplace was held in the Stillorgan Park Hotel, Dublin, 18-19 September 2002. The stated aim of the conference was to outline a comprehensive Drug Free Workplace Programme model based on the US experience, examine standards for drugs testing, and listen to case studies in responding to and treating employees who may be using drugs in the workplace. Berne McCann, of the Office of National Drug Control Policy in Washington, outlined the US federal government's effort to encourage implementation of a comprehensive drug-free workplace programme over the past 20 years. The adoption of a corporate drug policy by branches of American multinationals in Ireland was described by John M. O Sullivan, of Claymon Laboratories, in his paper, Legally Defensible Drug Testing. It is

important that companies which do employ drug and alcohol testing adhere to guidelines established elsewhere, in the absence of Irish legislation in this area. One set of guidelines, prepared by the European Workplace Drug Testing Society, was outlined in a paper delivered by Anya Pierce, Head of Toxicology in Beaumont Hospital in Dublin. Jean Baptiste Deasy, Director of Occupational Health & Hygiene Ltd. placed the subject of drug use in the workplace in the context of the 1989 Safety, Health and Welfare at Work Act, and the obligations it placed on employers and employees to ensure that all sources of potential danger, including alcohol and drugs, are removed from the workplace. Awareness of the Act is increasing, as is the cost of insurance, and these factors will both ensure that drug testing becomes an increasingly familiar feature of the workplace in Ireland.

Merchants Quay First Annual Conference

Merchants Quay Ireland hosted its first annual conference, entitled Homelessness and Problem Drug Use – Two Faces of Exclusion, on the 18th and 19th of July in Dublin Castle. Over 200 delegates from several countries participated in the conference. The keynote speakers on the first day were Ethan Nadlemann, Executive Director of the Drug Policy Alliance in the USA, and Jane Fountain, of the Centre for Ethnicity and Health, University of Central Lancashire. Ethel Nadlemann argued for the decriminalisation of cannabis and legal regulation of the drugs market as an alternative to the prohibitionist strategies which are currently in place. Jane Fountain described her research on drug use and rough sleeping. She was highly critical of the UK government's Rough Sleeper Strategy which, she argued, was pushing people into methadone

maintenance programmes. Mary Higgins, Director of the Homeless Agency, discussed the Dublin Homeless Action plan which focuses on research, service development and service integration. Further sessions dealt with the importance of safe injecting in reducing drug related harm, and the health needs of drug users who are also homeless. The second day of the conference focused on the provision of services and the need for more innovative policy in the area of drug use and homelessness. The need to include service users in planning the design and implementation of these services was a theme common to a number of sessions. During the second day researchers gave presentations on their work in the area of drug use and homelessness in a room separate from the main proceedings.

14th Elisad Annual Conference

The 14th annual conference of ELISAD (the European Association of Libraries and Information Services on Alcohol and other Drugs) was held in Bremen from October 10-12. The conference was hosted by ARCHIDO, the Archive and Documentation Centre for Drug Literature based in the University of Bremen. The theme of this year's conference was Internet Databases and Literature Services. In the opening address, Prof. Lorenz Böllinger, of the Law Department of the University Bremen, explained the evolution of drugs policy in Germany over the previous 30 years in terms of an evolution through abstinence, medicalisation paradigm and the acceptance paradigms. However, there is evidence of all three in the various policies and strategies adopted in the different German states and Member State of the European Union.

Marianne Peereboom of the Royal Library of the Netherlands explained how the Renardus Broker Service, which provides cross-search and cross-browse access to scientific and cultural resources on the Internet, was established and developed. Brendan Hughes presented a paper on his work in developing the EMCDDA's European Legal Database on Drugs, and Leigh Hallingby of the Drug Policy Alliance in New York, demonstrated that organisation's electronic library. A number of workshops dealing with various issues around accessing and managing electronic bibliographic information were conducted. Staff from the Drug Misuse Research Division gave a presentation on the National Documentation Centre's Electronic Library, and also presented a workshop on online databases.

Recent Publications

Alcohol, drugs and health promotion in modern Ireland.

Butler S *IPA* 2002 ISBN: 1-902448-77-4

This book, based on the author's doctoral thesis, attempts to provide a detailed analysis of how alcohol and drug policies have developed in Ireland from the mid-1940s up to 1996. The Irish healthcare system has always devoted more of its resources to curing rather than preventing illness. The author closely examines the contradiction inherent in using this system to deal with a problem that is largely determined by environmental or lifestyle factors. In order to implement the type of preventative policies which are required to deal with problem drug and alcohol use, the health sector needs to collaborate closely with financial, legal, educational and other sectors that also have interests in this area. A main aim of this book is to examine the extent to which the various policy strands, which can be associated with these sectors, have been integrated into a coherent and rational whole, capable of dealing with serious problems in the alcohol and drugs area. It is this type of multisectoral collaboration and coordination that is required to develop and implement a health promotion policy, and it is from this perspective that the author examines the evolution of alcohol and drugs policies. Butler argues that while health promotion is a socially desirable objective, it would be naïve to assume the necessary multisectoral collaboration and subordination of sectional interests are guaranteed. The efforts to develop a

health promotion policy, and the obstacles placed in the way of this development, are described in terms of various theoretical models of policy coordination. Those who wished to pursue a public health perspective in relation to alcohol had to face the dominance of the 'disease model' in relation to alcoholism, sectional interests who wished to maintain the emphasis on a treatment-orientated approach, and a powerful drinks industry lobby. These difficulties, and weaknesses of bodies which might have been expected to influence policy such as the Irish National Council on Alcoholism and, later, the Health Promotion Unit of the Department of Health, are vividly described. In the area of illicit drugs, the establishment of the Working Party on Drug Abuse represented an advance from a health promotion perspective, but the emphasis on an individualistic approach, and the assignment of vital educational and prevention work to a new inexperienced body helped to ensure that further advances were limited. The paucity of public debate on the issue and the failure of bodies like the Inter-Departmental Committee on Drug Use to encourage policy development were underlined by the emergence of the heroin 'epidemic' of the early 1980s, a development predicted several years earlier by critics of the report of the Working Party on Drug Abuse. The extent of the AIDS problem forced a shift in policy towards harm reduction, albeit without the type of debate which would normally precede such a significant development.

Heroin addiction care and control: the British System 1916-1984

Spear HB (Ed.) Mott J *Drugscope* 2002 ISBN: 1-90431-904-1

A civil servant in the Home Office Drugs Branch from 1952 to 1986, and as its Chief Inspector from 1977, Bing Spear was ideally placed to write an insider account of how drug treatment policy in the UK developed, and mistakes, as he saw them, were made.

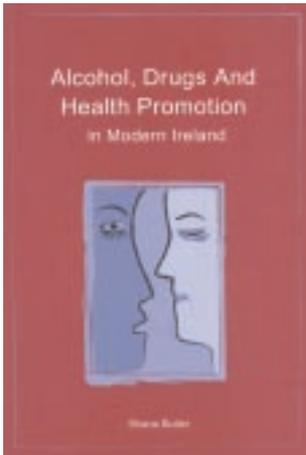
The first five chapters describe the drug scene and policy responses in Britain from the 1920s to the 1950s. Most of the morphine addicts were middle-class and middle-aged; many were women, some were doctors; overall they were few in number. Usually they had become addicted through legitimate prescriptions for pain. The cornerstone of drug policy in this period was the decision by a group of experts, who met in 1926 under the chairmanship of Sir Humphrey Rolleston, that, as a measure of last resort, it was legitimate for a GP to prescribe opiates to patients in support of their addiction.

The situation began to change in the late 1950s and early 1960s. There was an increasing number of users among working-class kids and younger middle-class 'bohemians' and jazz musicians, who fancied themselves part of the Beat Generation. These new users began

turning up at doctors' surgeries and some GPs began over-prescribing, either through pressure, misguided good intentions or greed. In 1960, there were 437 names on the Addicts Register; by 1965 this had risen to just under 1000, a third of whom were under 20.

In 1968 the UK government acted and in a way that the author believed was 'an unmitigated disaster'. It banned GPs from prescribing heroin or cocaine to addicts; determined that a Home Office licence was required for anyone wishing to prescribe for a drug addict; and set up special hospital-based clinics run by consultant psychiatrists, who had put themselves forward as experts in heroin addiction and who were granted most of the Home Office licences.

Initially, the clinics were prepared to prescribe injectable heroin and some provided an area where users could inject. It was hoped that if the clinics carried on prescribing, then Britain would prevent the development of an uncontrolled US-style illicit market. However, banning GPs from prescribing hastened the development of an illicit market in heroin, and the clinic doctors and staff quickly became unhappy at being what they perceived as 'agents of social control' rather than 'curers of addiction'. Clinic practice very soon moved to



injectable methadone, and then to oral methadone and with increasingly rapid detox periods. While the number of heroin addicts rose only slowly in the 1970s, the figures soared in the 1980s and 1990s and as many as one in five users did not attend a treatment centre.

Spear's main criticisms of the shift to service provision through treatment centres were:

1. The few doctors who were too liberal with their prescribing could easily have been controlled if a proper supervisory system had been put in place.
2. The psychiatrists who dominated treatment

policy after 1968 did not have much experience dealing with young heroin users, whereas GPs were capable and doing a good job.

3. In a time of rising heroin use, it was a mistake to significantly reduce the number of GPs who could prescribe for addicts. From a network of several thousand GPs based throughout the community, treatment was reduced to a handful of widely-scattered clinics, mostly in London.
4. Over time, a small group of doctors exerted undue influence on policy and, through their practices, made clinics places where fewer and fewer users wanted to go.

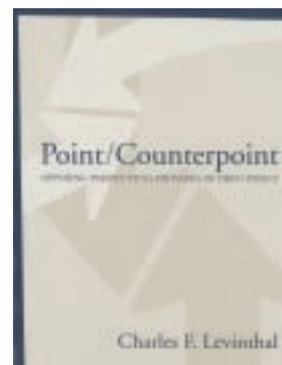
Point / Counterpoint: opposing perspectives on issues of drug policy

Levinthal C Pearson Education 2003 ISBN: 0-205-33607-8

This book presents opposing positions on nine major drug policy issues. It comprises a selection of essays, magazine articles, speeches and other contributions to various debates, most reprinted from earlier publications. The arguments focus on drug policy in the United States, but are also relevant to similar debates in other countries. Some of the contributions are written by prominent figures in their respective fields, and some arguments are presented in the form of transcripts of interviews with the protagonist. For instance in the first section of the book, 'Should we legalise drugs?' Ethan Nadelmann of the Drug Policy Alliance sets out his case against the war on drugs during the course of an interview first published in Reason Magazine. An opposing position is presented by Donnie Marshall of the Drug Enforcement

Administration in the transcript of his testimony before a Congressional Committee with responsibility for drugs legislation in 1999.

Opposing views on needle exchange programmes are presented by David Vlahov, of the Johns Hopkins School of Hygiene and Public Health, who directed the evaluation of the Baltimore Needle Exchange Programme; a feature of what Joe Laconte describes as an ill-conceived public policy in his essay 'Killing them softly.' Two chapters focus on alcoholism, but are relevant to similar discussions around other forms of addiction. The two questions posed in these chapters respectively are: Should drug and alcohol dependence be considered a brain disease? and, Is Alcoholics Anonymous the best strategy for the treatment of alcoholism? Other issues discussed include the use of stimulant drugs, such as Ritalin, to treat Attention Deficit Disorder in children, and the medicinal use of cannabis.



Prosecution of drug users in Europe: varying pathways to similar objectives

EMCDDA Insights Series No 5

This publication examines the prosecution and non-prosecution of drug users in EU member states. It focuses on what happens in practice, including interventions by the police, prosecutors and courts. Patterns of prosecution and non-prosecution are examined in relation to offences of drug possession and/or use; offences of drug trade and supply to drug users; and acquisitive criminal offences, such as burglary, when committed by a drug user.

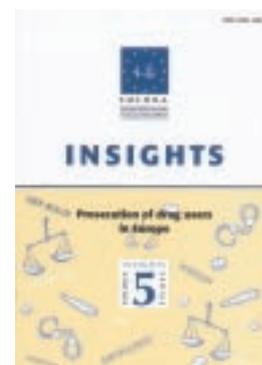
The study does not look at the prosecution of large-scale trafficking offences, or money laundering, or other aspects of organised crime when committed by drug users. It concentrates on the practical application of law in relation to the everyday life of drug users.

Despite differences in practices between member states, there is some common ground from the point of view of objectives pursued:

- In most member states, prosecution for use/possession per se is actively dealt with by the police and prosecutors.

- In relation to 'simple' use or possession (for personal use), there is a general tendency throughout the EU for prosecutors and the courts to look for opportunities for discontinuance, or to make arrangements that stop short of stronger criminal punishment.
- Greater priority is given in nearly every member state to policing/prosecution of retail sale than use/possession per se.

The study comes to three conclusions. (1) Better comparative information about prosecution practices across member states is required, leading in time to an indicator on prosecution/non-prosecution practice in the EU. (2) A common prosecution/non-prosecution position could be developed in the EU, building on existing national prosecution practices and emphasising the objectives to be achieved. (3) Member states whose legal frameworks do not allow for non-prosecution yet whose drug strategies include 'informal' actions by police – including diversion treatment – might wish to consider the case for putting police and/or prosecution practices on a more formal footing.



The Influence of Cannabis and Alcohol on Driving

Sexton BF, Tunbridge RJ, Board A, Jackson PG, Wright K, Stark MM, and Englehart K
TRL Report TRL543, Prepared for Road Safety Division, Department of Transport (UK)
2002 ISSN 0968-4107

This is the report on the second phase of a two-phase study into the impairment effects of cannabis on driving. This phase concerns the effects of cannabis taken in conjunction with alcohol. The first phase, into the effects of cannabis taken alone, has already been reported.

The most recent of TRL's major studies investigating the incidence of alcohol and drugs in road fatalities has shown a large increase in the incidence of drugs present in fatal casualties. Among all road users illicit drugs were present in 18% of fatalities. These figures represent a six-fold increase in the detected incidence of illicit drugs present in fatalities since the previous, similar, study 12 years earlier.

This raised important questions, which have now been addressed by the current research project, carried out by TRL for the Road Safety Division of the Department of Transport (UK), to investigate the

degree to which cannabis impairs psychomotor and cognitive skills relevant to the driving task.

This report states that the research has:

- demonstrated the practicability of assessing the effects of cannabis and alcohol on driving performance in controlled experimental trials;
- confirmed the results from previous studies that drivers under the influence of cannabis are aware of their impairment, attempt to compensate for their impairment by driving more cautiously, but are unable to compensate for the loss of capability in some psychomotor skills;
- confirmed previous observations that cannabis adversely affects drivers' tracking ability; and
- found that tracking performance decreased with increasing dose level.

In terms of road safety the results show a clear worsening of driver capability following the ingestion of cannabis or cannabis and alcohol together at the doses used, in comparison with a placebo (i.e. having taken neither). Within the sample of drivers, the effects of alcohol (at a dose of just more than half of the UK legal limit) and cannabis taken together were slightly greater than with cannabis alone.

Recent Articles

The following are brief summaries of articles published in international journals during 2002, relating to the drugs situation in Ireland

Directly observed antiretroviral therapy for injection drug users with HIV infection.

Clarke S, Keenan E, Ryan M, Barry M, Mulcahy F.
AIDS Read 2002 Jul;12(7):305-7, 312-6.

Injection drug users (IDUs) who are in a methadone maintenance therapy program are required to attend their drug treatment clinic on a regular basis for directly observed therapy (DOT). Such programs provide a unique opportunity to administer HAART to HIV-infected persons in this marginalized population in conjunction with their methadone therapy. A prospective observational study was conducted to determine the efficacy of directly observed antiretroviral therapy provided in conjunction with daily observed methadone maintenance therapy. A cohort of 39 patients was enrolled to receive HAART as DOT. At 48 weeks, 51% of antiretroviral-experienced patients and 65% of antiretroviral-naïve patients had achieved maximum viral suppression. DOT should therefore be considered a potential option for providing HAART to IDUs, particularly when used in conjunction with methadone maintenance therapy.

Unexplained illness among injecting drug users in Dublin: a case-control study.

Mullen L, Barry J, Iggoe D, Keenan E, Ward M, Murray K.
Journal of Epidemiological Community Health. 2002 Aug; 56(8):575-6

An outbreak of unexplained illness among heroin users was reported in May 2000 in Dublin. Between 29 April and 26 June 2000, 22 cases were identified, with eight deaths. This occurred in association with similar outbreaks in the UK, particularly Glasgow. Illness was characterised by soft tissue inflammation at the injection site, followed by hypotension and circulatory collapse. Laboratory results indicated that clostridium species were associated with the outbreaks. Analysis of cases in the UK indicate increased risk for female injectors and longer term users. However, data on injecting practice were unavailable. Injecting intramuscularly has been associated with outbreaks of wound botulism and tetanus. A prospective case-control study was initiated to identify risk factors associated with this outbreak.

Severe acute alcoholic hepatitis: an audit of medical treatment.

O'Keefe C, McCormick PA.

Irish Medical Journal 2002 Apr; 95(4):108-9, 111.

Despite advances in treatment, severe alcoholic hepatitis is still associated with a high mortality rate of 30% to 40%. Nutritional support and steroids in selected patients are believed to improve prognosis. In controlled trials steroids have been beneficial in patients with a discriminant function (DF) value >32 or spontaneous hepatic encephalopathy. The aim of this study was to investigate current practice and outcomes in the treatment of acute alcoholic hepatitis. Patients with acute alcoholic hepatitis were retrospectively studied over a 4 year period. Forty-three patients with acute alcoholic hepatitis were admitted between 1994 and 1997. Overall mortality was 26% (11/43). Only 5 patients were treated with steroids of whom 1 died (mortality 20%). Liver biopsy was available in 19/43 of whom 12/19 (63%) had underlying cirrhosis in addition to alcoholic hepatitis. Mortality was higher in patients with a discriminant function of greater than 32 but not significantly so (32%: 8/25 vs 17%: 3/18 $p = 0.31$). A discriminant function of greater than 32 and contra-indications to steroid use was the best predictor of mortality (60% 6/10 $P = 0.0096$) compared to patients not fulfilling these criteria. In this study overall mortality was comparable with published reports. Of interest was the relatively low liver biopsy rate and the fact that steroids were used in only a minority of eligible patients. We found that mortality was concentrated in a subgroup of patients with a discriminant function value >32 and contra-indications to steroids. These criteria appear to identify a high-risk subgroup of patients. If confirmed, experimental treatments need to be targeted at this group to improve the overall prognosis of acute alcoholic hepatitis.

Family and community burdens of addiction: Case-mix analysis at a new community-based methadone treatment service.

Quigley P

Drugs-Education Prevention & Policy Vol 9(3) Aug 2002, 221-231

The study aimed to examine demographic and psychosocial features of clients presenting to a new community addiction service in Dublin by retrospective collection of data from the National Drug Treatment Reporting System and from case records on site. The setting was Ballymun Addictions Service, where adequate records were available for three-quarters of all cases seen to date. Findings included a mean age of injecting commencement of 18 years, a 7-year period of injecting before treatment entry, 80% hepatitis C infection rate, 39% prevalence of heroin-addicted siblings, 73% within-family substance misuse, 80% male previous conviction rate and universal early school leaving.

Psychosocial problems included domestic violence, sexual assault, homelessness, self-harm, teenage sex work and homicide history. It is concluded that the caseload of the community-based addiction service includes many complex problems and that prognosis for most clients must be guarded. Community-based treatment services need to address the endemic and collective nature of addiction processes in the poverty context.

The Making of the Methadone Protocol: the Irish system?

Butler S

Drugs-Education, Prevention & Policy Volume 9(4) November 2002, 311 - 324.

Treatment service provision for problem drug users in the Republic of Ireland until the mid-1980s was centralized, specialist and ideologically tending towards abstinence models of intervention. However, in the context of continuing heroin use and its accompanying public health risks, all these features of policy and service provision changed gradually over the next decade. This paper looks in detail at the evolution of the methadone protocol of 1998, which institutionalized and regulated methadone prescribing by general medical practitioners in Ireland. It discusses the main stakeholders, lists the sequence of events and looks analytically at the policy process. It is concluded that the introduction of the methadone protocol was a pragmatic success, albeit one which departed significantly from conventional beliefs about policy transparency in democratic societies.

Perceived quality of life and mental health status of Irish female prisoners

Mooney M, Hannon F, Barry M, Friel S, Kelleher C

Irish Medical Journal Volume 95 (8) September 2002, 241-243.

Mental health status and quality of life of female prisoners, the majority of whom are drug-users, was examined as part of a larger, cross-sectional, general healthcare study of the Irish prison population. Comparisons were made with drug using and non-drug using male prisoners and females from the general population. Instruments include the GHQ-12 and the HWOQOL-BREF. While their quality of life profile was closer to drug-using male prisoners than other comparison groups, female prisoners still had significantly poorer physical and psychological Quality of Life scores. While poorer quality of life scores may be associated with the more severe drug user patterns of female prisoners it is likely that other factors also contribute. Before resorting to drugs/crime women may have already experienced adversity. There may also be gender differences in response to the combined dimensions of environmental distress. If women are to be imprisoned appropriate comprehensive health promotion approaches must address their specific needs.

Upcoming Events in 2002/2003 – A Selection

November

Monday 25 November

Brown and White: A National One Day Conference Looking at the Combined Use of Crack and Heroin

Venue: Regent's College Conference Centre, Regent's Park, London

Organised by: Ruth Reid, COCA. Tel: +44 (20) 7729 5513; Email: cokenet@global.co.uk.

Information: This conference aims to raise the issues of combined crack and heroin use at national level, help develop an effective platform on which to improve service provision and identify where practitioners and commissioners need to manage change. The conference is aimed at drug workers, healthcare professionals, commissioners and policy makers.

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: ehsd@trimbos.nl Ser

December

Sunday 8 – Friday 13 December

Politics, Legislation and Drug Policy: Consequences or Divergence

Venue: Sao Paulo & Rio de Janeiro, Brazil

Organised by: ICAA Brazil, Rua Joao Moura, 647 - CEP:054120-911, Sao Paulo, SP Brasil. Tel: +55 (11) 3083 7415; Fax: +55 (11) 3083 7415; Website: www.icaabrasil2002.com

Information: This six day conference covers many drug related issues including: politics, legislation and drug policy; addictions medicine; children and drugs; prevention; gender issues and tobacco and gambling.

February

Monday 3 – Wednesday 4 February

Second National Conference on Young People and Substance Misuse – 'Working together to prevent the next generation of problematic drug users.'

Venue: Royal Moat House Hotel, Nottingham

Organised by: Pascale Darchy-Robinson, Conference Organiser, DrugScope, 32 Loman Street, London SE1 0EE. Tel: +44 230) 7922 8691; Fax: +44 (20) 7922 8780; Email: conferences@drugscope.org.uk Ser

Information: A two-day residential conference focusing on effective service delivery and commissioning of substance misuse services for the most vulnerable young people within the context of changes in children's services planning. A Home Office conference in partnership with DrugScope supported by Department of Health, Youth Justice Board, Department for Education and Skills and National Treatment Agency for Substance Misuse. Keynote speaker: Bob Ainsworth MP, Parliamentary Under Secretary of State, Home Office

March

Thursday 6 – Friday 7 March

The 1st UK National Drug Treatment Conference: 'Treatment Choices, What Works, What's New and What's on Offer.'

Venue: Victoria Park Plaza, London

Organised by: Monique Tomlinson, UK National Drug Treatment Conference, PO Box 36646, London SE1 9ZT. Tel: +44 (20) 7928 9152; Email: monique@exchangeconferences.org

Information: This conference aims to bring together researchers, clinicians and drug users from Australia, America, Europe and the UK and looks at treatment choices and treatment practice issues.

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 Drugnet Ireland, 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

Please indicate if you would also like to be included on the mailing list for Drugnet Europe and Drugs in Focus.