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## Trends in treated problem drug use in the Health Service Executive Eastern Region, 1998 to 2002

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### Summary

The data presented in this paper describe trends in treated problem drug use among cases living in the Health Service Executive Eastern Region. The Eastern Region comprises three Health Service Executive (HSE) areas, namely the HSE East Coast Area, the HSE South Western Area and the HSE Northern Area, and covers three counties: Dublin, Kildare and Wicklow. For a small number of cases, the precise electoral division of residence was not recorded. Therefore, these cases could not be allocated to their HSE area of residence and they have been categorised by county of residence, as Dublin unspecified or Wicklow unspecified.

The analysis presented in this paper is based on data reported to the National Drug Treatment Reporting System.

The main findings and their implications are:

- Of the 27,674 cases treated for problem drug use and living in the HSE Eastern Region between 1998 and 2002, 4,871 (18%) were treated for the first time. Overall, the total number of cases increased by 23 per cent over the five-year period. There was an increase in the number and proportion of previously treated cases, from 3,815 (75%) in 1998 to 5,324 (85%) in 2002. There was a steady decrease in the number and proportion of new cases, from 1,140 (22%) in 1998 to 790 (13%) in 2002. The increase in the total numbers can be attributed to the fact that the numbers continuing in and returning to treatment were increasing by a larger rate than the number of new cases entering treatment in each year. In addition, this suggests that the increased service provision was to a large extent able to cope with demand for drug treatment services from persons living in the HSE Eastern Region.
- The prevalence of treated problem drug use among persons aged between 15 and 64 years living in the HSE Eastern Region expressed per 100,000 of the population was calculated. In the HSE Northern (Dublin) Area, there was an increase of 6 per cent, from 652 per 100,000 in 1998 to 694 per 100,000 in 2001, but a subsequent decrease of 11 per cent (to 617 per 100,000) in 2002. The prevalence of treated drug use in the HSE South Western Area (of Dublin and Wicklow and all of Kildare) increased by 6 per cent, from 603 per 100,000 in 1998 to 639 per 100,000 in 2002. The prevalence of treated drug use in the HSE East Coast Area (of Dublin and Wicklow) increased by 86 per cent, from 145 per 100,000 in 1998 to 270 per 100,000 in 2002.

- The incidence of treated problem drug use among persons aged between 15 and 64 years living in the HSE East Coast Area increased by 73 per cent, from 30 per 100,000 in 1998 to 52 per 100,000 in 2002. The incidence in the HSE South Western Area (of Dublin and Wicklow and all of Kildare) halved, from 129 per 100,000 in 1998 to 63 per 100,000 in 2002 and the incidence in the HSE Northern Area almost halved also, from 136 per 100,000 in 1998 to 71 per 100,000 in 2002.
- The incidence of treated problem drug use among persons aged between 15 and 64 years by HSE area of residence was calculated for the period 1998 to 2002: the incidence was highest in the HSE South Western Area (with 104 cases per 100,000 of the 15 to 64 year old population), followed closely by the HSE Northern (Dublin) Area (with 103 cases per 100,000), while the HSE East Coast Area (of Dublin and Wicklow) had the lowest incidence (with 41 cases per 100,000).
- The incidence of treated problem drug use among persons aged between 15 and 64 years by county of residence was calculated for the period 1998 to 2002. As expected, the incidence was highest in Dublin (with 114 cases per 100,000 of the 15 to 64 year old population), followed by Wicklow (with 45 cases per 100,000). Kildare had the lowest incidence (with just under 29 cases per 100,000).
- The incidence of treated problem drug use among persons aged between 15 and 64 years living in each drugs task force area in the HSE Eastern Region was calculated for two overlapping time periods: 1998 to 2000 and 2000 to 2002. The incidence of treated drug use increased in three of the 13 drugs task force areas between the two overlapping time periods. The incidence in Bray more than doubled (from 41 per 100,000 to 100 per 100,000). In Dunlaoghaire–Rathdown the incidence increased by 55 per cent (from 31 per 100,000 to 48 per 100,000), and in Finglas–Cabra the incidence also increased (from 101 per 100,000 to 133 per 100,000). The incidence of treated drug use in nine of the 13 drugs task force areas decreased. Ballyfermot experienced a 44 per cent decrease in incidence (from 370 per 100,000 to 206 per 100,000), followed by the Canal Communities which experienced a 40 per cent decrease (from 383 per 100,000 to 228 per 100,000). In Blanchardstown the incidence of treated drug use decreased by 39 per cent (from 117 per 100,000 to 71 per 100,000), while in Ballymun it decreased by 38 per cent (from 551 per 100,000 to 339 per 100,000). The incidence in the South Inner City remained largely unchanged over the two time periods. These findings demonstrate the importance of analysis by small areas in order to identify the shift of problematic drug use to new areas.
- Between 1998 and 2002, opiates were the most common main problem drug reported by both new and previously treated cases in the HSE Eastern Region. The total number of cases living in the region who reported opiates as their main problem drug increased by 27 per cent, from 4,652 in 1998 to 5,921 in 2002, and opiates dominated the main problem drug profile among treated cases living in this area. The numbers reporting problem cannabis use decreased by 14 per cent, from 206 in 1998 to 177 in 2002. This may be due to a combination of under-reporting of such cases by treatment providers and a lack of treatment places available for problem cannabis users, rather than to a reduction in the number of problem cannabis users in the region. The total number of cases reporting cocaine as their main problem drug increased by 30 per cent, from 56 in 1998 to 73 in 2002. The pattern of main problem drugs reported by cases previously treated was similar to that reported by all cases, while the pattern reported by new cases was different. The number of new cases treated who reported problem opiate use decreased by 29 per cent, from 912 in 1998 to 648 in 2002. The number and proportion of new cases who reported cocaine as their main problem drug remained small over the reporting period. In the HSE Eastern Region, the difference between the numbers reporting cannabis use in the population and the numbers seeking treatment for problem cannabis use was greater than that in any of the seven areas outside the region, which indicates that treatment services in this area may need to cater for a number of licit and illicit drugs used rather than focusing mainly on opiate treatment (NACD and DAIRU 2004; Kelleher *et al.* 2004).
- The proportion of treated cases living in the HSE Eastern Region who reported problems with more than one drug increased by 6 per cent, from 69 per cent in 1998 to 75 per cent in 2002.

- Of the treated cases living in the HSE Eastern Region who reported problems with more than one drug, the rank order of additional problem drugs, from most common to least common, differed between 1998 and 2002. Benzodiazepines were the most common additional problem drug used in each year. In 1998, opiates were the second most common additional problem drug. Opiates were replaced by cannabis as the second most common additional problem drug between 1999 and 2002, while cocaine moved up from fourth most common in 1998, 1999 and 2000 to third most common in 2001 and 2002.
- The association between the main problem drug and additional problem drugs among new treated cases living in the HSE Eastern Region was examined for the period 1998 to 2002. The pattern of additional problem drugs was linked to the main problem drug. For example, where an opiate was the main problem drug, the most common additional problem drugs were cannabis, followed by benzodiazepines and then cocaine; where cannabis was the main problem drug, the most common additional problem drugs were ecstasy, followed by alcohol and then amphetamines. Information about the combinations of drugs used is important in terms of individual clients' care plans.

## Glossary of terms

- The **median** is the value at the mid-point in a sequence of numerical values ranged in ascending or descending order. It is defined as the value above or below which half of the values lie. Unlike the mean (average), the median is not influenced by extreme values (or outliers). For example, in the case of five drug users aged 22, 23, 24, 24 and 46 years respectively, the median (middle value) is 24 years, whereas the mean is 27.8 years. While both the median and the mean describe the central value of the data, the median is more useful since the mean is influenced by the one older person in this example.
- **Incidence** is a term used to describe the number of new cases of disease or events that develop among a population during a specified time interval. For example, in 2001, ten opiate users living in a specific county sought treatment for the first time. The incidence is the number of opiate cases divided by the population living in the county (say 31,182 persons in this example) expressed per given number of the population, i.e., per 100, per 1,000, per 10,000, etc.  
The calculation in this case is as follows:  $(10/31,182) \times 10,000$ , which gives an incidence rate of 3.2 per 10,000 of the specific county population in 2001.
- **Prevalence** is a term used to describe the proportion of people in a population who have a disease or condition at a specific point or period in time. For example, in 2001, ten opiate users living in a specific county sought treatment for the first time, 20 opiate users returned to treatment in the year and five opiate users continued in treatment from the previous year; in total there are 35 people treated for problem opiate use in 2001. The prevalence is the total number of cases (35) divided by the population living in the county (31,182 persons) expressed per given number of the population, i.e., per 100, per 1,000, per 10,000, etc.  
The calculation in this case is as follows:  $(35/31,182) \times 10,000$ , which gives a prevalence rate of 11.2 per 10,000 of the specific county population in 2001.
- **Epidemic** disease levels exist when there is an excess number of new cases among a specific population for that point and place in time. An epidemic can also be called an outbreak. An excess number of cases is defined as a number greater than two standard deviations above the normal expected for that point in time.
- **Endemic** disease levels exist when the numbers of new cases among a specific population are within the normal range for the time of year and place of residence. The normal range is defined as the range within two standard deviations of the normal expected for that point in time.

*continued overleaf*

## Glossary of terms (continued)

- **Health boards and the Health Service Executive**

- On 1 January 2005, the ten health boards managing the health services in Ireland were replaced by a single entity, the Health Service Executive (HSE). The former health boards were responsible for health care provision to populations in specific geographical areas. In the interest of continuity of care, the HSE has maintained these ten areas for an interim period and called them HSE areas. The former Eastern Regional Health Authority is known as the HSE Eastern Region for this interim period.
- When the HSE has established itself and redeployed staff, health care will be provided through four HSE regions and 32 local health offices. The local health offices will be based on the geographical boundaries of the existing community care areas. In this paper we have presented the data by HSE area (that is, by the former health board boundaries) and by the new HSE Eastern Region order to reflect possible planning needs.
- The table below presents the past health board structure, the present interim structure and the proposed future regional structure.

Regional Health Authority	Health boards	HSE areas	HSE regions
Not applicable Eastern Regional Health Authority (ERHA*)	North Eastern Health Board Northern Area Health Board	HSE North Eastern Area HSE Northern Area	HSE Dublin/North East Region
Eastern Regional Health Authority (ERHA) Eastern Regional Health Authority (ERHA)	East Coast Area Health Board South Western Area Health Board	HSE East Coast Area HSE South Western Area	HSE Dublin/Mid-Leinster Region
Not applicable	Midland Health Board	HSE Midland Area	
Not applicable Not applicable	South Eastern Health Board Southern Health Board	HSE South Eastern Area HSE Southern Area	HSE Southern Region
Not applicable Not applicable Not applicable	Mid-Western Health Board North Western Health Board Western Health Board	HSE Mid-Western Area HSE North Western Area HSE Western Area	HSE Western Region

\*The ERHA is known as the HSE Eastern Region for the interim period.

## Introduction

The National Drug Treatment Reporting System (NDTRS) is an epidemiological database on treated problem drug use in Ireland. It was established in 1990 in the Greater Dublin Area and was extended in 1995 to cover other areas of the country. The reporting system was originally developed in line with the Pompidou Group's Definitive Protocol (Hartnoll 1994) and subsequently refined in accordance with the Treatment Demand Indicator Protocol (EMCDDA and Pompidou Group 2000). The NDTRS is co-ordinated by staff at the Drug Misuse Research Division (DMRD) of the Health Research Board (HRB) on behalf of the Department of Health and Children.

Drug treatment data are viewed as an indirect indicator of drug misuse as well as a direct indicator of demand for treatment services. These data are used at national and European levels to provide information on the characteristics of clients entering treatment, and on patterns of drug misuse, such as types of drugs used and consumption behaviours. They are 'valuable from a public health perspective to assess needs, ... and to plan and evaluate services' (EMCDDA 1998: 23). Information from the NDTRS is made available to service providers and policy makers and is used to inform local and national drug policy and planning. For example, in 1996 NDTRS data were used to identify a number of local areas with problematic heroin use (Ministerial Task Force 1996). These areas were later designated as Local Drugs Task Force Areas and are continuing to provide strategic responses to drug misuse in their communities.

The monitoring role of the NDTRS is recognised by the Government in its document *Building on Experience: National Drugs Strategy 2001–2008*. Data collection for the NDTRS is one of the actions identified and agreed by Government for implementation by the former health boards: 'All treatment providers should co-operate in returning information on problem drug use to the DMRD of the HRB' (Department of Tourism, Sport and Recreation 2001: 118).

## Methods

Compliance with the NDTRS requires that one form be completed for each person who receives treatment for problem drug use at each treatment centre in a calendar year. Service providers at drug treatment centres throughout Ireland collect data on each individual treated for drug misuse. At national level, staff at the DMRD of the HRB compile anonymous, aggregated data.

For the purpose of the NDTRS, *treatment* is broadly defined as 'any activity which aims to ameliorate the psychological, medical or social state of individuals who seek help for their drug problems'. Clients who attend needle-exchange services are not included in this reporting system. Up to 2004, clients who reported alcohol as their main problem drug were not included in this reporting system. Treatment options include one or more of the following: medication (detoxification, methadone reduction and substitution programmes), addiction counselling, group therapy, psychotherapy and/or life skills training. Treatment is provided in both residential and non-residential settings (Table 1). Data returns to the NDTRS for clients living in the HSE Eastern Region and attending treatment services in Ireland during 2002 were provided by 108 treatment services: 96 non-residential and 12 residential.

The main elements of the reporting system are defined as follows:

*All cases treated* – describes individuals who receive treatment for problem drug use at each treatment centre in a calendar year, and includes

- (a) *Previously treated cases* – describes individuals who were treated previously for problem drug use at any treatment centre and have returned to treatment in the reporting year, or those individuals continuing in treatment from the preceding calendar year
- (b) *New cases treated* – describes individuals who have never been treated for problem drug use
- (c) *Status unknown* – describes individuals whose status with respect to previous treatment for problem drug use is not known.

In the case of the data for 'previously treated cases' there is a possibility of duplication in the database; for example, where a person receives treatment at more than one centre. For those receiving methadone maintenance or detoxification, this possibility is considered to be small since the introduction of the *Misuse of Drugs Regulations* in 1998, whereby precautions are taken to ensure that methadone treatment is available from one source only.

The data presented in this paper describe trends in treated problem drug use among cases living in the HSE Eastern Region. There were 27,674 cases treated for problem drug use living in the HSE Eastern Region between 1998 and 2002. The Eastern Region comprises three HSE areas, namely the HSE East Coast Area, the HSE South Western Area and the HSE Northern Area, and covers three counties: Dublin, Kildare and Wicklow. For a small number of cases, the precise electoral division of residence was not recorded. Therefore, these cases could not be allocated to their HSE area of residence and they have been categorised by county of residence, as Dublin unspecified or Wicklow unspecified.

## Analysis

The analysis presented provides an overview of cases treated for problem drug use living in the HSE Eastern Region, that is, Dublin, Kildare and Wicklow. Service provision, numbers treated, incidence and prevalence of treated drug misuse, drug-using practices, risk behaviours and socio-demographic characteristics are described in this paper.

### Service provision

The total number of cases living in the HSE Eastern Region who were treated for problem drug use at outpatient services increased from 3,899 in 1998 to 5,361 in 2002, while the total number treated in residential services decreased substantially, from 974 in 1998 to 366 in 2002 (Table 1). In the HSE Eastern Region, counsellors employed by statutory services did not consistently return information on cases who received counselling only, therefore, there is an under-representation of cases treated for use of drugs other than opiates. Between 1998 and 2002, there was a large increase in the number of general practitioners providing methadone treatment services in the HSE Eastern Region but, despite this, the number of general practitioners participating in the NDTRS was still very low. For example, in 2002 there were 244 general practitioners prescribing methadone treatment in the HSE Eastern Region, but only 24 (10%) of these provided returns to the NDTRS. Cases who attended general practice may have differed from those who attended statutory treatment centres and this may affect the generalisability of the findings presented in this paper. During the reporting period, the prison service did not participate in the NDTRS, although it did provide drug treatment services. The findings must be interpreted in the light of these limitations. There were inconsistencies in the NDTRS data collection, data coding and data entry processes for data pertaining to the HSE Eastern Region up to and including 2000. These have been rectified in the data presented in this paper; therefore, the numbers presented in this paper for the years 1998 to 2000 differ from those presented in previous publications.

**Table 1** Number and type of services providing treatment for cases (in brackets) reporting problem drug use living in the HSE Eastern Region and reported to the NDTRS, 1998 to 2002

Drug services	1998	1999	2000	2001	2002
Outpatient	50 (3899)	56 (3734)	57 (4312)	63 (5003)	70 (5361)
Residential	9 (974)	11 (733)	10 (465)	9 (394)	12 (366)
Low-threshold*	3 (182)	4 (282)	2 (279)	2 (215)	2 (149)
General practitioner	1 (24)	37 (396)	26 (267)	27 (256)	24 (364)
Prison	2 (4)	2 (7)	0 (0)	0 (0)	0 (0)

\*Low-threshold services are services that provide low-dose methadone or drop-in facilities only.

### Numbers treated

Of the 27,674 cases treated for problem drug use and living in the HSE Eastern Region between 1998 and 2002, 4,871 (18%) were treated for the first time. Overall, the total number of cases increased by 23 per cent over the five-year period. There was an increase in the number and proportion of previously treated cases, from

3,815 (75%) in 1998 to 5,324 (85%) in 2002. There was a steady decrease in the number and proportion of new cases, from 1,140 (22%) in 1998 to 790 (13%) in 2002. The increase in the total numbers can be attributed to the fact that the numbers continuing in and returning to treatment were increasing by a larger rate than the number of new cases entering treatment in each year. In addition, this suggests that the increased service provision was to a large extent able to cope with demand for drug treatment services from persons living in the HSE Eastern Region.

**Table 2 Number (%) of treated cases living in the HSE Eastern Region, by treatment status, reported to the NDTRS, 1998 to 2002**

Treatment status	1998		1999		2000 Number (%)		2001		2002	
<b>All cases</b>	<b>5083</b>		<b>5152</b>		<b>5323</b>		<b>5868</b>		<b>6248</b>	
Previously treated	3815	(75.1)	3989	(77.4)	4293	(80.7)	4885	(83.2)	5324	(85.2)
New cases	1140	(22.4)	1080	(21.0)	958	(18.0)	903	(15.4)	790	(12.6)
Status unknown	128	(2.5)	83	(1.6)	72	(1.4)	80	(1.4)	134	(2.1)

Between 1998 and 2002, 45 per cent of treated drug users lived in the HSE South Western Area (of Dublin and Wicklow and all of Kildare); 38 per cent lived in the HSE Northern (Dublin) Area; and less than one-tenth (9%) lived in the HSE East Coast Area (of Dublin and Wicklow) (Table 3). However, the total number and proportion of treated cases living in the HSE East Coast Area increased considerably, from 326 (6%) in 1998 to 647 (10%) in 2002. The increase in the number of cases was not as dramatic for cases living in the other two HSE areas. The number of previously treated cases followed a similar pattern to that of all cases in the three HSE areas. The number of new cases living in the HSE East Coast Area increased from 68 in 1998 to 133 in 2002. The number of new cases living in the HSE South Western Area decreased by 44 per cent, from 489 in 1998 to 275 in 2002. A similar pattern was apparent for cases living in the HSE Northern Area, with the number of new cases declining by 43 per cent, from 447 in 1998 to 254 in 2002.

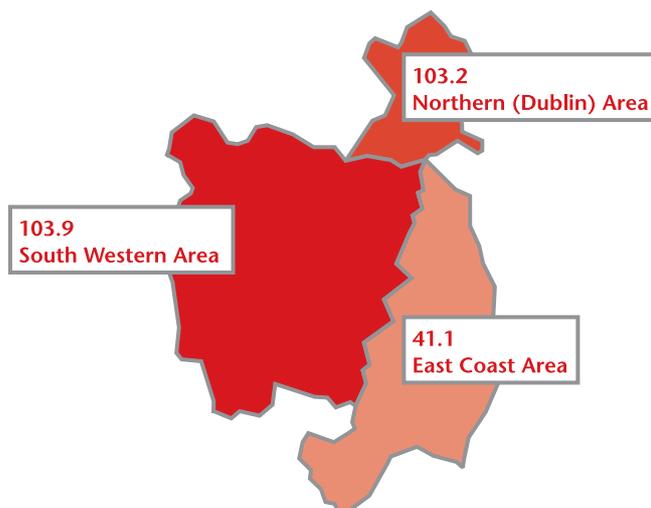
**Table 3 Number (%) of treated cases living in the HSE Eastern Region, by HSE area of residence and by treatment status, reported to the NDTRS, 1998 to 2002**

HSE area of residence	1998		1999		2000 Number (%)		2001		2002	
<b>All cases</b>	<b>5083</b>		<b>5152</b>		<b>5323</b>		<b>5868</b>		<b>6248</b>	
East Coast Area (of Dublin and Wicklow)	326	(6.4)	425	(8.2)	469	(8.8)	591	(10.1)	647	(10.4)
South Western Area (of Dublin and Wicklow and all of Kildare)	2255	(44.4)	2482	(48.2)	2467	(46.3)	2434	(41.5)	2688	(43.0)
Northern (Dublin) Area	2107	(41.5)	1967	(38.2)	2060	(38.7)	2347	(40.0)	2141	(34.3)
Dublin unspecified	379	(7.5)	265	(5.1)	308	(5.8)	465	(7.9)	731	(11.7)
Wicklow unspecified	16	(0.3)	13	(0.3)	19	(0.4)	31	(0.5)	41	(0.7)
<b>Previously treated cases</b>	<b>3815</b>		<b>3989</b>		<b>4293</b>		<b>4885</b>		<b>5324</b>	
East Coast Area (of Dublin and Wicklow)	224	(5.9)	335	(8.4)	390	(9.1)	445	(9.1)	499	(9.4)
South Western Area (of Dublin and Wicklow and all of Kildare)	1738	(45.6)	1929	(48.4)	1930	(45.0)	2017	(41.3)	2363	(44.4)
Northern (Dublin) Area	1613	(42.3)	1486	(37.3)	1739	(40.5)	2022	(41.4)	1850	(34.7)
Dublin unspecified	231	(6.1)	230	(5.8)	224	(5.2)	381	(7.8)	581	(10.9)
Wicklow unspecified	9	(0.2)	9	(0.2)	10	(0.2)	20	(0.4)	31	(0.6)
<b>New cases</b>	<b>1140</b>		<b>1080</b>		<b>958</b>		<b>903</b>		<b>790</b>	
East Coast Area (of Dublin and Wicklow)	68	(6.0)	76	(7.0)	68	(7.1)	138	(15.3)	133	(16.8)
South Western Area (of Dublin and Wicklow and all of Kildare)	489	(42.9)	515	(47.7)	502	(52.4)	379	(42.0)	275	(34.8)
Northern (Dublin) Area	447	(39.2)	454	(42.0)	299	(31.2)	300	(33.2)	254	(32.2)
Dublin unspecified	129	(11.3)	31	(2.9)	80	(8.4)	75	(8.3)	118	(14.9)
Wicklow unspecified	7	(0.6)	4	(0.4)	9	(0.9)	11	(1.2)	10	(1.3)
<b>Status unknown</b>	<b>128</b>		<b>83</b>		<b>72</b>		<b>80</b>		<b>134</b>	

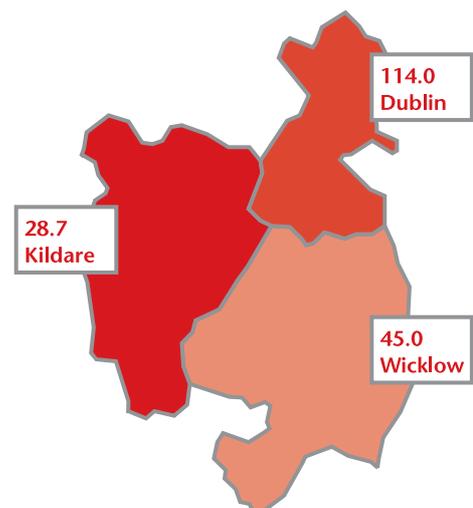
## Incidence and prevalence of treated drug use

The analysis is based on the 27,674 treated cases living in the HSE Eastern Region between 1998 and 2002. In order to adjust for variation in population size in each HSE area and county, the actual incidence of treated drug use in each area was calculated using the average number of new cases over the five-year period living in each of the three HSE areas and three counties; this average was divided by the population aged 15 to 64 years living in the respective HSE areas and counties, using the census figures for 1998 and 2002 (Census 2003).

The incidence of treated problem drug use among persons aged between 15 and 64 years by HSE area of residence was calculated for the period 1998 to 2002: the incidence was highest in the HSE South Western Area (with 104 cases per 100,000 of the 15 to 64 year old population), followed closely by the HSE Northern Area (with 103 cases per 100,000), while the HSE East Coast Area had the lowest incidence (with 41 cases per 100,000) (Figure 1).



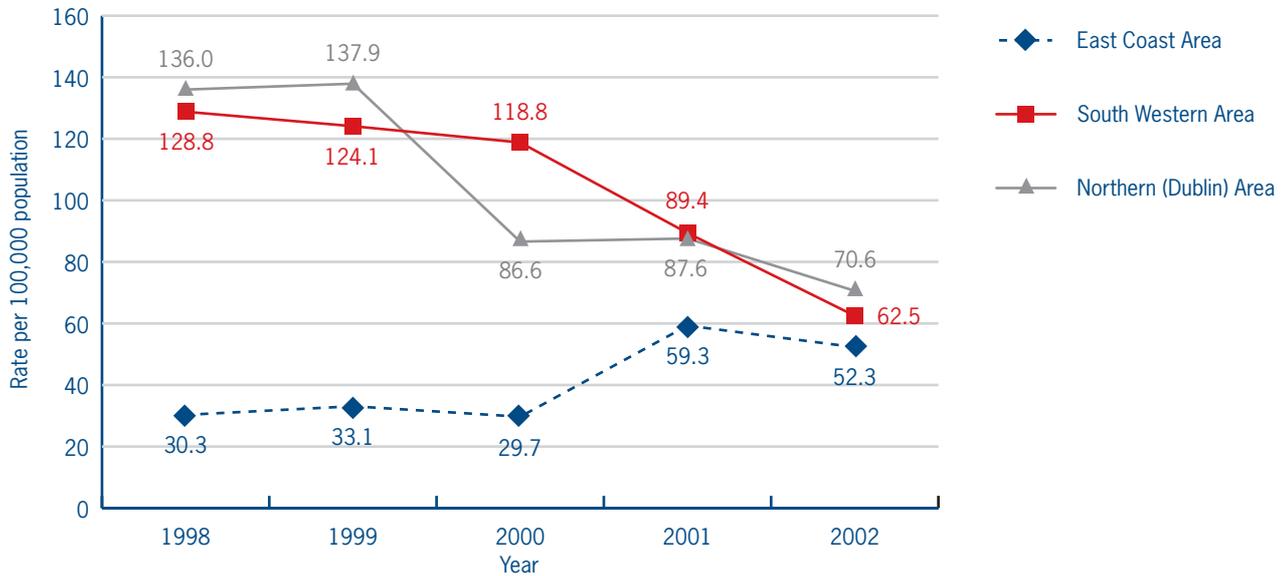
**Figure 1** Incidence of treated problem drug use among persons aged between 15 and 64 years living in each HSE area, per 100,000 population (Central Statistics Office 2003), based on returns to the NDTRS, 1998 to 2002



**Figure 2** Incidence of treated problem drug use among persons aged between 15 and 64 years living in each county, per 100,000 population (Central Statistics Office 2003), based on returns to the NDTRS, 1998 to 2002

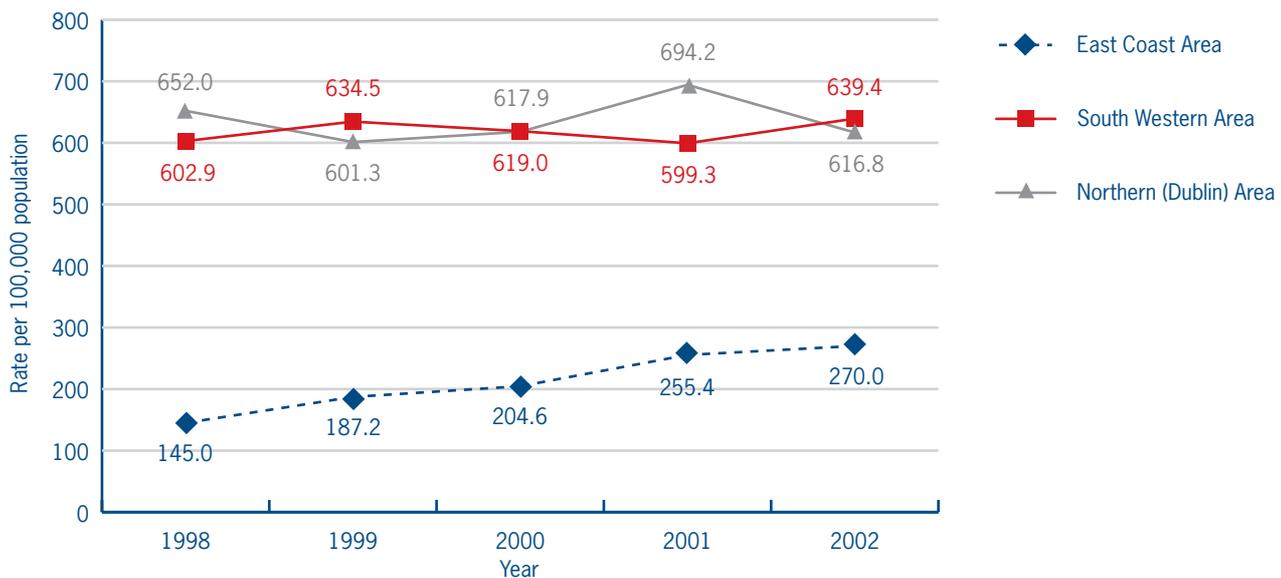
The incidence of treated problem drug use among persons aged between 15 and 64 years by county of residence was calculated for the period 1998 to 2002. As expected, the incidence was highest in Dublin (with 114 cases per 100,000 of the 15 to 64 year old population), followed by Wicklow (with 45 cases per 100,000). Kildare had the lowest incidence (with just under 29 cases per 100,000) (Figure 2).

Figure 3a presents the incidence of treated problem drug use among persons aged between 15 and 64 years living in the HSE Eastern Region. In the HSE East Coast Area, the incidence increased by 73 per cent, from 30 per 100,000 in 1998 to 52 per 100,000 in 2002. The incidence in the HSE South Western Area halved, from 129 per 100,000 in 1998 to 63 per 100,000 in 2002 and the incidence in the HSE Northern Area almost halved also, from 136 per 100,000 in 1998 to 71 per 100,000 in 2002.



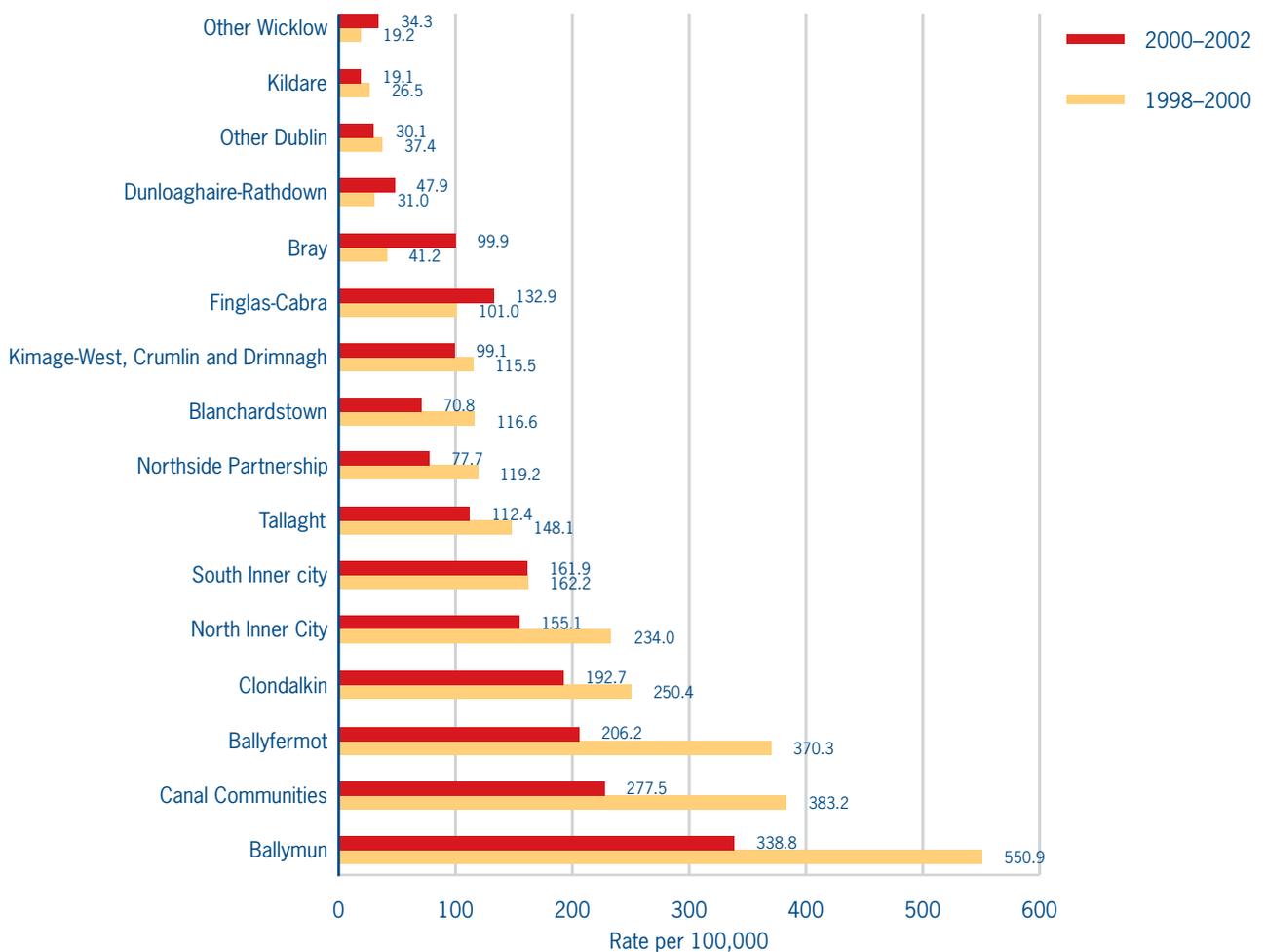
**Figure 3a Incidence of treated problem drug use among persons aged between 15 and 64 years living in the HSE Eastern Region, per 100,000 population (Central Statistics Office 2003), based on returns to the NDTRS, 1998 to 2002**

Figure 3b presents the prevalence of treated problem drug use between 1998 and 2002 among persons aged between 15 and 64 years living in the HSE Eastern Region, expressed per 100,000 of the population. In the HSE Northern Area, there was an increase of 6 per cent, from 652 per 100,000 in 1998 to 694 per 100,000 in 2001, but a subsequent decrease of 11 per cent (to 617 per 100,000) in 2002. The prevalence of treated drug use among persons living in the HSE South Western Area increased by 6 per cent, from 603 per 100,000 in 1998 to 639 per 100,000 in 2002. The prevalence of treated drug use among persons living in the HSE East Coast Area increased by 86 per cent, from 145 per 100,000 in 1998 to 270 per 100,000 in 2002.



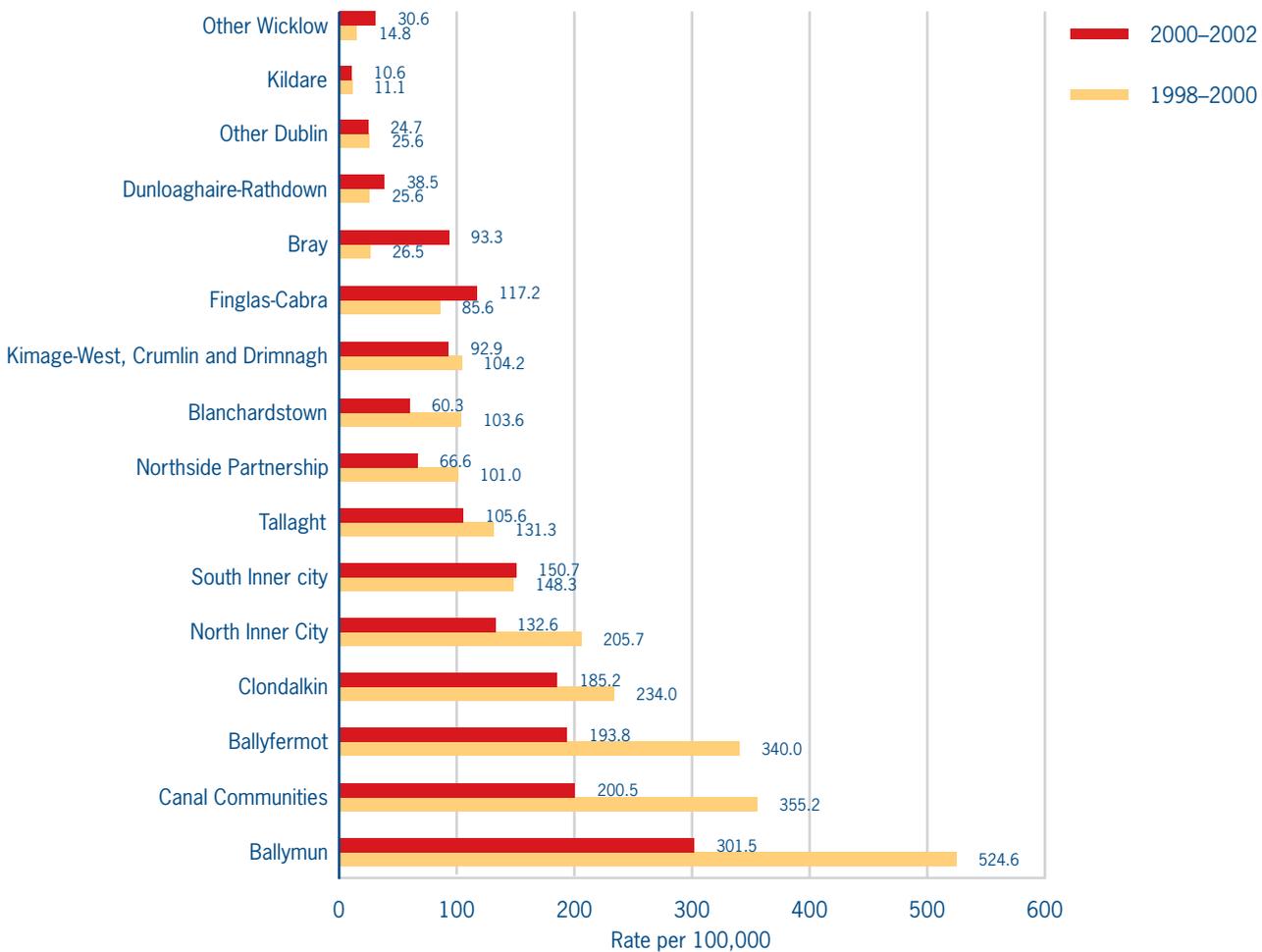
**Figure 3b Prevalence of treated problem drug use among persons aged between 15 and 64 years living in the HSE Eastern Region, per 100,000 population (Central Statistics Office 2003), based on returns to the NDTRS, 1998-2002**

Figure 4a presents the incidence of treated problem drug use among persons aged between 15 and 64 years living in each local drugs task force area (see introduction, second paragraph), and in other areas of each county not designated as local drugs task force areas in the HSE Eastern Region, for two overlapping time periods: 1998 to 2000 and 2000 to 2002. The incidence of treated drug use increased in three of the 13 drugs task force areas between the two overlapping time periods. The incidence in Bray more than doubled (from 41 per 100,000 to 99.9 per 100,000). In Dunlaoghaire–Rathdown the incidence increased by 55 per cent (from 31 per 100,000 to 47.9 per 100,000), and in Finglas–Cabra the incidence also increased (from 101 per 100,000 to 132.9 per 100,000). The incidence of treated drug use in nine of the 13 drugs task force areas decreased. Ballyfermot experienced a 44 per cent decrease in incidence (from 370.3 per 100,000 to 206.2 per 100,000), followed by the Canal Communities, which experienced a 40 per cent decrease (from 383.2 per 100,000 to 277.5 per 100,000). In Blanchardstown the incidence of treated drug use decreased by 39 per cent (from 116.6 per 100,000 to 70.8 per 100,000), while in Ballymun it decreased by 38 per cent (from 550.9 per 100,000 to 338.8 per 100,000). The incidence in the South Inner City remained largely unchanged over the two time periods.



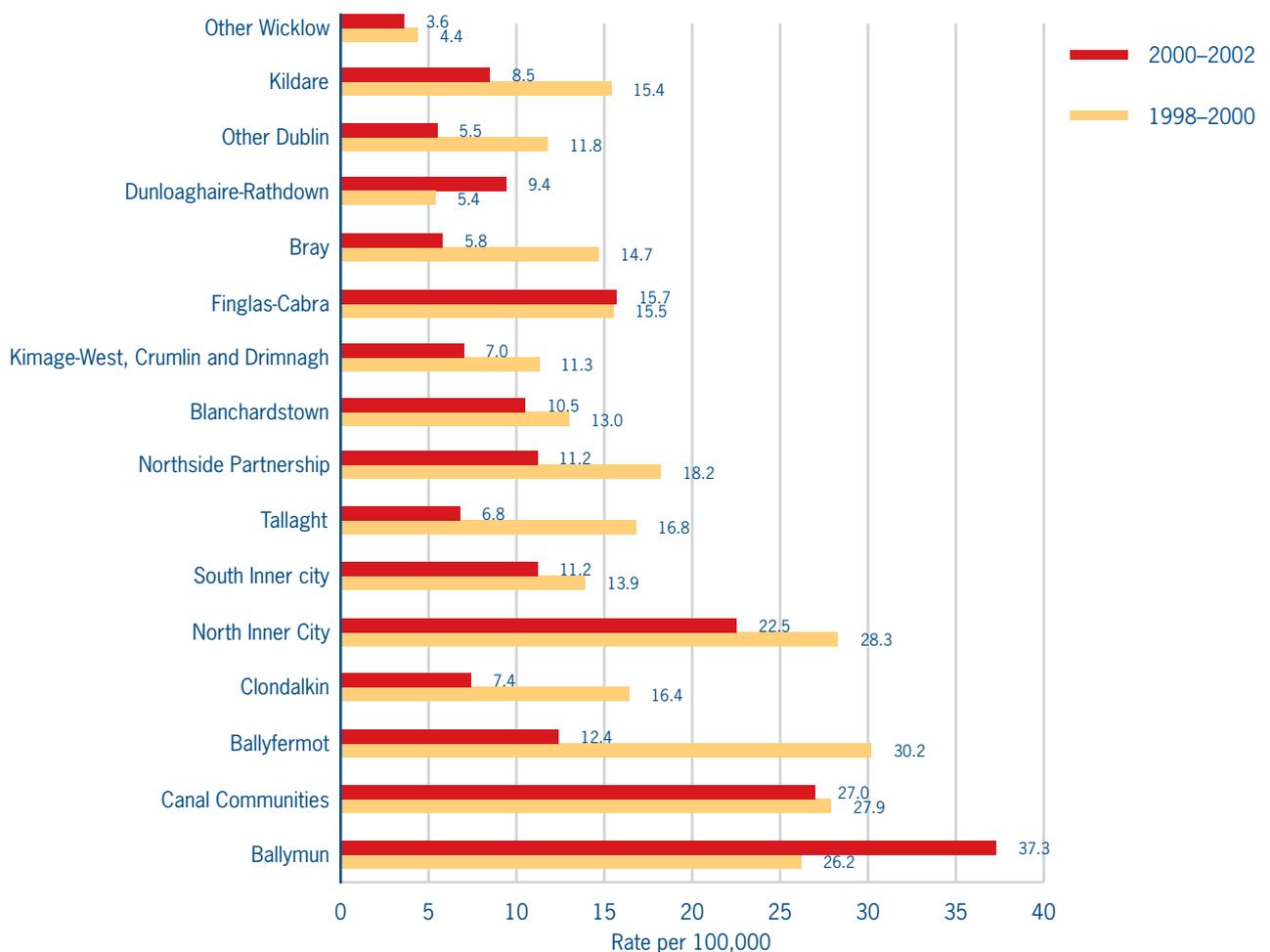
**Figure 4a** Incidence of treated problem drug use among persons aged between 15 and 64 years living in each local drugs task force area, and in other areas of each county not designated as local drugs task force areas in the HSE Eastern Region, for two time periods, 1998 to 2000 and 2000 to 2002, per 100,000 population (Central Statistics Office 2003), based on returns to the NDTRS

Figure 4b presents the incidence of treated opiate use among persons aged between 15 and 64 years living in each local drugs task force area, and in other areas of each county not designated as local drugs task force areas in the HSE Eastern Region, for two overlapping time periods: 1998 to 2000 and 2000 to 2002. The incidence of treated opiate use increased in four of the 13 drugs task force areas over the two overlapping time periods. The incidence of treated opiate use in Bray more than trebled in the later time period when compared to the earlier time period (from 27 per 100,000 to 93 per 100,000). Over the two time periods, the incidence in Dunlaoghaire–Rathdown increased considerably (by 50%, from 26 per 100,000 to 39 per 100,000) and also in Finglas–Cabra (by 36%, from 86 per 100,000 to 117 per 100,000), while the South Inner City experienced a small increase. The incidence of treated opiate use decreased in nine of the 13 drugs task force areas. The larger decreases in incidence over the two time periods were in Ballyfermot (by 43%, from 340 per 100,000 to 194 per 100,000) and in the Canal Communities (by 43%, from 355 per 100,000 to 201 per 100,000), followed by Blanchardstown (by 42%, from 104 per 100,000 to 60 per 100,000) and Ballymun (by 42%, from 525 per 100,000 to 302 per 100,000).



**Figure 4b** Incidence of treated opiate use among persons aged between 15 and 64 years living in each local drugs task force area, and in other areas of each county not designated as local drugs task force areas in the HSE Eastern Region, for two time periods, 1998 to 2000 and 2000 to 2002, per 100,000 population (Central Statistics Office 2003), based on returns to the NDTRS

Figure 4c presents the incidence of treated non-opiate use among persons aged between 15 and 64 years living in each local drugs task force area, and in other areas of each county not designated as local drugs task force areas in the HSE Eastern Region, for two overlapping time periods: 1998 to 2000 and 2000 to 2002. The incidence of treated non-opiate use increased in three of the 13 drugs task force areas over the two time periods. Although the incidence in Dunlaoghaire–Rathdown was relatively low, it represented the largest percentage increase (from 5 per 100,000 to 9 per 100,000). The incidence of treated non-opiate use in Ballymun increased by 42 per cent (from 26 per 100,000 to 37 per 100,000), while the incidence increased marginally in Finglas–Cabra (from 15.5 per 100,000 to 15.7 per 100,000). The incidence of treated non-opiate use decreased in ten of the 13 drugs task force areas. The largest decreases in incidence were in Ballyfermot (by 60%, from 30 per 100,000 to 12 per 100,000) and Bray (by 60%, from 15 per 100,000 to 6 per 100,000), followed by Tallaght (by 59%, from 17 per 100,000 to 7 per 100,000) and Clondalkin (by 56%, from 16 per 100,000 to 7 per 100,000).



**Figure 4c** Incidence of treated non-opiate use among persons aged between 15 and 64 years living in each local drugs task force area, and in other areas of each county not designated as local drugs task force areas in the HSE Eastern Region for two time periods, 1998 to 2000 and 2000 to 2002, per 100,000 population (Central Statistics Office 2003), based on returns to the NDTRS

## Main and additional problem drugs

Between 1998 and 2002, the most common main problem drug reported by both new and previously treated cases in the HSE Eastern Region was opiates. The total number of cases reporting opiates as their main problem drug increased by 27 per cent, from 4,652 in 1998 to 5,921 in 2002, and opiates dominate the main problem drug profile among treated cases living in this area. The numbers reporting problem cannabis use decreased by 14 per cent, from 206 in 1998 to 177 in 2002. This may be due to a combination of under-reporting of such cases by treatment providers and a lack of treatment places available for problem cannabis users rather than to a reduction in the number of problem cannabis users in the region. The total number of cases reporting cocaine as their main problem drug increased by 30 per cent, from 56 in 1998 to 73 in 2002. The pattern of main problem drugs reported by cases previously treated was similar to that reported by all cases, while the pattern reported by new cases was different. The number of new cases treated who reported problem opiate use decreased by 29 per cent, from 912 in 1998 to 648 in 2002. The number and proportion of new cases who reported cocaine as their main problem drug remained small over the reporting period. In the HSE Eastern Region, the difference between the numbers reporting cannabis use in the population and the numbers seeking treatment for problem cannabis use was greater than that in any of the seven areas outside the region, which indicates that treatment services in this area may need to cater for a number of licit and illicit drugs used rather than focusing mainly on opiate treatment (NACD and DAIRU 2004; Kelleher *et al.* 2004).

**Table 4 Main problem drug reported by treated cases living in the HSE Eastern Region, by treatment status, and reported to the NDTRS, 1998 to 2002**

Main problem drug	1998		1999		2000 Number (%)		2001		2002	
<b>All cases</b>	<b>5070</b>		<b>5152</b>		<b>5323</b>		<b>5868</b>		<b>6248</b>	
Opiates	4652	(91.8)	4840	(93.9)	5031	(94.5)	5631	(96.0)	5921	(94.8)
Cannabis	206	(4.1)	168	(3.3)	137	(2.6)	95	(1.6)	177	(2.8)
Cocaine	56	(1.1)	32	(0.6)	47	(0.9)	43	(0.7)	73	(1.2)
Benzodiazepines	57	(1.1)	27	(0.5)	56	(1.1)	57	(1.0)	42	(0.7)
Ecstasy	46	(0.9)	50	(1.0)	32	(0.6)	30	(0.5)	18	(0.3)
Amphetamines	24	(0.5)	18	(0.3)	2	(0.0)	4	(0.1)	1	(0.0)
Volatile inhalants	18	(0.4)	8	(0.2)	11	(0.2)	3	(0.1)	3	(0.0)
Other substances	11	(0.2)	9	(0.2)	7	(0.1)	5	(0.1)	13	(0.2)
<b>Previously treated cases</b>	<b>3806</b>		<b>3989</b>		<b>4293</b>		<b>4885</b>		<b>5324</b>	
Opiates	3636	(95.5)	3868	(97.0)	4166	(97.0)	4772	(97.7)	5161	(96.9)
Cannabis	67	(1.8)	58	(1.5)	41	(1.0)	31	(0.6)	65	(1.2)
Benzodiazepines	42	(1.1)	21	(0.5)	48	(1.1)	45	(0.9)	33	(0.6)
Cocaine	32	(0.8)	18	(0.5)	25	(0.6)	23	(0.5)	46	(0.9)
Ecstasy	9	(0.2)	11	(0.3)	9	(0.2)	9	(0.2)	9	(0.2)
Amphetamines	9	(0.2)	5	(0.1)	0	(0.0)	2	(0.0)	0	(0.0)
Volatile inhalants	5	(0.1)	3	(0.1)	1	(0.0)	1	(0.0)	1	(0.0)
Other substances	6	(0.2)	5	(0.1)	3	(0.1)	2	(0.0)	9	(0.2)
<b>New cases</b>	<b>1137</b>		<b>1080</b>		<b>958</b>		<b>903</b>		<b>790</b>	
Opiates	912	(80.2)	901	(83.4)	800	(83.5)	793	(87.8)	648	(82.0)
Cannabis	126	(11.1)	105	(9.7)	93	(9.7)	56	(6.2)	98	(12.4)
Ecstasy	33	(2.9)	36	(3.3)	23	(2.4)	21	(2.3)	7	(0.9)
Cocaine	23	(2.0)	14	(1.3)	20	(2.1)	17	(1.9)	22	(2.8)
Amphetamines	15	(1.3)	13	(1.2)	2	(0.2)	2	(0.2)	1	(0.1)
Volatile inhalants	13	(1.1)	5	(0.5)	10	(1.0)	2	(0.2)	2	(0.3)
Benzodiazepines	10	(0.9)	2	(0.2)	6	(0.6)	9	(1.0)	9	(1.1)
Other substances	5	(0.4)	4	(0.4)	4	(0.4)	3	(0.3)	3	(0.4)
<b>Status unknown</b>	<b>127</b>		<b>83</b>		<b>72</b>		<b>80</b>		<b>134</b>	

The main problem drug reported by new cases treated was examined by HSE area of residence between 1998 and 2002 (Table 5). For new cases living in each HSE area, an opiate was the most commonly reported main problem drug, while cannabis was the second most commonly reported drug.

**Table 5 Main problem drug reported by new cases, by HSE area of residence, and reported to the NDTRS, 1998 to 2002**

Main problem drug	East Coast Area		South Western Area		Northern Area Number (%)		Dublin unspecified		Wicklow unspecified	
<b>New cases</b>	<b>483</b>		<b>2157</b>		<b>1754</b>		<b>433</b>		<b>41</b>	
Opiates	394	(81.6)	1838	(85.2)	1439	(82.0)	356	(82.2)	27	(65.9)
Cannabis	54	(11.2)	172	(8.0)	197	(11.2)	43	(9.9)	12	(29.3)
Ecstasy	13	(2.7)	68	(3.2)	28	(1.6)	11	(2.5)	0	(0.0)
Cocaine	8	(1.7)	40	(1.9)	38	(2.2)	10	(2.3)	0	(0.0)
Benzodiazepines	7	(1.4)	11	(0.5)	12	(0.7)	5	(1.2)	1	(2.4)
Amphetamines	1	(0.2)	15	(0.7)	13	(0.7)	3	(0.7)	1	(2.4)
Volatile inhalants	2	(0.4)	10	(0.5)	18	(1.0)	2	(0.5)	0	(0.0)
Other substances	4	(0.8)	3	(0.1)	9	(0.5)	3	(0.7)	0	(0.0)

The proportion of treated cases living in the HSE Eastern Region who reported problems with more than one drug increased by 6 per cent, from 69 per cent in 1998 to 75 per cent in 2002 (Table 6). The same pattern was noted among both new and previously treated cases.

**Table 6 Use of more than one drug by cases living in the HSE Eastern Region, by treatment status, and reported to the NDTRS, 1998 to 2002**

	1998		1999		2000 Number (%)		2001		2002	
<b>All cases</b>	<b>5083</b>		<b>5152</b>		<b>5323</b>		<b>5868</b>		<b>6248</b>	
All cases who used more than one drug	3481	(68.5)	3501	(68.0)	3589	(67.4)	4311	(73.5)	4671	(74.8)
<b>Previously treated cases</b>	<b>3815</b>		<b>3989</b>		<b>4293</b>		<b>4885</b>		<b>5324</b>	
Previously treated cases who used more than one drug	2706	(70.9)	2831	(71.0)	2965	(69.1)	3673	(75.2)	4040	(75.9)
<b>New cases</b>	<b>1140</b>		<b>1080</b>		<b>958</b>		<b>903</b>		<b>790</b>	
New cases who used more than one drug	704	(61.8)	622	(57.6)	577	(60.2)	580	(64.2)	547	(69.2)
<b>Status unknown</b>	<b>128</b>		<b>83</b>		<b>72</b>		<b>80</b>		<b>134</b>	
Status unknown cases who used more than one drug	71	(55.5)	48	(57.8)	47	(65.3)	58	(72.5)	84	(62.7)

Between 1998 and 2002, excluding Dublin unspecified and Wicklow unspecified, the highest proportions of new cases reporting problems with more than one drug lived in the HSE East Coast Area (Table 7).

**Table 7 Use of more than one drug by new cases, by HSE area of residence, and reported to the NDTRS, 1998 to 2002**

	East Coast Area		South Western Area		Northern Area Number (%)		Dublin unspecified		Wicklow unspecified	
<b>New cases</b>	<b>483</b>		<b>2160</b>		<b>1754</b>		<b>433</b>		<b>41</b>	
New cases who used more than one drug	315	(65.2)	1289	(59.7)	1090	(62.1)	307	(70.9)	29	(70.7)

Of all treated cases living in the HSE Eastern Region between 1998 and 2002, 30 per cent reported problem use of one drug, 33 per cent reported problem use of two drugs, 25 per cent reported problems with three drugs and 13 per cent reported problems with four or more drugs (Table 8). A similar pattern was noted among previously treated cases, while new cases differed slightly. For example in 2002, a larger proportion of new cases than previously treated cases reported problems with one drug (31% versus 24%), while a smaller proportion reported problems with four or more drugs (15% versus 19%).

**Table 8 Number of problem drugs used by cases living in the HSE Eastern Region, by treatment status, and reported to the NDTRS, 1998 to 2002**

Number of problem drugs used	1998	1999	2000 Number (%)	2001	2002
<b>All cases</b>	<b>5083</b>	<b>5152</b>	<b>5323</b>	<b>5868</b>	<b>6248</b>
Used 1 drug	1601 (31.5)	1651 (32.0)	1734 (32.6)	1557 (26.5)	1577 (25.2)
Used 2 drugs	1762 (34.7)	1566 (30.4)	1791 (33.6)	2011 (34.3)	1988 (31.8)
Used 3 drugs	1616 (31.8)	1217 (23.6)	1112 (20.9)	1396 (23.8)	1535 (24.6)
Used 4 drugs or more	104 (2.0)	718 (13.9)	686 (12.9)	904 (15.4)	1148 (18.4)
<b>Previously treated cases</b>	<b>3815</b>	<b>3989</b>	<b>4293</b>	<b>4885</b>	<b>5324</b>
Used 1 drug	1108 (29.0)	1158 (29.0)	1328 (30.9)	1212 (24.8)	1284 (24.1)
Used 2 drugs	1318 (34.5)	1270 (31.8)	1447 (33.7)	1676 (34.3)	1671 (31.4)
Used 3 drugs	1299 (34.0)	976 (24.5)	941 (21.9)	1197 (24.5)	1363 (25.6)
Used 4 drugs or more	90 (2.4)	585 (14.7)	577 (13.4)	800 (16.4)	1006 (18.9)
<b>New cases</b>	<b>1140</b>	<b>1080</b>	<b>958</b>	<b>903</b>	<b>790</b>
Used 1 drug	436 (38.2)	458 (42.4)	381 (39.8)	323 (35.8)	243 (30.8)
Used 2 drugs	402 (35.3)	268 (24.8)	317 (33.1)	304 (33.7)	262 (33.2)
Used 3 drugs	290 (25.4)	227 (21.0)	159 (16.6)	182 (20.2)	163 (20.6)
Used 4 drugs or more	12 (1.1)	127 (11.8)	101 (10.5)	94 (10.4)	122 (15.4)
<b>Status unknown</b>	<b>128</b>	<b>83</b>	<b>72</b>	<b>80</b>	<b>134</b>

Between 1998 and 2002, a higher proportion of new cases living in the HSE East Coast Area and HSE Northern Area reported problem use of three or more drugs than the proportions in the HSE South Western Area (Table 9). Use of more than one drug is a common practice, increases the complexity of such cases, and is associated with poorer outcomes.

**Table 9 Number of problem drugs used by new cases, by HSE area of residence, and reported to the NDTRS, 1998 to 2002**

Number of problem drugs used	East Coast Area	South Western Area	Northern Area Number (%)	Dublin unspecified	Wicklow unspecified
<b>New cases</b>	<b>483</b>	<b>2160</b>	<b>1754</b>	<b>433</b>	<b>41</b>
Used 1 drug	168 (34.8)	871 (40.3)	664 (37.9)	126 (29.1)	12 (29.3)
Used 2 drugs	159 (32.9)	691 (32.0)	535 (30.5)	152 (35.1)	16 (39.0)
Used 3 drugs	107 (22.2)	424 (19.6)	378 (21.6)	102 (23.6)	10 (24.4)
Used 4 drugs or more	49 (10.1)	174 (8.1)	177 (10.1)	53 (12.2)	3 (7.3)

Of the treated cases living in the HSE Eastern Region who reported problems with more than one drug, the rank order of additional problem drugs from most common to least common differed between 1998 and 2002 (Table 10). Benzodiazepines were the most common additional problem drug reported for each year. In 1998, opiates were the second most common additional problem drug. Opiates were replaced by cannabis as the second most common additional problem drug between 1999 and 2002, while cocaine moved up from fourth most common in 1998, 1999 and 2000 to third most common in 2001 and 2002.

**Table 10 Additional problem drugs used by cases living in the HSE Eastern Region, by treatment status, and reported to the NDTRS, 1998 to 2002**

<b>Additional problem drugs used*</b>	<b>1998</b>		<b>1999</b>		<b>2000</b>		<b>2001</b>		<b>2002</b>	
	<b>Number (%)</b>									
<b>All cases who used additional drug(s)</b>	<b>3482</b>		<b>3501</b>		<b>3589</b>		<b>4311</b>		<b>4670</b>	
Benzodiazepines	1481	(42.5)	1659	(47.4)	1753	(48.8)	2281	(52.9)	2460	(52.7)
Cannabis	1181	(33.9)	1423	(40.6)	1459	(40.7)	2071	(48.0)	2361	(50.6)
Opiates	1299	(37.3)	1143	(32.6)	1067	(29.7)	976	(22.6)	1076	(23.0)
Cocaine	405	(11.6)	673	(19.2)	731	(20.4)	1003	(23.3)	1408	(30.1)
Ecstasy	347	(10.0)	520	(14.9)	487	(13.6)	590	(13.7)	570	(12.2)
Alcohol	179	(5.1)	199	(5.7)	164	(4.6)	228	(5.3)	311	(6.7)
Amphetamines	106	(3.0)	121	(3.5)	101	(2.8)	66	(1.5)	70	(1.5)
Volatile inhalants	12	(0.3)	31	(0.9)	24	(0.7)	22	(0.5)	25	(0.5)
Other substances	180	(5.2)	244	(7.0)	175	(4.9)	178	(4.1)	142	(3.0)
<b>Previously treated cases who used additional drug(s)</b>	<b>2707</b>		<b>2831</b>		<b>2965</b>		<b>3673</b>		<b>4039</b>	
Benzodiazepines	1264	(46.7)	1438	(50.8)	1569	(52.9)	2077	(56.5)	2248	(55.7)
Cannabis	834	(30.8)	1087	(38.4)	1129	(38.1)	1733	(47.2)	2050	(50.8)
Opiates	1112	(41.1)	999	(35.3)	920	(31.0)	824	(22.4)	907	(22.5)
Cocaine	332	(12.3)	546	(19.3)	632	(21.3)	876	(23.8)	1246	(30.8)
Ecstasy	224	(8.3)	374	(13.2)	380	(12.8)	480	(13.1)	474	(11.7)
Alcohol	126	(4.7)	139	(4.9)	122	(4.1)	177	(4.8)	230	(5.7)
Amphetamines	56	(2.1)	65	(2.3)	60	(2.0)	49	(1.3)	53	(1.3)
Volatile inhalants	9	(0.3)	21	(0.7)	13	(0.4)	11	(0.3)	20	(0.5)
Other substances	129	(4.8)	182	(6.4)	137	(4.6)	150	(4.1)	117	(2.9)
<b>New cases who used additional drug(s)</b>	<b>704</b>		<b>622</b>		<b>577</b>		<b>580</b>		<b>547</b>	
Cannabis	326	(46.3)	316	(50.8)	303	(52.5)	308	(53.1)	277	(50.6)
Benzodiazepines	189	(26.8)	204	(32.8)	168	(29.1)	189	(32.6)	184	(33.6)
Opiates	167	(23.7)	130	(20.9)	138	(23.9)	141	(24.3)	149	(27.2)
Ecstasy	115	(16.3)	141	(22.7)	101	(17.5)	99	(17.1)	89	(16.3)
Cocaine	67	(9.5)	121	(19.5)	90	(15.6)	112	(19.3)	137	(25.0)
Amphetamines	49	(7.0)	52	(8.4)	39	(6.8)	16	(2.8)	14	(2.6)
Alcohol	41	(5.8)	56	(9.0)	40	(6.9)	50	(8.6)	70	(12.8)
Volatile inhalants	3	(0.4)	10	(1.6)	11	(1.9)	10	(1.7)	5	(0.9)
Other substances	46	(6.5)	58	(9.3)	35	(6.1)	20	(3.4)	20	(3.7)
<b>Status unknown</b>	<b>71</b>		<b>48</b>		<b>47</b>		<b>58</b>		<b>84</b>	

\*By cases reporting use of one, two or three additional drugs.

The type and rank order of additional problem drugs reported by new cases were the same for cases living in the three HSE areas (Table 11).

**Table 11 Additional problem drugs used by new cases, by HSE area of residence, and reported to the NDTRS, 1998 to 2002**

Additional problem drugs used*	East Coast Area		South Western Area		Northern Area Number (%)		Dublin unspecified		Wicklow unspecified	
<b>New cases who used additional drug(s)</b>	<b>315</b>		<b>1289</b>		<b>1090</b>		<b>307</b>		<b>29</b>	
Cannabis	157	(49.8)	653	(50.7)	532	(48.8)	174	(56.7)	14	(48.3)
Benzodiazepines	106	(33.7)	395	(30.6)	364	(33.4)	67	(21.8)	2	(6.9)
Opiates	80	(25.4)	286	(22.2)	284	(26.1)	70	(22.8)	5	(17.2)
Ecstasy	57	(18.1)	217	(16.8)	197	(18.1)	68	(22.1)	6	(20.7)
Cocaine	51	(16.2)	235	(18.2)	198	(18.2)	41	(13.4)	2	(6.9)
Alcohol	26	(8.3)	91	(7.1)	81	(7.4)	50	(16.3)	9	(31.0)
Amphetamines	21	(6.7)	84	(6.5)	44	(4.0)	16	(5.2)	5	(17.2)
Volatile inhalants	1	(0.3)	13	(1.0)	22	(2.0)	2	(0.7)	1	(3.4)
Other substances	17	(5.4)	64	(5.0)	72	(6.6)	25	(8.1)	1	(3.4)

\*By new cases reporting use of one, two or three additional drugs.

The association between the main problem drug and additional problem drugs among new treated cases living in the HSE Eastern Region was examined for the period 1998 to 2002 (Table 12). The pattern of additional problem drugs was linked to the main problem drug. For example, where an opiate was the main problem drug the most common additional problem drugs were cannabis, followed by benzodiazepines and then cocaine; where cannabis was the main problem drug, the most common additional problem drugs were ecstasy, followed by alcohol and then amphetamines. Information about the combinations of drugs used is important in terms of individual clients' care plans.

**Table 12 Main problem drug and associated additional problem drugs used by new cases (number and %) living in the HSE Eastern Region and reported to the NDTRS, 1998 to 2002**

Additional problem drugs used†	Main problem drug used*						
	Opiates 2246	Cannabis 208	Ecstasy 85	Cocaine 65	Amphetamines 20	Benzo- diazepines 19	Volatile inhalants 9
	Number (%)						
Other opiates	596 (26.5)	30 (14.4)	10 (11.8)	13 (20.0)	1 (5.0)	7 (36.8)	0 (0.0)
Ecstasy	318 (14.2)	105 (50.5)	0 (0.0)	24 (36.9)	8 (40.0)	0 (0.0)	1 (11.1)
Cocaine	437 (19.5)	27 (13.0)	11 (12.9)	0 (0.0)	5 (25.0)	4 (21.1)	0 (0.0)
Amphetamines	52 (2.3)	50 (24.0)	32 (37.6)	9 (13.8)	0 (0.0)	2 (10.5)	0 (0.0)
Other benzodiazepines	872 (38.8)	13 (6.3)	4 (4.7)	3 (4.6)	0 (0.0)	3 (15.8)	1 (11.1)
Volatile inhalants	13 (0.6)	19 (9.1)	3 (3.5)	1 (1.5)	0 (0.0)	0 (0.0)	0 (0.0)
Cannabis	1187 (52.8)	0 (0.0)	68 (80.0)	39 (60.0)	13 (65.0)	7 (36.8)	8 (88.9)
Alcohol	93 (4.1)	62 (29.8)	12 (14.1)	16 (24.6)	0 (0.0)	4 (21.1)	3 (33.3)

\*By new cases reporting use of more than one problem drug.

†By new cases reporting use of between one and three additional drugs.

## Risk behaviours

Between 1998 and 2000, 50 per cent of treated drug users living in the HSE Eastern Region commenced illicit use of drugs before they were 15 years old, while in 2000 and 2001, half of treated drug users commenced illicit use of drugs before they were 14 years old (Table 13). Of those living in the HSE Eastern Region who ever injected illicit drugs, 50 per cent started injecting before they were 19 years old. With respect to the age at which use of illicit drugs commenced and the age at which injection of illicit drugs commenced, both new and previously treated cases reported similar age ranges.

The number and proportion of previously treated injector cases living in the HSE Eastern Region increased (Table 13). The number of previously treated injector cases increased by 45 per cent, from 2,967 in 1998 to 4,297 in 2002, while the proportion of previously treated cases increased marginally in the same period. The number of new injector cases living in the HSE Eastern Region decreased by 32 per cent, from 540 in 1998 to 369 in 2002; this decrease is in line with the decrease in the number of new opiate cases living in the HSE Eastern Region. Half of the injector cases living in the HSE Eastern Region had started injecting before they were 19 years old. More worryingly, the total number of treated cases who reported ever sharing injecting equipment increased by 54 per cent, from 2,127 in 1998 to 3,285 in 2002. Injectors have a higher risk of acquiring blood-borne viral infections and of experiencing overdose than do non-injectors. This suggests that the drug treatment services in the HSE Eastern Region need to continue to promote the existing harm reduction services in order to prevent blood-borne viral infections (in particular HIV, hepatitis B, and hepatitis C) and drug overdose (in particular opiate-related overdose). Of note, the proportion of previously treated cases who reported injecting in the last month decreased from 51 per cent in 1998 to 35 per cent in 2002, and sharing decreased from 13 per cent in 1998 to 6 per cent 2002. Since the majority of previously treated cases were continuing in care from the previous year, this suggests that drug users who attended treatment were enabled to reduce their risk behaviours.

**Table 13 Risk behaviours among cases living in the HSE Eastern Region, by treatment status, and reported to the NDTRS, 1998 to 2002**

Injecting and sharing status	1998	1999	2000	2001	2002
<b>All cases</b>					
<b>injector status known</b>	<b>4855</b>	<b>5036</b>	<b>5227</b>	<b>5764</b>	<b>6096</b>
Median age (range)*					
started drug use, in years	15 (11-22)	15 (11-22)	15 (11-21)	14 (11-21)	14 (11-21)
Median age (range)*					
started injecting, in years	19 (15-27)	19 (14-28)	19 (14-28)	19 (14-29)	19 (15-29)
Number (%) ever injected	3578 (73.7)	3964 (78.7)	4248 (81.3)	4449 (77.2)	4729 (77.6)
Of whom:†					
'ever shared'	2127 (59.4)	2559 (64.6)	2884 (67.9)	3121 (70.2)	3285 (69.5)
'currently injecting'	1890 (52.8)	1794 (45.3)	1846 (43.5)	1866 (41.9)	1759 (37.2)
'currently sharing'	503 (14.1)	483 (12.2)	460 (10.8)	368 (8.3)	288 (6.1)
<b>Previously treated cases</b>					
<b>injector status known</b>	<b>3660</b>	<b>3912</b>	<b>4219</b>	<b>4805</b>	<b>5211</b>
Median age (range)*					
started drug use, in years	15 (11-22)	15 (11-22)	15 (11-21)	14 (11-21)	14 (11-20)
Median age (range)*					
started injecting, in years	19 (15-27)	18 (14-27)	19 (14-28)	19 (14-28)	19 (15-28)
Number (%) ever injected	2967 (81.1)	3300 (84.4)	3665 (86.9)	3964 (82.5)	4297 (82.5)
Of whom:†					
'ever shared'	1842 (62.1)	2209 (66.9)	2592 (70.7)	2877 (72.6)	3091 (71.9)
'currently injecting'	1509 (50.9)	1416 (42.9)	1523 (41.6)	1552 (39.2)	1488 (34.6)
'currently sharing'	399 (13.4)	372 (11.3)	383 (10.5)	287 (7.2)	237 (5.5)
<b>New cases</b>					
<b>injector status known</b>	<b>1091</b>	<b>1050</b>	<b>941</b>	<b>885</b>	<b>772</b>
Median age (range)*					
started drug use, in years	15 (11-21)	15 (12-22)	15 (11-22)	15 (11-23)	15 (11-24)
Median age (range)*					
started injecting, in years	19 (15-28)	19 (15-30)	19 (15-30)	19 (15-32)	19 (15-32)
Number (%) ever injected	540 (49.5)	611 (58.2)	531 (56.4)	435 (49.2)	369 (47.8)
Of whom:†					
'ever shared'	246 (45.6)	324 (53.0)	270 (50.8)	228 (52.4)	172 (46.6)
'currently injecting'	338 (62.6)	348 (57.0)	298 (56.1)	279 (64.1)	232 (62.9)
'currently sharing'	92 (17.0)	108 (17.7)	73 (13.7)	76 (17.5)	47 (12.7)
<b>Status unknown</b>	<b>104</b>	<b>74</b>	<b>67</b>	<b>74</b>	<b>113</b>

\* Age range presented is the 5th to 95th percentile (90% of all cases are within this age range).

† From the data presented in this table, it is not possible to ascertain the exact percentage of injectors with each risk factor of interest because not all declared injectors were asked the subsequent injecting questions.

Between 1998 and 2002, the median age at which new cases commenced drug use and the median age at which they commenced injecting was the same across the three HSE areas (Table 14). The highest proportion of new cases who reported ever injecting illicit drugs lived in the HSE East Coast Area.

**Table 14 Risk behaviours among new cases, by HSE area of residence, and reported to the NDTRS, 1998 to 2002**

Injecting and sharing status	East Coast Area	South Western Area	Northern Area	Dublin unspecified	Wicklow unspecified
<b>New cases – injector status known</b>	<b>470</b>	<b>2106</b>	<b>1713</b>	<b>412</b>	<b>38</b>
Median age (range)* started drug use, in years	15 (11-21)	15 (11-22)	15 (12-23)	14 (11-22)	14 (11-28)
Median age (range)* started injecting, in years	19 (15-29)	19 (15-28)	19 (15-32)	18 (14-31)	18 (15-*)
Number (%) ever injected	292 (62.1)	1043 (49.5)	904 (52.8)	230 (55.8)	17 (44.7)
Of whom:†					
'ever shared'	175 (59.9)	474 (45.4)	499 (55.2)	87 (37.8)	5 (29.4)
'currently injecting'	196 (67.1)	551 (52.8)	603 (66.7)	139 (60.4)	6 (35.3)
'currently sharing'	61 (20.9)	129 (12.4)	180 (19.9)	24 (10.4)	2 (11.8)

\* Age range presented is the 5th to 95th percentile (90% of all cases are within this age range).

† From the data presented in this table, it is not possible to ascertain the exact percentage of injectors with each risk factor of interest because not all declared injectors were asked the subsequent injecting questions.

### Socio-demographic characteristics

The median age of new and previously treated cases living in the HSE Eastern Region increased by more than two years during the period under review. The median age of new cases was marginally lower than the median age of previously treated cases between 1998 and 2002 (Table 15). The proportion of all treated cases under 18 years of age living in the HSE Eastern Region decreased by almost 5 per cent over the reporting period. As expected, the proportion of cases under 18 years of age was much higher among new cases (13%) than among those previously treated (2%). Overall, 67 per cent of treated cases living in the HSE Eastern Region were male. From 1998 to 2002, there was a marginal decrease in the proportion of male cases treated for problem drug use for the first time and living in the HSE Eastern Region. From 1998 to 2002, the proportion of cases who lived with their parents or family decreased, from 66 per cent in 1998 to 56 per cent in 2002; this trend was similar for both new and previously treated cases. Overall, 29 per cent of treated cases living in the HSE Eastern Region in the period under review had left school early. The proportions were higher among previously treated cases (30%) than among new cases (24%). It is clear that early school leavers are more common among those seeking treatment for problem drug use, but the exact relationship between leaving school early and problem drug use is unclear. From 1998 to 2002, less than one-quarter of all treated drug users living in the HSE Eastern Region were employed. This may indicate that those with drug problems are less likely to find or retain employment. This emphasises the importance of close linkages between treatment interventions and social, educational and occupational reintegration programmes.

**Table 15 Socio-demographic characteristics of cases living in the HSE Eastern Region, by treatment status, and reported to the NDTRS, 1998 to 2002**

Characteristics*	1998	1999	2000	2001	2002
<b>All cases*</b>	<b>5083</b>	<b>5152</b>	<b>5323</b>	<b>5868</b>	<b>6248</b>
Median age (range) <sup>†</sup> in years	23.9 (17.4-37.7)	24.7 (18.4-38.4)	25.4 (18.7-38.9)	26.0 (19.1-39.9)	26.5 (19.2-40.6)
Number (%) under 18 years of age	387 (7.6)	213 (4.2)	180 (3.4)	161 (2.8)	169 (2.7)
Number (%) of males	3423 (68.4)	3445 (67.0)	3601 (67.8)	3949 (68.0)	3972 (67.0)
Number (%) living with parents/family	3309 (65.8)	3102 (60.5)	3098 (58.9)	3276 (60.2)	3278 (56.0)
Number (%) homeless	§	§	§	381 (7.4)	371 (6.8)
Number (%) of early school leavers <sup>‡</sup>	1210 (29.1)	1215 (28.4)	1433 (30.9)	1527 (29.5)	1585 (28.5)
Number (%) still in school	93 (8.9)	70 (9.2)	56 (9.9)	33 (6.9)	62 (13.4)
Number (%) aged 16 to 64 years employed	865 (18.2)	1267 (26.0)	1358 (26.8)	1347 (24.4)	1337 (22.8)
<b>Previously treated cases*</b>	<b>3815</b>	<b>3989</b>	<b>4293</b>	<b>4885</b>	<b>5324</b>
Median age (range) <sup>†</sup> in years	24.8 (18.3-38.7)	25.5 (19.0-38.8)	26.1 (19.5-39.1)	26.5 (19.8-40.2)	27.0 (20.0-40.7)
Number (%) under 18 years of age	155 (4.1)	87 (2.2)	68 (1.6)	64 (1.3)	65 (1.2)
Number (%) of males	2354 (67.5)	2632 (66.1)	2844 (66.4)	3281 (67.9)	3353 (66.6)
Number (%) living with parents/family	2406 (63.8)	2318 (58.4)	2420 (57.0)	2690 (59.3)	2747 (54.9)
Number (%) homeless	§	§	§	309 (7.2)	313 (6.7)
Number (%) of early school leavers <sup>‡</sup>	959 (29.6)	985 (29.4)	1262 (32.7)	1331 (30.6)	1411 (29.4)
Number (%) still in school	18 (3.2)	16 (3.8)	6 (1.9)	8 (3.0)	12 (4.6)
Number (%) aged 16 to 64 years employed	598 (16.5)	928 (24.5)	1086 (26.4)	1130 (24.5)	1183 (23.5)
<b>New cases*</b>	<b>1140</b>	<b>1080</b>	<b>958</b>	<b>903</b>	<b>790</b>
Median age (range) <sup>†</sup> in years	21.1 (16.1-32.0)	22.3 (16.8-36.0)	22.8 (16.4-36.6)	23.2 (17.0-36.5)	23.4 (16.1-38.4)
Number (%) under 18 years of age	216 (19.0)	119 (11.0)	108 (11.3)	95 (10.7)	99 (12.6)
Number (%) of males	810 (71.8)	749 (69.5)	699 (73.1)	610 (68.3)	526 (68.7)
Number (%) living with parents/family	835 (74.0)	731 (67.9)	648 (68.2)	559 (65.5)	480 (63.9)
Number (%) homeless	§	§	§	63 (7.7)	50 (6.9)
Number (%) of early school leavers <sup>‡</sup>	228 (26.7)	221 (25.3)	162 (22.0)	182 (23.5)	155 (23.3)
Number (%) still in school	70 (16.2)	51 (16.1)	50 (20.8)	24 (12.2)	48 (25.1)
Number (%) aged 16 to 64 years employed	243 (23.4)	321 (31.2)	255 (28.4)	204 (24.2)	136 (18.8)
<b>Status unknown</b>	<b>128</b>	<b>83</b>	<b>72</b>	<b>80</b>	<b>134</b>

\* It is not possible to ascertain the percentage with each characteristic of interest from the total number because not all forms had complete data.

† Age range presented is the 5th to 95th percentile (90% of all cases are within this age range).

‡ Left school before the age of 15 years.

§ Not applicable

The socio-economic characteristics of new cases living in each of the three HSE areas were examined for the period 1998 to 2002 (Table 16). The HSE Northern Area had higher proportions of treated drug users living in the area who were under 18 years of age, were still at school or were early school leavers than did the other two HSE areas. The lowest proportion of cases continuing to reside with parents or family lived in the HSE Northern Area.

**Table 16 Socio-demographic characteristics of new cases, by HSE area of residence, and reported to the NDTRS, 1998 to 2002**

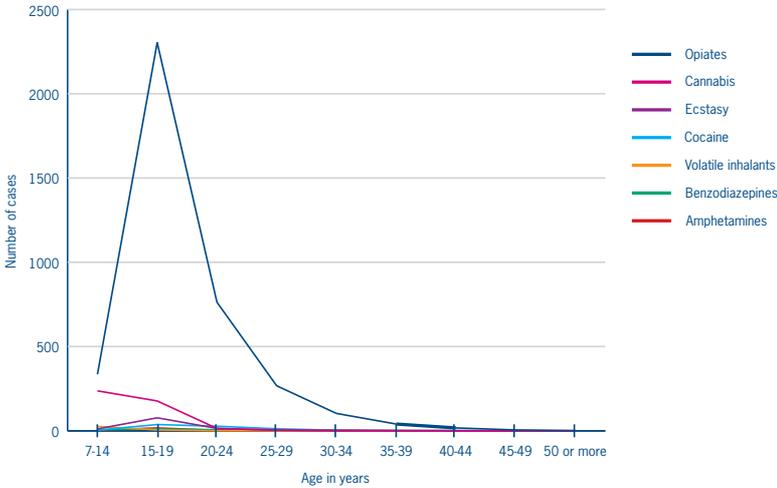
Characteristics	East Coast Area	South Western Area	Northern Area	Dublin unspecified	Wicklow unspecified
<b>New cases*</b>	<b>483</b>	<b>2157</b>	<b>1754</b>	<b>433</b>	<b>41</b>
Median age (range) <sup>†</sup> in years	22.4 (17.1-38.6)	22.3 (16.9-34.8)	22.8 (15.8-35.9)	22.1 (16.3-36.7)	22.9 (17.1-52.1)
Number (%) under 18 years of age	45 (9.4)	251 (11.7)	270 (15.4)	68 (15.8)	3 (7.3)
Number (%) of males	341 (71.3)	1515 (70.7)	1193 (68.9)	310 (72.3)	35 (85.4)
Number (%) living with parents/family	334 (71.5)	1524 (71.9)	1175 (68.2)	190 (46.7)	30 (75.0)
Number (%) of early school leavers <sup>‡</sup>	87 (22.7)	394 (22.4)	385 (26.9)	76 (25.1)	6 (20.7)
Number (%) still in school	20 (16.4)	79 (12.8)	133 (27.7)	9 (6.3)	2 (15.4)
Number (%) aged 16 to 64 years employed	121 (26.6)	537 (26.4)	418 (25.9)	71 (18.2)	12 (30.8)

\* It is not possible to ascertain the percentage with each characteristic of interest from the total number because not all forms had complete data.

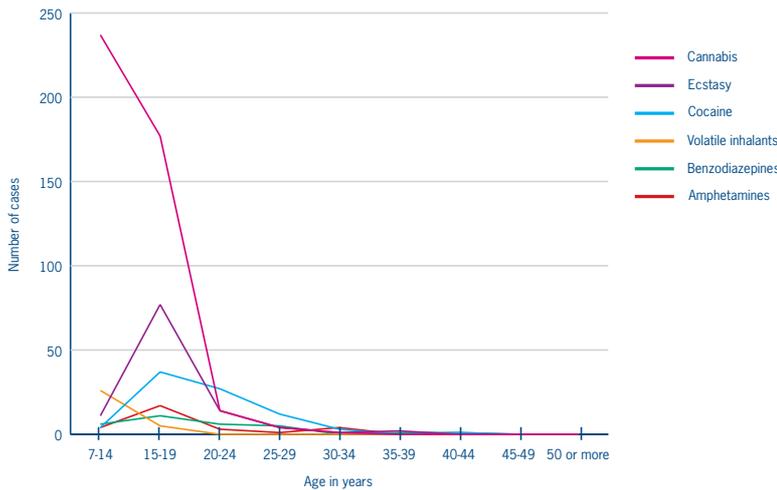
† Age range presented is the 5th to 95th percentile (90% of all cases are within this age range).

‡ Left school before the age of 15 years.

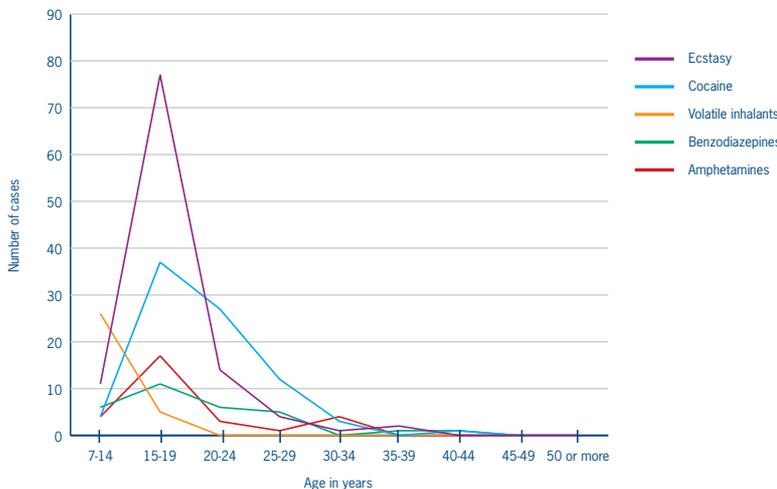
Figures 5a, 5b and 5c present the age at which new cases living in the HSE Eastern Region commenced use of their main problem drug for the period 1998 to 2002. The majority of cases commenced use of opiates, cannabis, ecstasy and cocaine in their mid to late teens. The numbers reporting use of benzodiazepines, amphetamines and volatile inhalants were small.



**Figure 5a** Age commenced use of main problem drug for new cases living in the HSE Eastern Region and reported to the NDTRS, 1998 to 2002

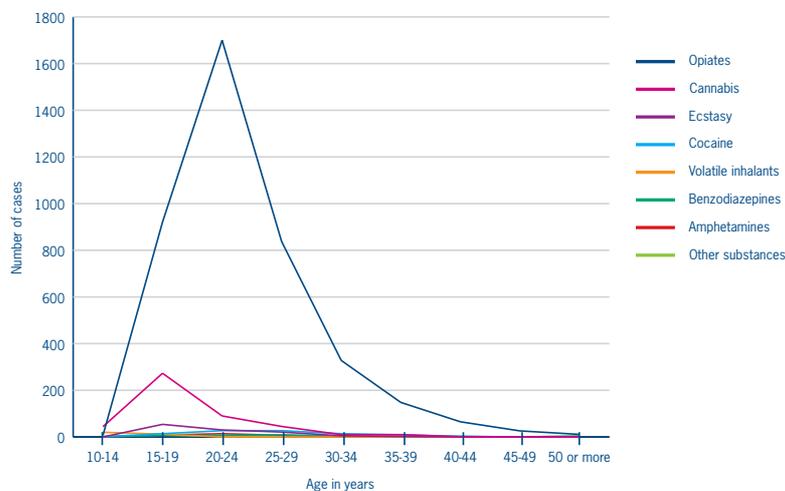


**Figure 5b** Age commenced use of main problem drug (excluding opiates) for new cases living in the HSE Eastern Region and reported to the NDTRS, 1998 to 2002

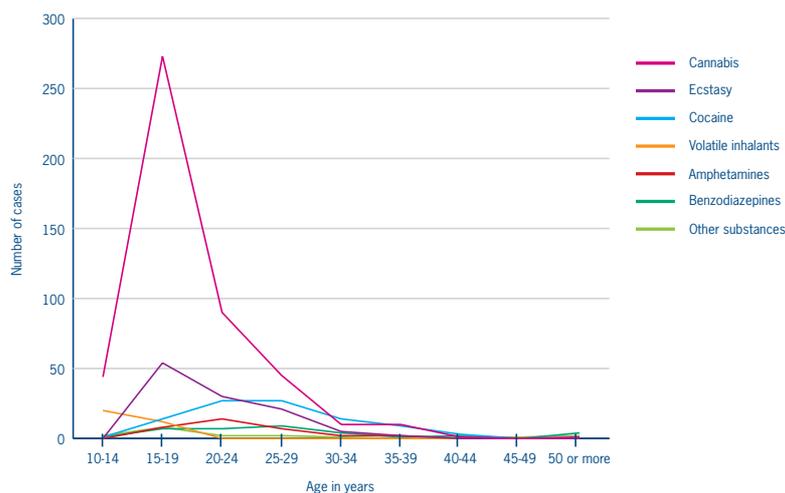


**Figure 5c** Age commenced use of main problem drug (excluding opiates and cannabis) for new cases living in the HSE Eastern Region and reported to the NDTRS, 1998 to 2002

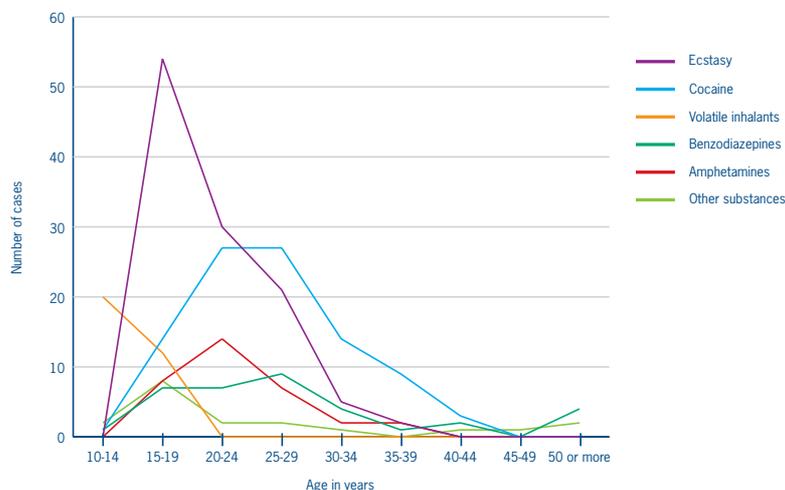
Figures 6a, 6b and 6c present the age at which new cases living in the HSE Eastern Region sought treatment, by the main problem drug, for the period 1998 to 2002. Although the numbers using volatile inhalants are small, it is the main problem drug for a very young client group. It is evident that cannabis and ecstasy are the drugs that young people seek treatment for in their late teens, while the majority of opiate and cocaine users seek treatment in their early to mid twenties.



**Figure 6a** Age attended first treatment, by main problem drug, for new cases living in the HSE Eastern Region and reported to the NDTRS, 1998 to 2002

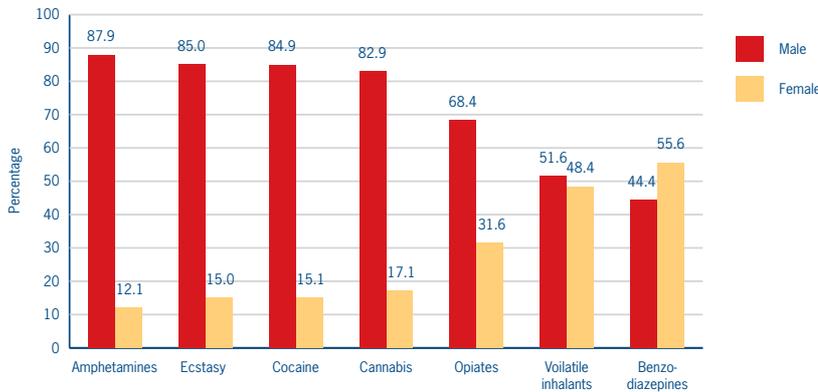


**Figure 6b** Age attended first treatment, by main problem drug (excluding opiates), for new cases living in the HSE Eastern Region and reported to the NDTRS, 1998 to 2002



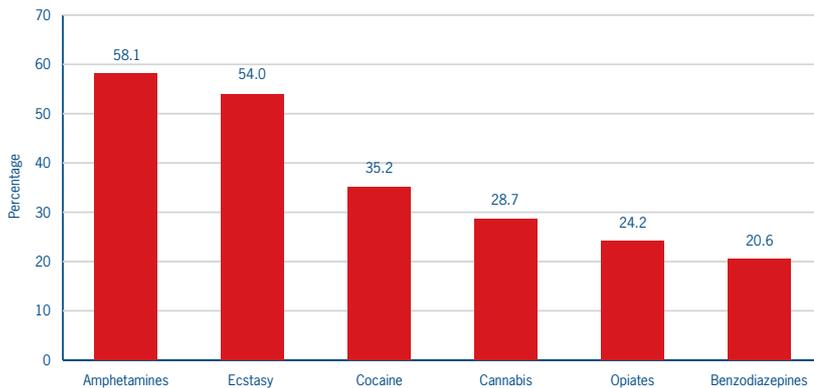
**Figure 6c** Age attended first treatment, by main problem drug (excluding opiates and cannabis), for new cases living in the HSE Eastern Region and reported to the NDTRS, 1998 to 2002

Figure 7 presents the gender of new treated cases living in the HSE Eastern Region, by the main problem drug, for the period 1998 to 2002. The proportions of males treated for amphetamine, ecstasy, cocaine and cannabis use were very high compared to those of their female counterparts. The proportion of males treated for opiate use was also higher than that of females, while there was a slightly higher proportion of males than females treated for use of volatile inhalants. A higher proportion of females than males was treated for benzodiazepine use.



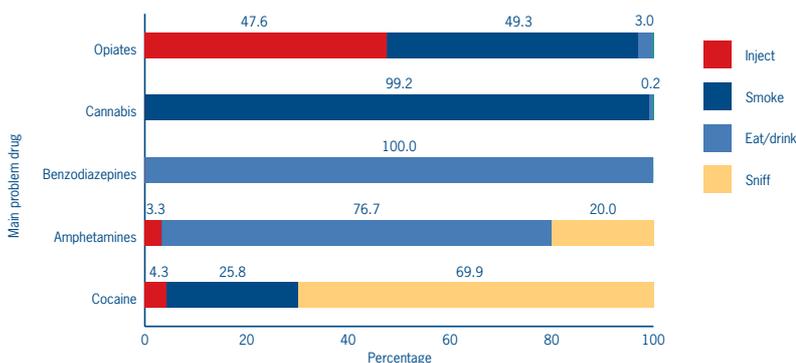
**Figure 7 Main problem drug, by gender, for new cases living in the HSE Eastern Region and reported to the NDTRS, 1998 to 2002**

Figure 8 presents the employment status, by the main problem drug, of new cases living in the HSE Eastern Region who sought treatment in the period 1998 to 2002. The highest rates of employment were among those who used drugs commonly associated with social events, and the lowest rates of employment were among those who used opiates and benzodiazepines. This has important implications for the social and occupational reintegration of opiate and benzodiazepine users.



**Figure 8 Main problem drug, by regular employment, for new cases aged between 16 and 64 years living in the HSE Eastern Region and reported to the NDTRS, 1998 to 2002**

Figure 9 presents the route of administration of the main problem drug reported by new cases living in the HSE Eastern Region who sought treatment between 1998 and 2002. Injecting drug use was associated with opiates and, to a lesser extent, with cocaine and amphetamines.



**Figure 9 Route of administration of selected main problem drugs for new cases living in the HSE Eastern Region and reported to the NDTRS, 1998 to 2002**

## Conclusions

Overall, the total number of cases treated for problem drug use living in the HSE Eastern Region and reported to the NDTRS increased by 23 per cent between 1998 and 2002. The number of previously treated cases returning to or continuing in treatment increased by 40 per cent, from 3,815 in 1998 to 5,324 in 2002. There was a 31 per cent decrease in the number of new cases, from 1,140 in 1998 to 790 in 2002. The decrease in new cases may be due to a combination of factors: a decrease in drug use, a change in the pattern of drug use that was not accommodated in the treatment services, or an inadequate number of treatment places to accommodate the needs of new problem drug users (because chronic drug users occupy the available treatment places). The most likely explanation is a decrease in the number of new opiate users in the region. According to the clinical director in the HSE South Western Area, the length of the waiting list or of waiting times did not increase significantly between 1998 and 2002 (Dr Eamon Keenan, personal communication, 2005) therefore, the third explanation is unlikely. Both new and previously treated cases living in the HSE Eastern Region between 1998 and 2002 most frequently reported that opiates were their main problem drug. The total number of treated cases reporting cocaine as their main problem drug increased by almost 30 per cent. The wide spectrum of problem drug types reported indicates that treatment services need to cater for a number of licit and illicit drugs used rather than focusing on one or two drugs. Polydrug use remains a common practice that needs to be addressed in a client's treatment plan. Benzodiazepines, cannabis and cocaine are important additional problem drugs and, as such, need to be addressed in treatment programmes. The incidence of treated drug use among persons aged between 15 and 64 years increased in three of the 13 drugs task force areas between the two overlapping time periods, 1998 to 2000 and 2000 to 2002. The incidence in Bray more than doubled (from 41 per 100,000 to 100 per 100,000). In Dunlaoghaire–Rathdown the incidence increased by 55 per cent (from 31 per 100,000 to 48 per 100,000), while in Finglas–Cabra the incidence also increased (from 101 per 100,000 to 133 per 100,000). The incidence of treated drug use in nine of the 13 drugs task force areas decreased. Ballyfermot experienced a 44 per cent decrease in incidence (from 370 per 100,000 to 206 per 100,000), followed by the Canal Communities, which experienced a 40 per cent decrease (from 383 per 100,000 to 228 per 100,000). In Blanchardstown the incidence of treated drug use decreased by 39 per cent (from 117 per 100,000 to 71 per 100,000), while in Ballymun it decreased by 38 per cent (from 551 per 100,000 to 339 per 100,000). The incidence in the South Inner City remained largely unchanged over the two time periods. This demonstrates the importance of analysis by small areas in order to identify the shift of problematic drug use to new areas.

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