

**ANNOTATED BIBLIOGRAPHY  
OF  
DRUG MISUSE IN IRELAND**



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OF  
DRUG MISUSE IN IRELAND**

Aoife O'Brien, Rosalyn Moran, Mary O'Brien



Drug Misuse Research Division  
The Health Research Board  
Dublin

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**Contact Details:**

Drug Misuse Research Division  
The Health Research Board  
An Bord Taighde Sláinte  
73 Lower Baggot Street  
Dublin 2  
Ireland  
Telephone: + 353 1 6761176  
Fax: + 353 1 6611865  
e-mail: [dmrd@hrb.ie](mailto:dmrd@hrb.ie)

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# Contents

|   |     |
|---|-----|
| Foreword  | vii |
| Introduction  | ix  |
| Annotated Bibliography  | 1   |
| Annotated Grey Literature   | 125 |
| Bibliography by Type of Publication   | 133 |
| <i>Books</i>  | 135 |
| <i>Journal Articles</i>   | 135 |
| <i>Health Research Board Publications</i>   | 145 |
| <i>Government Publications</i>  | 146 |
| <i>Health Board and Local Drugs Task Force Publications</i>   | 149 |
| <i>Non-Government Publications</i><br><i>(including reports from voluntary, non-statutory,</i><br><i>community and other relevant agencies and individuals)</i> | 151 |
| <i>Resource Material</i>  | 155 |
| Index of Key Words  | 157 |



# Foreword

The Drug Misuse Research Division of the Health Research Board has compiled this bibliography of drug misuse in Ireland as part of its information and dissemination activities. The objective is to provide a comprehensive historical and current annotated bibliography of research and information relating to illegal drug use and associated issues in Ireland. The bibliography is intended as a resource document for all those interested in the drug area, both nationally and internationally. It will be updated on a regular basis.

As can be seen from the methodology used in sourcing material for the bibliography (outlined in the Introduction), comprehensiveness of coverage is very much dependent on the co-operation of those producing material in the drugs area in Ireland. We would ask those producing Irish material to forward it on an ongoing basis for inclusion in future editions to:

Administrative Assistant  
Drug Misuse Research Division  
The Health Research Board  
73 Lower Baggot Street  
Dublin 2  
Fax: + 353 1 6611865  
e-mail: dmr@hrb.ie

‘Grey’ literature – unpublished work and writings from the community and voluntary sectors, much of which is not fully referenced – is the material most difficult to secure and cite appropriately. The producers of this material are particularly requested to forward it to the Drug Misuse Research Division, giving as much detail as possible. Such material is significant in mapping developments in thinking and practice in the drugs area in Ireland. Particular thanks are due to Dr Mary-Ellen McCann for providing a large number of articles for this section in the present edition.

I would like to gratefully acknowledge the significant contributions made by the external reviewers of the document, Dr Shane Butler and Dr Mary-Ellen McCann,

and the internal reviewers, Joan Moore and Margaret Devitt. Their insightful inputs have improved the document considerably.

The bibliography was expertly edited by Brigid Pike, whose brief included not only technical editing but also the drafting of recommendations for principles and guidelines to assist in the compilation of future editions of the bibliography. These will be implemented in future editions.

It is hoped that the bibliography will be of assistance to all those who are seeking to understand and respond better to the issue of drug misuse in Ireland. To enhance the usefulness and value of future editions, readers are encouraged to send us comments on how to improve the content and structure of the document. The bibliography is also accessible at [www.hrb.ie](http://www.hrb.ie).

**Rosalyn Moran**

Head of Unit

Drug Misuse Research Division

The Health Research Board

Dublin

December 2000



# Introduction

The bibliography covers works of research and information on drug misuse and related issues in the Irish context and works in these areas by Irish authors. The emphasis is on materials published between 1980 and 1999. Some items published in the early months of 2000 have been included. The bibliography comprises around 300 references, and presents most of the available literature on the subject of drug misuse in Ireland. The annotations of the references are intended to indicate the main themes and approaches taken by the authors.

## Sources

Documents considered relevant include articles published in professional journals, books, reports by both government and non-government sources, and resource material produced, for example, for educational and information purposes, and 'grey' literature in the area. The professional journals consulted span several disciplines including medicine, psychology, sociology, social work and the biological and physical sciences.

## Methodology

A number of methods were used to source the documents included in the bibliography.

- The previous 'Annotated Bibliography of Drug Misuse in Ireland' (1995, unpublished), produced by the Drug Misuse Research Division of the Health Research Board, was taken as a starting point for the present document. It was reviewed and updated, and more detailed annotations were provided as needed.
- A list was compiled of key informants (n=104) in the drugs area who were considered likely to have material to contribute to the bibliography. These informants were contacted by letter and invited to send relevant material to the Drug Misuse Research Division for inclusion in the bibliography. Follow-up telephone calls and personal visits were made as necessary. Key contributors

included personnel from government departments, regional drug coordinators, the National Drug Strategy Team, local drugs task forces (coordinators and chairpersons), relevant voluntary agencies, Customs officials, academics, members of the Early Warning System Group on New Synthetic Drugs, and Drug Service education officers from the Health Board Drug Services. Responses were received from approximately one third or 37% of informants.

- In addition, a snowballing technique was used. In other words, some informants were asked to suggest other likely sources of material for inclusion. Any suggestions volunteered by informants were also followed up.
- Staff of the Drug Misuse Research Division made formal requests for contributions in the course of drug-related conferences and other gatherings of relevant specialists.
- Searches for relevant material were conducted in the libraries of University College Dublin, and Trinity College Dublin.
- PubMed,<sup>1</sup> the online public version of MedLine, was used to access references to journal articles published in the area.
- Material held by the Drug Misuse Research Division was included.

### **Format**

Published works are listed in alphabetical order by author, accompanied by a brief annotation. ‘Grey’ literature is presented in a separate alphabetical listing. (‘Grey’ literature comprises reports that may not have been formally published, for example, those commissioned by local community groups or agency reports, and other material whose origin is unclear.) A further seven sections list the published works according to type of publication, as follows:

- Books
- Journal Articles
- Health Research Board Publications
- Government Publications (including documents compiled by and for various government departments, documents published by the Stationery Office, and documents produced by An Garda Síochána)
- Health Board and Local Drugs Task Force Publications
- Non-Government Publications (including reports from voluntary, non-statutory, community and other relevant agencies and individuals)

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<sup>1</sup><http://www.ncbi.nlm.nih.gov/entrez>

- Resource Material (encompassing educational and informational material produced by various governmental and other sources)

The EndNote bibliographic programme was used to store and organise the references collected. In entering references into the programme, the European Monitoring Centre for Drugs and Drug Addiction’s ‘Common Format’ for bibliographic databases was consulted, and relevant fields of information were included for each reference. The American Psychological Association referencing style was adopted.<sup>2</sup>

A list of keywords, to help users search the EndNote version of the Annotated Bibliography of Drug Misuse in Ireland, has been compiled and is reproduced in the following table. An index of keywords in each annotation is provided at the end of the bibliographical listing.

| CATEGORY                                      | KEYWORD   |
|---|---|
| <b>Administrative and Professional Issues</b> | methodology<br>directory of services<br>reporting<br>training   |
| <b>Area</b>                                   | community<br>disadvantaged areas<br>inner city<br>Athlone<br>Bray<br>Cork<br>Donegal<br>Dublin<br>Dun Laoghaire<br>Europe<br>Galway<br>Kerry<br>Kildare<br>Kilkenny<br>Laois<br>Limerick<br>Longford<br>Sligo<br>Tipperary<br>Waterford<br>Wexford<br>Wicklow |

| CATEGORY                  | KEYWORD   |
|---------------------------|---|
| <b>Crime</b>              | crime<br>criminal justice<br>prison<br>probation<br>problem behaviour                           |
| <b>Disease</b>            | AIDS<br>hepatitis B<br>hepatitis C<br>hepatitis D<br>HIV  |
| <b>Drug Misuse Issues</b> | health<br>consequences<br>injecting<br>overdose<br>overprescribing<br>risk behaviour<br>testing |

<sup>2</sup> Italics were substituted for underlining of publication titles. We would like to express our thanks to Mr Aidan Beatty, Information Scientist, and Adelaide Seita Duarte, Librarian of the Documentation Centre of the EMCDDA, for consultations around this issue.

| CATEGORY             | KEYWORD                    |
|----------------------|----------------------------|
| <b>Drug Type</b>     | alcohol                    |
|                      | amphetamines               |
|                      | antidepressants            |
|                      | antihistamines             |
|                      | barbiturates               |
|                      | benzodiazepines            |
|                      | cannabis                   |
|                      | cocaine                    |
|                      | ecstasy                    |
|                      | hallucinogens              |
|                      | heroin                     |
|                      | hypnotics                  |
|                      | inhalants                  |
|                      | legal drugs                |
|                      | LSD                        |
|                      | magic mushrooms            |
|                      | methadone                  |
|                      | morphine                   |
|                      | opiates                    |
|                      | prescribed drugs           |
|                      | sedatives                  |
|                      | smoking                    |
| solvents             |                            |
| speed                |                            |
| stimulants           |                            |
| valium               |                            |
| <b>Health Boards</b> | Eastern Health Board       |
|                      | Midland Health Board       |
|                      | North Western Health Board |
|                      | South Eastern Health Board |
|                      | Southern Health Board      |
|                      | Western Health Board       |

| CATEGORY             | KEYWORD   |
|----------------------|---|
| <b>Organisations</b> | area partnerships   |
|                      | Local Drugs Task Force                                      |
|                      | Addiction Response Crumlin (ARC)                            |
|                      | Ana Liffey Drug Project                                     |
|                      | Aiseiri   |
|                      | Arbour House Treatment Centre                               |
|                      | Ballymun Youth Action Project                               |
|                      | Community Addiction Response Programme (Tallaght)           |
|                      | Concerned Parents Against Drugs                             |
|                      | Crosscare   |
|                      | European Schools Project on Alcohol and Other Drugs (ESPAD) |
|                      | Gay Men's Health Project                                    |
|                      | Inter-Agency Drugs Project                                  |
|                      | Merchant's Quay Project                                     |
|                      | Operation Dochas  |
|                      | Rialto Community Drug Team                                  |
|                      | Science and Technology against Drugs Initiative             |
|                      | SAOL  |
|                      | Soilse  |
|                      | Urrús   |

| CATEGORY             | KEYWORD                  |
|----------------------|--------------------------|
| <b>People</b>        | children                 |
|                      | family                   |
|                      | peer group               |
|                      | young people             |
|                      | women                    |
| <b>Social Issues</b> | demographics             |
|                      | educational disadvantage |
|                      | emigration               |
|                      | health status            |
|                      | homelessness             |
|                      | local authority housing  |
|                      | pregnancy                |
|                      | public health            |
|                      | race                     |
|                      | social deprivation       |
|                      | social exclusion         |
|                      | suicide                  |
|                      | unemployment             |

| CATEGORY          | KEYWORD                    |
|-------------------|----------------------------|
| <b>Strategies</b> | awareness                  |
|                   | community action           |
|                   | demand reduction           |
|                   | detoxification             |
|                   | education                  |
|                   | general practitioners      |
|                   | harm reduction             |
|                   | legalisation               |
|                   | legislation                |
|                   | methadone therapy          |
|                   | needle exchange programmes |
|                   | policy                     |
|                   | prevention                 |
|                   | prohibition                |
|                   | promotion                  |
|                   | rehabilitation             |
|                   | social work                |
|                   | supply reduction           |
|                   | support                    |
|                   | treatment                  |



# A

**Allwright, S., Barry, J., Bradley, F., Long, J., & Thornton, L. (1999).**  
*Hepatitis B, hepatitis C and HIV in Irish prisoners: Prevalence and risk*  
(ISBN 0 7076 6236 2). Dublin: The Stationery Office.

*hepatitis B, hepatitis C, HIV, prison, heroin, methadone, injecting, opiates*

This report was commissioned by the Minister for Justice, Equality and Law Reform, and prepared by the Department of Community Health and General Practice, Trinity College, Dublin. It described the results of a cross-sectional survey of the prevalence of hepatitis B, hepatitis C and HIV in the Irish prison population, and the risks of contracting the diseases in prison. Data were collected from nine prisons by means of a four-page questionnaire. In total, 1,205 prisoners were interviewed, with a response rate of 88%. It was found that 52% of those interviewed reported opiate use, and 43% said that they had ever injected drugs. It was also found that infection rates for the three viruses were highest among the drug-misusing prisoners. The researchers found a high incidence of reported equipment-sharing practices among those who reported drug misuse, both in and out of prison. They also found that the frequency of drug misuse, and the prevalence of all three infections (hepatitis B and C, and HIV) were significantly greater in the prison population of Dublin than in prisons in the rest of the country.

**Ana Liffey Drug Project. (1997). *Annual report*. Dublin: Ana Liffey Drug Project.**

*Ana Liffey Drug Project, Dublin, inner city, support, family, community*

The Ana Liffey Drug Project is a community-based inner-city project established in 1982 on the northside of Dublin. This report contained articles about the services and supports to drug misusers and their families provided by the project in 1997, and the project's annual accounts. The services included a drop-in centre, counselling programmes including prison counselling and group work, a family support service, community outreach, and a peer-support training programme. The articles noted

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attendance and participant information. An article about recent developments in Irish drug policy by Shane Butler was also included.

**Anderson, J., Melville, R., Jeffries, D. J., Norman, J., Welch, J., Graham, D., Fadojutimi, M., Forster, G., Phillips, M., Sampson, K., Kitchen, V., Wells, C., Byrne, G., Mercey, D. E., Allason-Jones, E., Campbell, L., French, R., Woronowski, H., Griffioen, A., Stephenson, J. M., Phillips, A. N., Keenlyside, R., Johnson, A. M., Barton, S., Chard, S., & Harindra, V. (1996). Ethnic differences in women with HIV infection in Britain and Ireland. The study group for the MRC collaborative study of HIV infection in women. *AIDS, 10* (1), 89-93.**

*HIV, injecting, race, women*

This study aimed to explore the socio-epidemiological and clinical characteristics of a sample of women with HIV in Britain and Ireland. Data on 400 women with HIV infection were gathered and analysed for the purposes of the study. The women were recruited from 15 genito-urinary medicine/HIV clinics in Britain and Ireland (one in Dublin, one in Edinburgh and 13 in England). Sixty-five per cent of the women were white, and 29% black African. For 93% of black African women and 43% of white women, the most likely route of infection was found to have been sexual intercourse. The most likely route of infection for the remainder of the white women was found to have been injecting drugs, but none of the black African women were thought to have been infected in this way. The authors concluded that there were important differences between black African women and white women in sexual history, route of transmission, disease stage at diagnosis, and pattern of AIDS-defining diseases.

**Ang, Y. S., Pilkington, R., & Kelleher, D. (1999). Abnormal hypothalamic-pituitary-adrenal-axis responses in chronic hepatitis C infection before and during interferon treatment. *Gastroenterology, 116* (4), L0018.**

*hepatitis C*

The authors stated that hepatitis C was associated with a reduced quality of life in infected individuals, and that interferon therapy may reduce this further and even cause depression. The objective of this study was to examine the hypothalamic-pituitary-adrenal responses to busipirone in patients with chronic hepatitis C before and during interferon therapy, since abnormalities in this system had been reported to be associated with depression and chronic loss of energy. Twelve male and one female patient, aged between 19 and 47 years, took part in the study; 11 of the 13 patients were former intravenous drug misusers. It was found that patients with chronic hepatitis C infection prior to interferon therapy had an exaggerated prolactin response and a decrease in cortisol concentration during busipirone, suggestive of serotonin supersensitivity. The authors stated that this may represent

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hypothalamic-pituitary-adrenal axis stimulation by the hepatitis C virus. With interferon therapy, plasma cortisol concentration decreased further, indicating that interferon therapy may depress directly, or through release of other cytokines, the hypothalamic-pituitary-adrenal axis.

**Arthurs, Y., Doyle, G. D., & Fielding, J. F. (1981). The effects of drug abuse on the natural history and progression of chronic active and chronic persistent hepatitis. *Irish Journal of Medical Science*, 150 (4), 104-112.**

*hepatitis*

This paper reported on the effects of drug misuse on the natural history and progression of chronic active and chronic persistent hepatitis. The authors found that chronic active hepatitis among drug misusers tended to be a histologically less severe disease than in non-drug-users. However, they found that chronic persistent hepatitis tended to persist in drug misusers, perhaps owing to their continued misuse of drugs, and that it tended to regress more often in non-drug-users.

**Arthurs, Y., Kelly, M. G., & Fielding, J. F. (1981). Chronic liver disease in intravenous drug abusers attending the drug advisory and treatment centre. *Irish Medical Journal*, 74 (12), 366-368.**

*hepatitis B, injecting, health consequences*

The objective of this research was to investigate the frequency and nature of chronic liver disease among intravenous drug abusers attending the Drug Advisory and Treatment Centre in Dublin. Between 1 May and 31 December 1979, 139 drug abusers attended the Centre; 127 were intravenous drug abusers, and of these, 46 agreed to have liver biopsies. On the basis of the biopsies and interviews and physical examinations, the authors suggested that six-tenths of the intravenous drug abusers attending the Drug Advisory and Detoxification Centre had some form of chronic liver disease, with just under one in five suffering from chronic aggressive hepatitis. The authors stated that these results demonstrated the magnitude of the healthcare needs in relation to liver disease among intravenous drug abusers in Ireland, and highlighted an area where active immunisation against hepatitis B and non-A and non-B-hepatitis was urgently needed.

**Arthurs, Y., Doyle, G. D., & Fielding, J. F. (1982). The course of chronic active hepatitis. *Irish Journal of Medical Science*, 151, 298-303.**

*hepatitis, injecting*

The researchers followed 31 patients with histologically diagnosed chronic active hepatitis, clinically, biochemically and histologically, for an average of 32.5 months.

Nineteen of these patients were intravenous drug users. The study found that 18 patients showed histological improvement, and 14 of these had hepatitis B virus (HBV) associated disease. Thirteen patients were unchanged or worse, and five of these had HBV-associated disease. The authors claimed that the results suggested that HBV-associated chronic active hepatitis was a less severe disease than non-HBV-associated disease, with a better prognosis.

**Arthurs, Y., Doyle, G. D., & Fielding, J. F. (1982). The course of chronic persistent hepatitis. *Irish Journal of Medical Science*, 151, 83-85.**

*hepatitis B, injecting*

This study examined 29 people diagnosed histologically as having chronic persistent hepatitis, generally regarded as a benign disease. They were followed for an average of 27 months. Twelve of these had evidence of HBV infection. All the patients had repeat liver biopsies; in 18 patients the changes of chronic persistent hepatitis remained, eight patients were found to have minor changes, two patients showed apparent healing, and one patient progressed to chronic active hepatitis. The authors found that six of seven non-drug-abusing HBV-infected patients showed improvement on repeat liver biopsy, whereas 15 of 20 intravenous drug abusers and nine of 12 HBV-infected patients had not improved. All patients but one remained clinically well.

# B

**Barrett, A. M., Walshe, K., Kavanagh, P. V., McNamara, S. M., Moran, C., Burdett, J., & Shattock, A. (1999). A comparison of five commercial immunoassays for the detection of flunitrazepam and other benzodiazepines in urine. *Addiction Biology*, 4, 81-87.**

*benzodiazepines, testing*

This article presented the results of an evaluation of five commercially available testing kits for detecting flunitrazepam (Rohypnol) and other drugs in the benzodiazepine group. The kits were tested using drug-free urine to which serial dilutions of the drugs had been added, and urine passed after oral administration of the drugs. The researchers found a positive response in several samples from volunteers who had taken 2 mg or 3 mg of flunitrazepam, but not where only 1 mg had been taken. Thirty-five clinical samples, taken from persons suspected of misuse of benzodiazepines, were also tested, but the results were not consistent among the kits being evaluated. The authors concluded that the test kits did not detect flunitrazepam reliably owing primarily to their poor sensitivities.

**Birchard, K. (1999). Inmates in Irish prisons face drug abuse and disease. *Lancet*, 354 (9180), 753.**

*prison, HIV, hepatitis B, hepatitis C, opiates, injecting*

This was a short news item about 'Hepatitis B, hepatitis C and HIV in Irish prisoners: Prevalence and risk', the research report by Allwright, Barry, Bradley, Long & Thornton (1999). This research found that infection rates for the three viruses were highest among drug-misusing prisoners, over half of whom reported opiate use and 43% of whom reported injecting drugs. Of these injecting drug users, the authors stated, at least 20% said they only began injecting while in custody.

**Bissett, F. (1997). *Ecstasy and young people* (ISBN 1 900416 01 8).**

**Dublin: Health Promotion Unit, Department of Health and the National Youth Federation.**

*ecstasy, young people, education, awareness, harm reduction, treatment, reporting*

The research on which this report was based was undertaken by the Irish Youth Work Centre, with the support of the Health Promotion Unit of the Department of Health and the National Youth Federation. It was secondary research, aimed at providing clear, reliable and understandable information on various aspects of the drug ecstasy - why it has become such a part of youth subculture, its effects, the statistics, the legal position, response strategies, and resources and services. The research was undertaken in response to a perceived increase in the availability of the drug ecstasy in Ireland, a perception based on a reported increase in the number of seizures and a reduction in the cost of the drug on the streets. The report noted that 1995 was the first year in which the Gardaí reported drug-related prosecutions on a drug-by-drug basis, and ecstasy-related prosecutions accounted for 17% of drug-related prosecutions in that year. The number of ecstasy-related deaths was also perceived to be increasing, although it was difficult to assess these numbers accurately; the report recommended that if a drug-related death occurred, the contribution of ecstasy should be officially recorded. In terms of responses to the problem, the report highlighted the importance of including ecstasy in national educational and information awareness programmes, and the importance of emphasising harm-education measures, taking international experiences of the drug into account. The report also recommended that the Department of Health evaluate existing treatment and service provision for ecstasy users.

**Bloomer, A. (1997). *Athlone youth report*. Athlone: Athlone Community Services Council.**

*young people, crime, family, educational disadvantage, Athlone*

The issue of drug misuse in Athlone was mentioned in this research report, in the section on Young Offenders. Research into young offenders focused on those referred in 1996 to the Athlone juvenile liaison officer (referrals under 18 years of age), and those referred to the probation and welfare service in Athlone (referrals up to the age of 20). Among this group of 122 people, the gender ratio was approximately 85 males to 15 females, and severe educational disadvantage and deprived family backgrounds were common. The report estimated that 80% to 90% of the sample abused alcohol and/or illegal drugs, while around 75% of crimes committed were alcohol- or drugs-related.

**Bluebell Inchicore Islandbridge Kilmainham Rialto Area Partnership. (1996). *Bluebell Inchicore Islandbridge Kilmainham Rialto Area Action Plan 1997-2000*.**

*disadvantaged areas, social deprivation, demographics, social exclusion, prevention, community, Dublin, area partnership*

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This area action plan opened with a socio-economic profile of the geographical areas in the Bluebell/Inchicore/Islandbridge/Kilmainham/Rialto area partnership in Dublin. Data relating to population size, age, level of deprivation, occupational profile, unemployment, education, housing and crime rates were presented. The consultative process used to create the area action plan was then described. The plan itself was divided into four separate programmes. The 'Sparks' programme was concerned with encouraging local education and introducing new community-based opportunities for enhancing and complementing the education of local children and their families; 'Laying the Tracks' focused on issues of unemployment and enterprise; 'Building from Within' concentrated on resourcing the development of good local practice models relating to a variety of issues, including problems of drug misuse; and the 'Creating Partnership' programme examined the development of the partnership process itself. Each of the programmes was described in detail and their various activities listed, for example the establishment of a drugs action research project under the 'Building from Within' programme.

**Bonner, C. (1996). *Baseline data on the lifestyle of second level students aged 16 - 18 years.* Tullamore: Midland Health Board.**

*Midland Health Board, young people, alcohol, smoking, cannabis, education*

This report presented the results of a study carried out in 1996 among secondary-school students aged between 16 and 18 years, in the Midland Health Board area. From 12 randomly-selected secondary schools, a sample of 1,654 pupils (892 males and 762 females) completed a questionnaire in school under exam conditions. The survey included questions on smoking, use of alcohol and illicit drugs, sexual behaviour, and knowledge of sexuality. It was found that 34% of the sample classed themselves as current smokers, 10% were ex-smokers and 56% said they were non-smokers. No difference in smoking rates between males and females was noted. Of the sample, 88% said they had consumed alcohol on at least one occasion, with no significant difference between males and females. It was found that 27% of the sample reported they had taken illicit drugs, with marijuana being the most common drug of misuse. Males were found to be more likely to have taken illicit drugs. Of those surveyed, 40% said they had been offered illicit drugs. The report outlined the Midland Health Board's measures for dealing with issues of alcohol, tobacco and illicit drug misuse; these measures emphasised education and information services.

**Bosio, P., Keenan, E., Gleeson, R., Dorman, A., Clarke, T., Darling, M., & O'Connor, J. (1997). *The prevalence of chemical substance and alcohol abuse in an obstetric population in Dublin.* *Irish Medical Journal*, 90 (4), 149-150.**

*women, pregnancy, demographics, unemployment, benzodiazepines, cannabis, amphetamines, opiates, cocaine, alcohol, Dublin*

This article presented the results of a collaborative study by the Rotunda Hospital, Dublin, and the National Drug Treatment Centre in Dublin. The aim of the research

was to examine the prevalence of illicit drug abuse and alcohol abuse in an obstetric population in an urban maternity hospital. The study consisted of the anonymous, unlinked urine testing of 504 first-visit antenatal patients, and the testing of a separate group of 515 patients six weeks after delivery. The researchers found the prevalence of chemical substance abuse in the antenatal sample was 2.8%; among the postnatal population the prevalence of drug abuse, excluding alcohol, was 6%. These substances were found to include benzodiazepines, cannabis, amphetamines, opiates, and cocaine, with less than 2% of the samples testing positive for alcohol. The authors found that substance abusers in pregnancy were more likely to be single, unemployed, and to have had a previous pregnancy.

**Bourke, M. (1998). Methadone treatment to prevent hepatitis C transmission. *Euro-Methwork* (13), 3-4.**

*methadone, hepatitis C, Dublin, heroin, Eastern Health Board, treatment, HIV, health status*

This was a short article about a pilot programme, set up in the Baggot Street Clinic in Dublin in May 1996, working with young heroin users. Research was carried out using a cohort of 66 persons aged between 15 and 22 years, drawn from this programme and from two satellite clinics running similar programmes in Tallaght, a large suburban satellite town of Dublin. Two-thirds of the sample were over 18, and male. Thirty-six per cent had had treatment before, 45% had forensic history, and 45% were employed on entry. This article outlined the clinical assessment of the sample, their treatment strategy, and the incidence of hepatitis C among them.

**Bowden, M. (1996). *Rialto community drug team - Policy discussion paper*. Dublin: Rialto Community Drug Team.**

*community action, Dublin, disadvantaged areas, policy, treatment, support, education, health promotion, rehabilitation, Rialto Community Drug Team, Eastern Health Board*

This review examined the development of the Rialto Community Drug Team (RCDT) in Dublin, a partnership between the Rialto Youth Project and the Eastern Health Board. The RCDT began operating in September 1992. The author was commissioned to look at its development in the broader policy context, to identify key issues in relation to community drug teams in terms of drug treatment and support policies, and to make appropriate recommendations. The author gathered data using semi-structured interviews, which he conducted with members of staff, the management board, policy makers, and local drugs activists. The author also studied internal RCDT documents, policy reports and relevant academic literature. The report presented an overview of the context within which the RCDT operated, the UK experience of community drug teams, a discussion of Irish public policy in the area, and a description of the RCDT. The author concluded that the RCDT provided a clear focus for health promotion, and helped to facilitate inclusive policy-making.

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He stated that the RCDT provided an excellent locus for including local communities in the management of, and policy formulation for, local drug services, and he suggested that this could also be extended to treatment and rehabilitation services.

**Bowden, M. (1997).** *Community addiction response programme CARP - Killinarden: Review and interim evaluation.* Dublin: CARP - Killinarden.

*community, disadvantaged areas, Dublin, Community Addiction Response Programme (Tallaght)*

This report presented a review and evaluation of the Community Addiction Response Programme (CARP) in Killinarden, Tallaght, in south-west Dublin. The research was funded by the Combat Poverty Agency. The report examined the historical antecedents of the programme and looked at its development as a particular response to the issue of drug misuse in the area. Data and information were gathered from a number of sources - internal documentation, such as reports, proposals and minutes; semi-structured interviews with staff, team members, professional personnel attached to the programme, the Tallaght Partnership, members of community organisations, and programme participants; and academic and policy literature. The effectiveness and impact of CARP was critically reviewed, and key issues for further development were identified.

**Bradley, F., Bury, G., O'Kelly, F. D., & Shannon, W. (1993).** *Irish general practice and the human immunodeficiency virus.* *Irish Medical Journal*, 86 (5), 152-153.

*HIV, general practitioners, Dublin*

This paper reported on a study of the extent of contact between Irish general practitioners and patients with the human immunodeficiency virus (HIV), and of the attitudes of Irish general practitioners to the practical and ethical problems associated with HIV. A questionnaire about HIV was sent to 499 general practitioners in the Republic of Ireland (over 25%), and of these, 258 (51.7%) sent back completed questionnaires. Ninety-six respondents had seen at least one HIV-positive case in their surgeries. The authors found that in Dublin, 67% of respondents had seen HIV-positive patients, and that 77.6% of HIV-positive people identified in the survey were attending practitioners in the Eastern Health Board area. They also found that most respondents favoured the involvement of general practitioners in the care of patients with HIV.

**Bradley, F., Bury, G., Mulcahy, F., O'Kelly, F., Shannon, W., & Langton-Burke, D. (1994).** *Attitudes towards and experience of general practice among HIV-positive patients in the Republic of Ireland.* *International Journal of STDs and AIDS*, 5 (5), 327-331.

*HIV, general practitioners, injecting*

The authors introduced their study by saying that of the 1,400 people known to be HIV-positive in the Republic of Ireland, 52% were, or had been, injecting drug users. The authors also noted that the National AIDS Strategy Committee had stated that the ideal means of delivering services to patients with HIV was through the community-based general practitioner. It was within this context that the research was undertaken. To study their attitudes to and experience of general practitioner care, 150 attenders at the only HIV-specialist clinic in Ireland were asked to complete a self-administered, anonymous questionnaire. Eighty-one per cent said they had a regular general practitioner, and 94% of these said their general practitioner was aware of their HIV status. Sixty-four per cent of the group with a regular general practitioner reported seeing their doctor more than five times in the past year, and most were happy with the support they received. In spite of this, 72% said they would go directly to the hospital clinic for any problem they perceived to be HIV-related.

**Brady, C., Coveney, E., Davis, A., Murphy-Lawless, J., & Murray, K. (1999). *Towards a drugs service development plan for Bray: Report for the Bray Drugs Working Group*. Dublin: Isis Research Group, Trinity College, Dublin.**

*community, Bray, demographics, prevention, education, treatment, rehabilitation,  
Local Drugs Task Force*

The objective of this research was to provide information on which a comprehensive service plan could be developed for the Bray area. The research included an investigation of the services provided in response to illegal drug use in Bray, and a needs analysis. Gaps in existing services, for example childcare, information services, needle exchanges and rehabilitation programmes, were identified. A profile of young people using drugs in Bray revealed that they were mixed in terms of gender, class, family background and educational attainment. As a result, the authors recommended that the response to problem drug use should be multifaceted and flexible. The service plan was to be implemented by a local drugs task force or a similar coalition of statutory and voluntary bodies, and funded from a range of statutory sources. The authors suggested that sub-committees of relevant community and statutory bodies be established under the headings prevention and education, treatment and counselling, rehabilitation, task force designation, and supply/policing.

**Brady, C., Coveney, E., Davis, A., Murphy-Lawless, J., & Murray, K. (1999). *Problem drug use in Cabra*. Dublin: Isis Research Group, Trinity College Dublin.**

*Local Drugs Task Force, Dublin, young people, heroin, cannabis, alcohol, education,  
harm reduction*

This report presented the findings of a research study carried out in Cabra, in north Dublin, into illegal drug use among young people in the area. The research was funded by the Finglas Cabra Drugs Task Force. Objectives of the research included exploring why young people participated in the drugs culture; investigating

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how illegal drugs were accessed, and how drug use was organised; and identifying the types and ranges of services needed to respond to the needs of young drug users. Both quantitative and qualitative methods of data collection were used. A questionnaire was administered to 118 young people still in school (with an average age of 14.6 years), and to 50 young people who had left school (the average age of whom was 17.1 years). Eight qualitative case studies were also carried out, with people who used non-opiates only, and with heroin users who had been poly-drug users prior to their dependence on heroin. The study established that there were high levels of drug use among young people both in and out of school, with less than 20% of the total 168 respondents reporting that they had not used either alcohol or drugs. The most commonly-used drug was cannabis, used by 88% of those who had ever used drugs, followed by alcohol, used by 79%. Three areas were identified for action by the local drugs task force: drugs education, youth outreach initiatives, and safety campaigns for non-opiate drug use.

**Brinkley, A., Fitzgerald, M., & Greene, S. (1999).** *Substance use in early adolescence: A study of the rates and patterns of substance use among pupils in Dublin.* Dublin, unpublished; project supported by Eastern Health Board and co-financed by the European Commission.

*Dublin, Europe, young people, risk behaviour, peer group, family*

This report presented a study conducted in Dublin as part of a European collaborative project called Drug Dependence: Risk and Monitoring (DDRAM). Research was also conducted in Newcastle-upon-Tyne, Gröningen, Rome and Bremen. The aims of the DDRAM project were to monitor trends in the use of legal and illegal substances and to examine associated factors in young people aged between 14 and 15 years; to collect comparative information on the rates and patterns of substance use among young people; to establish a database concerning 10- to 12-year-olds, as the initial stage of a longitudinal study of risk; and to strengthen research on drugs in Europe. In a stratified random sample of the schools in the Dublin metropolitan area, the study in Dublin sampled 983 second-year students from 16 schools. A self-report questionnaire was used, with questions exploring trends and patterns of substance use, delinquency, risk-taking behaviour, peer-affiliation, free-time activities, family structure, emotional and behavioural problems, and adaptation to school.

**Browne, R., Sloan, D., Fahy, S., Keating, S., Moran, C., & O'Connor, J. (1998).** *Detection of benzodiazepine abuse in opiate addicts.* *Irish Medical Journal*, 91 (1), 18-19.

*benzodiazepines, opiates, injecting, Dublin, testing*

This study, undertaken in the National Drug Treatment Centre in Dublin, took place against the backdrop of a perceived increasing problem with benzodiazepine

co-abuse in the opiate-dependent population of Dublin. The authors contended that early detection of this co-abuse was essential in order to combat the increased risk of dangerous injecting practices, such as sharing of needles. This study aimed to describe the difficulties in identifying the co-abuse of benzodiazepines in a cohort of opiate-dependent patients. They found that standard methods of urinalysis failed to identify 10% of co-abuse, and treatment to minimise the consequences of the co-abuse was not implemented at the earliest time possible.

**Buchanan, B., & O'Connell, D. (1998). Survey on cannabis resin and cannabis in unsmoked handrolled cigarettes seized in the Republic of Ireland. *Science and Justice*, 38 (4), 221-224.**

*cannabis, testing*

This article reported the results of an analysis of the cannabis/cannabis resin content of 2,204 unsmoked, hand-rolled cigarettes seized in Ireland between 1980 and 1996. The objective was to provide data to assist the courts in Ireland in determining whether the amount of cannabis found in cigarettes was for 'immediate personal use' or for supply. When analysed for cannabis and cannabis resin, it was found that 2,025 contained cannabis resin, and 179 contained cannabis. The average weight of cannabis resin found in the 2,025 cigarettes was 102 mg, while the average weight of cannabis found in the other 179 cigarettes was 260 mg.

**Burke, B. (1994). Community addiction counselling – a social work perspective. *Irish Social Worker*, 12 (2), 11 – 13.**

*Eastern Health Board, social work*

This article was written by a social worker employed as a community addiction counsellor with the Eastern Health Board. The article explored the relevance of three major social work theories to her practice. The practice was placed within three paradigms: traditional casework; the unitary approach; and radical social work. The author highlighted the necessity of developing overarching paradigms, in the hope of achieving a coherent theoretical base and some tools of analysis to apply to the mission statement of her agency.

**Burke, S., & Metcalfe, O. (1999). *Youth as a resource: Promoting the health of young people at risk*. Dublin: Department of Health and Children.**

*young people, awareness, prevention, health promotion, educational disadvantage, health status, smoking, alcohol, risk behaviour*

Prepared for the National Consultative Committee on Health Promotion, this document reported on research into the needs of young people at risk. Data was gathered by means of a series of consultative health fora in the regions, and focus-

group interviews with young people at risk. The report presented an overview of the relationship between socio-economic status, educational disadvantage, youth at risk, health status and behaviour. Chapter 1, entitled 'Young people at risk, health status, poverty and educational disadvantage', contained references to substance use under the heading 'Contributing factors to health status'. Smoking, alcohol and illegal drug use were discussed as examples of risk factors that may adversely affect the health of young people. These were also mentioned in chapter 2, which described the perceptions of young people out of school regarding their health needs. The report gave examples of good-practice health-promotion programmes already operating in Ireland, and put forward recommendations based on its research findings.

**Bury, G. (1989). Drug problems in Dublin. *Practitioner*, 233 (1478), 1486-1489.**

*Dublin, inner city, disadvantaged areas, community, social deprivation, social exclusion, unemployment, crime, young people, AIDS, demographics, heroin*

The author suggested that, despite some evidence of a decline in first-time use of heroin in Ireland, the underlying social and economic problems associated with heroin use remained. The author stated that these could lead to the use of the drug resurfacing later when the threat of AIDS had lost some of its deterrent effect. He located most of Ireland's problems with drug misuse in Dublin, stating that young people living in inner-city areas were most affected. These areas usually had high unemployment and crime rates, and the author maintained that one of the key reasons for the spread of heroin use there may have been 'the absence of a settled, united community, with clear aspirations and a sense of its own identity' (p.1486). Young people living in these areas were vulnerable. Heroin was found to be the primary drug of misuse, with estimates of the total number of people in Dublin who had ever used it ranging from 3,000 to 15,000. The author stated that in Ireland, heroin and poverty seemed inescapably linked. He concluded that a purely medical response to drug misuse was inappropriate - solutions needed to take account of the social and environmental issues, which were the root of the problem.

**Bury, G., O'Kelly, F., & Pomeroy, L. (1993). The use of primary care services by drug users attending an HIV prevention unit. *Irish Medical Journal*, 86 (2).**

*HIV, prevention, injecting, Dublin, methadone, general practitioners*

In 1991 intravenous drug users attending a Dublin HIV prevention unit were interviewed about their use of general practitioner services. Methadone treatment and medical cover within the General Medical Scheme emerged as important influences on the behaviour of clients with respect to general practitioners.

**Butler, S. (1991). Drug problems and drug policies in Ireland: A quarter of a century reviewed. *Administration*, 39 (3), 210-233.**

*policy, legislation*

This article aimed to fill a perceived gap in the analysis of Irish social policy, by reviewing social policy relating to drug problems and alleviation policies over the previous 25 years. The period was divided into three phases: 1966-70 - The early years; 1980-85 - The opiate epidemic; 1986-91 - The AIDS connection. Within these periods, changes in policy and legislation were presented chronologically. In his discussion, the author examined the following questions: How clearly have drug problems been defined and which institutions have been given responsibility for their control? What have been the major external influences on Irish drug policy? Have causal relationships been sought/accepted between drug problems and other social problems? What policy-making structures have evolved in Ireland over the years?

**Butler, S., & Woods, M. (1992). Drugs, HIV and Ireland - Responses to women in Dublin. In N. Dorn, S. Henderson, & N. South (Eds.), *AIDS: Women, drugs and social care* (pp. 51-69) (ISBN 1 85000 874 4, pb). London: Falmer Press.**

*HIV, women, demographics, health status, AIDS, Dublin, risk behaviour, injecting*

The advent of HIV disease signalled the need for services that were responsive to new and different needs of client groups within the existing health and social care provision systems. This book sought to document some aspects of women's experience of HIV disease and did so by drawing upon interview data collected in several countries. Chapter 4 presented the findings from the study carried out in Dublin. The economic and social conditions in Ireland were explained, and social behaviour and policy decisions were set within their specific cultural context. Information was gathered during May 1989 by means of two semi-structured discussion groups with carers for HIV-positive women and HIV-positive women themselves. Individual interviews with three HIV-positive women and the sister of a woman who had recently died of an AIDS-related illness were also conducted. The typical HIV-positive woman in Dublin at the end of the 1980s was described by the authors as young, from a working-class background, having contracted the virus either through sexual relationships with drug-using men, or from injecting drugs herself.

**Butler, S. (1993). Study of 45 pregnant opiate addicts in Dublin. *Irish Journal of Medical Science*, 162 (10), 444-445.**

*Dublin, women, pregnancy, opiates, demographics, policy, treatment, children*

In this letter to the editor, the author criticised Keenan, Dorman and O'Connor's (1993) follow-up study of 45 pregnant opiate addicts in Dublin. It was Butler's opinion that the authors failed to take account of wider Irish social policy issues, for example, drug treatment policy and child care policy. He stated that the authors did not make any reference to the fact that some of the problems of the subjects who took part in the study may have been due to their social and economic backgrounds, not just to their drug use. He believed that the study exhibited an attitude towards the mothers studied that was 'unduly negative and stereotyped' (p.444).

**Butler, S. (1994). Alcohol and drug education in Ireland: Aims, methods and difficulties. *Oideas (Journal of the Department of Education)*, 42 (Samhradh), 125-140.**

*policy, prevention, demand reduction, harm reduction, education, alcohol, young people*

This paper discussed the complexities involved in drug and alcohol education, and the need to link drug and alcohol policies with the evidence of outcome studies and scientific developments in the area of drug prevention and demand reduction activities. Theoretical perspectives on drug and alcohol problems and their prevention were discussed. The author went on to detail the three types of education which can be used for preventive purposes - focusing on the substance; focusing on the individual and on individual choice; and focusing on the context or environment in which the young person lives.

**Butler, S. (1996). Substance misuse and the social work ethos. *Journal of Substance Misuse*, 1, 149-154.**

*alcohol, harm reduction, policy, social work*

In this paper, the author discussed the contribution of social work to the resolution or minimisation of problems arising from the use of alcohol and drugs. He suggested that this contribution was best understood in the context of the profession's ethos, which he maintained was very different from that of other caring professions. He suggested that, unlike the other professions, social work retained and encouraged a sense of scepticism about the possibility of technical or scientific solutions to drug and alcohol problems, and that it preferred to work in the sphere of policy and value issues. He looked at three main themes in Irish social work - the person-in-environment, the strengths perspective, and the emphasis on service provision.

**Butler, S. (1997). The war on drugs: Reports from the Irish front. *Economic and Social Review*, 28 (2), 157-175.**

*policy, legislation, legalisation, demand reduction*

This article presented a review of T. Murphy's book *Rethinking the war on drugs in Ireland* (1997), and of the *First report* of the Ministerial Task Force on Measures to

Reduce the Demand for Drugs (1996). Butler defined the term 'war on drugs', locating its origins in the United States during the Nixon administration. He described Murphy's text as 'the only sustained critique of Irish drug policy' (p. 158) to be published in Ireland since the late 1960s. He evaluated not only the validity of its main argument, but also the contribution it could make to debate on drug policy in Ireland. He concluded that Murphy's argument for the legalisation of drugs was valid, as it showed the ambiguous moral basis for prohibiting drugs in Ireland, given the fact that the Irish are not fundamentally opposed to mood-altering drugs. Murphy also argued that the 'war on drugs' approach added to the problems of drug users and society. Butler suggested that, when read in the context of the *First report* of the Ministerial Task Force, Murphy's book 'seems excessively rational and almost indecently explicit in its coverage of drug policy issues' (p. 173). He believed it to be far ahead of its time, and stated that 'the Irish policy climate is not yet ready for the rationality and the radicalism of Murphy's critique' (p. 173). Change away from the 'war on drugs' approach was taking place, Butler believed, but it was a slow and gradual process, to which Murphy's book would only contribute in time.

**Byrne, B., Cotter, A., Molloy, E., & Turner, M. (1998). Should pregnant women be screened for drugs of abuse? *Irish Medical Journal*, 91 (1), 29.**

*women, pregnancy, Dublin*

In a letter to the editor regarding the article by Bosio *et al.* (1997), the authors disagreed with the suggestion that 'drug abuse is not a serious problem among Dublin's pregnant population'. They contended that 43 cases of neonatal drug withdrawal were identified at the Coombe Women's Hospital between June and July 1997, and put forward the case for antenatal screening for drugs of abuse.

# C

**Cahill, R., O'Neill, I., Barnett, T., Fogarty, C., McDermott, R., & Keenan, E. (1999).** *Substance use in school-going teenagers.* Dublin: Eastern Health Board.

*young people, alcohol, smoking, cannabis, solvents, LSD, ecstasy, amphetamines, heroin, magic mushrooms, Kildare, Wicklow*

This document reported on research on young people and drug misuse funded by the Eastern Health Board and the Action South Kildare Partnership. The aim was to collect data on the extent and type of drug use, both legal and illegal, in the secondary-school-going population of Kildare and west Wicklow. This was carried out by giving a self-administered questionnaire to a sample of 1,838 pupils from 29 schools in the area. The mean age of respondents was 14.7 years; 53% were male and 47% were female. The researchers found that 86% of those surveyed had used at least one drug. The principal drugs were alcohol, cigarettes, cannabis, and solvents, with LSD, amphetamines and magic mushrooms mentioned. Heroin was far less commonly used. Those who reported using cigarettes, cannabis or alcohol were found to have been more likely to have tried other substances, and males had a higher risk of having taken any illegal drugs. Significantly more vocational school than secondary school pupils were found to persist in using ecstasy and amphetamines, and they were also found to have a lower mean age of initiation into heroin use.

**Canal Communities Local Drugs Task Force. (1997).** *Canal Communities Local Drugs Task Force service development plan.* Dublin: Canal Communities Local Drugs Task Force.

*Local Drugs Task Force, community action, disadvantaged areas, unemployment, crime, opiates, injecting, education, prevention, treatment, support, rehabilitation, Dublin, social deprivation*

The Canal Communities Local Drugs Task Force (CCLDTF) covers the areas of Rialto, Inchicore and Bluebell, in Dublin. To draw up this plan, it initiated a

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consultative process building on the community consultation which had led to the development of the Canal Communities Area Action Plan (CCAAP). Drugs and the problems associated with them had featured prominently in this earlier consultation round. In drafting the CCLDTF service development plan, it was decided to concentrate on community-based and community-driven solutions and responses, using the community structures that had emerged in drawing up the CCAAP. The service development plan first of all stated that problematic drug use in Dublin was a function of social and economic deprivation, and recognised that poor housing, high unemployment, and high levels of crime were all local features contributing to the local drugs problem. Drug users in the Canal Communities were described as being more likely to be unemployed, to be living with their families, to be opiate dependent and to be injecting drugs than drug users in the Dublin area generally. Education and prevention were cited as key areas for responding to the area's drug problem. Initiatives within the formal education system, informal education settings such as youth groups, general education and prevention, and community drugs teams were proposed. Treatment was mentioned in the plan, including not only direct service provision to drug users and their families, but also support, counselling, referral, outreach, detoxification, and maintenance/stabilisation. The importance of rehabilitation was also mentioned, and it was noted that this should occur as a result of reducing poverty and disadvantage in the area, and that this should be addressed in the CCAAP.

**Carmody, P., & McEvoy, M. (1996). *A study of Irish female prisoners*. Dublin: The Stationery Office.**

*prison, criminal justice, health status, alcohol, methadone, treatment, rehabilitation, hepatitis, demographics, women*

This report presented the findings of a study carried out in Mountjoy prison, Dublin, the only designated female prison in Ireland, which caters for remand and sentenced prisoners aged 17 years and over. Since the authors had found little previous information about Irish female prisoners, the aim of their research was to collect data on the background, health, psychiatric history, and drug and alcohol use of this group. It was hoped that these factors would be taken into account in building a new prison for females, so that women could be treated properly for their psychiatric or addiction problems. The research instrument used was a semi-structured interview, divided into five sections: demographic background, drug use, alcohol use, health status, and psychiatric history. Two female prison general practitioners interviewed 100 female inmates as part of their initial medical assessment. The interviews were confidential and anonymous and took place over a six-week period between February and March 1994.



**Carr, A. J., Hart, I., & Kelly, M. G. (1980). Irish drug abusers 1: Their social background. *Irish Medical Journal*, 73 (12), 453-457.**

*demographics, crime, unemployment, educational disadvantage, family*

This article, the first in a series of three, examined the social backgrounds of a cohort of 100 drug abusers. All three papers reported on a research project organised by the Economic and Social Research Institute in conjunction with the Jervis Street Drug Advisory and Treatment Centre. All subjects included in the investigation had attended the drug advisory and treatment centre for the first time between November 1977 and February 1979. Drug abusers were defined as individuals who, as a result of taking psychoactive drugs, had suffered medical, psychological or social complications. Data about their backgrounds were collected using a detailed interview schedule, which examined demographic, familial, educational, occupational, legal and drug abusive history. The cohort predominantly comprised single males, was over-representative of the lower middle class, and the majority were under 26 years of age. Those identified as 'drug abusers' were found to be more likely to come from families of above average size, with a high level of familial problems, and the majority were found to have left school at 16 years of age. A high level of unemployment was noted among the subjects, and in a large number of cases, the researchers suggested, drug misuse may have been a contributing factor to the stunting of educational or vocational development. A high level of non-drug-related, non-violent criminal behaviour prior to drug abuse was also noted, with a significant increase in the number of non-drug-related non-violent convictions subsequent to beginning to misuse drugs.

**Carr, A. J., Hart, I., & Kelly, M. G. (1981). Irish drug abusers 2: Their psychological characteristics. *Irish Medical Journal*, 74 (1), 8-10.**

*problem behaviour*

The second in a series of three, this report was based on a study of a cohort of 100 Irish drug abusers and examined the distribution of selected psychological characteristics within that cohort. All three papers reported on a research project organised by the Economic and Social Research Institute in conjunction with the Jervis Street Drug Advisory and Treatment Centre. All subjects included in the investigation had attended a drug advisory and treatment centre in Dublin for the first time between November 1977 and February 1979. Drug abusers were defined as individuals who, as a result of taking psychoactive drugs, had suffered medical, psychological or social complications. In this report, the authors noted that it seemed unlikely that there was any one specific set of psychological traits differentiating the drug misuser from any other poorly adjusted person. However, they believed that the identification of the distribution of psychological traits within a specific group of drug abusers might be of descriptive value. To explore these psychological traits, the researchers used a combination of tests: Witkin's (1950) Group Embedded Figures

Test; Scheier and Cattell's (1961) Neuroticism Scale Questionnaire; Rosenweig's (1947) Picture Frustration Study; and the vocabulary and digit span subtests of Wechsler's (1955) Adult Intelligence Scale. The results indicated that subjects who participated in the study, while of average or above average intelligence, showed poor psychological adjustment, and a high level of neurotic trends was also found.

**Carr, A. J., Hart, I., & Kelly, M. G. (1981). Irish drug abusers 3: A psycho-social typology. *Irish Medical Journal*, 74 (2), 66-70.**

*problem behaviour, crime, barbiturates, young people, treatment, prescribed drugs*

This was the last report in a series of three based on a study of 100 Irish drug abusers. All three papers reported on a research project organised by the Economic and Social Research Institute in conjunction with the Jarvis Street Drug Advisory and Treatment Centre. All subjects included in the investigation had attended a drug advisory and treatment centre in Dublin for the first time between November 1977 and February 1979. Drug abusers were defined as individuals who, as a result of taking psychoactive drugs, had suffered medical, psychological or social complications. This article presented a psycho-social typology of drug abusers, which was established on the basis of extensive interviews and psychological test data. Three psycho-social scales were administered to each subject: Davis' (1976) Anomie Scale; Hart's (1977) Modified Locus of Control Scale; and a short form of Crumbaugh's (1968) Purpose in Life Scale. The typology established consisted of four major groups, which accounted for 94% of the cohort, and three dyads. The largest group, containing 36 of the subjects, was labelled the Extragressors; it was made up of young, aggressive, criminal, subcultural, poly abusers, who came from highly inadequate working-class families. The second largest group, accounting for 26 subjects, was called the Self-Medicators; these were older, passive, anxious barbiturate or minor tranquilliser misusers, who had been introduced to drugs through medical or psychiatric treatment. The other groups fell somewhere on the continuum from subcultural deviance to personal inadequacy.

**Carr, A. (1982). Drug abuse: Definitions, theories and treatment programmes. *Irish Journal of Sociology*, 7 (1), 20-32.**

*treatment, policy, opiates, hallucinogens, stimulants, sedatives, barbiturates*

The author of this article suggested that since the 1960s drug misuse had become a serious national and international problem, prompting a large body of research from the perspectives of both the social and the medical sciences. This paper attempted to provide a conceptual framework within which this growing body of literature could be understood and interpreted. Definitions of important terms were discussed first, including those for a 'drug', 'drug abuse' and 'drug addiction'. Next, the author outlined the main perspectives on drug misuse, and treatment

programmes arising from these. Finally, he included a classification of commonly misused drugs, together with a description of their physiological and psychological effects.

**Cassin, S., Geoghegan, T., & Cox, G. (1998). Young injectors: A comparative analysis of risk behaviour. *Irish Journal of Medical Science*, 167 (4), 234-237.**

*injecting, risk behaviour, Dublin, policy, harm reduction*

The authors of this study compared the injecting and sexual-risk behaviour of young injectors with that of injectors over 25 years of age. The sample of respondents was drawn from first-time attenders at the Merchant's Quay Health Promotion Unit between 1 May 1997 and 28 February 1998. It was found that young injectors were significantly more likely to report having recently borrowed and lent used injecting equipment. Young injectors were also found to be more likely to report having been sexually active, having multiple sexual partners, and having a regular partner who was an intravenous drug-user. However, the young injectors were significantly more likely to report condom use than the older injectors. The authors suggested that the findings indicated that the harm minimisation message, which peaked in the early 1990s, had been de-emphasised in more recent policy and practice. Hence, they contended that it was not reaching young people, who had only begun injecting drugs recently, and additional strategies were needed to target this group.

**Charleton, P. (1986). *Controlled drugs and the criminal law* (ISBN 0 9511037 0 9). Dublin: An Clo Liúe.**

*crime, legislation, criminal justice*

A barrister, the author indicated that his book was written 'for those with a practical interest in the law relating to drugs'. He stated that the main weapon for combating drug taking was the criminal law, the framework for which may be found in the Misuse of Drugs Acts 1977-84. This book contained information on commonly-abused drugs, lawful use of drugs, the powers of the Gardaí, improperly obtained evidence, the production and cultivation of drugs, their importation, exportation, and possession. The topics of drug-pushing, and various offences, including permissive, opium-related, advocacy and international types, as well as sentencing information, were also covered. The author explained that ultimately the resources committed to drug law enforcement must be seen to be as important as the legislative responses themselves.

**Comberton, J. (1982). *Drugs and young people* (ISBN 0 907085 37 7). Dublin: Ward River Press.**

*young people, family, prevention, treatment, rehabilitation, cannabis*

This book advocated taking a strong stand against drugs, since experience with the effects of drugs on youngsters ‘demonstrates again and again that the easy way, or the “hope for the best” attitude, will not match the influence and power of drugs’. The author presented information and advice on the problems associated with drug use to the parents of young people. It covered a range of issues including how to protect your home, communicating with young people, danger signals that parents should look out for, and co-operating with other parents and with the school. The personal story of one young drug user was told, and a description of life at the Coolmine Lodge Therapeutic Community was given. Finally, common drugs of abuse were described, with one chapter devoted to ‘The truth about cannabis’. Appendices provided advice on what to do in an overdose emergency, on treatment and rehabilitation, and on helping parents to help themselves. A bibliography on cannabis and a guide to drug slang were also included.

**Community Outreach Drugs Awareness Project. (1999). *Drugs unplugged: Facing the reality of drug abuse in Cork*. Cork.**

*Cork, community, Local Drugs Task Force, young people, alcohol, smoking, cannabis, solvents, peer group, community action, treatment*

This research report was compiled by a team of 15 young people on community employment (CE) schemes, with the support of a research co-ordinator and a youth worker. The project was funded by the Cork City Local Drugs Task Force, Comhar Chathair Chorcaí Teo, FÁS and Ogra Chorcaí. It was prompted by a proposal in the ‘Bridge it, beat it’ strategy document for community-based research into drug misuse. Data were collected using a variety of research methods, including a questionnaire and discussion groups. The researchers found that the use of drugs among young people in Cork was widespread, the most commonly misused drugs being alcohol, cigarettes and cannabis, although solvents were also mentioned. Most of the respondents said they had been introduced to drugs by friends, and gave boredom and stress as reasons for taking drugs on their own. Information on drugs was most commonly gained from television, followed by other media such as magazines, videos and radio; formal sources of information were ranked much lower. The researchers’ recommendations for tackling the drug problem among young people in Cork included the establishment of drop-in youth centres or cafés, cheaper access to sports facilities, and more residential treatment services.

**Conlon, C. (1999).** *Women - the picture of health: A review of research on women's health in Ireland* (ISBN 1 87382051 8). Dublin: The Women's Health Council.

*women, health status, policy, HIV, methodology*

This report reviewed research on women's health in Ireland, and assessed its adequacy as a basis for developing policy. Five principles from the Government's *Shaping a healthier future* (1994) were used to gauge the adequacy of the research: health gain, social gain, equity, quality, and accountability. The health policy context both in Ireland and internationally was examined initially. Drug misuse was referred to briefly in section 5 under the heading Quality, where the work of Butler and Woods (1992) was cited. Their criticism of the services available to women with HIV was noted and their recommendations on the issue were reasserted.

**Corrigan, D. (1981).** *Cannabis and health - a review.* *Irish Medical Journal*, 74 (10), 280-283.

*cannabis, health consequences, methodology*

This article was written to resolve the doubt and confusion about cannabis, which the author suggested still existed, in spite of the fact that over 7,000 scientific articles had already been published on the subject. The author believed the confusion was partly due to the fact that the drugs obtained from the cannabis plant were very complex and variable. He said that failure to take account of this could devalue the results of investigations into the pharmacological and toxicological effects of the drug. In this review, he described the drug preparations obtained from the cannabis plant, their potency, the amount of THC that enters the body, the effects of cannabis, and its toxicology. He then discussed a number of issues, including cannabis and reproduction, the pulmonary and cardiovascular effects of the drug, its effects on the brain, its interaction with other drugs, and whether or not it leads to misuse of other drugs. Finally, he looked at cannabis as a source of new drugs.

**Corrigan, D. (1990).** *The pathology of drugs of abuse in humans.* *Irish Pharmaceutical Review* (July/August), 210-212.

*cannabis, cocaine, opiates, health consequences*

In this short paper, the author reported on a Paris conference attended by medical practitioners and pharmaceutical scientists from nine countries, including Ireland. The conference was organised by Professor Gabriel Nahas of Columbia University, New York, and scientific advisor to EURAD (Europe against Drugs). The meeting was divided into three sessions dealing with cannabis, cocaine and crack,

and opiates. It was designed to give a European audience an update on recent studies of the damaging effects of the three groups of drugs on the human body.

**Corrigan, D. (1994).** *Facts about drug abuse in Ireland. (Revised third ed.). Dublin: The Department of Health.*

*awareness, education, alcohol, solvents, cannabis, smoking, amphetamines, cocaine, LSD, magic mushrooms, sedatives, heroin, opiates*

This booklet provided background information on the legal, medical, social and historical aspects of drugs used for non-medical purposes in Ireland. It contained chapters on alcohol, solvents, cannabis, tobacco, caffeine, amphetamines, cocaine, LSD, magic mushrooms, sedatives, heroin and other opiates.

**Costello, L., & Howley, D. (1999).** *Under Dublin's neon: A report on street drinkers in Dublin. Dublin: CentreCare.*

*homelessness, Dublin, alcohol, treatment, harm reduction, rehabilitation*

This report presented the findings of research carried out on behalf of CentreCare, a Dublin diocesan-based social service run by Crosscare. The study focused on homeless people who also had an alcohol problem. This group appeared to be especially vulnerable, suffering not only from the deprivation of homelessness but also the hardships resulting from their alcohol dependence. The researchers said that a significant problem for street drinkers in Dublin was access to hostel places, as many hostels operated a 'no drink rule'. Access to alcohol treatment services was also a problem for them. A lack of follow-up support for those who have been in treatment was found to make relapses common. No specific services for street drinkers were found in Dublin. The authors recommended that a 'wet hostel', where alcohol was allowed on the premises, be established, including a health centre with addiction services and a day centre, where alcohol could be consumed. Follow-on services for people leaving detoxification centres were also recommended.

**Coveney, E., Murphy-Lawless, J., Redmond, D., & Sheridan, S. (1999).** *Prevalence, profiles and policy: A case study of drug use in north inner city Dublin (ISBN 0 9535376 0 9).* Dublin: North Inner City Drugs Task Force and Isis Research Group, Trinity College, Dublin.

*inner city, Dublin, heroin, treatment, prevention, policy*

Research for this project was carried out by the Isis Research Group in the Centre for Women's Studies, Trinity College, Dublin, in partnership with the Inter-Agency Drugs Project/North Inner City Drugs Task Force. The project was funded by

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Enterprise Ireland (Science and Technology Against Drugs Programme) and the Combat Poverty Agency. Both qualitative and quantitative data were collected over a 10-month period on the prevalence of heroin use and the experiences of heroin users. After describing the background to the study, the report detailed the findings of the prevalence survey, including patterns of use found amongst clients of drug treatment agencies, multiple users and waiting lists, and data from the street survey. Profiles of heroin users were outlined, including information on the social settings of heroin use, supply issues, experiences of seeking treatment, treatment needs, and prevention. Case studies of two heroin users were provided. The report concluded with a discussion of research and policy perspectives on the heroin problem.

**Cox, G., & Lawless, M. (1998). *Training communities to respond to drugs* (ISBN 1 902794 00 1). Dublin: The Merchant's Quay Project.**

*HIV, AIDS, support, rehabilitation, awareness, Dublin, inner city, Merchant's Quay Project, community action, health promotion, evaluation, training, methodology*

This report presented the results of a pilot study aimed at evaluating a 10-week drugs awareness training programme devised by the Merchant's Quay Project. The Merchant's Quay Project was established in 1989 by the Franciscan Community, in response to an increasing number of drug misusers looking for help in the locality. The training programme was set up with the aim of enabling community members to participate in the decision-making process at a local level, and thus gain some control over their lives and make a positive contribution to social change in their community. The research study used three questionnaires and an attitudinal survey to evaluate the training programme. The three main aims of the research were to evaluate the effectiveness of the drugs awareness training programme in achieving its objectives, to determine its effectiveness in attracting community members who had not previously been involved in such programmes, and to determine the effectiveness of the research instruments used in evaluating the programme.

**Cox, G., & Lawless, M. (1999). *Wherever I lay my hat: A study of out of home drug users* (ISBN 1 902794 03 19). Dublin: The Research Office, The Merchant's Quay Project.**

*Merchant's Quay Project, homelessness, risk behaviour, policy*

The Merchant's Quay Project was established in 1989 by the Franciscan Community, in response to an increasing number of drug misusers looking for help in the locality. Research on drug use and homelessness was prompted by the increasing numbers of homeless drug-users presenting. The authors had found that 19% of new clients attending the Health Promotion Unit of the project between 1997 and 1998 said they were homeless, and yet there was a lack of empirical research on homelessness and very limited information on homeless drug users in Ireland. Funded by the Combat Poverty Agency, the research project's aims were to research



national and international information about the relationship between homelessness and drug use; to identify the extent of homelessness among the drug-users presenting at the Merchant's Quay Project; to examine the sleeping arrangements of homeless drug users and its impact on their risk behaviours; and to inform local and national policy makers. Two research instruments were used to collect data: a screening questionnaire, administered to 190 clients; and a survey of out-of-home drug users, which was completed by 53 homeless drug users. The findings of both of these instruments were presented in the report, profiling the group, their experiences and their contacts with services. The research indicated high levels of homelessness among a sample of chaotic drug users, and provided some insight into the impact of homelessness on these individuals.

**Cregg, M. T., & Tracey, J. A. (1993). Ecstasy abuse in Ireland. *Irish Medical Journal*, 86 (4), 118-120.**

*ecstasy, health consequences*

This article reported on a study of cases of ecstasy ingestion admitted to the National Poisons Information Centre in Beaumont Hospital over an 18-month period between 1991 and 1992. The authors stated that ecstasy had greatly increased in popularity as a recreational drug since the late 1980s, and that this certainly seemed to be the case in Ireland in recent years. No cases had come to the attention of the Poisons Centre in January 1991, but by June 1992 there were 37 cases. These 37 cases formed the basis for the study. The cases were analysed for age and sex distribution, clinical details, and outcome. They were found to be mainly male, aged between 10 and 30 years, with a high incidence in the 16- to 25-year-old age group. The researchers found that symptoms in most cases were mild, and included dilated pupils, agitation, excitement, hallucinations, tachycardia, palpitations, CNS depression, incontinence and psychiatric symptoms. One death was reported, owing to congestive heart failure.

**Cullen, B. (1990). Community action in the eighties - A case study. In The Combat Poverty Agency (Ed.), *Community work in Ireland: Trends in the 80s, options for the 90s*. Dublin: The Combat Poverty Agency.**

*heroin, criminal justice, Dublin, inner city, community action, community, Concerned Parents Against Drugs*

Concerned Parents Against Drugs (CPAD) was formed in the summer of 1983 in St Teresa's Gardens, in south inner Dublin. Its purpose was to deal with heroin use, an issue which was perceived as posing an immediate threat to the community. This paper explored the formation of the group and the background against which it was created, including the introduction of heroin to Dublin and the escalation of its misuse. The paper also investigated the features that gave CPAD potential as a social

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movement - for example, the initial mass participation of people living in south inner city areas in its activities; institutional opposition to the group, including the charges of vigilantism laid against it; and finally the relevance of the group in developing a community-work theory.

**Cullen, B. (1994). Community drug treatment – an untried response to drug problems in Dublin. *Irish Social Worker*, 12 (2), 16 – 18.**

*community action*

This article considered the differences between drug problems and community drug problems. The author concluded that community drug problems should not be separated from the social and economic context in which they occurred. He highlighted the importance of local responses, which were designed to tackle issues of local structures, representation and development.

**Cullen, B. (Ed.). (1998). *Young people and drugs: Critical issues for policy*. Dublin: The Children's Research Centre, Trinity College, Dublin.**

*young people, prevention, education, health promotion, community action, community*

This was a short report on the proceedings of a half-day seminar on young people and drugs, held on 22 November 1997 at Trinity College, Dublin. The report contained the papers presented on the day. Two keynote papers, given by researchers with practical and policy experience in the field, were included: 'The process of normalisation of recreational drug use amongst young people in the UK' by Professor Howard Parker, and 'Young Irish drug users and their communities' by Barry Cullen. The three responses to these, from preventive, educational and youthwork perspectives, were then reproduced: 'Young people and drugs - challenges for youthworkers' by David Treacy; 'Young people and drugs - health promotion dilemmas' by Owen Metcalfe; and 'Young people and drugs - a community response' by Mary Ellen McCann.

**Curriculum Development Unit of the City of Dublin Vocational Education Committee. (1994). *Understanding drugs*. Dublin: Health Promotion Unit, Department of Health.**

*family, prevention, education, young people*

This booklet was a basic introduction for parents about the use and misuse of drugs. It included definitions of drugs and drug misuse, information on the risks and types of drugs and on prevention of drug misuse.

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**Dean, G., Bradshaw, J., & Lavelle, P. (1983). *Drug misuse in Ireland 1982-1983 - Investigation in a north central Dublin area and in Galway, Sligo and Cork*. Dublin: The Medico-Social Research Board.**

*Galway, Sligo, Cork, Dublin, heroin, social deprivation, disadvantaged areas*

In light of a preliminary investigation into heroin abuse in an area of north central Dublin, it was decided to make a definitive assessment of the prevalence of heroin abuse in that area over a one-year period in 1982/83. The authors of this report used this definitive assessment to construct a profile of a typical heroin misuser. The authors also made an initial assessment of the extent of drugs misuse in the provincial centres of Galway, Sligo and Cork, over the same period. They concluded that, while the extent of misuse of drugs in these areas was in no way comparable to that found in the Dublin study area, complacency could see the position in the provincial areas deteriorate.

**Dean, G., Smith, R., & Power, B. (1984). *Heroin use in a Dun Laoghaire borough area 1983-1984*. Dublin: The Medico-Social Research Board.**

*heroin, cocaine, Dun Laoghaire, Dublin, inner city, young people, unemployment, treatment, demographics, disadvantaged areas, social deprivation, local authority housing*

This report presented the main results of a study of heroin use in an area of Dun Laoghaire County Borough. The study set out to quantify the extent of heroin use, and to compile a user profile. Another objective of the study was to provide a basis for comparing heroin abuse in the borough with that in inner city Dublin, and also for abuse comparisons between different residential areas within the borough. Interviews were conducted with 36 people resident on 1 May 1984 in two electoral wards in Dun Laoghaire Borough who were believed by the investigating panel to have used cocaine or heroin at any time between 1 May 1983 and 1 May 1984. The

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research found heroin use was mainly concentrated in the 15- to 24-year-old age group, with twice as many male as female users. Most users came from the lower end of the socio-economic scale, with only one in five in paid employment at the time of the research. The drug history of respondents was also explored, and it was found that three-fifths had presented themselves for medical treatment at some time. The authors stated that the most disturbing discovery was the 'extraordinarily high' incidence of heroin use among young people living in local authority flats compared with that among young people living elsewhere in the area.

**Dean, G., Lavelle, P., Butler, M., & Bradshaw, J. (1984).** *Characteristics of heroin and non-heroin users in a north-central Dublin area.* Dublin: The Medico-Social Research Board.

*heroin, Dublin, inner city, disadvantaged areas, crime, unemployment, family, children, alcohol, smoking, social deprivation, prevention, community*

A 1982/83 study by Dean, Bradshaw & Lavelle (1983) had focused on the evidence of heroin abuse in an area in north central Dublin. From this, the characteristics of a heroin abuser were delineated. The present study, carried out in 1984, used a control group of persons who had never taken heroin, to investigate the relevance of this profile. The control group of people were resident in the same area, and were matched for age and sex, to those in the 1982/83 study. Both groups were from deprived areas, with high rates of unemployment, and social settings in which drug taking, crime and alcohol abuse were common. In spite of the fact that both groups were the product of similar circumstances, a series of differences emerged. The existence of a group of 'special risk children' was noted: these were children who had experienced parental loss and/or separation and/or whose families had a problem with alcoholism. The authors recommended that, to help prevent drug misuse, attention be given to encouraging social life, hobbies, sports and educational achievement, the provision of jobs, and discouraging cigarette smoking and frequent drinking. The local Catholic church was put forward as one agency through which such action could be channelled.

**Dean, G., O'Hare, A., O'Connor, A., Kelly, M., & Kelly, G. (1985).** *The opiate epidemic in Dublin 1979 - 1983.* *Irish Medical Journal*, 78 (4), 107-110.

*opiates, heroin, demographics, young people, Dublin, inner city*

This study presented findings based on the monitoring of clinical and social characteristics of people attending the Jervis Street Drug Advisory and Treatment Centre in Dublin between 1979 and 1984. An increase in the numbers of people attending Jervis Street over the period was noted, and it was suggested that opiate misuse had contributed greatly to this trend. Of the 2,057 patients making first contact, it was found that 1,440 attended because of opiate abuse, mainly heroin. Male patients

were found to outnumber female by a ratio of more than three to one. Over the five-year time period, attendance by younger age groups was found to have increased, and the period of time between starting to misuse drugs and attending at the centre was found to have decreased. The results confirmed the belief that both the north and south central city areas of Dublin had experienced large increases in drug abuse, particularly of opiates, over the five years under review.

**Dean, G., O'Hare, A., O'Connor, A., Kelly, M., & Kelly, G. (1987). The 'Opiate Epidemic' in Dublin: Are we over the worst? *Irish Medical Journal*, 80 (5), 139-142.**

*heroin, opiates, injecting, Dublin, unemployment, health consequences, HIV, AIDS*

This paper reported on trends among first-time attenders for opiate misuse at the Jervis Street Drug Advisory and Treatment Centre between 1984 and 1986. Between 1984 and 1985 the number of first attenders for opiate misuse was found to have decreased from 451 in 1984, to 116 in 1985. Of those opiate users who first attended the centre in 1984, 21% had been using drugs for seven or more years and the majority were self-referred. A high proportion of them had needle marks, suggesting a preference in Dublin for injecting heroin, rather than smoking or sniffing it. The majority of heroin users treated in 1984 were unemployed. In 1986 the researchers found a high number (109) of opiate users presenting in the first six months alone, suggesting that the downward trend seen in 1985 was being reversed. The preference for injecting heroin was noted with concern, given the risk of contracting HIV through intravenous drug use. In order to investigate the prevalence of HIV among drug users, a sample of 398 intravenous drug users was tested, and it was found that 27% were HIV-positive.

**Dean, G., Lavelle, P., O'Kelly, F. D., Power, B., & Hillery, I. (1992). Follow up of a cohort of intravenous drug users in North and South Central Dublin and in Dun Laoghaire. *Irish Medical Journal*, 85 (3), 9-10.**

*heroin, Dublin, Dun Laoghaire, inner city, hepatitis B, HIV, AIDS, injecting, health consequences*

This article reported the results of a follow-up study of a cohort intravenous drug users, who had participated in three studies between 1982 and 1984. The purpose of the original studies was to ascertain the prevalence of heroin and drug usage in north and south central Dublin and in Dun Laoghaire. The purpose of the current study was to investigate the incidence of HIV and hepatitis B among the cohort. The results indicated that of the 203 heroin-injecting drug users contacted, 101 were known to have been tested for HIV, and 87 (86%) of these were found to be HIV-positive. Of the 92 tested for hepatitis B infection, 76 were positive for the hepatitis antigen. The researchers concluded that intravenous drug use was a major risk factor for HIV, as they found that the majority of those people known to be HIV-positive in the Republic of Ireland were, or had at one stage been, intravenous drug users.

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**Dekker, S., & Cohen, P. D. A. (1993).** *Estimating the number of 'problematic drug users': Review of methodologies used within some European countries.* Strasbourg: Pompidou Group, Council of Europe.

*methodology*

This paper presented a short description of how individual countries assessed their numbers of problematic drug users, with a view to developing a uniform methodology that could be used in all situations. The methodology used in Ireland was described (p.10). It took the form of multi-source enumeration, a method also used in Denmark, Finland, Norway, the United Kingdom, Spain, Sweden and Switzerland. The Health Research Board used the method for three studies in the early 1980s, involving a combination of multi-agency and community enumeration.

**Department of Health. (1992).** *National AIDS Strategy Committee: Reports and recommendations of the sub-committees of the National Strategy Committee.* Dublin: The Department of Health.

*AIDS, HIV, treatment, education, prevention, harm reduction, methadone therapy, needle exchange programmes*

This document presented the reports and recommendations of the four sub-committees of the National AIDS Strategy Committee, which were adopted by the main committee on 13 April 1992. The first report was concerned with the care and management of persons with HIV/AIDS, and section 4 of this report looked at issues surrounding the care and treatment of HIV-positive drug users. This was a significant group, given that it had been found that of 1,188 HIV-positive tests in 1992, almost 60% were drug-related, and that of the full AIDS cases, almost 40% were drug-related. The second report was the interim report of the AIDS/HIV Surveillance/Epidemiology sub-committee. The third report related to education and prevention. It pinpointed drug users as a group to be targeted with specific interventions, and mentioned methadone maintenance and needle exchange programmes as examples of important HIV preventive services. The final report covered measures to avoid discrimination against persons with HIV/AIDS.

**Department of Health. (1993).** *Report of the expert group on the establishment of a protocol for the prescribing of methadone.* Dublin: The Department of Health.

*methadone therapy, needle exchange programmes, over-prescribing, HIV, AIDS, general practitioners*

An expert group was established by the Minister for Health to develop a protocol for the prescribing of methadone, taking into consideration the registration of drug users and the licensing of general practitioners to treat drug users. The aims were to

avoid double prescribing and inappropriate prescribing. Methadone therapy, counselling and needle exchange were recognised as strategies for preventing the spread of HIV. To February 1993 there were 315 cases of AIDS reported in Ireland, 144 of which were drug-use-related, and of the 1,381 people who tested positive for HIV, almost half had used drugs.

**Department of Health. (1998).** *Report of the methadone treatment services review group.* Dublin: The Department of Health.

*methadone therapy, treatment, opiates, general practitioners*

The Methadone Treatment Services Review Group was set up to consider the arrangements in place for the management and care of heroin-dependent drug misusers by general practitioners and pharmacists, and to advise the Minister for Health on the approach to be taken in the future. A central treatment list for the prescribing of methadone had been established in 1993, and by June 1997 there were 2,232 people on that list. Of these, about half were receiving treatment in an Eastern Health Board treatment centre or in the Drug Treatment Centre in Pearse Street, and the rest were being treated by general practitioners. It was within this context that the review group made its recommendations. The group concluded that methadone, as part of a comprehensive programme of care, was still a valid treatment for opiate-dependent persons. It recommended that services should be developed using the Protocol for the Prescribing of Methadone (1993); that methadone should be available free of charge to all persons undergoing methadone treatment for opiate dependence; and that the methadone treatment protocol scheme should be available nationally. Recommendations were also made on the type and concentration of methadone to be used, on the roles of general practitioners and pharmacists, and on the relationships between treatment centres, general practitioners and pharmacists.

**Department of Justice. (1993).** *Annual report of an Garda Síochána 1992.* Dublin: The Stationery Office.

*crime, criminal justice, reporting, cannabis, cocaine, LSD, heroin, ecstasy*

The crime statistics for drug offences in Ireland in 1992 were presented in this report. Particulars of drugs seized and the number of persons charged with drug offences, along with the type of drug, were detailed. During the year, the number of people charged with offences under the Misuse of Drugs Acts 1977-84 was found to have increased by 11.61%, from 3,088 in 1991 to 3,494 in 1992. The number of seizures was also found to have increased by 20% from 1991. While significant, the report stated that these increases actually represented a major reduction in the rate of increase over the previous two years. Cannabis was found to be the drug seized in greatest amounts, but other drugs showing increases in amounts seized were cocaine, LSD, heroin and ecstasy.

**Department of Justice. (1994). *The management of offenders - a five-year plan*. Dublin: The Stationery Office.**

*prison, crime, prevention, treatment, methadone therapy*

This document outlined problems arising in the management of offenders, and described how these problems were to be tackled in the years ahead. It also reviewed progress on the implementation of the Whitaker Report published in 1985. The importance of alternatives to custody and community-based sanctions was emphasised, and specific aims and objectives for the prison system and its various support services were put forward. In relation to drug use, this report highlighted the importance of preventing drugs from entering the prison. It was recommended that more stringent rules be put in place for monitoring visits, but it was not deemed appropriate to implement strip-searching or a restrictive regime involving the cessation of contact between prisoners and their families during visits. The role of the prison in helping users to break their habit while in prison was also highlighted. The need to expand services, including the implementation of a methadone maintenance programme, was noted.

**Department of Justice. (1994). *Annual report of an Garda Síochána 1993*. Dublin: The Stationery Office.**

*crime, criminal justice, reporting, cannabis, ecstasy, LSD*

The crime statistics for drug offences in Ireland in 1993 were presented in this report. Particulars of drugs seized and the number of persons charged for drug offences, along with the type of drug, were detailed. During the year, the number of people charged with offences under the Misuse of Drugs Acts 1977-84 was found to have increased by almost 10%, from 3,494 in 1992 to 3,833 in 1993. The number of seizures was found to have increased by 15.3%, from 4,262 in 1992 to 4,914 in 1993. Cannabis, mainly in the form of resin, but also herbs and plants, was found to be the main drug seized. Seizures of drugs being sold as 'ecstasy' were also found to have increased, and LSD appeared to be widely available, as indicated by the number of seizures.

**Department of Justice. (1995). *Annual report of an Garda Síochána 1994* (ISBN 0 7076 2344 8). Dublin: The Stationery Office.**

*crime, criminal justice, reporting, heroin, LSD, ecstasy, cannabis, cocaine*

The crime statistics for drug offences in Ireland in 1994 were presented in this report. Particulars of drugs seized and the number of persons charged with drug offences, along with the type of drug, were detailed. During the year, drug seizures in most categories showed significant increases over the previous year, with seizures

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at record levels for heroin (262% increase), LSD (201% increase), and ecstasy (1,323.58% increase). Cannabis resin was still the most commonly seized illegal drug, but seizures of the drug were found to have decreased by 65.22% from previous years. Cocaine seizures were found to have decreased by 87.03%. The number of people charged with drug offences under the Misuse of Drugs Acts 1977-84 was found to have increased from 3,833 in 1993 to 4,053 in 1994.

**Department of Justice. (1996). *Annual report on prisons and places of detention for the year 1993*. Dublin: Government Publication Office.**

*prison, injecting*

This report outlined the basic structure of the prison system and the main developments in prisons and places of detention during 1993. It also contained statistics on prisoners and sentencing details. Anecdotal evidence in the report estimated that up to 40% of all prisoners at the time had a history of intravenous drug misuse prior to imprisonment. Drug availability within some prisons was highlighted through the reports of the prison visiting committees.

**Department of Justice. (1996). *Annual report of an Garda Síochána 1995* (ISBN 0 7076 2370 7). Dublin: The Stationery Office.**

*crime, criminal justice, reporting, cannabis, ecstasy, heroin, amphetamines*

Crime statistics for drug offences in Ireland in 1995 were presented in this report. Particulars of drugs seized and the number of persons charged with drug offences, along with the type of drug, were detailed. During the year, the number of people charged with offences under the Misuse of Drugs Acts 1977-84 was found to have increased slightly, from 4,053 in 1994 to 4,164 in 1995. According to the report, 4,178 drugs seizures were made in 1995. Cannabis, mainly in the form of resin, but also herbs and plants, was found to be the most commonly seized illegal drug, with a total of 3,205 seizures recorded. This was followed by ecstasy (571 seizures), heroin (209 seizures) and amphetamines (89 seizures).

**Department of Justice. (1997). *Tackling crime - A discussion paper*. (ISBN 0 7076 3848 8). Dublin: The Stationery Office.**

*crime, criminal justice, policy, legislation, prison, treatment, alcohol*

Three chapters in this discussion document were relevant to the drugs issue. Chapter 5, 'Facts about crime', made reference to drug-related crime; chapter 10 dealt with substance abuse and serious crime; and chapter 13, which concerned

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prisons, discussed the treatment of drug offenders. Chapter 10 discussed in detail the issue of alcohol abuse (which had been shown to be a background factor in a high proportion of serious offences) and drugs and drug misuse. Government action in the area was described, including the promotion of inter-agency co-operation, the introduction of legislative changes, and tackling the problem in prisons. Garda initiatives, European Union and international developments were also discussed, as was future action to be taken on drugs. Serious crime was discussed in the second part of chapter 10, and included sections on the arrangements and facilities which the Gardai had in place to tackle it.

**Department of Justice. (1997). *Annual report on prisons and places of detention for the year 1994*. Dublin: Government Publications Office.**

*prison, Dublin, Cork*

The report outlined the basic structure of the prison system and the main developments in prisons and places of detention during 1994. It also contained the reports of the visiting committees for each institution for that year. Drugs were identified as presenting significant problems in at least four Irish prisons. Three of these were located in the Dublin area: Mountjoy, St Patrick's Institution for Young Offenders, and Wheatfield, while the fourth was the prison in Cork.

**Department of Justice. (1997). *Annual report of an Garda Síochána 1996* (ISBN 0 7076 3826 7). Dublin: The Stationery Office.**

*crime, criminal justice, reporting, cannabis, heroin, ecstasy*

Crime statistics for drug offences in Ireland in 1996 were presented in this report. Particulars of drugs seized and the number of persons charged with drug offences, along with the type of drug, were detailed. During the year, the number of people prosecuted for possession or supply offences under the Misuse of Drugs Acts 1977-84 was 3,626, a decrease of 3% from 1995. A total of 5,245 drug seizures were made. Cannabis, mainly in the form of resin, was found to be involved in over half of all drug offences (63%), followed by heroin, which was involved in 15% of the total, and then ecstasy, which was involved in 12% of the total number of drugs offences.

**Department of Justice. (1998). *Annual report of an Garda Síochána 1997* (ISBN 0 7076 5030 5). Dublin: The Stationery Office.**

*crime, criminal justice, reporting, cannabis, heroin, ecstasy, Local Drugs Task Force, Operation Dochas*

Crime statistics for drug offences in Ireland in 1997 were presented in this report. Particulars of drugs seized and the number of persons charged with drug offences, along with the type of drug, were detailed. During the year, the number of people prosecuted for possession or supply offences under the Misuse of Drugs Acts 1977-84 was 7,927, an increase of 106% over 1996. A total of 6,182 drug seizures were made in 1997. Cannabis, mainly in the form of resin, was found to be involved in 64% of all drug offences, followed by heroin, which was involved in 14% of the total, and then ecstasy, which was involved in 11% of the total. New developments in tackling drug-related crime were described. These included an initiative in Dublin named Operation Dochas, and the contribution of Garda representatives to the National Drugs Strategy Team and local drugs task forces.

**Department of Justice. (1999). *Annual report of an Garda Síochána 1998* (ISBN 0 7076 6769 0). Dublin: The Stationery Office.**

*crime, criminal justice, reporting, cannabis, heroin, amphetamines, ecstasy*

Crime statistics for drug offences in Ireland in 1998 were presented in this report. Particulars of drugs seized and the number of persons charged with drug offences, along with the type of drug, were detailed. During the year, the number of people prosecuted for possession or supply offences under the Misuse of Drugs Acts 1977-84 was 5,984, a decrease of 25% over 1997. A total of 7,030 seizures of drugs was made in 1998. Cannabis, mainly in the form of resin, was found to be involved in 64% of all drug offences, followed by heroin, which was involved in 12.57% of the total, amphetamines, involved in 9.7%, and then ecstasy, involved in 6.6% of the total.

**Department of Justice, Equality and Law Reform. (1999). *Report of the national steering group on deaths in prisons*. Dublin: The Department of Justice, Equality and Law Reform.**

*prison, heroin, opiates, Dublin*

This report examined the issue of deaths in prison. The cumulative figures from 1990 to 1997 (n=41 deaths) showed that the three main causes of death were hanging or cutting (56%), overdose or choke on vomit (27%), and natural causes (17%). A rise in recent years in the number of deaths in custody associated with drug

overdoses was noted. Almost all of those who died in custody in 1995 and 1996, for example, were known to have had a heroin addiction. This report estimated that approximately 30% to 40% of the total prison population had a background of current or recent opiate misuse, and in Dublin the figure may have been as high as 60% or 70%.

**Department of Tourism, Sport and Recreation. (2000). *Directory of training courses in drug misuse*. Dublin: Department of Tourism, Sport and Recreation.**

*directory of services, education, training, community action, family, peer group*

This folder contained information about training courses for those working in the area of drug misuse in Ireland. The information included short courses for local communities, parents and young people, and for those in paid or voluntary work in the drugs area or related fields; and longer courses for people with a significant degree of involvement with drug users and/or drug issues. The pack also contained information on degree and diploma courses in the field of drug misuse, and on in-service training for professionals already working in the area. A short section on peer education programmes was aimed at young people. A list of useful addresses was included in an appendix.

**Desmond, N., Murphy, M., Plunkett, P., & Mulcahy, F. (1993). Use of a Dublin inner city A&E department by patients with known HIV-1 infection. *International Journal of STDs and AIDS*, 4 (4), 222-225.**

*HIV, injecting, health consequences, treatment, general practitioners*

The aim of this study was to profile HIV-positive patients attending at a hospital, estimate the prevalence of HIV infection, identify the conditions with which these patients presented and their subsequent management requirements. A retrospective cohort study of all computerised accident and emergency (A&E) records of patients with known HIV infection, who had attended St James's Hospital in Dublin, was conducted. From January 1990 to January 1992 the researchers found there had been 260 patients known to be infected with HIV. These patients accounted for a total of 709 visits. Within the group 89% were intravenous drug users (IVDUs), 9% were homosexual/bisexual and 2% heterosexual. Known HIV-positive patients accounted for 0.7% of the total number of patients who attended the A&E in 1990, and 0.8% in 1991. Seventy-two per cent of the IVDUs fulfilled Centers of Disease Control criteria for stages II and III of the disease. The majority of this group used the A&E for primary medical care, although listed with a general practitioner and attending during the daytime.

**Devlin, F. (1994).** *Family communication and self-esteem*. Dublin: Health Promotion Unit, Department of Health, Cork Social and Health Education Project, Southern Health Board.

*education, prevention, family, training, alcohol*

This manual, issued jointly by the Department of Health and the Southern Health Board, was designed as a resource for tutors on the long-term prevention of drug and alcohol misuse. It was to help tutors to conduct courses on parenting, with particular reference to ways in which parents could respond to the threat of drug misuse among their children.

**Doorley, P., & Hynes, M. (1995).** *Illegal sales of cigarettes to children in north-east Dublin*. *Irish Medical Journal*, 88 (4), 130-131.

*smoking, children, legislation, Dublin*

This study was carried out in certain areas of north-east Dublin in an attempt to find out the percentage of retail outlets selling cigarettes to children, and to discover how many were displaying notices indicating that cigarettes would not be sold to children. All retail outlets in the area were identified and visited by one of five 12-year-old boys who tried to buy cigarettes. The researchers found that the boys were immediately successful in 109 of the 134 retail outlets visited. They were challenged on only 29 occasions, and in four of these cases the cigarettes were successfully purchased in the end. Warning notices were only displayed in eight outlets. The conclusion was drawn that children can easily buy cigarettes in north-east Dublin. The authors also pointed out that no prosecutions had ever been taken in north-east Dublin for illegal sales of cigarettes to children, and recommended that the law be vigorously implemented as part of the overall strategy to combat smoking among children.

**Dorman, A., O'Connor, A., Hardiman, E., Freyne, A., & O'Neill, H. (1993).** *Psychiatric morbidity in sentenced segregated HIV-positive prisoners*. *British Journal of Psychiatry*, 163, 802-805.

*HIV, prison, injecting, problem behaviour*

This article presented the results of a comparative study of the psychiatric morbidity of two groups of sentenced male prisoners in Mountjoy prison, Dublin. Group 1 consisted of 40 segregated HIV-positive prisoners, while group 2 was a matched control group from the main prison who were HIV-negative. All the members of group 1 had a history of intravenous drug misuse. Both groups were required to complete the GHQ-30 and 21-item Beck Depression Inventory. Mean scores for both of these were found to be significantly higher for group 1, with 90% of the group classed as psychiatric cases, compared to just over 42% of group 2.

**Dorman, A., Keenan, E., Schuttler, C., Merry, J., & O'Connor, J. J. (1997). HIV risk behaviour in Irish intravenous drug users. *Irish Journal of Medical Science*, 166 (4), 235-238.**

*HIV, risk behaviour, injecting*

This study aimed to measure HIV prevalence and risk behaviour in a group of Dublin intravenous drug users (IDUs). In all, 185 IDUs were recruited from a variety of different sources. Data were collected using saliva/blood testing and a standardised World Health Organisation questionnaire, which assessed HIV risk behaviour in the preceding six months. The study found high rates of equipment sharing in the sample: 103 (55.7%) had shared, while 114 (61.6%) had lent used injecting equipment in the last six months. Ninety-four per cent said they cleaned the shared needles before using them, but only 49.5% always cleaned them in an efficient manner. Sexual risk behaviour was also explored; this was found to be high, with large proportions of both male and female participants not using condoms with regular partners. The majority of the partners of male IDUs were found to be non-injectors, suggesting potential for sexual spread of HIV into the non-injecting heterosexual population. The opposite was true for female IDUs, suggesting that female IDUs are at higher risk of HIV infection from their injecting partners than are their male counterparts. HIV prevalence in the study was 8.4%.

**Dorman, P., & Jones, L. (1999). *Rehabilitation research report: Towards a blueprint for rehabilitation for opiate addicts in the Eastern Health Board area*. Dublin: Eastern Health Board.**

*rehabilitation, education, methadone therapy, opiates, Local Drugs Task Force, Eastern Health Board, community*

This document presented the findings of a research project commissioned by the Drug Rehabilitation Committee of the Eastern Health Board. The research was carried out in order to facilitate the informed planning of rehabilitation services in the future. The report presented three distinct perspectives: those of the clients, of the staff, and of community groups. Ninety-four opiate addicts, attending rehabilitation services funded and/or operated by the Eastern Health Board, were interviewed. Focus groups were held for staff in drugs services in each of the Eastern Health Board's three areas, and for those in local drug task forces, local area projects and community organisations. In drawing their conclusions, the authors drew all three perspectives together. Rehabilitation, the authors recommended, should be comprehensive. It should be client-centred, taking into account all aspects of a client's life. Delivered in the context of an integrated multi-disciplinary service, it should offer a range of responses and be well resourced with fast access. The place of methadone in rehabilitation services was questioned. Public education programmes were also emphasised, and it was recommended that recovered addicts be enabled to play a part in designing and delivering services.

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**Drugs Education Advisory Committee, & the National Youth Health Programme. (1996). *The youth work support pack for dealing with the drugs issue*. Dublin: National Youth Health Council of Ireland, the Health Promotion Unit of the Department of Health and the Youth Affairs Section of the Department of Education.**

*young people, education, training*

This pack on youth work in a drug-using society covered the youth worker's role, young people and drug use, and societal responses to the drugs issue. Youth work responses to drug use, including pro-active responses, managing drug-related situations, and general guidelines for good practice and policy development, were discussed. The pack also contained information relating to drugs education, recognising signs and symptoms of drug use, and legal issues.

**Dun Laoghaire-Rathdown Local Drug Task Force. (1997). *Second report*. Dublin: Dun Laoghaire-Rathdown Local Drug Task Force.**

*Local Drugs Task Force, Dun Laoghaire, education, unemployment, disadvantaged areas, young people, prevention, treatment, rehabilitation, supply reduction, opiates, cannabis, ecstasy, local authority housing*

The Dun Laoghaire-Rathdown Local Drugs Task Force was established in March 1997, its area stretching from the Dublin-Wicklow border at Shankill to Whitechurch and Rathfarnham, and from the Dublin mountains to Dun Laoghaire. In 1991 it had a total population of 189,978, 28% of whom were under 17 years of age. Over 12,000 people were registered as being unemployed in the area, and disadvantaged areas within the task force's remit accounted for 42,000 people, despite this being perceived as one of the most financially and socially comfortable areas in Ireland. There were no local statutory medical treatment services for drug users until April 1997, although the Health Research Board had reported that there were 158 drug users from local areas in treatment in 1995. Of these, 77% were opiate users, 9.4% were cannabis users, and roughly the same percentage listed ecstasy as their primary drug of misuse. This report made proposals for establishing or improving measures to deal with drug misuse under the headings of education and prevention, treatment and rehabilitation, and supply and estate management.

**Dunne, M. T., Ruskin, H. J., & Mulcahy, F. M. (1997). *Survival with AIDS in Ireland*. *AIDS*, 11 (10), 1281-1290.**

*AIDS, injecting, health consequences*

This research was based on the analysis of data on 193 patients with AIDS attending the Department of Genitourinary Medicine in a Dublin hospital over a seven-year period. The objective was to investigate survival patterns. The results

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showed the median survival period to be 576 days, with year of diagnosis and disease group to which the patient belonged at diagnosis found to have a significant influence on survival. Patients in the 35- to 39-year-old age group showed longer median survival than all the other age groups. Survival was not found to differ significantly by sex or risk group alone, nor did it differ significantly by manifestation of disease when grouped according to recognised criteria. Treatment with antiretroviral therapy was found to have a significant influence on the survival of the cohort. The authors concluded that the patterns of survival for age groups and manifestations of disease showed some contrasting features when compared with other studies. They attributed this finding to the demographic profile of the patients and the high proportion of intravenous drug users in this study.

## E

**Eagle Publications. (1994). *McGruff's elementary drug prevention activity book*. Mayo: Eagle Publications.**

*education, awareness, prevention, children*

An activity book for children in primary school, with exercises featuring McGruff the Crime Dog, this book included tips on using the materials, appropriate drug prevention for communication with children, possible signs and symptoms of drug use, and information on specific drugs.

**Eastern Health Board. (1998). *Public health in the Eastern Health Board region* (ISBN 0 948562 49 8). Dublin: Department of Public Health, Eastern Health Board.**

*Eastern Health Board, social deprivation, smoking, AIDS, hepatitis B, public health, demographics, health status, injecting, health promotion, young people*

This report dealt with the major health issues affecting the inhabitants of the Eastern Health Board area, emphasising the potential for health and social gain. Demographic and health status indicators for the area and for Ireland were detailed at the beginning of the report, and it then went on to look at key issues. Health

statistics for the Eastern Health Board area were summarised in chapter 3; coronary heart disease, the single largest cause of death in Ireland, was examined in chapter 4; cancer, including the link to smoking, was the subject of chapter 5; chapter 6 dealt with injuries and poisoning; chapter 7 examined issues surrounding infectious diseases, including hepatitis B and AIDS, and their links with drug misuse; chapter 8 looked at health promotion, and contained a section on 'The teenage drugs explosion - fact or myth?'. Chapter 9 elaborated on issues connected with special care groups, such as injecting drug users. Chapter 10 covered the area of health services research, including an evaluation of the Smokebusters non-smoking programme for primary schools, and finally, chapter 11 looked at information systems.

**Eastern Health Board. (1999). *Public health at the turn of the century*. Dublin: Department of Public Health, Eastern Health Board.**

*Eastern Health Board, prison, opiates, injecting, risk behaviour, hepatitis B, hepatitis C, HIV, needle exchange programmes*

This document reported on public health matters in the Eastern Health Board area. Regarding drug misuse, it presented summaries of various research studies, including 'Prevalence and risk of hepatitis B, hepatitis C and HIV in Irish prisoners', carried out by the Department of Community Health and General Practice, Trinity College Dublin (pg. 42-43). This study surveyed 1,205 prisoners, of whom 9% had hepatitis B, 37% had hepatitis C and 2% were HIV-positive. Female prisoners were found to have higher infection rates generally than males, and drug users in general had much higher infection rates, with the prevalence of hepatitis B rising to 19%, hepatitis C rising to 81%, and HIV to 4%. Overall, 52% of the sample reported opiate use, 43% reported ever injecting drugs, and 58% of those who injected drugs in prison said they shared drug-injecting equipment. Chapter 6 described a piece of research entitled 'First attendance at the Dublin Needle Exchange 1990-1997'. The researchers, L. Mullen and J. Barry, had found an increase in the number of injecting drug users attending the programme between 1990 and 1997, and had noted an increase in the number of female participants in the latter years of the study. A significant relation was found to exist between high risk behaviours of needle sharing and not using condoms. Decreases in the high risk behaviour at first attendance were seen over the time period.

**Edwards, S., & Health Promotion Unit, Department of Health. (1996). *Directory of alcohol, drugs and related services in the Republic of Ireland*. (Third ed.). Dublin: Health Promotion Unit, Department of Health.**

*directory of services*

This directory listed alcohol, drugs and related services in Ireland by health board area, including both statutory and non-statutory services. It also contained

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information on employee assistance programmes, advice, self-help, education and publications and a glossary of terms.

**European Monitoring Centre for Drugs and Drug Addiction. (1999).** *An inventory of literature on the relation between drug use, impaired driving and traffic accidents.* Lisbon: EMCDDA.

*health consequences, Europe, testing*

This publication was compiled as a resource document to accompany a study reviewing scientific literature on the relation between drug use and impaired driving. This was undertaken to fill a perceived gap in knowledge surrounding the links between drug use, impaired driving and road traffic accidents, and in response to growing concerns about increasing rates of drug misuse across European Union member states. The literature examined looked at the relationship between different patterns of drug consumption, impaired driving and traffic accidents; also that relating to drug-testing procedures and associated legislation. Material was obtained from a number of sources including CD-ROM searches, libraries, web pages, professional organisations, government offices and individuals and it thus spanned several disciplines.

## F

**Fahey, T. (1999).** *Social housing in Ireland: A study of success, failure and lessons learned (ISBN 1 86076 140 2).* Dublin: Oak Tree Press with The Katharine Howard Foundation and The Combat Poverty Agency.

*problem behaviour, disadvantaged areas, Dublin, local authority housing, community, criminal justice, opiates, alcohol*

This book presented the findings of research into the living conditions and quality of life in seven urban local-authority housing estates in Ireland. Particular attention was paid to the perspectives of the residents of each estate; their views about the estates and their relationships with local service agencies and local authorities were noted. Issues surrounding drug misuse were referred to in several chapters. Chapter 8, 'Social order problems' by K. O'Higgins, contained a section on drug abuse. She found that problems associated with the use of both legal and illegal drugs varied across the estates, with the strongest differentiation relating to the use

of opiates, which was mainly of concern in the three Dublin estates. Alcohol was found to be the most widely-abused drug across the estates, and was more often the source of social order problems than illegal drugs. Chapter 9, 'Responses to social order problems' by R. McAuliffe and T. Fahey, addressed the issue of the drugs problem and the Gardaí, looking at the impact of the drugs problem on Garda-community relations. Residents in the worst-affected estates constantly expressed frustration at the inability of the Gardaí to deal effectively with the problem. Finally, drug misuse was referred to in chapter 12, 'Summary of findings' by T. Fahey. He stated that in the study, drug dealing and drug use were found to play an important role in generating a sense of disruption in neighbourhood community life in Dublin, although the nature of the role varied. He said that in the estates outside Dublin, hard drugs were not widely used or available, so they did not contribute to social order problems.

**French-O'Carroll, M. (1997). *The Irish drugs epidemic* (ISBN 1 898256 24 1). Cork: The Collins Press.**

*prevention, treatment, education, young people, family, methadone therapy, alcohol, crime, criminal justice, legislation, Southern Health Board, Arbour House Treatment Centre, Coolmine Treatment Centre, Dublin*

This book covered a range of issues relating to problem alcohol and drug use in Ireland. It focused on young people, including chapters on 'Preventing under-age drinking', 'Adolescents in drug abuse' and 'Adolescent drug abusers in treatment'. The topic of treating alcohol and drug misuse was also examined in detail, with a case study of an American treatment centre, Hazelden, and one of the Arbour House Treatment Centre, established in Ireland in 1984 under the auspices of the Southern Health Board. The author also looked at methods of preventing drug misuse, emphasising the role of parents and the family, as well as that of schools. Drug abuse in the greater Dublin area was examined, including sections on methadone maintenance and the Coolmine Treatment Programme. The social changes, which the author perceived to be occurring in Irish communities, including crime and policing, were discussed, and the government's responses to problem alcohol and drug use were described.

**Fielding, J. F., Shattock, A. G., Doyle, G. D., & Kelly, M. G. (1982). Non-A non-B hepatitis in parenteral drug abusers. *Irish Medical Journal*, 76 (10), 414-415.**

*hepatitis B, hepatitis A, injecting*

This study suggested that vaccination of drug abusers with inactivated HBsAG will not prevent the development of chronic liver disease, but may slow the progression of the disease and lessen the risk of subsequent cirrhosis or hepatoma. Twenty-seven parenteral drug abusers admitted to hospital for liver biopsy between 1 January and

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31 August 1981 made up the sample for this study. Twenty-two of these were male, aged between 12 and 29 years, with a mean duration of 33.6 months of intravenous drug misuse. Nearly 90% of the total sample showed evidence of non-A, non-B hepatitis. The findings suggested that a non-A, non-B vaccine will be needed.

**Finane, R. (2000).** *Kilkenny drugs initiative: Substance misuse research findings and action plan.* **Kilkenny: Kilkenny Drugs Initiative.**

*South Eastern Health Board, Kilkenny, cannabis, speed, alcohol, smoking, prescribed drugs, ecstasy, LSD, solvents, cocaine, magic mushrooms*

This report presented the findings of research carried out in Kilkenny into issues associated with drug misuse. The South Eastern Health Board initiated, funded and supported the work of the Kilkenny Drugs Initiative, a group of local voluntary, community and statutory groups and individuals, who commissioned this report. Data were gathered by the author from 68 people, using 14 one-to-one discussions and eight focus-group discussions. The participants were aged between 13 and 60 years; 19 were male and 49 were female. The findings presented anecdotal evidence on various issues including the types of drugs available in Kilkenny, perceived characteristics of drug users, perceived reasons for people using drugs, and the places where drugs were obtained and used. The people who took part in the study ranked cannabis, speed, alcohol, cigarettes, ecstasy, prescription pills, magic mushrooms, solvents, LSD, and cocaine as the most popular drugs of misuse in Kilkenny. The report also focused on services for drug users in the area. Participants seemed to be aware of the existing services, but unanimously agreed that there was 'a big gap' in addiction services available locally. They made suggestions as to how the situation could be improved, including co-ordinating services with those available in the rest of the country and establishing more services locally.

**Flynn, S., & Yeates, P. (1985).** *Smack, the criminal rackets in Ireland.* **Dublin: Gill & Macmillan.**

*heroin, crime, Dublin, community action*

This book documented the extent of criminal involvement in the drug scene in Ireland in the early 1980s, and the emergence of vigilante groups as a backlash to heroin abuse in certain Dublin communities.

**Forrestal, C. (1996).** *Evaluation report on Ballymun community drug team.* **Dublin: Ballymun Youth Action Project and Eastern Health Board.**

*Dublin, Eastern Health Board, Ballymun Youth Action Project, community*

The community drug team (CDT) in Ballymun was formally set up in April 1992 by a partnership of the Eastern Health Board and the Ballymun Youth Action

Project. It continued in existence until March 1995, and aimed to co-ordinate and develop services to drug users in Ballymun. The evaluation focused on how the CDT was set up, how it developed and the reasons why it disbanded. It described the process involved, named the achievements and explored the difficulties, with a view to extracting the learning for future partnerships.

**Forum for Longford. (2000). *First report action for youth. Longford: The Forum for Longford.***

*young people, community, Longford, alcohol, smoking, cannabis, inhalants, hallucinogens, amphetamines, ecstasy, education*

The Forum for Longford was established in 1997 with the aim of providing a co-ordinated inter-agency approach to identifying and tackling social problems in the area, through the preparation of a strategic plan. This report presented the Longford Against Drugs group's research and recommendations for an action plan to combat substance abuse in Longford. It examined issues surrounding young people and substance misuse, and included the results of a survey on drugs, alcohol and smoking. The survey was administered to 1,331 students in 10 post-primary schools in County Longford, representing almost 80% of the total senior student population. With regard to alcohol, it was found that 73% of the sample had their first alcoholic drink between the ages of 12 and 15 years, while 51% of the sample reported drinking several times a week or every day, and 38% of these reported that they had five or more drinks on each of those occasions. Of those surveyed, 67% per cent said that they had ever smoked a cigarette, and 8% smoked five or more cigarettes daily. Information on illegal drugs was also gathered. It was found that 40% thought the level of information they received about illegal drugs was inadequate. Twenty-seven per cent of the respondents had used cannabis, 20% inhalants, 10% hallucinogens, 9% amphetamines, and 7.4% ecstasy. The researchers concluded that illegal drugs were not as pressing a problem as the misuse of alcohol, and that smoking also presented cause for concern. Recommendations for the action plan emphasised the role of education and information dissemination, and called for action from the Gardaí and the local authority. The establishment of a youth council in Longford, to give a voice to young people, was also proposed.

**Fox, M. G. (1997). *Changes in drug abuse in Ireland. Journal of the Institute of Chemistry of Ireland, 11 (1), 22-24.***

*cannabis, heroin, opiates, benzodiazepines, cocaine, amphetamines, ecstasy, hallucinogens, LSD*

This paper traced the history of drug misuse in Ireland, as indicated by the cases submitted to the Forensic Science Laboratory between 1980 and 1995. The author

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described the establishment of the Forensic Science Laboratory in 1975, and the organisation of drug analysis into a separate unit under Dr Mary O'Connor in 1985. According to the author, the cannabis plant and its main product, cannabis resin, had contributed by far the highest number of cases to the laboratory. Diamorphine, or heroin, was the main opiate the laboratory had dealt with; it had accounted for a large number of cases in the early 1980s, when heroin misuse seemed to increase dramatically in Ireland. Benzodiazepines were found to be widely misused; the author suggested that this could be associated with diamorphine addiction, especially when supply was short. Cocaine and amphetamines were the main stimulants encountered by the laboratory, although ecstasy had also become common. Lysergide (LSD) was the main hallucinogen encountered.

**Foxe, G. (1999).** *Estimating the prevalence of opiate drug use in Ballymun, during 1998.* Dublin: Ballymun Local Drugs Task Force.

*opiates, Ballymun, disadvantaged areas, Local Drugs Task Force, public health, women*

This research was funded by and carried out for the Ballymun Local Drugs Task Force. Its objectives were to obtain a demographic profile of the Ballymun area, to get an accurate figure of the number of known opiate users in the area, to examine the relationship between the profile and the level of opiate use, and to look at the implications for drug and related services. Additional aims were to estimate the number of drug users in Ballymun, to identify the risk factors associated with problem drug use in the area, and to make recommendations based on these findings. The research focused on known opiate users, although the author recognised this was not the only type of problem drug use that existed. Research was conducted on site in various relevant organisations in Ballymun and its surrounds, using the capture-recapture method to reach its target population - opiate users in Ballymun. Local services were consulted, including the Ballymun Youth Action Project, the Gardaí and hospitals. Treatment data were also used. The study identified a total of 683 known opiate users in Ballymun in 1998; 450 were male and 233 were female. In the 15- to 19-year-old age group, the ratio of male to female users was found to be more equal, suggesting 'an increasing trend in the numbers of young females using opiates' (p.23).

**Friel, S., Nic Gabhainn, S., & Kelleher, C. (1999).** *The national health and lifestyle surveys.* Dublin: Health Promotion Unit, Department of Health and Children, and the Department of Health Promotion, National University of Ireland, Galway.

*health status, alcohol, smoking, women, children, education,  
health promotion, policy, methodology*

This document reported on the findings of two baseline surveys of health-related behaviours among adults and school-going young people in Ireland - the Survey of Lifestyle, Attitudes and Nutrition (SLAN), and the Irish Health Behaviour in School-aged Children survey (HBSC). Both studies were carried out in 1998, with two aims:

to produce reliable baseline data for a representative cross-section of the Irish population to inform policy and planning, and to establish a survey protocol enabling lifestyle factors to be re-measured, so that trends could be identified and changes monitored over time to help national and regional prioritisation of health-promotion activities. Some of the key factors examined in the surveys were general health, food and nutrition, exercise, cholesterol, and accidents. Behaviours surrounding the use of alcohol and smoking were also identified as key factors. Smoking rates were found to far exceed the target anticipated for the year 2000, with women smoking as much as men. Socio-economic status was found to have a very strong influence on smoking behaviour. Overall, 49% of children reported that they had ever smoked a cigarette. As regards alcohol, it was found that 27% of males and 21% of females consumed more than the recommended weekly limits, and 29% of children reported having had a drink in the last month, with 35% of boys and 24% of girls reporting they had been drunk at least once.

# G

**Gemmell, C., Moran, R., Crowley, J., Courtney, R., & Wiessling, L. (1999).**  
*Literature review on the relation between drug use, impaired driving and traffic accidents.*  
**Lisbon: EMCDDA.**

*health consequences, Europe, alcohol, methadone, cannabis, benzodiazepines, amphetamines, antidepressants, antihistamines, ecstasy, prescribed drugs, methodology, testing*

This report presented the findings of a study reviewing scientific literature on the relation between drug use and impaired driving. The study was undertaken to fill a perceived gap in knowledge about the links between drug use, impaired driving and road traffic accidents, and in response to growing concerns about increasing rates of drug misuse across European Union member states. The report was divided into three sections. The first section covered methodological issues arising in these types of studies, for example, epidemiological studies, performance tests and models of driving behaviour. The second section presented a discussion of experimental and field evidence of a relationship between the use of various medicinal, illicit and new synthetic drugs, and driving impairment. Substances examined included alcohol, methadone, cannabis, benzodiazepines, antihistamines, antidepressants, amphetamines and ecstasy. The third section outlined the situation in European Union countries regarding testing for drugs, and discussed proposals for screening. The report was accompanied by a second report, giving an annotated bibliography of material covered in the research.

**Geoghegan, T., O'Shea, M., & Cox, G. (1999). Gender differences in characteristics of drug users presenting to a Dublin syringe exchange. *Irish Journal of Psychiatric Medicine*, 16 (4), 131-135.**

*Dublin, injecting, Merchant's Quay Project, risk behaviour, health consequences, HIV, hepatitis, women, needle exchange programmes*

This article reported on research into the gender differences in patterns of drug use, risk behaviour, health and well-being among 934 new attenders at a Dublin syringe-exchange centre. Data were collected from May 1997 to April 1998, using structured interviews. All clients presenting for the first time at the Merchant's Quay Health Promotion Unit were interviewed. The data collected were based on clients' self-reported behaviour. Females were found to make up 24.3% of all new clients and males 75.7%. The researchers found that female clients were younger than their male counterparts, and that they were more likely to report having and/or living with a sexual partner who was an injecting drug user. Females were also found to be more likely to share injecting equipment and to report recently sharing injecting paraphernalia. However, the researchers found that female clients presented at the unit sooner after initiating injecting than their male counterparts. The researchers suggested that the findings of the study highlighted the greater personal involvement of women with other drug users and the implications of this for their risk behaviour and the consequences for their health. They stated that there was a need to address this issue by taking advantage of the fact that women presented for treatment at an earlier age and stage in their injecting careers than their male counterparts.

**Gervain, M., Smith, R., Bamford, L., & Keenan, E. (1998). Chasing the dragon: Experience in Ireland and associations with 'Ecstasy'. *Addiction*, 93 (4), 601-603.**

*heroin, smoking, injecting, ecstasy*

This letter to the editor responded to an article by J. Strang, P. Griffiths and M. Gossop ('Heroin smoking by "chasing the dragon": origins and history', *Addiction*, 92 (1997), 673-683). The authors disputed Strang et al.'s comment on reported preferences for injecting heroin in Ireland, pointing to evidence that heroin smoking had become increasingly prevalent in Ireland in recent years, with 'chasing the dragon' being the main method used. They quoted figures found by O'Higgins & Duff (1997) in relation to this assertion, and made reference to a pilot study on heroin smoking they had conducted themselves. The authors also made reference to the smoking of heroin as a method of 'coming down' off ecstasy, a context that they said did not appear to have been noted previously and which they believed merited further attention and research.

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**Gilmore, T., & O'Mahony, P. (1983).** *Drug abusers in the Dublin committal prisons: A survey.* Dublin: The Stationery Office.

*prison, demographics, disadvantaged areas, educational disadvantage, young people, inner city, opiates, LSD, barbiturates, injecting, heroin, cocaine, morphine*

This study was carried out among prisoners from three committal institutions in Dublin during 1981 - Mountjoy Male Prison, Mountjoy Female Prison and St Patrick's Institution for Young Offenders. Prisoners who had been identified on committal as drug users by the Prison Medical Service were interviewed using a structured questionnaire. Drug use was the focus of the questionnaire. In the male prison, 22 respondents were interviewed, aged between 19 and 32 years. Basic biographical information was collected, including place of residence, marital status, educational level, employment and criminal history. The majority were found to come from disadvantaged areas and to have low levels of educational achievement. Just under 50% said their drug use had begun when they were 16 or 17 years of age. All 22 had used a variety of drugs, 16 being opiate users, and the rest using LSD and barbiturates. Intravenous drug use was the general route of administration among opiate users. In St Patrick's, nine youths were surveyed, all of whom had been identified as having a drug addiction. All were from working-class inner-city areas and had low levels of educational achievement. Drugs of misuse included heroin, cocaine, LSD and morphine, with injecting again being the most common route of administration. In the female prison, three respondents were interviewed. All were from working-class inner-city areas and had low levels of educational achievement. All three were opiate users and had used a wide range of other drugs.

**Griffin, G. F. (1984).** Notes on recent legislation. *Gazette*, November, 237-238.

*legislation, policy*

In this article the author examined and summarised the Misuse of Drugs Act 1984, which amended and extended the law relating to the misuse of certain dangerous or other harmful drugs. The 1984 Act was intended to facilitate enforcement of the earlier 1977 enactment.

**Grube, J. W., & Morgan, M. (1986).** *Smoking, drinking and other drug use among Dublin post-primary school pupils* (ISBN 0 7070 0088 2). Dublin: The Economic and Social Research Institute.

*young people, smoking, alcohol, inhalants, cannabis, family, peer group, Dublin*

This study of the social-psychological factors related to substance use among Dublin post-primary school pupils was undertaken by the Economic and Social



Research Institute, with funding from the Commission of the European Community. The objectives of the study were to obtain estimates for the prevalence of smoking, drinking and drug use, and to gain an understanding of the processes and variables associated with acquisition and maintenance of these behaviours. A panel survey was used to collect data, with the same sample completing an anonymous questionnaire on three different occasions. The present report outlined the results of the first two phases of data collection. Twenty-four post-primary schools in the greater Dublin area were randomly selected for inclusion in the study, with all pupils from first to Leaving Certificate year in each school participating. In phase one, 2,927 pupils took part, and 2,782 in phase two; this represented a matching rate of about 75%. Over two-thirds of the sample were found to have smoked at some time in their lives; almost two-thirds had consumed a whole alcoholic beverage on at least one occasion; and just over one-fifth had tried drugs other than tobacco and alcohol. The most popular illegal drugs were found to be inhalants and marijuana. Perceptions of peer use of a particular substance were found to be strongly correlated with personal use of that substance. No significant association was found between parental cigarette smoking and students' own smoking, but a moderate relationship was found between parental drinking and the reported drinking behaviour of the students. The study did not investigate the relationship between parental drug misuse and students' drug use.

**Grube, J. W., Morgan, M., & Kearney, K. A. (1989). Using self-generated identification codes to match questionnaires in panel studies of adolescent substance use. *Addictive Behaviours, 14*, 159-171.**

*young people, methodology*

The usefulness of self-generated codes for linking anonymous data in panel studies of adolescent substance use was investigated in a study of Irish post-primary students. These self-generated codes would generally consist of information provided by survey respondents about stable personal characteristics, for example, birth date or middle initial. This information would be combined into an identifier that could be used to link questionnaires in panel or longitudinal studies, but which preserved the anonymity of the individual respondent. The self-generated identification code used in the present study consisted of gender; month, day and year of birth; number of older brothers; number of older sisters; and initial letter of mother's first name. School and class level from which the questionnaire originated were also coded on the questionnaires and were used in the matching procedure. The study found that the seven-element code was successful in exactly pairing 71% of the maximum possible matches over a one-month period, after school absences had been taken into account.

**Grube, J. W., & Morgan, M. (1990). Attitude-social support interactions: Contingent consistency effects in the prediction of adolescent smoking, drinking and drug use. *Social Psychology Quarterly*, 53 (4), 329-339.**

*young people, peer group, methodology, smoking, alcohol*

The authors tested an interactive model of attitudes and perceived social support in a panel survey of substance use among Irish post-primary students. They hypothesised that positive attitudes towards a particular type of behaviour, for example smoking, would only be expressed behaviourally when it was seen to be supported by a favourable environment. This was referred to by the authors as a 'relationship of contingent consistency'. The results of the study pointed to significant contingent consistency interactions for all three of the behaviours studied - smoking, drinking and drug use - regardless of the age of respondents. Perceived substance use by friends was found to be particularly significant in predicting current behaviour.

**Grube, J. W., & Morgan, M. (1990). The structure of problem behaviours among Irish adolescents. *British Journal of Addiction*, 85, 667-675.**

*young people, problem behaviour, methodology*

This article reported on research in problem behaviour theory. Problem behaviour theory proposes that adolescent substance use, as well as other problem behaviours, forms a single dimension, reflecting a general underlying tendency towards deviance or non-conformity. The general deviance hypothesis was tested using survey data obtained from 2,731 Dublin adolescents. The researchers found that three specific factors accounted for the covariation found among problem behaviour measures. These were substance use (drinking, smoking and other drug use), fairly minor behaviour problems (swearing, lying), and quite serious problem behaviours (stealing, vandalism). The findings of this report indicated that substance use among the young Irish people surveyed was relatively independent of a general tendency toward deviance. The authors claimed, therefore, that some aspects of the general deviance hypothesis might have been culturally bound, since most of the evidence used to support the hypothesis previously was gathered from research conducted in the United States. The results of the present research suggested that the hypothesis may only have been relevant for adolescents from the United States and similar cultural contexts.

**Grube, J. W., & Morgan, M. (1990). *The development and maintenance of smoking, drinking and other drug use among Dublin post-primary pupils* (ISBN 0 7070 0114 5). Dublin: The Economic and Social Research Institute.**

*young people, peer group, smoking, alcohol, Dublin*

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This report was a follow-up to the authors' 1986 report 'Smoking, drinking and other drug use among Dublin post-primary school pupils', the focus of which had been the prevalence of use of these substances, and the factors associated with use. On this occasion, the authors' objectives were to examine the influences that bring about initiation to the substances, and changes in level of use. They said that because the previous study was cross-sectional in design, it was not possible to distinguish between events that came about 'as a result' of substance use and those that 'bring about' such use - an important distinction. Thus, this final phase of the survey used a longitudinal design rather than a cross-sectional design. It involved a random sample of over 2,000 post-primary pupils, who responded anonymously to a questionnaire. The information was matched with the earlier phases of the project, using a computer-matching procedure, and the cohorts were compared. For smoking, it was found that the strong relationship between reported smoking and friends' smoking was due to selective friendships that derived from, rather than were causes of, smoking. Among girls, it was found that the younger cohort was smoking more at an earlier age. It was found that, for drinking, the younger cohort reported higher levels of frequency of being drunk for each age level. In terms of illegal drug use, it was found that there was no indication of any difference between the older and younger cohorts for either current drug use or for lifetime prevalence. Peer approval and peer example were found to be important predictors for the use of illegal drugs by girls, while peer example emerged as important for boys.

# H

**Harkin, K., Quinn, C., & Bradley, F. (1999). Storing methadone in babies' bottles puts young children at risk. *British Medical Journal*, 318 (7179), 329.**

*methadone therapy, children, treatment*

This was a letter to the editor concerning the use of babies' bottles to both store and measure out methadone. An investigation on this subject was carried out by the authors following a case in the Dublin City Coroner's Court, in which a three-year-old died after aspirating gastric contents secondary to the ingestion of methadone, which had been stored in a baby's bottle. The authors researched a sample of 186 people to whom methadone was being prescribed. They found that in the preceding month, 48 had used a baby's bottle to measure methadone and seven had used a baby's bottle to store methadone. Conducting a telephone survey of pharmacists, the

authors found that measuring devices were not necessarily made available to methadone users. They concluded, therefore, that the use of a readily-available and clearly-marked baby's bottle for the purpose was unsurprising. Since this presented such an obvious risk to young children, they recommended that a measuring device should be issued free with each instalment of methadone prescribed.

**Hartnoll, R., Avico, U., Ingold, F. R., Lange, K., Lenke, L., O'Hare, A., & de Roij-Motshagen, A. (1989). A multi-city study of drug misuse in Europe. *Bulletin on Narcotics*, XLI (1 & 2), 3-27.**

*Dublin, Europe, methodology, reporting*

The results of a comparative epidemiological study of indicators of drug misuse in seven European cities were discussed in this paper. The study was carried out under the authority of the Pompidou Group of the Council of Europe, between 1982 and 1986. The drug situation in the seven cities was summarised by the members of the expert group, and a range of indicators which could reflect trends in the prevalence of drug use was critically assessed. The members of the expert group concluded that drawing together data from several indicators could provide a valuable evaluation of drug misuse problems. They suggested that a single organisational unit was needed to integrate and analyse data and epidemiological studies. Different ways of achieving this were discussed. It was also noted that the consistency and quality of data would have to be improved if policies were to be based on a sound understanding of trends in drug misuse.

**Health Promotion Unit, Department of Health; Psychological Service, Department of Education; & Mater Dei Counselling Centre. (1994). *On my own two feet*. Dublin: The Department of Health and Children.**

*education, prevention, young people*

This educational support pack contained six books and a set of work-cards, developed with support from the European Union. It was intended to support an educational approach in post-primary schools to the prevention of misuse of substances and to help young people to develop attitudes and behaviour promoting healthy living.

**Health Promotion Unit. (1994). *You...drink...and your children: A parents' guide to alcohol*. Dublin: The Department of Health.**

*alcohol, education, awareness, children, family*

This booklet was aimed at educating parents about alcohol, both in terms of their own and their children's use of it.

**Health Promotion Unit. (1995). *Drug questions - Local answers?* (ISBN 0 86387 050 3). Dublin: The Department of Health.**

*education, community*

This information pack was designed to support the 'Drug questions - Local answers?' initiative. It contained a course guide with details of the five course units, and a section on follow-up action to be taken after the course ended; a planning guide booklet; and overheads relating to the course units.

**Health Promotion Unit. (1996). *Guidelines for effective HIV/AIDS education* (ISBN 0 8638 7055 4). Dublin: The Department of Health.**

*HIV, AIDS, education, training*

This booklet set out the aims for HIV/AIDS/STD education and outlined theoretical models of education and teaching styles appropriate for health education. The importance of considering the social and cultural context of health educational activities was discussed. The booklet went on to describe a methodology for planning and organising a health educational programme, and an evaluation process to establish the effectiveness of the programme. Finally, the need to train HIV/AIDS educators themselves on HIV/AIDS was discussed.

**Health Promotion Unit, & Corrigan, D. (1998). *Solvent abuse: A guide for professionals and parents*. Dublin: The Department of Health and Children.**

*solvents, education, prevention*

This booklet contained information on solvents, their effects and risks. It also contained sections on the prevention of solvent misuse, recognising solvent misusers, and helping the solvent misuser. The booklet described procedures to be used in emergencies and provided a list of resources to be used in dealing with issues of solvent misuse.

**Health Promotion Unit. (1998). *Drugs: Your choice, your life*. Dublin: The Department of Health and Children.**

*education, awareness, young people*

This educational booklet was aimed at young people. It covered the use of drugs by young people, the risks and dangers associated with drug misuse, advice on how to recognise drug misuse, what to do when one recognises it, and a list of types of drugs.

**Health Promotion Unit. (1998). *Drugs: Misuse and abuse*. Dublin: The Department of Health.**

*education, legislation, criminal justice*

This wall-chart consisted of pictures of various drugs and information about them. It also contained a small section on drug laws in Ireland, and on penalties associated with possession and use of illegal drugs.

**Health Promotion Unit. (2000). *Directory of Alcohol, Drugs and Related Services in the Republic of Ireland 2000* (ISBN 1 873820 48 8). Dublin: The Department of Health and Children.**

*directory of services, alcohol*

This directory is a comprehensive resource for health care professionals making referrals to alcohol and drug treatment services. Individual services are listed by health board area and each entry includes name and contact details, treatment facilities, addictions dealt with, staff, who the services are designed for, length of treatment, conditions of acceptance and method of payment. Additional information is provided on employee assistance programmes, additional aids/drugs services, needle exchange, advice, self-help, education and publications, information, local drugs task forces.

**Healy, E., Kelly, P., Mulcahy, F. M., & Clancy, L. (1992). *AIDS, I.V. drug use and mycobacterial disease: The Dublin experience*. *Respiratory Medicine*, 86 (6), 491-494.**

*Dublin, AIDS, HIV, injecting, health consequences*

The aim of this study was to determine the number of cases of mycobacterial disease in HIV-positive patients and in intravenous drug users (IVDUs). The article reported on the incidence of HIV and intravenous (IV) drug use among patients treated for tuberculosis in both St James' Hospital and Peamount Chest Hospital, Dublin, in two time periods. From 1980 to 1985, 1,641 people were treated for the disease; two of the sample were IVDUs, and none were HIV-positive. From January 1986 to December 1989, 100 people were treated for tuberculosis; six were HIV-negative IVDUs, twelve were HIV-positive IVDUs, and six were HIV-positive homosexual/bisexual individuals. When these findings were statistically analysed, it was found that there had been a numerically small but statistically significant increase in IVDUs diagnosed with tuberculosis. It was found that the HIV-positive patients who completed treatment responded well to anti-tuberculous drugs. The authors noted that tuberculosis was of interest in the context of HIV infection, as it was a preventable, treatable disease and it was the only bacterial infection to which HIV patients were prone that could be readily passed on to non-HIV infected persons.

**Heywood, S. (1996).** *Survey of Tipperary post-primary students' views and experiences of illegal drugs 1995-1996.* Tipperary: Garda Research Unit.

*young people, Tipperary, education, alcohol, smoking, inhalants, cannabis, hallucinogens, ecstasy*

This report assessed the drug taking activities and experiences of post-primary school students in County Tipperary. A questionnaire was administered to a random and representative sample of schools and classes in the Tipperary region, to pupils aged between 15 and 19 years. A total of 617 questionnaires were completed. Two sets of analyses were carried out, one on the whole sample, and one excluding those deemed to be 'over-reporters' (n=470). The author indicated that alcohol and cigarette smoking were found to be extensive when over-reporters were excluded. It was found that 66.4% reported that they had ever smoked a whole cigarette, and 63.8% reported that they had ever had a whole alcoholic drink. There were variations as to gender and home location in relation to the consumption of alcohol - males tended to drink more, and differences were noted between urban and rural dwellers and family backgrounds. Such differences were not as evident where smoking behaviours were concerned. Illegal drugs, the research found, had only been offered to and used by a minority of respondents. When over-reporters were excluded, 22% of the respondents reported ever having used one or more illegal drugs. Apart from inhalants, cannabis was found to be the most commonly used illegal drug, followed by hallucinogens and then ecstasy. 'Curiosity' and 'fun' were the most commonly-cited reasons for taking drugs. The majority of the sample did not appear to view illegal drug taking in a favourable light, even though the research found that drugs-related education was lacking, with half the respondents never having had lessons about illegal drugs, and 35% of those who did viewing the lessons as ineffective.

**Hibell, B., Andersson, B., Bjarnason, T., Kokkevi, A., & Morgan, M. (1997).** *The 1995 ESPAD report. Alcohol and other drug use among students in 26 European countries.* Stockholm: Swedish Council for Information on Alcohol and Other Drugs (CAN).

*alcohol, smoking, cannabis, heroin, children, young people, Europe, ESPAD*

The European School Survey Project on Alcohol and other Drugs (ESPAD) was a collaborative project initiated by the Swedish Council for Information on Alcohol and Other Drugs (CAN). The purpose was to collect comparable data on alcohol, tobacco and drug use among school students in 26 countries, including Ireland. The target population was young people born in 1979 and still in school. This meant the sample was aged between 15 and 16 years of age when data were collected in the spring of 1995. It was recommended that each country draw a sample of about 2,800 students as a minimum. Data were to be collected using group-administered questionnaires, under the supervision of a teacher or research assistant. In Ireland, 1,849 students, drawn from a stratified random number of classes from different types of schools, completed the questionnaire. A somewhat high level of missing data was



found for some of the drug questions. About 4% of boys and 2% of girls would not definitely admit any use of cannabis. For heroin, the figure was found to be 8% for boys, and 3% for girls. The proportion who said they had already used cannabis was 37% among the boys, and 29% among the girls. For heroin, 4% of the boys and 2% of the girls claimed that they already used it. The number of students claiming to have used the dummy drug 'relevisin' was only about 0.5%.

**Hickey, A. M., Bury, G., O'Boyle, C. A., Bradley, F., O'Kelly, F. D., & Shannon, W. (1996). A new short-form individual quality of life measure (SEIQoL-DW): Application in a cohort of individuals with HIV/AIDS. *British Medical Journal*, 313 (7048), 29-33.**

*methodology, HIV, AIDS, general practitioners, injecting*

This article described the first application of the new short-form individual quality of life measure (SEIQoL-DW), to assess the quality of life of a cohort of patients with HIV/AIDS who were managed in general practice. Some of these patients were current or former intravenous drug users. The SEIQoL-DW was derived from the schedule for evaluation of individual quality of life (SEIQoL). The authors claimed that it allowed respondents to nominate their own most important areas of life, making it more relevant than measures of quality of life that relied on predetermined questions. It was the authors' belief that the measure would be especially useful in clinical settings, where patient-generated data on quality of life is important and where the instrument's brevity and practicality would be valuable.

**Hogan, D., & Higgins, L. (1997). Experiences of children of drug users: Implications for youth and community workers. *Irish Youth Work Scene*, 20 (December), 3-4.**

*children, family, opiates, support, Dublin*

This research was carried out in response to the growing concern about the risks to children and young people whose parents use drugs. The issue was thought to be of importance, given the escalating problem of opiate misuse in Ireland, particularly in the greater Dublin area. The authors emphasised that most previous research had concentrated on prenatal exposure of children to drug use, but they suggested that drug use by parents may also affect older children and their social environments. The present study focused on ten children aged between 6 and 11 years, each of whom had at least one opiate-dependent parent. Interviews were conducted with parents, key workers and, in six cases, with the child's teacher. The findings of the study suggested that while the children of drug users may be at risk for social and psychological problems, not all experienced them. The authors stated that youth and community workers could help children to overcome such problems and avoid school drop-out by giving children the chance to communicate with a caring adult in



a stable environment. The authors believed that such communication could give the children opportunities to improve their sense of self-worth.

**Hogan, D. M. (1997).** *The social and psychological needs of children of drug users: Report on exploratory study* (ISBN 1 902230 00 0). Dublin: The Children's Research Centre, Trinity College Dublin.

*children, family, opiates, Dublin, problem behaviour*

This report presented the findings of stage one of a two-stage project on the children of opiate users in the Dublin area. It was a qualitative study involving 10 families, in which one or both parents were opiate users. The research was carried out against a backdrop of evidence of increasing numbers of children, particularly in the Dublin area, being exposed to parental drug addiction. The author stated that issues surrounding the social and psychological effects on children of parental drug use had largely gone unresearched in Ireland, as previously the focus had been on the physical effects of prenatal exposure to drugs. In this study, half the children had been prenatally exposed to opiates, while all had been indirectly affected either through changes in parental behaviour or through separation from or loss of parents. The majority of children experienced difficulty at school, although only one child in the sample had received treatment for psychological or behavioural problems. Parents were found to have concerns about the provision of adequate care for their children, their social interactions with their children, and the atmosphere that their involvement with drugs created in the home. Key workers expressed concern about the quality of care-giving which drug misusing parents were capable of providing to their children, and about children witnessing drug use and drug paraphernalia in their homes.

**Hogan, D. M. (1998).** *The psychological development and welfare of children of opiate and cocaine users: Review and research needs.* *Journal of Child Psychology and Psychiatry*, 39 (5), 609-620.

*methodology, family, health consequences, opiates, heroin, methadone, cocaine, children*

This article reported on a review and analysis of existing research on the social environments of the children of drug users, and their developmental outcomes. The author stated that the rationale for the research was the gap in knowledge regarding the parenting and care of drug users' children, particularly children aged between 4 and 11 years. Comparatively more information was found to be available about the psychological development of infants and toddlers. This report also aimed to examine gaps to be explored in future research. The children of parents addicted to hard drugs, such as heroin, methadone and cocaine, were the main focus of the study. The author concluded that the children of drug users may be at risk for a variety of problems and further research in this area was needed. She stated that researchers must explicitly use conceptual frameworks that allow for social-

contextual as well individual influences, and which bring together issues of parenting, child development and childcare with those of drug use.

**Holohan, T. (1997).** *Health status, health service utilisation and barriers to health service utilisation among the adult homeless population of Dublin.* Dublin: Eastern Health Board.

*health status, homelessness, Dublin, risk behaviour, smoking, alcohol*

This study took the form of a census of homeless people. Over a five-day period, a specially-devised anonymous questionnaire was administered at hostels, bed and breakfast institutions, food centres and on the streets of Dublin. The purpose of the study was to collect baseline data about the health of the homeless population of Dublin. The study aimed to describe the size and composition of the homeless population, to examine behavioural risk factors associated with homelessness, to explore utilisation of health services, and barriers to such utilisation. It looked at the health of the homeless population in terms of self-perceived health and self-reported morbidity. The study found that the population had many behavioural risk factors - almost 80% were smokers, 30% drank alcohol beyond recommended limits, and a further 30% stated that they had used illegal drugs.

**Hutchinson, L., Keenan, E., Cheasty, M., O'Connor, J. J., & McCarthy, J. (1995).** A comparison of attendance for drug misuse to Dublin accident and emergency departments 1985-1993. *Irish Medical Journal*, 88 (2), 56-57.

*opiates, injecting, health consequences, Dublin, benzodiazepines, heroin, prescribed drugs*

This study compared attendance by drug misusers at hospital accident and emergency (A&E) departments in the greater Dublin area in September 1985 and in April 1993. A questionnaire was administered by previously-trained A&E staff members to attendees who were currently (in the past six months) experimenting with drugs, abusing drugs, or who were drug dependent. In 1985, 73 drug users were identified, and in 1993, 68. Poly-substance misuse was found to be a significant feature of the results of the 1993 survey, with benzodiazepines replacing heroin as the main drug being misused. There was also a significant increase in the misuse of prescribed opiates between 1985 and 1993. Physical problems associated with drug misuse were more common in 1993. This was thought to be related to the new trend of crushing and injecting morphine sulphate tablets. Caution in prescribing habits was advised by the researchers in view of the increase in the misuse of prescription drugs found in the survey.

# I

**IMPACT (Public Sector) Union. (1997). *The management of the drug offender in prison and on probation*. Dublin: Probation and Welfare Officers Branch, IMPACT (Public Sector) Union.**

*prison, policy, crime, treatment, rehabilitation, probation, harm reduction, community, Dublin*

This report contained four papers presented at a seminar on 'The management of the drug offender in prison and on probation' on 29 September 1996. Patrick O'Dea's paper, entitled 'Management of the drug offender', explored the relative harmfulness of different drugs, the benefits of harm reduction versus abstinence treatment plans, the approaches of the departments of Health and Justice to the issue, drug addiction as protest, and drug misuse and serious crime. Anna Connolly's paper, 'Dealing with persons on probation who misuse drugs with focus on motivation, change and treatment issues', looked at treatment approaches used by probation officers, and at research-based principles for treating probation clients in community-based treatment settings. Dr Paul O'Mahony's paper, 'The drugs culture and drug rehabilitation within the prison system', examined the current situation in prisons, explored the difficulties surrounding the implementation of drug rehabilitation in prisons, and set out possible strategies for use by the prison system in dealing with the matter. Finally, Marguerite Woods' paper, 'The management of the drug user on probation in the community', was concerned with the current context in Dublin. It examined the needs of drug users and the best way to manage users in the community.

# J

**Jackson, T. M. R. (1997).** *Smoking, alcohol and drug use in Cork and Kerry.*  
**Cork: Department of Public Health, Southern Health Board.**

*Cork, Kerry, smoking, alcohol, cannabis, hallucinogens, stimulants, sedatives, opiates, solvents, legal drugs, demographics, social deprivation, local authority housing*

This document, commissioned by the Southern Health Board, reported on an examination of the interaction between smoking, alcohol and drug misuse in Cork and Kerry. The main body of the report detailed the findings of a multi-staged quota-controlled household survey with random starting points. The target populations were Cork city, Cork county, and County Kerry, as identified by the Census. The main sample consisted of 1,500 people aged 15 to 44 years, 500 from each region, and a booster sample of 600 people, aged between 15 and 24 years, 200 from local authority housing in the most deprived urban area in each of the three regions. Interviewers administered a questionnaire examining local perceptions of drug issues, knowledge of drugs, attitudes towards drug policies, knowledge of services available in the area, leisure activities, smoking and alcohol use. A separate, confidential self-administered questionnaire, on personal drug use and problem alcohol use, was also completed by respondents. The survey found that over a third were smokers, while almost two thirds reported ever having smoked, and 78% of the sample drank alcohol. The typical drug user found in the research was young, male, from an urban area, and he was also a smoker and a drinker, having begun at an earlier age than non-drug users.

**Johnson, Z., O'Connor, M., Pomeroy, L., Johnson, H., Barry, J., Scully, M., & Fitzpatrick, E. (1994).** *Prevalence of HIV and associated risk behaviour in attendances at a Dublin needle exchange.* *Addiction*, 89 (5), 603-607.

*HIV, risk behaviour, Dublin, injecting, education, needle exchange programmes, health promotion*

This study aimed to measure the prevalence of HIV infection among persons attending a Dublin needle exchange clinic, and to assess the level of equipment

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sharing and unsafe sexual activity among them. Data were collected from 106 clients attending the programme, using an anonymous, unlinked approach. Participants were asked to complete a brief questionnaire and to provide a sample of saliva for HIV testing. Of the respondents who supplied a usable saliva sample (n=81), 14.8% were found to be HIV-positive. Fifty per cent said that they had not shared injecting equipment in the last 28 days, but 33.3% had shared with multiple partners. Only a quarter of those studied said they had always used condoms in the preceding year, although half of the sample population said they had had multiple partners during that time period. The authors of the report stated that the high level of unsafe sexual and injecting behaviours made clear the need for more effective health promotion among drug users.

**Joint Committee on European Affairs. (1999). *Seventh report: European aspects of the drugs issue* (ISBN 0 7076 6719 4). Dublin: The Stationery Office.**

*policy, heroin, social deprivation, educational disadvantage, cannabis, Europe*

The Joint Committee on European Affairs was established in November 1997, and decided, as part of its 1998 work programme, to examine European aspects of the drugs issues. The aim was to consider the current approach and viewpoint of the Irish government's National Strategy Committee on Drugs. The Committee heard presentations from specialists and officials working in the area, including one from the Drug Misuse Research Division of the Health Research Board. It also incorporated an analysis of more advanced drug strategies from other European states and an assessment of the harm that the most commonly misused drugs, both legal and illegal, caused the individual and society. Recommendations based on these inputs were discussed. The report also contained chapters tackling issues related to heroin, cannabis and social and educational disadvantage.

# K

**Keenan, E., Dorman, A., & O'Connor, J. J. (1993). Six year follow up of forty five pregnant opiate addicts. *Irish Journal of Medical Science*, 162 (7), 252-255.**

*women, HIV, methadone therapy, children, pregnancy, social work, rehabilitation*

Between 1984 and 1986, 45 pregnant drug addicts attended the National Drug Advisory and Treatment Centre. Treatment at that time consisted of counselling, low-dose methadone maintenance, and both antenatal and postnatal care. The aim of the authors in this piece of research was to follow up on these women six years later, focusing on their drug use and the outcomes for their children. They found that while the women had benefited in areas such as family planning and contact with the probation services, many continued to abuse drugs and followed behaviour patterns with a high risk of HIV attached. Among the children, five (11.3%) were under formal care orders and four had become HIV positive. The authors concluded that future programmes should focus more strongly on detoxification and rehabilitation after pregnancy, and that a review should be undertaken of an 'at risk' register for the children.

**Keenan, E., Gervin, M., Dorman, A., & O'Connor, J. J. (1993). Psychosis and recreational use of MDMA ('Ecstasy'). *Irish Journal of Psychological Medicine*, 10 (3), 162-163.**

*ecstasy, Dublin, unemployment, young people*

This report highlighted the psychological dangers associated with the use of MDMA (Methylenedioxy methamphetamine), or ecstasy. It was perceived to have become a widely misused recreational drug in Dublin in the early 1990s. The report followed the case of a 17-year-old unemployed male. He attended the National Drug Advisory and Treatment Centre with a paranoid psychosis following ingestion of MDMA, which he had been taking on a recreational basis for a five-month period.

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**Keenan, E., & Barry, J. (1999). Managing drug misuse in general practice. *British Medical Journal*, 319 (7223), 1497.**

*legislation, methadone therapy, treatment, general practitioners*

This letter to the editor was written in response to an editorial by Keen ('Managing drug misuse in general practice', *British Medical Journal*, 318 (5 June 1999), 1503-1504). The authors of the letter stated that the Republic of Ireland used an approach to drug misuse similar to that described by Keen, and that general practitioners were encouraged to become involved in the treatment of drug misusers under regulations introduced by statutory instrument in October 1998. The legislation regulated the prescribing and dispensing of methadone. They asserted that methadone maintenance had led to reductions in the use of illicit drugs. However, they voiced concerns about the availability of methadone on the black market. Finally, they outlined the main points of the new protocol and drew conclusions about its effectiveness to date.

**Kelleher, M. J., Corcoran, P., & Keeley, H. S. (1998). Variation in suicide rates between Health Board areas. *Irish Medical Journal*, 91 (2), 53-56.**

*suicide, Cork, Dublin, homelessness, women*

In this paper the authors examined the different rates of suicide in the eight health board areas in Ireland between 1976 and 1995. A rise in male suicide rates was found across all areas, although it was found to be less pronounced in the Eastern Health Board area. This finding surprised the authors, given the much-publicised problems of homelessness and hard-drug misuse in Dublin. Female suicide rates were found to have increased somewhat in the southern half of the country since the mid-1980s. The authors suggested that this may have been linked to difficulties related to accessing services for psychological distress in rural areas. The perceived difficulties included both those relating to stigma, and more practical problems of transportation to the service. The authors proposed that the development of appropriate services, particularly in rural areas, should be a priority for future action.

**Kelly, M. G., Shattock, A. G., Doyle, G. D., & Fielding, J. F. (1982). Drug induced liver disease. *Irish Medical Times* (December), 31-32.**

*hepatitis A, hepatitis B, young people, injecting, education, policy, prevention, treatment*

This article addressed the detection and treatment of drug abuse associated with liver disease, which the authors believed was becoming rampant among adolescents. They stated that the rapid growth in the number of intravenous drug abusers carried with it a corresponding increase in the risk of liver disease among such abusers. It was estimated that about six tenths of the users attending the National Drug Advisory and

Treatment Centre would develop chronic active hepatitis. Added to this was the increased number of close contacts between drug users, who would also be at risk of contracting disease, including contacts not receiving treatment for drug misuse. The authors contended that the problem should be combated through preventative methods. Education and policy should aim to reduce and ideally eliminate intravenous drug misuse. In the meantime, they recommended that facilities should be made available for the management of these patients, and that a programme of vaccination should be introduced.

**Kelly, D. A., Carroll, D., Shattock, A. G., O'Connor, E., & Weir, D. G. (1983). A secondary outbreak of hepatitis B among contacts of drug abusers in Dublin. *Irish Medical Journal*, 76 (4), 205-208.**

*hepatitis B, heroin*

Acute hepatitis B was relatively uncommon among drug abusers in Ireland until 1980. After that, a marked increase in the availability of heroin, and hence in heroin addiction, was found. Subsequently, a continuing epidemic of acute hepatitis B in parenteral drug abusers was also noted. The aims of this study were to investigate the extent of the spread of this epidemic to non-drug-abusers; the mode of transmission of the infection; and to compare the hepatitis B serology in both parenteral and non-drug-abusers. The researchers found that there had been a recent increase in hepatitis B among non-drug-abusers and that it was mainly due to transmission via sexual contact with intravenous drug abusers. The authors stated that this outbreak might have serious consequences because, as the number of HBsAg positive patients increased, so would the incidence of chronic liver disease and possibly hepatoma in the Irish population

**Kelly, M. G., Roche, D., Stafford-Johnson, S., & Honeyman, A. (1983). Drug addiction in pregnancy - the Irish scene. In L. Dennerstin & M. Senechens (Eds.), *The young woman. Psychosomatic aspects of obstetrics and gynaecology. Excerpta med.*, 618, 119-129**

*pregnancy, women, demographics, children*

The authors of this article presented a picture of pregnant Irish drug misusers attending the National Drug Advisory and Treatment Centre within the context of increasing drug misuse. The Centre was found to have reported a 503% increase in the number of new patients over the two-year period 1980-82. As these numbers increased, so too did the number of infants being born to addicted mothers, and the number of women who had had babies attending the Centre. The authors found that, since the opening of the clinic in 1969, 30 women had attended for treatment while pregnant, with a total of 38 babies born. The article presented a profile of the women attending the clinic while pregnant, including information on their average age, marital status, family background and drug history.



**Kelly, G. E. (1994). Minimum size of the AIDS epidemic in Ireland. *Irish Medical Journal*, 87 (1), 10-11.**

*AIDS, prevention, injecting, risk behaviour, health status*

The rationale for this paper was that projections of the size of the AIDS epidemic were of major importance for future health care and prevention. Projections were made in this article based on the 'back-projection' method. Data on the incidence of AIDS, since the epidemic had started in Ireland in 1982, were examined, and separate predictions were made for the two largest risk groups in Ireland - homosexual/bisexual and intravenous drug users (IDUs). The predictions showed an overall increase in rates, with the rate of increase for IDUs being higher than that for the homo/bisexual group. The authors expected to see a total of 1,100 IDU AIDS cases by the year 2001, and a total of 720 cases among the homo/bisexual group.

**Keogh, E. (1997). *Illicit drug use and related criminal activity in the Dublin metropolitan area* (ISBN 1 902055 00 4). Dublin: An Garda Síochána.**

*crime, Dublin, heroin, demographics, unemployment*

This study was carried out by the Garda Research Unit, with the aim of gathering information on the relationship between the use of illicit drugs and crimes committed in the Dublin metropolitan area. The research used three sources: all detected crime recorded between September 1995 and August 1996; a database of known drug users; and a questionnaire administered to individuals from the database. Garda records were examined and the database, in which 4,105 'hard drug users' were identified, was set up. Garda members then interviewed 352 individuals from the database, using a structured questionnaire. A profile of known drug users was built up, the link between drug misuse and detected crime was explored, and an estimate of the percentage of crime committed by drug users was made. The typical hard drug user profiled in the database was male, unemployed, single, and living at home. The main drug being misused was found to be heroin, and 77% of the group were found to have some sort of criminal record. An important limitation of this study, noted by Dr Mark Morgan in the foreword, was that working on the drug problem through Garda records omitted any people who had never come into contact with the Gardaí.

**Kiernan, R. (1995). *Report on substance use among adolescents in the Western Health Board*. Galway: Western Health Board.**

*Western Health Board, young people, prevention, Galway, smoking, alcohol*

The Western Health Board commissioned this study to get accurate estimates of the extent of drug use among adolescents in the Western Health Board area, after

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reports that drug use was increasing in the area, particularly in Galway city. Adolescents of second-level school-going age, between approximately 12 and 18 years of age, were surveyed by taking a random sample of 37 schools in the region, and a cluster sample of students in a selected year in each school. Early school leavers were also included in the survey by taking a sample from each of the 20 training centres and community projects in the Western Health Board area. Data were collected using an anonymous questionnaire, either self-administered or administered by someone trusted by the respondent. Altogether, 2,787 valid respondents completed questionnaires and information was collected about their smoking, drinking and drug misuse behaviours. Smoking rates among adolescents in the Western Health Board were found to be higher than rates in Dublin, Northern Ireland, the United Kingdom and the United States. Drinking rates were similar to those in the rest of Ireland. While the rates of drug misuse were found to be similar to those found in a Southern Health Board survey, they were lower than those reported in Dublin.

## L

**Lavelle, P. (1986).** *Heroin misuse in north central Dublin area 1985: A follow-up on the 1982-83 Drug Misuse in Ireland study.* Dublin: The Medico-Social Research Board.

*heroin, Dublin, inner city, health consequences, community, HIV*

This report presented information on 74 of the original 88 heroin users from a Dublin inner-city area, who had been identified during 1982-83. The date of re-interview was 1985-86. Seventy-six per cent of the sample was under 25 years of age, with the majority being single or separated. In general terms, the study showed that heroin dependence constituted a major problem for the area, in terms of health and social functioning. It also had widespread implications for the community, including those associated with the threat of the spread of HIV.

**Lavelle, A., Honner, V., & Docherty, J. R. (1999).** *Investigation of the prejunctional 2-adrenoceptor mediated actions of MDMA in rat atrium and vas deferens. British Journal of Pharmacology, 128, 975-980.*

*ecstasy, health consequences*

This paper submitted the results of an investigative study on the effects of the drug methylenedioxyamphetamine (MDMA, or ecstasy) on peripheral noradrenergic neurotransmission in the rat. It also investigated how any effects found might relate to cardiovascular actions. Chronic use of ecstasy had previously been linked to intracerebral haemorrhage and serious cardiovascular changes such as tachycardia and palpitations in humans. The major finding of the study was the previously unreported adrenoceptor agonist action of MDMA. The authors believed that this might contribute to the central abusive and peripheral cardiovascular and autonomic side-effects of MDMA.

**Lawless, M., & Cox, G. (1999).** *'From Residential Drug Treatment to Employment': An interim report (ISBN 1 902794 01 19). Dublin: The Merchant's Quay Project.*

*Merchant's Quay Project, rehabilitation, community action, social exclusion, social deprivation, heroin, treatment, education*

This document reported on the Integra programme 'From Residential Drug Treatment to Employment', operated by the Merchant's Quay Project since January 1998. The programme was developed in response to the Employment - INTEGRA programme, a human resource initiative of the European Union (EU). The EU initiative aimed at encouraging community organisations to empower marginalised and excluded groups through training and employment. The Merchant's Quay Project's Integra programme was developed to fill a perceived gap in services enabling former drug users to access employment, training and educational opportunities. It aimed to educate employers and training providers about the issues surrounding drug use, and to facilitate the entry of former drug users into the labour market. This report presented an account of the first operational year of the programme, and outlined the social and economic climate within which it was operating. Overall, the programme was found to have been successful. It had achieved a 73% completion rate, and 63% of those who completed the programme subsequently secured full-time work. The programme was found to have experienced some difficulties over the year, but the production of this report was said to have enabled modifications and improvements to be made.

**Leane, M., & Powell, F. W. (1994).** *Courage to change: An evaluation of an Irish addiction programme (ISBN 0 9524054 0 7). Cork: The Social Policy Research Unit, University College Cork.*

*treatment, rehabilitation, health consequences, demographics, Aiseiri, alcohol, family, peer group, policy, Tipperary*

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This report presented an evaluation of Aiseiri, a drug-free rehabilitation and treatment centre for alcoholics, drug addicts and gamblers. The centre was established in Cahir, County Tipperary, in 1983 and was independently funded. The aims of this study were to evaluate the extent to which abstinence had been achieved, and to assess the quality of life experienced by the clients and their families during the treatment. The researchers used the clients of the Aiseiri service as the primary evaluators of the treatment initiative, and collected both qualitative and quantitative data with regard to recovery rates and the quality of life of individuals who participated in the treatment programme. Participant observation, interviews and documentary research were used to research the issues. The researcher completed two weeks of the four-week residential programme to gain an insight into it, and a questionnaire was administered to ex-clients. A selective review of Irish literature on alcoholism and relevant policies was also carried out. A demographic profile of the 1,136 individuals who had passed through the programme on or before 27 July 1992 was built up, and a sample 114 respondents was obtained using stratified random sampling. Of this sample, 67 agreed to take part in the study. The findings of the study were reported under the headings demographics, treatment record and outcome, feelings about addiction, quality of life, work and finance, health, relations with spouse and children, relations with peers and attitudes to treatment. Recommendations made arising from the evaluation related to the lack of privacy experienced by clients, the perceived silencing of the addict, the lack of success in treating gamblers and the failure to deal with some addiction-related problems.

**Leigh Brown, A. J., Lobidel, D., Wade, C. M., Rebus, S., Phillips, A. N., Brettle, R. P., France, A. J., Leen, C. S., McMenamin, J., McMillan, A., Maw, R. D., Mulcahy, F., Robertson, J. R., Sankar, K. N., Scott, G., Wyld, R., & Peutherer, J. F. (1997). The molecular epidemiology of human immunodeficiency virus type 1 in six cities in Britain and Ireland. *Virology*, 235, 166-177.**

*HIV, injecting*

The authors sequenced the p17 coding regions of the *gag* gene from 211 patients diagnosed as HIV positive, drawn from six cities in Scotland, northern England, Northern Ireland and the Republic of Ireland. These patients had been infected with the virus either through intravenous drug use or through male homosexual intercourse. When phylogenetic analysis was conducted it was found that the sequence from over 80% of the intravenous drug users formed a relatively tight cluster, distinct from both those of published isolates and of the gay men.

# M

**McAleenan, G. (1996). Seeing the light: Resocialisation in Dublin.**  
*Euro-Methwork* (9), 5-6.

*opiates, disadvantaged areas, Dublin, treatment, support, rehabilitation, methadone therapy, Soilse, Eastern Health Board*

This was a short article about Soilse (meaning 'light' in Irish), a rehabilitation programme for former and stabilised drug users, run by the Eastern Health Board. The programme was set up in 1992 in response to the dramatic rise in drug use, particularly opiates, in the 1980s, which was found to be especially prevalent in disadvantaged areas of Dublin. Soilse was a non-residential day programme of six months' duration, which focused on confronting addiction and reintegrating clients, by working on their personal and social development within an adult learning framework. The article described Soilse's referral and intake systems, the use of methadone by clients, and issues surrounding motivation, support and resistance among participants.

**McCann, M. E. (1996/97). Drugs task force – the same old fix? *Poverty Today*. Dublin: The Combat Poverty Agency.**

*policy*

An examination of the first report of the Ministerial Task Force on Drugs.

**McCann, M. E. (1998). Drug services in Dublin: selective or comprehensive strategies? *Journal of Substance Misuse*, 3, 150 – 155.**

*Dublin, community, Ballymun Youth Action Project*

This article outlined the development of community drug services in Dublin. Interpretations of community involvement were discussed, with a case study from

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Ballymun illustrating a more radical approach. Challenges to be faced in developing community participation were identified, and suggestions made for comprehensive intersectoral collaboration to address the complexities in moving from a centralised, medical model to one based on comprehensive community care.

**McCarthy, D., & McCarthy, P. (1997).** *Dealing with the nightmare: Heroin addiction in the south inner city.* Dublin: Community Response and The Combat Poverty Agency.

*Dublin, inner city, disadvantaged areas, community, family, unemployment, crime, heroin, opiates, young people, women, educational disadvantage*

This research was commissioned by Community Response and funded by the Combat Poverty Agency. It set out to study the use of opiates in Dublin's south inner city, and to explore the underlying factors contributing to the widespread use of opiates in the area. Data were gathered from 38 agencies providing services to drug users from the south inner city, as well as from 26 opiate users, and 18 families with a drug-using member. A community consultative seminar, designed to maximise community participation in the research process and to assist in the development of recommendations, was also used. The researchers found that misuse of illegal drugs in the area, heroin in particular, was widespread, with more young people and more women, including those who were pregnant, involved. High levels of low educational achievement, unemployment, and involvement with crime were found among the drug users surveyed. When the families of drug users were interviewed, it was found that there was often more than one drug user in the immediate family; 28% had a family member who was HIV-positive or living with AIDS; and 89% claimed that their own health had been adversely affected by drug use in the family. Of the 38 agencies providing services to drug users in the south inner city, the majority were found to have more contact with male than female drug users. Most also stated that demand for their services had increased over the past three years, and that their drug-using client group was younger than it had been three years previously.

**McKeown, K., Fitzgerald, G., & Deehan, A. (1993).** *The Merchant's Quay Project - A drugs/HIV service in the inner city of Dublin, 1989-1992.* Dublin: The Franciscan Friary, Merchant's Quay.

*Merchant's Quay Project, HIV, support, treatment, demographics, health consequences*

The Merchant's Quay Project was set up to prevent the spread of HIV through drug use and related behaviour and to provide non-judgmental care and support to drug users with HIV and their families. This report examined the origins and development of the service, the characteristics of the volunteers involved in its provision, and the socio-demographic characteristics of the clients. The drug use and drug-related behaviours of the clients, and the usage and impact of the services on clients were also investigated. The final chapter set out the conclusions of the study team and made recommendations for the future of the service.

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**McKeown, K. (1998).** *Feasibility study on a drug rehabilitation service in Canal Communities.* Dublin: Canal Communities Partnership and Canal Communities Local Drugs Task Force.

*Dublin, Local Drugs Task Force, area partnership, rehabilitation, community action*

This study was commissioned by the Partnership and Local Drugs Task Force of the Canal Communities, an area that includes the Dublin communities of Inchicore, Islandbridge, Kilmainham, Rialto and Bluebell. The aim of the report was to investigate the possibility of establishing a rehabilitation service in the area, in line with government policy, which would meet local needs, offer a therapeutically effective service and be financially viable in the long run. It was proposed that the rehabilitation service be set up and run as a community-based, community-owned social enterprise, which would offer placements to a range of statutory, and possibly voluntary, agencies, instead of using more traditional funding mechanisms. The report recommended that the service be part of a network of services and work closely with other agencies. It was proposed that a performance monitoring system be put in place to measure the effectiveness of the service in terms of its capacity to attract and retain drug users, and to produce beneficial outcomes. A high priority was placed in the report on employing a fully-qualified and highly-skilled staff to run the service, and it was recommended that a cohesive and determined management committee be set up as soon as possible to implement the proposals.

**McKeown, K., & Fitzgerald, G. (1999).** *Treating drug addiction: An evaluation of Addiction Response Crumlin.* Dublin: Addiction Response Crumlin (ARC) and The Combat Poverty Agency.

*Dublin, heroin, methadone, demographics, unemployment, treatment, community, awareness, educational disadvantage, health status, injecting, Addiction Response Crumlin*

Addiction Response Crumlin (ARC) was set up in June 1996 to address problems of drug use in Crumlin and the lack of services for drug users in the area. The population of Crumlin was 21,527 people in 1996, with an age structure slightly older than the rest of Ireland but in line with the age structure of the rest of Dublin. It had a high long-term unemployment rate, and in terms of socio-economic class it had a high proportion of persons in manual labour occupations (55%). The authors found that the area had a high level of educational under-achievement, and this, combined with the high level of unemployment, was thought to increase the likelihood of people becoming involved in drug misuse. Intravenous heroin was the primary drug taken by the former drug-using clients of ARC. The programme was found in general to have a positive impact on its clients, with nearly three quarters progressing to a stable habit (44.48% were on methadone) or to a drug-free life (25.27% became drug free). Twenty-two per cent of clients made no improvement. Social and health gains were also reported by clients, and unemployment among them had fallen by 20% since they started attending the programme.

**Merchant's Quay Project. (1998). *Annual report 1997* (ISSN 1397 7014). Dublin: The Merchant's Quay Project.**

*support, rehabilitation, HIV, AIDS, Dublin, inner city, prevention, treatment, health promotion, Merchant's Quay Project*

The Project was established in 1989 by the Franciscan Community in response to an increasing number of people in the area who were drug misusers and/or HIV positive. It aimed to prevent the spread of HIV through drug use or related behaviour, and to provide care and support for drug users with HIV and their families. This report for 1997 provided an overview of the Project and described specific aspects in more detail. The Contact Centre provided services such as crisis intervention, referrals to other services/agencies, a drug users forum, an arts group and a health promotion unit. Stabilisation services were also offered by the Project, as were residential programmes and a training facility. The annual report contained information on the Project's research activities, administration services, its accounts and new developments.

**Merchant's Quay Project. (1999). *Annual report 1998* (ISSN 1393 7014). Dublin: The Merchant's Quay Project.**

*support, rehabilitation, HIV, AIDS, Dublin, inner city, prevention, treatment, health promotion, Merchant's Quay Project, Carlow*

The Project was established in 1989 by the Franciscan Community in response to an increasing number of people in the area who were drug misusers and/or HIV positive. Its aims included the prevention of the spread of HIV through drug use or related behaviour, and the provision of care and support for drug users with HIV and their families. This report for 1998 provided an overview of the Project and described the activities of the various units in the Project. The Contact Centre provided services such as crisis intervention, referrals to other services/agencies, a drug users forum, an arts group and a health promotion unit. The centre recorded a total of 25,738 client visits in 1998, an 11% increase on 1997. Stabilisation services offered by the Project included a day programme, a gateway programme, a prescribing support service, and a family support group. The Project's newest development, St Francis Farm in Carlow, a therapeutic community and training facility, was reported on, as was INTEGRA, a two-year programme aimed at helping former drug users to access employment. The annual report contained information on the Project's research activities, administration services, and its accounts.

**Midland Health Board. (1999). *Report of the working party on misuse of drugs and alcohol*. Toolmaker: Midland Health Board.**

*Midland Health Board, alcohol, legal drugs, heroin, cannabis, solvents, sedatives, prevention, treatment, rehabilitation, education, community*



The working party's terms of reference were to address the misuse of drugs and alcohol in the Midland Health Board area, with particular reference to the development of appropriate preventive treatment and rehabilitation services. Reference was made to working within the terms of the government's published policy documents. In the context of this report, drug problems were defined as 'problems that may arise in individuals as a consequence of their use of legal and illegal drugs' (p. 14). The most commonly-misused drug in the Midland Health Board area was found to be alcohol. Misuse of tranquillisers was the second most common problem in general practice. General practitioners also came into contact with problems arising from heroin, cannabis and solvent misuse. Drug and alcohol counselling services were provided in 13 locations throughout the area; admissions for alcohol misuse accounted for almost 25% of all admissions to the Midland Health Board's psychiatric hospitals. Measures to promote health and to prevent drug misuse were discussed, and recommendations were made with regard to developing education programmes in schools and colleges in the area, as well as measures for use in the community and in the workplace.

**Midland Health Board. (2000). *Substance misuse education and prevention policy.* Toolmaker: Midland Health Board.**

*Midland Health Board, alcohol, smoking, young people, education, prevention, treatment, support, policy*

This document outlined the Midland Health Board's approach to substance misuse. Substances were defined as 'mood-altering substances, either legal (prescribed or freely available) or illegal' (p.1). This meant that alcohol, tobacco, and prescribed drugs were included as well as illegal substances. According to the report, the Board's approach incorporated current work aimed at tackling future needs and developing a long-term strategy. The key to this approach was partnership, given the complexity of substance misuse problems and the need for co-operation between agencies and organisations in dealing with drugs issues. The aim of the policy laid out here was the provision of a consultative framework for the development of a multi-agency strategy on substance misuse. The Midland Health Board aimed to facilitate the development of a regional long-term strategy on substance misuse, assisted at regional level by the Regional Drugs Co-ordinating Committee. This consisted of representatives from the statutory, voluntary and community sectors, in addition to inter-agency work at local level. The Board also proposed working closely with all relevant groups in developing appropriate strategies to combat substance misuse, incorporating those in the areas of education, prevention, information, research and evaluation. The provision of interventions, including counselling, treatment and support for those with problems associated with substance misuse, was also a priority of the Midland Health Board.

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**Ministerial Task Force on Measures to Reduce the Demand for Drugs. (1996).  
First report. Dublin: Department of the Taoiseach.**

*Local Drugs Task Force, treatment, methadone therapy, rehabilitation, education, prevention, community action, policy*

This document formed the first of two policy documents published by a ministerial task force appointed by the government. This report contained chapters identifying the nature and extent of drug misuse in Ireland, and examining the underlying causes of this drug misuse. It also examined the effectiveness of current responses to the drugs problem, and investigated the effectiveness of the structural arrangements for delivering that response. Recommendations were made at the end of the report, relating to the establishment of a Cabinet drugs committee, a national drugs strategy team, and a local drugs task force. Recommendations were also made concerning issues of information and research, treatment, rehabilitation, education and prevention, community policing and the allocation of funding and resources.

**Ministerial Task Force on Measures to Reduce the Demand for Drugs. (1997).  
Second report. Dublin: Department of the Taoiseach.**

*prison, treatment, rehabilitation, young people, community action, disadvantaged areas, prevention, education, policy, Local Drugs Task Force, methadone therapy*

This document formed the second of two policy documents published by a ministerial task force appointed by the government. This report reviewed progress on the implementation of the recommendations made in the first report relating to the establishment of a Cabinet drugs committee, a national drugs strategy team, and a local drugs task force, and concerning issues of information and research, treatment, rehabilitation, education and prevention, community policing and the allocation of funding and resources. The report then went on to explore additional areas of concern. These included the misuse of non-opiate drugs, drug misuse in prisons and the treatment of prisoners who misuse drugs, and the role of therapeutic communities in the treatment or rehabilitation of drug misusers. The key recommendations made by the Ministerial Task Force in this report targeted young people living in disadvantaged areas in particular, and included among others such provisions as the establishment of a youth services development fund, training and employment of youth leaders from disadvantaged communities, the development and implementation of a substance abuse prevention programme specifically for the non-formal education sector, and the development of specialised outreach programmes.

**Mollan, C. (Ed.). (1998). *The Irish scientist yearbook* (ISBN 1 898706 16 6). (Vol. 6).  
Dublin: Samton Limited.**

*Science and Technology Against Drugs Initiative, young people, children, Dublin, opiates, heroin, methadone, ecstasy, benzodiazepines, testing*

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This issue of *The Irish scientist yearbook* for 1998 contained a special feature on drug initiatives established under the Science and Technology Against Drugs Initiative, launched by the government in 1996 during Ireland's presidency of the European Union. The feature contained details of 26 research projects, on subjects ranging from young people and drug use, to the drug-using population of Dublin, to issues surrounding the testing and analysis of drugs of abuse. Nine of the projects took the drug ecstasy as the subject of their research, while four looked at the misuse of opiates, heroin or methadone, and one examined Rohypnol, a benzodiazepine known as the 'date rape drug'.

**Moran, R., O'Brien, M., & Duff, P. (1997).** *Treated drug misuse in Ireland. National report 1996.* Dublin: Drug Misuse Research Division, The Health Research Board.

*risk behaviour, treatment, demographics, reporting*

This report was based on information from the National Drug Treatment Reporting System collected by the Drug Misuse Research Division of the Health Research Board. It included contact details, socio-demographic information, and data on problem drug use and risk behaviour, for clients who presented to drug treatment services in the year 1996.

**Moran, R. (1999).** *The availability, use and evaluation of the provision of crèche facilities in association with drug treatment (ISBN 0-9517193-6-X).* Dublin: Drug Misuse Research Division, Health Research Board.

*treatment, children, women, family, Dublin*

This report presented the results of a pilot study exploring the provision, usage, and advantages and disadvantages of crèches in the context of drug treatment in Dublin. Very little research previously existed in this area, although providing crèche facilities for parents trying to access treatment for their drug dependence had clear implications for equality of access to treatment for parents (particularly women), and for the quality of their treatment. Implications also existed regarding the quality of working life for staff in treatment centres, and for the development of the children of drug misusers. Of the 45 drug-treatment centres in Dublin, only nine provided crèche facilities. These nine facilities were studied for the purposes of the research. The author stated that the research showed that the provision of crèche facilities in association with drug treatment were inadequate and needed to be expanded. Two types of crèches were mentioned - drop-in crèches, which would enable parents to avail of day-to-day treatment, and full-day crèches, which would enable parents to take part in more intensive programmes, access training courses or participate in paid employment.

**Morgan, M., & Grube, J. W. (1989). Drug use in Irish schools: A comparison with other countries. *Oideas (Journal of the Department of Education)*, 34, 21-31.**

*alcohol, smoking, cannabis, inhalants, health consequences, family, young people, Dublin*

Depending on what criteria one adopts, the most serious drug problem in Irish schools might be 'cigarettes' or 'alcohol' or one of the illegal substances. In order to decide on the seriousness of a drug problem, it is necessary not only to consider the numbers using the substance, but also to compare the findings longitudinally and cross-culturally. This article reported on a three-phase survey of the reported use of cigarettes, alcohol and illegal drugs by 3,000 randomly-selected second-level pupils aged between 12.5 and 18 years in the Dublin area. Twenty-four post-primary schools were involved, representing the full range of socio-economic backgrounds. A self-administered, anonymous questionnaire was used to gather information. The research results showed that over two-thirds of the sample had smoked a cigarette at one time in their lives, while over one-third had smoked in the previous month, and hence were defined as current smokers. When these findings were compared with other countries, the level of smoking among Irish school-goers was found to be 'extremely high'. With regard to drinking, almost two-thirds of those surveyed reported that they had ever consumed an alcoholic drink, and one-third of the sample said that they had felt drunk at least once. When these rates were compared with other countries, it was found that the levels of drinking in Ireland were mid-way between low-consumption countries like Israel and high-consumption countries like France. Regarding drugs, marijuana and glue or other inhalants were found to be the most frequently misused substances; about 13% of the sample reported that they had tried each of these at some time in their lives. The level of illegal drug use found in the present study, however, was judged to be low when compared with that in other countries.

**Morgan, M., & Grube, J. W. (1989). Adolescent cigarette smoking: A developmental analysis of influences. *British Journal of Developmental Psychology*, 7, 179-189.**

*smoking, young people, peer group, family, prevention*

This study investigated the influence of various factors associated with smoking behaviour among a randomly-selected sample of 3,000 Dublin post-primary-school pupils aged between 13 and 17 years. Normative influences on smoking behaviour were found to increase up to the age of 15/16 years and to decline after that. The researchers related this pattern to the rise and decline of peer influences during these years. Family influence, particularly that of parents, in the example they set and in terms of their approval, was found to be constant over the same period. The contribution of beliefs to the prediction of smoking was found to be affected by age, doubling in importance during the years considered in this study. The results had important implications for the understanding of susceptibility to social influence during adolescence and for the design of effective smoking prevention programmes.

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**Morgan, M., & Grube, J. W. (1991). Closeness and peer group influence. *British Journal of Social Psychology*, 30, 159-169.**

*smoking, alcohol, young people, peer group*

In this piece of research, the authors put forward the hypothesis that closeness of peer group relationships was a critical factor in determining peer influence on substance abuse. This was examined using a panel study of the effects of peer approval and behaviour in relation to cigarette smoking, drinking and other drug use among Irish adolescents. A specific focus of the research was the different roles of 'best friend', 'good friends' and 'same age peers', in the establishment, maintenance and prediction of drug use. 'Good friends', as identified by the respondents, were found to be more influential than 'same age peers' in predicting drug use, but the person identified as 'best friend' was the most influential of all. It was also found that while 'good friends' were influential in terms of example and approval, in the respondent's initiation to drug misuse, the 'best friend' had a critical role in the maintenance of such behaviour.

**Morgan, M., & Grube, J. W. (1993). Lifestyle changes: a social psychological perspective with reference to cigarette smoking among adolescents. *The Irish Journal of Psychology*, 15 (1), 179-190.**

*smoking, prevention, young people*

This paper examined the implications of social-psychological influences on smoking behaviour for models of prevention. The main factors associated with initiation to and maintenance of smoking were examined, referring in particular to factors such as normative influences, expectations about consequences, and personality and social variables. Evidence for the effectiveness of prevention models was also outlined.

**Morgan, M., Doorley, P. M. H., & Joy, S. (1994). An evaluation of a smoking prevention programme with children from disadvantaged communities. *Irish Medical Times*, 87 (2), 56-57.**

*smoking, prevention, education, children, disadvantaged areas*

This paper reported on a study of the effects of a novel smoking prevention programme on children in primary schools in disadvantaged areas. Parental involvement and visits by health board personnel were features of the programme, and integration with other school subjects was included as well. Compared to matched control groups, the classes in which the programme was piloted showed fewer positive attitudes towards smoking and greater awareness of the dangerous

consequences of smoking. The results were considered in the context of approaches to prevention of smoking that included education and the restriction of access to cigarettes.

**Morgan, M., & Grube, J. W. (1994). *Drinking amongst post-primary school pupils* (164). Dublin: The Economic and Social Research Institute.**

*alcohol, young people*

Prior to publication of this paper, the main source of information on under-age drinking and other substance use in Ireland was a 1984 survey by the authors of this paper. One of the aims of the survey reported on in this paper was to find out what changes, if any, had occurred since the previous survey was conducted, in terms of the prevalence and pattern of drinking behaviour. A number of additional aspects of the factors associated with alcohol use were also addressed - in particular, access to, and location of, drinking. A sample of Californian high-school pupils was surveyed at the same time, thus providing an opportunity for cross-cultural comparisons.

**Morgan, M., Morrow, R., Sheehan, A. M., & Lillis, M. (1996). Prevention of substance misuse: Rationale and effectiveness of the programme 'On My Own Two Feet'. *Oideas (Journal of the Department of Education)*, 44, 5-25.**

*prevention, education, awareness, demand reduction*

A prevention programme 'On My Own Two Feet', developed by the Psychological Service of the Department of Education, in conjunction with the Health Promotion Unit of the Department of Health and the Mater Dei Institute, was examined and evaluated in the context of recent thinking on the prevention of substance misuse and the effectiveness of the programme. This report first discussed various approaches to changing behaviour in substance-use prevention programmes, including social skills, facts, scare tactics and decision-making models. Drawing on all these approaches, the 'On My Own Two Feet' programme had five components: identity and self-esteem, understanding influence, assertive communication, feelings, and decision making. The programme was evaluated through quasi-experimental research, using questionnaires administered to teachers and pupils in pilot and control schools. The findings of the evaluation suggested that, among other things, there were substantial and significant differences in assertiveness and self-esteem between the control and the pilot schools. The programme was found to have a significant effect on several key aspects of belief and attitude relevant to substance use, but the effects on behaviour were found to be much less. After drawing conclusions from the evaluation, recent developments in the programme were discussed and issues relating to the implementation of substance misuse prevention programmes in schools were put forward.

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**Morgan, M. (1997).** *Healthy schools project: Evaluation report.* Dublin: North Eastern Health Board.

*education, young people, prevention, North Eastern Health Board, legal drugs*

By 1997 the Healthy Schools project had been piloted in 29 second-level schools in the North Eastern Health Board area, involving 56% of the student population in the area. The project had a strong emphasis on life skills, and on enabling young people to take responsibility for their own health and behaviour. Legal and illegal drugs formed one topic covered by the programme. This evaluation of the programme was based on research collected from site visits by the evaluator, records of judgements by participants on training days and staff development, records of meetings of co-ordinators, records of meetings of school principals, a formal questionnaire to teachers and a formal questionnaire to pupils in intervention and control schools. The teacher questionnaire had a response rate of 97%, while the student survey yielded a 100% return rate. Section 3.2.5 of the report presented the findings of the evaluator in relation to attitudes towards substance misuse among the students surveyed. There was a statistically significant difference in attitudes, with students in the pilot group having less favourable attitudes to substance use than those in the control group.

**Morgan, M. (1998).** *The substance misuse prevention programme: A formative evaluation.* Dublin: Department of Education and Science.

*prevention, education*

This document presented an evaluation of the Substance Misuse Prevention Programme of the Department of Education and Science. It set the scene by outlining previous research on substance misuse in Ireland, and then explored educational approaches to substance abuse prevention and the conceptualisations of behavioural change on which they are based. The results of a survey of participating teachers were then discussed, and a generally positive picture of the programme emerged. Finally recommendations were made regarding ways in which the situation could be further improved.

**Morgan, M., Hibell, B., Andersson, B., Thoroddur, B., Kokkevi, A., & Narusk, A. (1999).** *The ESPAD study: Implications for prevention.* *Drugs: Education, prevention and policy*, 6 (2), 243-256.

*prevention, young people, Europe, European Schools Project on Alcohol and other Drugs (ESPAD)*

The European Schools Project on Alcohol and other Drugs (ESPAD) study collected data from over 50,000 16-year-olds in 26 European countries about substance use, beliefs, attitudes and risk factors. The present paper focused on



critical issues for the prevention of substance misuse based on the data from the ESPAD study. The authors suggested that this data indicated that an emphasis on risks and dangers may be a poor prevention strategy, since many young people do not believe in the dangers of certain types of substance abuse. They also stated that there was no evidence that potential restraining factors, such as involvement in athletics and leisure activities, acted to prevent people from experimenting with drugs. The authors further suggested that the data showed a misperception of norms, with people believing that use of alcohol and other drugs was more common than it actually was. They concluded that the ESPAD study had not gone far enough towards identifying a core set of universal influences that would act to determine substance misuse; in fact, they found the importance of cultural and contextual factors to have been underestimated, as was the importance of the specific substance involved.

**Mountjoy Prison Visiting Committee. (1995). *Annual report 1994*. Dublin: Mountjoy Prison Visiting Committee.**

*prison, crime, methadone therapy, heroin, treatment*

Chapter 3 of this document reported on the 'drug culture' in Mountjoy prison. At the time of publication, the committee estimated that there were 'about 130 hardened drug users' in the prison at any one time, representing 20% of the total prison population, as well as many more prisoners taking other, 'softer' drugs. In order to meet this demand for drugs, it was suggested that the prison must have developed its own illicit drugs distribution network. The committee criticised the policy of rapid withdrawal, which existed in the prison at the time. It also stated that the Medical Service in the prison must be criticised for not facilitating the continuation of a medically-indicated course of treatment, which the drug-using offender had adhered to outside Mountjoy prison. While it was not suggested that a methadone maintenance programme be introduced in the prison, it was recommended that the continuation of such a programme should be facilitated for those who had been participating in one before they entered prison. The committee also criticised the 'lumping together' of drug users with non-drug-users, as it believed this militated against a well-organised strategy on drug misuse in prison.

**Mountjoy Prison Visiting Committee. (1997). *Report to the Minister for Justice 1996*. Dublin: Mountjoy Prison Visiting Committee.**

*prison, treatment, support, crime, cannabis, heroin, alcohol, smoking*

The third section of this report examined the drug misuse situation in Mountjoy prison in Dublin. This report claimed that almost 90% of the prison's population had a history of using cannabis or similar drugs, and it estimated that almost 70% of prisoners had a history of heroin misuse. More than 35% of the prison population



were said to be regular heroin users, defined as those who use heroin once a week or more. Over the previous 15 years, the rise in the use of heroin and the number of heroin addicts in prison was said to have increased exorbitantly. The committee also found a high level of severe alcohol dependency among prisoners, and a smoking rate three times higher than that normally found in the population. A drug treatment unit was in operation in Mountjoy, but the committee recommended that drug treatment facilities be extended to support individuals after they left the programme, to enable them to remain drug free. In this regard, it was recommended that counselling and group work be offered to prisoners in the Training Unit coming off the drug treatment programme. The committee also recommended that serious consideration be given to the introduction of screened visits, to help reduce the flow of drugs into the prison.

**Mulcahy, F., Kelly, G., & Tynan, M. (1994). The natural history of HIV infection in women attending a sexually transmitted disease clinic in Dublin. *Genitourin Med*, 70 (2), 81-83.**

*AIDS, HIV, women, injecting*

The objective of this piece of research was to determine the progression rates to AIDS in women in Dublin. This was done by carrying out a retrospective analysis of 109 HIV-positive women who had presented to the Department of Genitourinary Medicine in St James's Hospital in Dublin. Of these, 101 were intravenous drug users, seven were heterosexual partners of intravenous drug users, and one had a heterosexual partner of no known risk group. Out of the sample of 109 women, 44 had become mothers (bearing 57 children between them) since they had first been tested for HIV. Progression rates to AIDS among these women were found to be higher than reported in studies of homosexual/bisexual men, but were similar to rates among male and female intravenous drug users.

**Mullen, K., Williams, R., & Hunt, K. (1996). Irish descent, religion, and alcohol and tobacco use. *Addiction*, 91 (2), 243-254.**

*smoking, alcohol*

This paper explored the common stereotype of the Irish as a 'hard-drinking, hard-living' group. The investigation was conducted in western Scotland, a traditional focus for Irish migration, and used one quantitative and one qualitative study. The authors claimed to have found little difference in drinking and smoking between Scots of Irish descent and other Scots. However, they did find significant differences in these behaviours according to religious affiliation in adulthood. Although the study did not confirm the stereotype of Irish Catholics as heavy drinkers and smokers, it was hypothesised that drinkers and smokers are differentially retained in membership by different religious affiliations, which may account for differences in reputation and in health-related behaviours.

**Mullen, L., & Barry, J. (1999).** *Needle exchange in the Eastern Health Board region: An analysis of first attenders 1990-1997.* Dublin: Eastern Health Board.

*injecting, needle exchange programmes, Eastern Health Board, risk behaviour, young people, demographics, harm reduction, HIV*

This study reported on data collected between 1990 and 1997 from the Eastern Health Board needle exchange programme, for a thesis submitted to Trinity College, Dublin, in 1998. This shorter report was compiled in 1999 and submitted for publication the same year. The researchers found an increase in the number of injecting drug users attending the programme between 1990 and 1997, and noted in particular an increase in the number of female participants in the latter years of the study. The number attending the needle exchange programme was also found to have increased, with a large proportion of injectors under the age of 20 years. The number of young males attending was found to reach a peak in 1995, after which it decreased; the number of young female attenders, however, had risen steadily over the years. The researchers found young injectors to be significantly more likely to use condoms than the overall population, and they found that needle sharing was significantly lower in recent-onset injectors, especially among those who had been injecting for less than a year. Female injectors were generally found to have significantly higher rates of needle sharing than their male counterparts. A significant relation was found to exist between high-risk behaviours of needle sharing and not using condoms. The high-risk behaviours seen at first attendance were found to decrease over the time period.

**Murphy, C. A. (1990).** *You're only goin' nowhere if you can't say no: Activity booklet.* Dublin: CSSC Drugs Awareness Programme.

*education, awareness*

This booklet formed an accompaniment to the video of the same name. Both were designed to highlight 'the positive side of life without drugs'. They were commissioned by the CSSC Drugs Awareness Programme (CSSC was the Social Services agency of the Dublin (Catholic) Diocese), and funded by Liam Brady on the occasion of his Testimonial Soccer Match in May 1990. The booklet contained activities for young people and adult groups, and information about the video and about running your own drug education programme.

**Murphy, M., Gaffney, K., Carey, O., Dooley, E., & Mulcahy, F. (1992).** *The impact of HIV disease on an Irish prison population. International Journal of STD and AIDS, 3, 426-429.*

*HIV, prison, injecting, AIDS*

HIV infection and AIDS have posed unprecedented problems for prison authorities around the world. The first known HIV-infected prisoner in an Irish

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prison was identified in 1985. Between January 1987 and January 1991, 168 known HIV-infected prisoners were incarcerated in Mountjoy prison in Dublin, a figure representing 16.6% of the total HIV-infected population in the Republic of Ireland over the same period. Of these, 84% attended St James's Hospital. They displayed considerable morbidity from HIV-related disease, mainly respiratory tract infection, although additional morbidity was directly due to intravenous drug use. A questionnaire was used to gather information on a representative sample of inmates. Of the 34 individuals studied, 29 were imprisoned for drug-related crimes, and 32 reported parenteral drug use within the prison. This study highlighted a number of important points relating to the burden of HIV disease on an Irish prison population.

**Murphy, T. (1996).** *Rethinking the war on drugs in Ireland.* Cork: Cork University Press.

*prohibition, legalisation, legislation, policy*

The author put forward an argument for the legalisation of drugs currently controlled by law. The 'war on drugs', in which drugs are regarded as a 'scourge' or 'menace' to society which must be stamped out, was analysed. The author came to the conclusion that it was based on a set of ideas which have never been adequately explored or reviewed. He argued that both political figures and the media tended to simplify and then magnify issues in the area, forming a single threatening entity, 'drugs', which must be fought against at all costs. This book examined historical perspectives on drug prohibition and their effectiveness, described drugs in terms of set and setting, and then as they related to issues of morality and criminal sanctions. Finally, the author examined the failure of prohibition, and put forward the case for legalisation.

**Murphy, C., Roe, B., Wall, K., & Butler, E. (1997).** *We did it! How to organise community-based prevention of drug misuse.* Dublin: Drugs Awareness Programme, Crosscare.

*community action, prevention, awareness, training, Crosscare*

This short document described an approach to community-based prevention of drug misuse, which used methodology based on the experience of projects in Belgium, Portugal, the United Kingdom and Ireland. The report was produced by the Crosscare Drug Awareness Programme, a non-government organisation founded by the social service agency of the Catholic diocese of Dublin and funded by the diocese, the Eastern Health Board and by fund-raising. The aim of the programme was to support, facilitate, train and empower communities to develop their own resources, so that they could play a central role in preventing and repairing the damaging effects of drug misuse. This document defined the various issues involved and gave step-by-step instructions for setting up a leadership group for drug

prevention in the community. It emphasised the need for training and for evaluation, and described methods for carrying these out. This was a practical manual, which accompanied the report Crosscare produced in 1997, entitled *Leadership training for drug prevention* (Murphy, 1997).

**Murphy, C. (1997). *Leadership training for drug prevention*. Dublin: Drugs Awareness Programme, Crosscare.**

*community action, prevention, Crosscare, training*

This report was produced by the Crosscare Drug Awareness Programme (CDAP), a non-government organisation founded by the social service agency of the Catholic diocese of Dublin and funded by the diocese, the Eastern Health Board and by fund-raising. The aim of the organisation was to support, facilitate, train and empower communities to develop their own resources so that they could play a central role in preventing and repairing the damaging effects of drug misuse. Between 1993 and 1997 CDAP developed a process for training residents in local communities as leaders in the prevention of drug misuse. This process was introduced in 12 communities in the Dublin area, and at the time of publishing seven of these were active, while the other five were in the early stages of development. Comparisons of these 12 communities were made in this report with other similar ones in Belfast, Northern Ireland; Eupen, Belgium; and Lisbon, Portugal. The report was accompanied by a manual entitled *We Did It!* (Murphy *et al.*, 1997), which provided practical instructions concerning the process of developing the leadership groups.

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**National Co-ordinating Committee on Drug Abuse. (1986). *First annual report.* Dublin: The Stationery Office.**

*education, AIDS, overprescribing, directory of services*

The National Co-ordinating Committee on Drug Abuse was established by the Minister for Health in March 1985, on the recommendation of the Special Governmental Task Force on Drug Abuse. The main topics of discussion and decisions made by the committee were presented in this report. These included the preparation of a directory of organisations concerned with substance abuse; the proposed register of addicts; and the proposed introduction of a life skills programme into the educational system. The report also covered relevant issues such as those of AIDS and drug abuse, and of irresponsible prescribing. Developments regarding the implementation of the recommendations made by the Special Governmental Task Force on Drug Abuse were also examined.

**National Co-ordinating Committee on Drug Abuse. (1991). *Government strategy to prevent drug misuse* (ISBN 1 873820 00 3). Dublin: The Department of Health.**

*policy, legislation, criminal justice, harm reduction, general practitioners*

In May 1990 the Minister for Health reconstituted and strengthened the National Co-ordinating Committee on Drug Abuse, originally established in 1985. This document summarised the recommendations of this reconstituted committee, and the recommendations of leading international bodies in the area of drug misuse. A summary of the main measures in the national strategy to prevent drug misuse and drug trafficking was also included in the document.

**National Consultative Committee on Health Promotion. (1997). *Report of the sub-committee on young people* (ISBN 0 86 387 056 2). Dublin: The Department of Health.**

*education, health promotion, prevention, young people, family, peer group*

This document was concerned with young people and health promotion activities. Issues facing young people in modern society were investigated, and

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already-existing health education and health promotion initiatives put in place by the Department of Health were discussed (a complete list of these was presented in the appendices to this report). The needs of young people were outlined and relevant priorities were set. Areas of concern included peer influences, sexual health, drugs, accidents, nutrition and exercise. Recommendations were made for future action.

**National Drugs Strategy Team. (1999). *Local drugs task forces: A local response to the drug problem*. Dublin: The Department of Tourism, Sport and Recreation.**

*Local Drugs Task Force, community, education, prevention, treatment, supply reduction*

The local drugs task forces were set up in 1997 to deal more effectively with the drug problems in areas experiencing the highest levels of drug misuse. They comprised a partnership between the statutory, voluntary and community sectors. At the time of publication of this report, there were 12 local drugs task forces in operation in Dublin, as well as one in Cork and one in Wicklow. This handbook outlined revised arrangements for the operation of these task forces, following a review carried out by the National Drugs Strategy Team. The key objectives of the task forces were to reduce the numbers of people turning to drugs, through education and prevention programmes; to provide appropriate treatment and aftercare for drug users; to establish mechanisms aimed at reducing the supply of illicit drugs at both local and national level; and to ensure an appropriate level of accurate and timely information was available for responding to the problem. This handbook described the roles of the various local drugs task force members - chairperson, statutory representatives, community/voluntary representatives, and elected representatives. The supports in place for the task forces, such as the co-ordinator employed by the health board, and other administrative staff, were outlined. Directions for updating area action plans were also laid out, as were those for monitoring, evaluating or mainstreaming local drugs task force projects.

**National Task Force on Suicide. (1996). *Interim report* (ISBN 0 7076 3707 4). Dublin: The Stationery Office.**

*suicide, overdose, alcohol, Cork, prescribed drugs*

The National Task Force on Suicide was established by the Minister for Health in November 1995 to address the growing number of reported suicides and parasuicides in Ireland. This interim report contained analysis of the rates of suicide and attempted suicide, and a preliminary examination of factors which might contribute to the incidence of suicide. Alcohol and drug dependency were identified as social factors of this type. In a study of 100 suicides in Cork, medicinal drugs were found to have been used by 32% of females and 13% of males, while 'chemical substances' had been used by 7% of females and 4% of males.

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**National Youth Council of Ireland. (1994). *Solvent abuse programme*. Dublin: National Youth Council of Ireland, Health Promotion Unit (Department of Health), and the Youth Affairs Section (Department of Education).**

*solvents, young people, prevention, training*

This booklet was produced for use by youth leaders, youth workers, instructors in community training workshops, training centres, youth-reach projects and formal education centres. It contained sections on programme planning, products abused, the risks involved in solvent abuse, and guidelines for the prevention of solvent abuse. Exercises designed to provide information and to explore issues in the area were also included.

**National Youth Federation. (1997). *Submission to the Task Force on measures to reduce the demand for drugs*. Dublin: National Youth Federation.**

*ecstasy, young people, education, harm reduction, treatment, reporting*

This document presented explanatory notes on the emergence of ecstasy within youth culture and a series of recommendations with regard to ecstasy from the National Youth Federation. These recommendations were presented to the Task Force on Measures to Reduce the Demand for Drugs, and were initially obtained from the proceedings of a two-day conference on *Ecstasy and Young People*, organised by the National Youth Federation in June 1996. The first recommendation related to the need for additional research about ecstasy, given the perceived increase in its availability in Ireland. It was proposed that data be gathered about levels of ecstasy use, the frequency of use, a profile of the typical user, links to other drug use. The submission also recommended that ecstasy be included in national educational and information awareness programmes, emphasising harm reduction measures and taking international experiences of the drug into account. It was also suggested that the Department of Health undertake an evaluation of existing treatment and service provision for ecstasy users. In the event of a drug-related death occurring, the authors of the report stated that the contribution of ecstasy should be officially recorded.

**North Eastern Health Board. (1998). *Adolescent drug use in the North Eastern Health Board 1997*. Navan: North Eastern Health Board.**

*North Eastern Health Board, young people, smoking, alcohol, solvents, cannabis, peer group, family, education, health promotion, harm reduction, community action*

This report presented the findings of both quantitative and qualitative research into adolescent drug misuse in the North Eastern Health Board area. A confidential

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quantitative questionnaire was randomly administered to 1,516 adolescents, aged between 13 and 19 years, from 21 schools in the four counties of the North Eastern Health Board area. The results of the research showed high smoking and alcohol rates, especially when compared to national figures. Regular smoking prevalence rates were substantially higher in the Board's area compared to 1993 national rates for both male and female adolescents. Regular consumption of alcohol (i.e. one or more drinks per week) varied from 26% at age 13 years, to 81% at age 17 years and 57% overall. In relation to illicit drug use, more than 92% of adolescents in the study claimed that they had never used drugs. Where substances had been misused, solvents and cannabis were the most common. Qualitative research was also carried out. Focus groups were held, including young people of both sexes, aged between 13 and 19 years, from a variety of social, geographical, and educational backgrounds. Seven in-depth interviews were conducted with young people who were still abusing or had abused drugs in the past. The study found that the most commonly-cited reasons for drug use were boredom, personal problems almost always involving family problems, experimentation, enjoyment and sociability, and peer influence. Principal barriers to initial use were identified as fear and parents (including concepts of guilt, shame, and 'letting them down'). Positive peer association was also found to act as a barrier to initial use. Recommendations were sought from young drug users or ex-users on the expansion and improvement of drug education and health promotion initiatives. Proposals included the provision of more amenities for young people, for example drop-in social centres run by young people under the mentorship of adults, and the involvement of young people in advertising health promotion schemes. It was also recommended that a holistic approach to drugs education in primary school be devised, and that harm reduction measures be promoted. Respondents were generally found to be of the opinion that alcohol abuse was a bigger problem than drug abuse, and that it should be addressed more urgently.

**North West Inter-agency Drug Group. (1999). *Annual report 1998*.  
Donegal: Health Promotion Department, North Western Health Board.**

*community, crime, education, treatment, young people, awareness, family, Donegal,  
North Western Health Board*

The North West Inter-agency Drug Group was set up in 1995 to co-ordinate the area's response to issues around drugs and drug misuse. This short report summarised the activities of the group during 1998. These included cross-border work, awareness-raising activities such as information sessions and the Gardaí Youth Achievement Award, school programmes, youth work, parenting programmes, an employee assistance programme, commissioning research projects and providing treatment services. The report also contained a section on drug seizures, prosecutions and treatment figures for 1998.



**Nourse, C. B., Conlon, T., Hayes, E., Kaminski, G., Griffin, E., Hillary, I., & Butler, K. M. (1998). Mother-to-child transmission of human immunodeficiency virus (HIV) in Ireland: A prospective study. *Irish Journal of Medical Science*, 167 (3), 145-148.**

*HIV, pregnancy, women, children, injecting*

This research study was initiated after symptomatic HIV infection was first diagnosed in an Irish child in 1985. It set out to determine the vertical transmission rate of HIV and the average age of infant seroreversion, and to monitor clinical, immunologic and virologic evidence for HIV infection in seroreverters. From 1985 until March 1997, 93 HIV-positive babies were prospectively identified. The predominant underlying maternal risk factor for HIV infection was intravenous drug use - it was found in 96% of cases. Of these babies, the median gestational age was 40 weeks and the median birth weight was 3125 g. Seventy-seven per cent of infants were found to be uninfected, 13% were infected, 4.5% were indeterminate and 5.5% were lost to follow-up. The intermediate estimate of vertical transmission rate was 14.3%. The authors suggested that HIV infection in children could be reduced using strategies to reduce the transmission of HIV among drug users, together with routine antenatal screening and antiretroviral prophylaxis of vertical transmission.



**O'Brien, M., & Moran, R. (1997). *Overview of drug issues in Ireland: A resource document* (ISBN 0 9517193 4 3). Dublin: Drug Misuse Research Division, The Health Research Board.**

*legislation, policy, reporting, demand reduction, education, community*

This report presented a general overview of the situation in Ireland with regard to various aspects of drug misuse. The term 'drug misuse' was defined as 'the taking of a legal and/or illegal drug which harms the physical, mental, or social well-being of the individual, the group or society' (p. xii). Part one of the report focused on policy approaches to drugs in Ireland, covering legislation and structures for implementation. Part two presented a summary of drugs monitoring systems and sources of information on drugs in Ireland. Part three summarised measures put in place at various levels to reduce the demand for drugs, and outlined specific intervention programmes and initiatives, such as school, community and outreach projects.

**O'Brien, O., & Tierney, L. (1998).** *The Irish dimension to drug use and HIV in Britain. Journal of Drug Issues, 28 (1), 167-184.*

*HIV, AIDS, risk behaviour, emigration*

Irish drug users, who had migrated to Britain, were the subjects of this paper. It explored the background of drug use in Ireland, the link to HIV/AIDS, and the impact these had had on Irish drug users living in Britain. The main finding of the research was that a number of changes in relation to drug use occurred as a result of migration. These were both harm reducing and harm increasing, but the authors found that a majority of respondents self-reported harm-increasing changes in drug use, especially in relation to HIV infection. While it was found that Irish immigrants had access to close networks of friends and relatives in Britain, there was evidence that they were reluctant to approach services. When they did so, they were prepared to travel long distances to go to services known to work with their community. The findings of the research showed Irish drug-using immigrants to be a highly vulnerable group.

**O'Connell, D., & Heffron, J. J. A. (2000).** *Rapid analysis of illicit drugs by mass spectrometry: Results from seizures in Ireland. Analyst, 125, 119-121.*

*testing, ecstasy, cocaine, amphetamines*

The authors described a gas chromatographic procedure with mass spectrometric detection, which they had developed in order to analyse the contents of ecstasy tablets seized in Ireland. They found their procedure to be rapid, with good sensitivity and reproducibility. When tablets classed as 'ecstasy' were tested, the researchers found that the amount of MDMA in them varied from 'not detectable' to 180 mg per tablet. Other compounds were also found in the tablets, including caffeine, amphetamine, MDEA, ephedrine/pseudoephedrine and a relatively new designer drug N-Methyl-1-phenylethylamine (N-MePEA). The last was found in around one third of the Irish seizures referred to the researchers; its pharmacological effects were largely unknown, as, at the time of the study, no studies had been conducted on the drug. The authors found the logos on tablets to be unreliable indicators of their composition, as tablets with the same logo were found to have very variable amounts of the same active compounds.

**O'Connor, J. J., Stafford-Johnson, S., Kelly, M., & Byers, G. (1986).** *Attendance for drug misuse to Dublin accident and emergency departments. Irish Medical Journal, 79 (11).*

*opiates, Dublin, prescribed drugs*

Attendances at 13 casualty departments in the greater Dublin area were analysed for a one-month period during September 1985. The aim was to examine the

incidence of drug misusers presenting to casualty departments, and to establish if the characteristics of those attending elsewhere were similar to those at the Drug Advisory and Treatment Centre. The researchers found that the patients in the study were older than those attending the Drug Centre, and that only a small proportion of those identified as drug dependent by casualty departments were known to the Drug Centre. Opiates were the major drugs of abuse, but misuse of prescribed medication was also found.

**O'Connor, J. J., Moloney, E., Travers, R., & Campbell, A. (1988). Buprenorphine abuse among opiate addicts. *British Journal of Addiction*, 83, 1085-1087.**

*opiates, heroin, treatment, Dublin*

Buprenorphine, an analgesic, was first introduced to Ireland in 1980, and the first case of its abuse presented to the National Drug Advisory and Treatment Centre in 1986. This article presented the results of a retrospective study of all opiate addicts first presenting at the Drug Centre between 1 September 1986 and 31 August 1987, relying on self-reporting by addicts of drugs abused. The research showed an increasing level of buprenorphine abuse among Dublin's opiate addicts. The authors claimed that buprenorphine was being used by opiate users to prevent withdrawal symptoms when heroin was unavailable, and that the decreased street availability of heroin may have been a reason for the dramatic increase in its use.

**O'Connor, J. J., Stafford-Johnson, S., & Kelly, M. G. (1988). A review of the characteristics and treatment progress of 45 pregnant opiate addicts attending the Irish National Drug Advisory and Treatment Centre over a two-year period. *Irish Journal of Medical Science*, 157 (5), 146-149.**

*women, pregnancy, opiates*

The emergence of maternal drug addiction in Ireland was a relatively recent phenomenon at the time of publication of this paper, and the lack of an appropriate regime to deal with it was perceived. The establishment of a special programme at the National Drug Advisory and Treatment Centre was initiated as a response to this problem in 1984. Between 1 June 1984 and 31 May 1986, all pregnant opiate addicts attending the Drug Centre were asked to take part in this study. A questionnaire was formulated to gather standardised information on psycho-social characteristics and relevant medical data.

**O'Connor, J. J., & Stafford-Johnson, S. (1990). The abuse of prescribed medication. *Irish Doctor* (15 March), 217-221.**

*prescribed drugs, methadone, heroin, amphetamines, treatment*

The prevalence and management of prescribed drug misuse was outlined in this article and patterns of presentation were related to availability and the misuser's

profile. With this brief outline of the abuse of prescribed medication, the authors aimed to heighten awareness of the abuse potential of certain drugs. They also aimed to increase awareness, so that patients in the earlier stages of dependency would be recognised more quickly and referred for treatment. The authors stated that misuse of diconal seemed to be unique to Ireland, and that methadone seemed to be replacing heroin here as a problem drug among misusers. They concluded that early recognition and intervention were good ways of achieving successful treatment outcomes.

**O'Connor, J. J. (1991). The threat of crack. *Journal of the Irish Colleges of Physicians and Surgeons*, 20 (1).**

*cocaine, heroin*

This paper presented a discussion of the potential hazards associated with an increase in cocaine abuse observed at the National Drug Treatment Centre. The author concluded that the trend was worrying, as it showed similarities to the pattern of heroin misuse in the 1970s, which he perceived had quickly developed into 'an epidemic'.

**O'Fathaigh, M. (1990). *Smoking, drinking and other drug use among Cork city post-primary school pupils*. Cork: Cork Youth Federation - University College Cork Joint Research Project.**

*Cork, young people, peer group, smoking, alcohol, cannabis, inhalants, prevention, education, community*

This research was conducted jointly by the Cork Youth Federation and University College, Cork. Data were collected from 787 pupils aged 15 to 17 years, in 14 randomly-selected post-primary institutions: seven secondary schools, four community or comprehensive schools, and three vocational schools. The sample comprised 54% males and 46% females. It was found that over two thirds of the sample had ever smoked a cigarette and that 25% were regular smokers, with peer group influence being perceived as an important factor in being introduced to smoking. Seventy-eight per cent of respondents had ever had a whole alcoholic drink on at least one occasion, and 51% could be classified as regular drinkers. Again, most of the respondents said they took their first drink in the company of friends, with beer being the most popular drink. One fifth of those surveyed were found to have tried drugs other than alcohol and tobacco, the most popular of which were cannabis and inhalants, and 6% claimed to have a regular source of drugs. The author concluded that there was a need for a comprehensive set of primary preventative-educational programmes, using school and community resources, and operating at both local and national levels.

**O’Gorman, A. (1998). Illicit drug use in Ireland: An overview of the problem. *Journal of Drug Issues*, 28 (1), 155-166.**

*Dublin, inner city, unemployment, disadvantaged areas, policy, community, opiates, benzodiazepines, cannabis, ecstasy*

This paper looked at the development of problematic illicit drug use and the responses of policy makers and local communities. It drew on existing research and on the initial results from a study of the environmental aspects of problematic drug use. The author stated that such drug use, and in particular the misuse of opiates, had been identified as a major social problem in Ireland. It was found to be concentrated in Dublin’s inner city areas and outer estates where poverty, multi-generational unemployment, high population density and poor facilities were the norm. The author suggested that policy responses to the issue tended to focus mainly on the medical treatment of the individual, rather than on wider social and economic factors.

**O’Gorman, A. (1999). *No room for complacency: Families, communities and HIV* (ISBN 0 9536304 0 4). Dublin: Cáirde.**

*HIV, AIDS, risk behaviour, social exclusion, community, support, family, policy, prevention*

This was a research study, commissioned by Cáirde and funded jointly by Cáirde, the Eastern Health Board and the Combat Poverty Agency, about the effects of HIV, not only on the sufferer but also on his/her family, including parents, partners, children, siblings. The aims of the study were to assess the needs of the HIV-positive individuals and their families, to examine responses to the diagnosis and coping mechanisms, and to use people’s experiences to inform policy making and practice. Qualitative research was used, in the form of semi-structured in-depth interviews with the individuals and their families, and ‘information interviews’ with personnel from statutory and voluntary service providers in the field of HIV/AIDS. Secondary data on risk behaviours, social exclusion and policy issues were collected to contextualise the interviews, and a policy seminar was held for families and personnel from HIV/AIDS services to discuss important themes and issues. Nineteen families took part in the research, with a total of 26 adults and seven children diagnosed as HIV-positive, and a further 29 adults and 54 children who were indirectly affected by HIV/AIDS.

**O’Hare, A., & O’Brien, M. (1992). *Treated drug misuse in the Greater Dublin area 1990* (ISBN 0 9517193 3 5). Dublin: The Health Research Board.**

*Dublin, treatment, unemployment, opiates, heroin, injecting, risk behaviour, demographics, reporting*

This report was based on data from the Drug Treatment Reporting System. The reporting system collected information on clients who presented to services for the

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treatment of problem drug use. This report provided data on contact details, socio-demographic information, problem drug use and risk behaviour for people who received treatment for their problem drug taking in 1990. The authors estimated that 1,752 people received treatment for drug use in 1990, 574 for the first time. The majority of these were male, aged between 15 and 39 years, and unemployed. In most cases, an opiate was the primary drug of misuse, mainly heroin, with the majority injecting their primary drug.

**O'Hare, A. (1992).** *A multi-city study of drug misuse - 1990 update of data for Dublin city report.* **Strasbourg: The Council of Europe.**

*Dublin, policy, criminal justice, treatment, health status, crime, demographics, reporting*

This short report contained an update of the information published in the 'Multi-city study of drug misuse' in 1987 for the Greater Dublin area. The report included descriptive sections about the demographic features of the population, the history of drug misuse, the legal and control systems, the treatment facilities for drug misusers and the components of a drug monitoring and reporting system. The strengths and weaknesses of the various drug misuse indicators used in Dublin, and the relationships between them, were also discussed.

**O'Hare, A., & O'Brien, M. (1993).** *Treated drug misuse in the Greater Dublin area, 1991.* **Dublin: The Health Research Board.**

*Dublin, treatment, unemployment, opiates, heroin, injecting, risk behaviour, demographics, reporting*

This report was based on data from the Drug Treatment Reporting System, which collects information on clients who present to services for treatment for problem drug use. It provided data for 1991 on contact details, socio-demographic information, problem drug use and risk behaviour in the Greater Dublin area.

**O'Higgins, K., & O'Brien, M. (1994).** *Treated drug misuse in the Greater Dublin area, 1992/3.* **Dublin: The Health Research Board.**

*Dublin, treatment, unemployment, opiates, heroin, injecting, risk behaviour, demographics, reporting*

This report was based on data from the Drug Treatment Reporting System, which collects information on clients who present to services for treatment for problem drug use. It provided data for 1992/3 on contact details, socio-demographic information, problem drug use and risk behaviour in the Greater Dublin area.

**O'Higgins, K., & Duff, P. (1997).** *Treated drug misuse in Ireland. First National Report.* Dublin: The Health Research Board.

*Dublin, treatment, unemployment, opiates, heroin, injecting, demographics, reporting*

This report was based on data from the Drug Treatment Reporting System, which collects information on clients who present to services for treatment for problem drug use. The report provided data on contact details, socio-demographic information, problem drug use and risk behaviour in the Greater Dublin area. From 1995 the data were collected at national level.

**O'Higgins, K. (1998).** *Review of literature and policy on the links between poverty and drug abuse.* Dublin: The Economic and Social Research Institute and The Combat Poverty Agency.

*policy, social deprivation, social exclusion, unemployment, homelessness, educational disadvantage, opiates, Dublin*

This review was commissioned by the Combat Poverty Agency, to explore the perceived link between poverty and drug misuse in the literature, and to examine the policy response to those links. For the purposes of the review, the term 'drug abuse' was defined as the 'abuse of illicit drugs'. The review presented a commentary on concepts of social deprivation relevant to drug use, such as poverty, social exclusion, unemployment, alienation, fatalism, powerlessness and homelessness. The literature search found that no national population studies had been carried out in Ireland and that they were rare elsewhere. It also found that no national estimation studies had been completed in Ireland and that there were relatively few elsewhere. Only one prevalence estimation study had been done in Dublin; Comiskey found that the highest level of opiate use arose in areas in Dublin regarded as deprived. In the reports produced by the Health Research Board on treated drug misuse, the author of the present review stated that findings consistently showed that the majority of those being treated for drug misuse had high unemployment and poor education levels. She suggested, therefore, that poverty predisposed young people to a different and more risky style of drug use than their more affluent peers and emphasised the importance of the 'setting' in examining the individual's drug-abusing behaviour. In reviewing the policy response to drug abuse, the author stated that the links between poverty and deprivation and drug abuse had largely been ignored by policy makers, contrary to the evidence provided in research and by voluntary bodies and community workers.

**O'Kelly, F. D., Bury, G., Cullen, B., & Dean, G. (1988).** *The rise and fall of heroin use in an inner city area in Dublin.* *Irish Journal of Medical Science*, 157 (2), 35-37.

*inner city, Dublin, heroin, demographics*

This study examined the extent of heroin use in a Dublin south inner-city electoral ward, during the period 1979 to 1985. There were 82 completed question-

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naires out of a possible total of 103, giving a response rate of 80%. Each of the 82 respondents had a fixed address in the area during the period, and all of them had a history of heroin use, which was validated through medical records. The extent of heroin use in the area was greatest in the 1977/81 period, and the researchers found that it was particularly marked in the under-25 age groups, especially among males aged 15 to 19 years. However, the authors found that, since 1981, there had been a marked decline in heroin use in the area.

**O'Kelly, F. D., & Bury, G. (1996). An analysis of the effects of HIV infection in a cohort of intravenous drug users. *Irish Medical Journal*, 89 (3), 112-114.**

*inner city, Dublin, heroin, injecting, HIV, health consequences, social deprivation*

The researchers stated that Dublin's deprived inner-city areas had had a serious problem with intravenous drug use since the late 1970s. In this study, a cohort of all known intravenous drug users (IVDUs) in one inner-city electoral area was identified for further investigation. The group had first been identified in 1985, before HIV testing had been introduced, and the authors found that the prevalence of the infection and its consequences had risen since then. They found that by 1994, 80% of the group were known to have had a HIV test, and 65% of these were seropositive. Twenty-six per cent of the group, almost all from the seropositive group, died, and 44% continued to inject heroin during 1994.

**O'Mahony, P., & Gilmore, T. (1982). *Drug abusers in the Dublin committal prisons: A survey*. Dublin: The Stationery Office.**

*Dublin, prison, treatment*

This was a joint research project by the Probation and Welfare and Psychological Services of the Department of Justice. The Mountjoy Prison Liaison Group had identified the need for information on persons committed to custody, who had been abusing drugs. In May 1981 a sample of 34 offenders from the three Dublin committal prisons - Mountjoy Male and Female Prisons and St Patrick's Institution - were interviewed. To give some indication of trends in the number of drug abusers being committed to prison, a comparison was made between numbers of people involved in this survey and the corresponding numbers in the three committal prisons one year later. The numbers denoted a considerable upward trend.

**O'Mahony, P. (1984). A survey of drug abusers in Irish prisons. *Council of Europe Prison Information Bulletin* (3), 11-14.**

*prison, opiates, heroin, barbiturates, LSD, demographics, crime, unemployment, social deprivation, educational disadvantage, young people, family, peer group, treatment*

This article reported on research, carried out by the author and Thomas Gilmore, on all traceable addicts in Dublin's male and female committal prisons and in its



male juvenile detention centre in 1981. In all, 39 serious drug misusers were traced - 6.5% of the total population in the prisons at that time. Of these, 34 agreed to be interviewed for the purposes of the study. Of this group, there were 23 daily users of heroin, 5 daily users of other narcotic analgesics, 1 barbiturate addict and 5 regular users of LSD. Their average age was 22 years, and the majority had criminal convictions that pre-dated their drug addiction. The research revealed, in most cases, backgrounds of severe social, economic and educational disadvantage, along with almost inevitable parental neglect. Less than one third of the group had experienced continuous full-time employment for longer than one year. Drug use was mainly restricted to opiates, with heroin being the drug of choice in most cases. The author suggested that fashion, conformity and peer pressure played crucial roles in the rapid spread of heroin use. He stated that, in his view, prison was not the most appropriate environment for treating drug misusers, since an important requirement for treatment was that the individual be in a position to make a real choice about whether or not to use drugs.

**O'Mahony, P., & Smith, E. (1984). Some personality characteristics of imprisoned heroin addicts. *Drug and Alcohol Dependence, 13, 255-265.***

*heroin, prison, crime*

This paper presented findings from research concerned with personality factors and addiction. Four personality measures were examined - level of self-esteem, perceived locus of control, tending to self-deception, and tending to project a flattering self-image. A group of 20 imprisoned heroin addicts was compared with a group of non-addict fellow prisoners and a group of normal controls. Those misusing drugs were found to be significantly lower in self-esteem and less likely to project a flattering self-image than the control group. However, they were similar to the non-drug-using prisoners on all the psychological measures, and this was also found to be the case in terms of socio-economic indices and criminal history.

**O'Mahony, P. (1987). *Drug abusers in Mountjoy prison: Five years on.* Dublin: Department of Justice.**

*prison, opiates, heroin, injecting, crime*

This report presented the findings of a survey of drug-misusing offenders in Mountjoy prison, conducted in July 1986. One in every five offenders in the prison was randomly selected to take part in the survey, yielding a total of 110 men. In all, 95 people agreed to take part in the study, and 29 of these were found to have a history of serious drug abuse. This proportion of drug users represented an almost six-fold increase in the number of serious drug misusers in the prison since a similar survey carried out by the author five years previously. Opiates were found to be the main drugs of misuse, usually heroin or dicanol, which were injected in most cases.

The mean age of the drug-misusing prisoners was 25 years, and the average duration of drug use for daily users of opiates was 7.1 years. Only about 20% of the group were sentenced specifically for drug-related offences; most were serving sentences for different forms of theft. Slightly more than one in five of the subjects were found to have been successfully and stably 'drug free' for at least one year prior to their current imprisonment, although this finding did not seem to be strongly related to formal therapy for drug abuse.

**O'Mahony, P. (1989). An investigation on attitudes and information on AIDS. *The Irish Journal of Psychology*, 10 (1), 21-38.**

*AIDS, risk behaviour*

The first aim of this study was to describe and compare the level of information about AIDS held by four categories of people: prison officer recruits (n=25), young offenders (n=43), university students (n=21) and drug abusers attending a drop-in centre (n=22). The second aim was to measure the tendency to deny the personal relevance of AIDS and the tendency to stigmatise carriers of the AIDS virus by members in the same four categories. The data were collected by means of a questionnaire, which the author concluded was a useful research tool for measuring the extent of information and misinformation on AIDS. The questionnaire was designed to measure information levels on AIDS, defensive attitudes about AIDS, social rejection of AIDS carriers and sufferers, and understanding of AIDS-related vocabulary. The level of knowledge among the groups investigated was found to be 'encouragingly high', and related to this, denial of personal relevance of AIDS and defensive attitudes were found to be very low or non-existent among most. Socially-rejecting attitudes towards AIDS victims were most common among offenders; the researcher associated this with their low level of information on the subject. A considerable minority of the subjects were also found to have a serious lack of knowledge about the role of sex in the spread of AIDS.

**O'Mahony, P. (1990). Abstinence in treated and untreated opiate abusers: A study of a prison sample. *Irish Journal of Psychological Medicine*, 7 (2), 121-123.**

*heroin, prison, treatment, detoxification, opiates*

This paper highlighted the importance of questions relating to the natural history of opiate addiction in the evaluation of addiction treatment programmes. Out of a systematic sample of 95 Mountjoy prisoners, 24 were found to have been daily users of opiates. Half of these had been abstinent before entering prison for a mean of 17.5 months. The author found, however, that 11 of the total 24 subjects and seven of 12 abstinent prisoners had not been exposed to any treatment other than detoxification. The author suggested these results indicated the need for further investigation into the benefits of treatment programmes and whether they dealt with

addicts who were significantly different from the addicts who avoided treatment. He also suggested the need for research into the so-called spontaneous remission, to identify and describe the personal factors which act to promote or inhibit self-controlled abstinence from drugs.

**O'Mahony, P., & Barry, M. (1992). HIV risk of transmission behaviour amongst HIV infected prisoners and its correlates. *British Journal of Addiction*, 87 (11), 1555-1560.**

*HIV, prison, opiates, risk behaviour*

This paper presented results from a survey in which 38 from a total of 42 known HIV-positive prisoners in the Irish prison system voluntarily co-operated. The survey investigated psychological attitudes, knowledge of risk behaviour, intentions with respect to future risk behaviour, and actual past risk behaviour. A sizeable proportion of the HIV-positive prison population was found to have or to have previously had a serious drug habit - 25% of the HIV-positive prisoners surveyed had been daily users of opiates. Of the group, 65% said that they had exposed others to the risk of HIV since they had become aware of their own status as HIVpositive. Only 16% said that they would definitely not share their drug-taking equipment in the future, and only 32% said that they would always use a condom. While the author did not find any differences in knowledge of risk behaviour between those who had put others at risk and those who had not, he suggested that there was some evidence for considerable independence between risk-taking behaviour in the sexual and drug taking domains; risk-taking in one area was not found to be highly predictive of risk-taking in the other.

**O'Mahony, P. (1996). Fix and quick fix: The illicit drug crisis. In *Criminal chaos: Seven crises in Irish criminal justice* (pp. 41-86) (ISBN 1 899738 40 1). Dublin: Round Hall.**

*crime, criminal justice, treatment, prison, policy,*

The author explored the issue of drug-related crime in this paper, and attempted to establish the facts. He had documented the coverage of drug-related crimes in the newspapers during February 1995. He suggested that this highlighted the various levels on which drug-related crime was committed, from those involved in organised crime to individual addicts engaging in theft to feed their habits. He described the sociological, psychological and biological dimensions of drug-related crime, and explored the societal and social policy implications of what was known about these types of crimes. The author highlighted the dilemma of the criminal justice system in relation to drug users, and debated whether drug users should be seen as victims of their circumstances and in need of treatment, or as criminals who should be

punished for their actions. He argued that the Department of Justice had adhered to the idea that penal objectives took precedence in the prison system. While the author recognised that this may need to be the case, he criticised the absence of adequate treatment services within the system and the drugs culture permeating the prison setting.

**O'Mahony, P. (1997).** *Mountjoy prisoners. A sociological and criminological profile.* Dublin: The Stationery Office.

*prison, crime, demographics, health status*

A representative profile of the daily average population of Mountjoy prison was presented in this study. A similar survey of Mountjoy prisoners undertaken 10 years earlier was replicated, in order to investigate whether any changes had occurred. The study was undertaken in light of the overall increase since 1991 in the number of people being sent to prison, and in light of the higher numbers of drug-addicted people being committed to prison. The study took place in Mountjoy, Ireland's largest prison, in May and June 1996. It explored demographic and social background information on the prisoners, their criminal and penal histories, drug-related experiences and drug-related health problems, and their experiences of, and views on, prison life and the prison regime.

**O'Mahony, P. (2000).** *Independent evaluation of the Inter-Agency Drugs Project (Dublin).* Copenhagen: World Health Organisation.

*Dublin, Local Drugs Task Force, community, inner city, community action, opiates, treatment, prevention, Inter-Agency Drugs Project*

This report was produced by the author as part of the World Health Organisation's Multi-City Action Programme on Drugs. It presented an evaluation of the Inter-Agency Drugs Project (IADP) in Dublin, a community initiative in an inner-city area with a long-standing opiate drugs problem. It was a two-year pilot programme aimed at dealing with drug misuse in the local area, from primary prevention to supply control, with an explicitly inter-sectoral approach. The author found that the project impacted at local level and contributed to a much-improved climate on the streets and estates, with a significant improvement, for example, in the provision of treatment and rehabilitation services for drug users over the two-year period. He stated that 'the IADP clearly demonstrated the invaluable benefits of inter-sectoral co-operation, multi-agency collaboration, and especially community consultation in all areas of its operation and at all levels of intervention'. However, he concluded that the project benefited from the facilitative political and social climate at the time, and that it was not itself instrumental in establishing many permanent and inter-sectoral structures and relationships. The author expressed concern about the 'premature assimilation of the IADP into the structure of the

North Inner City Local Drugs Task Force', as he believed this could dilute local community influence, even though it meant the work of the project could continue.

**O'Neill, M., O'Connor, A.-M., & O'Sullivan, P. (1999). *Drug using women working in prostitution*. Dublin: The Women's Health Project, Eastern Health Board and European Intervention Project, AIDS Prevention for Prostitutes.**

*Eastern Health Board, Dublin, women, injecting, opiates, heroin, methadone, cocaine, ecstasy, homelessness, health status, risk behaviour*

This report was compiled by the Women's Health Project of the Eastern Health Board, with the assistance of the European Intervention Project 'AIDS Prevention for Prostitutes', which was supported by the EU DGV under its programme 'Europe against AIDS'. The Women's Health Project was established in 1991 in response to a perceived need to target HIV prevention at women working in prostitution. It was estimated that there were around 400 female intravenous drug users involved in prostitution in Dublin, and the Women's Health Project had had contact with 260 of them. This study reported on interviews carried out with 77 drug-using women involved in prostitution. The drugs used by these women were mainly opiates, particularly heroin and methadone, but cocaine and ecstasy were also used. Eighty-three per cent said that they had injected drugs in the previous month. Female intravenous drug users working in prostitution tended to be younger, working primarily to feed their habit, and they were found to have the least favourable health-risk profile when compared with all women working in prostitution. The authors stated that it was often more difficult to attract female drug users to health services, even though they were possibly the ones most in need of the services provided. This study also found significant levels of homelessness among the women interviewed.

**O'Reilly, O. (1998). *The health of the South East - 1997 report of the Director of Public Health*. Kilkenny: Department of Public Health, South Eastern Health Board.**

*South Eastern Health Board, Waterford, health status, demographics, young people, hepatitis C, prevention, awareness, treatment*

This report concerned the health status of the population of the South Eastern Health Board area. It included information on the demographic profile of the area, existing health inequalities, women's health, environmental health, and specific types of disease such as cardiovascular, cancer and communicable diseases. Chapter 8 presented a review of recommendations made in 1996 for health and social gain; this included a section on substance misuse, containing information about the extent of drug misuse in the South Eastern Health Board area. The section also presented the findings of a study on substance abuse among children aged 15 to 17 years

attending schools and youth centres in Waterford city and county, and details of drug-related initiatives in the region. The latter included treatment and preventative services, for example, counselling services, a drug helpline based in Waterford, and drug awareness training for teachers and health workers.

**O'Sullivan, C., & Roche, D. (1998). *The level of illegal drug use in Bray 1998*. Bray: The Bray Partnership.**

*Bray, opiates, community, disadvantaged areas, social exclusion, heroin, area partnership*

This report was commissioned by the Bray Partnership, one of 38 local development companies established under the Operational Programme for Local, Urban and Rural Development in areas experiencing extreme disadvantage. The purpose of the partnership was to deal with issues of unemployment and social exclusion, concentrating in particular on marginalised groups such as travellers, people with disabilities, disadvantaged women and the long-term unemployed. The Bray Partnership took part in the Bray Drugs Working Group, and commissioned this report in response to concerns about increasing drug use in the area. The aims of the research were to quantify as far as possible the extent of drug misuse in Bray, to determine if there was a need for more drug services in the area, to document existing drug services in Bray and to document any specific qualitative service issues found in the course of the research. Figures compiled in the research mainly related to opiate use. The researchers stated that, of the 23 treated drug misusers found by the Health Research Board in the Bray area, 20 were treated for heroin use.

## P

**PA Consulting Group. (1998). *Evaluation of the Drugs Initiative*. Dublin: PA Consulting Group for the Department of Tourism, Sport and Recreation.**

*community, Local Drugs Task Force, community action*

This external evaluation of the Drugs Initiative was commissioned in June 1998 by the Department of Tourism, Sport and Recreation, to establish whether the Initiative had achieved its objectives and to determine what worked and what might have been done differently. The evaluation examined the effectiveness of the structures used, i.e., National Drugs Strategy Team (NDST), Local Drugs Task Forces (LDTFs) and the relationships between them, assessed the effectiveness of some of the projects,

and looked at how the Drugs Initiative had fitted in with other initiatives in relation to drug misuse. It found that the LDTFs had achieved a number of significant successes since they were established, and suggested that there was strong justification for allowing them to continue to operate in the medium term. They were found to have provided a way for local communities to work on a partnership basis with the statutory sector in tackling local drug problems. The LDTFs were also found to have improved the level of co-operation and co-ordination between the services delivered by statutory and community/voluntary agencies, and between local communities and statutory agencies such as the Gardaí, health boards and local authorities. Projects underway were also found to be successful, showing evidence that a community-based response to the drug problem could be very effective.

**Pugh, J. (1995). Groupwork with HIV positive drug misusers in prison. *Irish Journal of Psychological Medicine*, 12 (1), 12-16.**

*HIV, AIDS, risk behaviour, prison, opiates, heroin, probation, treatment*

This paper presented an assessment of a groupwork programme, carried out by the Probation and Welfare Service with HIV-positive drug misusers in prison. The programme was designed to introduce ideas and information aimed at promoting desired behavioural changes in terms of risk behaviour and drug addiction. The researcher found a positive response among group members, and contended that this, combined with analysis of the results, suggested that the programme's approach was an encouraging step in devising an acceptable and relevant strategy to deal with this client group. This was a positive assessment, as this group was previously found to be unresponsive to traditional treatment methods.



**Quinlan, M. (1997). *Men in prostitution*. Dublin: The Gay Men's Health Project, Eastern Health Board.**

*antidepressants, cocaine, LSD, speed, sedatives, methadone, solvents, heroin, ecstasy, cannabis, alcohol, injecting, risk behaviour, Eastern Health Board, Gay Men's Health Project*

This research study was carried out by the Gay Men's Health Project. The project was set up in 1992, with the assistance of European Community funding under the

EUROPAP program. The aims of the study were to assess existing service provision for men working in prostitution in Ireland according to their perceived needs, and to highlight the issue of men in prostitution. A questionnaire was used to interview 27 respondents on matters including personal details, educational background, services, and sexual and general health issues. Section J of the questionnaire focused specifically on drug misuse. Drugs taken by the respondents included anti-depressants, cocaine, LSD, speed, valium, methadone, solvents, amyl nitrate, heroin, ecstasy, cannabis and alcohol. It was found that even when alcohol was excluded, the majority of the respondents used one or more drugs from this list. Of those interviewed, 48% made a strong link between their work as prostitutes and their use of drugs. Over one third of the group injected or had injected drugs in the past; of these, five had shared needles and six had used a needle exchange service.

**Quinlan, M., Wyse, D., Keating, S., & Mulcahy, F. (1999). *Report and developments 1998*. Dublin: The Gay Men's Health Project and the Eastern Health Board.**

*risk behaviour, hepatitis C, injecting, Eastern Health Board, Gay Men's Health Project*

This short document reported on the activities of the Gay Men's Health Project for 1998. It included details of the tasks carried out in the drop-in centre, outreach work carried out by the project, plans for future undertakings in both areas, a counselling report and a medical report. Drug misuse was referred to briefly in the medical report; of the 280 patients who were tested for the hepatitis C virus, three tested positive and two of these gave a history of intravenous drug use with needle sharing.

**Quinlan, M. (1999). *Male prostitution: What is the best approach?* Dublin: The Gay Men's Health Project and the Eastern Health Board.**

*Eastern Health Board, prescribed drugs, alcohol, Gay Men's Health Project*

This report was a strategy document for working with men in prostitution in the Eastern Health Board area. It also contained a compilation of national and international reports on the subject. The issue of drug misuse was referred to only briefly in the report. It was noted that drug and alcohol use was high among men working in prostitution, particularly poly-drug use, where more than one drug was being misused at the same time. It was suggested that drug dependency could be a reason for many of the heterosexual men becoming involved in sex work. Mental health and learning difficulties were found to be an issue too, with some sex workers also misusing prescribed drugs.



# R

**Revenue Commissioners. (1993, 1994, 1995). *Annual report for 1992, 1993, 1994, 1995*. Dublin: The Stationery Office.**

*criminal justice, crime, community action, reporting*

The annual reports of the Revenue Commissioners to the Minister for Finance contained details of the main drug seizures by the Customs Services. A Customs National Drugs Team was established in 1992 to strengthen the Customs and Excise controls in deterring the illegal importation of illicit drugs. In 1994 the Customs Drugs Watch was launched. This programme enlisted the assistance of people living in coastal communities and near airfields, by encouraging them to report unusual occurrences in their areas to Customs authorities. A Freephone service was provided.

**Rooney, S., Kelly, G., Bamford, L., Sloan, D., & O'Connor, J. J. (1999). *Co-abuse of opiates and benzodiazepines*. *Irish Journal of Medical Science*, 168 (1), 36-41.**

*opiates, benzodiazepines, methadone therapy, heroin*

The aim of this study was to assess the prevalence and pattern of benzodiazepine dependency in a sample of Irish drug users who used both benzodiazepines and opiates, and to compare these with other drug users who did not take benzodiazepines, in order to identify key differences between them. A questionnaire was compiled to achieve this aim, and it was administered to 63 patients admitted consecutively to an inpatient drug treatment unit. The prevalence of benzodiazepine dependency was found to be 54%. In analysing key differences, it was found that

patients dependent on both opiates and benzodiazepines were significantly older and had been admitted for methadone stabilisation. They had generally used heroin longer and benzodiazepines more frequently, and tended to use more drugs in general. They were also found to be more psychologically vulnerable, as in many cases they were significantly more likely to have described a past experience of depression and a past episode of deliberate self-harm.

**Ryan, W. J., Arthurs, Y., Kelly, M. G., & Fielding, J. F. (1982). Heroin abuse with hepatitis B virus-associated chronic active hepatitis in a twelve-year-old child. *Irish Medical Journal*, 75 (5), 166.**

*hepatitis B, children, heroin, health consequences*

This very short paper presented a case report of a young drug abuser who commenced parenteral abuse before his 11th birthday, and developed hepatitis B virus-associated chronic active hepatitis as a consequence. The authors pointed to a number of problems, highlighted by this case, uniquely associated with drug misuse in childhood.

**Ryan, A., Magee, T., Stafford-Johnson, S., Griggin, E., & Kelly, M. G. (1983). The emergence of maternal drug addiction as a problem in Ireland 1981. *Irish Medical Journal*, 76 (2), 86-89.**

*women, pregnancy, children, heroin, awareness, barbiturates, cocaine, amphetamines, hallucinogens, opiates*

During 1980 there was a marked increase in the number of pregnant addicts attending the Drug Advisory and Treatment Centre in Dublin. Nine heroin-addicted mothers were delivered in 1981, compared to only six in the previous eight years. This report described the characteristics of the drug-addicted mother and the effects on the foetus and the new-born infant. The authors suggested that the high failure rate of current management methods pointed to a need for increased awareness of the problem, and to the need for expectant mothers to become involved in an active and organised programme at an early stage. For the purposes of this study, 15 drug-addicted pregnant mothers, 12 of whom were taking opiates, mainly heroin, were examined. Other common drugs of abuse were barbiturates, cocaine, amphetamines and hallucinogens.

**Ryder, A. G., O'Connor, G. M., & Glynn, T. J. (1998). *Near-IR Raman spectroscopy as a tool for the identification of illegal drugs in solid mixtures*. Paper presented at the EU symposium 'Fighting Crime Through Technology', London.**

*testing, cocaine, heroin, ecstasy*

Raman spectroscopy offers the potential to identify illegal substances in seconds, by inelastic scattering of light from molecular vibrations. In this study, cocaine, heroin, and MDMA (ecstasy) were analysed using near-IR Raman spectroscopy. A laser emitting at 785nm, microscope, 0.5m spectrometer, and a liquid nitrogen cooled 512x512pixel CCD array formed the detection system used to illuminate samples and spectrally resolve the Raman signals. This arrangement allowed the inspection and analysis of micron-sized samples. The advantages of this type of system were: i) reduced instances of sample fluorescence owing to the use of near-IR excitation, ii) short acquisition times, iii) high resolution, and iv) increased sensitivity. The system was used to analyse drugs dispersed in solid dilutant matrices of different concentrations by weight, ranging from 5% to 90%. The matrices were foodstuffs (flour, baby formula), sugars (glucose, lactose, maltose, mannitol), and inorganics (NaHCO<sub>3</sub>, MgSO<sub>4</sub>.7H<sub>2</sub>O). By comparing the Raman spectra of these mixtures with spectra of the pure drugs, the presence of drugs in mixtures could be established. The detection sensitivity in each case was found to be dependent on a number of factors - scattering cross-section of the drug, background fluorescence of matrix, complexity of dilutant Raman spectrum, and resolution of the spectrometer. In most cases, it was possible to positively identify drugs in the solid mixtures at levels down to 10% by weight. At the time of publication of this report, regression models were being used to develop a method for the quantitative determination of drugs in solid mixtures.

**Ryder, R. (1999). Are hypnotic drugs being overused in Irish prisons?**  
*Forum* (Jan/Feb), 19-20.

*prison, benzodiazepines, hypnotics, prescribed drugs, Limerick, treatment*

This short article reported on a study aimed at assessing the extent of the use of hypnotic drugs in the prison population of Limerick. The reasons for prisoners being prescribed these drugs were examined, as was the length of time they were left on hypnotics, once these had been prescribed. The author concluded that hypnotics were being overused in Limerick prison, and that the length of time for which prisoners were being prescribed hypnotics was too long. He recommended that a pilot study be carried out in Irish prisons to investigate introducing protocols for the use of hypnotics and for the duration of their use.

# S

**Shattock, A. G., Kelly, M. G., Fielding, J., & Arthurs, Y. (1982). Epidemic hepatitis B with delta antigenaemia among Dublin drug abusers. *Irish Journal of Medical Science*, 151 (11), 334-338.**

*hepatitis B*

The patients studied for this piece of research included those attending the Drug Advisory and Treatment Centre in Dublin, and in-patients with hepatitis at the Charitable Infirmary in Dublin, from January 1980 to August 1981. During that period 158 cases of hepatitis B were detected. A high proportion of a sample of 50 tested were found to have the hepatitis B associated delta antigen in their serum.

**Shattock, A. G., Fielding, J. F., Arthurs, Y., Doyle, G. D., & Kelly, M. G. (1982). Delta infection without increase in severity of hepatitis. *Lancet*, ii (4 December), 1286.**

*hepatitis B*

This letter to the editor commented on an article by Smedile *et al.* (*Lancet*, 30 October 1982, p. 945) about increased morbidity of HBsAg positive hepatitis with delta infection. The authors stated this was not the case in their studies of 27 parenteral drug abusers with hepatitis B infection and of 41 drug abusers with acute hepatitis B and simultaneous acute delta infection.

**Shattock, A. G., Fielding, J. F., & Kelly, M. G. (1982). *Non-A, non-B hepatitis and delta infection in Dublin: A preliminary report*. Paper presented at the Hepatitis Workshop, Stirling, Scotland.**

*hepatitis A, hepatitis B*

This report presented evidence, from routine hepatitis A testing and studies carried out during the hepatitis B outbreak among Dublin drug abusers in 1981, that non-A, non-B hepatitis existed in Dublin. This situation was found to have been

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complicated by the finding of delta antigenaemia in 28% of cases tested. Tests for hepatitis A and hepatitis B surface antigen were carried out on patients with initial diagnoses of acute 'viral' hepatitis. In the year April 1981 to March 1982, the total number of people involved in such tests was 2,016.

**Shattock, A. G., & Fielding, J. F. (1983). Exacerbation of chronic liver disease due to hepatitis B surface antigen after delta infection. *British Medical Journal*, 286 (16 April), 1279-1280.**

*hepatitis B*

This letter to the editor commented on a finding that in Italy, delta infection acquired by a hepatitis B carrier was severely detrimental to the patient. The authors of this letter stated that in Ireland they had found that the acquisition of delta infection and hepatitis B simultaneously was not usually associated with severe hepatitis. They also noted that similar results had been found in Sweden. Their evidence emanated from a study of 212 drug abusers with hepatitis B and five long-term drug abusing carriers of hepatitis B surface antigen.

**Shattock, A. G., Morgan, B. M., Peutherer, J., Inglis, J. M., Fielding, J. F., & Kelly, M. G. (1983). High incidence of delta antigen in serum. *Lancet*, ii (9 July), 105.**

*hepatitis B*

This letter to the editor concerned the incidence of delta antigen in the serum of patients with hepatitis B. The authors stated that this was common for drug abusers with simultaneously-acquired hepatitis B and delta infection. The authors based their statement on evidence from a study of 217 HBsAg-positive drug abusers during an outbreak of hepatitis B in Dublin, which began in 1981. They stated that most delta infections in Dublin were among drug users, who contracted hepatitis B and delta infection simultaneously, and who had not been proven to be more severely ill than those with acute hepatitis B only.

**Shattock, A. G., Arthurs, Y., Doyle, G. D., & Fielding, J. F. (1984). Chronic active hepatitis in intravenous drug abusers may be delta agent infection associated. *Irish Journal of Medical Science*, 153 (1), 17-19.**

*hepatitis B, injecting*

This study suggested that delta agent infection increased the risk of progression of intravenous drug abuse-associated liver disease to chronic active hepatitis. For the purposes of this study, 27 parenteral drug abusers were examined. They were all referred to the researchers from the Drug Advisory and Treatment Centre by its medical director, Dr M. G. Kelly. Their serum was tested for delta antigen and

antidelta antibody, and liver biopsies were performed. It was found that the four patients with chronic active hepatitis were all delta positive.

**Shattock, A. G., & Morgan, B. M. (1984). Sensitive enzyme immunoassay for the detection of delta antigen and anti-delta, using serum as the delta antigen source. *Journal of Medical Virology*, 13, 73-82.**

*hepatitis B*

The aim of this study was to explore whether different sources of delta antigen may account for different sensitivities in the detection of delta antigen, when applied to testing parenteral drug abusers. The hypothesis was confirmed by the research, which also found that delta antigenaemia in acute infection may be more frequently detected than was first thought. Delta antigenaemia in acute infection accounted for 71% of those with delta infection in this study, and it was found that these sera were a convenient alternative source of antigen.

**Shattock, A. G., Irwin, F. M., Morgan, B. M., Hillary, I. B., Kelly, M. G., Fielding, J. F., Kelly, D. A., & Weir, D. G. (1985). Increased severity and morbidity of acute hepatitis in drug abusers with simultaneously acquired hepatitis B and hepatitis D virus infections. *British Medical Journal*, 290 (11 May), 1377-1380.**

*hepatitis B, hepatitis D*

Superinfection of carriers of hepatitis B virus by hepatitis virus (delta agent) may produce more severe hepatitis, and lead to chronic active hepatitis and cirrhosis, more often than with hepatitis B infection alone. An outbreak of hepatitis B and hepatitis D virus infections among drug abusers in Dublin started in late 1980. This provided the opportunity to investigate the role of the hepatitis D virus in exacerbating acute hepatitis, when hepatitis B and D viruses were acquired simultaneously. This study found increased severity and morbidity of acute hepatitis in drug abusers with simultaneous acquisition of the hepatitis B and D virus infections.

**Shattock, A. G., Finlay, H., & Hillary, I. B. (1987). Possible reactivation of hepatitis D with chronic delta antigenaemia by human immunodeficiency virus. *British Medical Journal*, 294 (27 June), 1656-1657.**

*injecting, hepatitis B, hepatitis D*

This very short paper reported on a case study of reactivation of infection with hepatitis D virus in an intravenous drug abuser, who was a carrier of hepatitis B surface antigen (HBsAg).

**Shattock, A. G., Jones, L., O'Mahony, M., & Hillary, I. B. (1989). Changes in incidence of hepatitis B in Ireland from 1970 - 1987. *Irish Journal of Medical Science*, 158 (8), 210-214.**

*hepatitis B, injecting, awareness*

Routine tests for hepatitis B became available in Ireland in 1970. This paper analysed data on 2,226 cases of hepatitis B virus (HBV) infection detected during the years 1970 to 1987. Data from this study showed that the mean annual incidence of hepatitis B had quadrupled since 1980, compared with the 10 years before 1980. Although some of this increase was attributed to greater awareness, resulting in more testing, most of it was attributed to the 15-fold increase in hepatitis B infections in an expanded population of intravenous drug abusers.

**Shattock, A. G., Morris, M., Kinane, K., & Fagan, C. (1989). The serology of delta hepatitis and the detection of IgM anti-HD by EIA using serum derived delta antigen. *Journal of Virological Methods*, 23, 233-240.**

*hepatitis B, hepatitis D, HIV*

This article presented the findings of a study on the serology of delta hepatitis and the detection of IgM anti-hepatitis D by EIA using serum-derived delta antigen. Research was conducted by means of a retrospective and prospective study of an outbreak of hepatitis B. This study located 135 hepatitis B surface antigen (HBsAg) positive drug misusers with acute hepatitis, and 18 HBsAg carriers attending various hospitals and clinics in Dublin, who were found to be infected with hepatitis D. The authors concluded that the findings of their research suggested that HDsAg was singly the best marker of hepatitis D co-infection and, where only late specimens were available, IgM anti-hepatitis D was also useful. IgM anti-hepatitis D was also found to distinguish between chronic hepatitis D virus infection and previous exposure.

**Sheerin, E. (2000). *Life as it is: Values, attitudes and norms from the perspective of Midland youth*. Tullamore: Midland Regional Youth Service and the Midland Health Board.**

*Midland Health Board, young people, disadvantaged areas, smoking, alcohol, cannabis, ecstasy, risk behaviour, peer group, speed*

The aim of this research was to analyse the needs and general lifestyles of marginalised young people in the Midland Health Board area, in order to inform the development of services in the Midland Health Board area to meet the needs of young people. Fifteen focus groups (eight female, seven male) were conducted with marginalised young people through training centres, youth centres and schools in

Athlone, Mullingar, Tullamore, Mountmellick/Portlaoise and Birr. Discussions were generated in the groups, covering various issues including smoking, drinking and drug use. Individual interviews were also conducted with a number of young people from the focus groups and with young people attending a drop-in centre. The issues facing young people living in disadvantaged areas were identified as soft-drug use (mainly cannabis, ecstasy and speed), underage drinking, fighting and vandalism. These were regarded by participants as inevitable in disadvantaged areas which do not have enough facilities for young people. Almost all the participants in the research were found to be smokers and a high prevalence of drinking was also found, especially among older age groups. Only a very small minority of males claimed to take drugs, but high levels of drug use among young people in general were perceived to exist. An important finding was that while the young people involved in the study demonstrated an awareness of the health risks involved in risk-taking behaviours, it seemed that the consideration of future health risks was not perceived as being as important as the more immediate needs of young people, i.e. approval from peers. The findings of this research highlighted the importance of addressing the health needs of young people in a way that acknowledges the influence of peers in their lives.

**Sheerin, E. (2000).** *Youth needs in Portlaoise and Portarlington.* Tullamore: Midland Health Board.

*Midland Health Board, Laois, young people, social exclusion*

This research was commissioned by the Midland Health Board in conjunction with the Portlaoise Youth Forum and other statutory and voluntary agencies in County Laois. It was carried out during September and October 1999. The aim was to research the needs of marginalised youth in Portlaoise and Portarlington, with a view to developing a comprehensive youth service to meet the needs of those young people, including the youth in the travelling community, living in the area. Semi-structured interviews were carried out with local voluntary and statutory agencies working with young people in the area, and focus group discussions were conducted with a group of young people attending a youth club, and with one group of parents involved in a local club. The findings indicated that young people were generally dissatisfied with services available, mainly because they felt that they were merely users of the services with no role in determining the nature of services and how they were administered. Feelings of 'being outside' or 'being excluded' among young people were also noted. It was found that young people had very little interest in availing of facilities, since they felt that restrictions were too rigid, especially for those aged 15 and older. With regard to travellers, it was found that there were few opportunities for them to be involved with the settled community. The researchers recommended the establishment of a youth service to empower young people, and identified the need for a youth worker who would co-ordinate the youth service and ensure that those availing of the service be involved.



**Shelley, E. B., O'Rourke, F., O'Rourke, A., & Wilson-Davis, K. (1982). Drugs - A study in Dublin post-primary schools. *Irish Medical Journal*, 75 (7), 254-259.**

*young people, Dublin, alcohol, smoking*

This article reported on the findings of a 1980/81 survey of post-primary schools in Dublin city and county, regarding drug abuse. The aims of the survey were to study the consumption of cigarettes, alcohol and drugs by a group of second-level school attenders, and to explore the changes in the use of these substances since the previous decade. The study was intended as a follow-up to similar research carried out in 1970/71. Ultimately, a total of 5,178 self-administered, confidential questionnaires were considered suitable for analysis. To maintain comparability, the three questions on drugs used in the 1970/71 survey were used again in the present research. In general terms, the results of the survey showed increased contact with drugs since the survey carried out a decade earlier. The use of drugs by school-children had also increased.

**Shelley, E. B., Wilson-Davis, K., O'Rourke, A., & O'Rourke, F. (1984). Drugs - A study in post-primary schools situated outside Dublin 1981. *Irish Medical Journal*, 77 (1), 16-19.**

*young people, alcohol, smoking, education*

The authors reported on a survey of a random sample of pupils attending post-primary schools outside Dublin city and county. The survey of 5,408 students from 16 schools was conducted between September and December 1981. Information on the availability, use and knowledge of illicit drugs was gathered by means of self-administered questionnaires. Some of the survey results were compared with those from a study of Irish rural post-primary school-children dating from 1970/71, and another carried out among Dublin post-primary school-children in 1981. A three- to eight-fold increase in the numbers of respondents who said they had taken a drug was found when the results were compared to the 1970/71 survey, and these students occurred with one-third to one-half the frequency to the Dublin 1980/81 survey. The authors suggested that their findings exposed the need to improve the drugs education available in schools.

**Smith, R. (1997). *The prevalence of drug use in the Dublin North-East areas of Bonnybrook, Fairfield, Edenmore, Kilmore, and Clonshaugh/Riverside. Dublin: Group Analytic Practice for the Dublin North East Drugs Task Force.***

*Dublin, Local Drugs Task Force, community, ecstasy, heroin, LSD, cannabis, cocaine, sedatives*

This document was commissioned by the Dublin North East Drugs Task Force, and it reported on research carried out by the author to ascertain the prevalence of drug use in the areas of Bonnybrook, Fairfield, Edenmore, Kilmore, and

Clonshaugh/Riverside. A questionnaire was administered both on an individual basis, and following group discussion with relevant persons including community workers, public health nurses, the Area Medical Officer, social workers, members of the Garda Juvenile Liaison Service, School-Home Liaison teachers, general practitioners and drug users themselves. The five geographical areas studied were found to have a large population of under-25-year-olds, with 'very high' numbers of drug users. The age breakdown of drug users was found to vary across the different areas: for example, in Bonnybrook and Fairfield, the majority were thought to be under 21, while in Kilmore 40-50% of all users were thought to be over 25. In all areas, males were found to form the majority of drug users. In terms of the types of drugs being misused, the author stated that there seemed to be a progression from ecstasy, acid and hash to heroin, with the former three drugs being misused mainly by younger people. Cocaine, sleeping tablets and valium, he stated, were predominantly used by older users.

**Smyth, R., Keenan, E., Dorman, A., & O'Connor, J. (1995). Hepatitis C infection among injecting drug users attending the National Drug Treatment Centre. *Irish Journal of Medical Science*, 164 (6), 267-268.**

*hepatitis C, injecting, risk behaviour, women, harm reduction*

The aim of this research was to quantify the sero-prevalence of antibody to hepatitis C among injecting drug-users and establish whether the harm minimisation programme had had an impact on infection with hepatitis C. A group (n=272) of injecting drug users attending the National Drug Treatment Centre were tested for antibody to hepatitis C virus with a second-generation EIA test. The overall sero-prevalence was found to be 84%. The results suggested that female injecting drug users were involved in greater at-risk behaviour than their male counterparts in relation to hepatitis C, since a significantly higher proportion of females tested positive than males. In relation to the duration of intravenous drug misuse, the researchers found that in patients who had been injecting for two years or more, the sero-prevalence was 95%, while in those with a duration of less than two years it was only 70%. The authors concluded that, in spite of harm reduction programmes, needle sharing continued to occur among drug users during their first two years of injecting.

**Smyth, B., Keenan, E., & O'Connor, J. J. (1998). Bloodborne viral infection in Irish injecting drug users. *Addiction*, 93 (11), 1649-1656.**

*injecting, hepatitis C, hepatitis B, HIV, harm reduction, demographics*

In this piece of research, the researchers sought to determine the prevalence of, and factors associated with, hepatitis C (HCV), hepatitis B (HBV) and HIV infections among injecting drug users (IDUs), against the background of the expanding harm

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reduction strategies in Dublin since 1990. The cross-sectional survey comprised 735 IDUs participating in an addiction treatment clinic. Socio-demographic and drug use characteristics were examined, and serology tests for anti-HCV, HBV surface antigen (HBsAg) and HIV were carried out. The researchers found that the majority of those studied had started injecting since 1990. They concluded that HIV prevalence sustained a low level in their sample, but that interventions aiming to halt the transmission of HCV were necessary. They recommended that these should target IDUs very early in their injecting careers and also those at risk of commencing to inject.

**Smyth, B. P., Keenan, E., & O'Connor, J. J. (1999). Evaluation of the impact of Dublin's expanded harm-reduction programme on prevalence of hepatitis C among short-term injecting drug users. *Journal of Epidemiology and Community Health*, 53, 434-435.**

*injecting, hepatitis C, risk behaviour, treatment, harm reduction, education, needle exchange programmes, methadone therapy*

The authors of this article stated that injecting drug users represented a high-risk group for hepatitis C virus infection (HCV), with the majority often testing positive for antibody to the virus within two years of starting to inject. They claimed that while there was evidence of a reduction in rates of unsafe injecting practices, there had not been much published evidence that programmes which facilitated safe injecting helped to reduce the occurrence of HCV. Such harm reduction measures included educational programmes, syringe exchanges and methadone treatment - services which were vastly expanded in Dublin in the years between 1991 and 1993. The aim of this study was to explore whether or not, among intravenous drug users with short injecting histories, the prevalence of HCV was lower in those who started injecting after this expansion in services. The study was set in Trinity Court, the largest and longest-established addiction treatment centre in Dublin.

**Smyth, B. P., McMahon, J., O'Connor, J. J., & Ryan, J. (1999). Knowledge regarding hepatitis C among injecting drug users. *Drugs: Education, Prevention and Policy*, 6 (2), 257-264.**

*awareness, hepatitis C, injecting, harm reduction, education, methadone therapy, general practitioners*

This research study was carried out in the context of the high prevalence rate of hepatitis C (HCV) among injecting drug users (IDUs). Controlling the infection formed a major challenge for harm reduction services, part of whose role was the education of IDUs. The researchers aimed to explore and assess the understanding of HCV among IDUs attending an addiction clinic. They were particularly interested in finding out if those with increased contact with health professionals exhibited

better understanding or not. In all, 105 IDUs were interviewed. The respondents had first injected an average of 10 years previously. It was found that respondents were better at identifying activities which carried a risk of HCV transmission than at identifying activities which posed no threat. Understanding of the long-term nature of HCV was found to be impaired, and a group on methadone maintenance for a median time of 1.4 years failed to demonstrate better knowledge than those attending for a 21-day detoxification. Respondents in recent contact with a general practitioner actually performed less well than those without such contact. Overall, the authors concluded that understanding of HCV among injecting drug users was inadequate, and must improve if primary prevention measures are to work.

**Smyth, B. P., McMahon, J., O'Connor, J. J., & Ryan, J. (1999). The use of primary care services by opiate-dependent injecting drug users in the era of 'shared care'. *European Journal of General Practice*, 5 (December), 143-147.**

*opiates, benzodiazepines, injecting, Europe, general practitioners, policy*

Against the background of general practitioners (GPs) increasingly being urged to become more involved in the treatment of drug misusers, the researchers' aim was to assess the utilisation of services by injecting drug users (injectors), contacted through a specialist drug treatment setting. In all, 105 injectors were interviewed, using a structured questionnaire. Of these, 70% had seen their GP in the past year, and 29% had done so more than 20 times. Fifty per cent had attended accident and emergency (A&E), although only 7% had done so more than five times. Of the 77% who identified a principal GP, 91% said that the GP knew about their drug use and 37% reported currently being prescribed benzodiazepines by their GP. It was found that, in dealing with troublesome medical symptoms, 65% of those who said they would see a doctor would opt for a GP, 22% would see the doctor in their drug treatment centre, and 12% would go to A&E. The authors concluded that both GPs and specialist drug treatment services had substantial contact with injectors, and sometimes provided overlapping services. Policy should therefore facilitate integrated management by ensuring increased communication between the two.

# T

**The Office for Health Gain. (1999). Addiction: Needs and responses. *The Journal of Health Gain*, 3 (3).**

*treatment, prevention, Local Drugs Task Force, community, rehabilitation, detoxification, prison, opiates, alcohol, Southern Health Board, ecstasy*

This special edition of *The Journal of Health Gain* was devoted entirely to the issue of drug misuse. Articles included 'Substance misuse and addiction - Services responding to needs' by J. Conway; 'Treatment challenges in adolescent drug users' by Dr E. Keenan; 'The health advice café, a social health partnership model of prevention' by F. Walsh; 'Local drugs task forces: A new approach to dealing with the drug issue at community level' by J. Ryan; 'Towards a rehabilitation/re-integration blueprint: The client's perspective' by J. Conway; 'The drugs detox unit at Mountjoy Jail - A review' by Dr D. Crowley; 'Opiate substitute treatment' by Dr M. Farrell and Dr J. Marsden; 'Bringing services to the people: Drug and alcohol services in the Southern Health Board' by W. Collins; and 'E types and Saturday night fevers - The "Staying Alive" campaign' by S. Harding.

**Thornton, L., Clune, M., Maguire, R., Griffin, E., & O'Connor, J. (1990). Narcotic addiction: The expectant mother and her baby. *Irish Medical Journal*, 83 (4), 139-142.**

*women, pregnancy, social deprivation, hepatitis B, HIV, AIDS, children*

This paper reported on a retrospective medical study on the years 1982-85, reviewing the records of 29 narcotic-addicted mothers and their 42 babies. All the women studied were from socially-deprived backgrounds, they had poor records of antenatal attendance and had frequent admissions to hospital. Thirteen mothers had a history of hepatitis B, and four were HBsAg positive. Many of the women's partners were also drug users. The babies were found to have a significantly lower mean gestational age and birth weight than a control group with no known history of drug use. Eighty-four per cent of the babies showed features of withdrawal, and a high incidence of twins was noted.

## V

**Vize, E. (1999). First unit for pregnant addicts. *Medicine Weekly*, 3 (25), 1.**

*women, pregnancy, detoxification, treatment*

This short news report concerned the construction of a unit for pregnant drug addicts in Cherry Orchard Hospital in Dublin. This unit was to be a 12-bed facility and provide intensive medical care for the stabilisation of expectant mothers. It was expected to improve neonatal outcome, having a significant impact on the prevalence of neonatal complications and morbidity.

## W

**Walshe, K., Barrett, A. M., Kavanagh, P. V., McNamara, S. M., Moran, C., & Shattock, A. G. (2000). A sensitive immunoassay for flunitrazepam and metabolites. *Journal of Analytical Toxicology* (May/June).**

*benzodiazepines, cocaine, heroin, testing*

Flunitrazepam, more commonly known as Rohypnol, is a low-dose benzodiazepine used mainly to relieve insomnia. Its misuse was perceived to have become more common among the drug-taking community at the time of this study - often in co-abuse with cocaine and heroin - and it had become associated with date rape. The aim of this study was to develop an immunoassay capable of detecting flunitrazepam and/or cross-reacting metabolites in urine. Doses of the drug varying between 0.5mg and 4mg were given to volunteers, and urine was collected for up to two weeks after

ingestion. An immunoassay was developed which could detect significant levels of flunitrazepam and/or cross-reacting metabolites in urine for up to one week after ingestion.

**Ward, Y. (1994). *Hooked? Young people: drugs and alcohol*. Dublin: Attic Press.**

*young people, alcohol, smoking, cannabis, inhalants, solvents, sedatives, stimulants, hallucinogens, opiates, peer group, family, prevention*

This book discussed young people and drug use. It explored the reasons young people began to take drugs, including peer pressure, wanting to fit in, confusion, and the hormonal changes that occur during adolescence. Delusions, myths and misguided beliefs concerning drugs and alcohol were examined, using case studies of drug and alcohol users to illustrate the point of view of young people. These characters were used throughout the book to demonstrate the effects of drug and alcohol misuse, and to show how damaging these substances could be. As well as describing addiction and the process of becoming addicted to a drug, the author detailed types and categories of drugs, including inhalants and solvents, cannabis, sedatives, stimulants, hallucinogens and opiates. The effects of the young person's drug use on the family were explored and issues of recovery and prevention were dealt with.

**Watson, R. (1996). Irish determination on drugs. *British Medical Journal*, 313 (7051), 190.**

*policy, legislation, Europe, criminal justice, harm reduction*

This news item focused on the priorities set by the Irish government during its six-month presidency of the European Union. Together with the creation of jobs, a major task was to develop a concerted campaign against drugs. The author stated that this resolution was strengthened by the murder of journalist Veronica Guerin, renowned for her writing about organised crime and the drugs trade in Ireland. Six fields of action were set forward, four focusing on law enforcement measures such as stricter border controls and more severe sentences for serious drug trafficking offences, and two on harm reduction measures.

**Weaver, G. (1998). *Educating Rita; Adult education and women's stories*. *Druglink* (July/August), 20-23.**

*opiates, women, Dublin, rehabilitation, support, education, community, SAOL*

This article reported on the SAOL project, established in 1995 in response to the growing number of opiate dependent women in Dublin. SAOL stands for Seasamhacht, Abaltacht, Obair, Leann, meaning stability, ability, work and learning

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- the word 'saol' means life. The programme ran for two years and focused on the rehabilitation and support of a group of women who were stable opiate users. The aim of SAOL was to help clients to move from addiction and dependency to self-direction and self-reliance. It operated on the basis of social justice, adult education and community development principles and focused on reintegration into the community.

**Wexford Addiction Support Programme. (1999).** *Addiction advice and services directory.* Wexford: Wexford Area Partnership.

*directory of services, Wexford*

This document, for general use, contained listings for various treatment services in and around Wexford, support groups/organisations, general services, youth services and education/training courses. It also contained general information on drug laws, prevention, what to do in an emergency, and the signs and symptoms of drug use.

**Williams, H., O'Connor, J. J., & Kinsella, A. (1990).** **Depressive symptoms in opiate addicts on methadone maintenance.** *Irish Journal of Psychological Medicine*, 7 (1), 45-46.

*opiates, HIV, methadone*

A number of studies have shown association between drug dependence and other psychiatric disorders. This study reported on the level of depressive symptomatology reported by a sample of opiate addicts, who were receiving methadone maintenance therapy and attending the Drug Treatment Centre in Dublin. A high level of depressive symptoms was found after completion of the Beck Depression Inventory (BDI). The clinical implications of depressive symptoms in opiate addicts were discussed.

**Williams, H., Mullan, E., O'Connor, J. J., & Kinsella, A. (1990).** **Risk behaviour for HIV transmission in attenders on methadone maintenance.** *Irish Journal of Medical Science*, 159 (5), 141-144.

*HIV, opiates, heroin, injecting, methadone, demographics, young people, educational disadvantage, unemployment, crime, risk behaviour*

This research aimed at investigating the extent of risk of HIV transmission among known HIV-positive drug misusers, and measuring the degree (if any) of positive change in such behaviour following diagnosis. To achieve this end, 69 opiate addicts on methadone maintenance programmes at the National Drug Treatment Centre were interviewed. Most of these were young, with low levels of educational achievement, a history of unemployment and involvement with crime. They had usually started taking drugs at a young age, with heroin the primary drug of misuse,



administered by injection. Of the sample, 70% were HIV-positive. These were found, since diagnosis, to have changed their injecting habits and sexual behaviour significantly.

**Williams, H., Meagher, D., & Galligan, P. (1993). M.D.M.A. ("Ecstasy"): A case of possible drug-induced psychosis. *Irish Journal of Medical Science*, 162 (2), 43-44.**

*ecstasy, cannabis, health consequences, problem behaviour*

The authors reported a case of prolonged psychosis following brief recreational use of the drug ecstasy (MDMA.). The subject of the report was an 18-year-old unemployed male, who had been arrested in a very disturbed and aggressive state. He had reportedly used only half a tablet of ecstasy on four separate occasions over a one-month period, the last time being 48 hours before his arrest. He had no past history of disturbed behaviour or psychiatric history, although his mother was found to have a history of psychotic depression with paranoid delusions. The man also used cannabis. He was discharged after two months, and regular follow-up revealed no abnormality in mental state. The authors concluded that ecstasy, although commonly perceived as a 'safe' drug, was potentially hazardous and may in some individuals precipitate prolonged psychosis.

**Wood, M. (1994). Drug using parents and their children: the experience of a voluntary/non-voluntary project. *Irish Social Worker*, 12 (2), 10.**

*family, children, women, health status, Ana Liffey Drug Project*

This short article described the experience of the Ana Liffey Drug Project with drug using parents and child-care issues. The author stated that the project had made a commitment to placing such issues on its agenda owing to the increase in women's attendance at the project. In 1989 women's attendance at the project had been about 25% of the total, but significant increases had occurred since then. In 1992, 593 drug users were attending the project and, out of a total of 186 female attendees, 142 were women with children. These 142 women had 280 children between them, all of whom, the author claimed, were indirectly affected by the drug misuse of their mothers. The health status of these women was discussed in the article, as well as the care status of their children. Recommendations were made as to how to deal with drug-using parents, and the author called for increased co-operation between community care and voluntary agencies.

**Working Group on a Courts Commission. (1998). *Fifth report: Drug courts* (ISBN 0 7076 5037 2). Dublin: The Stationery Office.**

*crime, legislation, criminal justice, policy*

The Working Group on a Courts Commission was established in October 1995. In this, its fifth report, the issue of drug abuse was dealt with, as was the high rate of

crime committed by drug addicts. The term 'drug court' was defined, following the formula used in the United States. Drug courts in the United States, Germany, Sweden, Britain and Australia were described and reviewed, as was the current Irish system and infrastructure. The group recommended that a drug court planning programme be initiated, a drug court planning committee formed, and a drug court co-ordinator appointed.

**Working Group on a Courts Commission. (1998). *Sixth report: Conclusion* (ISBN 0 7076 6198 6). Dublin: Stationery Office.**

*crime, criminal justice, family*

The Working Group on a Courts Commission was established in October 1995. This, its final report, presented an overview of the work of the Group and reported on matters not already covered in the previous five reports. Change management - the modernisation of the courts by both institutional change and the introduction of modern management techniques - was discussed in this report, as was the matter of case management. The issues of information and access to court documents were also dealt with, as were family law, drug courts and court sittings and vacations.

**ANNOTATED  
GREY  
LITERATURE**

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**Ana Liffey Drug Project. (1990). *Drug treatment policies.***

*policy, general practitioners, heroin, HIV, community, harm reduction, treatment, prevention, rehabilitation*

In April 1990 the Ana Liffey Drug Project organised a public discussion forum in order to seek to inform and influence the drugs policy-making process. This pamphlet contained the contribution of the guest speaker, Dr Judy Greenwood of the Community Drug Problem Service, Royal Edinburgh Hospital, and two responders, Dr Shane Butler and Dr Fergus Kelly. Greenwood focused on the importance of harm minimisation techniques in responding to problem drug use and HIV in the community. Butler summarised developments in Ireland since 1965, culminating in the advent of HIV infection in the mid-1980s. Kelly spoke from his experience as a general practitioner in south inner-city Dublin about the problem of intravenous heroin use. Both speakers saw strong similarities between the drugs and HIV situation in Edinburgh and Dublin. Also included in the pamphlet were an article by Declan Burke and Joe Sheppard on the Stockport Community Drugs team and in particular the areas of service provision that were problematic in developing a comprehensive drugs service, and a policy statement submitted by Ana Liffey Drug Project to the National Co-ordinating Committee on Drug Abuse in July 1990.

**Ballymun Youth Action Project. (1989). *Courage to change.***

*Ballymun Youth Action Project, community, valium*

This report on the project contained a discussion on developing a community concept, and a page written by a woman who described her experience of valium.

**Ballymun Youth Action Project. (1991). *Ten years on.***

*Ballymun Youth Action Project, education*

This report was issued in the year of the tenth anniversary of the project. As well as accounts of the work of the project and its financial accounts, it contained an account by a local teacher on her experience of being involved in the schools programme run by YAP.

**Ballymun Youth Action Project. (1992, 1993, 1994). *Annual report.***

*Ballymun Youth Action Project, community action, ecstasy*

These reports, as well as containing updates on the work of the project and its financial accounts, contained other items. 1992: two articles, 'Humanistic psychology

– community style’ by Jimmy Judge, and ‘Ecstasy – my view’, a personal account by a young service user of the project. 1993: a detailed description of the aims of the project, and the actions undertaken to meet those aims; the training statement of the project; and an article on grief and addiction. 1994: a variety of articles, including an explanation by the co-ordinator of the community development approach used by the project; a discussion of what is meant by ‘outreach’; descriptions and evaluations of a peer education training programme and the community addiction studies course; and a statistical breakdown of a cohort of 90 people who were attending the project.

**Ballymun Youth Action Project. (1999, 2000). *Progress report.***

*Ballymun Youth Action Project, methadone, pregnancy, Urrús*

The 1999 report contained details of the services provided, with practice examples; it also included the organisation’s strategy for the millennium, and the accounts of the organisation. The 2000 report included poems written by people who used drugs, and an account of a female drug user who came through pregnancy while on methadone. The activities of Urrús, Ireland’s Community Addiction Studies Training Centre, were also summarised in the 2000 report.

**Ballymun Youth Action Project. (2000). *Stepping stones to change: A discussion on rehabilitation.***

*Ballymun Youth Action Project, rehabilitation*

This document presented the proceedings of a seminar held at the annual general meeting of the Ballymun Youth Action Project on 2 June 1999. The document summarised three presentations and the following discussions, and presented a practice example taken from the work of the project.

**Byers, G. (not dated). *Report to the task force on drug abuse.***

*Eastern Health Board*

The aim of this report was to examine the extent and type of drug abuse in the Eastern Health Board area up to 1982. The author gathered data from health professionals, legal sources, educational sources and from voluntary agencies, in order to establish current trends in drug misuse. She stated that evidence from Garda Drugs Squad and National Drugs Advisory Centre reports confirmed a ‘recent epidemic’ of drug abuse in Ireland’ (p.1), even though it should be noted that these sources only represented those drug users who had come to the notice of the Gardaí or who were getting treatment for their addiction. The author reported that

evidence from the other sources consulted appeared to confirm this finding, and concluded that drug abuse was an increasing problem in the Eastern Health Board area.

**CityWide Campaign. (1997). Conference report.**

*local drugs task force, community action*

This conference brought together all the community representatives of the local drugs task forces, with other community activists, and explored their experiences of being involved with the drug strategy.

**Comiskey, C. M. (1998). Estimating the prevalence of opiate drug use in Dublin, Ireland.**

*Dublin, opiates*

A report submitted to the Department of Health and Children in Dublin.

**Community Based Drugs Initiative. (1998). Drug use in Waterford city: A report on the consultative forum. Waterford: Community Based Drugs Initiative.**

*community, Waterford, family, prevention, treatment, rehabilitation*

This document reported on a forum on drugs and related issues held in Waterford in June 1998 by the Community Based Drugs Initiative (CBDI). The CBDI consisted of local people and groups from the Larchville, Lisduggan and Ballybeg areas of Waterford city, and included representatives from local statutory and voluntary groups. In setting up the forum, 26 local organisations in the community, statutory and voluntary sectors were consulted, producing a wide-ranging agenda. Seven workshops were held, covering issues relating to drug misuse, its effects on the individual, on the family, on communities, and issues of supply and demand, prevention, treatment and rehabilitation.

**Community Development Programme. (1997). Drugs, poverty and community development. Dublin: Combat Poverty Agency.**

*community action*

A report of the conference for CDPs on community responses to drugs issues.

**Community Response. (1990). Report of a seminar on drug problems in the south inner city.**

*Dublin, inner city*

The seminar, of which this document forms the report, was held in Kevin Street College of Technology, Dublin, on 3 November 1990.

**Community Response. (1999).** *Evaluation of community drug workers training course.*

*training, community action*

This course was designed and delivered following the earlier research commissioned by Community Response, 'Dealing with the Nightmare'. The course responded to the recommendation that training programmes be established for local people to become involved in all aspects of emerging services. One recommendation of the evaluation centred on the issue of accreditation and the need for all players to come together to forge new ways to ensure quality, high standards and measurable skills.

**Connolly, F. (1998).** **Drugs – local communities take the lead.** *News and Views*, 4 (2), 9 – 11.

*community*

A report published in the newsletter of the Community Workers Co-Operative, Galway.

**D'Arcy, Jennifer. (2000).** *Drugs and community: An exploration of the nature and extent of drug use in the Greater Blanchardstown Area.*

*Dublin, community, local drugs task force*

A report prepared for the Greater Blanchardstown Area Response to Drugs, and funded by the Blanchardstown Drugs Task Force.

**Donore Youth Development Committee. (1982).** *Youth, community and drugs.* Dublin.

*young people, community, education, treatment*

This short paper concerned the 'Youth, Community and Drugs' seminar held by the Youth Development Committee of Donore, in Dublin on 16 October 1982. The Youth Development Committee was established with the aim of gathering information on the needs of young people and of initiating responses in the community to meet those needs. The seminar was planned in order to allow people working with the young people of the Donore area to meet and talk. During the course of the seminar it was agreed that drug education should be part of a wider social education of young people. Other areas of concern identified were the lack of drug education programmes in primary schools, and the drop-out rate of young people from schools. Needs were identified in the area of communication and information, particularly links between the community and people working in the area of drug treatment, and in the area of community-based facilities, particularly an advice and counselling service.



**Dublin Corporation. (1997). *Drugs in Dublin – Working together, we can make a difference*. Dublin: Dublin Corporation.**

*Dublin, community, prevention, treatment*

This document contained the proceedings of a forum held in Dublin Castle on 7 – 8 February 1997. The purpose of the conference was to facilitate and provide a forum where Dublin Corporation and the communities which it serviced could meet with the other relevant stakeholders, such as the Garda Síochána and the Eastern Health Board, in order to reach a consensus and unity of purpose in dealing with drugs problems. The report contained presentations from central, local government and community perspectives, prevention and early intervention, treatment, and the law. It also contained workshop presentations involving many of the agencies involved in responding.

**Farrell, M. & Buning, E. (1996). *Review of drug services in the Eastern Health Board area 1995. EHB Report, 15*.**

*Eastern Health Board*

**Inter-Agency Drugs Project. (1996). *Interim report. December; unpublished*.**

*treatment, rehabilitation, family, education, prevention, criminal justice, public health, community, policy, Inter-Agency Drugs Project*

The Inter-Agency Drugs Project was established in 1995 as a two-year pilot programme. It was an independent limited company, with funding from the departments of Justice, Health, Education and Social Welfare. This report made recommendations in several key areas relating to drug misuse. The first of these was treatment and rehabilitation, identifying the need to expand services; structuring liaison between agencies within the statutory, voluntary and community sectors; carrying out research and evaluations; giving out public health information; and involving families in treatment plans. Under the heading ‘Prevention and education’, recommendations were made relating to building social, personal and health education programmes into the curriculum, providing for peer education programmes, and developing a sports strategy. The issue of supply control was also addressed, and it was suggested that a community forum to address policing and other issues be established. As regards structure, the project examined issues of representation, the centrality of the community sector, reporting back mechanisms and the integration of supply control and health and education measures.

**Irish Frontliners. *Being positive - A guide to HIV for parents and partners*. Dublin: Irish Frontliners, Dublin Body Positive Group.**

*HIV, AIDS, family*

This short leaflet aimed to educate the families and friends of people with HIV.

It contained information on the virus itself, how to live with it, ways of coping, fear of infection, household and personal cleanliness, and sex.

**McCann, M. E. (1999). *The role of the community in responding to drug-related problems.* PhD thesis, Dublin City University.**

*Ballymun Youth Action Project, community*

This qualitative research explored the context and policy environment of community participation. It examined issues involved in moving from a micro medical model to a macro sectoral approach. The subject was studied using Ballymun Youth Action Project as a case study. Challenges in developing community participation were identified, and the contribution of community development was explored. Two important conclusions were, firstly, that comprehensive intersectoral collaboration challenges traditional relationships, and requires training, and, secondly, that work remained to be done to develop congruence among the theoretical concepts involved in community drugs work.

**McCarthy, M., Mitchell, G., Newell, A.-M., Orr, B., & Walsh, H. (1999). *A report from a local initiative concerning alcohol/drug use among teenagers.***

*Tipperary, alcohol, young people, cannabis, inhalants*

This research project was established in the wake of a course for adults on drug/alcohol awareness organised by North Tipperary Community Services, when some of the participants decided to investigate the situation further. The researchers set out to explore drug and alcohol awareness among second-level students under 18 years of age, the extent of under-age drinking, and the extent of illegal substance use. A 13-question survey, administered to 1,500 second-level students aged between 12 and 18 years, was used. The findings of the research indicated that nearly 90% of those surveyed had ever tasted alcohol, 40% had had a full drink before the age of 13, and 58.2% did not consider alcohol to be a drug. Almost 27% of respondents claimed that they had been offered illegal drugs. Cannabis had the highest reported rate of use, followed by inhalants. Almost 65% of respondents said that they had never used drugs.

**Urrús. (1996). *Joint systems approaches for the prevention of drug misuse.***

*Urrús, Ballymun Youth Action Project, young people*

This report was a collection of papers and discussion summaries of a transnational conference hosted by Urrús – Ireland's Community Addiction Studies Training Centre (a Ballymun Youth Action Project initiative). The aim of the conference was to explore ways of improving and developing services for the care of young people at risk in relation to drug misuse in Ireland. The conference explored the complexities involved when focusing on the systems concerned in the prevention of drug misuse.

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**BY TYPE OF**  
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**INDEX**  
**OF**  
**KEYWORDS**



Under each keyword, page references have been divided into five-year tranches, indicating when the source was published.

## A

- Addiction Response Crumlin (1995-9), 73
- AIDS, 131  
(1985-9), 13, 30, 87, 100  
(1990-4), 30, 31, 56, 67, 83, 84, 119  
(1995-9), 25, 40, 41, 55, 58, 74, 92, 95, 105
- Aiseiri(1990-4), 69
- alcohol  
(1980-4), 29, 115  
(1985-9), 50, 78  
(1990-4), 15, 24, 38, 52, 54, 69, 79, 80, 94, 121  
(1995-7), 7, 15, 18, 34, 44, 57, 58, 60, 62, 67, 82, 83, 89, 105  
(1998-2000), 10, 12, 17, 22, 24, 43, 45, 46, 47, 48, 56, 74, 75, 89, 106, 113, 119, 132
- amphetamines  
(1980-4), 108  
(1990-4), 24, 93  
(1995-9), 7, 17, 34, 36, 46, 48  
(2000- ), 46, 92
- Ana Liffey Drug Project  
(1990-4), 123  
(1995-9), 1
- antidepressants (1995-9), 48, 105
- antihistamines (1995-9), 48
- Arbour House Treatment Centre (1995-9), 44
- area partnership (1995-9), 6, 73, 104
- Athlone (1995-9), 6
- awareness  
(1980-4), 108  
(1985-9), 113  
(1990-4), 24, 41, 54, 84  
(1995-9), 6, 12, 25, 55, 73, 80, 85, 90, 103, 117

## B

- Ballymun (1995-9), 47
- Ballymun Youth Action Project  
 (1985-9), 127  
 (1990-4), 127  
 (1995-9), 45, 71, 128, 132  
 (2000- ), 128
- barbiturates (1980-4), 20, 50, 98, 108
- benzodiazepines  
 (1995-9), 5, 7, 11, 46, 48, 60, 76, 95, 107, 109, 118  
 (2000- ), 120
- Bray (1995-9), 10, 104

## C

- cannabis  
 (1980-4), 22, 23  
 (1985-9), 50, 78  
 (1990-4), 23, 24, 32, 33, 94, 121, 123  
 (1995-9), 7, 10, 12, 17, 22, 33, 34, 35, 36, 40, 46, 48, 57, 62, 63, 74, 82, 89, 95,  
 105, 115, 132  
 (2000- ), 45, 46, 113
- Carlow (1995-9), 74
- children  
 (1980-4), 29, 66, 108  
 (1990-4), 14, 41, 54, 64, 79, 119, 123  
 (1995-9), 38, 47, 53, 57, 58, 59, 76, 77, 91
- cocaine  
 (1980-4), 28, 50, 108  
 (1990-4), 23, 24, 32, 94  
 (1995-9), 7, 33, 46, 59, 103, 105, 108, 115  
 (2000- ), 45, 92, 120
- community  
 (1980-4), 29, 130  
 (1985-9), 13, 68, 127  
 (1990-4), 26, 94, 127  
 (1995-7), 1, 6, 9, 45, 55, 61, 72, 91, 115, 131  
 (1998-2000), 10, 22, 27, 39, 43, 46, 71, 73, 74, 88, 90, 95, 102, 104, 119, 121, 129,  
 130, 132

community action

(1985-9), 45

(1990-4), 26, 27, 107, 127

(1995-9), 8, 17, 22, 25, 27, 69, 73, 76, 85, 86, 89, 104, 107, 129, 130

(2000- ), 37, 102

Community Addiction Response Programme (Tallaght) (1995-9), 9

Concerned Parents Against Drugs (1990-4), 26

Coolmine Treatment Centre (1995-9), 44

Cork

(1980-4), 28

(1990-4), 94

(1995-9), 22, 35, 62, 65, 88

crime

(1980-4), 19, 20, 29, 98, 99

(1985-9), 13, 21, 45, 99

(1990-4), 32, 33, 96, 107, 122

(1995-9), 6, 17, 33, 34, 35, 36, 44, 61, 67, 72, 82, 90, 101, 102, 107, 123, 124

criminal justice

(1985-9), 21

(1990-4), 26, 32, 33, 87, 96, 107

(1995-9), 18, 33, 34, 35, 36, 43, 44, 56, 101, 107, 121, 123, 124, 131

Crosscare (1995-9), 85, 86

## D

demand reduction

(1990-4), 15

(1995-9), 15, 80, 91

demographics

(1980-4), 19, 28, 50, 66, 98

(1985-9), 13, 29, 97

(1990-4), 14, 69, 72, 95, 96, 122

(1995-9), 6, 7, 10, 18, 41, 62, 67, 73, 77, 84, 97, 102, 103, 116

detoxification

(1990-4), 100

(1995-9), 119, 120

directory of services

(1985-9), 87

(1995-9), 42, 122

(2000- ), 37, 56

disadvantaged areas

(1980-4), 28, 29, 50  
 (1985-9), 13  
 (1990-4), 79  
 (1995-9), 6, 8, 9, 17, 40, 43, 47, 71, 72, 76, 95, 104  
 (2000- ), 113

Donegal (1995-9), 90

Dublin

(1980-4), 28, 29, 98, 115  
 (1985-9), 13, 29, 30, 45, 50, 54, 68, 78, 92, 93, 97  
 (1990-4), 9, 13, 14, 26, 30, 52, 56, 62, 64, 95, 96, 129  
 (1995-7), 1, 6, 7, 8, 9, 17, 35, 38, 44, 45, 58, 59, 60, 61, 67, 71, 72, 77, 98, 115, 131  
 (1998-2000), 10, 11, 16, 21, 24, 25, 36, 43, 49, 65, 71, 73, 74, 76, 77, 95, 97, 102,  
 103, 121, 129, 130

Dun Laoghaire

(1980-4), 28  
 (1990-4), 30  
 (1995-9), 40

## E

Eastern Health Board, 128

(1990-4), 12  
 (1995-9), 8, 39, 41, 42, 45, 71, 84, 103, 105, 106, 131

ecstasy

(1990-4), 26, 32, 33, 64, 123, 127  
 (1995-9), 6, 17, 33, 34, 35, 40, 46, 48, 49, 57, 69, 76, 89, 95, 103, 105, 108, 115, 119  
 (2000- ), 45, 46, 92, 113

education

(1980-4), 65, 115, 130  
 (1985-9), 87  
 (1990-4), 15, 24, 27, 31, 38, 41, 54, 62, 79, 84, 94, 127  
 (1995-9), 6, 7, 8, 10, 17, 27, 39, 40, 44, 47, 55, 56, 57, 69, 74, 76, 80, 81, 87, 88, 89,  
 90, 91, 117, 121, 131  
 (2000- ), 37, 46, 75

educational disadvantage

(1980-4), 19, 50, 98  
 (1990-4), 122  
 (1995-9), 6, 12, 63, 72, 73, 97

emigration (1995-9), 92



ESPAD (1995-9), 57, 81

Europe

(1985-9), 54

(1995-9), 11, 43, 48, 57, 63, 81, 118, 121

evaluation (1995-9), 25

## F

family, 131

(1980-4), 19, 22, 29, 98

(1985-9), 50, 78

(1990-4), 27, 38, 54, 69, 121, 123

(1995-9), 1, 6, 11, 44, 58, 59, 72, 77, 87, 89, 90, 95, 124, 129, 131

(2000- ), 37

## G

Galway

(1980-4), 28

(1995-9), 67

Gay Men's Health Project (1995-9), 105, 106

general practitioners

(1990-4), 9, 13, 31, 37, 87, 127

(1995-9), 32, 58, 65, 117, 118

## H

hallucinogens

(1980-4), 20, 108

(1990-4), 46, 121

(1995-9), 57, 62

(2000- ), 46

harm reduction

(1990-4), 15, 31, 87, 127

(1995-9), 6, 10, 15, 21, 24, 61, 84, 89, 116, 117, 121

health consequences

(1980-4), 3, 23, 108

(1985-9), 30, 45, 68, 78

(1990-4), 23, 26, 30, 32, 37, 56, 69, 72, 123

(1995-9), 40, 43, 48, 49, 59, 69, 98

health promotion

(1990-4), 62

(1995-9), 8, 12, 25, 27, 41, 47, 74, 87, 89

health status

(1990-4), 14, 67, 96, 123  
 (1995-9), 8, 12, 18, 23, 41, 47, 60, 73, 102, 103

hepatitis

(1980-4), 3  
 (1995-9), 18, 49

hepatitis A (1980-4), 44, 65, 110

hepatitis B

(1980-4), 44, 65, 66, 108, 110, 111, 112  
 (1985-9), 112, 113  
 (1990-4), 30, 119  
 (1995-9), 1, 5, 41, 42, 116

hepatitis C (1995-9), 1, 2, 5, 8, 42, 103, 106, 116, 117

hepatitis D

(1985-9), 112, 113

heroin

(1980-4), 28, 29, 50, 66, 98, 99, 108  
 (1985-9), 13, 29, 68, 93, 97, 99  
 (1990-4), 24, 26, 30, 93, 94, 95, 96, 100, 122, 127  
 (1995-7), 33, 34, 35, 46, 57, 59, 60, 67, 72, 82, 97, 98, 105, 115  
 (1998-2000), 1, 8, 10, 17, 24, 36, 49, 60, 63, 69, 73, 74, 76, 103, 104, 107, 108, 120

HIV, 131

(1985-9), 30, 68, 113  
 (1990-4), 9, 13, 14, 30, 31, 37, 38, 56, 62, 64, 72, 83, 84, 101, 119, 122, 127  
 (1995-9), 1, 2, 5, 8, 23, 25, 39, 42, 49, 55, 58, 70, 74, 84, 91, 92, 95, 98, 105, 116

homelessness (1995-9), 24, 25, 60, 65, 97, 103

hypnotics (1995-9), 109

## I

inhalants

(1985-9), 50, 78  
 (1990-4), 94, 121  
 (1995-9), 57, 132  
 (2000- ), 46

injecting

(1980-4), 3, 4, 29, 44, 50, 65, 111  
 (1985-9), 30, 99, 112, 113  
 (1990-4), 9, 13, 14, 26, 30, 37, 38, 56, 62, 67, 83, 84, 95, 96, 122  
 (1995-7), 2, 17, 34, 39, 40, 58, 60, 70, 97, 98, 105, 116  
 (1998-9), 1, 5, 11, 21, 41, 42, 49, 73, 84, 91, 103, 106, 116, 117, 118

inner city

- (1980-4), 28, 50
- (1985-9), 13, 29, 68, 97
- (1990-4), 30, 129
- (1995-9), 1, 24, 25, 72, 74, 95, 98
- (2000- ), 102

Inter-Agency Drugs Project

- (1995-9), 131
- (2000- ), 102

## K

Kerry (1995-9), 62

Kildare (1995-9), 17

Kilkenny (2000- ), 45

## L

Laois (2000- ), 114

legal drugs (1995-9), 62, 74, 81

legalisation (1995-9), 15, 85

legislation

- (1980-4), 50
- (1985-9), 21
- (1990-4), 14, 87
- (1995-9), 15, 34, 38, 44, 56, 65, 85, 91, 121, 123

Limerick (1995-9), 109

local authority housing

- (1980-4), 28
- (1995-9), 40, 43, 62

Local Drugs Task Force

- (1995-9), 10, 17, 22, 36, 39, 40, 47, 73, 76, 88, 104, 115, 119, 129
- (2000- ), 102, 130

Longford (2000- ), 46

LSD

- (1980-4), 50, 98
- (1990-4), 24, 32, 33
- (1995-9), 17, 33, 46, 105, 115
- (2000- ), 45

## M

magic mushrooms

(1990-4), 24

(1995-9), 17

(2000- ), 45

Merchant's Quay Project

(1990-4), 72

(1995-9), 25, 49, 69, 74

methadone

(1990-4), 13, 93, 122

(1995-9), 1, 8, 18, 48, 59, 73, 76, 103, 105, 121

(2000- ), 121

methadone therapy

(1990-4), 31, 33, 64

(1995-9), 32, 39, 44, 53, 65, 71, 76, 82, 107, 117

methodology

(1980-4), 23

(1985-9), 51, 54

(1990-4), 31, 52

(1995-9), 23, 25, 47, 48, 59

Midland Health Board

(1995-9), 7, 74

(2000- ), 75, 113, 114

morphine (1980-4), 50

## N

needle exchange programmes

(1990-4), 31, 62

(1995-9), 42, 49, 84, 117

North Eastern Health Board (1995-9), 81, 89

North Western Health Board (1995-9), 90

## O

Operation Dochas (1995-9), 36

opiates

(1980-4), 20, 50, 98, 108

(1985-9), 29, 30, 92, 93, 99

(1990-4), 14, 23, 24, 95, 96, 100, 101, 121, 122

(1995-7), 7, 17, 40, 46, 58, 59, 62, 71, 72, 97, 105

(1998-2000), 1, 5, 11, 32, 36, 39, 42, 43, 47, 60, 76, 95, 97, 102, 103, 104, 107, 118, 119, 121, 129

overdose (1995-9), 88

over-prescribing

(1985-9), 87

(1990-4), 31

## P

peer group

(1980-4), 98

(1985-9), 50, 78

(1990-4), 52, 69, 79, 94, 121

(1995-9), 11, 22, 87, 89

(2000- ), 37, 113

policy

(1980-4), 20, 50, 65

(1990-4), 14, 15, 69, 87, 96, 127

(1995-9), 8, 15, 21, 23, 24, 25, 34, 47, 61, 63, 71, 76, 85, 91, 95, 97, 101, 118, 121, 123, 131

(2000- ), 75

pregnancy

(1980-4), 66, 108

(1985-9), 93

(1990-4), 14, 64, 119

(1995-9), 7, 16, 91, 120, 128

(2000- ), 128

prescribed drugs

(1980-4), 20

(1985-9), 92

(1990-4), 93

(1995-9), 48, 60, 88, 106, 109

(2000- ), 45

prevention

(1980-4), 22, 29, 50, 65

(1985-9), 78

(1990-4), 13, 14, 27, 31, 33, 38, 41, 54, 67, 79, 89, 94, 121, 127

(1995-9), 6, 10, 12, 17, 24, 27, 40, 44, 55, 67, 74, 76, 80, 81, 85, 86, 88, 95, 103, 119, 129, 131

(2000- ), 75, 102

prison

(1980-4), 98, 99

(1985-9), 99

(1990-4), 33, 38, 84, 100, 101

(1995-9), 1, 5, 18, 34, 35, 36, 42, 61, 76, 82, 101, 102, 105, 109, 119

probation (1995-9), 61, 105

problem behaviour

(1980-4), 19, 20

(1990-4), 38, 52, 123

(1995-9), 43, 59

prohibition (1995-9), 85

public health (1995-9), 41, 47, 131

## R

race (1995-9), 2

rehabilitation

(1980-4), 22

(1990-4), 64, 69, 127

(1995-9), 8, 10, 17, 18, 24, 25, 39, 40, 61, 69, 71, 73, 74, 76, 119, 121, 129, 131

(2000- ), 128

reporting

(1985-9), 54

(1990-4), 32, 33, 95, 96, 107

(1995-9), 6, 33, 34, 35, 36, 77, 89, 91, 97, 107

Rialto Community Drug Team (1995-9), 8

risk behaviour

(1985-9), 100

(1990-4), 14, 62, 67, 95, 96, 101, 122

(1995-9), 11, 12, 21, 25, 39, 42, 49, 60, 77, 84, 92, 95, 103, 105, 106, 116, 117

(2000- ), 113

## S

SAOL (1995-9), 121

Science and Technology Against Drugs Initiative (1995-9), 76

sedatives

(1980-4), 20

(1990-4), 24, 121

(1995-9), 62, 74, 105, 115

Sligo (1980-4), 28

smoking

(1980-4), 29, 115

(1985-9), 50, 78

(1990-4), 52, 79, 94, 121

(1995-9), 7, 12, 17, 22, 38, 41, 47, 49, 57, 58, 60, 62, 67, 82, 83, 89

(2000- ), 45, 46, 75, 113

social deprivation

(1980-4), 28, 29, 98

(1985-9), 13

(1990-4), 24, 119

(1995-9), 17, 41, 62, 63, 69, 97, 98

social exclusion

(1985-9), 13

(1995-9), 6, 69, 95, 97, 104

(2000- ), 114

social work

(1990-94), 12, 64

(1995-9), 15

Soilse (1995-9), 71

solvents

(1990-4), 89, 121

(1995-9), 17, 22, 55, 62, 74, 89, 105

(2000- ), 45

South Eastern Health Board

(1995-9), 103

(2000- ), 45

Southern Health Board (1995-9), 44, 119

speed

(1995-9), 105

(2000- ), 45, 113

stimulants

(1980-4), 20

(1990-4), 121

(1995-9), 62

suicide (1995-9), 65, 88

supply reduction (1995-9), 40, 88

support

(1990-4), 72

(1995-9), 1, 8, 17, 25, 58, 71, 74, 82, 95, 121

(2000- ), 75

## T

testing

(1995-9), 5, 11, 12, 43, 48, 76, 108

(2000- ), 92, 120

Tipperary

(1990-4), 69

(1995-9), 57, 132

training

(1990-4), 38, 89

(1995-9), 25, 40, 55, 85, 86, 130

(2000- ), 37

treatment

(1980-4), 20, 22, 28, 65, 98, 130

(1985-9), 93

(1990-4), 14, 31, 33, 37, 69, 72, 93, 95, 96, 100, 127

(1995-7), 6, 8, 17, 18, 34, 40, 44, 61, 71, 76, 77, 82, 89, 97, 101, 105, 131

(1998-2000), 8, 10, 22, 24, 32, 53, 65, 69, 73, 74, 75, 77, 88, 90, 102, 103, 109, 117,  
119, 120, 129

## U

unemployment

(1980-4), 19, 28, 29, 98

(1985-9), 13, 30

(1990-4), 64, 95, 96, 122

(1995-9), 7, 17, 40, 67, 72, 73, 95, 97

Urrús

(1995-9), 128, 132

(2000- ), 128

## V

valium (1985-9), 127



## W

Waterford (1995-9), 103, 129

Western Health Board (1995-9), 67

Wexford (1995-9), 122

Wicklow (1995-9), 17

women

(1980-4), 66, 108

(1985-9), 93

(1990-4), 14, 64, 83, 119, 123

(1995-9), 2, 7, 16, 18, 23, 47, 49, 65, 72, 77, 91, 103, 116, 120, 121

## Y

young people

(1980-4), 20, 22, 28, 50, 65, 98, 115, 130

(1985-9), 13, 29, 50, 51, 78

(1990-4), 15, 27, 52, 54, 64, 79, 80, 89, 94, 121, 122

(1995-9), 6, 7, 10, 11, 12, 17, 22, 27, 40, 41, 44, 55, 57, 58, 67, 72, 76, 81, 84, 87,  
89, 90, 103, 132

(2000- ), 46, 75, 113, 114