

drugnet Ireland

Newsletter of the Drug Misuse Research Division

Issue 9, November 2003

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Welcome to Issue 9 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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The state of the drugs problem in Europe

On 22 October the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) launched its eighth annual report on the state of the drugs problem in the European Union (EU) and Norway. The publication of the report coincided with the tenth birthday of the EMCDDA (1993 founding regulation). The report is based on information provided to the EMCDDA by Focal Points in each EU Member State and Norway during 2002 and largely relates to the drug situation in Europe in 2001 or earlier.

The report is divided into three chapters. Chapter 1 provides an overview of the situation of drug use and supply in Europe and highlights recent developments and emerging trends. Chapter 2 presents an overview of developments in national and EU drug policies and strategies. Responses to the drugs problem in the fields of education, healthcare, social care, criminal justice and supply reduction are also covered. The final chapter highlights three specific issues relating to the drug problem in Europe: drug and alcohol use among young people; social exclusion and reintegration; and public expenditure in the area of drug-demand reduction.

Speaking at the launch EMCDDA Director, Georges Estievenart, warned 'we are not having sufficient impact on severe, long-term drug use or regular drug use by a worrying number of young people in many EU countries. What is more, our indicators suggest that, overall, the drug-use trend remains upwards and new problems are emerging, such as growing cocaine use in some big cities.' Chairman of the EMCDDA Management Board, Marcel Reimen, added 'On the positive side, we see Europe developing a more co-ordinated approach to the drugs problem. Overall, there is evidence of a better understanding of what works, and co-ordination of efforts within and between countries is now recognised as a vital component of effective drugs policy.'

Some of the main findings of the report are presented below.

The EMCDDA report notes that at least one in five (20%) adult Europeans (15–64 years) have used cannabis at least once in their lifetime. In Ireland, recent figures released by the National Advisory Committee on Drugs (NACD) confirm this, showing that 18% of Irish adults (15–64 years) have used cannabis at least once in their lifetime. Lifetime prevalence of cannabis use for young people (15–34 years) is generally higher, rising to 44% – Spain (35%), France (40%), the UK (42%) and Denmark (44%). In Ireland, the corresponding figure is 24%. Estimates of recent (previous year) use among young people (15–34 years) range in most countries from 5% to 20%. The NACD's recent prevalence survey reports a recent-use figure of 9% for those aged 15–34 years in Ireland.



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The state of the drugs problem in Europe (continued)

Overall, the drug-use trend remains upwards and new problems are emerging, such as growing cocaine use in some big cities

Ireland, the Netherlands and the UK are the only Member States to 'have focused projects in place, which target families at risk and concentrate on socially deprived neighbourhoods'

The EMCDDA report states, moreover, that cannabis is now the most frequently reported substance after heroin in the records of specialised drug-treatment services, representing 12% of all clients and 25% of new clients in the EU. Current figures for Ireland are 15.5% and 35.5% respectively.

After cannabis, amphetamines and ecstasy are the most commonly used illicit drugs in Europe, according to the EU drugs agency, with lifetime adult consumption ranging from 0.5% to 5%. In Ireland, comparable figures are 4% for ecstasy and 3% for amphetamines. Amphetamine use accounts for around one third of people treated for drug problems in Finland and Sweden and 9% in Germany, but elsewhere in the EU it accounts typically for less than 1%. In Ireland, among those applying for drug treatment, amphetamine use as the main problem drug accounts for only 0.4%.

Almost all EU countries express concerns about rising cocaine use, says the EU drugs agency. Data from 2000–2002 show that between 1% and 9% of those aged 15–34 years have used cocaine once in their lifetime. Current figures in Ireland show the proportion as 5%. According to the EMCDDA, cocaine seizures have risen in the EU and cocaine street prices have stabilised or decreased in recent years. Ireland's figures are consistent with this trend.

The use of cocaine has also increased among those seeking treatment for drug misuse (in particular, among those seeking treatment for problem heroin use as their main drug). The European report notes that drug treatment attendance for cocaine use is reported as relatively high in the Netherlands (30%) and Spain (19%), but less so in Germany, Italy, Luxembourg and the UK (6%–7%). In Ireland the corresponding figure is 1.1%; only Finland and Greece report lower levels of cocaine treatment.

EU estimates of problem opiate use vary from 2 to 10 cases per 1,000 adults (15–64 years). Recently published figures for Ireland estimate 5.6 opiate users per 1,000 adults (15–64 years) in 2000 and 2001. Drug treatment services in the eastern region of Ireland record the greatest demand for opiate-related treatment. There has been an increase in injecting drug use among those seeking treatment.

The EMCDDA report notes that in the last five years (1997–2001) there has been a 34% increase in the availability of substitution treatment in the EU and Norway. In Ireland the numbers in methadone substitution treatment increased from 2,859 in December 1997 to 5,865 in December 2001, an increase of over 105%. More recent Irish figures show a continuation of this trend, with a total of 6,773 people in methadone treatment at the end of August 2003. This is a 15% increase since

December 2001.

In terms of drug prevention, Ireland has developed a highly professional response based on theory and evidence and targeting 'universal' and 'selective' groups. The EMCDDA report notes the following Irish responses to the drug challenge:

- Ireland and the UK are the only EU member states to have 'clear standards for the content of school-based prevention'.
- Ireland, Spain and the UK 'have developed a clear quality control and evidence-based orientation in their prevention policies'.
- Ireland, the Netherlands and the UK are the only Member States to 'have focused projects in place, which target families at risk and concentrate on socially deprived neighbourhoods'. These are primarily the Local Drug Task Force areas.
- Ireland, Portugal and the UK are 'the only Member States that identify particular areas with a view to providing special [prevention] programmes in these areas'. This is achieved through the Young Persons' Facilities and Services Fund (YPFSS), which uses the 'alternative to drug use' philosophy to attract 'at risk' young people in disadvantaged areas into sports and other alternative pursuits.

Drug and alcohol use among young people

The EMCDDA report raises concerns about 'binge' drinking and intensive drug use by a small but significant number of vulnerable young people across Europe: 'Young people now have access to a wider range of substances and more are using them combined with alcohol.'

Using information from the 1995 and 1999 surveys carried out under the European School Survey Project on Alcohol and Other Drugs (ESPAD), the EMCDDA notes an increase in 'binge' drinking (defined as drinking five or more drinks in a row in the previous 30 days). In Ireland, for example, the proportion of school children who report 'binge' drinking has increased from 47% in 1995 to 57% in 1999. Figures for the UK show an increase from 50% in 1995 to 56% in 1999.

The ESPAD results also show that 72% of Irish school children in 1999 reported being drunk at least once in their lifetime (the figure in 1995 was 67%). EU countries with higher figures were Denmark (89%), Finland (76%) and the UK (76%). Fifteen per cent of Irish school children aged 15–16 years claimed that they had been drunk 40 times or more in their lifetime. Only Denmark (24%) and the UK (18%) were higher; the lowest countries were Italy, Cyprus and Romania, all at 1%.

The state of the drugs problem in Europe (continued)

In terms of disapproval of drunkenness, 80% of Italian school children (15–16 years) disapproved of getting drunk once a week. In Ireland, 44% of school children disapproved; only Denmark (32%) and the UK (36%) showed a lower rate of disapproval than Ireland. The EMCDDA notes that disapproval of other drugs varied less among school children. For example, disapproval of ecstasy use varied from 71% in Greece to 90% Denmark. For Ireland, the corresponding figure was 87% in Denmark.

The EMCDDA report also draws attention to the prevalence and dangers of solvent or inhalant use among young people. Using information from the 1999 ESPAD survey, the agency notes that Ireland's

15–16 year olds reported the highest lifetime use of inhalants (22%) within the EU, followed by the UK (15%), Greece (14%) and France (11%). Given the fact that some 1,700 deaths relating to such substances were recorded among young people in the UK alone between 1983 and 2000, the agency suggests that, 'despite the high profile given to deaths associated with ecstasy and other controlled drugs, solvent use might be a greater acute health risk for young people'. (*Hamish Sinclair*)

An online version of the EMCDDA's Annual Report on the State of the Drugs Problem in the European Union and Norway is available on the EMCDDA's website at www.emcdda.eu.int in 12 languages.

The drug situation in EU acceding and candidate countries



Launching the Annual Report 2003 on the state of the drugs problem in the 13 acceding and candidate countries to the EU,* the executive director of the EMCDDA, Georges Estievenart, said: 'EU enlargement throws up an array of public concerns that cannot be ignored. Among

these are increased drug trafficking, escalating drug use in the new Member States and the spread of infectious diseases. But enlargement also offers EU countries a unique opportunity to benefit from closer collaboration.'

The report contains four chapters:

1. *The drugs situation* and responses in the countries under review since the early 1990s highlights the sizeable challenges that lie ahead in developing public health and social policy responses that align with the EU's approach.
2. *Drug-related infectious diseases* reports the available data on prevalence rates for HIV and hepatitis C among IDUs (data availability on the prevalence of hepatitis B is 'generally poor'), and identifies potential threats to public health not only in the acceding and candidate countries but also in the EU as a whole.

3. *Drug and alcohol use among young people* starts by stating that the available information comes predominantly from students attending high schools, who were included in the ESPAD surveys; there has been no research into indicators of alcohol and illicit drug use in the most vulnerable groups of young people – those not attending school and/or members of marginalised groups. The available data show that lifetime prevalence of cannabis (and probably ecstasy) use among 16-year-olds is increasing, and that alcohol use by young people is widespread and the prevalence of high-risk 'binge drinking' is increasing. Anecdotal evidence also suggests 'considerable problems with inhalant use'.

4. *National drug strategies* notes that although strategies are being put in place in all 10 central and eastern European countries (CEECs), the approach is 'weakened by the lack of political will and resources allocated to drugs'. The report also notes that the concept of drug policy co-ordination is taking time to bed down. (*Brigid Pike*)

An online version of the EMCDDA's report on the state of the drugs problem in the acceding and candidate countries to the European Union is available on the EMCDDA's website at www.emcdda.eu.int

* The 10 acceding countries to the EU in 2004 (sometimes referred to as the new Member States) are the Czech Republic, Cyprus, Estonia, Hungary, Latvia, Lithuania, Malta, Poland, Slovakia and Slovenia. The three candidate countries hoping to join the EU are Bulgaria, Romania and Turkey, the first two working towards joining in 2007.

First results from the 2002/2003 drug prevalence survey

On 20 October the National Advisory Committee on Drugs (NACD) and the Department of Health, Social Services and Public Safety (Northern Ireland) published jointly the first results from an all-Ireland general population drug prevalence survey. Minister of State at the Department of Community, Rural and Gaeltacht Affairs with responsibility for drugs strategy, Mr Noel Ahern TD, launched the findings for the Republic of Ireland.

Drug prevalence surveys of the general population are important in that they can shed light on the patterns of drug use, both demographically and geographically, and if repeated can track changes over time. They help to increase our understanding of drug use, and to formulate and evaluate drug policies. They also enable informed international comparisons provided countries conduct surveys in a comparable manner.

The Irish survey followed best practice guidelines recommended by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). The questionnaire, based on the 'European Model Questionnaire', was administered through face-to-face interviews with respondents aged between 15 and 64 years normally resident in households in the Republic of Ireland and Northern Ireland. Fieldwork was carried out by MORI MRC during late 2002 and early 2003. The final achieved sample was 4,925 in the Republic and 3,517 in Northern Ireland. This represented a response rate of 70% in the Republic and 63% in Northern Ireland.

Some of the main results for the Republic of Ireland are shown below. One in five (19%) adults reported using an illegal drug in their lifetime. For young adults (15-34 years) this rose to one in four (26.4%) people. Twice as many men as women reported the use of an illegal drug during the last month or the last year.



Ever Used an illegal drug*	Adults 15-64 years %	Males 15-64 years %	Females 15-64 years %	Young Adults 15-34 years %
During lifetime	19.0	24.4	13.5	26.4
During last year	5.6	7.7	3.4	9.7
During last month	3.0	4.1	1.8	5.2

* illegal drugs refer to any use of amphetamines, cannabis, cocaine powder, crack, ecstasy, heroin, LSD, magic mushrooms, poppers and solvents.

Source: Drug Use in Ireland & Northern Ireland. Bulletin 1: First results from the 2002/2003 Drug Prevalence Survey. NACD & DAIRU, 2003.

Cannabis was the most commonly used illegal drug. One in six adults had used cannabis in their lifetime and this increased to one in four for young adults (see table below). Dr Des Corrigan, Chairperson of the NACD, commenting on the fact that almost one quarter of young adults had experimented with cannabis said: 'We know from international research that one in ten of those who experiment with cannabis end up losing control over their usage. We need to get that percentage down.'

Ever Used cannabis	Adults 15-64 years %	Males 15-64 years %	Females 15-64 years %	Young Adults 15-34 years %
During lifetime	17.6	22.5	12.5	24.4
During last year	5.1	7.1	3.0	8.7
During last month	2.6	3.4	1.7	4.4

Source: Drug Use in Ireland & Northern Ireland. Bulletin 1: First results from the 2002/2003 Drug Prevalence Survey. NACD & DAIRU, 2003.

First results from the 2002/2003 drug prevalence survey (continued)

Prevalence of other illegal drugs was lower and confined largely to the younger age groups. One in fourteen (7.1%) young adults claimed to have tried ecstasy at least once in their lifetime (see table below left).

Cocaine use (including crack) was much higher in men than women for lifetime, current and recent use (see below right).

Ever Used ecstasy	Adults 15-64 years %	Males 15-64 years %	Females 15-64 years %	Young Adults 15-34 years %	Ever Used cocaine (including crack)	Adults 15-64 years %	Males 15-64 years %	Females 15-64 years %	Young Adults 15-34 years %
During lifetime	3.8	4.9	2.6	7.1	During lifetime	3.1	4.5	1.7	4.8
During last year	1.1	1.5	0.6	2.2	During last year	1.1	1.7	0.5	2.0
During last month	0.3	0.6	*	0.6	During last month	0.3	0.7	*	0.7

* less than 0.05%

Source: Drug Use in Ireland & Northern Ireland. Bulletin 1: First results from the 2002/2003 Drug Prevalence Survey. NACD & DAIRU, 2003.

* less than 0.05%

Source: Drug Use in Ireland & Northern Ireland. Bulletin 1: First results from the 2002/2003 Drug Prevalence Survey. NACD & DAIRU, 2003.

In general, prevalence rates in the Republic of Ireland and Northern Ireland were similar. Exceptions included lifetime ecstasy use, which was higher in Northern Ireland (5.9%) than in the Republic (3.8%); and cocaine (including crack) for which lifetime prevalence in the Republic (3.1%) was higher than in Northern Ireland (1.7%).

The survey was commissioned by the National Advisory Committee on Drugs (NACD) and the Drugs and Alcohol Information and Research Unit (DAIRU) within the Department of Health, Social Services and Public Safety in Northern Ireland. (*Hamish Sinclair*)

Bulletin 1 of the 2002/2003 Drug Prevalence Survey is available at the NACD's website at www.nacd.ie

European guidelines for drug prevalence surveys are available at the EMCDDA's website at www.emcdda.eu.int

Co-ordinated global approach needed to the problem of poly-drug use

The Council of Europe's Pompidou Group conference on New Challenges for Drug Policy in Europe was held in Dublin Castle on the 16 and 17 October. The Minister for Health and Children and Chairman of the Pompidou Group, Mr Micheál Martin TD, opened the conference which brought together health, justice and social affairs ministers from the group's 34 member states, representatives of other Council of Europe member and non-member countries, and experts from international organisations, such as the EU, the United Nations and the World Health Organisation. In his opening speech Minister Martin said 'There are many challenges facing each country on an individual level, at European level and at a wider international level. Our strengths in dealing with these

challenges lie in our ability to co-operate and share information on policies and practices in each of our countries. While we do not all treat the issue of drug misuse in exactly the same way, our continued collaboration will ensure the best possible access to knowledge in dealing with this problem.'

Discussion at the conference focused on three main sub-themes: managing poly-drug use, especially by young people; developing evidence-based policies; and enhancing co-operation between EU members and non-members. Delegates agreed that there was a need to carry out more research into poly-drug use and develop a co-ordinated global approach to the problem. At the end of the conference the member countries of the Pompidou Group agreed

Co-ordinated global approach needed to the problem of poly-drug use (continued)

upon a new work programme to cover the next three years. They also agreed to work towards increasing the influence of scientific knowledge on drug policies and to help ensure that those

responsible for policy implementation have the opportunity to exchange experiences and ideas with researchers and policy-makers. (Hamish Sinclair and Brian Galvin)

The Council of Europe's involvement in the fight against drug misuse and drug trafficking is carried out through the work of a multidisciplinary co-operation group known as the Pompidou Group. The Group was set up in 1971 at the suggestion of the late French President Georges Pompidou and was incorporated into the Council of Europe in 1980. It provides a forum for European ministers, officials, specialists and other professionals to co-operate and exchange information. Ireland has been a member of the Pompidou Group since 1980 and for the past three years has chaired the Group. The ministerial conference in Dublin marked the end of the Irish Presidency of the Group. More information on the Pompidou Group is available on the Council of Europe website at www.coe.int/T/E/Social_cohesion/Pompidou_Group/

CROSSCARE changes approach to drug prevention

Crosscare's annual report for 2002 includes a report on its Drug Awareness Programme (DAP) and describes how its approach to drug prevention changed during the year. During 2002 DAP focused on training teachers and trainers, youth services and professionals, parents and community leaders, and young peer leaders to play an active and central role in the prevention of drug problems locally. A notable achievement was the Addiction Studies course conducted in partnership with the Northern Area Health Board (NAHB). DAP also provided short courses for professionals working with adults or youth at risk of drugs problems, and policy development workshops. Over 400 participants took part in the educational and training opportunities offered by DAP.

DAP also offered day-to-day support to individuals, including provision of information, counselling and referral. Consultation services included mentoring and participation in prevention/education committees and management committees, and other relevant drug-prevention projects. In total, DAP staff undertook 142 support sessions with individuals, and 177 consultation sessions with other projects. (Brigid Pike)

Issue 8 of *Drugnet Ireland* carried a report on the launch in May 2003 of DAP's interactive website dedicated to informing young people, families, parents and professionals about drug prevention.

CROSSCARE is the Social Care Agency of the Dublin Diocese. For further information, contact Crosscare at The Red House, Clonliffe College, Dublin 3, Tel. (01) 836-7166, Fax. (01) 836-7166, or visit the website at www.crosscare.ie

The drug crisis in local communities

The Citywide Drugs Crisis Campaign held a general meeting for community organisations on 11 September, with the focus 'The drugs crisis in local communities'. Over a hundred people attended.

Citywide Director Anna Quigley began the meeting with a brief outline of the history of the community anti-drug campaign since the mid-1990s. Workshops provided people with an opportunity to talk about the reality of the drugs situation in their communities and to identify the changes they would like to see in the future. In the course of

wide-ranging discussion, three key issues were identified:

Poly-drug use

Although heroin presents a particular problem because of its devastating impact on communities, most drug users are using a whole variety of drugs. Benzodiazepines were regarded as a major problem and concerns were expressed about the trade in prescribed drugs. The role of alcohol and the increasing use of cocaine were identified as other important factors. It appeared that poly-drug use

The drug crisis in local communities (continued)

was the norm for drug users, whether they were in treatment or not. It was concluded that treatment services should be reshaped to deal with the reality of poly-drug use.

Drug trafficking and anti-social behaviour

Drug dealing and anti-social behaviour was common in all the communities represented, with greater levels of violence being experienced in certain areas. Participants were less clear about how these issues should be addressed, many people expressing a feeling that very little can be done. In some areas, fear is a major block to any local action. It was concluded that there is a need for a much clearer focus on how the relevant statutory agencies can work more effectively to support local communities in this area.

Young people

Particular concerns were expressed about how both of the above issues are affecting young people. People talked about the young age at which many are starting to use drugs and the varied mixture of drugs that they take, with major use of alcohol. The exasperation caused by drug-related anti-social

behaviour led many to evict young family members from their homes. It was concluded that there are huge gaps in the treatment and support services for young people and no real effective responses to their anti-social behaviour. *(Johnny Connolly)*



Members of UISCE, Ruari McAuliffe and Tommy Larkin at the Citywide meeting (photo: JJ Berkeley)

Addiction Spoke - roundtable meeting

In June the Addiction Spoke of The Wheel held a Roundtable meeting in Dublin entitled Time for a New Approach. The aims of the meeting were to explore the extent of drug addiction among the under-20s in Ireland and to identify treatment needs. Over 60 organisations were represented. The major topic for discussion was the use of methadone in the treatment of opiate addiction.

Jim Cumberton from the Drug Prevention Alliance emphasised the importance of providing drug-free treatment facilities for the under 20s, and Veronica Mangan from the Aislinn Adolescent Treatment Centre spoke about the emotional realities of life for addicted adolescents. Presentations from two young people in recovery and a mother of two addicted sons described

the current state of services to which addicted young people have access. Two speakers from the UK included Brian Iddon MP, Chairman of the All-Party Parliamentary Misuse of Drugs Group, and Deirdre Boyd, editor of the journal Addiction Today.

The Addiction Spoke meets in Dublin on the first Monday of every month. *(Brigid Pike)*

The Wheel is a non-profit independent organisation offering support and advocacy for community and voluntary activity across Ireland. Further information on the Addiction Spoke, including a report on the Roundtable meeting, is available on The Wheel website at www.wheel.ie

Co-ordinated strategy on drug overdose prevention and management needed

The European Union Drugs Strategy (2000-2004) sets the target to reduce substantially over five years the number of drug-related deaths. In Ireland, Action 64 of the National Drugs Strategy 2001-2008 seeks to reduce the level of drug-related deaths, particularly from opiate misuse, through targeted

information, educational and prevention campaigns.

The number of acute drug-related deaths¹ in Ireland rose from 7 in 1990 to 119 in 2000. Much of this increase occurred in the later half of the 1990s and is partly due to a real increase in the number of

Co-ordinated strategy on drug overdose prevention and management needed

(continued)

In the EU, each year between 7,000 and 9,000 acute drug-related deaths are reported.

deaths and partly due to improved data collection and reporting procedures. According to the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), trends in acute drug-related deaths vary from country to country but overall the trend in the EU has been upwards.² This continued increase emphasises the need for appropriate targeted interventions.

In the EU, each year between 7,000 and 9,000 acute drug-related deaths are reported.² These deaths occur mainly among young individuals in their 20s or 30s with a history of injecting heroin use, and most are accidental overdoses. Injecting use of drugs is a major risk factor for fatal and non-fatal overdoses and in most cases of overdose deaths, opiates are present. However, polydrug use is very common and particularly the use of heroin in combination with other depressant drugs (such as alcohol or benzodiazepines) can increase the risk of overdosing. Drug users who have lost tolerance after a period of abstinence or reduced drug taking (such as following short-term detoxification or a period in prison), and those who inject drugs alone, are at higher risk of dying from overdose. Because death from opiate overdose is not immediate, and many overdoses take place in the presence of other users, there is time for intervention.

Some European countries are developing national and local policies to reduce the number of drug overdoses and also, deaths from overdose. Interventions to prevent overdoses and improve overdose management are starting to be applied more systematically. The EMCDDA are reviewing current approaches in the EU in order to identify those that are most promising.

There has been some research describing the epidemiology of overdose in Ireland but there are no published studies systematically examining interventions to prevent overdose. A local Irish response to opiate overdoses is the Dublin Opiate Overdose Reduction Strategy (DOORS) developed by Dublin general practitioner Dr Michael Ryan. According to Dr Ryan DOORS was developed as a multi-faceted response to the problem in Dublin. An information card has been designed outlining the risk factors, warning signs, effective response strategies and the legal implications. The intention is to distribute these in clinics, needle exchanges and any appropriate community focal points. Other components of the strategy include courses in first aid, an educational docudrama, and a website. However, Dr Ryan pointed out that the strategy requires funding support, 'without funding the strategy will have to be implemented relying on the willingness of concerned parents and community groups'.

The Drug Misuse Research Division of the Health Research Board would welcome any information on other interventions to prevent overdose in Ireland in order to collate evidence of responses in this important area. (*Hamish Sinclair*)

For more details about DOORS please contact Dr Michael Ryan at doors_michael@hotmail.com

1. A death due to drug dependence (ICD-9 Code 304) or poisoning by opiates and related narcotics (ICD-9 Code 965.0)
2. EMCDDA (2003) Annual Report 2003. The state of the drugs problem in European Union and Norway. Lisbon: EMCDDA

Drugs and Driving in the EU

To coincide with International Day against Drug Abuse and Illicit Drug Trafficking on 26 June, the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) published a report giving an overview of the legal measures to tackle the problem of drugs and driving in EU member states and Norway.

The study reveals a strong EU-wide consensus that drug driving should be a criminal offence. But it also indicates that national criteria for reaching this conclusion and the penalties set down in law are remarkably diverse. Thirteen countries, including Ireland, treat the combination of drugs and driving as a criminal offence. However, while some countries operate 'zero tolerance' or allow stopping for testing in any situation, such as random checks, Ireland is among those countries that require evidence of 'impaired driving skills' as the factor for the offence and some form of suspicion before a car can be stopped. Driving licences can be suspended for a few

weeks or months, as in Austria and Germany, to a maximum of five years, as in the Netherlands and Finland, to a minimum of two years, as in Ireland. Fines vary from a few hundred Euro to a maximum of €7,000 in the UK and €10,000 in Belgium; in Ireland the maximum fine is €1,270.

The issue is complicated, owing to the wide range of psychoactive substances that may affect motorists' performance, including both illicit drugs and pharmaceutical medicines. There is no clear consensus at present as to which of these should be included in the legislative framework. Factors to consider when establishing laws include the availability of practical and reliable drug testing; the impact of drugs and driving on public safety; and countries' attitudes towards consuming illegal drugs. (*Brigid Pike*)

A copy of the report is available on the EMCDDA website at www.emcdda.eu.int

Steady growth in exposure to drug-related problems in the EU

In May 2003 the European Commission published the results from a Eurobarometer survey on public safety and exposure to drug-related problems and crime in the European Union (EU).¹ The survey, carried out in autumn 2002 among approximately 1000 people aged 15 years and over in each of the 15 Member States, included a question previously asked in similar surveys in 1996 and 2000. The question asked in all three public opinion surveys was:

'Over the last 12 months, how often were you personally in contact with drug-related problems in the area where you live? For example seeing people dealing in drugs, taking or using drugs in public spaces, or by finding syringes left by drug addicts? Was this often, from time to time, rarely or never?'

When the results from respondents choosing the 'often' and the 'from time to time' options were combined exposure to drug-related problems in the EU as a whole rose from 14% in 1996, to 17% in 2000, to 19% in 2002 (see table below).

Contact with drug-related problems (EU average)					
Survey year	often %	from time to time %	rarely %	never %	don't know %
1996	5	9	12	73	1
2000	5	12	16	66	1
2002	6	13	17	63	1

This steady growth in exposure to drug-related problems was not observed in all EU countries however. Ireland was one of eight countries where exposure dropped between 2000 and 2002. Figures for Ireland show that the proportion of respondents choosing the 'often' and the 'from time to time' options rose from 16% in 1996 to 21% in 2000 but then dropped to 14% in 2002 (see table below).

Contact with drug-related problems (Ireland)					
Survey year	often %	from time to time %	rarely %	never %	don't know %
1996	5	11	10	72	2
2000	5	16	11	65	3
2002	6	8	14	64	8

This 7% drop in exposure, the largest in the EU, was also seen in Spain. In Greece exposure dropped by 6% between 2000 and 2002. The United Kingdom experienced the largest increase in exposure in the EU, with an increase of 6% over the same period. Italy and the Netherlands both recorded an increase of 5%.

In Ireland the proportion of people who stated that they were 'often' exposed to drug-related problems remained remarkably constant over time, 5% in 1996 and 2000 and rising slightly to 6% in 2002. This is identical to the overall trend in the EU. However there was a dramatic drop in the proportion who stated that they were exposed to drug-related problems 'from time to time', down from 16% in 2000 to 8% in 2002. This was the largest drop in this option experienced by any EU country.

Some words of caution about interpreting these results are required. The Commission noted that Ireland was the only country with a significant 'don't know' response (8%) for this question in 2002. Why such a large proportion of Irish people replied in such a manner is unclear. For other questions, such as perception of street safety after dark, the proportion of Irish people replying 'don't know' was almost negligible. The 2002 survey was conducted using telephone interviews while the earlier surveys used face-to-face interviews. It could be argued that the use of telephone interviews may have had an influence on the type of person responding in Ireland.

The recent drop in reported exposure to drug-related problems in Ireland requires further investigation. A lessening of such exposure may be the result of improved law enforcement efforts. Alternatively, following the high levels of public anxiety in the mid to late 1990s, fuelled by such events as the murder of journalist Veronica Guerin, we may be witnessing a moderation in public perceptions as to the seriousness of the drugs problem. Another possibility is that the large proportion of Irish people responding 'don't know' to the Eurobarometer question may reflect an increased uncertainty among the public as to the nature of the problems being encountered in their areas. (Johnny Connolly and Hamish Sinclair)

1. European Commission (2003) Public safety, exposure to drug-related problems and crime. Public opinion survey. Report prepared for the European Commission by the European Opinion Research Group.

In Ireland the proportion of people who stated that they were 'often' exposed to drug-related problems remained remarkably constant over time

More drug-related problems or just greater awareness?

Another recent EU Commission study, entitled *Drugs and Security*,¹ sought to investigate further the findings of the Eurobarometer surveys described on page 10.

Acknowledging that 'more drug news in the media may lead to increased public awareness of the drugs problem as well as to a greater ability to recognise drug-related phenomena', the Commission sought to ascertain whether the reported increased exposure to drug-related problems recorded in the Eurobarometer survey findings of 1996 and 2000 reflected an actual increase in such problems. In order to investigate this, the Commission compared the survey findings with the annual figures gathered by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) on arrest statistics and drug seizures throughout the EU.

When compared with the EMCDDA figures, it was concluded that the level of the increase in reported exposure to drug-related problems was 'not too dissimilar to the overall increase in either drug seizures or drug-related arrests within the Community in the same period'. However, at an individual country level the relationship between exposure to drug-related problems on the one hand, and drug seizures and drug-related arrests on the other, was not always consistent. Caution should be exercised in making such comparisons as significant differences exist between Member States in

terms of variations in the way in which law enforcement figures are compiled. There are also differences between Member States in terms of government policies and priorities and the way law enforcement resources are allocated.

Having said that, studies such as these do raise issues as to the extent to which perceptions and fears of drug-related crime are reflected in the actual rate of such crimes. This is a matter which has caused considerable debate within the criminological literature.² One issue which has arisen is the extent to which fears can be reconciled with actual likelihood of victimisation. For example, although studies show that the elderly and women exhibit the highest rates of fear, statistically they are the least likely to be victims of crime. The role of the media in contributing to such fears has been seen as one contributory factor in terms of raising irrational public fears of crime.³

(Johnny Connolly)

- 1 European Commission (2003) *Drugs and security. Public opinion regarding security and victimisation in the European Union: Contact with drug-related problems*. Luxembourg: Office for Official Publications of the European Communities.
- 2 Zedner L (1997) *Victims*. In *The Oxford handbook of criminology* (eds) Maguire M, Morgan R and Reiner R. Oxford: Clarendon Press.
- 3 O'Connell M (2002) *The portrayal of crime in the media – Does it matter?* In *Criminal justice in Ireland* (ed) O'Mahony P. Dublin: Institute of Public Administration.

Update on drug-related infection

In September 2003, the National Disease Surveillance Centre published the number of HIV and AIDS cases recorded in the Republic of Ireland in 2002. There were 364 cases of HIV in 2002, a 22 per cent increase when compared with 2001. The majority of cases (64 per cent) were among heterosexuals, representing a rise of 34 per cent between 2001 and 2002. There was a rise in the number of infections in injecting drug users from 38 in 2001 to 50 in 2002, representing a 32 per cent increase. However, it is important to note that these numbers represent a decrease when compared to 1999 and 2000 figures. National Disease Surveillance Centre public health specialist Dr Mary Cronin said, 'the number of infections among intravenous drug users tend to fluctuate from year to year and the figures should be interpreted with caution, as it remains to be seen whether the trends will be sustained.'

National Disease Surveillance Centre. (September 2003) *HIV and AIDS statistics in Ireland 2002 Annual Summary*. www.ndsc.ie/Publications/HIVandAIDSReports/d744.HTML.html

In October 2003, the National Disease Surveillance Centre circulated their Annual Report for 2001. This report includes surveillance information (up to 2000 or 2001) on a number of diseases of interest to those working with drug users, including HIV, hepatitis B,

other sexually transmitted infections and tuberculosis. There has been an increase in the number of hepatitis B cases, but data collected with respect to hepatitis B do not include risk-factor status, therefore we cannot ascertain trends of this infection among injecting drug users. At present, hepatitis C is not a notifiable disease and therefore, there is no national data on the incidence of this high-prevalence infection among injecting drug users. There is concern about the rise in sexually transmitted infections among the general population in the Republic of Ireland and although the National Disease Surveillance Centre cannot provide data separately for sex workers or drug users, this is an issue for those providing health care for drug users, in particular drug users who sell sex to pay for their drugs.

In general, the inability to analyse infectious diseases by high-risk populations leads to poor targeting of interventions and an inability to comply with the data requirements of one of the five key indicators (namely, the drug-related infectious diseases indicator) of the European Monitoring Centre for Drugs and Drug Addiction. *(Jean Long)*

National Disease Surveillance Centre (2002) *Annual Report 2001*. www.ndsc.ie/Publications/AnnualReports/d584.PDF

Drugs, crime and community in Dublin

A recent study conducted in a focused network of streets in the north Dublin inner city area involved the use of a variety of research methods, including a door-to-door survey, to ascertain the impact of drug use, drug dealing and related problems on the quality of life of the area.¹ The study *Drugs, Crime and Community – Monitoring Quality of Life in the North Inner City* was commissioned by the North Inner City Drugs Task Force and supported by the Policy Research Unit of the Department of Justice, Equality and Law Reform.

The study had two primary purposes. On the one hand, it was concerned with ascertaining the quality of life in a specific location in Dublin's North Inner City, with a particular focus on the impact of drug-related crime and anti-social behaviour. On the other hand, it involved the piloting of a research instrument which would complement other existing data sources.

The study incorporated a local drugs and crime survey of 44 residents of the area, semi-structured interviews with relevant state agency personnel and other relevant individuals, and an unobtrusive research method. The latter involved co-ordinating with a local authority flats complex attendant who monitored the flats so as to identify any discarded drug paraphernalia such as abandoned syringes, which would be indicative of drug use. Dublin City Council provided information on cars abandoned in the area during the research period. Data obtained as part of the Community Policing Forum (CPF) process, including the minutes of meetings held under the auspices of the CPF, also provided a useful source of information about local drug-related problems.² The survey also included a qualitative component so that local residents could add further comment and provide opinions on various relevant issues.

Just over a third of respondents stated that they had been offered drugs in the past year, while half had witnessed drugs being sold in the past year.

Nearly three-quarters of respondents stated that they were 'Somewhat Likely', 'Quite Likely' or 'Very Likely' to witness drug selling within the next six months. A high proportion of respondents stated that they were able to identify the type of drug being sold, with heroin and cannabis being the main drugs identified.

Twenty-nine (66%) respondents identified five specific locations in the immediate area where drugs were being sold while five (11%) respondents stated that drugs were being sold outside their door every day. One respondent, a recovering drug user, claimed that she had been offered drugs three times on her way to and from a local clinic. The difficulties encountered by drug users attempting to come off drugs are obviously exacerbated in such circumstances.

The local survey findings were compared with a national crime victimisation survey conducted by the Central Statistics Office (CSO).³ The CSO survey

found that almost 30% of respondents felt unsafe or very unsafe walking in their neighbourhood after dark. The present survey recorded a corresponding figure of 66% who felt unsafe or very unsafe walking around their area after dark.

The survey also incorporated questions relating to the personal and family impact of drugs; perceptions as to the impact on the community; attitudes to community-based anti-drugs activity and relations with the Garda Síochána and Dublin City Council. The fear of reprisal from those involved in drug dealing was cited as the main reason why respondents were reluctant to engage with state agencies on controversial matters. This is a highly significant finding with obvious policy implications. Respondents were also asked their opinions on such controversial matters as evictions for anti-social behaviour under the Housing (Miscellaneous Provisions) Act 1997 and the decriminalisation of cannabis.

A number of recommendations were made in relation to the development of appropriate responses to local drug-related crime and further research.

It was recommended that the deployment of policing and estate-management resources should reflect the ongoing crime priorities of the local residents. The study identified particular drug dealing sites and sites of intense and prolonged anti-social behaviour, often involving a small number of people, as having a particularly corrosive impact on the local community and recommended that such sites needed immediate and appropriate policing, and criminal justice, local authority and community-based responses. Concerns were also raised in relation to the crime victimisation of ethnic minorities and relations between the police and young people.

With regard to further research, the study identified a number of problems with existing data sources compiled by state agencies and recommended the development of standardised and complementary data-recording practices across state agencies and improvement of public dissemination practices. The study concluded that, as inter-agency and community-based approaches to crime developed, it was important that there was a corresponding development in the means by which such initiatives are monitored and evaluated. (*Johnny Connolly*)

Copies of the full report and the report summary can be obtained from the author at jconnolly@hrb.ie or from the North Inner City Drugs Task Force

- 1 Connolly J (2003) *Drugs, crime & community in Dublin - monitoring quality of life in the North Inner City*. Dublin: North Inner City Drugs Task Force.
- 2 Connolly J (2002) *Community policing and drugs in Dublin - the North Inner City Community Policing Forum*. Dublin: North Inner City Drugs Task Force. See *Drugnet Ireland* 8.
- 3 Central Statistics Office (1999) *Quarterly National household Survey: Crime and Victimisation*. Dublin: Stationery Office



EDDRA column

Welcome to the sixth EDDRA (Exchange on Drug Demand Reduction Action) column. The aim of this column is to inform people about the EDDRA online database, which exists to provide information to those working in the drugs area on current drug demand reduction actions across Europe and to promote the role of evaluation in drug demand reduction action. The database is co-ordinated by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA).

Over the next couple of issues this column will spotlight an Irish project from the EDDRA database. In this issue the focus is on the Jobstown Assisting Drug Dependency (JADD) Community Drug Treatment project. This project began life in 1996 through the work of local volunteers in an attempt to bridge what was perceived as a gap in service provision by statutory bodies. Recently the JADD project has become the first 'community-based'¹ drug project in Ireland to dispense methadone to clients on site and the first to provide a needle-exchange facility. Prior to this local residents engaging with drug treatment services had to travel outside Jobstown to access treatment, and in the case of needle-exchange this often meant a journey into the City Centre of Dublin. This radical move to provide methadone and needle-exchange on site, has come about through strong liaison between the Jobstown Community Council, the Jobstown Estate Management Committee and the Board of Management of JADD. Both initiatives were placed under a six-month monitoring period with the staff of JADD meeting once a month with the local Gardai, Local Councillors and members of the aforementioned groups to assess the feasibility of extending the harm reduction initiatives.

The on-site methadone dispensing means that the waiting time for clients from the Jobstown area wishing to access methadone treatment for opiate use can be significantly reduced. Clients reporting to the JADD project can receive methadone treatment within ten days of being assessed, once they have satisfied the pre-treatment criteria in line with the Methadone Protocol. This is well within

the target set by the National Drugs Strategy, namely that treatment should commence not later than one month after assessment.² This demonstrates what can be achieved when the community works together in an innovative way to develop existing drug treatment services.

Currently there are 75 clients receiving methadone treatment through the JADD project.³ However, this number is due to increase when JADD moves into purpose-built premises that are currently under construction as part of the new Jobstown Community Complex. JADD will then provide treatment for clients from the general Tallaght area, whereas currently treatment is reserved only for clients from the Jobstown area. Currently, a pharmacist dispenses methadone to clients on site seven days a week, primarily in the afternoons during the week and from 9.30-11.30 on weekends. Clients also have access to a doctor and nurse during the week, for general health cover and screening for infectious diseases.

Clients can avail of needle-exchange services on Wednesday evenings between 5.30 and 8.30 pm. Since this initiative commenced, the project has provided clean injecting equipment to 55 individuals, with an average of between 10-15 contacts per week.³ (*Martin Keane*)

Further information on the JADD project can be found on the EDDRA website at www.emcdda.eu.int (look under Key Resources)

If you want to know more about the EDDRA database, please contact Martin Keane, EDDRA Manager for Ireland, Drug Misuse Research Division, Health Research Board, Holbrook House, Holles Street, Dublin 2. Tel: (01) 6761176; email: mkeane@hrb.ie

1. Defined as providing services only to a clearly defined local community
2. Action 44 of the National Drugs Strategy 2001-2008
3. Interview with Tom Gilson, Co-ordinator of the JADD project (21 Aug 03)

From Drugnet Europe

Drug information: party-goers reveal what reaches them best

Cited from Gregor Burkhart, Drugnet Europe No. 42, July-August 2003

Over 700 party-goers in three European cities were interviewed recently in order to explore the effectiveness of information strategies concerning drug risks in recreational settings. Both drug users and non-users considered drug-using peers as a credible and important information source. Information flyers and

counselling at parties were seen by both groups as 'not so important' but nevertheless 'credible'. However, lifestyle and youth magazines, the Internet and non-drug-using peers were considered by both groups as neither 'credible' nor 'important'. Should these findings be confirmed by similar studies, then the often hefty investments in Internet information portals and in the use of lifestyle magazines for prevention purposes will need to be closely reconsidered.

From Drugnet Europe (continued)

Spain reinvests funds seized from drug trafficking

Cited from Ana Ballesteros, Drugnet Europe No. 43, September–October 2003

On 29 May Spain published a new law (No 17/2003) which aims to divert proceeds seized from trafficking and other drug-related crimes and reinvest them in projects tackling supply and demand for drugs and boosting international cooperation. Proceeds and goods seized are held in a public fund which feeds a variety of organisations working in the drugs field.

Treatment demand for cannabis use: international experts study recent trends

Cited from Linda Montanari, Drugnet Europe No. 43, September–October 2003

An increased trend in demand for treatment for cannabis use has been reported over the last 6–7 years in Europe, the US and Canada. Although clear explanations for this increase can not yet be drawn from existing data, influences may include a rise in referrals from the criminal justice system; greater awareness-raising in the family and social networks; higher frequency of use; and potency of the drug (quantity of THC in the substance).

Drugs research given boost under 6th EU Framework Programme

Cited from Fergal Donnelly, European Commission, DG RTD, Drugnet Europe No. 43, September–October 2003

Research into drugs and drug addiction is to play a leading role in the 2003 – 2006 6th EU Framework Programme (FP6), the organisation’s main instrument for the funding of research. This follows a recommendation from European scientists that drugs would be a suitable topic for exploration under the programme. The specific aim of this research project will be to establish an integrated multidisciplinary European approach to addressing the mechanisms of drug addiction by focusing on:

- Identifying genes involved in the development and mediation of addiction to various drugs (including nicotine, alcohol and polydrug exposure);
- Functional genomics of newly-identified genes; and
- Developing and establishing suitable animal models of addiction.

(Brigid Pike)

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. Drugnet Europe is published in English, French, German, Spanish and Portuguese. An electronic version of Drugnet Europe is available from the EMCDDA’s website at www.emcdda.eu.int/

If you wish to have your name included on the mailing list for Drugnet Europe, please send your contact details to: Drugnet Ireland, Drug Misuse Research Division, Health Research Board, Holbrook House, Holles Steet, Dublin 2. Tel: (01) 6761176; Email mdunne@hrb.ie

ROSIE

What is ROSIE?

ROSIE - the Research Outcome Study in Ireland was established to provide detailed information on the effectiveness of different kinds of drug treatments and interventions currently available to opiate users within the statutory, community and voluntary sectors.

The study is being carried out in the NUI Maynooth, and is funded by the National Advisory Committee on Drugs (NACD). It is the first national, prospective, longitudinal drug treatment outcome study in the country. The research will monitor the progress of a large purposive sample of

opiate users recruited from five different treatment modalities: substitution treatment, detoxification programmes, residential rehabilitation, needle-exchange, and non-clinical interventions (e.g. counselling, structured day programmes) across residential and community settings.



ROSIE (continued)

Research Design

The research design is based on an established tradition of programme evaluation and longitudinal outcome research. So, to a large extent ROSIE reflects the same methods and intentions as outcome studies in the US (DATOS), the UK (NTORS) and Scotland (DORIS).

The study employs a before and after research methodology, whereby individuals are used as their own reflexive control. By means of a highly structured questionnaire, participants are interviewed at treatment intake (or as soon as possible thereafter) and two subsequent follow-up

interviews are conducted at 6-monthly and 12-monthly intervals. Causal inferences are achieved through measuring key variables and comparing these outcome measures over time. (*Gemma Cox*)

The research is being conducted under the direction of Dr Catherine Comiskey of NUI Maynooth and Dr Gloria Crispino of The Institute of Technology Tallaght. Further information on this research may be obtained from the ROSIE Study, Het Hut, NUI Maynooth, Co. Kildare.
Tel: (01) 708 3352/6414;
Email: rosie@may.ie, Gemma.Cox@may.ie

In order to be eligible for inclusion in the study, an individual must be over 18 years of age, entering treatment for their opiate use, and be presenting for a 'new treatment episode'. For the purpose of this study a 'new treatment episode' is defined as incorporating those who have never presented for treatment before, those who have presented for this type of treatment previously but are now not in receipt of this type of treatment, and those who have presented for other types of treatment previously. Involvement in the study is entirely voluntary, and participants are free to withdraw at any time. All information collected and stored is confidential and subject to rules and regulations as stipulated in the Freedom of Information (Amendment) Act 2003.

Cochrane Library



Training and Supporting Irish Contributors to the Cochrane Library

Healthcare in the 21st century relies not only on individual medical skills, but also on the best information on the effectiveness of each intervention being accessible to practitioners, patients and policy-makers. This approach is sometimes known as 'evidence-based medicine'. No one can keep up to date with the relevant evidence in their field of interest. The major bibliographic databases cover less than half the world's literature and are biased towards English-language publications. Of the evidence available in the major databases, only a fraction can be found by the average searcher. Textbooks, editorials and reviews which have not been prepared systematically may be unreliable. Much evidence is unpublished, but unpublished evidence may be important. More easily accessible research reports tend to exaggerate the benefits of interventions.

The Cochrane Library solves many of these problems. Published on a quarterly basis and made available both on CD-ROM and the Internet, it is the best single source of reliable evidence about the effects of health care.

In February 2002, the Health Research Board in Dublin and the R&D Office in Belfast joined forces

to negotiate free access to the Cochrane Library for all residents on the island of Ireland with Internet access. This was the first time any country had negotiated such a deal with the Cochrane Library and many other countries have since followed suit. The Cochrane Library is a collection of seven separate databases. Five of these provide coverage of evidence-based medicine, and the other two provide information on research methodology. One of these databases, the Cochrane Database of Systematic Reviews includes 49 review groups. One of the most recent is the Drugs and Alcohol Review Group which houses its reviews under the following key headings:

- Opioid abuse and dependence
- Cocaine and crack abuse and dependence
- Alcohol abuse and dependence
- Cannabis
- Amphetamines and amphetamine-like substances
- Hallucinogens
- Inhalants

We would like to take this opportunity to encourage all working in these areas to both read the reviews and also to consider creating a systematic review for inclusion in the Cochrane Library. Review Groups are composed of persons from around the world who share an interest in developing and maintaining systematic reviews relevant to a particular health area. Groups are co-ordinated by an editorial team who edit and assemble completed reviews into

Cochrane Library (continued)

modules for inclusion in the Cochrane Library. The Editor and contact person of the Drugs and Alcohol Review Group is Maurica Ferri from Italy, Tel: +39 (06) 83060406; Email dacochrane@asplazio.it.

Resources such as The Reviewers Handbook, the official document which describes the process in detail of how to create a systematic review, and details of all new Reviews, training courses conferences, articles for the media and a consumers' network, which summarises the main findings of new reviews for the public are available at www.cochrane.org

As part of its commitment to evidence-based healthcare, the Health Research Board has continued to build on free access provision to Cochrane Library since 2002 by running a series of workshops each year for all those interested in systematic reviews. Four 3-day workshops are held each year to cover topics such as: what is a systematic review and why do we need them?; large-scale randomised evidence; variability of results on the same topic; forest plots; data extraction methods and clinical and statistical heterogeneity. To date, over 100 people have attended these workshops. The next round of workshops for 2004 will be advertised during November. Details are available on the HRB website at www.hrb.ie

For those keen to answer a specific question and create a systematic review themselves, help is at hand in the form of 1-day workshops on

'Developing a Protocol' and 'Introduction to Meta-analysis', organised jointly between the Health Research Board and the UK Cochrane Centre. Details can also be found on the HRB website.

Finally, for those who are keen to work on a systematic review but are finding it hard to get protected time, the Health Research Board run an annual competition for Cochrane Fellowships. These fellowships provide the individual with protected time on a part-time basis (of up to 2 days per week for a year) and provide funds for systematic review training to enable the creation of a systematic review for the Cochrane Library. Since 2002, seven fellowships have been awarded. It is worth noting, however, that no applications have ever been received for the Drugs and Alcohol Group, and we would like to take this opportunity to encourage you to apply. (*Teresa Maguire*)

If you have any questions or comments on any aspect of the Cochrane Library, you can contact the Research and Development for Health division of the HRB and we would be delighted to help in any way we can. Tel: (01) 6761176; Email: tmaguire@hrb.ie

Further information is available at www.hrb.ie/r&d/cochrane To access the Cochrane Library, go to the HRB website and click on the Cochrane Library logo or use the link www.update-software.com/clibng/cliblogon.htm

Elisad Annual Meeting 2003

The 15th annual conference of European Library and Information Services on Alcohol and other Drugs (ELISAD) was held in Dublin on 25-27 September. The theme of the conference, hosted by the National Documentation Centre on Drug Use, was '*Supporting research: the challenge for information specialists.*' The conference opened with a paper by Dr Shane Butler of Trinity College which examined how research has been used in the development of Irish policy in the drugs and alcohol area. Dr Hamish Sinclair of the DMRD explained how this research had developed over the last 20 years and, in particular, how the need to support an effective research programme in the drugs field eventually led to the opening of the National Documentation Centre on Drug Use in 2002.

Other papers looked at how qualitative research supports the collection of comparable national indicators by the EMCDDA's focal points, the methodology of systematic reviews and the value of the Cochrane Library as an information resource in the drugs area, and the current state of research into recreational drug use in the European Union. Workshops dealt with the themes of research methodology in drug and alcohol research and using the electronic library in research. Delegates

from 18 European and North American countries attended the conference.

On Wednesday 25 September a special meeting on the ELISAD Internet Gateway project was held in the Health Research Board. This meeting presented the results for the first phase of the Gateway (2001-2003), which includes the creation of over 500 full catalogue records, and an outline of how the Gateway will be developed and maintained during the project's second phase. The Gateway can be searched at www.elisad.uni-bremen.de (*Brian Galvin*)



Dr Shane Butler, Trinity College, and Dr Hamish Sinclair, DMRD, who spoke at the Elisad conference (photo: Anne Singer)

Addiction Research Centre – Annual Conference

Young people and their use of alcohol and drugs was the subject of the third annual conference of the Addiction Research Centre, held in Trinity College Dublin in September. A panel of international speakers addressed various aspects of the topic, including prevalence, risks, cultural context, and harm-reduction responses.

Two introductory speakers outlined the current situation in Ireland and the UK in relation to prevalence and responses.

- Dr Mark Morgan, St Patrick's College, Drumcondra, focused on providing an accurate picture of young people in Ireland and their involvement with alcohol and other drugs, and changes in prevalence over the years.
- Dr Eilish Gilvarry, Drug and Alcohol Service, Newcastle-upon-Tyne, looked at responses to substance use and abuse in young people from two aspects – population/public health and individual responses. She dealt with issues mainly related to alcohol use and abuse in young people, though some issues, relating to individual treatments, encompassed illicit drugs and tobacco.

Three speakers highlighted how ethnographic and qualitative research can illuminate the nature of risks and cultural contexts that epidemiological data alone cannot uncover.

- US-based research, reported on by Dr Michael Clatts, Institute for International Research on Youth at Risk at the National Development and Research Institutes in New York, showed how ethnography can be used as a tool for describing sources and types of variability in drug injection practices that may have importance for understanding transmission of viral pathogens in drug preparation and injection practices.

- While most research into ecstasy use has been conducted by medical researchers, Dr Karen McElrath, Queens University Belfast, reported on a social scientific study of ecstasy users in Northern Ireland, which investigated sexual activity during and shortly after ecstasy 'episodes'. The findings indicated two broad groups of ecstasy users – those who appeared to abstain entirely from sexual activity during MDMA use, and those who engaged in a wide range of sexual behaviour during the consumption and 'come-down' periods.
- In a paper entitled 'Taking Drug Users Seriously', Dr David Moore, National Drug Research Institute, Perth, Western Australia, drew on data from ethnographic studies of both 'recreational' and street-based drug users to explore how an understanding of, and engagement with, the cultural practices and social organisation of drug users might inform drug policy.

In the final paper of the day, Dr Paula Mayock, Children's Research Centre, Trinity College Dublin, reviewed the historical development and current status of harm reduction within Irish drugs and alcohol policy, with particular attention to drug and alcohol consumption amongst the young. She argued that the linkage between harm-reduction policies and preventive strategies founded on abstinence-based goals, and the continued heavy reliance on the law as a key mechanism for dealing with the public health issues of drug and alcohol consumption, constitute major obstacles standing in the way of a more liberated and effective harm reduction policy in Ireland. (*Brigid Pike*)

For further information, contact the Addiction Research Centre, Goldsmith Hall, Trinity College, Dublin 2. Tel.: (01) 608-3647; Email: addiction.research@tcd.ie

Recent Publications

Books

Handbook of drug abuse prevention: theory, science and practice

Sloboda Z and Bukoski WJ (Eds) *Kulwer Academic/Plenum Publishers* 2003
ISBN 0 306 47342 9

The preface to this large book points to the formation of the Society for Prevention Research in 1991 as the first recognition that a science of prevention existed and required a separate forum for discussion and review of developments in the field. As an evolving field, prevention science has only begun to assert itself in the arenas of both practice and policy. This Handbook sets out to summarize recent research in the prevention of

substance abuse by presenting in a single volume the accumulated knowledge on prevention theory, intervention design, and prevention research methodology. It was written to respond to the needs of researchers, practitioners, policymakers, students and the lay public, and covers a broad range of subjects from theory to practice.

The idea for the book grew from the observation in the early 1990s that after decades of attempts to develop effective interventions to prevent drug use among children and adolescents in the United States, some success was finally being achieved, particularly in addressing the initiation of use. The editors see this progress as the result of research that has provided a better understanding of the



Recent Publications (continued)

factors and processes associated with the onset of substance use. In addition to documenting the current knowledge in the field of drug use prevention, contributors to this volume specifically address issues on which information has been limited in the past, such as: development of interventions that target children and adolescents at high risk to substance use; understanding the differential response to interventions by gender, age and ethnicity; and understanding the impact of multiple interventions within the community context. The work is presented in eight major parts, beginning with a historical overview, continuing with chapters covering the social, theoretical and biological aspects of drug misuse and the issue of research design, measurement and data analysis. The final part takes a look at the future of drug abuse prevention and contains chapters on the application of computer technology and on putting science into practice.

Global illicit drug trends 2003

United Nations Office on Drugs and Crime (UNODC) *United Nations* 2003.
ISBN 92 1 148156 2



The UN General Assembly resolved in 1998 to make significant progress towards the control of supply and demand for illicit drugs by the year 2008. To monitor progress in achieving this objective, regular assessments of the drug problem were carried out and the results published (since 1999) as annual reports

on global drug trends. The present report is based on data obtained primarily from the annual reports questionnaire (ARQ) returned to UNODC by member governments in 2002, supplemented by other sources. The authors acknowledge data limitations in relation to irregularity and incompleteness in reporting that affect the quantity, quality and comparability of information received. The report tries to overcome these limitations by presenting supply and demand statistics and estimates and analysis of the evolution of the global problem. The first section examines global trends in respect of opium/heroin, coca/cocaine, cannabis and amphetamine-type stimulants (ATS) under three headings: production, trafficking and consumption. The second section provides, under the same three headings, the statistics on which the globally aggregated estimates and trends are based. The analysis of the main illicit markets focuses on the period between 1998 and 2003; the illicit drug production, trafficking and consumption trends focus on 2001/2002, updating last year's edition of the present publication.

Estimating prevalence: indirect methods for estimating the size of the drug problem. Global Assessment Programme on Drug Abuse (GAP): Toolkit Module 2

United Nations Office on Drugs and Crime *United Nations* 2003

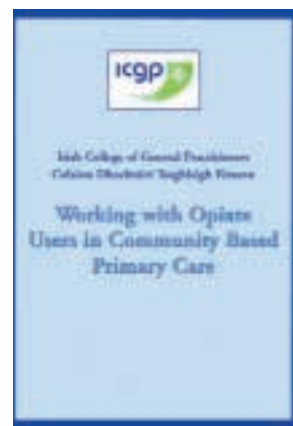
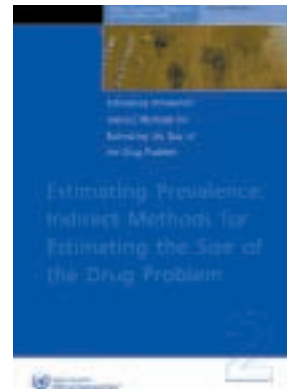
The main objective of the UN Global Assessment Programme (GAP) is to assist countries in collecting reliable and internationally comparable drug abuse data, in building capacity at local level to collect data that can guide demand reduction activities, and in improving cross-national, regional and global reporting on drug trends. The epidemiological toolkit (Module 2) presented in this publication is one of a compendium of methodological guides developed by GAP to support data-collection activities. Its purpose is to provide a practical starting point for those wishing to use indirect methods to produce an estimate of drug prevalence. Indirect methods are those most commonly used and are most appropriate for estimating the numbers of chronic or problematic drug abusers. The toolkit raises the major methodological and practical issues that need to be addressed in order to conduct a successful estimation study. The material is presented in three sections: Drug use prevalence assessment; Specific methods of prevalence estimation; and Guidelines for producing research-based estimates.

A deliberate effort is made to link and complement some of the other material available in this field and pointers are given to more in-depth technical papers on each specific topic. Some of the main issues discussed are illustrated in eleven case studies, and a comprehensive list of general resources for prevalence studies is given in an annex.

Working with opiate users in community based primary care

Irish College of General Practitioners *ICGP* 2003.

This booklet aims to facilitate GPs in providing safe and effective care to drug-dependent patients both in the primary care setting and in health board treatment centres. Designed as a desktop guide, it is limited in the detail and scope of the issues covered. It concerns itself mainly with methadone treatment programmes for opiate users, giving guidelines on the assessment and management of such patients. It has information on the Methadone Treatment Protocol (MTP) for prescribing in general practice and cites the evidence for the effectiveness of methadone treatment. The main aspects of the GP's involvement with an opiate dependent patient, including initial assessment, urine screening, management options, stabilising, dispensing, and ongoing monitoring and review, are covered in short paragraphs, with advice and recommendations contained in brief bullet points. The booklet has short sections on special groups (adolescent, pregnant and psychiatric patients), problems (overdose, dispensing arrangements, false urines, needle-stick injuries), and blood-borne viruses, and also deals briefly with other drugs of

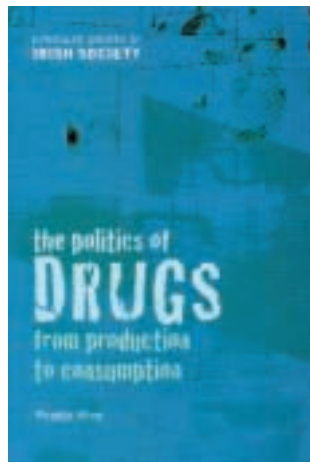


Recent Publications (continued)

misuse and non-methadone therapies. The guidelines were developed by a committee of GPs and all recommendations are evidence-based and consistent with those in the European Methadone Guidelines and the UK-based, Drug Misuse and Dependence – Guidelines on Clinical Management. Current practice in the Irish context is reflected in the contribution from GP specialists and psychiatrists working in substance abuse. The appendixes give a list of treatment centres and local co-ordinators (the majority in Dublin), samples of forms used (including a recommended GP—patient agreement form), a table showing excretion times for different substances, a conversion table, a glossary of terms and a short reading list.

The politics of drugs: from production to consumption

King P *The Liffey Press* 2003 ISBN 1 904148 190



The opening chapter of this book describes a 'drug-saturated' world in which 3.1 per cent of the population consume illicit drugs and sales of prescription drugs have increased exponentially. In examining the degree to which global society has come to depend on drugs, Peadar King looks at the issues that affect

production and trade in illicit drugs and those that drive consumption. He takes the perspective of the people on the ground working with drugs, on both the production and consumption side, and concludes that many of the factors involved are common to both sides. Problem drug use exists in areas of poverty, alienation and neglect of marginalized communities; the same factors can be seen to drive drug production and the global drugs trade. Consequently, the debate about drugs is a political one and is intrinsically linked to the debate about power, social and economic dominance, class and race. This book examines the way in which attitudes and policies have evolved and how these have been influenced by international relations, neo-colonialism and war. It discusses how fear and xenophobia influenced the criminalisation of some drugs; how the 'war on drugs' became enmeshed with the 'war on terrorism'; the key issues in the decriminalisation debate; drug use as experienced by different social groups; and strategies aimed at reducing drug-related harm or preventing drug use altogether.

The book is written for people working in the drug prevention and harm-reduction field and includes sections on the drug situation in Ireland. It is one in a series entitled, Pressure Points in Irish Society, of which Professor M MacLachlan of the Department of Psychology at Trinity College Dublin is the series editor.

The politics of heroin: CIA complicity in the global drug trade (2nd Edition revised)

Alfred W. Mc Coy *Lawrence Hill Books* 2003 ISBN 1 556 524388

This book, originally published in 1972, exposed the links between the CIA and the global heroin trade and was seen as hugely embarrassing for the intelligence community in America, so much so that several attempts were made to ban the book and undermine the reputation of the author. Its central thesis is that during the cold war the CIA aided the global trade of heroin by funding known criminal organisations. This support, often in the form of cash and arms, allowed tribal warlords in Burma in the 1950s, Laos in the 1960s and Afghanistan in the 1980s to become major drug lords. McCoy's extensive documentation of the subject, starting with the rise of Sicilian and Corsican criminal gangs after World War II (the Marseille Connection) up to the fall of the Taliban in Afghanistan in October 2001, points out that these political allies, despite dealing in drugs, were effective and ruthless in the anti-communist struggle. As long as their anti-communist credentials were sound, cold-war political pragmatism ensured that the CIA tolerated their actions.



Recent Publications (continued)

Articles

The following are brief summaries of a selection of articles published in international journals during 2003, relating to the drugs situation in Ireland or written by Irish authors.

Consequences of legislative changes to methadone prescribing in Ireland

Cahill R, Keenan E, Clarke A, Boland M, and Barry J *International Journal of Drug Policy* 2003 June; 14 (3): 241-245.

In 1998 new regulations [Misuse of Drugs (Supervision of Prescription and Supply of Methadone) Regulation, 1998; Government Publications, Dublin] obligated General Practitioners (GPs) in Ireland to have undergone a period of training before they could prescribe methadone and required collation of information about all patients treated on a Central Register. As a result of this new legislation patients who were previously being treated by private GPs who were now no longer eligible to prescribe, were absorbed into the Health Authority's Addiction Services during the month of October 1998. Data were collected at entry and at three months follow-up on 464 of these patients. After three months the percentage on higher dose treatment (>90 mg daily) dropped from 7% at entry to 2%; those positive for illicit opiates dropped from 64% to 28% ($P<0.001$); and those positive for benzodiazepines dropped from 67% to 51% ($P<0.001$). The introduction of new legislation regarding methadone treatment has underlined the need for a multi-disciplinary approach when treating opiate misuse. Since these regulations were introduced GPs can have access to training and support services.

Parenting beliefs and practices of opiate-addicted parents: concealment and taboo

Hogan D *European Addiction Research* 2003; 9(3): 113-119

The lifestyle associated with opiate dependence, including drug taking, the buying and selling of drugs, and contact with other drug users, carries potential risks for the safety and well-being of children of drug-using parents. Based on a qualitative interview study conducted with 50 opiate-dependent parents in Dublin, Ireland, the parenting beliefs and practices in relation to children's exposure to drugs and the associated lifestyle are described. Parents saw their lifestyle as potentially risky for their children and their families. The most common strategy adopted by parents was to conceal their drug-related activities and maintain a strict family taboo about these activities. Intervention programmes should be offered to support effective family communication about parental drug dependence.

Hard Cases in Hard Places: challenges of community addictions work in Dublin

Quigley P *Drugs: Education, Prevention and Policy* 2003 August; 10(3): 211-221.

Outcomes of methadone maintenance treatment are determined by caseload characteristics,

treatment processes and complex environmental factors. The paper aims to describe some clinical and organizational features of new community-based methadone services in Dublin, where many dysfunctional, alienated or destitute multisubstance addicts were in urgent need of harm reduction and rehabilitation. Data were drawn from a participant observation journal recorded over the period 1998-2002 by the author, a clinical public health doctor. Analytic themes were derived from the journal record by a process of induction and were refined in discussion with colleagues. The evolution of the new service is described, and problems of treatment delivery, addiction counselling, and multilevel intervention are discussed. The paper also reports on the results of a pilot project on family involvement in dose supervision and risk reduction. Some fundamental issues of service organization, community participation and evaluation are addressed briefly from a public-health perspective. It is proposed that reflexive practice is a valid and necessary form of enquiry in human service work, allowing access to knowledge which is embodied, tacit and resistant to explicit formulation.

Methods for providing the first prevalence estimates of opiate use in Western Australia

Choi YH, and Comiskey CM *International Journal of Drug Policy* 2003 August; 14(4): 297-305.

International bodies including the United Nations, the World Health Organisation and the European Monitoring Centre for Drugs and Drug Addiction have highlighted the increasing problem of opiate use and have recommended the truncated Poisson methods and capture-recapture methods, with more than two data sources, for prevalence estimation. This recommendation is difficult to implement however in regions where data sources are limited. The truncated Poisson method, which requires a single data source, is less publicised but is also endorsed by the EMCDDA. Within this paper, we implement both of these methods in Western Australia for the first time. We provide the first multi-source enumeration of opiate prevalence for this region, and in addition develop the two methods for use with in-patient hospital data and police records. We found from the multi-source enumeration that a total of 2826 unique individuals were identified as opiate users in the 2-year study period. In addition, using unstratified capture-recapture models we estimated that the population of hidden opiate users was 17,233 (95% CI of 8960-35,055) during the same period. This gives us a total 2-year prevalence estimate of 20,059 opiate users in Western Australia in the period from the 1st July 1996 to 30th June 1998. This corresponds to an estimated prevalence rate of approximately 18 per 1000 of the population aged between 14 and 55. The need for these methods in the coming decade will increase as we see expansion of the European Union and the increased reporting of drug use in developing and emerging nations.

(Joan Moore, Louise Farragher, Damien Walshe)

Upcoming Events in 2003 & 2004 – A Selection

November 2003

19 November 2003
Drug Education Practitioners' Forum meeting

Venue:
 DrugScope, 32-36 Loman St, London SE1 0EE

Organised by/contact:
 Shona Flannigan. t +44 (0)20 7922 8684 e shonaf@drugscope.org.uk

Information:
 The Drug Education Practitioners' Forum exists to enhance and promote quality in drug education through support for the professional development of drug education practitioners working in formal and informal settings. The meeting will run from 11am until 4pm.

20 - 21 November 2003
Tackling Organised Crime in Partnership

Venue:
 Irish Museum of Modern Art, Royal Hospital, Kilmainham, Dublin

Organised by/contact:
 AKJ Associates Ltd, 27 John Street, London WC1N 2BX.
 Events Delegate Manager: Howard James
 t + 44 (0) 20 7430 1486
 e howard.james@akjassociates.com
 w www.tocpartnership.org

Information:
 The 1st European Congress on developing public/private partnerships to identify, measure and prevent harm from organised crime; co-financed under the European Commission's 'AGIS' programme; developed through a partnership of the incoming (2004) Irish and Dutch Presidencies of the Council of the European Union; supported by Europol and the Justice and Home Affairs Directorate of the European Commission.

December 2003

2 - 3 December 2003
Health, Drugs and the Modernisation Agenda - The Future

Venue:
 The Congress Centre, London.
Organised by/contact:
 Emily Cattle, (Events Officer) or Andrea Stewart (Events Assistant).
 t +44 (0)20 7922 8691 or +44 (0)20 7922 8613

e conferences@drugscope.org.uk.
 DrugScope, 32-36 Loman St, London SE1 0EE
Information:
 This conference, incorporating DrugScope's AGM, will discuss the cost of drugs to local communities.

11 December 2003
Profiting from cocaine: a growing addiction
Venue:
 Royal Botanic Gardens, Kew, Richmond, Surrey, TW9 3AB
Organised by/contact:
 Jennifer Lake, RSM Administration.
 t +44 (0)20 7290 3919
 f +44 (0)20 7290 2977
 e jennifer.lake@rsm.ac.uk
 www.rsm.ac.uk/academ/242-cocaine.htm

Information:
 A one day conference, with evening conversazione. Tour of the Herbarium and the Museum (limited number of places available), drinks reception in the Princess of Wales Conservatory, lecture in Jodrell Main Lecture Theatre, 'When Cocaine Was New'.

March 2004

4 - 5 March 2004
2nd UK National Drug Treatment Conference. Treatment: Getting It Right

Venue:
 Victoria Park Plaza Hotel, London.
Organised by:
 Exchange Supplies t +44 (1305) 262244
 e andrew@exchangesupplies.org
 w www.exchangesupplies.org

Information:
 This will be the most important drug treatment conference of the year for drug workers, drug activists, criminal justice workers, prison healthcare staff, clinicians, researchers, policy makers, service providers and commissioners. In order to support and encourage good practice and research, abstracts are invited for either oral paper presentations or poster displays during the two-day event. The submission deadline is 31 December 2003.

25-27 March 2004
7th European Conference on Drugs & HIV in Prison

Venue:
 Prague, Czech Republic
 (More details to follow)

April 2004

20 - 24 April 2004
15th International Conference on the Reduction of Drug Related Harm

Venue:
 Melbourne, Australia
Organised by
 International Harm Reduction Association and the Australian Drug Foundation.
 t +00 61 3 9278 8137 or +00 61 3 9278 8101
 f +00 61 3 9328 3008
 w www.ihra.net
 e ihrc2004conference@adf.org.au.

Information:
 The theme for the 2004 conference will be 'Minimising the harm: maximising the impact'. This theme will run through every Conference activity – how can we use our evidence base and our alliances to change the world? As well as the normal wide range of topics, speakers and styles of presentation or discussion, the Conference will also concentrate on a number of major themes, including: Policing and harm minimization, The economics of Drugs, Local government, drug policy and harm reduction, International treaties, Indigenous populations, drugs and harm reduction, Pharmacotherapies, Needle and syringe exchange and harm reduction, Public health law and harm reduction, Alcohol and harm reduction, The media and harm reduction. The call for abstracts is now open.

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, Health Research Board, Holbrook House, Holles Steet, 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, Holbrook House, Holles Steet, 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.