

## Trends in Treated Drug Misuse in the Western Health Board Area<sup>1</sup> 1996-2000

### Background

Information on problem drug use is collected by the National Drug Treatment Reporting System (NDTRS). The NDTRS is an epidemiological database on treated drug misuse. It was established in 1990 in the Greater Dublin Area only. In 1995 it was extended to other parts of the country, including the Western Health Board (WHB) area. The objectives of the NDTRS are to provide reliable information on the number and characteristics of people who are treated for problem drug use, and to examine trends and patterns of problem drug use. It provides information relevant to the health consequences and social implications of drug misuse and contributes to an understanding of the epidemiology of drug misuse in Ireland. This series of papers presents data by regional health board areas.

### NDTRS methodology

Compliance with the NDTRS requires that a form be completed for each person who receives treatment for problematic drug use. Data on treated drug misuse are collected routinely by staff at drug treatment agencies throughout Ireland. At national level aggregated anonymous data are compiled by the Drug Misuse Research Division (DMRD), Health Research Board (HRB).

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'. Treatment may therefore include non-medical (addiction counselling, group therapy, psychotherapy), as well as medical interventions (detoxification, methadone substitution programmes).

The main elements of the reporting system are:

- a) *All Treatment Contacts* – the reporting of *all* clients receiving treatment during a given year, and
- b) *First Treatment Contacts* – the reporting of the sub-group of clients who have *never* previously been treated for problem drug use.

In the case of the 'all contact' data there is a possibility of duplication of individuals in the database, for example, where a person receives treatment at more than one centre. This is estimated to be small since the introduction of the *Misuse of Drugs Regulations* in 1998, whereby precautions are taken to ensure that treatment by way of medical prescription is available from one source only.

### contents

- Background
- NDTRS methodology
- Treatment as an indicator of drug misuse
- Treatment provision
- Extent of the problem
- Treated drug misuse
- Regional trends
- References
- Value of NDTRS
- General information
- Acknowledgements
- Authors



**Drug Misuse Research Division**  
Health Research Board  
73 Lower Baggot Street  
Dublin 2, Ireland  
**t** +353 1 6761176  
**f** +353 1 6618567  
**e** dmr@hrb.ie  
**w** www.hrb.ie

## Treatment as an indicator of drug misuse

Drug treatment data are viewed as an indirect indicator of drug misuse and are used at national and European levels to provide information on the characteristics of clients entering treatment, and 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 forms an important element in informing local and national drug policies. Based on NDTRS data a number of local areas were targeted for special attention in 1996 (Ministerial Task Force, 1996). Initially eleven areas, ten in Dublin and one in Cork, all of which were characterised by social and economic disadvantage, were designated as Local Drug Task Force Areas (Ministerial Task Force, 1996). There are now fourteen areas: twelve in Dublin; one in Cork; and one in Bray (Department of Tourism, Sport & Recreation, 2001). Local Drug Task Forces were established with the aim of providing strategic local responses in areas where drug misuse was a serious problem.

In the Government's *Building on Experience. National Drugs Strategy 2001-2008*, the role of the NDTRS is recognised in ensuring that the overall aims of the strategy are met. NDTRS data collection is one of the actions identified and agreed by Government for implementation by health boards. It is stated that 'all treatment providers should co-operate in returning information on problem drug use to the DMRD of the HRB' (Department of Tourism, Sport & Recreation, 2001: 118).

## Treatment provision

In 1996, in response to the National Health Strategy, the *Working Group on Drug Misuse/Medicine Control* was convened in the WHB. The group made a number of recommendations regarding the prevention of drug misuse (Nic Gabhainn & Comer, 1996). The introduction of the substance misuse prevention programme *On my Own Two Feet<sup>2</sup>* was recommended for second level schools. Four groups – adolescents with learning disabilities; patients who attend casualty with alcohol-related injuries; early school leavers; and teenage girls and women contemplating pregnancy – considered to be specifically at risk, were targeted for particular attention. A *Community Addiction Team* was set up in 1996 with the objective of identifying 'the extent of the substance misuse problem and to develop local preventative strategies' (Nic Gabhainn & Comer, 1996: 1). A report which was commissioned to examine the level of drug use, prevention policies and needs assessment in relation to service provision in the area, subsequently became the basis of the development of the WHB drug strategy (Nic Gabhainn & Comer, 1996). A Regional Drugs Co-ordinator was appointed with the aim of providing a consistent local response to drug misuse in the WHB; to liaise with all service providers, both statutory and voluntary; and to co-ordinate the planning and evaluation of drug services (<http://www.whb.ie>).

Another more recent development was the opening of the Health Advice Café in December 2001. This is an innovative project offering a range of services and facilities for young people (Walsh, 1999). It is a social health partnership model of prevention, incorporating information, risk assessment, a peer education programme and a direct-access counselling service. The overall aim is to build in some of the protective factors to support healthy lifestyles, by allowing the client group to be self-determining in their choice of support and guidance from project workers. Positive alternatives such as music workshops, art, dance and sport will be encouraged (Walsh, 1999).

Data for the NDTRS during 2000 were collected by three agencies: all are non-residential centres. The *type* of drug treatment provided/availed of was advice/counselling/support (N=14).

<sup>1</sup> Counties Galway, Mayo and Roscommon

<sup>2</sup> This programme was developed by the Health Promotion Unit of the Department of Health & Children and the Psychological Service of the Department of Education & Science

The Health Advice Café is an innovative project offering a range of services and facilities for young people

## Extent of the problem

The use of psychoactive substances in the WHB area, especially cannabis, ecstasy and LSD is widespread, particularly among young people (Nic Gabhainn & Comer, 1996). However, the number of problematic drug users reported to the NDTRS is relatively low. This could be due in part to reluctance on the part of people to present for the treatment of drug-related problems - they are less likely to do so where there are no accessible drug user orientated services provided. In the WHB gaps were identified in service provision – where there were no direct-access primary care services for drug users and ‘treatment services are seen as over-stretched, under-resourced and often ineffective’ (Nic Gabhainn & Comer, 1996: 54).

## Treated drug misuse

The number of drug users presenting for treatment<sup>3</sup> in the WHB area, and reporting to the NDTRS increased from 11 in 1996 to 22 in 1999 and fell to 14 in 2000<sup>4</sup>. Except for one person in 1999, all those who received treatment in the WHB area were from the catchment area (Table 1a). Each year between 1996 and 2000 a number of WHB residents received treatment for problematic drug use elsewhere. In fact, in 2000 the number receiving treatment elsewhere (N=16) slightly exceeded the number treated in the area (N=14) (Table 1a).

**Table 1a. Number of All Treatment Contacts\* by treatment area and area of residence of clients, 1996-2000**

Year	Total treated in WHB	WHB residents treated in WHB	WHB residents treated elsewhere	Others treated in WHB	Total WHB residents treated
1996	11	11	7	0	18
1997	Na	Na	2	Na	2
1998	8	7	7	1	14
1999	22	22	10	0	32
2000	14	14	16**	0	30**

\* Number of cases, as distinct from individuals, who received treatment for their problem drug use

\*\* Provisional figures due to incomplete returns from the Eastern Regional Health Authority health boards

Na: Not available

In 1999 and 2000 most of those treated in the WHB area were new clients (first contacts) – they were receiving treatment for problem drug use for the first time ever. The number of first contacts increased from 4 in 1996 to 13 in 2000 (Table 1b).

**Table 1b. Number of First Treatment Contacts\* by treatment area and area of residence of clients, 1996-2000**

Year	Total treated in WHB	WHB residents treated in WHB	WHB residents treated elsewhere	Others treated in WHB	Total WHB residents treated
1996	4	4	5	0	9
1997	Na	Na	1	Na	1
1998	2	2	1	0	3
1999	13	13	2	0	15
2000	13	13	11**	0	24**

\* Number of people who received treatment for the first time ever

\*\* Provisional figures due to incomplete returns from the Eastern Regional Health Authority health boards

Na: Not available

<sup>3</sup> The emphasis of this paper is on the illicit drug use of clients who received treatment between 1996 and 2000, in the catchment area covered by the WHB (Galway, Mayo and Roscommon)

<sup>4</sup> Data from the WHB were not available for 1997

Information on patterns of drug use among treated populations, such as the types of drugs used, *how* they are taken, and whether in combination with other drugs, can be useful in assessing and planning drug treatment services. Unfortunately very little data on treated drug misuse are available from the WHB area. Because numbers are low, it is therefore very difficult to review trends in the WHB between 1996 and 2000. Data returns to the NDTRS are presented below in Tables 2a to 6b.

**Table 2a. Socio-demographic characteristics of All Treatment Contacts treated in the WHB, 1996-2000**

Characteristics	1996	1997	1998	1999	2000
% Males : % Females	73:27	Na	100:0	77:33	93:7
Mean age (years)	33	Na	33	25	24
Modal age (years)	23	Na	31	19	21
% Under 18 years of age	0	Na	0	18	21
% Living with parent/family	88	Na	25	41	50
% Early school leavers*	20	Na	1	20	0
% Still at school	0	Na	0	0	15
% Employed	11	Na	13	32	43

\* Left school before the age of 15 years  
Na: Not available

**Table 2b. Socio-demographic characteristics of First Treatment Contacts treated in the WHB, 1996-2000**

Characteristics	1996	1997	1998	1999	2000
% Males : % Females	50:50	Na	100:0	92:8	92:8
Mean age (years)	33	Na	35	19	24
Modal age (years)	22	Na	19	19	17
% Under 18 years of age	0	Na	0	23	23
% Living with parent/family	100	Na	50	69	46
% Early school leavers*	0	Na	0	17	0
% Still at school	0	Na	0	0	17
% Employed	75	Na	50	46	46

\* Left school before the age of 15 years  
Na: Not available

**Table 3a. Main Drug of Misuse of All Treatment Contacts treated in the WHB, 1996-2000**

Main Drug of Misuse	1996 N	1997 N	1998 N	1999 N	2000 N
Opiates	3	Na	1	6	2
Cocaine	0	Na	0	0	0
Ecstasy	1	Na	1	6	8
Amphetamines	0	Na	0	4	0
Benzodiazepines	2	Na	3	0	1
Volatile Inhalants	0	Na	0	0	0
Cannabis	4	Na	2	6	3
Other substances	1	Na	1	0	0
<b>Total</b>	<b>11</b>	<b>Na</b>	<b>8</b>	<b>22</b>	<b>14</b>

Na: Not available

**Table 3b. Main Drug of Misuse of First Treatment Contacts treated in the WHB, 1996-2000**

Main Drug of Misuse	1996 N	1997 N	1998 N	1999 N	2000 N
Opiates	1	Na	0	1	2
Cocaine	0	Na	0	0	0
Ecstasy	1	Na	1	5	8
Amphetamines	0	Na	0	2	0
Benzodiazepines	1	Na	0	0	1
Volatile Inhalants	0	Na	0	0	0
Cannabis	1	Na	1	5	2
Other substances	0	Na	0	0	0
<b>Total</b>	<b>4</b>	<b>Na</b>	<b>2</b>	<b>13</b>	<b>13</b>

Na: Not available

**Table 4a. Opiate as a Main Drug of Misuse for All Treatment Contacts treated in the WHB, 1996-2000**

Main Drug / Route of Administration	1996 N	1997 N	1998 N	1999 N	2000 N
Heroin	1	Na	1	5	1
of whom:					
injected	1	Na	0	2	0
smoked	0	Na	1	1	1
other route	0	Na	0	2	0
Other Opiates	2	Na	0	1	1
<b>Total</b>	<b>3</b>	<b>Na</b>	<b>1</b>	<b>6</b>	<b>2</b>

Na: Not available

**Table 4b. Opiate as a Main Drug of Misuse for First Treatment Contacts treated in the WHB, 1996-2000**

Main Drug / Route of Administration	1996 N	1997 N	1998 N	1999 N	2000 N
Heroin	0	Na	0	1	1
of whom:					
injected	0	Na	0	1	0
smoked	0	Na	0	0	1
other route	0	Na	0	0	0
Other Opiates	1	Na	0	0	1
<b>Total</b>	<b>1</b>	<b>Na</b>	<b>0</b>	<b>1</b>	<b>2</b>

Na: Not available

**Table 5a. Secondary Drug of Misuse of All Treatment Contacts treated in the WHB, 1996-2000**

Secondary Drug of Misuse	1996 N	1997 N	1998 N	1999 N	2000 N
No second drug	0	Na	4	9	3
Opiates	1	Na	1	0	0
Cocaine	2	Na	0	3	2
Ecstasy	0	Na	0	3	2
Amphetamines	1	Na	1	3	0
Benzodiazepines	1	Na	1	0	1
Volatile Inhalants	0	Na	0	0	0
Cannabis	1	Na	1	4	4
Alcohol	4	Na	0	0	2
Other substances	1	Na	0	0	0
<b>Total</b>	<b>11</b>	<b>Na</b>	<b>8</b>	<b>22</b>	<b>14</b>

Na: Not available

**Table 5b. Secondary Drug of Misuse of First Treatment Contacts treated in the WHB, 1996-2000**

Secondary Drug of Misuse	1996 N	1997 N	1998 N	1999 N	2000 N
No second drug	0	Na	1	6	3
Opiates	0	Na	0	0	0
Cocaine	1	Na	0	0	2
Ecstasy	0	Na	0	1	1
Amphetamines	1	Na	1	3	0
Benzodiazepines	1	Na	0	0	1
Volatile Inhalants	0	Na	0	0	0
Cannabis	0	Na	0	3	4
Alcohol	1	Na	0	0	2
Other substances	0	Na	0	0	0
<b>Total</b>	<b>4</b>	<b>Na</b>	<b>2</b>	<b>13</b>	<b>13</b>

Na: Not available

**Table 6a. Risk Behaviours of All Treatment Contacts treated in the WHB, 1996-2000**

Risk Behaviours	1996	1997	1998	1999	2000
Mean age of initial drug use (years)	15	Na	18	16	15
Mean age 1st injected (years)	--**	Na	--**	21	--**
Ever Injected N	1	Na	0	7	0
of whom:					
'ever shared' N	0	Na	0	3	0
'currently injecting' N	0	Na	0	3	0
'currently sharing' N	0	Na	0	0	0

Na: Not available

\*\* Not applicable

**Table 6b. Risk Behaviours of First Treatment Contacts treated in the WHB, 1996-2000**

Risk Behaviours	1996	1997	1998	1999	2000
Mean age of initial drug use (years)	16	Na	13	16	15
Mean age 1st injected (years)	--**	Na	--**	--**	--**
Ever Injected N	0	Na	0	1	0
of whom:					
'ever shared' N	0	Na	0	0	0
'currently injecting' N	0	Na	0	1	0
'currently sharing' N	0	Na	0	0	0

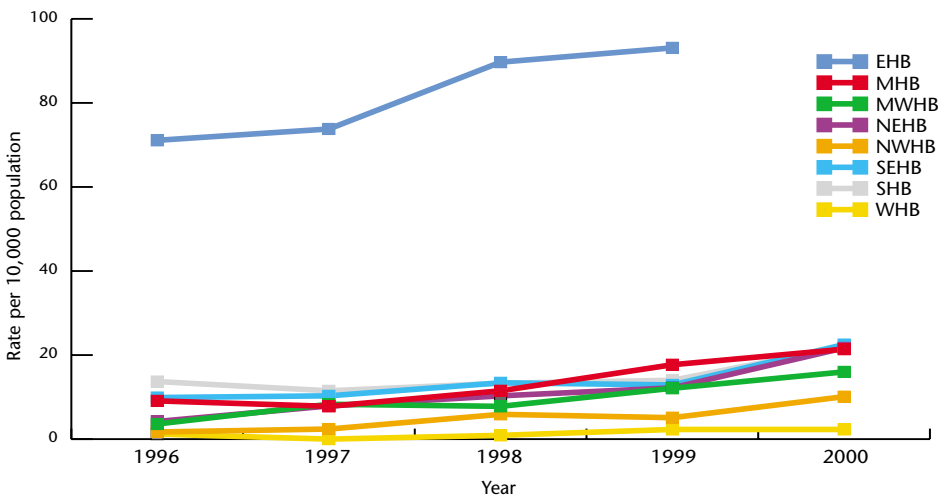
Na: Not available

\*\* Not applicable

## Regional trends

Figures 1a and 1b provide a comparison of the rates of treated drug misuse among residents in different health board areas of Ireland for all and first treatment contacts respectively<sup>5</sup>. As the majority of people treated for problem drug use are in the 15-39 year age group, the rates were based on this age group of the population in each health board area. It is immediately obvious that in the ERHA health board areas (formerly EHB) the rate is much higher than in other regions of the country. However, there is not great variation in regional trends. In all cases the trend shows an increase in those presenting to drug treatment services (Figure 1a).

**Figure 1a. Trends in All Treatment Contact rates for 15 - 39 year olds by Health Board of Residence, 1996-2000\*. Rates per 10,000 population \*\***

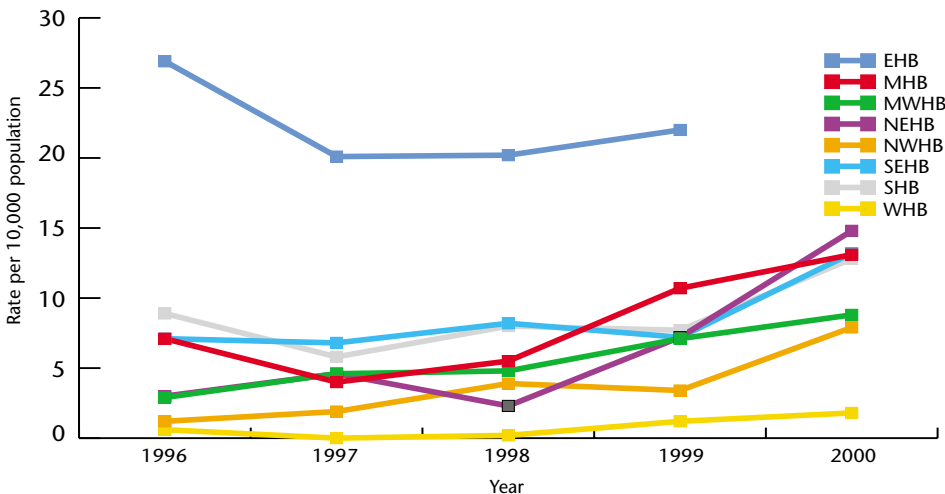


\* Trends for 1996-1999 only in the EHB due to incomplete returns for 2000

\*\* Population figures for each health board are based on the Census for Population 1996, Central Statistics Office

There was an upward trend in first treatment contacts between 1996 and 2000 in all regions (Figure 1b). Increased provision of services at individual health board level is of course a factor that must be borne in mind when considering such trends. Where there are accessible drug user oriented services provided, people are more likely to approach them. However, it would appear that the upward trends also indicate a real increase in drug misuse.

**Figure 1b. Trends in First Treatment Contact rates for 15 - 39 year olds by Health Board of Residence, 1996-2000\*. Rates per 10,000 population \*\***



\* Trends for 1996-1999 only in the EHB due to incomplete returns for 2000

\*\* Population figures for each health board are based on the Census for Population 1996, Central Statistics Office

<sup>5</sup> 1999 is the latest date for which ERHA data are available

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## Value of NDTRS

- Data from the NDTRS provide a profile of drug users presenting to the treatment services. This gives planners and service providers an insight into the number and type of clients availing of treatment services.
- Data on clients receiving treatment for the first time can indicate, over time, changing patterns and trends in problematic drug use. It is thus possible to distinguish new populations of drug users coming for treatment, from more long term chronic drug users.
- A particular benefit of this database is that it provides a foundation for carrying out other more detailed investigations. The value increases over time if data are collected systematically for a number of years. Examples include studies of changes in behaviour patterns in different subgroups, or comparisons with samples of untreated drug users. The DMRD welcomes collaborative research using the NDTRS database.
- The DMRD will provide to the agency, if required, an analysis of returns made to the NDTRS. This can be very useful to the agency for end of year appraisal of clients, or for research purposes.

## General information

The Drug Misuse Research Division of the Health Research Board is involved in national and international research, information gathering and dissemination activities in relation to drugs and drug misuse.

National activities include drug misuse research; maintenance and development of the National Drug Treatment Reporting System; and development of a National Documentation Centre on drug misuse issues in Ireland. The documentation centre will serve as an information resource in the area of drug misuse and will consist of a bibliographic database comprising records and registers of published and unpublished current research; an electronic library containing full texts of research reports included in the bibliography; and a library containing hard copies of material cited in the bibliography.

At European level the DMRD is the designated Irish Focal Point for the European Information Network on Drugs and Drug Addiction (REITOX) of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). Work with the EMCDDA includes the development and harmonisation of key indicators of drug misuse, and participation in the European Database on Demand Reduction Activities (EDDRA). This work is designed to meet the needs of health professionals, researchers and policy makers involved in the planning and implementation of activities to reduce the demand for drugs. The DMRD also participates in the Pompidou Group of the Council of Europe in developing methodological approaches in the field of drug misuse research.

Through its research, information and dissemination activities the DMRD provides a picture of drug misuse, its health consequences and initiatives underway in the field of drug misuse research and policy.

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## Authors

**Mary O'Brien**  
**Tracy Kelleher**  
**Paul Cahill**

**Drug Misuse Research Division**  
Health Research Board  
73 Lower Baggot Street  
Dublin 2, Ireland

**t** +353 1 6761176  
**f** +353 1 6618567  
**e** dmr@hrb.ie  
**w** www.hrb.ie