

Drug Use in Ireland and Northern Ireland

First Results (Revised) from the 2002/2003 Drug Prevalence Survey Bulletin 1

Research conducted by:

The NACD and the Drug and Alcohol Information and Research Unit (DAIRU) within the Department of Health, Social Services and Public Safety in Northern Ireland commissioned MORI MRC to carry out this survey.

Aim:

To obtain prevalence rates for illegal drugs such as cannabis, ecstasy, cocaine, heroin etc. in Ireland and Northern Ireland. Respondents were asked about lifetime prevalence (ever used a drug), last year prevalence (recent use) and last month prevalence (current use). Respondents were also asked about the use of sedatives, tranquillisers or anti-depressants.

Method:

A representative sample (8,434) of people between 15-64 years of age in Northern Ireland (3,516) and Ireland (4,918) was surveyed following guidelines from the European Monitoring Centre for Drugs and Drug Addiction. Questionnaires were administered using face to face interviewing of people residing in private households between October 2002 and April 2003.

Key Findings:

- Almost one in five (19%) people on the island of Ireland reported ever taking an illegal drug. The proportion was similar in Ireland (19%) and Northern Ireland (20%).
- Cannabis was the most commonly used illegal drug in Ireland:
 - 17% had ever used cannabis (17% Northern Ireland)
 - 5% had used cannabis in the last year (5% in Northern Ireland)
 - 2.6% had used cannabis in the last month (2.9% in Northern Ireland).
- For all other illegal drugs lifetime prevalence rates were 4% or less in Ireland. The most common other drugs ever used were ecstasy (4%), magic mushrooms (4%), LSD and poppers (each 3%), amphetamines (3%), cocaine (3%), solvents (2%), heroin (0.5%) and crack (0.3%).
- In Ireland more men than women used any illegal drugs: almost twice as many men (24%) than women (13%) reported ever using an illegal drug: Cannabis (males 22%, females 12%); Cocaine (males 4%, females 2%); Ecstasy (males 5%, females 3%); Magic Mushrooms (males 6%, females 2%); Solvents (males 2%, females 1%) and Amphetamines (males 4%, females 2%).
- Young people reported highest rates of illegal drug use in Ireland.
 - Lifetime prevalence was 25% for those aged years 15-24 compared to 18% for 35-44 year olds;
 - Last year prevalence was 13% for those aged 15-24 compared to 3% for 35-44 year olds;
 - Last month prevalence was 7% for years 15-24 compared to 2% for 35-44 year olds.
- In Ireland older people (55-64) reported highest lifetime prevalence (22%) of sedatives, tranquillisers and anti-depressant use.
- Lifetime ecstasy use was higher in Northern Ireland (6%) compared to Ireland (4%). Lifetime prevalence of cocaine was greater in Ireland (3%) than in Northern Ireland (1.6%).
- Higher rates for the use of sedatives, tranquillisers or anti-depressants in the last month were reported in Northern Ireland: 15% of those aged 45-54 and 14% of those aged 55-64 compared with Ireland (6% for years 45-54 and 10% for years 55-64).

Use of Lofexidine in the Management of Opiate Dependence Syndrome (2003)

Research conducted by:

The National Medicines Information Centre at St James's Hospital.

Aim:

To evaluate the usefulness of Lofexidine as a treatment option in the management of Opiate Dependence Syndrome.

Method:

A systematic review of all published information including clinical studies on the use of Lofexidine in the management of opiate dependence syndrome, especially its use in managed opiate withdrawal and an evaluation of its uses in different treatment settings.

Key Findings:

- In the Irish setting the main pharmacotherapeutic approach uses methadone maintenance therapy. The Pharmaceutical Society of Ireland proposed that the use of non-opioid alternatives to methadone (such as Lofexidine) be considered in the management of opioid dependence in the future.
- Lofexidine is as effective as reducing doses of methadone in the management of opioid withdrawal.
- Lofexidine is more effective in those with a stable home situation.
- Detoxification process is short (10-14 days) necessitating close involvement of the whole drug treatment team. Withdrawal with Lofexidine should be part of a treatment programme providing counselling and other psychosocial supports to prevent relapse.
- The response is better in younger opiate users or those with a shorter history of dependence. It is also suited to opiate users with high levels of motivation. It is not recommended for use in pregnant women.

NACD Recommendations to Government:

- Lofexidine may be regarded as a useful additional treatment option in the overall management of opiate dependence and can be as effective as methadone.
- It does not appear to eliminate withdrawal symptoms completely. Ancillary support and treatments are usually necessary.
- A range of options should be available to both drug users and the practitioners, who together, decide the most appropriate course of treatment for the individual.

Use of Naloxone in the Management of Opiate Dependence Syndrome (2003)

Research conducted by:

The National Medicines Information Centre at St James's Hospital.

Aim:

To evaluate the effectiveness of Naloxone as an intervention in the management of opiate dependence.

Method:

A review of published literature relating to the use of Naloxone in the management of opiate dependence syndrome, and an evaluation of its use in potential treatment settings (emergency room, community setting).

Key Findings:

- Naloxone is an opiate antagonist (i.e. it reverses the effects of opiates) which has been used as an emergency treatment for opiate overdoses in hospitals for several decades.
- In other countries, its administration by trained ambulance staff in the pre-hospital setting, resulted in fewer hospital admissions.
- There is insufficient evidence on the effectiveness of Naloxone for take-home use by families and relatives of opiate users as a first aid measure.
- Naloxone distribution should be one aspect of a programme that comprises 1) education on the fatal risks of polydrug use, concomitant alcohol use and injecting drugs alone; 2) the need to call an ambulance in overdose cases and 3) training in basic resuscitation techniques.

- Naloxone has been used in combination with other agents in the management of opiate withdrawal. The withdrawal syndrome occurs earlier, is more severe and resolves more quickly with Naloxone. It has also been combined with the use of buprenorphine with the aim of reducing the possible abuse of buprenorphine.
- Key issues would need to be addressed before a programme of take-home Naloxone for emergency use could be implemented: provision of adequate training to all personnel involved - prescriber, pharmacist, distributor, patient and administrator of the drug and clarification of their legal position.

NACD Recommendations to Government:

The NACD believes that Naloxone is a drug which has much to offer within our overall response to problem drug taking. It reinforces the need to be proactive in developing an opiate overdose reduction strategy in Ireland. Since retention in a methadone maintenance programme has been shown to reduce fatal opiate overdoses, it may be difficult to target at risk groups i.e. those who do not attend clinics.

An Overview of Cocaine Use in Ireland (2003)

Research conducted by:

The NACD presents an overview of cocaine use in Ireland by combining data from a range of sources.

Aim:

To provide baseline information on cocaine use in Ireland.

Method:

Indicator data from population studies, criminal justice data, laboratory data, drug treatment data, user surveys and anecdotal information were examined to calculate the nature and extent of cocaine use within the population.

Key Findings:

- About cocaine: The effects include euphoria, increased energy and excited state. The side effects include headache, insomnia, loss of appetite, agitation, irrational behaviour, aggression and paranoia. Physically it affects the heart, lungs and brain, causing heart attacks, respiratory distress, strokes and kidney failure, all of which can result in fatalities.
- The mode of administration - snorting, inhaling and injecting - carries with it varying degrees of risk.
- A prevalence survey revealed that 3% of respondents reported ever using cocaine. Lifetime prevalence (5%) was highest among 15-24 year olds. Males reported more than double the rate of lifetime cocaine use than females. Cocaine was the fourth most commonly used drug after cannabis, magic mushrooms and ecstasy.
- Increases reported in cocaine use from 1.8% of males in 1998 to 3% in 2002 and from 0.6% of females in 1998 to 1.9% in 2002, however, no change amongst 16 year old school goers at 2% between 1995 and 1999.
- Cocaine use crosses all social strata with increasing visibility on the pub and club scene.
- Substantial increases were noted across other indicators (positive samples in drug treatment population, increasing drug seizures, other surveys and drug treatment data).
- Recognised treatment for cocaine dependence:
 - Some pharmacotherapies have effects on symptoms but there is no drug of substitution;
 - Individual and/or group counselling is effective;
 - Cognitive behavioral therapy is effective;
 - Self help groups and peer leadership have provided benefits to users in treating symptoms and retaining in treatment;
 - Acupuncture can be helpful;
 - Outpatient programmes for moderate problems and residential programmes for severe problems are recommended;
 - Rapport and empathy are important together with early appointments and reduced waiting time.

NACD Recommendations to Government:

- The report dispels the myth that cocaine is a clean and safe drug with few health complications.
- The perceptions of cocaine as a safe drug need to be addressed given the level of risk behaviours associated with sharing equipment for injecting, snorting and smoking.
- It is imperative that polydrug use be tackled in prevention and harm reduction programmes.
- There is a need to review the capacity in addiction services in order to increase provision for cocaine users.
- Structured programmes are needed with core services such as individual or group counselling. Cocaine users should be made aware of what services are available.

Prevalence of Opiate Use in Ireland 2000-2001

A 3-Source Capture-recapture Study (2004)



Research Conducted by:

Alan Kelly, Marlen Carvalho, Conor Teljeur, Trinity College, Dublin.

Aim:

To estimate the prevalence of opiate users.

Method:

Prevalence estimates were determined by identifying the number of individuals in three data sources: Central Drug Treatment List, National Garda Study on Drugs, Crime and Related Criminal Activity, and the Hospital In-Patient Enquiry Database (HIPE) and the overlap of those appearing in one, two or three data sets. The numbers were then modelled using a statistical technique to provide an estimate. Anonymised information was sought on opiate users such as the person's initials, date of birth, and gender in order to provide a reliable match across three sources and eliminate duplicates. The Capture-recapture methodology (CRM) is the principal indirect method for estimating the prevalence of some partially hidden population such as opiate users. It has been extensively used in population-based opiate prevalence studies, both abroad and in Ireland, and is recommended by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) in Lisbon.

Findings:

- This is the first national prevalence estimate for Ireland. Results show that there was an estimate of 14,158 opiate users aged 15-64 in 2000 with a modest rise to 14,452 for 2001. However the rate of 5.6 opiate users per 1,000 of population remained the same.
- The estimated number of opiate users in Dublin for the year 2000 was 12,268 rising to 12,456 for 2001. This represents a rate of 15.9 opiate users per thousand of the population in the years 2000 and 2001.
- Data for Dublin only was available in 1996 for those aged 15-54. When compared with 2001 striking differences were observed. There was a statistically significant decrease in the number of young males aged 15-24 starting heroin use over the time period. There was also a substantial drop in overall numbers using heroin, although this was not statistically significant.
- There was an increase in the number of young women aged 25-34 using opiates and this was statistically significant.
- The rest of Ireland (excluding Dublin) estimates are 2,526 for the year 2000 and 2,225 for the year 2001. This represents a rate of 1.4 per 1000 in 2000 and 1.2 per 1000 in 2001.

Drug Use in Ireland and Northern Ireland 2002/2003

Drug Prevalence Survey: Health Board (Ireland) & Health and Social Services Board (Northern Ireland) Results (Revised) Bulletin 2



Research conducted by:

The NACD and the Drug and Alcohol Information and Research Unit (DAIRU) within the Department of Health, Social Services and Public Safety in Northern Ireland commissioned MORI MRC to carry out this survey.

Aim:

To obtain prevalence rates for key illegal drugs and other drugs including alcohol for each Health Board (HB) in Ireland and Health and Social Services Board (HSSB) in Northern Ireland. Bulletin 2 presents a regional breakdown relating to drug prevalence on a lifetime (ever used a drug), last year (recent) and last month (current) basis.

Method:

A representative sample (8,434) of people between 15-64 years of age in Northern Ireland (3,516) and Ireland (4,918) were surveyed following the guidelines from the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). Questionnaires were administered using face to face interviewing of people residing in private households between October 2002 and April 2003.

Key Findings:

- Across HB and HSSB areas lifetime prevalence of illegal drugs ranged between 11% and 30%.
- There was almost a threefold difference, ranging from 3% to 8%, across HB and HSSB areas in the rates for recent illegal drug use.
- Current illegal drug use rates ranged between 0.2% and 5% across areas.
- Prevalence rates (lifetime, recent and current) tended to be higher in the East of both Ireland and Northern Ireland than elsewhere.
- Cannabis was the main illegal drug used in all HB and HSSB areas; lifetime prevalence rates varied across areas from 9% to 27%; recent use from 2% to 8%; and current use from 0.2% to 5%.
- Prevalence rates for other illegal drugs were considerably lower than for cannabis across all areas and for all periods (lifetime, recent, and current use).
- In HB areas, cocaine and ecstasy were the most commonly reported illegal drugs used in the last year after cannabis.
- In almost all areas prevalence rates of lifetime, recent and current use were higher amongst men than women, and higher amongst young people than older people.
- Prevalence rates for use of sedatives, tranquilisers or anti-depressants were higher amongst older people and women in most areas.

A Review of Harm Reduction Approaches in Ireland and Evidence from the International Literature (2004)

Research conducted by:

Gerry Moore et al., School of Nursing, Dublin City University.

Aim:

To review the national and international literature on Harm Reduction; to review services available in Ireland.

Method:

A comprehensive literature review and an exploratory empirical study was undertaken to obtain information from service providers. A definition of harm reduction was used as follows: “Harm reduction means to prevent or reduce negative health consequences associated with certain perceived harmful behaviours. In relation to drug misuse, harm reduction interventions aim to prevent transmission of HIV and other infections (Hepatitis B and Hepatitis C) that occur through sharing of non-sterile drug-taking equipment (such as syringes, spoons, pipes and filters)”.

Key Findings:

- Harm reduction methods are being used in Ireland but there is significant scope to expand the role of drug services in delivering flexible and responsive initiatives to target shared use of equipment amongst drug users.
- Those at greater risk of infection are young drug users, those with a shorter injecting history, those in an intimate relationship with another injecting drug user, those incarcerated in prison and the homeless.
- Harm reduction strategies could benefit the health of the most marginalized groups (the homeless, those in prison, women involved in prostitution) in society.
- Restricted opening hours and limited numbers of needle exchange services may actually contribute to the sharing of equipment, leading to further health risks.

- Sharing of equipment occurs where access to harm reduction services is limited, poor or not available.
- Harm reduction messages need to highlight risks of sharing any equipment such as spoons, water, filters as well as needles and syringes and promote safer ways of using drugs.

NACD Recommendations to Government:

- Needle exchange programmes (NEPs) should be significantly expanded on a countrywide basis by providing services outside of normal working hours and at weekends including the provision and/or exchange of a range of drug use paraphernalia.
- The role of community pharmacy-based NEPs should be developed in line with best practice in other countries, following appropriate consultation.
- There is a need for enhanced training for service providers and this report should be brought to the attention of all those involved in the planning and provision of these services.
- Service provision for drug users in prison should mirror the range of treatment and harm reduction-related approaches which are available in the community.
- The NACD recommends that the effectiveness and experience of supervised drug consumption rooms should continue to be monitored. However, the NACD acknowledges the view of the INCB (International Narcotics Control Board) that drug consumption rooms violate the provisions of the International Drug Control Conventions to which Ireland is a party.

An Overview of Scientific and other Information on Cannabis (2004)

Research conducted by:

A collaboration of researchers from a range of disciplines and backgrounds including Dr Claire Collins, Mr. Johnny Connolly, Dr Dominique Crowley and Dr Mark Morgan.

Aim:

To examine the pharmacological and toxicological effects of cannabis, public health risks and the psychological, criminal and sociological consequences of cannabis for the individual and society.

Method:

Review of literature published up to early 2003.

Key Findings:

- Cannabis contains 483 chemicals of which delta-9-THC is largely responsible for its psychological and physical effects.
 - The potency of cannabis available in Ireland has increased in recent years due to improved cultivation techniques.
 - There is a strong association between regular cannabis use in adolescence and poor educational outcomes, especially early school leaving.
 - Evidence exists to support an association between cannabis use and schizophrenia among vulnerable individuals.
 - Evidence shows that heavy cannabis use produces subtle cognitive impairments of memory, attention and the organisation of complex information.
 - Cannabis combined with alcohol has resulted in road accidents and deaths. Evidence shows that drivers under the influence of cannabis are often aware of their impairment but are unable to compensate for the loss of capability in some psychomotor skills such as staying in lane.
 - Cannabis smoke contains more cancer-causing chemicals than tobacco smoke leading to bronchitis and a doubling of the risk of certain types of cancer.
- It is estimated that up to four times the amount of tar can be deposited on the lungs of cannabis smokers as cigarette smokers if a cigarette of comparable weight is smoked.
 - Cannabis has been shown to have beneficial outcomes for certain types of pain relief, treatment of nausea and vomiting and appetite stimulation.

NACD Recommendations to Government:

- Prevention approaches currently available are effective as long as they are community based, comprehensive and age specific.
- Public health workers should be made aware of increased cancer risk and lung/heart disease to those who smoke cannabis.
- Further research is needed on drug markets and drug-related crime and the extent to which law is enforced and penalties applied in the courts for possession, dealing and for trafficking offences.
- The NACD identified a number of knowledge gaps where further work is needed to help inform drug policy. They are:
 - The need to establish the potency of cannabis available in Ireland;
 - The need to establish the extent and significance of cannabis use among people with mental health problems in Ireland;
 - Investigate whether there is any relationship between cannabis use and suicide or deliberate self-harm in the Irish population;
 - The need to establish the extent of cannabis use in people with respiratory illness and certain cancers;
 - The need to look at cannabis use in studies of educational achievement as one of the factors in early school leaving and educational outcomes in Ireland;
 - The need to investigate the consequences for individual cannabis users who come in contact with the criminal justice system.

NACD Community and Voluntary Sector Research Grant Scheme



Benzodiazepines-whose little helper?

The role of Benzodiazepines in the development of substance misuse problems in Ballymun (2004)

Research conducted by:

The Ballymun Youth Action Project (BYAP).

Aim:

To study the role of benzodiazepines in the development of substance misuse problems in Ballymun; to explore the dynamics of supply and demand and highlight the factors that allow the continuance of a relatively high level of benzodiazepine use within the community.

Benzodiazepines are part of the favoured drug repertoire of opiate users and problem polydrug users.

Method:

Action research methodology combining qualitative and quantitative data gathered from three major sources: community based focused groups, a pharmacy based dispensing survey (n=751) and a key person who provided a medical perspective.

Key Findings:

- The level of benzodiazepines prescribing in Ballymun may be notably higher than the national level.
- A considerable proportion of patients who are initiated on benzodiazepines continue to take them for many years.
- The conditions that would foster the review of benzodiazepines prescriptions, such as availability of time and adequate patient load, are not normally present in the Ballymun context.

- There is a clear gender bias in the prescribing of benzodiazepines in Ballymun, with women being prescribed almost two-thirds of the benzodiazepines covered in the Pharmacy Survey.
- There is a general acceptance of benzodiazepine use leading to a danger of normalisation which could lead to the misuse of other drugs.
- There is a significant supply of benzodiazepines in Ballymun arising from prescriptions which could lead to the misuse of this drug and making their consumption culturally and commonly acceptable.
- The use of benzodiazepines is not always the appropriate response to coping with reality challenges (troubles with children, depression, anxiety, sleeplessness) in individuals in Ballymun.

Recommendations from the Report:

- Investment in the development of services to complement medical practitioners is needed.
- Development of non-pharmaceutical supports for benzodiazepine detoxification and alternatives to benzodiazepine therapy is also needed.
- There is a need for adequate provision of information about benzodiazepine to all members of the community; this information should be comprehensible to those with literacy difficulties.

NACD Community and Voluntary Sector Research Grant Scheme



A prevalence study of drug use by young people in a mixed suburban area (2004)

Research conducted by:

The Kilbarrack Coast Community Programme (KCCP).

Aim:

To establish the patterns, trends, attitudes to and risk factors associated with drug misuse in the Kilbarrack area among young people aged 10-17 and to assess drug use among a small sample of early school leavers.

Method:

Survey conducted with 285 school leavers and 15 early school leavers. Qualitative interviews were carried out with thirty community members to elicit their opinions on the drug situation in the area.

Key Findings:

- Alcohol was the most widely used drug used by respondents. Although more boys (80%) had ever drunk alcohol than girls (72%), current drinkers reflected no gender differences (51% of boys and girls).
- Drinking became more prevalent as respondents got older: over 84% of 16 to 18 year olds were current drinkers compared to 61% of 13 to 15 year olds and 17% of 10 to 12 year olds.
- Tobacco was the second most commonly used drug: a quarter were current smokers; more girls (29%) than boys (21%) were current smokers and smoking increased with age: over 40% of 16 to 18 year olds were current smokers.

- The numbers who had used an illicit drug (cannabis, cocaine, and heroin) or an inhalant were considerably lower. Cannabis was the most widely used: the rate of current use of cannabis (21%) was slightly lower than the rate of current smoking (25%).
- The numbers reporting current use of other illicit substances were less (8% of 16-18 year olds had used inhalants; two and a half percent had used cocaine in the last thirty days). Heroin use was insignificant and a small minority had ever used prescription drugs.
- The majority of respondents recognised the harmfulness of using drugs but few regarded the regular use of alcohol as damaging.
- Young people who were involved in sport were less likely to use any drugs (alcohol, tobacco or other illicit substances) than those who were not. Those who left school early reported higher levels of drug use than those in school.

Recommendations from the Report:

- Greater efforts to enforce the law in relation to under-age drinking are required.
- Measures targeting young people should be based on harm reduction rather than prohibition.
- Given that the vast majority had negative attitudes to smoking, education programmes should target primary school children.
- Practical support to assist young smokers to quit could yield positive outcomes.
- The most effective strategy to deter drug experimentation and usage is to provide alternative things for young people to do, therefore the development of sporting and youth work provision in the community is recommended.

NACD Community and Voluntary Sector Research Grant Scheme



Drug use among new communities in Ireland: an exploratory study (2004)

Research conducted by:

Merchants Quay Ireland (MQI).

Aim:

To provide an in-depth understanding of problematic drug use among new communities namely refugees and asylum seekers; to explore patterns, reasons and motivations for drug use; to establish risks the users may be exposed to; to examine the level of awareness of health promotion / harm minimisation strategies and drug treatment services; and to identify barriers to accessing services.

Method:

Action research methodology was used. Ethnographic methods included participant observation and ten in-depth interviews with nine males and one female ranging in age from 24 to 44 years, from diverse ethnic backgrounds.

Key Findings:

- Heroin was the drug of choice for the majority of the respondents; three reported the use of cocaine. The majority also used cannabis which they did not perceive as being harmful.
- Some were adopting drug patterns similar to those in their countries of origin and were mixing various concoctions such as khat (natural stimulant from Cartha Edulis plant) or kasha (porridge made from wild cannabis).
- Half were involved in problematic drug use before coming to Ireland, others had no history of drug taking. Cultural variations were noted, Africans were more likely to smoke cocaine while Eastern Europeans preferred to inject heroin.

- Contributing factors to drug use included the social situation of new communities coupled with other stresses such as displacement, asylum seeking, the stress of insecure legal status and unemployment.
- Conversely some were able to combine employment with the lifestyle associated with problematic drug use.
- Those accommodated in socially deprived areas were very concerned that their children would be exposed to drugs.
- Drugs were used as an escape from current and past experiences. Some used drugs to combat social exclusion and isolation, whilst others used drugs to combat past experiences of war, torture and trauma. Some used drugs to 'fit in' with their Irish peers, others used drugs out of curiosity, boredom, relationship breakdown or simply because they had access to them.
- Barriers to accessing drug services were identified. These included: lack of knowledge due to language difficulties, long waiting lists, the actual assessment procedure, discomfort about their own ethnicity, fear of racism, fear of Gardai and Dept. of Justice, social stigma and the belief that they could cope with their own drug problem.

Recommendations from the Report:

- Drug services need to produce culturally, sensitive material in different languages with diverse images which clearly highlight the confidentiality and range of services provided.
- Drug services need to recruit staff from new communities; existing staff need anti-racism training to increase their awareness of issues surrounding race and ethnicity.
- The issue of social exclusion needs to be addressed by anti-poverty policies in Ireland.

NACD Community and Voluntary Sector Research Grant Scheme



Heroin - the mental roof over your head.

Links between homelessness and drug use (2004)

Research conducted by:

Tallaght Homeless Advice Unit (THAU).

Aim:

To examine the issues, policies and practices faced by homeless drug users in Tallaght; to explore the reasons behind their homelessness; the policies and practices of local authorities in relation to the housing of homeless drug users; and the experiences of homeless drug users with special reference to the policies and practices of homeless services.

Method:

An emancipatory research approach which aims at confronting oppression was followed. This allowed for the involvement of some of the service users in the design of the research and in the final drafting of the report. Seventeen interviews were conducted with service users (homeless problem drug users) and thirteen were held with service provider representatives from a range of Statutory, Community and Voluntary Organisations.

Key Findings:

- In Tallaght, there are strong links between homelessness and drug use. This link is not adequately acknowledged or reflected in either government policy or agency responses.
- Homelessness contributes to both continued drug use (because of the easy availability of drugs), and the nature and extent of drug use; becoming homeless is associated with a transition from smoking drugs (including heroin) to intravenous use.

- At local level, the lack of homeless services in Tallaght exacerbates the problem for local drug users as they are directed into city centre hostels where drugs are freely available.
- Becoming homeless as a result of the 1997 Housing (Miscellaneous Provisions) Act has led to drug users being barred from rent allowance, re-housing and most emergency accommodation. Some homeless drug users are excluded completely from all sorts of accommodation.
- The treatment of 'Anti-Social Behaviour' (ASB) clause is problematic; it does not provide emergency accommodation for drug users and makes it difficult to access council or other social housing in the future. Procedures for dealing with ASB should be formally stated and published.

Recommendations from the Report:

Three main areas were identified:

- The need for adequate financial and human resources to enhance service provision;
- Address national policy co-ordination to positively include homeless drug users in the planning and development of service provision;
- Improve local service provision in Tallaght.

Mental Health and Addiction Services in Ireland and the Management of Dual Diagnosis (2004)



Research conducted by:

Liam MacGabhainn et al, Dublin City University

Aim:

To identify the health and social care needs of people with dual diagnosis and the models of assessment and treatment appropriate to clinically effective healthcare provision; to identify the manner of care delivery and to analyse the organisational structure and effectiveness of Irish services for this group. Dual diagnosis refers to the co-existence of substance misuse and mental health problems for an individual.

Method:

A comprehensive literature review, an open forum comprising 45 people and agencies involved in the care of people with dual diagnosis, and a national survey (n=141) of clinicians, middle and senior managers from the addiction and mental health services. Further information was elicited from in-depth interviews (15) with key people who had responded to the survey.

Key Findings:

- Dual diagnosis is not clearly understood as a concept nor is it formally recognised in mainstream addiction and mental health services, nor is it formally recognised in national policy in Ireland. A nationally accepted definition is required.
- The majority (76%) of services fail to offer a specific service for people with dual diagnosis.
- Only 21% of services indicated they had a policy on dual diagnosis but there was no consensus on what policies were in place.
- Access to services is limited because of exclusion criteria which operate in both addiction (58%) and mental health services (43%). Exclusion criteria used are: if substance abuse is the primary disorder, if person is on a methadone programme, if violent

behaviour is present, or if it is perceived that there is an inability to cope with the rigours of treatment.

- Service providers found that clients with dual diagnosis were hard to engage because of their lack of co-operation and apathy; clients could also be non-compliant, disruptive, aggressive and anti-social. Staff working with clients with dual diagnosis reported a lack of knowledge, awareness or skills for dealing with the issue.
- The majority (75%) of service providers agreed that a fully integrated service would provide the most effective management of dual diagnosis.
- There was consensus in the study that GPs should be more involved in the management of dual diagnosis.

NACD Recommendations to Government:

- The establishment of a committee under the Department of Health and Children to address and develop guidelines based on international best practice for the management of dual diagnosis in Ireland.
- Any patient in receipt of methadone prior to admission to a psychiatric facility should be continued on that prescription while under psychiatric care.
- Improved training and education should be provided across all disciplines in both sectors. Discussions should take place with all the key players in the delivery of training such as the HEA, ICP, medical and nursing schools, An Bord Altranais, IPTC (Irish Psychiatric Training Council) and Medical Council.
- The introduction of a clinical nurse specialty in addiction for psychiatric nurses would be helpful.
- The presence of an infrastructure arising from the implementation of the above recommendations will facilitate research on the prevalence of dual diagnosis.

The Role of Family Support Services in Drug Prevention (2004)

Research conducted by:

Niall Watters and Duane Byrne (Unique Perspectives).

Aim:

To examine the role of Family Support Services (FSS) in responding to and preventing drug problems. FSS generally aim to support families and provide a range of services including counselling, guidance, parenting support, advice, youth work and community development. In particular, this study was concerned with family support services in their role of strengthening families to act as a buffer to drug problems.

Method:

A literature review and a survey among a sample of FSS in Dublin West, Limerick City and Sligo (part of Western and North Western Health Board) using self-completion questionnaires was undertaken. The response rate was 26% (n=461), (81% of the services that responded were located in disadvantaged areas with 50% located in a catchment area of a local drugs task force). In addition, in-depth interviews (17) and focus groups with services and their clients (14) were carried out.

Key Findings:

- Services offered to clients varied according to whether they had a major, minor or no focus on drugs in their work.
- FSS have the potential to play a greater role in drug prevention.
- Only one fifth of FSS find that drug problems are a focus of their work.
- Over half (57%) of the respondents agree that their services make a positive contribution to drug prevention, yet the majority (93%) of FSS referred people who presented with drug problems on to another service.
- Alcohol misuse was most commonly reported by services, whilst in larger urban areas prescribed drug misuse and illegal drug misuse was more commonly reported.
- Family relationships felt the impact of problem drug use which the research showed contributed to problems between parents (61%), with parents (61%) and to parenting difficulties (59%).
- Drug use is both a cause and effect of family difficulties.
- All services experience some degree of insecurity in dealing with families with drug problems. This insecurity arises from their lack of clarity of their role, lack of skills to work successfully with families with drug issues and additionally lack of support within the organisation to deliver a service to families with drug problems.

NACD Recommendations to Government:

- The capacity of services to respond should be increased through the provision of an appropriate level of resources/funding together with appropriate training, skills and knowledge in responding to drug problems and prevention.
- Interagency links and networks should be strengthened by building knowledge of local community issues and attitudes, improving communications and increasing awareness of services and activities.
- Relevant monitoring and evaluation tools to track the impact of service activities on families with regard to drug prevention should be developed.

Drug Use Among the Homeless Population in Ireland (2005)

Research conducted by:

Marie Lawless and Catherine Corr of Merchants Quay Ireland.

Aim:

To assess the nature, extent and context of drug use among people who are homeless in Ireland; to assess the relationship between homelessness and drug use with emphasis on the extent to which drug use contributes to homelessness and the extent to which homelessness contributes to, and exacerbates drug use.

Method:

A survey of homeless (355) people across Ireland was undertaken combined with 14 focus groups in which 64 homeless and drug service providers participated.

Key Findings:

- Whilst drug use is not the primary reason for people becoming homeless, it is a key reason for them remaining homeless. The majority of those surveyed (61%) had experienced homelessness for over five years.
- The most common reasons for becoming homeless are: 1) family conflict (24%), 2) drug use (19%) and 3) alcohol abuse (13%).
- Other reasons for remaining homeless include access to housing, money problems, family conflict and continuing alcohol use.
- The prevalence of drug use within the homeless population was high with lifetime (74%), recent (64%) and current (52%) rates substantially higher than those found in the general population (19%, 6% and 3% respectively);
- Alcohol remains the primary drug of choice among the homeless population (70%).
- Over half (52%) of the homeless population surveyed are currently drug users; 36% of those surveyed were problematic drug users; 19% of the study population were currently injecting drugs, of these 1-in-2 injected in public spaces; many are polydrug users.
- The majority (87%) first used drugs prior to homelessness; over two thirds (68%) of current users were less than 16 years when they first used drugs and cannabis was the first drug used (76%).
- 30% of the study population had been diagnosed with a psychiatric illness and 55% had been in prison.
- Over a third of respondents reported the age of first becoming homeless as 19 years or less (38%) while 11% became homeless before the age of 15.

NACD Recommendations to Government:

- All homeless services and drug services should develop written policies that aim to positively include homeless drug users in their services. Representatives from drug services and/or drug task forces should be included in each Homeless Forum across the country, in order to facilitate greater interagency co-operation. Homeless services representatives should be included in Regional and Local Drug Task Forces.
- In relation to treatment, implementation of the key worker model as set out in Action 47 of the National Drugs Strategy is required. This would facilitate improved access to primary health care. Improvement in access to drug treatment services is also required. The special needs of homeless families with drug problems and their living environment must be taken into consideration in the provision of a range of service options to homeless drug users.
- Expansion of harm reduction services is needed, in particular, out-of-hours services, provision of paraphernalia and public health information.
- Access to an adequate supply of appropriate and flexible emergency accommodation, tenancy support service and adequate social and voluntary housing should be ensured to support rehabilitation and social reintegration. Transition from prison will need to be better supported.

Drug Use in Ireland and Northern Ireland 2002/2003

Drug Prevalence Survey: Cannabis Results Bulletin 3

Research conducted by:

The NACD and the Drug and Alcohol Information and Research Unit (DAIRU) within the Department of Health, Social Services and Public Safety in Northern Ireland commissioned MORI MRC to carry out this survey.

Aim:

To determine the prevalence of cannabis use on a lifetime (ever used), last year (recent use) and last month (current use) on the island of Ireland; to provide detailed information on a number of variables including age of first use, regularity of use, the type and method of cannabis used, obtaining cannabis, stopping use and attitudes to cannabis use in general. The following findings only refer to data collected in Ireland although the bulletin provides an analysis for Northern Ireland. Findings for Northern Ireland can be downloaded from the NACD website.

Method:

A representative sample (8,434) of people between 15-64 years of age in Northern Ireland (3,516) and Ireland (4,918) were surveyed following the guidelines from the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). Questionnaires were administered using face to face interviewing of people residing in private households between October 2002 and April 2003.

Key Findings:

- Prevalence rates were higher among younger respondents – the lifetime prevalence rate for those aged 15 to 34 (24%) was more than double that for those aged 35 to 64 (11%).
- Male respondents reported higher prevalence rates than females across all time periods. The lifetime prevalence figure for males was 22% compared to 12% for females.
- The average age respondents reported that they had first used cannabis was 18 years for both males and females. The average age of first regular use was 18 for males and 17 for females.
- Almost a quarter (22%) of current users had used cannabis on a daily or almost daily basis. However, when broken down by gender, more than a quarter of males (27%) compared to one tenth of females (11%) reported using cannabis on a daily or almost daily basis.
- Hash was the most commonly used form of cannabis – used by 68% of current users.
- The majority of current users (98%) smoke cannabis in a joint.
- Nearly one third of recent users (31%) were given cannabis by a family member or friend, a further 27% said that they had shared cannabis amongst a group of friends.
- The vast majority of respondents (79%) considered it 'very easy' to obtain cannabis within a 24 hour period.
- Over a quarter (27%) of respondents who said that they had ever taken cannabis said that they had used it regularly. Of these, almost three in five (58%) said that they had stopped taking cannabis, one in eight (12%) said that they had tried to stop and failed, whilst three in ten (30%) respondents said that they had never tried to stop.
- A large majority (72%) of those surveyed felt that cannabis use should be permitted for medical purposes.
- Only 21% agreed that cannabis use should be permitted for recreational purposes. Thirteen percent of those who had never used cannabis agreed to its recreational use compared to 61% of those who had ever used the drug.