



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

DATA CO-ORDINATION OVERVIEW OF DRUG MISUSE 2011

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1 INTRODUCTION

The 2011 Data Co-ordination Overview reports on treated substance misuse in the South East region, which cover the counties of Carlow, Kilkenny, South Tipperary, Waterford and Wexford.

The report contains data collected and collated from statutory, voluntary and community services in the South East. The report also contains data collated for other problems including gambling and concerned persons. Concerned persons are people concerned about another's substance misuse problem.

The data contained in the report is based upon the analysis of a number of different data systems. These are as follows:-

- National Drug Treatment Reporting System (NDTRS)
- Hospital In-patient Enquiry System (HIPE Scheme)
- National Psychiatric In-patient Reporting System (NPIRS)
- An Garda Síochána Data System

The Report is broken down into nine sections. Sections 2 through 6 present an overview of data using the different data systems mentioned above, firstly on a Regional Level, then by a County basis, with the exception of the NPIRS, which gives a Regional Overview only.

The HIPE and NPIRS reports on 2010 data in order to ensure a complete data set.

Since 2007, the Garda Síochána of the report is taken from Garda Recorded Crime Statistics, published by the Central Statistics Office. The full reports can be seen www.cso.ie.

Section 7 relates to Acknowledgements.

Section 8 contains the Appendices.

1.1 Definitions for Reporting Purposes

Continuous Care Clients:	Clients who continued their treatment from one year into the next without any break in their care.
New Referrals Treated:	Clients who were new to a service and commenced treatment in reporting year.
New Referrals Assessed Only:	Clients who were new to a service, were assessed for treatment but who did not commence treatment for whatever reason in reporting year.
Treatment Episodes:	A treatment episode is the duration of continuous treatment the client has with service provider before being discharged.
Concerned Persons:	A person, usually a family member, who is concerned about another's substance misuse, gambling or other problem and who received a one-to-one treatment intervention.
All Clients/Contacts:	Refers to clients assessed and/or treated by Services in South East regardless of their normal place of residence.
South East Clients/Contacts:	Refers to clients assessed and/or treated whose normal place of residence is within the South East.



SECTION 2

REGIONAL OVERVIEW

2.1 REGIONAL ADDICTION TREATMENT SERVICES

2.1.1 Data Source

The data provided in this Section forms part of the National Drug Treatment Reporting System (NDTRS).

The National Drug Treatment Reporting System was established by the Health Research Board as a data recording system for the Greater Dublin Area in 1990. It was extended to cover all of Ireland in 1995. It was initially developed as part of a European Pompidou Group hence the NDTRS forms are sometimes referred to as the Pompidou forms. The data fields within the reporting system have been refined in accordance with the European Monitoring Centre for Drugs and Drug Addiction Treatment Demand Indicator Protocol.

Information on the NDTRS is collected and collated from a form supplied by the Drug and Alcohol Unit of the Health Research Board. The forms are used to collate and analyse data in relation to treated drug and alcohol use. The Health Research Board defines treatment broadly in this context as “any activity which aims to ameliorate the psychological, medical or social state of individuals who seek help for their substance misuse problems”.

The treatment options which are included in the returns include the following, medication (detoxification, methadone substitution programmes, psychiatric treatment), brief intervention, counselling, family therapy, psychotherapy, and complementary therapy.

The treatment sites that returned the data to the NDTRS included both residential and community based.

One form is completed for every treatment episode (including assessments only) of a client between 1st January and 31st December each year.

There are some additional points to note about the data:-

- Information in this section refers to data collected/collated for the NDTRS for the year 2011.
- The data is based on those presenting to the various statutory, voluntary and community services in the South East Region and is representative of the reported cases of treated substance misuse rather than being representative of the actual prevalence of general drug or alcohol use in the Region. This means that individuals who engaged in drug or alcohol misuse but who did not present to support services were not included in this data report.
- The data presented is based on information supplied by the various services and is only as accurate as the data provided.
- The data in this section is based on individuals not treatment episodes. Although, the individual has been crosschecked using the referring centre, date of birth and gender, there may still be some degree of over counting due to the absence of a unique identifier.

2.1.2 Reporting Centres

Below is a breakdown of the reporting centres in the South East that provided data using the NDTRS in 2011. The data in the Tables is based on the County in which the service is located as opposed to the client's County of residence.

The data is divided into two Tables. Table 1 shows the number of individuals who contacted the services in 2011 and Table 2 shows the number of treatment episodes per Service in 2011. As noted above, an individual may have had more than one treatment episode within a given year.

Reporting Centres	Carlow	Kilkenny	South Tipperary	Waterford	Wexford	Total
H.S.E. Community Mental Health Services	40	120	203	176	100	639
H.S.E. Substance Misuse Teams	115	121	258	196	203	893
¹ H.S.E. Drug Treatment Clinics	61	30	-	39	8	138
H.S.E.Liaison Officer Waterford Regional Hospital	-	-	-	310	-	310
² H.S.E. Acute Hospital/Unit Mental Health	2	-	-	-	1	3
³ H.S.E. Community Alcohol Detoxification Services Mental Health	-	-	-	-	4	4
Outreach Workers	15	14	64	71	49	213
⁴ Saor Programme	-	-	-	23	-	23
The Cornmarket Project	-	-	-	-	307	307
St. Francis Farm (Merchants Quay Ireland) (National)	82	-	-	-	-	82
⁵ Aislinn Adolescent Addiction Treatment Service (National)		135	-	-	-	135
Aiseiri Residential Treatment Service (National)	-	-	237	-	224	461
⁶ Aiseiri Outpatient Programmes	-	-	21	-	33	54
⁷ Ceim Eile Halfway House (Aiseiri Service) (National)	-	-	-	16	-	16
Ceim Eile Outreach Service	-	-	-	16	-	16
⁸ Community Based Drug Initiatives	105	20	86	123	37	371
⁹ Frontline Projects	-	-	-	69	-	69
¹⁰ Tipperary Rural Travellers Project	-	-	2	-	-	2
Total	420	440	871	1039	966	3736

Table 1: Reporting Centres per Individual Contacts to County Based Services 2011. All Contacts.

Data Co-ordination Overview of Drug Misuse 2011.

¹An additional Drug Treatment Clinic was set up in Wexford in late 2010 and NDTRS returns commenced in 2011.

²These relate to clients treated in an acute setting by the Community Based Mental Health Counsellors.

³Alcohol detoxification was previously only reported by Mental Health Services in Wexford. Detoxification is now provided in the Community through G.P.s supported by HSE Substance Misuse Liaison Nurses based in the Substance Misuse Teams. Since 2010, residential detoxification beds are also available in St. Francis Farm (Merchant's Quay Ireland), Tullow, Co. Carlow and in Aislinn Adolescent Addiction Treatment Service, Ballyragget, Co. Kilkenny.

⁴The Saor Programme is based in Waterford but covers both South Tipperary and Waterford.

⁵Additional reporting from Aislinn in relation to detoxification unit began in 2011.

⁶The outpatient programme for Aiseiri Cahir began NDTRS reporting in 2011.

⁷Ceim Eile provides both a residential service and an outreach service. The service moved to a new facility and as a result there was a reduction in the number of beds available.

⁸Carlow, Kilkenny and Wexford have two Community Based Drug Initiative Project workers per County, Tipperary South has three and Waterford has five. Only one of the Wexford Project posts was resourced for the full year in 2011. Figures for South Tipperary include 15 clients who also received individual counselling from South Tipperary Substance Misuse Counsellor.

⁹The Frontline Projects cover both the City and County of Waterford with the County Project being resourced part-time.

¹⁰Tipperary Rural Travellers Project began reporting to the NDTRS in the latter part of 2011.

Data Co-ordination Overview of Drug Misuse 2011.

The following Figure gives the total percentage rate for the Region of individual contacts to the reporting centres in 2011.

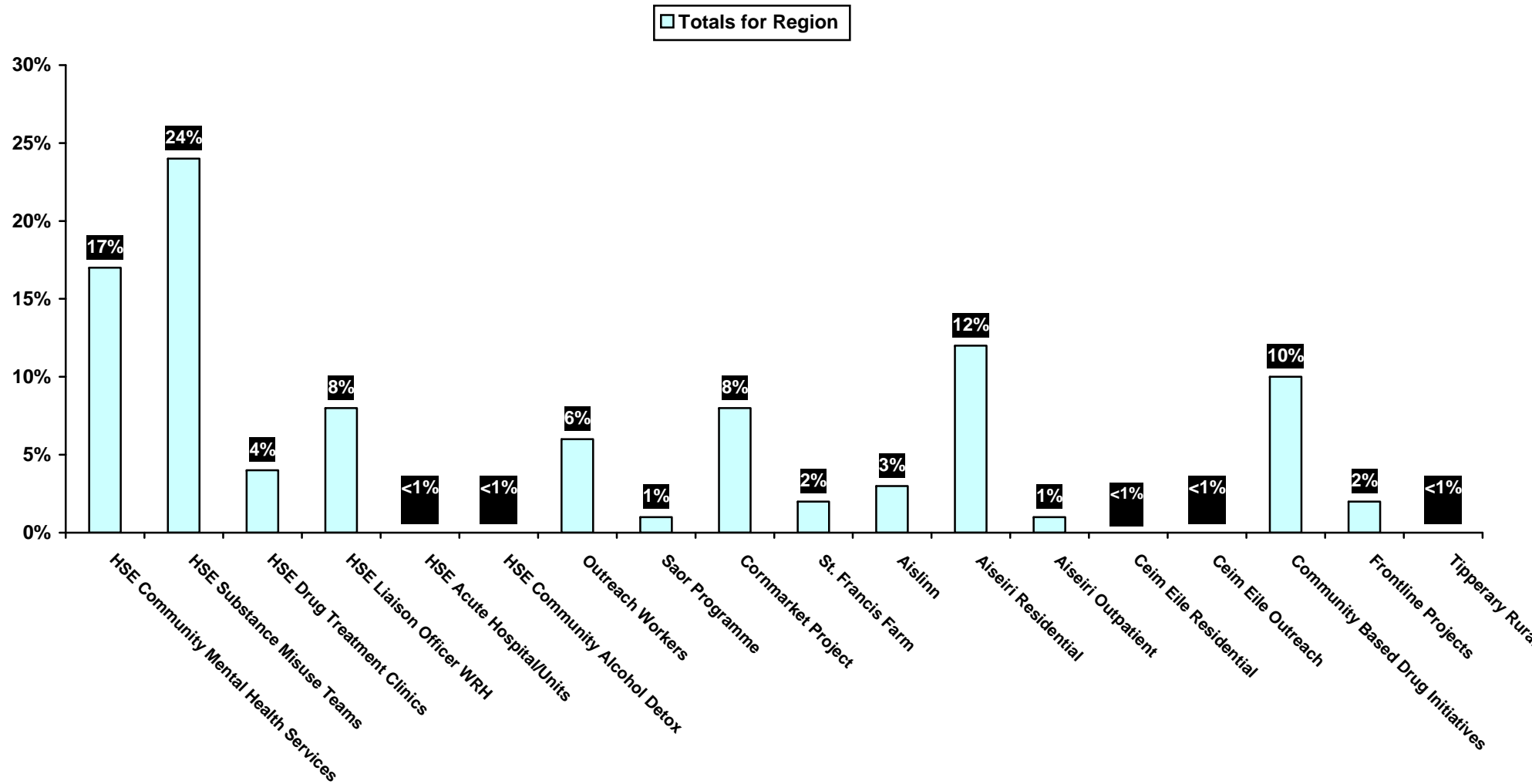


Figure 1: Reporting Centres per Individual Contacts to Services in Region 2011. All Contacts.

Data Co-ordination Overview of Drug Misuse 2011.

A total of 3,736 individual contacts were made to substance misuse services in the South East in 2011. This is an increase of 218 individuals or 6% on 2010 Figures. As previously stated, there may be some degree of over counting due to the absence of a unique identifier. The following Table and Figure gives a breakdown of the number of treatment episodes per Reporting Centre in 2011. Treatment episodes include clients who attended a service more than once during the year and/or clients contacting more than one service.

Reporting Centres	Carlow	Kilkenny	South Tipperary	Waterford	Wexford	Total
H.S.E. Community Mental Health Services	42	130	223	200	113	708
H.S.E. Substance Misuse Teams	131	138	309	237	245	1060
H.S.E. Drug Treatment Clinics	65	33	-	39	8	145
H.S.E.Liaison Officer Waterford Regional Hospital	-	-	-	452	-	452
H.S.E. Acute Hospital/Unit Mental Health	2	-	-	-	1	3
H.S.E. Community Alcohol Detoxification Services Mental Health	-	-	-	-	6	6
Outreach Workers	20	14	91	91	61	277
Saor Programme	-	-	-	27	-	27
The Cornmarket Project	-	-	-	-	316	316
St. Francis Farm (Merchants Quay Ireland) (National)	88	-	-	-	-	88
Aislinn Adolescent Addiction Treatment Service (National)	-	144	-	-	-	144
Aiseiri Residential Treatment Service (National)	-	-	259	-	260	519
Aiseiri Outpatient Programmes	-	-	21	-	37	58
Ceim Eile Halfway House Residential (Aiseiri Service) (National)	-	-	-	23	-	23
Ceim Eile Outreach Service	-	-	-	18	-	18
Community Based Drug Initiatives	119	22	100	147	40	428
Frontline Projects	-	-	-	90	-	90
Tipperary Rural Travellers Project	-	-	2	-	-	2
Total	467	481	1005	1324	1087	4364

Table 2: Reporting Centres per Treatment Episodes to County Based Services 2011. All Contacts.

A total of 4,364 treatment episodes were provided in the South East Region in 2011. The service with the biggest difference between individual contacts and treatment episodes to the services in 2011 was in relation to the Liaison Officer based in Waterford Regional Hospital. This is likely to be due to the fact that the majority of clients receiving a treatment intervention from the Liaison Officer within the hospital setting would be referred on to a community based service on discharge.

Data Co-ordination Overview of Drug Misuse 2011.

The following Figure gives the total percentage rate for the Region of treatment episodes to the reporting centres in 2011.

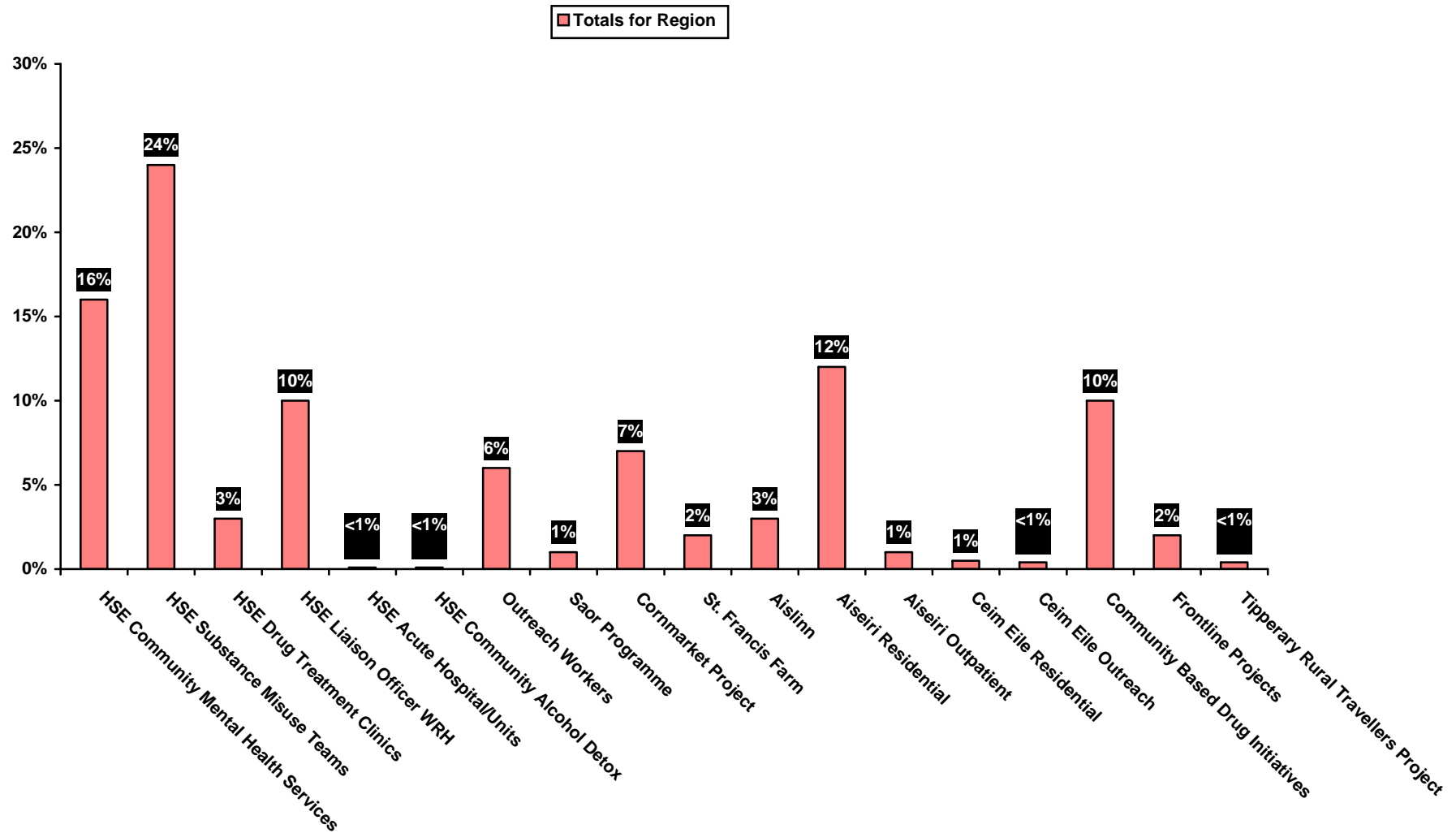


Figure 2: Reporting Centres per treatment episodes to Services in Region 2011. All Contacts.

Data Co-ordination Overview of Drug Misuse 2011.

The number of individuals accessing the HSE Substance Misuse services in 2011 increased by 28% from 2010. This increase can be partly attributed to the increase in resources in late 2010 which resulted in a reduction of waiting times for services and created greater capacity of staff to support clients in 2011. The additional reporting to the NDTRS of the Wexford clinic would also be a contributing factor to the increase shown for the Drug Treatment Clinics by 48% between 2010 and 2011.

The HSE Community Mental Health Services showed a decrease of 9% between 2010 and 2011, as did the Outreach Workers and Community Based Drug Initiatives at 15% and 6% respectively. It is unclear as to the reason for the reduction in the number of individuals contacting the Community Mental Health Services, it may be as a result of clients having an easier access path to the other community based services like the Substance Misuse Teams. The reduction in Youth Service Outreach interventions may be due to the expansion of the Cornmarket's remit to cover the whole of County Wexford rather than just Wexford Town. The reduction in Community Based Drug Initiative contacts is likely due to the vacant position in one of the Wexford Projects during 2011.

There were other increases and decreases to services in 2011. Increases were shown to Liaison Officer, Waterford Regional Hospital, Saor Programme, Waterford/South Tipperary, Cornmarket Project, Wexford, St. Francis Farm, Tullow, Aislinn Adolescent Addiction Treatment Centre, Kilkenny and Aiseiri Outpatient Programmes. Decreases were shown for Wexford Community Alcohol Detoxification Services, Aiseiri Residential Services, Ceim Eile Services and Frontline Projects, Waterford. These increases and decreases will be covered under the individual County sections further in the Report.

2.1.3 Treatment Episodes

Excluding forms received for more than one treatment episode per service or where it was known that a client had been treated at more than one centre during the year, there were 3,736 individuals that accessed the services in 2011. This Figure is broken down as follows:-

Treatment Episode	Numbers	Percentages
Continuous Care Clients	575	15%
New Referrals: treated once during year	2,633	71%
Referrals: treated twice during year	122	3%
Referrals: treated more than twice during year	13	<1%
New Referrals: assessed only	393	10%
Total Treatment Episodes	3,736	100%

Table 3: Treatment Episodes All Contacts 2011.

There was an increase in all types of treatment episodes between 2010 and 2011. The biggest increase was in the continuous care clients which showed an increase of 89 (18%) between the two years. New referrals treated once showed an increase of 86 (3%). Both referrals

treated twice during the year and new referrals assessed only showed increases of 9% which equated to 10 and 32 individuals respectively. Referrals treated more than twice increased by 1 (8%).

2.1.4 Assessments

393 individuals (11%) of all contacts to the services in the Region were clients who were assessed only and did not engage with substance support services in 2011. The following sets of Tables provide a breakdown of these clients by age, reason for referral and reason for non-engagement with the Services.

Age Profile

Age Group	Total South East	National	Outside Ireland	Total Region
Less than 18 years	13	18	1	32
18 – 24 years	57	37	-	94
25 – 29 years	34	19	-	53
30 – 34 years	30	28	-	58
35 – 39 years	28	18	-	46
40 – 44 years	21	14	-	35
45 – 49 years	10	9	-	19
50 – 54 years	12	9	1	22
55 – 59 years	5	8	-	13
60 years and over	10	8	-	18
Not known	-	3	-	3
Totals	220	171	2	393

Table 4: Age Group Assessed Clients

The main age group of assessed only clients for the South East were those in the 18 to 24 year age bracket at 57 (26%) or 94 (24%) of individuals contacting the services in the Region.

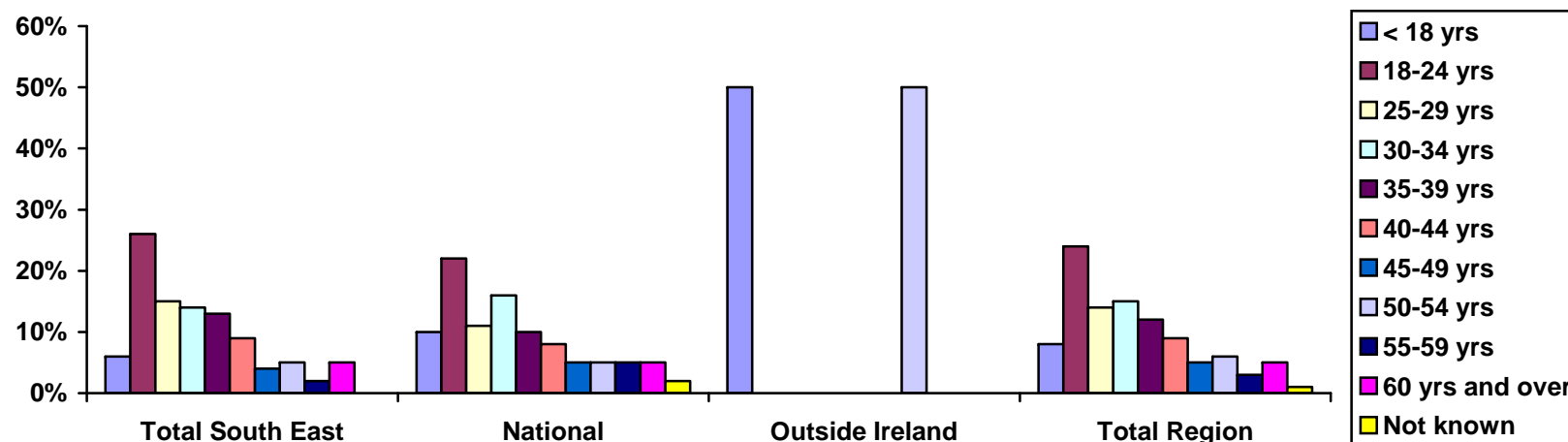


Figure 3: Age Group Assessed Only Clients.

Main Reason for Referral

The following Table gives a breakdown of the main reason the assessed only clients were referred to the substance misuse services for treatment.

Main Reason For Referral	Total South East	National	Outside Ireland	Total Region
Alcohol	127	93	1	221
Illicit Drugs	60	60	1	121
Licit Drugs	4	4	-	8
Other Problem	29	14	-	43
Totals	220	171	2	393

Table 5: Main Reason for Referral. Assessed Only Clients.

The main reason assessed only clients were referred for treatment was for alcohol misuse, followed by illicit drugs, other problems and then licit drugs. In the South East, alcohol accounted for 127 (58%) of assessed only clients, illicit drugs 60 (27%), other problems 29 (13%) and licit drugs 4 (2%).

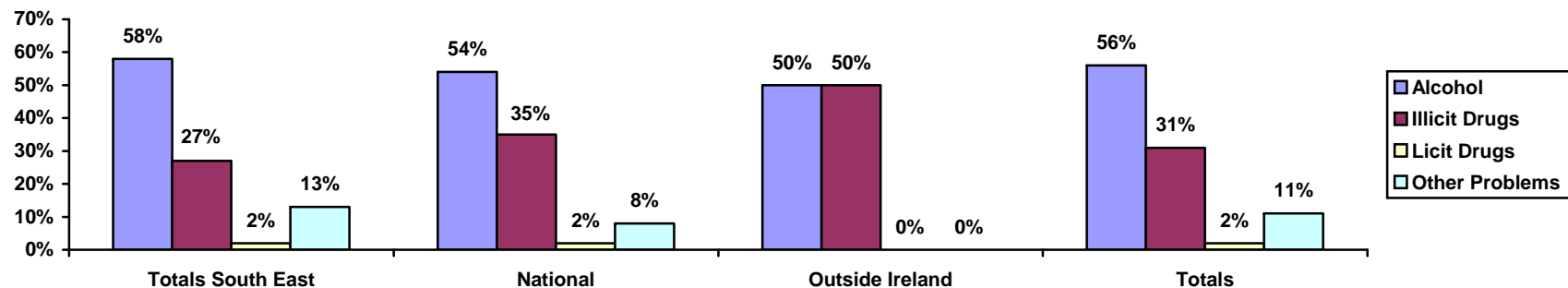


Figure 4: Main Reason for Referral. Assessed Only Clients.

Assessment Outcomes

The following Table and Figure show the reasons that the assessed only clients did not engage with the treatment services in 2011.

Assessment Outcome	Total South East	National	Outside Ireland	Total Region
Client unsuitable for treatment	75	71	1	147
Transferred elsewhere for treatment	14	4	-	18
Client did not accept a treatment place	131	96	1	228
Totals	220	171	2	393

Table 6: Assessment Outcomes. Assessed Only Clients

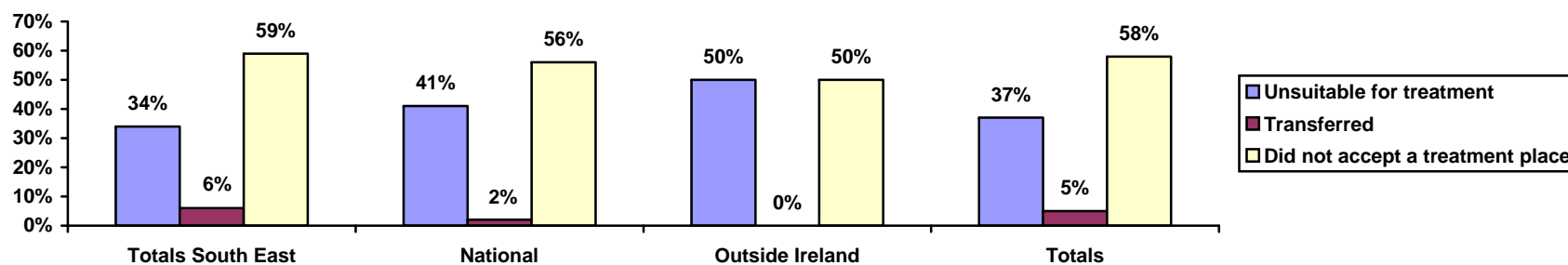


Figure 5: Assessment Outcomes. Assessed Only Clients

The majority of assessed only clients who were assessed and offered a treatment place did not accept it. This accounted for 131 (59%) South East clients, 96 (56%) National clients and 228 (58%) of All Contacts to Services in Region.

The 2010 data shows that there has been a reduction in the rate of assessed only clients who did not accept a treatment place. In 2010, this figure accounted for 236 (65%) of total contacts. The rate of clients deemed unsuitable for treatment increased from 110 (31%) in 2010 to 147 (37%) in 2011. There was a small increase in the rate of clients being transferred elsewhere for treatment from 4% in 2010 to 5% in 2011.

Average Time between Assessment and Treatment

The following Table is a summary of the average time taken between assessment and treatment.

	2011	2010
¹ HSE Services	0 days	0.5 days
² Voluntary Residential Services	14 days	15 days
³ Community Services	0 days	0.8 days
⁴ HSE Drug Treatment Clinics	35 days	49 days

*Table 7: Average Time between Assessment and Treatment in 2010 and 2011.

*Based on new referrals treated once in 2011 at Reporting Centres.

¹Includes data from Liaison Officer Waterford Regional Hospital

²Includes data from out-patient programmes attached to residential services.

³Includes all community based services with the exception of HSE services.

⁴Only includes clients who started methadone substitution in 2011.

As can be seen from Table 7 the average time between assessment and treatment has fallen for all Services between 2010 and 2011. This is in part due to the increased resources and treatment clinic places in 2011.

2.1.5 Other Problems

This section deals with treated clients who attended the substance misuse services in the South East Region with a main problem other than substance misuse, namely concerned persons and gamblers. These accounted for 321 (10%) of treated clients in the Region for 2011.

Table 7 gives a breakdown of other problems for clients with addresses in South East, nationally and total individuals for the Region. There were no clients treated for other problems with an address outside of Ireland.

Other Problem	Total South East	National	Total Region
Concerned Persons	217	-	217
Gambling	61	8	69
Other	35	-	35
Total	313	8	321

Table 8: Non-Substance Misuse Main Problem for Clients in 2011.

In 2011, as with other years, concerned persons made up the majority of non-substance misuse problems for clients with an address in the South East at 217 (69%) followed by gambling at 61 (20%). There was an increase of 20 individuals (10%) between 2010 and 2011 of treated concerned persons, living in South East, and an increase of 27 (79%) of clients who attended with a gambling problem.

The majority of concerned persons were parents concerned about their child(ren) at 105 (48%). This was followed by concerned partners/spouses at 69 (32%) and then concerned children at 25 (11%). Concerned other family members accounted for 18 (8%).

Concerned persons were mainly concerned about the misuse of alcohol 116 (53%), then illicit drug use at 74 (34%), followed by poly substance use at 15 (7%). Concerns about licit drug use, other problems and unspecified substances accounted for the rest at 12 (6%).

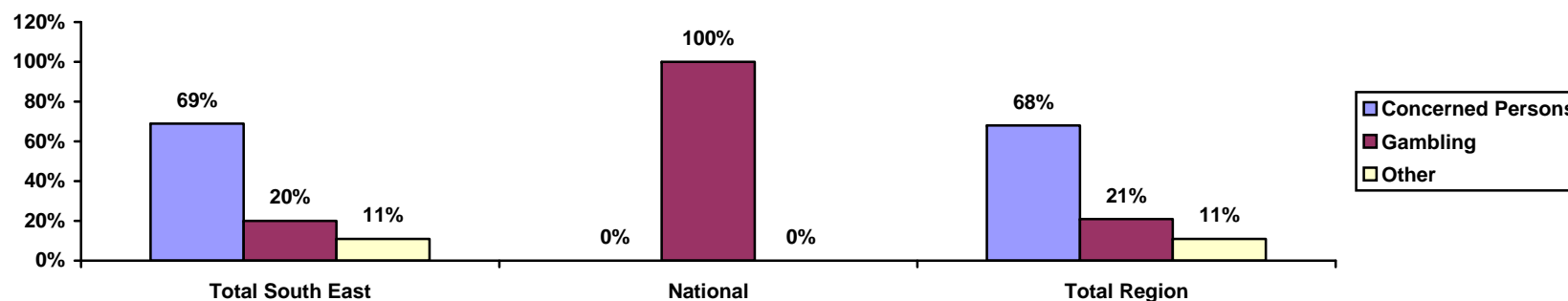


Figure 6: Non-Substance Misuse Main Problem for Clients in 2011

The majority of gamblers who were treated with gambling as their primary problem gambled 2-6 days per week in the month prior to treatment starting, 34 (49%). This was followed by those who had not gambled in the month prior to starting treatment, 17 (25%) and then by those who gambled on a daily basis, 12 (17%). 5 individuals (7%) of clients had gambled once a week or less in the month prior to starting treatment and it was not known in one case how often the client had gambled.

The majority of clients who had “gambling” as their main problem, first gambled when they were less than 18 years, 27 (39%), followed closely by those in the 18-24 year age group, 26 (38%) and then by those aged between 25 years and 29 years, 6 (9%). 4 clients (5%) first gambled when they were 40 years and over and it was not known what age the client first gambled at in 6 (9%) of cases.

2.1.6 Substance Misuse Treatment Data

Excluding clients who were assessed only and those who were treated for addictions outside of substance misuse, there were 2,730 clients treated for a substance misuse problem with an address in the South East in 2011. In addition, 288 individuals who were treated for substance misuse had an address nationally and 4 had an address outside Ireland, totalling 3,022 treated individuals in the South East Region for 2011. The data in the following section relates to these clients only and is based on the client’s County of residence.

Demographic Data

Age Profile

The following Table and Figure provide an overview of the age profile of substance misuse clients treated in the South East Region in 2011.

Age Group	Total South East	National	Outside Ireland	Total Region
Less than 18 years	188	37	-	225
18 – 24 years	605	75	-	680
25 – 29 years	411	27	-	438
30 – 34 years	358	25	-	383
35 – 39 years	314	20	1	335
40 – 44 years	246	28	-	274
45 – 49 years	198	23	2	223
50 – 54 years	152	12	-	164
55 – 59 years	109	20	1	130
60 years and over	144	21	-	165
Not known	5	-	-	5
Totals	2730	288	4	3022

Table 9: Age Profile of Treated Substance Misuse Clients 2011.

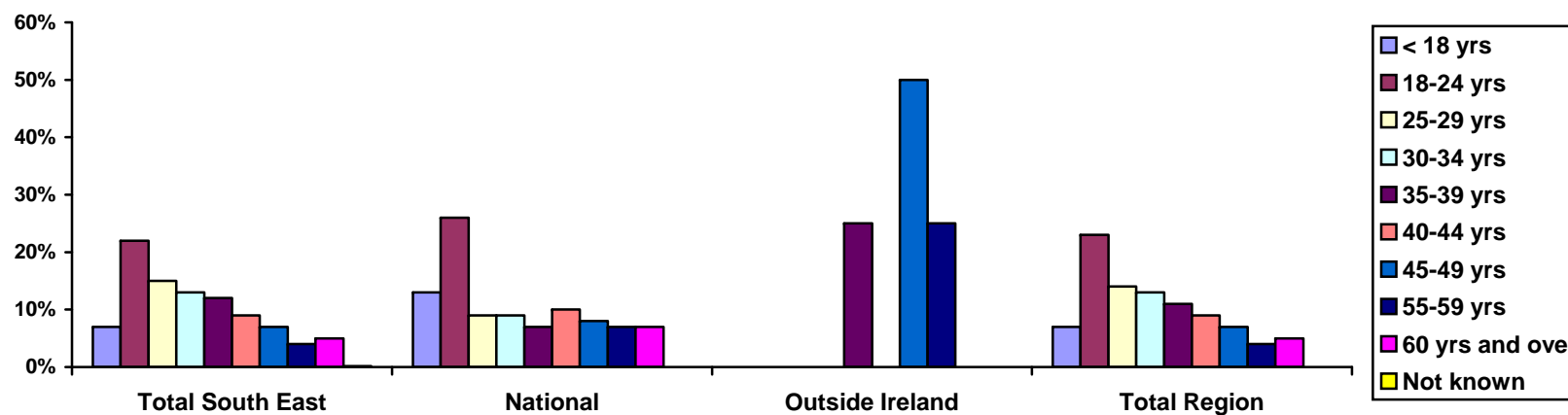


Figure 7: Age Profile of Treated Substance Misuse Clients 2011

Data Co-ordination Overview of Drug Misuse 2011.

The majority of clients with an address in the South East were those between the ages of 18 and 24 years, 605 (22%) followed by those in the 25 to 29 year age group 411 (15%) and then by those aged between 30 and 34 years, 358 (13%). Similarly, all clients treated in the South East Region were highest in the 18 to 24 year age group, 680 (23%) and were again followed by those in the 25-29 age group and those aged between 30 and 34 years at 438 (14%) and 383 (13%) respectively.

The majority of clients with an address nationally were also in the 18-24 age group, 75 (26%) but were followed by those who were less than 18 years 37 (13%) and then by those who were between the ages of 40 and 44 years, 28 (10%). All of the clients under 18 years were those who presented and were treated in Aislinn Adolescent Addiction Treatment Service.

Gender Profile

Table 10 and Figure 8 give an overview of the gender profile of treated substance misuse clients in the Region for 2011.

Gender	Total South East	National	Outside Ireland	Total Region
Male	1880	196	3	2079
Female	850	92	1	943
Total	2730	288	4	3022

Table 10: Gender Profile of Treated Substance Misuse Clients 2011.

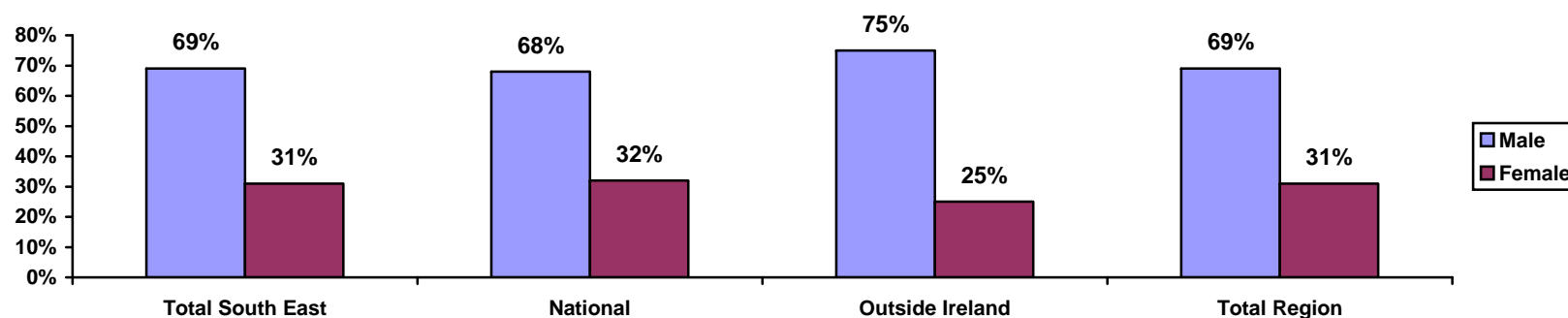


Figure 8: Gender Profile of Treated Substance Misuse Clients 2011.

Over two thirds of all treated clients were male. This is a similar gender ratio to previous years in the South East.

Living Status

The following Table and Figure show the living status (where) of the treated substance misuse clients in 2011. The data relates to the stability of the client’s living situation a month prior to treatment starting.

Accommodation Type	Total South East	National	Outside Ireland	Total Region
Stable Accommodation	2550	256	4	2810
Institution (prison/residential care/halfway house)	55	28	-	83
¹ Homeless	79	4	-	83
² Other Unstable Accommodation	43	-	-	43
Not Known	3	-	-	3
Totals	2730	288	4	3022

Table 11: Living Status Treated Substance Misuse Clients 2011.

¹Homeless can include sleeping rough, living in a guesthouse/hostel etc.

²Other unstable accommodation includes temporary living arrangements e.g. staying with a friend on a temporary basis without paying rent.

The majority of clients were living in stable accommodation in 2011 with 2810 individuals (93%) in this category Overall. 83 (3%) were either living in an Institution or Homeless and 43 (1%) were living in unstable accommodation.

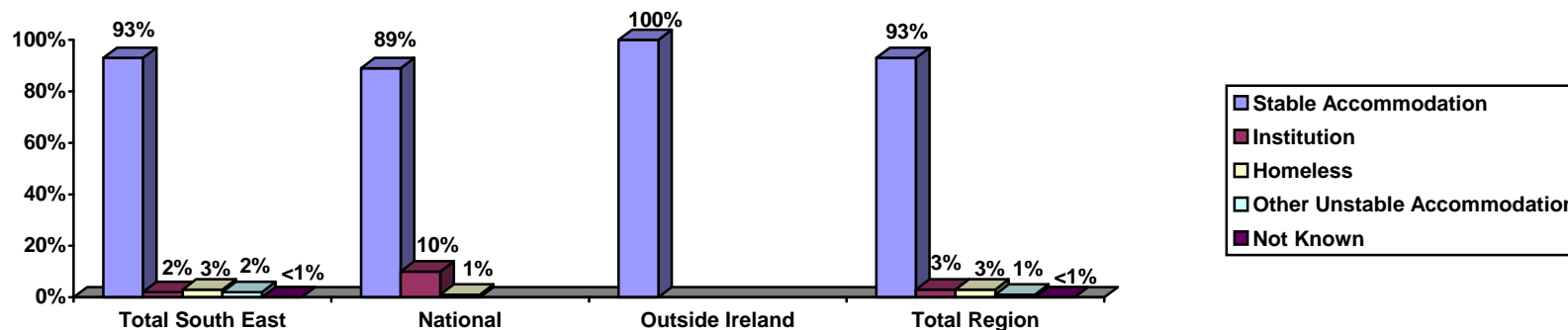


Figure 9: Living Status Treated Substance Misuse Clients 2011.

Employment Status

Table 12 and Figure 10 give an outline of the employment status of treated substance misuse clients in 2011.

Employment Status	Total South East	National	Outside Ireland	Total Region
Unemployed	1637	130	2	1769
In paid employment	395	74	1	470
Student	220	32	-	252
Retired/Unable to work	213	15	-	228
Fás/Training Course	138	16	-	154
Housewife/husband	124	19	1	144
Not Known	3	1	-	4
Other	-	1	-	1
Totals	2730	288	4	3022

Table 12: Employment Status Treated Substance Misuse Clients 2011.

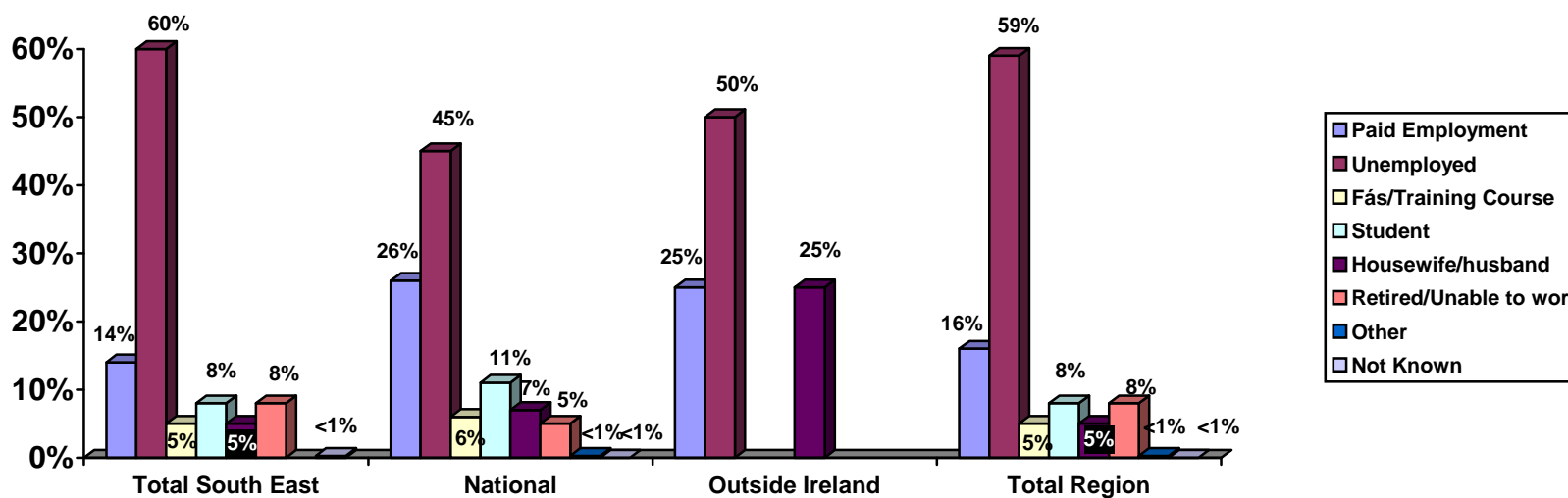


Figure 10: Employment Status Treated Substance Misuse Clients 2011.

Data Co-ordination Overview of Drug Misuse 2011.

As can be seen from the above Table and Figure, in 2011 the majority of treated substance misuse clients were unemployed at the time of their treatment. This relates to 1637 individuals (60%) of South East residents and 1769 (59%) of clients overall. This was followed by clients who were in paid employment, 74 (26%) of those living in the South East and 470 (16%) Overall. Students accounted for 220 (8%) of South East clients and 252 (8%) Overall. These were followed closely by those Retired or Unable to Work at 213 (8%) for South East clients and 228 (8%) Overall.

Referral Data

Source of Referral.

The following Table and Figure illustrate the different referral sources to Services in 2011.

Referral Source	Total South East	National	Outside Ireland	Total Region
Self	897	78	-	975
Court/Probation/Police	268	26	-	294
Mental Health Facility (incl. psychiatrist)	292	1	-	293
Accident & Emergency Other	269	10	1	280
General Practitioner	223	7	-	230
Family	156	68	3	227
Social Services/Community Services	200	9	-	209
Other Drug Treatment Centre	129	47	-	176
Outreach Worker	105	4	-	109
Mental Health Liaison Nurse at A&E	70	-	-	70
Acute Hospital Service excl. A&E	67	1	-	68
Friends	33	17	-	50
School	13	1	-	14
Employer	5	9	-	14
Prison	3	10	-	13
Totals	2730	288	4	3022

Table 13: Source of Referral Substance Misuse Treated Clients 2011

Data Co-ordination Overview of Drug Misuse 2011.

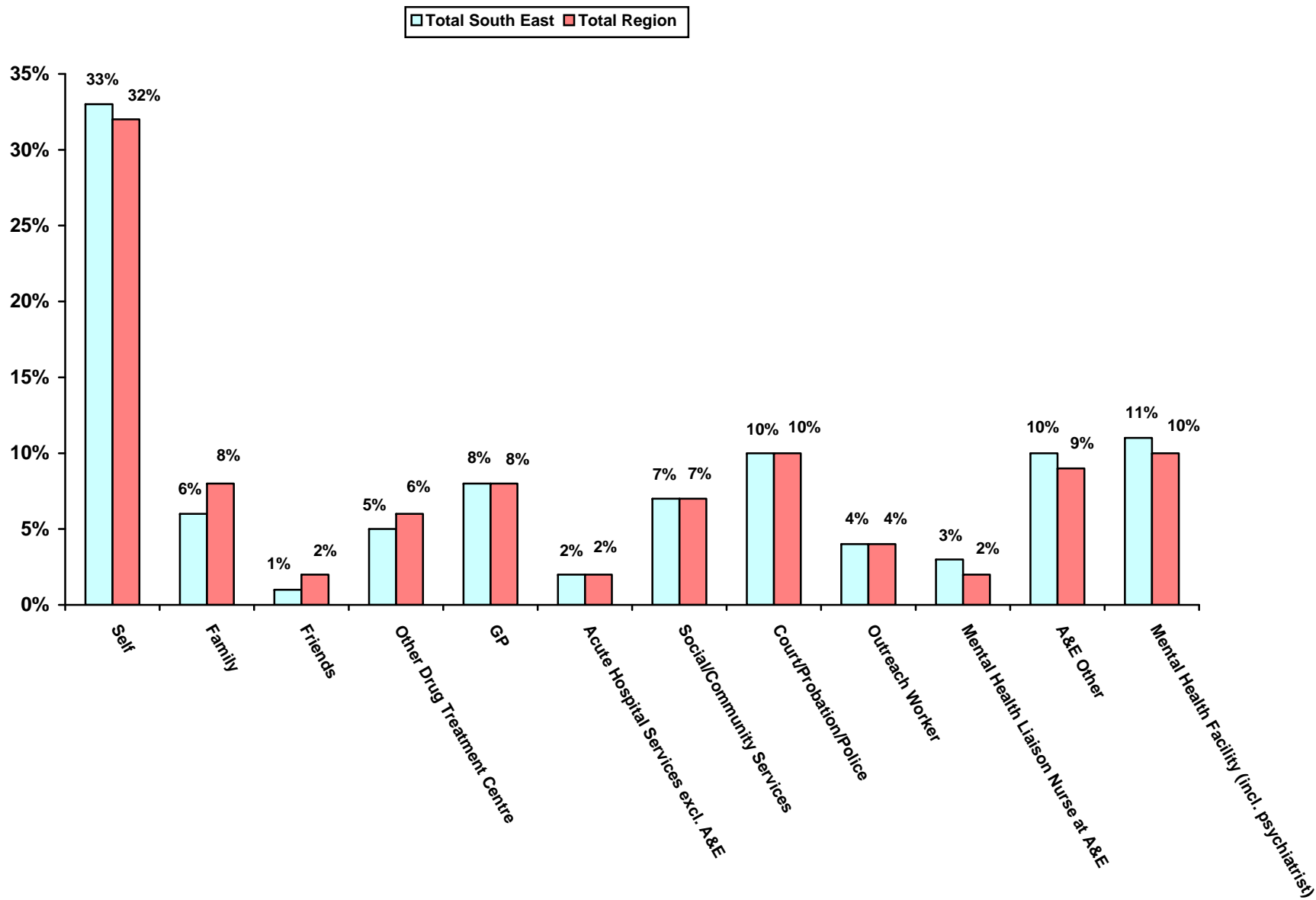


Figure 11: Source of Referral Substance Misuse Treated Clients 2011.

Data Co-ordination Overview of Drug Misuse 2011.

The main source of referral for both South East clients and all substance misuse clients treated in the Region was self, 897 (33%) and 975 (32%) respectively. This was followed by Mental Health Facility (incl. psychiatrist) 292 (11%), A&E Other 269 (10%) and closely by Court/Probation/Police 268 (10%) for South East clients.

The second highest referrals for all substance misuse clients treated in South East came from Court/Probation/Police at 294 (10%), then by Mental Health Facility (incl. psychiatrist) at 293 (10%).

We have not included prison referrals and referrals from schools and employers in Figure 11 as these accounted for less than 1% of both the South East and Regional totals.

Treatment Data

Main Substance Misuse Problem

Table 14 gives a full breakdown of the main substances for which clients were treated in the Region during 2011.

Main Problem Substance	Total South East	National	Outside Ireland	Total Region
Alcohol	1636	190	4	1830
Cannabis	442	56	-	498
Heroin	435	26	-	461
Cocaine	74	7	-	81
Benzodiazepines	60	3	-	63
Other Opiate Type Drug	38	1	-	39
Headshop Substances	17	2	-	19
Amphetamines	10	2	-	12
MDMA	8	1	-	9
Volatile Inhalants	7	-	-	7
Other Specified Medicaments	2	-	-	2
Hallucinogens	1	-	-	1
Totals	2730	288	4	3022

Table 14: Main Substance Misuse Problem Treated Clients 2011.

Data Co-ordination Overview of Drug Misuse 2011.

Figure 12 gives the rate for the main problem substance. It excludes the percentage rates for figures of less than 10 as these record a rate of less than 1%.

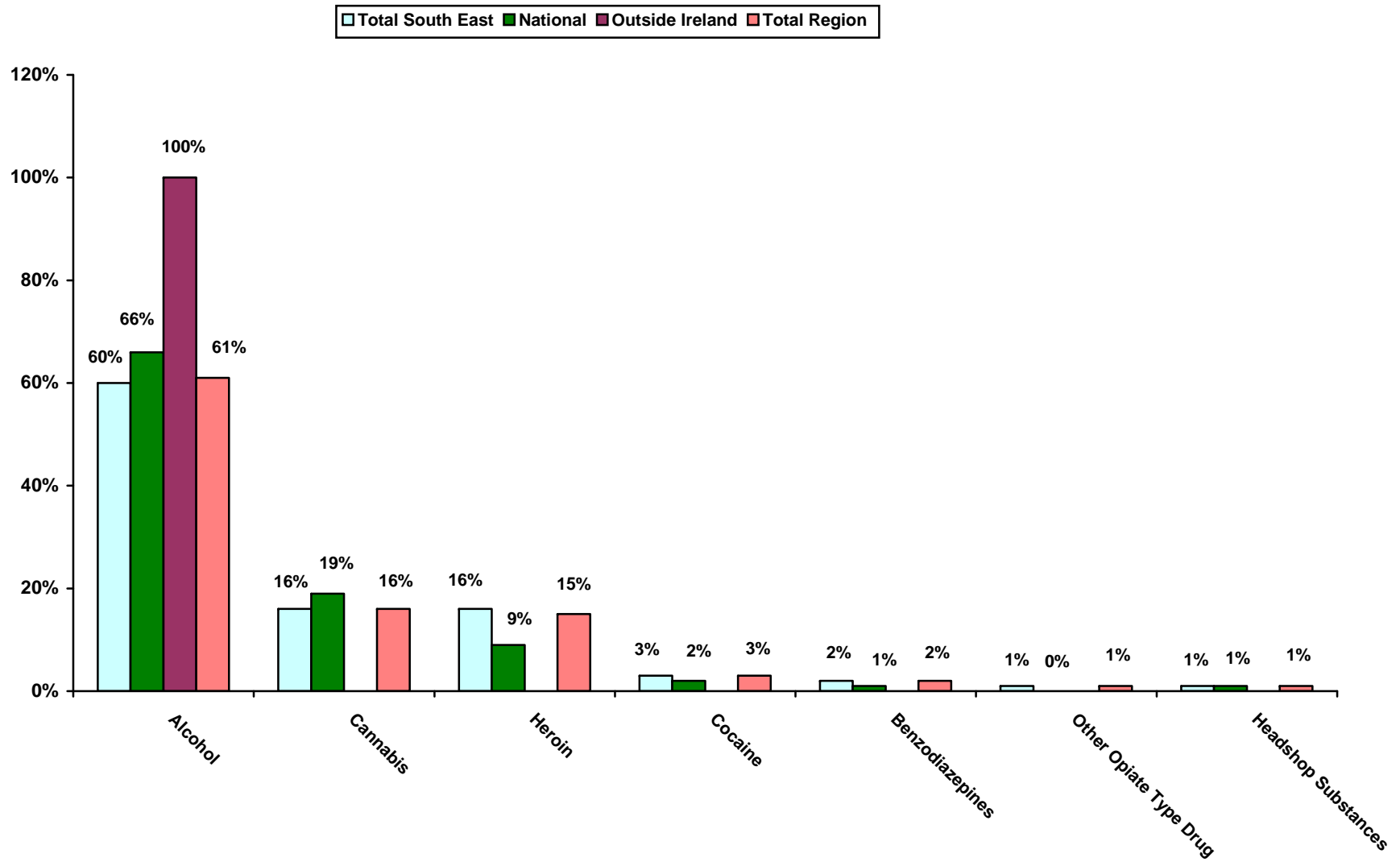


Figure 12: Main Substance Misuse Problem Treated Clients 2011.

Data Co-ordination Overview of Drug Misuse 2011.

Alcohol remained the main problematic substance treated in the South East in 2011, 1830 (61%). This was similar for clients with an address in the South East, 1636 (60%). Alcohol as the main problem substance has increased by 15% between 2010 and 2011 both for clients with South East addresses and all clients treated in the Region. There was an increase of 217 and 240 individuals respectively.

Between 2008 and 2010, heroin was the second most treated substance in the South East. In 2011, the second highest treated drug of misuse was cannabis at 442 (16%) for South East clients and 498 (16%) for all clients treated in South East. This is an increase of 11% on 2010 Figures for South East clients and an increase of 9% for all clients treated in South East.

Heroin was the third highest treated drug in 2011, 435 (16%) of South East clients and 461 (15%) of all clients treated in South East. Although the rate of 16% for treated South East clients remained the same for 2010 and 2011, the actual number of individuals that were treated for heroin use showed a decrease of 70 (14%) between the years for South East clients and 71 (13%) for all clients treated in South East.

In addition, at end of December 2011 there were fourteen G.P.'s in the South East Region who provided treatment for clients addicted to opiates, supported by 43 pharmacies. These accounted for 51 clients at 31st December 2011. At 31st December 2010, there were 13 G.P's and 37 pharmacies providing this Service to 46 clients, this accounts for an increase of 5 individuals 11% between 2010 and 2011.

Figures for treated cocaine use continued to fall, with a decrease of 32% between 2010 and 2011 for South East clients and all clients treated in Region. 74 individuals (3%) of South East clients were treated for problematic cocaine use in 2011 and 81 individuals (3%) of all treated clients in Region.

Clients treated for benzodiazepine use increased in 2011 for clients with an address in South East and all treated clients in Region by 25% and 21% respectively. 60 (2%) of South East clients and 63 (2%) of all treated clients were treated for problematic benzodiazepine misuse in 2011.

Risk Behaviour

Extent of Drinking Problem

Table 15 and Figure 13 gives an overview on the extent of the problem associated with alcohol consumption for clients treated in South East in 2011. The data is based on all clients treated for an alcohol problem, includes clients treated for alcohol as both a main and secondary substance of misuse.

Categorise Extent of Drinking Problem	Total South East	National	Outside Ireland	Total Region
¹ Hazardous	439	12	-	451
² Harmful	614	18	1	633
³ Dependent	858	218	3	1079
Not known	9	-	-	9
Totals	1920	248	4	2172

Table 15: Extent of Drinking Problem for Treated Alcohol Clients 2011.

- ¹Hazardous drinking: is defined as a pattern of alcohol use that increases the risk of harmful consequences for the user. The term describes drinking over the recommended limits by a person with no apparent alcohol-related health problems. This includes experimental drinking.
- ²Harmful drinking: can be described as a pattern of use which is already causing damage to health. This damage may be physical or mental.
- ³Dependent drinker: refers to physical and psychological dependence on alcohol resulting from habitual use of alcohol, where negative physical withdrawal symptoms result from abrupt discontinuation.

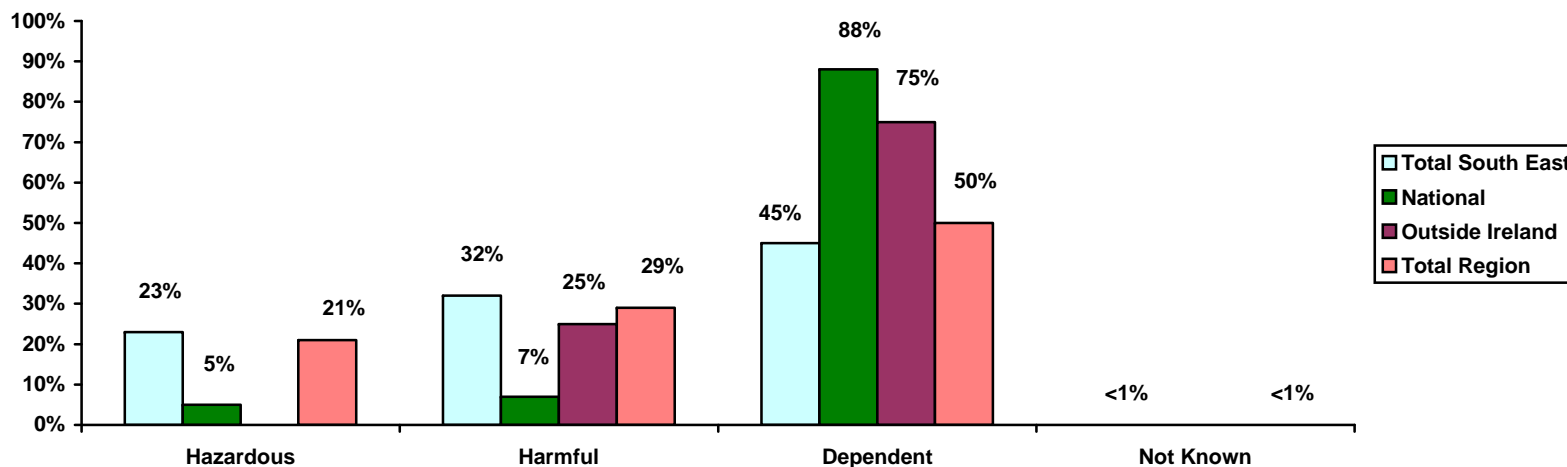


Figure 13: Extent of Drink Problem Treated Alcohol Clients 2011.

The majority of clients living in South East and of all clients treated in the South East were classified as dependent drinkers by the services they attended in 2011, 858 (45%) and 1079 (50%) respectively. This was followed by those classified as harmful drinkers, 614 (32%) and 633 (29%) respectively. 439 (23%) of clients living in South East and 451 (21%) of all clients treated in South East were classified as hazardous drinkers.

Intravenous Drug Use

The following Tables and Figures gives an overview of clients who had engaged in risk behaviour associated with their IV drug use. The initial Table 16 and Figure 14, show clients who had ever injected. Table 17 and Figure 15 show clients who had injected in the month prior to treatment commencing.

Ever Injected	Total South East	National	Outside Ireland	Total Region
Yes	350	12	-	362
No	2425	283	4	2712
Not Known	16	1	-	17
Totals	2791	296	4	3091

Table 16: Treated Clients 2011 who had ever injected

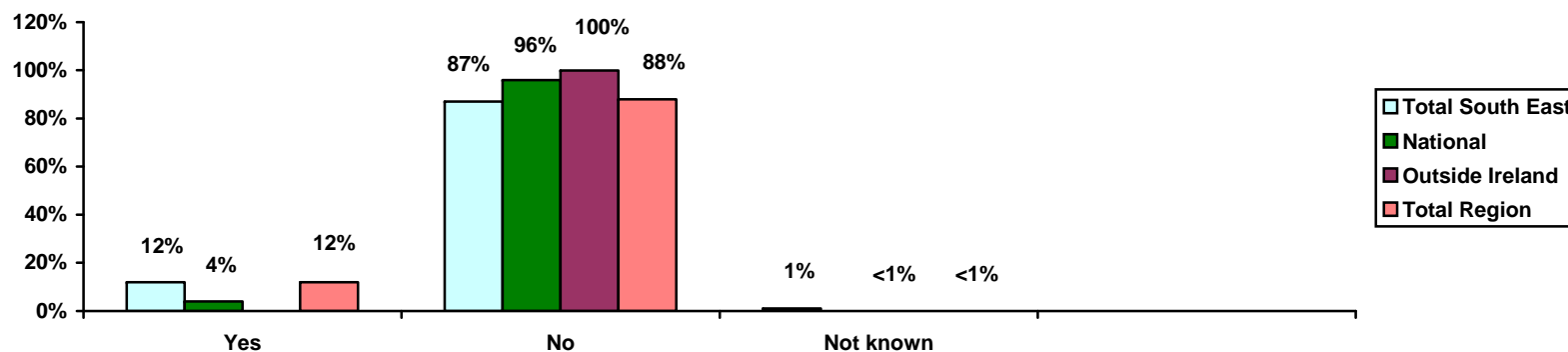


Figure 14: Treated Clients 2011 who had ever injected.

As with previous years the majority of clients had never injected at 2425 (87%) of South East clients and 2712 (88%) of all clients treated in South East.

In 2011, 350 (12%) of South East clients and 362 (12%) of all treated clients had injected at some point in their lives. In 2010, 347 individuals 13% of South East clients had ever injected and 361 individuals 12% of all clients treated in South East. This is an increase of 3 (1%) of clients living in South East who had ever injected between the two years and an increase of 1 (<1%) of all clients treated in South East.

Injected In Past Month

Of those clients who had ever injected, the Table and Figure below shows the numbers and rates of those who had injected in the month prior to their treatment commencing.

Injected in Past Month	Total South East	National	Total Region
Yes	129	1	130
No	219	11	230
Not Known	2	-	2
Totals	350	12	362

Table 17: Treated 2011 Clients Who Had Injected in Past Month

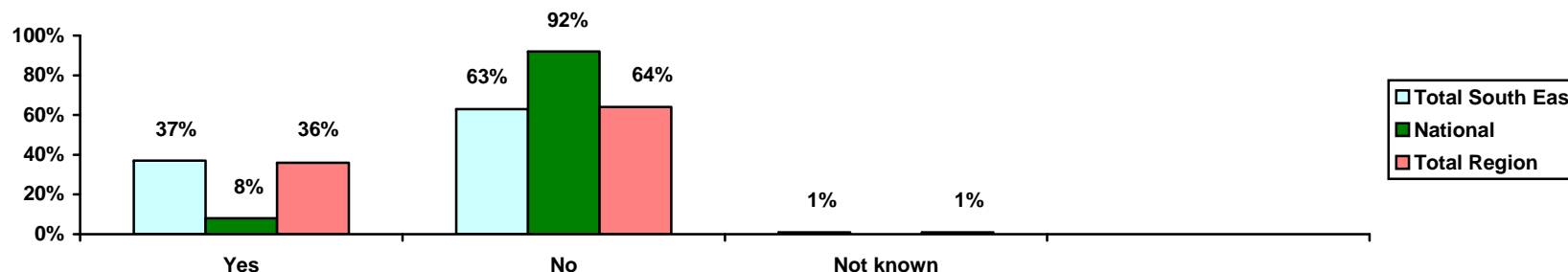


Figure 15: Treated 2011 Clients Who Had Injected In Past Month

Of clients who had ever injected, 129 (37%) of South East clients and 130 (36%) of all South East clients had injected in the month prior to treatment commencing but the majority had not 219 (63%) and 230 (64%) respectively.

Again, of the clients who had ever injected, 174 (50%) of South East clients and 179 (49%) of all treated clients had shared injecting equipment.

Exit Data

Discharges

Each year there are a number of clients who leave the services in the reporting year but who were last treated in the previous reporting year. This delay in discharge reporting is mainly due to the fact that the majority of community based services, statutory, voluntary and community, have a 90-day discharge procedure whereby a client is only formally reported as discharged from the service (unless treatment has been completed) if 90 days have elapsed since their last visit to the Service and no contact has been made with the Service in the meantime. There were 88 of these discharges in 2011. It should be noted that not all community based services have a 90 day discharge procedure, for example, the drug treatment clinics have a 30 day discharge procedure. These “discharged” clients were not included in the treatment section of the report as treatment was not given to them in the 2011 reporting year.

Treatment Outcomes

Clients treated in the South East normally receive more than one treatment intervention during their treatment episode. Table 18 and Figure 16 give a breakdown of the treatment outcome based on the main treatment intervention given to clients in 2011.

Treatment Outcomes	Total South East	National	Outside Ireland	Total Region
Treatment completed	827	213	4	1044
Client transferred stable	109	1	-	110
Client transferred unstable	116	-	-	116
Client considered him/herself to be stable	325	24	-	349
Client refused to have further sessions or did not return for subsequent appointments	752	12	-	764
¹ Premature exit from treatment for non-compliance	33	23	-	56
Client died	14	-	-	14
Client sentenced to prison	25	-	-	25
General medical transfer or medical issue	5	3	-	8
No longer lives in the area	29	-	-	29
Mental health transfer	20	1	-	21
Not known	4	-	-	4
Totals	2259	277	4	2540

Table 18: Treatment Outcomes 2011.

¹Premature exit from treatment for non-compliance. There are five reasons for non-compliance – drug taking, violent behaviour, illegal activities, alcohol taking and not observing other rules. The main reason for non-compliance in 2011 was not observing other rules at 11 (33%) of South East clients and 32 (57%) of all clients treated in South East. This was followed by alcohol taking by South East clients 10 (30%) and 10 (18%) of treated clients in South East.

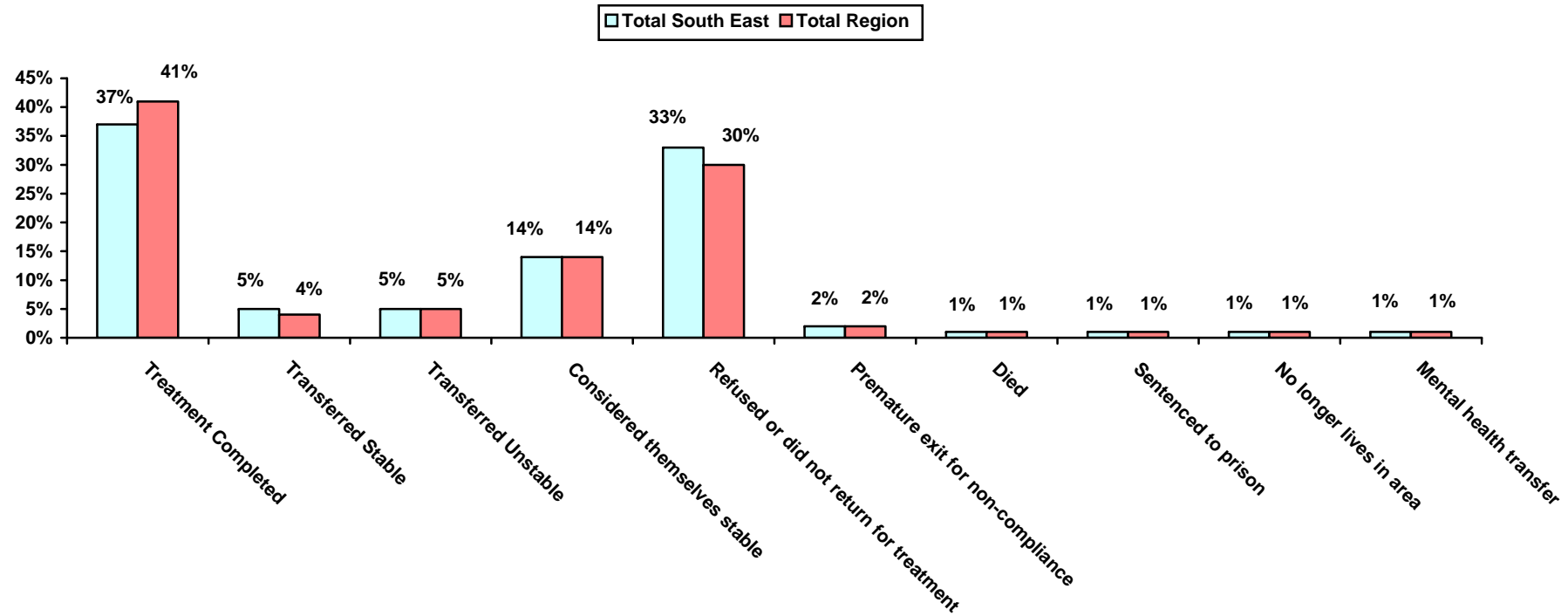


Figure 16: Treatment Outcomes 2011 Treated Clients

As with previous years, the majority of clients had successfully completed their treatment before being discharged from the Services. In 2011, this accounted for 827 individuals (37%) of clients living in South East and 1044 (41%) of all clients treated in South East. This was followed by clients who refused to have further sessions or did not return for subsequent appointments, 752 (33%) South East clients and 764 (30%) of all clients treated in South East. 325 (14%) of clients living in South East left treatment because they considered themselves to be stable and these clients accounted for 349 (14%) of all clients treated in South East.

2.2 Psychiatric/Hospital Units 2010

The following data is based on 2010 in-patient psychiatric figures for the H.S.E. South and was provided by the Mental Health Information Systems (MHIS) Unit of the Health Research Board. This data is reported through the National Psychiatric In-patient Reporting System (NPIRS).

Data is presented on admissions for an alcoholic disorder and other drug disorders for clients with an address in the South East. As NPIRS is event-based rather than person-based admissions and discharges represent episodes or events rather than persons. Thus, one person may have several admissions during the course of a year and each admission is recorded separately.

2.2.1 Admissions

The following Table and Figure illustrate admissions for patients with an address in the South East for alcohol disorders and other drug disorders to hospitals in 2010.

Hospital	Alcoholic Disorders	Other Drug Disorders	Total Admissions
St. Dymphna's Hospital Carlow	0	1	1
St. Senan's Hospital, Enniscorthy, Wexford	13	40	53
St. Otteran's Hospital, Waterford	1	0	1
South Tipperary General Hospital, Clonmel	19	20	39
Waterford Regional Hospital	32	21	53
St. Luke's Hospital, Kilkenny	35	35	70
Cluain Mhuire Family Centre, Dublin	0	1	1
St. John of God Hospital, Dublin	15	6	21
St. Patrick's Hospital, Dublin	27	4	31
University College Hospital, Galway	0	1	1
Kerry General Hospital	1	0	1
St. Edmundsbury Hospital, Dublin	7	0	7
Total	150	129	279

Table 19: Admissions for Alcoholic Disorder and Other Drug Disorders with an address in the South East by Hospital 2010.

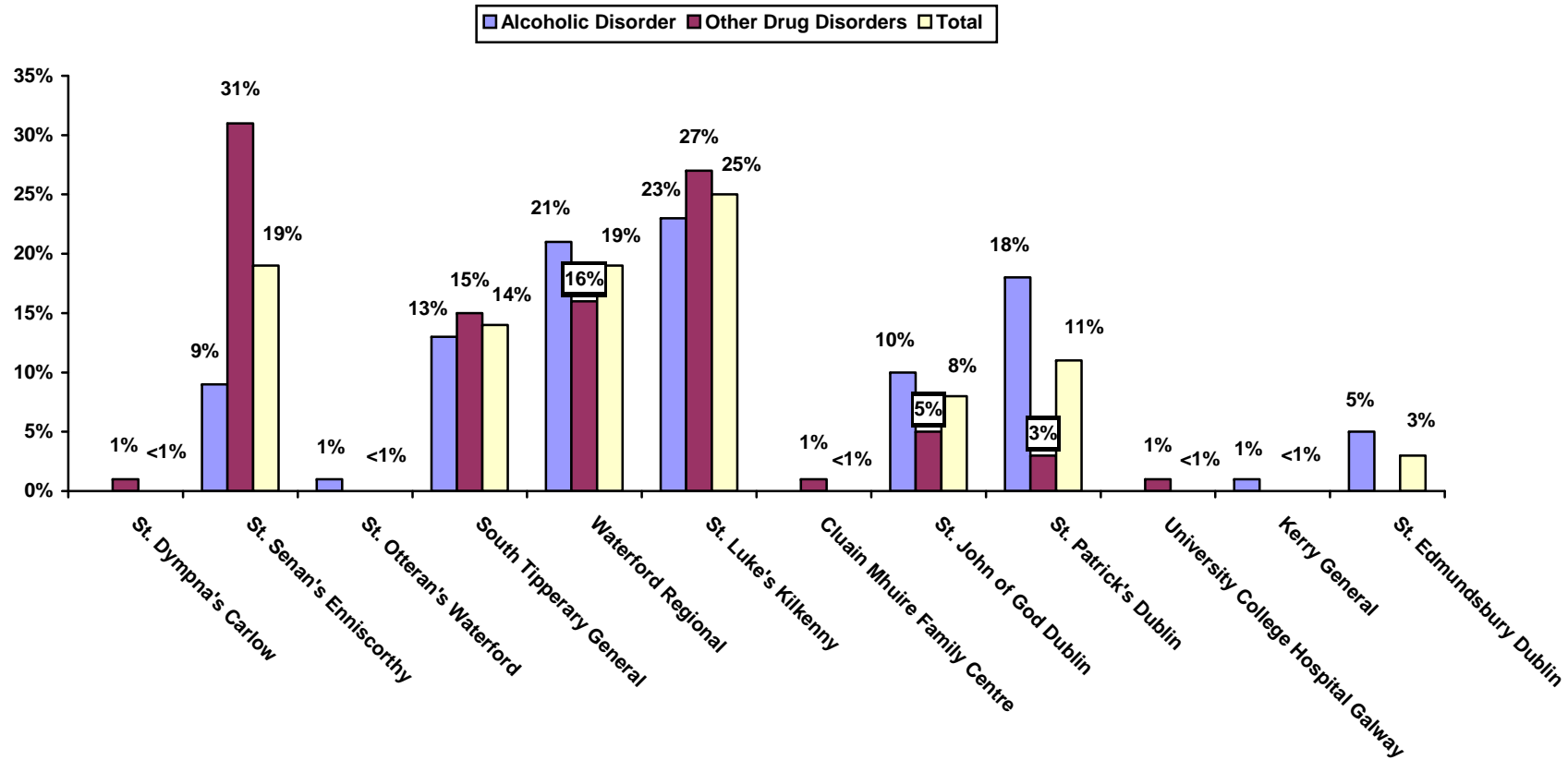


Figure 17: Admissions for Alcoholic Disorder and Other Drug Disorders with an address in the South East by Hospital 2010.

In 2010, 150 (54%) of admissions were treated for an alcoholic disorder and 129 (46%) of admissions were treated for other drug disorders in 2010. This is a reduction of 54 (26%) admissions for treated alcoholic disorders between 2009 and 2010 and a reduction of 7 (5%) for other drug disorders between the two years. Overall, there was a reduction of 61 (18%) of admissions with addresses in the South East treated for an alcoholic and other drug disorders within a psychiatric setting between 2009 and 2010.

2.2.2 Gender

The following Table and Figure gives a breakdown of gender by alcoholic and other drug disorder.

Gender	Alcoholic Disorders	Other Drug Disorders	Total Admissions
Male	97	98	195
Female	53	31	84
Total	150	129	279

Table 20: Admissions for Alcoholic Disorder and Other Drug Disorders by Gender 2010

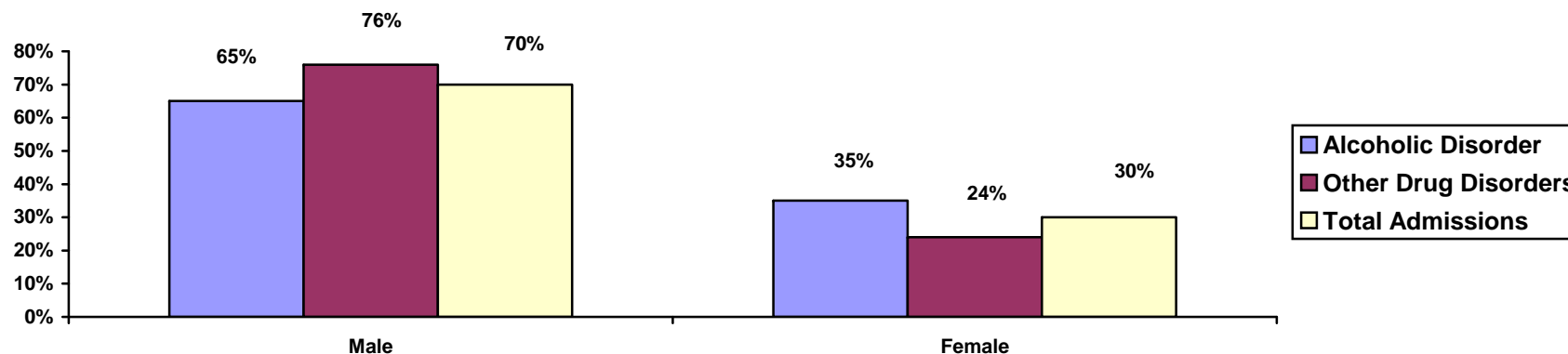


Figure 18: Admissions for Alcoholic Disorder and Other Drug Disorders by Gender 2010.

As with previous years, the majority of admissions were male at 195 (70%). In 2010, 97 (65%) of admissions for an alcoholic disorder were male and 53 (35%) were female. Male admissions accounted for 98 (76%) of other drug disorders and 31 (24%) were female. Between 2009 and 2010 there was a reduction in admissions of males and females who were treated for alcoholic disorders and a reduction in males treated for other drug disorders. However, there was a slight increase of 5 (19%) of admissions for female clients being treated for other drug disorders between 2009 and 2010.

Comparing admissions for both an alcoholic disorder and other drug disorders, just under 97 (50%) of males were admitted with an alcoholic disorder and just over 98 (50%) were treated for other drug disorders. In comparison 53 (63%) of females were admitted with an alcoholic disorder and 31 (37%) were admitted with other drug disorders.

2.2.3 County of Residence

The following Table and Figure illustrate the admissions of clients with an address in the South East for alcoholic disorder and other drug disorders by client’s County of residence.

County of Residence	Alcoholic Disorders	Other Drug Disorders	Total Admissions
Carlow	24	22	46
Kilkenny	29	21	50
Tipperary South	28	21	49
Waterford	35	20	55
Wexford	34	45	79
Total	150	129	279

Table 21: Admissions for Alcoholic Disorders and Other Drug Disorders by Client’s County of Residence.

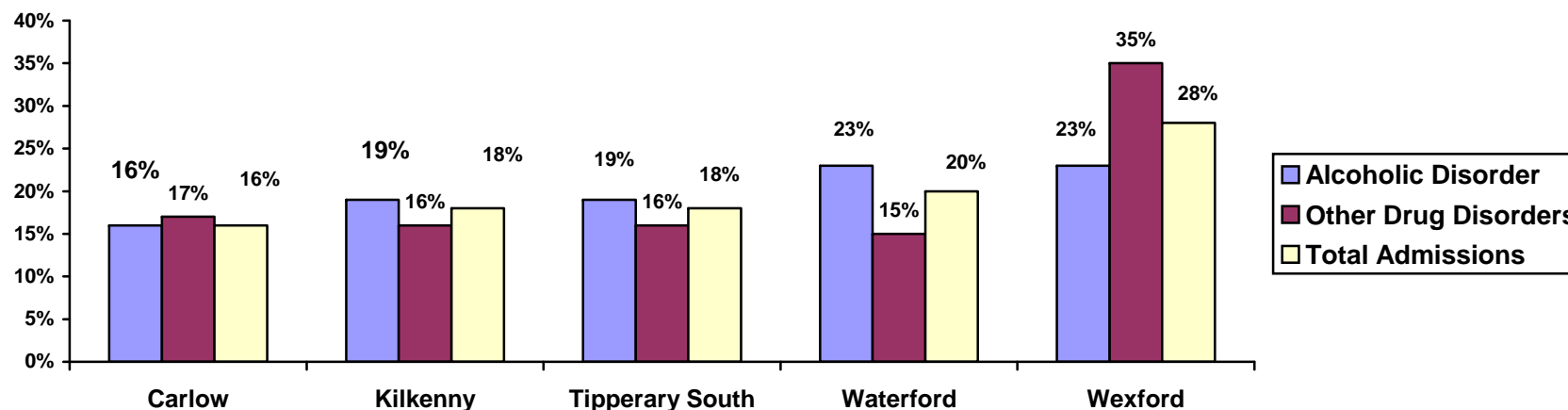


Figure 19: Admissions for Alcoholic Disorder and Other Drug Disorders by Client’s County of Residence.

Waterford and Wexford had the highest admissions for the treatment of an alcoholic disorder within a psychiatric setting at 35(23%) and 34 (23%) respectively. Kilkenny followed with 29 (19%), then South Tipperary with 28 (19%) and Carlow with 24 (16%).

Data Co-ordination Overview of Drug Misuse 2011.

Wexford had the highest admissions for the treatment of other drug disorders within a psychiatric setting at 45 (35%). This was followed by Carlow at 22 (17%). Kilkenny and South Tipperary were similar with 21 (16%) of admissions for other drug disorders and Waterford with 20 (15%).

In total, Wexford again, had the highest admissions with 79 (28%), then Waterford 55 (20%), followed by Kilkenny and South Tipperary with 50 (18%) and 49 (18%) respectively. Carlow had the lowest admissions overall with 46 (16%).

Admissions for alcoholic disorders fell between 2009 and 2010 for all counties. The same was true for Tipperary South and Waterford for other drug disorders. However admissions for other drug disorders increased between the two years for clients with an address in Carlow, Kilkenny and Wexford at 2 (10%), 2 (11%) and 12 (36%) respectively.

Total admissions from Carlow and Wexford increased between 2009 and 2010 at 1 (2%) and 5 (7%) respectively. Admissions decreased for Kilkenny, Tipperary South and Waterford between the two years at 2 (4%), 20 (29%) and 45 (45%) respectively.

2.2.4 Order of Admission

Table 22 and Figure 20 provide an outline of the order of admissions for clients with an alcoholic disorder and other drug disorders.

Order of Admission	Alcoholic Disorders	Other Drug Disorders	Total Admissions
First Ever Admission	48	40	88
Readmission	102	89	191
Total	150	129	279

Table 22: Admissions for Alcoholic Disorder and Other Drug Disorders with an address in South East by Order of Admission.

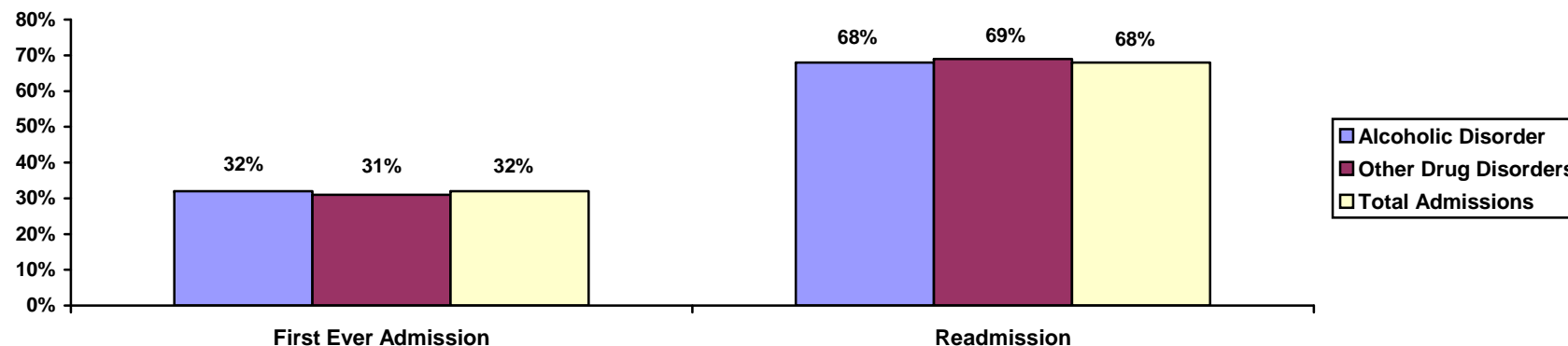


Figure 20: Admissions for Alcoholic Disorder and Other Drug Disorders with an address in South East by Order of Admission.

In 2010 the majority of admissions with an alcoholic disorder and other drug disorders were readmissions to the hospitals. This accounted for 102 (68%) of admissions and 89 (69%) of admissions, respectively. The majority of total admissions were also those who had been treated previously at 191 (68%).

First ever admissions and readmissions for alcoholic disorder fell between 2009 and 2010, as did readmissions for other drug disorders, However, first ever admissions for other drug disorders remained the same between the two years.

2.2.5 Primary Admission Diagnosis

Primary Admission Diagnosis	Total Admissions
Mental and behavioural disorders due to use of alcohol	53
Mental and behavioural disorders due to use of multiple drug use and other psychoactive substances	49
Mental and behavioural disorders due to use of alcohol , dependence state	45
Mental and behavioural disorders due to use of alcohol , acute intoxication	32
Mental and behavioural disorders due to use of multiple drug use and other psychoactive substances , acute intoxication	14
Mental and behavioural disorders due to use of alcohol , harmful use	12
Mental and behavioural disorders due to use of multiple drug use and other psychoactive substances , psychotic disorder	10
Mental and behavioural disorders due to use of sedatives or hypnotics	9
Mental and behavioural disorders due to use of opioids	8
Mental and behavioural disorders due to use of alcohol , unspecified mental and behavioural disorder	6

Primary Admission Diagnosis	Total Admissions
Mental and behavioural disorders due to use of cannabinoids	6
Mental and behavioural disorders due to use of multiple drug use and other psychoactive substances , harmful use	6
Mental and behavioural disorders due to use of other stimulants, including caffeine , psychotic disorder	4
Mental and behavioural disorders due to use of multiple drug use and other psychoactive substances , dependence syndrome	3
Mental and behavioural disorders due to use of opioids , psychotic disorder	3
Mental and behavioural disorders due to use of opioids , dependence syndrome	2
Mental and behavioural disorders due to use of opioids , withdrawal state	2
Mental and behavioural disorders due to use of alcohol , psychotic disorder	1
Mental and behavioural disorders due to use of alcohol , withdrawal state	1
Mental and behavioural disorders due to use of cannabinoids , acute intoxication	1
Mental and behavioural disorders due to use of cannabinoids , harmful use	1
Mental and behavioural disorders due to use of cannabinoids , psychotic disorder	1
Mental and behavioural disorders due to use of cocaine	1
Mental and behavioural disorders due to use of hallucinogens	1
Mental and behavioural disorders due to use of hallucinogens , withdrawal state	1
Mental and behavioural disorders due to use of multiple drug use and other psychoactive substances , withdrawal state	1
Mental and behavioural disorders due to use of other stimulants, including caffeine	1
Mental and behavioural disorders due to use of sedatives or hypnotics , harmful use	1
Mental and behavioural disorders due to use of sedatives or hypnotics , dependence syndrome	1
Mental and behavioural disorders due to use of volatile solvents	1
Mental and behavioural disorders due to use of volatile solvents , acute intoxication	1
Mental and behavioural disorders due to use of volatile solvents , psychotic disorder	1
Total	279

Table 23: Primary Admission Diagnosis with an address in the South East by Total Admissions.

Alcohol related diagnosis remains the highest admissions in 2010 at 150 (54%) of all admissions. Multiple drug use and other psychoactive substances remains the highest other drug disorders admissions in 2010 at 83 (30%).

Alcohol related diagnosis decreased in the last number of years from 288 in 2008, to 204 in 2009 to 150 in 2010. This was a decrease of 54 (26%) between 2009 and 2010. Opioids related diagnosis decreased between 2009 and 2010 from 25 in 2009 to 15 in 2010, a decrease of 10 (40%). There was also a decrease in cannabinoids related diagnosis between the two years from 20 in 2009 to 9 in 2010, a decrease of 11

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(55%). Multiple drug use and other psychoactive substances also showed a small decrease from 84 in 2009 to 83 in 2010, a decrease of 1 (1%). Cocaine diagnosis also showed a small decrease between the two years from 2 to 1, a decrease of 50%.

Treatment within a psychiatric hospital/unit for a sedative or hypnotic related diagnosis increased between 2009 and 2010, from 4 to 11 an increase of 7 (175%). Other stimulants including caffeine also increased between the two years from 0 admissions in 2009 to 5 admissions in 2010. There were also no hallucinogen related diagnosis in 2009 but there were 2 admissions under this heading in 2010. Volatile solvent related diagnosis increased from 1 to 3 admissions between 2009 and 2010.

2.3 Hospital In-Patient Enquiry System (H.I.P.E. Scheme) 2010

The Hospital In-Patient Enquiry System (H.I.P.E. Scheme) is a computer based health information system designed to collect clinical and administrative data on discharges and deaths of patients from acute hospitals in Ireland. It is the principal source of national data on discharges from acute hospitals. The data collected by the HIPE system can be logically grouped into demographic, clinical and administrative data. Each HIPE discharge record represents one episode of care. This means that patients may have been admitted to hospital(s) more than once with the same or different diagnoses. Although information is received on episodes of care, the data in this section of the report is based on individual patients and not episodes of care, with the exception of the Table on coded discharges, which shows both episodes of care and patients. All of the data collected is coded in a standardised format for computer input and for subsequent analysis of the data. Taking into account the routine time lag in chart coding, the information as presented below is based on year 2010 which ensures a complete data set.

Data was requested for the relevant HIPE codes which most directly relate to drugs and/or alcohol. (See Appendix A for codes). However, there may be higher instances of alcohol or drug related discharges not accounted for under the codes requested.

Data was requested and received for the following hospitals located in the South East:

- St. Luke’s Hospital, Kilkenny
- South Tipperary General Hospital
- Waterford Regional Hospital
- Wexford General Hospital

The following section deals with totals for the Region. The breakdown by County is provided in later sections of the Report.

There was 100% coding of all discharges in 2010.

The following Table and Figure provide a breakdown on the total number of discharged cases, drug episodes of care and drug coded patients in the Region in 2010

	Total Discharged Cases	Drug Coded Episodes of Care	Drug Coded Patients
Total	64,442	2,052	1,514

Table 24: Drug related episodes and patients in South East Hospitals 2010.

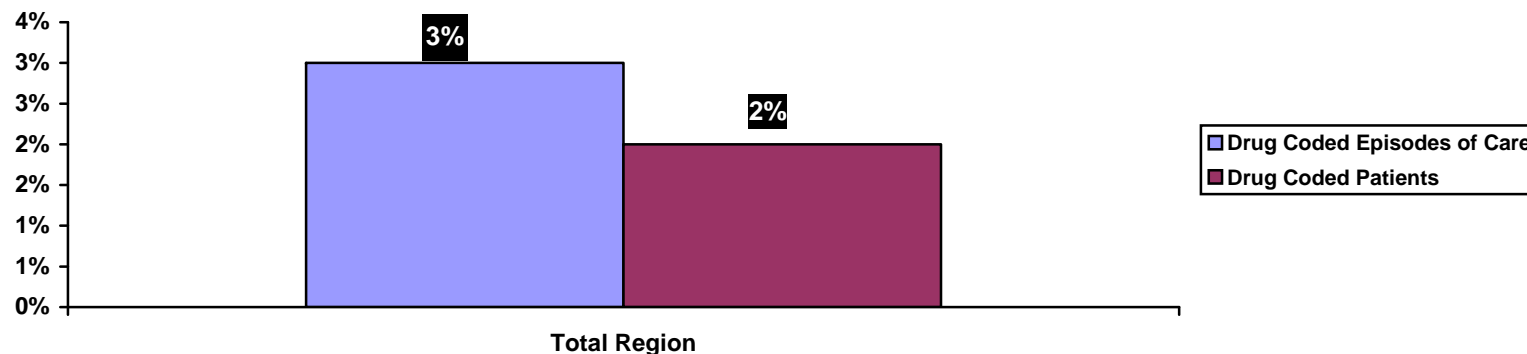


Figure 21: Drug related episodes and patients in South East Hospitals which were drug coded vs total discharges.

2,052 (3%) of cases in General Hospitals in the South East Region had substance misuse diagnoses and 1,514 (2%) of patients. There was a reduction of 237 (10%) of cases between 2009 and 2010 and a reduction of 268 (15%) of patients.

2.3.1 County of Residence

The following Table and Figure show the clients' County of residence for those patients coded with a drug and/or alcohol issues in South East general hospitals.

Clients' County of Residence	
Carlow	201
Kilkenny	294
South Tipperary	299
Waterford	255
Wexford	350
South East	1,399
National	107
Outside Ireland	1
No Fixed Address	7
Total	1,514

Table 25: County of Residence Coded Patients 2010.

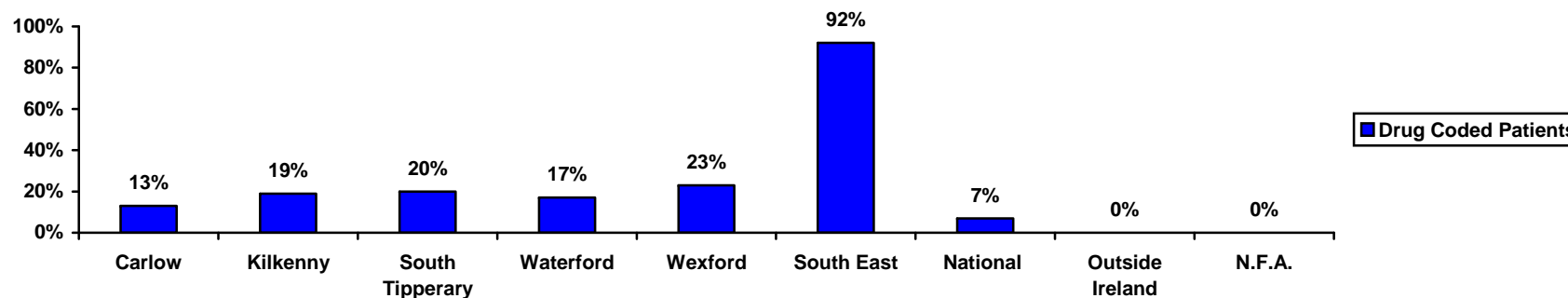


Figure 22: County of Residence Coded Patients in South East General Hospitals 2010.

As would be expected, the majority of patients had an address in the South East, 1,399 (92%). This was similar to that reported in 2009.

2.3.2 Age Group

Table 26 and Figure 23 provide a breakdown of coded patients’ age group for South East Region.

Age Group	South East	National	Outside Ireland	No Fixed Address	Total
Less than 18 years	123	9	-	-	132
18-24 years	176	15	-	-	191
25-29 years	117	11	-	-	128
30-34 years	118	7	-	-	125
35-39 years	113	15	-	4	132
40-44 years	144	8	-	-	152
45-49 years	118	12	-	1	131
50-54 years	134	6	1	2	143
55-59 years	89	8	-	-	97
60 years and over	267	16	-	-	283
Total	1399	107	1	7	1514

Table 26: Age Group Coded Patients in South East Hospitals 2010.

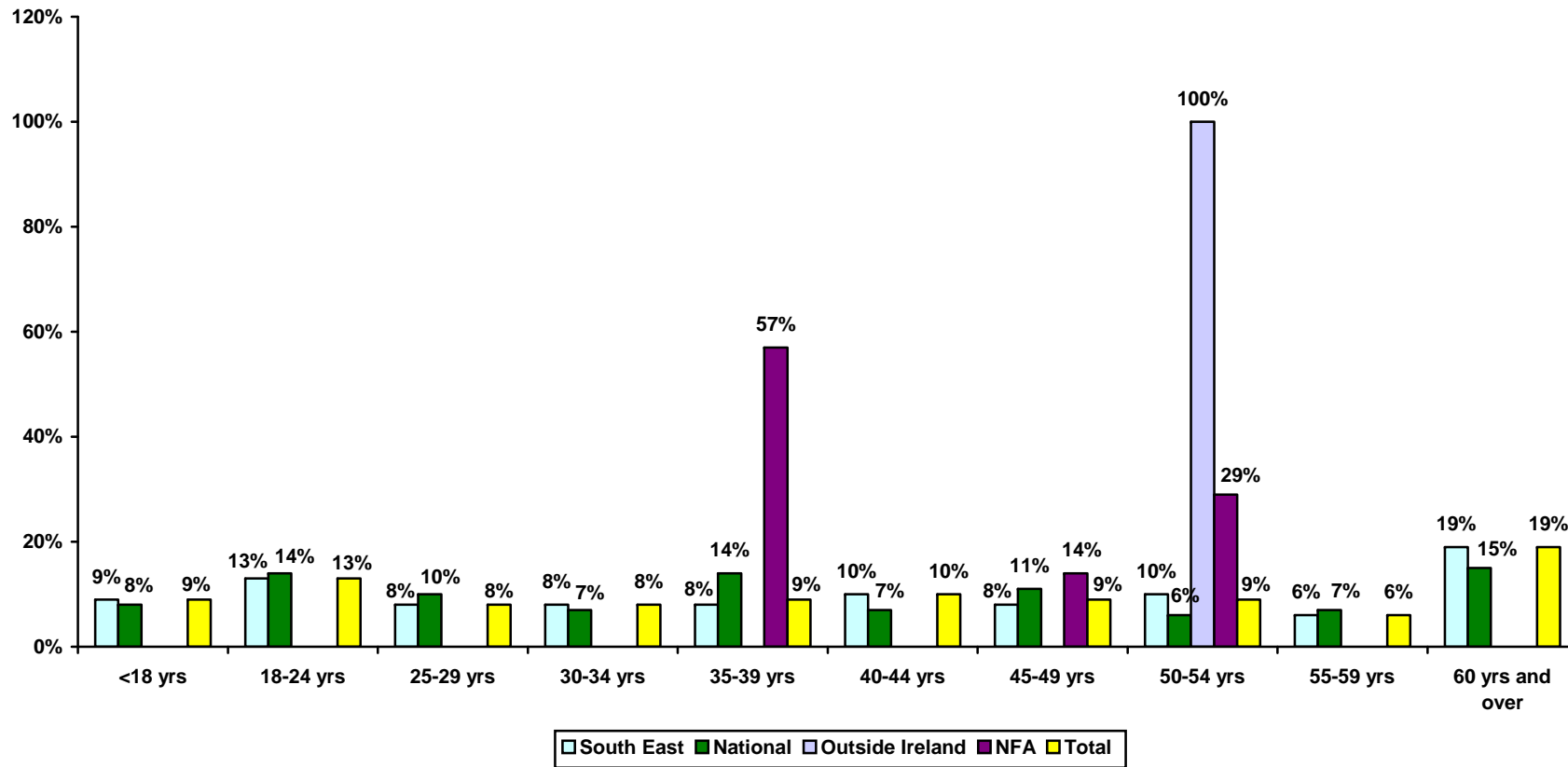


Figure 23: Age Profile Coded Patients South East Hospitals 2010.

The main age group for patients with an alcohol and/or drug diagnosis in 2010 were those aged 60 years and over 283 (19%), followed by those in the 18-24 year age group, 191 (13%) and then those between the ages of 40 and 44 years, 152 (10%).

2.3.3. Diagnosis

The following Table and Figure related to the type of diagnosis for which coded patients were admitted to the general hospitals in the South East in 2010.

	Main Diagnosis Only	Secondary Diagnosis Only	Both Main & Secondary Diagnosis	Total
Alcohol Only	235	539	214	988
Drugs Only	72	90	138	300
Both Alcohol & Drugs	0	26	200	226
Total	307	655	552	1514

Table 27: Type Diagnosis Coded Patients South East Hospitals 2010.

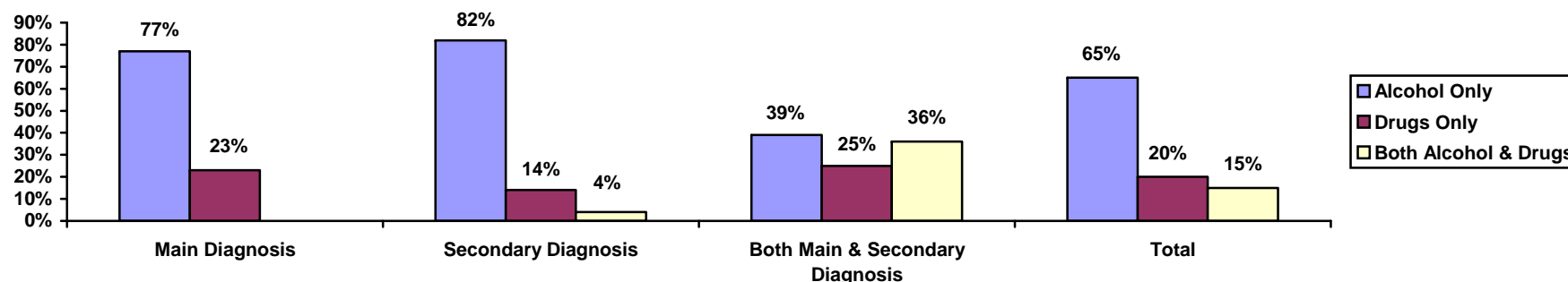


Figure 24: Type Diagnosis Coded Patients South East Hospitals 2010.

In 2010, 307 individuals (20%) of coded patients were admitted with a main diagnosis under the requested HIPE codes, a decrease of 125 (29%) on 2009 figures. In 2010, 655 individuals (43%) of coded patients were admitted with a secondary diagnosis, a decrease of 69 (10%). 552 (36%) were admitted with both a main and secondary diagnosis under the requested codes. This was a decrease of 73 (12%).

As with previous years the majority of clients were admitted with diagnoses which included alcohol only 988 (65%), followed by drugs only at 300 (20%) and then by diagnoses which included both alcohol and drugs, 226 (15%).

2.3.4 Substances Used

Of the coded patients that presented to South East hospitals in 2010 and who were recorded under an alcohol and/or drug code, the following Table and Figure provides an overview of the type of substances used.

The data in Table 28 and Figure 25 show the main six substances used by patients in 2010. There were too many instances of substances being used by a small number of people to show all substances used.

Substance Used	South East	National	Outside Ireland	No Fixed Address	Total
Alcohol	903	78	1	6	988
Opioids	38	1	-	-	39
Unspecified drugs	35	1	-	-	36
Benzodiazepines	31	3	-	-	34
Alcohol/Benzodiazepines	27	3	-	-	30
Cannabinoids	10	1	-	-	11

Table 28: Main Substance(s) Used by Coded Patients South East Hospitals 2010.

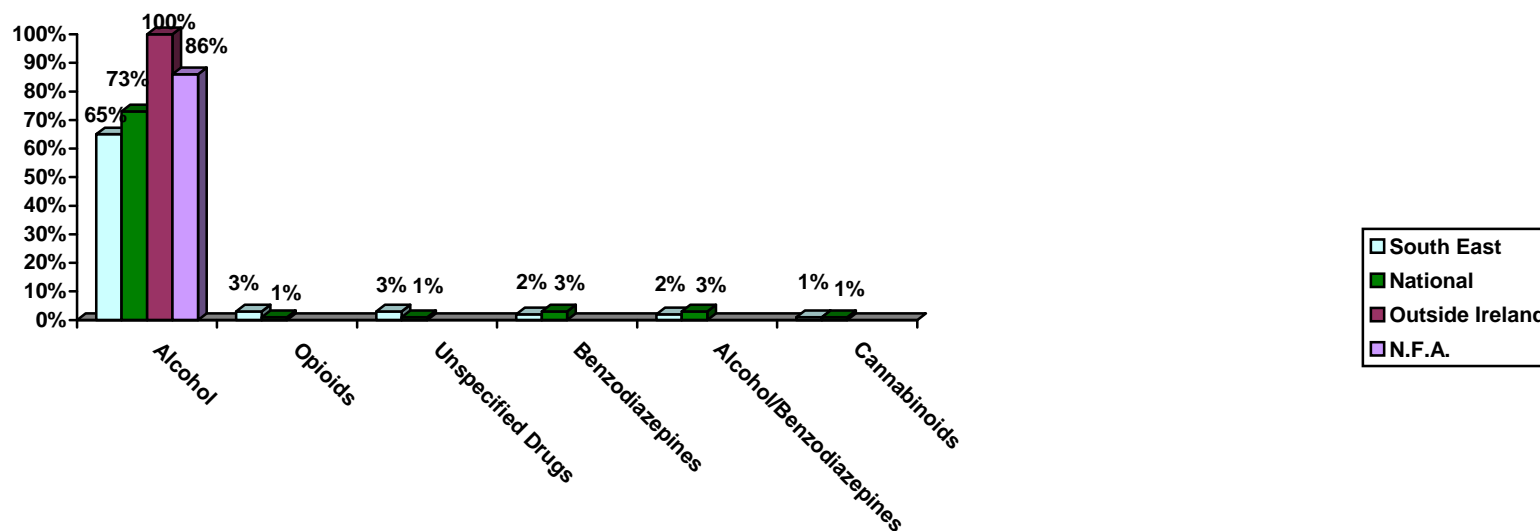


Figure 25: Main Substance(s) Used by Coded Patients South East Hospitals 2010.

Data Co-ordination Overview of Drug Misuse 2011.

As can be seen from the Table and Figure above, there is a significant difference between coded patients admitted to hospitals in South East with a diagnosis which included alcohol compared with admissions in relation to the consumption of other substances. The main substances used in South East were Alcohol 903 (65%), Opioids 38 (3%), Unspecified drugs 35 (3%), Benzodiazepines 31 (2%), Alcohol & Benzodiazepines 27 (2%) and Cannabinoids 10 (1%).

Admissions with a diagnosis which included alcohol fell between 2009 and 2010 by 230 (20%). Admissions with benzodiazepine use and admissions with alcohol and benzodiazepine use also decreased between the two years, 19 (38%) and 18 (40%) respectively.

Coded patients being admitted with a diagnosis which included opioids and unspecified drugs increased between 2009 and 2010, 2 (6%) and 14 (67%) respectively.

2.3.5 Detoxification

In 2010, detoxifications for alcohol and drugs were recorded in three of the general hospitals namely, Wexford General, South Tipperary General and Waterford Regional.

Between the three hospitals, 1,007 coded patients were discharged following treatment in 2010 and of these 117 individuals (12%) received an alcohol detoxification and 3 individuals (<1%) received a drug detoxification.

There were 332 alcohol detoxifications recorded between the three hospitals in 2009, a decrease of 215 individuals (65%). Recorded drug detoxifications also decreased by 5 individuals (62%) between the two years.

2.3.6 Discharges

The following Table shows where the coded patients went on their discharge from the hospitals in the South East in 2010.

	South East	National	Outside Ireland	No Fixed Address	Total Region
Self Discharge	121	13	1	2	137
Home	1059	82	-	-	1141
Nursing Home, convalescent home or long stay accommodation	39	2	-	-	41
Emergency transfer to hospital in HIPE listings	26	2	-	-	28
Non-emergency transfer to hospital in HIPE listings	5	-	-	-	5
Transfer to psychiatric hospital/unit	51	3	-	-	54
Died	30	2	-	-	32
Non-emergency transfer to other hospital not in HIPE listings	5	-	-	-	5
Transfer to rehab facility	15	-	-	-	15
Absconded	25	2	-	1	28
Other	4	-	-	1	5
Transfer to temporary place of residence	19	1	-	3	23
Total	1399	107	1	7	1514

Table 29: Discharge of Coded Patients South East Hospitals 2010.

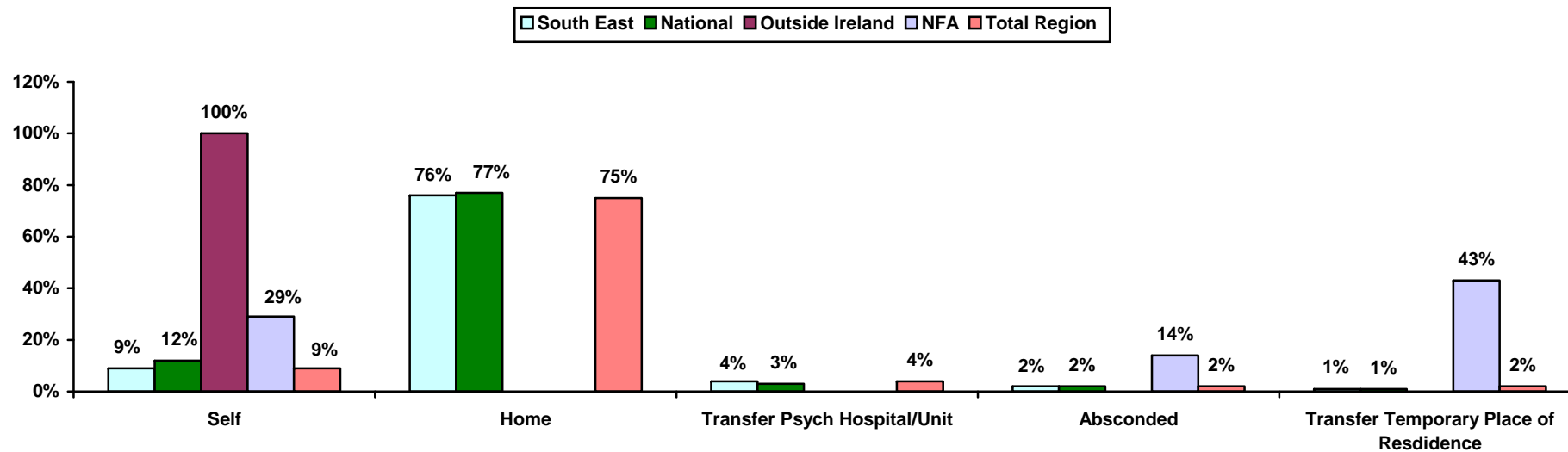


Figure 26: Main Discharges Coded Patients South East Hospitals 2010.

Of South East patients, 1059 individuals (76%) were discharged home. Home discharges also accounted for 1141 individuals (75%) of all coded patients in Region. This was followed by self discharges, 121 (9%) of South East patients and 137 (9%) of all coded patients.

All of the coded patients with an address outside of Ireland self discharged. The majority of coded patients with a national address were discharged home 82 (77%). Coded patients who had no fixed address were either transferred to a temporary place of residence 3 (43%), self discharged 2 (29%), absconded 1 (14%) or were recorded under other 1 (14%).

2.3.7 Length of Stay

Under the requested HIPE codes, the average length of stay for coded patients treated in the South East hospitals was 6 days.

2.4 An Garda Síochána

The following data is taken from Garda Recorded Crime Statistics 2003-2010, published by the Central Statistics Office. This section should be read in conjunction with CSO definitions, background information, interpretation etc. The full report is available from www.cso.ie.

2.4.1 Drug Offences

The following Tables presents an overview of the number of recorded and detected drug offences recorded by the CSO for 2010.

	Recorded	Per 100,000 population	Detected	Detection Rate (%)	With Relevant Proceedings
State	567	12.7	553	97.5	325
South Eastern Region	77	13.9	75	97.4	46

Table 30: ¹Incidents recorded of Importation/Manufacture of Drugs (ICCS 101), incidents per 100,000 population, detection and proceedings, 2010.

¹Relates to the Importation of drugs and cultivation or manufacture of drugs

	Recorded	Per 100,000 population	Detected	Detection Rate (%)	With Relevant Proceedings
State	18,624	416.6	18,378	98.7	11,164
South Eastern Region	2,322	418.1	2,296	98.9	1,413

Table 31: ²Incidents recorded Possession of Drugs (ICCS 102), incidents per 100,000 population, detection and proceedings, 2010

²Relates to Possession of drugs for sale or supply and Possession of drugs for personal use.

	Recorded	Per 100,000 population	Detected	Detection Rate (%)	With Relevant Proceedings
State	752	16.8	742	98.7	495
South Eastern Region	75	13.5	73	97.3	35

Table 32: ³Incidents recorded of Other Drug Offences (ICCS 103), incidents per 100,000 population, detection and proceedings, 2010.

³Relates to Forged or altered prescription offences and Obstruction under the Drugs Act.

2.4.2 Diversion Programme

The following section is taken from the Annual Report of the Committee Appointed to Monitor the Effectiveness of the Diversion Programme, available from the Garda Website www.garda.ie and the Irish Youth Justice Website www.iyjs.ie. The data in this section should be read in conjunction with the Annual Report.

The Diversion Programme is a package of measures for dealing with children between the age of 10 years and 18 years, who commit an offence or offences. The Programme is managed by a Garda Superintendent by the Commissioner of An Garda Síochána and is known as the Director of the Programme. The Director must consider all cases and decide on the suitability or otherwise of the child for inclusion in the Programme.

In order to be admitted to the Programme a child must:

- Be between the age of 10 years and 18 years
- Accept responsibility for his/her criminal behaviour
- Consent to being cautioned and where appropriate, supervised

If the child is deemed suitable for admission to the Programme then he/she is given either a formal or informal caution. In certain circumstances the victim of the offence may be invited to attend the caution. This is referred to as a restorative caution. The Juvenile Liaison Officer (JLO) may also recommend that a family conference be held in relation to the child.

A child given a formal caution is placed under Garda supervision for a period of 12 months. This period of supervision may, in certain circumstances, be varied by the Director. The caution will be administered either by a Garda not below the rank of Inspector or a JLO who has received mediation training. An informal caution is administered by a JLO and the child is not normally placed under supervision. In practice, both cautions are formal processes, one accompanied by a period of supervision and the other without supervision.

2.4.3 Referrals Received by the Diversion Programme.

The following Table gives the number of referrals received in 2010 by South Eastern Region.

	Total	Formal	Informal	No Further Action	Pending	Unsuitable
Overall Total	27,257	5,695	10, 917	922	1,836	7,889
South Eastern Total	3,442	802	1,590	87	186	777

Table 33: Number Referrals Received by Diversion Programme Overall and South Eastern Region 2010.

The total number referrals received in 2010 were 27,257. This is an increase of 3,305 (13.8%) on the figure of 23,952 referrals received in 2009.

2.4.4 Children Referred To The Diversion Programme

Table 34 gives the number of children referred to the Diversion Programme in 2010.

	Total	Formal	Informal	No Further Action	Pending	Unsuitable
Overall Total	17,986	3,567	9,332	856	1,165	3,066
South Eastern Total	2,217	459	1,294	81	112	271

Table 34: Number Children Referred to the Diversion Programme Overall and South Eastern Region 2010.

The total number of children referred in 2010 amounted to 17,986. This is a decrease of 533 (2.88%) on the 2009 total of 18,519.

2.4.5. Children Referred By Gender.

The following Tables gives a breakdown of males and females referred to the Diversion Programme in 2010.

	Total	Formal	Informal	No Further Action	Pending	Unsuitable
Overall Total	14,034	3,019	6,667	641	953	2,754
South Eastern Total	1,737	389	945	60	92	251

Table 35: Males Referred to Diversion Programme Overall and South Eastern Region 2010.

	Total	Formal	Informal	No Further Action	Pending	Unsuitable
Overall Total	3,952	548	2,665	215	212	312
South Eastern Total	480	70	349	21	20	20

Table 36: Females Referred to Diversion Programme Overall and South Eastern Region 2010.

In 2010, 3,952 (22%) of the children referred to the Programme were female while 14,034 (78%) were male. Same ratio applies to South Eastern Region.

2.4.6 Crime Type for Which Children Were Referred

The following Table gives an outline of alcohol and/or drug related offences for which children were referred to the Diversion Programme in 2010.

Crime Type	Number of Referrals	% of Total
Driving/In Charge of a vehicle while over the legal alcohol limit	95	0.35%
Driving/In Charge of a vehicle while under the influence of drugs	11	0.04%
Cultivation or manufacture of drugs	17	0.06%
Possession of drugs for sale or supply	203	0.74%
Possession of drugs for personal use	963	3.53%
Other drug offences	43	0.16%
Total number referrals	27,257	4.88%

Table 37: Alcohol and/or Drug Related Crime Type for Which Children Were Referred to Diversion Programme 2010

A background image showing a close-up of a hand holding a glass of beer. The glass is filled with a golden beer topped with a thick, white head of foam. The lighting is warm, creating a soft glow around the glass and the hand. The hand is positioned on the left side of the frame, with fingers wrapped around the glass.

SECTION 3

CARLOW/KILKENNY OVERVIEW

3 CARLOW/KILKENNY

3.1 Addiction Treatment Services

This section of the Report reports on treated substance misuse in the Carlow Kilkenny Local Health Office Area. The data is broken down into Carlow area, Kilkenny area and combined to give a total for the Local Health Office area, which covers both Carlow and Kilkenny.

The report contains data collected and collated from statutory, voluntary and community services. The report also contains data collated for other problems including gambling and concerned persons. Concerned persons are people concerned about another's substance misuse problem.

3.1.1. Reporting Centres

Reporting Centres	Carlow	Kilkenny	Carlow/Kilkenny LHO Area
H.S.E. Community Mental Health Services	40	120	160
H.S.E. Substance Misuse Teams	115	121	236
H.S.E. Drug Treatment Clinics	61	30	91
H.S.E. Acute Hospital/Unit Mental Health	2	0	2
Outreach Workers	15	14	29
St. Francis Farm (Merchants Quay Ireland) (National)	82	0	82
Aislinn Adolescent Addiction Treatment Centre	0	135	135
Community Based Drug Initiatives	105	20	125
Total	420	440	860

Table 38: Reporting Centres Per Individual Contacts to Carlow, Kilkenny and Carlow/Kilkenny LHO Area Based Treatment Services 2011. All Contacts.

Reporting Centres	Carlow	Kilkenny	Carlow/Kilkenny LHO Area
H.S.E. Community Mental Health Services	42	130	172
H.S.E. Substance Misuse Teams	131	138	269
H.S.E. Drug Treatment Clinics	65	33	98
H.S.E. Acute Hospital/Unit Mental Health	2	0	2
Outreach Workers	20	14	34
St. Francis Farm (Merchants Quay Ireland) (National)	88	0	88
Aislinn Adolescent Addiction Treatment Centre	0	144	144
Community Based Drug Initiatives	119	22	141
Total	467	481	948

Table 39: Reporting Centres Per Treatment Episode to Carlow, Kilkenny and Carlow/Kilkenny LHO Area Based Treatment Services in 2011. All Contacts.

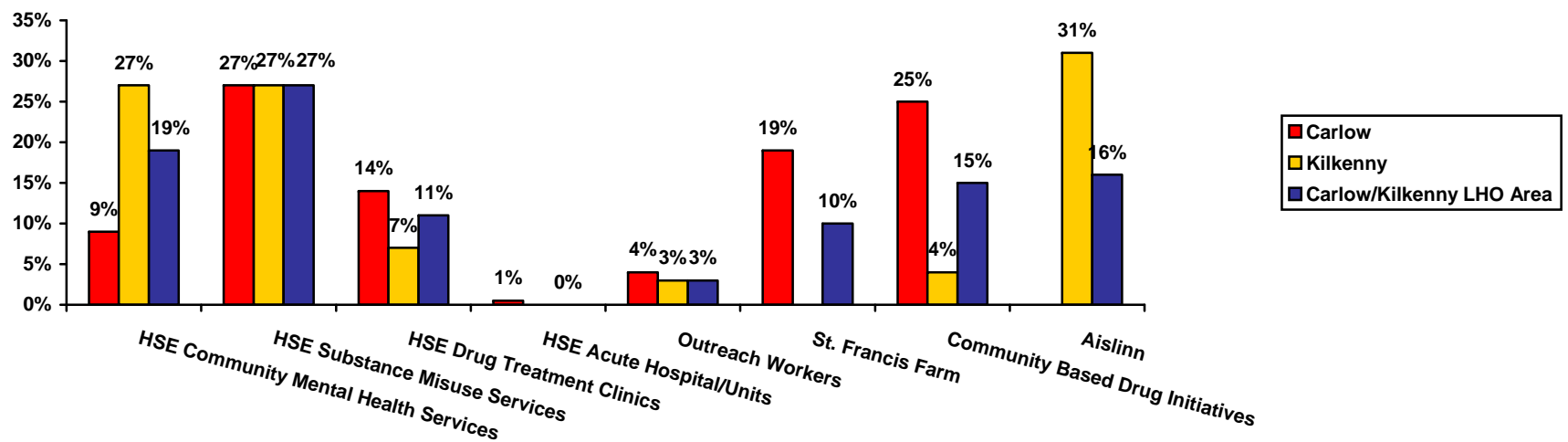


Figure 27: Reporting Centres per Individual Contacts to Carlow, Kilkenny and Carlow/Kilkenny LHO Area Based Treatment Services 2011. All Contacts.

Data Co-ordination Overview of Drug Misuse 2011.

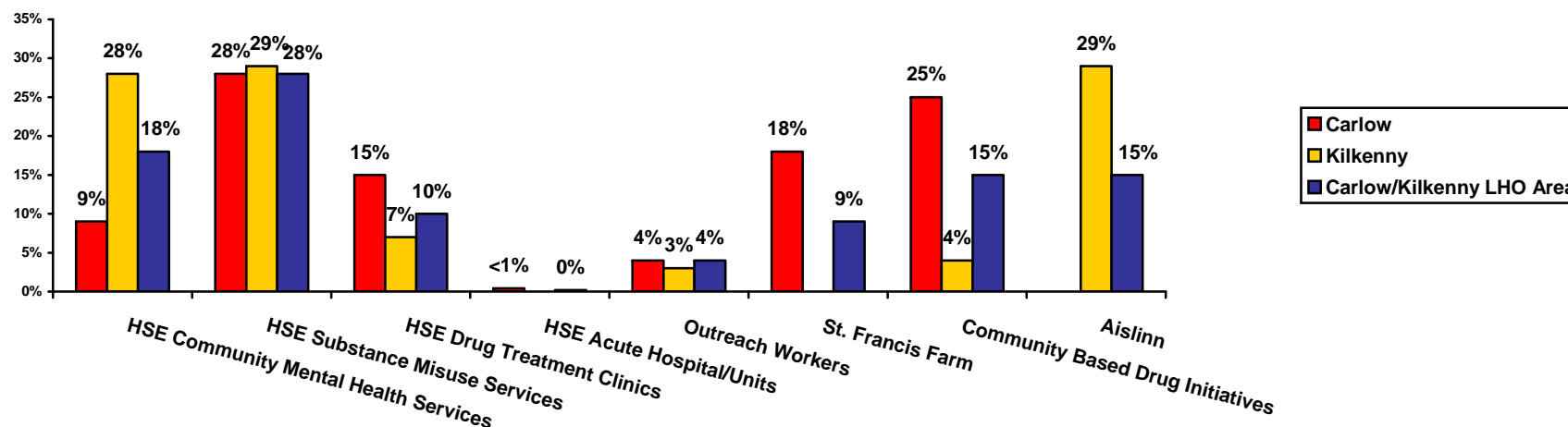


Figure 28: Reporting Centres per Treatment Episode to Carlow, Kilkenny and Carlow/Kilkenny LHO Area Based Treatment Services 2011. All Contacts

There were 420 individual contacts made to Carlow services and 440 to Kilkenny services in 2011 or 11% and 12% respectively of total individual contacts in 2011. This is an increase of 46 individuals (12%) on 2010 figures for individual contacts made to Carlow services and a reduction of 3 (1%) between the two years for individual contacts to Kilkenny services. The decrease in individual contacts to the Kilkenny services may in part be due to the HSE Substance Misuse service being partly resourced for a quarter of the year due to sick leave and the new Kilkenny Drug Treatment Clinic moved resources from the Substance Misuse Team to the Drug Treatment Clinic two days per week.

The majority of individual contacts in 2011 were made to HSE Substance Misuse Services for the Carlow/Kilkenny LHO area 236 individuals (27%), followed by HSE Community Mental Health Services 160 individuals (19%), then Aislinn 135 individuals (16%) and then Community Based Drug Initiatives 125 individuals (15%). It should be noted that the Outreach Worker resources both Carlow and Kilkenny.

There was an increase in the number of individual contacts to the HSE Substance Misuse Services in Carlow between 2010 and 2011 of 41 individuals (55%). Contacts to St. Francis Farm also increased between the two years by 19 individuals (30%). There was a decrease in number of contacts to the HSE Mental Health Services, HSE Drug Treatment Clinics and Community Based Drug Initiatives by 4 individuals (9%), 1 individual (2%) and 9 individuals (8%) respectively. The number of contacts to the Acute Hospitals/Units and Outreach Worker remained the same between the two years.

Individual contacts increased to the Kilkenny services between 2010 and 2011 at the following centres Drug Treatment Clinics, Outreach Worker and Aislinn. The Drug Treatment Clinics showed the largest increase of 25, this was mainly due to the first full reporting year for the

Kilkenny Clinic. There was an increase of 2 individuals (17%) to the Outreach Worker and an increase of 2 individuals (1%) to Aislinn. The HSE Mental Health Services, Substance Misuse Team and the Community Based Drug Initiatives recorded a decrease in the number of contacts to their Services between the two years, 24 individuals (17%), 4 individuals (3%) and 4 individuals (17%) respectively.

There were 467 treatment episodes at Carlow services in 2011 and 481 at Kilkenny services. Information on treatment episodes wasn't collated in 2010.

3.1.2 Treatment Episodes

Please note that the following paragraphs in this section of the Report pertains to the client's County of residence.

Excluding forms received for more than one treatment episode per service or where it was known that a client had been treated at more than one centre during the year, there were 373 clients with a Carlow address and 396 with a Kilkenny address that accessed services in 2011. This figure is broken down as follows:-

Treatment Episodes	Carlow	Kilkenny	Carlow/Kilkenny LHO Area
Continuous Care Clients	68	100	168
New Referrals: treated once during the year	280	262	542
Referrals: treated twice during the year	11	16	27
Referrals: treated more than twice during year	0	1	1
New Referrals: assessed only	14	17	31
Totals	373	396	769

Table 40: Treatment Episodes. All Contacts. Carlow , Kilkenny and Carlow/Kilkenny LHO Area 2011.

3.1.3 Other Problems

This paragraph deals with treated clients who were treated for a main problem other than substance misuse i.e. concerned persons and gamblers. These accounted for 7 individuals (2%) of all treated Carlow clients in 2011 and 53 individuals (14%) of all treated Kilkenny clients.

Of the Carlow clients who were treated for other problems, 5 individuals (71%) were concerned persons and 2 individuals (29%) were treated for gambling issues. The concerned persons showed an increase of 3 individuals (150%) between 2010 and 2011, whilst those being treated with a main problem of gambling remained the same between the two years.

Data Co-ordination Overview of Drug Misuse 2011.

Of the Kilkenny clients treated for other problems, 40 individuals (76%) were concerned persons and 13 individuals (24%) were treated for gambling issues. The concerned persons decreased by 10 individuals (20%) between 2010 and 2011. Clients treated for a gambling problem increased between the two years from 8 to 13 individuals, an increase of 5 individuals (62%).

The main concerned persons were parents, 4 individuals (80%) Carlow and 19 individuals (47%) Kilkenny and the main substance people were concerned about was alcohol 4 individuals (80%) Carlow and 23 individuals (57%) Kilkenny.

3.1.4 Substance Misuse Treatment Data

Excluding clients who were assessed only and those who were treated for other problems, there were 352 clients with a Carlow address treated for a substance misuse problem in 2011 and 326 clients with an address in Kilkenny, giving a total of 678 clients treated in the Carlow/Kilkenny LHO area.

Demographic Data

Age Profile

The following Table and Figure provides an overview of the age profile of treated Carlow, Kilkenny and Carlow/Kilkenny LHO Area clients in 2011.

Age Group	Carlow	Kilkenny	Carlow/Kilkenny LHO Area
Less than 18 years	15	29	44
18-24 years	77	68	145
25-29 years	58	52	110
30-34 years	37	49	86
35-39 years	47	29	76
40-44 years	40	21	61
45-49 years	31	19	50
50-54 years	23	27	50
55-59 years	10	16	26
60 years and over	13	16	29
Not known	1	0	1
Total	352	326	678

Table 41: Age Profile Carlow, Kilkenny and Carlow/Kilkenny LHO Area Clients Treated for Substance Misuse Problem 2011.

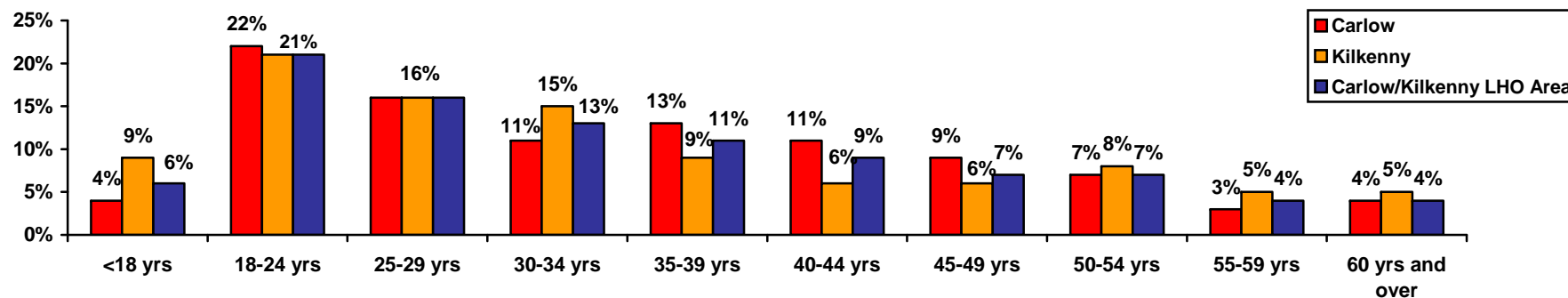


Figure 29: Age Profile Carlow, Kilkenny and Carlow/Kilkenny LHO Area Clients Treated for Substance Misuse Problem 2011.

The majority of treated Carlow, Kilkenny and Carlow/Kilkenny LHO area clients were those between the ages of 18 and 24 years at 77 individuals (22%), 68 individuals (21%) and 145 individuals (21%) respectively. This was followed by those in the 25-29 year age group, for the three areas at 58, 52, 110 individuals (16%) respectively.

Gender

The majority of treated Carlow clients were male 254 (72%). Females accounted for 98 (28%) of treated substance misuse clients in 2011. The number of Carlow males and females increased between 2010 and 2011. Males increased by 3 individuals (1%) and females increased by 18 individuals (22%).

The majority of treated Kilkenny clients were also male 214 (66%). Females accounted for 112 (34%) of treated Kilkenny clients in 2011. The number of males treated in Kilkenny fell by 17 (7%) between 2010 and 2011. Treated females also fell between the two years, 33 (23%).

Living Status

The living status (where) of treated clients relates to the stability of the client’s living situation a month prior to treatment starting. The majority of Carlow clients were living in stable accommodation 318 individuals (90%), followed by clients who were homeless 22 individuals (6%). Kilkenny clients were similar at 301 individuals (92%) and 13 individuals (4%) respectively.

Employment Status

The following Table and Figure give a breakdown of the employment status of treated substance misuse clients with a Carlow and Kilkenny address in 2011.

Employment Status	Carlow	Kilkenny	Carlow/Kilkenny LHO Area
In paid employment	30	63	93
Unemployed	260	171	431
Fás/Training Course	12	11	23
Student	18	31	49
Housewife/husband	11	20	31
Retired/Unable to work	21	30	51
Total	352	326	678

Table 42: Employment Status. Carlow, Kilkenny and Carlow/Kilkenny LHO Area Clients Treated for Substance Misuse 2011.

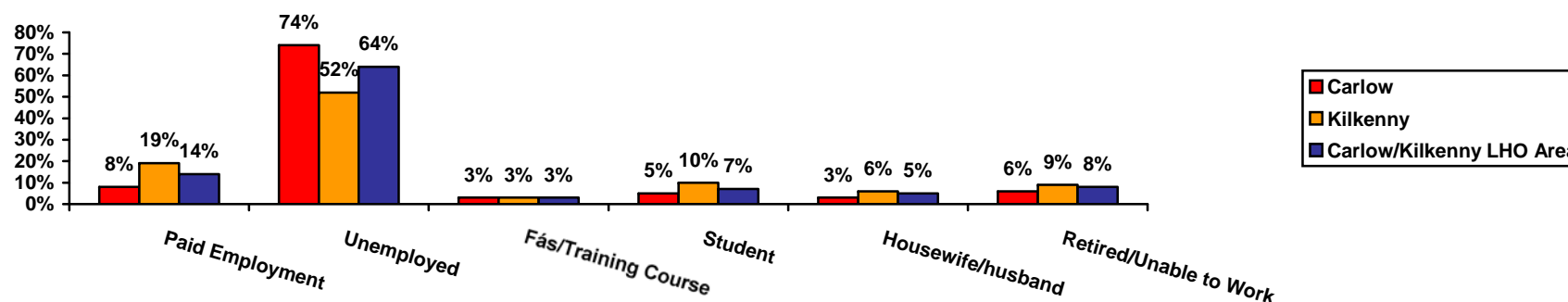


Figure 30: Employment Status. Carlow , Kilkenny and Carlow/Kilkenny LHO Area Clients Treated for Substance Misuse 2011

As with the Regional data, the majority of Carlow, Kilkenny and Carlow/Kilkenny LHO area clients treated with a substance misuse problem in 2011 were unemployed at the time of their treatment. This accounted for 260 individuals (74%) of Carlow clients, 171 individuals (52%) of Kilkenny clients and 431 individuals (64%) of Carlow/Kilkenny LHO area clients. This was followed by clients who were in paid employment, 30 individuals (8%) of Carlow clients, 63 individuals (19%) of Kilkenny clients and 93 individuals (14%) for Carlow/Kilkenny LHO area clients. Those who were retired/unable to work followed in Carlow and Carlow/Kilkenny LHO area and accounted for 21 individuals (6%) of Carlow clients and 51 individuals (8%) of Carlow/Kilkenny LHO area clients. Students followed in Kilkenny and accounted for 31 individuals or 10% of clients.

Referral Data

Source of Referral

Table 43 and Figure 31 provide an overview of the different referral sources for Carlow, Kilkenny and Carlow/Kilkenny LHO clients in 2011.

Referral Source	Carlow	Kilkenny	Total LHO Area
Self	121	155	276
Family	21	21	42
Other Drug Treatment Centre	16	12	28
G.P.	51	23	74
Social Services/Community Services	29	22	51
Court/Probation/Police	23	10	33
Outreach Worker	12	9	21
Mental Health Facility (incl. psychiatrist)	52	23	75
A&E Other	8	27	35
*Other	19	24	43
Total	352	326	678

Table 43: Source of Referral Carlow, Kilkenny and Carlow/Kilkenny LHO Area Clients Treated for Substance Misuse 2011.

*Other referral sources had counts of less than 10 and include:- friends, acute hospital service excluding A&E, school, prison, mental health liaison nurse at A&E.

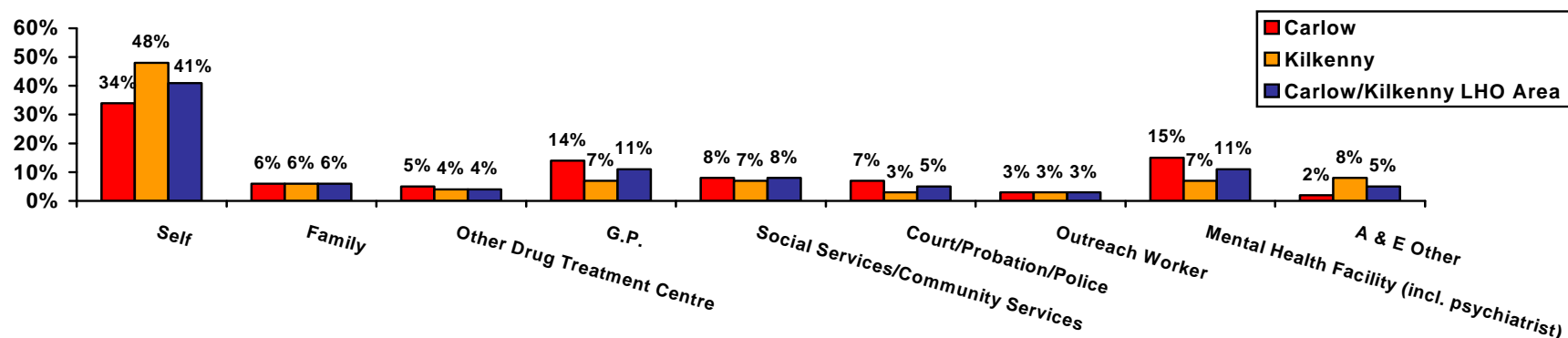


Figure 31: Source of Referral. Carlow, Kilkenny and Carlow/Kilkenny LHO Area Clients Treated for Substance Misuse 2011

Data Co-ordination Overview of Drug Misuse 2011.

Please note that other is not included in the Figure 31.

The main source of referral for Carlow clients in 2011 was self, 121 individuals (34%), followed by mental health facility (incl. psychiatrist) 52 individuals (15%) and then referrals from a G.P. at 51 individuals (14%).

The main source of referrals for Kilkenny clients in 2011 was self, 155 individuals (48%), A&E Other 27 individuals (8%) and G.P. and mental health facility (incl. psychiatrist) both at 23 individuals (8%).

In 2010 the main referral sources for Carlow clients were again, self, G.P. and mental health facility (incl. psychiatrist). Self referrals increased by 20 individuals (20%) between 2010 and 2011. G.P. referrals decreased by 11 individuals (18%) and referrals from a mental health facility (incl. psychiatrist) increased by 3 individuals (6%) between the two years. Referrals from social services/community services increased from 14 to 29 individuals between 2010 and 2011, an increase of 15 individuals (107%).

The main source of referral for Kilkenny clients in 2010 were self, G.P. and family. Self referrals fell by 31 individuals (17%) between 2010 and 2011. G.P. referrals fell by 11 individuals (32%) between the two years and family referrals fell by 9 individuals (30%). A&E other referrals increased by 14 individuals (108%) between the two years.

Treatment Data

Main Substance Misuse Problem

The following Table and Figure provide a breakdown of the main substance misuse problems for which Carlow, Kilkenny and Carlow/Kilkenny LHO Area clients were treated in 2011.

Main Substance Misuse Problem	Carlow	Kilkenny	Carlow/Kilkenny LHO Area
Alcohol	176	195	371
Heroin	102	50	152
Cannabis	60	46	106
Cocaine	9	13	22
Benzodiazepines	2	11	13
*Other	3	11	14
Total	352	326	678

Table 44: Main Substance Misuse Problem Treated Carlow, Kilkenny and Carlow/Kilkenny LHO Area Clients 2011.

*Other reflects counts of less than 10 and includes other opiate type drug, benzodiazepines, amphetamines and volatile inhalants.

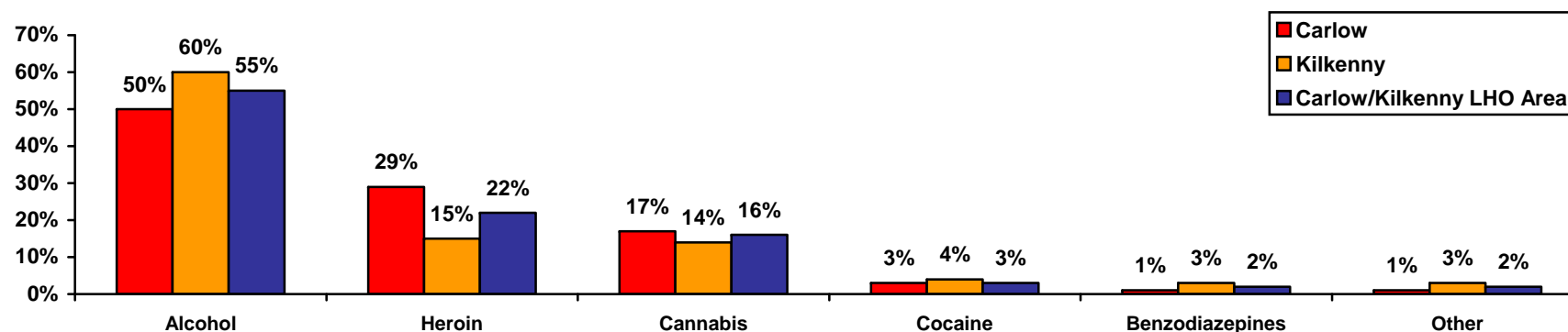


Figure 32: Main Substance Misuse Problem Treated Carlow, Kilkenny and Carlow/Kilkenny LHO Area Clients 2011

Alcohol was the main problem for which both Carlow and Kilkenny clients attended treatment services in 2011 at 176 individuals (50%) and 195 individuals (60%) respectively. This was followed by treatment for a heroin problem at 102 individuals (29%) of Carlow clients and 50 individuals (15%) of Kilkenny clients. Cannabis was the third main problematic substance for which both Carlow and Kilkenny clients were treated in 2011, at 60 individuals (17%) and 46 individuals (14%) respectively. Clients being treated for problematic cocaine use accounted for 9 individuals (3%) of Carlow clients and 13 individuals (4%) of Kilkenny clients.

Carlow clients seeking treatment for an alcohol problem increased between 2010 and 2011 by 46 individuals (35%). Treatment for heroin as one of the main problematic substance decreased by 9 individuals (8%). Carlow clients treated with a main problem of cannabis increased from 58 individuals in 2010 to 60 individuals in 2011, an increase of 2 individuals (3%). Cocaine, decreased as a main problematic substance for Carlow clients between the two years by 6 individuals (40%).

Treated alcohol use for Kilkenny clients rose between 2010 and 2011 but on a lesser scale than Carlow clients, by 9 individuals (5%). Kilkenny clients seeking treatment with heroin as their main problematic substance fell between the two years by 10 individuals (17%). Treatment for cannabis, again as a main problematic substance increased between the two years by 5 individuals (12%). Only the Kilkenny clients showed an increase between 2010 and 2011 for treatment of problematic cocaine use by 2 individuals (18%). Treatment for problematic benzodiazepine use increased by 7 (175%) between the two years for Kilkenny clients.

Risk Behaviour Data

Extent of Drinking Problem

Based on the clients being treated for an alcohol problem, both as a main and secondary problem, 146 individuals (64%) of Carlow clients were categorised as ³dependent drinkers, followed by those categorised as ²harmful drinkers, 56 individuals (25%) and then by those categorised as ¹hazardous drinkers, 25 individuals (11%).

The majority of Kilkenny clients treated for problematic alcohol use in 2011 were categorised as ²harmful drinkers, 84 individuals (37%), followed by those categorised as ³dependent drinkers, 80 individuals (35%) and then by those categorised as ¹hazardous drinkers, 61 individuals (27%). The extent of the client’s drinking problem was not known in 3 individual (1%) cases.

¹Hazardous drinking: is defined as a pattern of alcohol use that increases the risk of harmful consequences for the user. The term describes drinking over the recommended limits by a person with no apparent alcohol-related health problems. This includes experimental drinking.
²Harmful drinking: can be described as a pattern of use which is already causing damage to health. This damage may be physical or mental.
³Dependent drinker: refers to physical and psychological dependence on alcohol resulting from habitual use of alcohol, where negative physical withdrawal symptoms result from abrupt discontinuation.

Intravenous Drug Use

Ever Injected

The following Tables and Figures give an overview of clients who had engaged in risk behaviour associated with their IV drug use. Table 45 and Figure 33 show treated Carlow, Kilkenny and Carlow/Kilkenny LHO Area clients who had ever injected. Table 46 and Figure 34 show clients in these areas who had injected in the month prior to their treatment commencing.

Ever Injected	Carlow	Kilkenny	Carlow/Kilkenny LHO Area
Yes	69	41	110
No	283	295	578
Not known	2	3	5
Total	354	339	693

Table 45: All 2011 Treated Carlow, Kilkenny and Carlow/Kilkenny LHO Area Clients Who Had Ever Injected

Data Co-ordination Overview of Drug Misuse 2011.

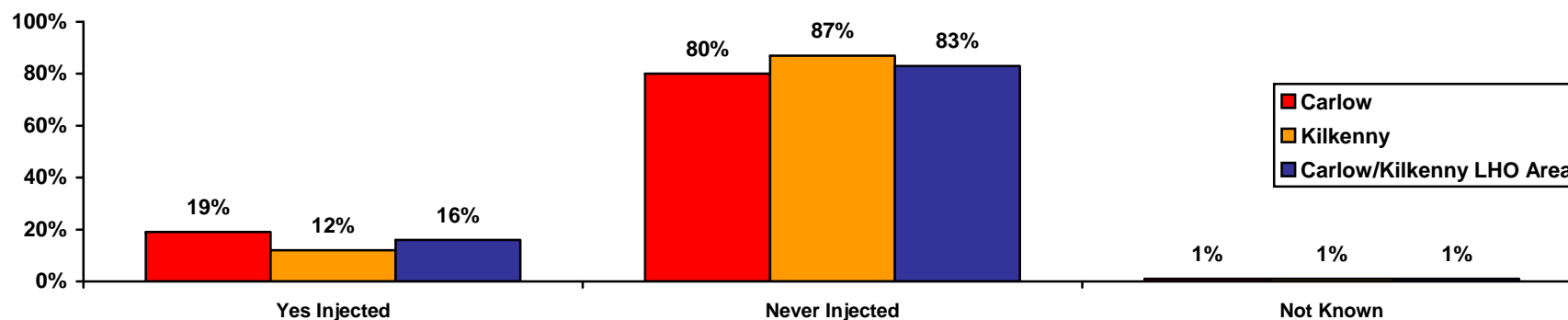


Figure 33: All 2011 Treated Carlow, Kilkenny and Carlow/Kilkenny LHO Area Clients Who Had Ever Injected.

As previous years, the majority of clients had never injected, 283 individuals (80%) of Carlow clients and 295 individuals (87%) of Kilkenny clients. 69 individuals (19%) of Carlow clients had injected at some point in their lives. This is an increase of 3 individuals (5%) on 2010 figures. 41 individuals (12%) of Kilkenny clients had ever injected, an increase of 7 individuals (21%) on 2010 figures.

Injected In Past Month

Of the clients who had ever injected, the following Table and Figure provide a breakdown on the number and rate of those who had injected in the month prior to their treatment commencing in Carlow, Kilkenny and Carlow/Kilkenny LHO Area.

Injected In Past Month	Carlow	Kilkenny	Carlow/Kilkenny LHO Area
Yes	12	13	25
No	55	28	83
Not known	2	0	2
Total	69	41	110

Table 46: 2011 Treated Carlow, Kilkenny and Carlow/Kilkenny LHO Area Clients Who Had Injected In Past Month

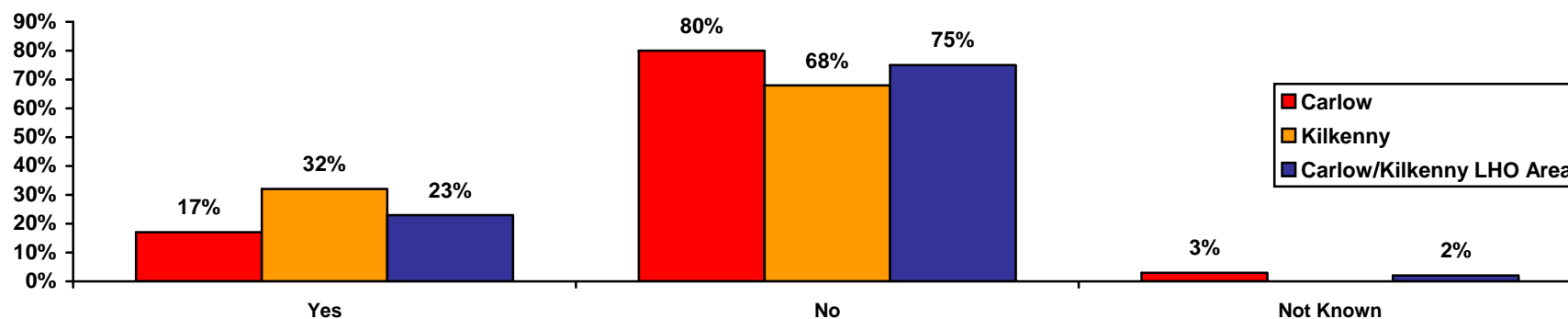


Figure 34: 2011 Treated Carlow, Kilkenny and Carlow/Kilkenny LHO Area Clients Who Had Injected In Past Month.

The majority of clients had not injected in the month prior to treatment commencing, 55 individuals (80%) of Carlow clients and 28 individuals (68%) of Kilkenny clients. 12 individuals (17%) of Carlow clients who had ever injected, had injected in the month prior to treatment commencing and 13 individuals (32%) of Kilkenny clients. These numbers fell for both Carlow and Kilkenny clients between 2010 and 2011 by 3 individuals (25%) and 3 individuals (23%) respectively.

However of those who had ever injected, the majority had shared injecting equipment, 37 individuals (54%) of Carlow clients and 25 individuals (61%) of Kilkenny clients. This is also an increase on 2010 figures of 3 individuals (9%) of Carlow clients and 8 individuals (47%) of Kilkenny clients.

Exit Data

Discharges

There were 273 Carlow clients discharged from Services in 2011 and 259 Kilkenny clients, a total of 532 for the Carlow/Kilkenny LHO area.

Treatment Outcomes

Table 47 and Figure 35 give a breakdown of the treatment outcomes of clients discharged from Services in 2011. It should be noted that clients normally receive more than one treatment intervention during their treatment episode and the data is therefore based on the main treatment intervention provided.

Treatment Outcomes	Carlow	Kilkenny	Carlow/Kilkenny LHO Area
Treatment completed	85	88	173
Client transferred stable	10	11	21
Client transferred unstable	16	6	22
Client refused to have further sessions as they considered themselves to be stable	34	38	72
Client refused to have further sessions or did not return for subsequent appointments	106	96	202
¹ Premature exit from treatment for non-compliance	12	1	13
² Other	10	19	29
Total	273	259	532

Table 47: Treatment Outcomes Carlow, Kilkenny and Carlow/Kilkenny LHO Area Clients 2011.

¹Premature exit from treatment for non-compliance: There are five reasons for non-compliance – drug taking, violent behaviour, illegal activities, alcohol taking and not observing other rules. 50% of Carlow clients discharged due to non-compliance were as a result of not observing other rules. 33% exited for drug taking and 17% for alcohol taking. The Kilkenny client was discharged for not observing other rules.

²Other includes clients sentenced to prison, general medical transfer or medical issue, no longer living in area, mental health transfer and not known.

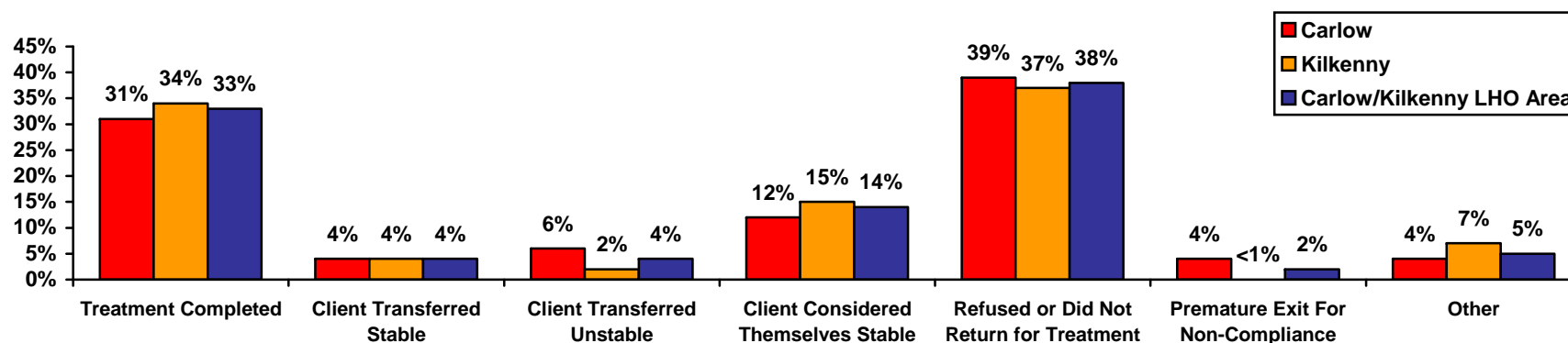


Figure 35: Treatment Outcomes Carlow, Kilkenny and Carlow/Kilkenny LHO Area Clients 2011.

Data Co-ordination Overview of Drug Misuse 2011.

Unlike the Regional figures, where the majority of clients discharged had completed their treatment, the main outcome for Carlow clients were clients who refused to have further sessions or did not return for subsequent appointments, 106 individuals (39%). These were followed by clients who had completed their treatment at 85 individuals (31%). The main outcomes for Carlow clients were similar in 2010. The majority of Kilkenny clients were discharged because the clients refused to have further sessions or did not return for subsequent appointments, 96 individuals (37%). As for the Carlow clients, these were followed by clients who had completed their treatment, 88 individuals (34%). Similar outcomes to 2010.

3.2 Hospital In-patient Enquiry System (H.I.P.E. Scheme) 2010.

3.2.1 County of Residence.

201 individuals (13%) of all coded patients in the Region had an address in Carlow. This figure was similar to 2009 figures. 294 individuals (19%) of all coded patients in the Region had an address in Kilkenny, a decrease of 8 individuals (3%) on 2009 figures. 495 individuals (33%) of coded patients had an address in the Carlow/Kilkenny LHO area.

3.2.2 Age Group

The following Table and Figure give a breakdown of the age profile of coded patients in 2010 with Carlow, Kilkenny and Carlow/Kilkenny LHO Area addresses.

Age Group	Coded Patients Carlow	Coded Patients Kilkenny	Coded Patients Carlow/Kilkenny LHO Area
Less than 18 years	13	25	38
18-24 years	22	54	76
25-29 years	17	28	45
30-34 years	18	30	48
35-39 years	25	20	45
40-44 years	27	24	51
45-49 years	21	21	42
50-54 years	22	27	49
55-59 years	15	17	32
60 years and over	21	48	69
Total	201	294	495

Table 48: Age Profile Coded Patients Carlow, Kilkenny and Carlow/Kilkenny LHO Area Address 2010

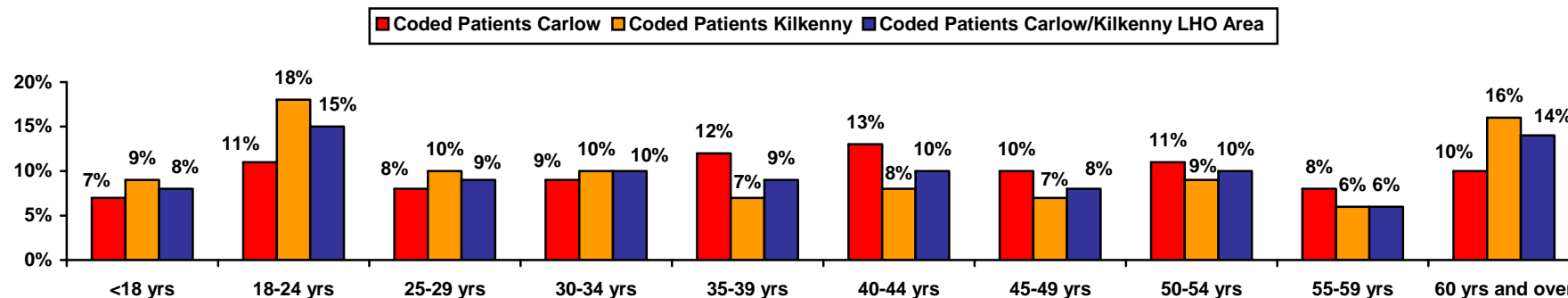


Figure 36: Age Profile Coded Patients Carlow, Kilkenny and Carlow/Kilkenny LHO Area Address 2010.

The majority of Carlow coded patients were in the 40-44 year age group, 27 individuals (13%), followed by those in the 35-39 year age group, 25 individuals (12%) and then those in 18 to 24 and 50 to 54 age group, both at 22 individuals (11%).

The majority of Kilkenny coded patients were in the 18 to 24 years age group at 54 individuals (18%), followed by those who were 60 years and over at 48 individuals (16%) and then those who were between the ages of 30 and 34 years, 30 individuals (10%).

3.2.3 Gender

Coded Carlow patients were mainly male at 135 individuals (67%). 66 individuals (33%) were female. The majority of Kilkenny coded patients were also male, 195 individuals (66%) and females accounted for 99 individuals (34%).

3.2.4 Diagnosis

The following Tables and Figures show the type of diagnosis for which coded patients with a Carlow, Kilkenny and Carlow/Kilkenny LHO Area addresses were admitted to the South East General Hospitals in 2010.

	Main Diagnosis Only	Secondary Diagnosis Only	Both Main & Secondary Diagnosis	Total
Alcohol Only	39	54	28	121
Drugs Only	19	9	19	47
Both Alcohol & Drugs	0	6	27	33
Total	58	69	74	201

Table 49: Type Diagnosis Coded Patients Carlow Address South East Hospitals 2010

Data Co-ordination Overview of Drug Misuse 2011.

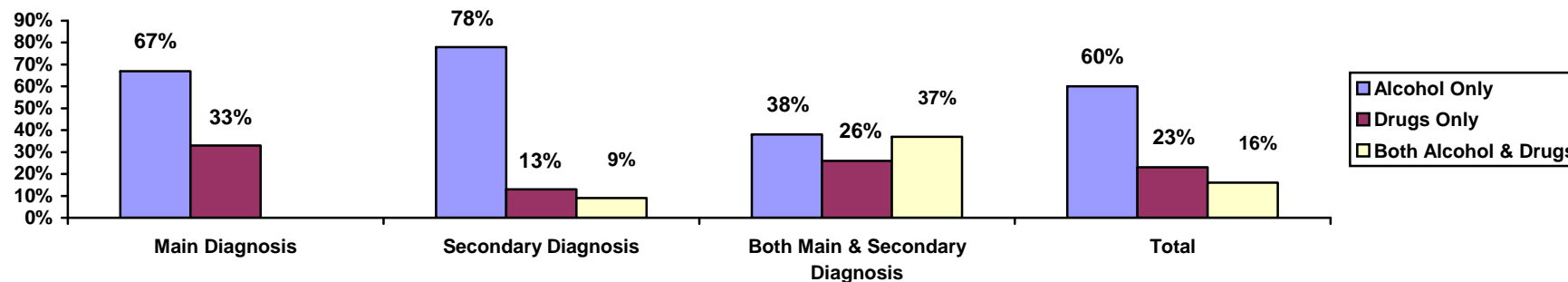


Figure 37: Type Diagnosis Coded Patients Carlow Address South East Hospitals 2010.

In 2010, the majority of Carlow patients were admitted with both a main and secondary diagnosis under the requested HIPE codes, 74 individuals (37%). Carlow coded patients were mainly admitted with diagnoses which included alcohol only at 121 individuals (60%), followed by drugs only, 47 individuals (23%) and then those who were admitted with a diagnosis which included both alcohol and drugs 33 individuals (16%).

	Main Diagnosis Only	Secondary Diagnosis Only	Both Main & Secondary Diagnosis	Total
Alcohol Only	55	80	37	172
Drugs Only	16	16	33	65
Both Alcohol & Drugs	0	5	52	57
Total	71	101	122	294

Table 50: Type Diagnosis Coded Patients Kilkenny Address South East Hospitals 2010.

Data Co-ordination Overview of Drug Misuse 2011.

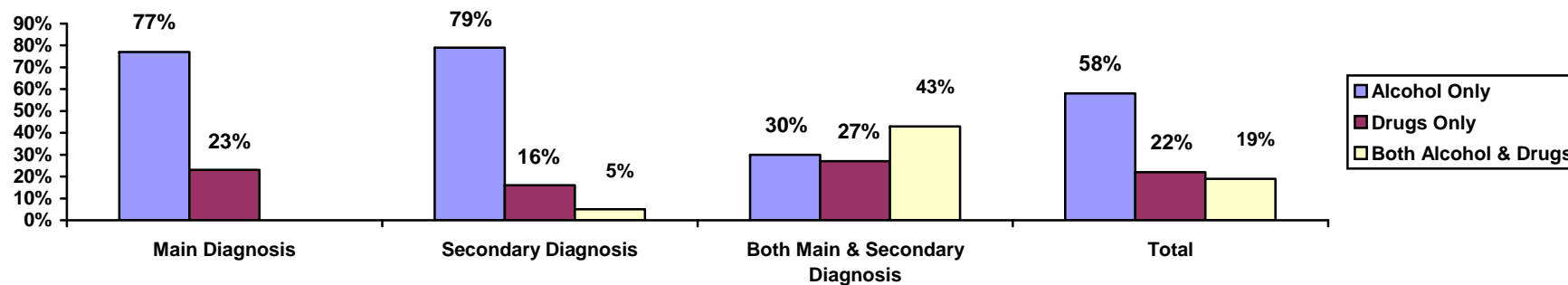


Figure 38: Type Diagnosis Coded Patients Kilkenny Address South East Hospitals 2010

As with Carlow patients, the majority of Kilkenny patients were admitted with both a main and secondary diagnosis under the requested HIPE codes, 122 individuals (41%). Again, across all diagnoses, patients were mainly admitted with diagnoses which included alcohol only, 172 individuals (58%), then drugs only, 65 individuals (22%) and then both alcohol and drugs, 57 individuals (19%).

	Main Diagnosis Only	Secondary Diagnosis Only	Both Main & Secondary Diagnosis	Total
Alcohol Only	94	134	65	293
Drugs Only	35	25	52	112
Both Alcohol & Drugs	0	11	79	90
Total	129	170	196	495

Table 51: Type Diagnosis Coded Patients Carlow/Kilkenny LHO Area

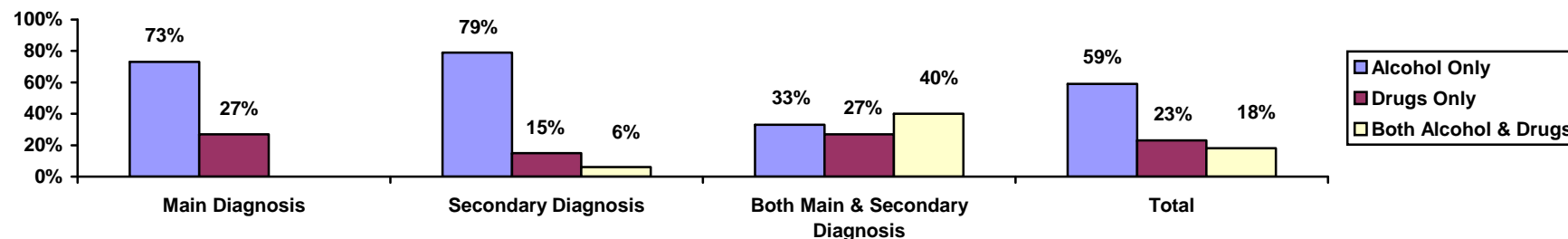


Figure 39: Type Diagnosis Coded Patients Carlow/Kilkenny LHO Area Address South East Hospitals 2010

3.2.5 Substances Used

The following Table and Figure provides an overview of the type of substances used by Carlow and Kilkenny coded patients in 2010. There were too many instances of one to provide a full overview of the substances used, therefore Table 52 and Figure 40 show only the main substances.

Substance Used	Coded Patients Carlow	Coded Patients Kilkenny	Coded Patients Carlow/Kilkenny LHO Area
Alcohol	121	172	293
Benzodiazepines	7	10	17
Alcohol/Benzodiazepines	2	12	14

Table 52: Main Substance(s) Used by Carlow, Kilkenny and Carlow/Kilkenny LHO Area Coded Patients 2010.

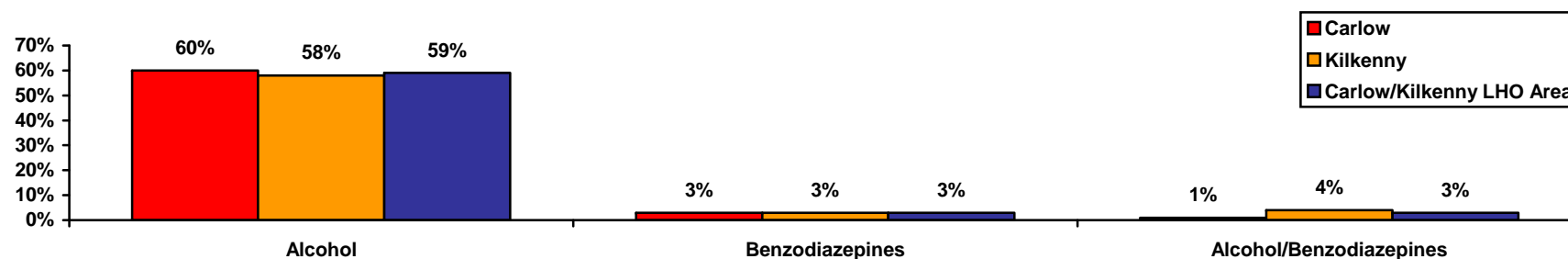


Figure 40: Main Substance(s) Used by Carlow, Kilkenny and Carlow/Kilkenny LHO Area Coded Patients 2010.

As can be seen from the above table and figure, alcohol accounted for 60% or just under of admissions for Carlow and Kilkenny coded patients in 2010.

The alcohol figures for both Carlow and Kilkenny coded patients fell between 2009 and 2010 by 4 individuals (3%) and 30 individuals (15%) respectively. The alcohol/benzodiazepine figures fell for Carlow patients between the two years by 6 individuals (75%) but increased for Kilkenny patients by 6 individuals (100%). Admissions for benzodiazepine use increased for both Carlow and Kilkenny patients between 2009 and 2010 by 1 individual (17%) and 4 individuals (67%) respectively. Though not shown in the above table and figure, opioid admissions also increased between the two years by 3 individuals (150%) Carlow coded patients and 2 (200%) Kilkenny coded patients.

3.2.6 Discharges

The following Table shows where the coded patients went on their discharge from the South East Hospitals in 2010. The table and figure only represent the main discharges.

	Coded Patients Carlow	Coded Patients Kilkenny	Coded Patients Carlow/Kilkenny LHO Area
Home	146	219	365
Self	26	40	66
Absconded	4	12	16
Transfer to psychiatric hospital/unit	8	4	12
Transfer to temporary place of residence	3	8	11
Nursing home, convalescent home or long stay accommodation	5	5	10

Table 53: Main Discharge of Carlow, Kilkenny and Carlow/Kilkenny LHO Area Coded Patients from South East Hospitals 2010.

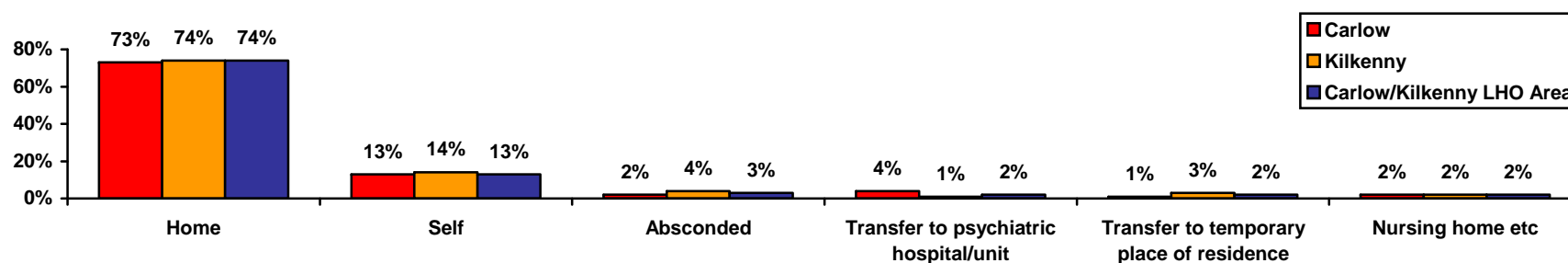


Figure 41: Main Discharge of Carlow, Kilkenny and Carlow/Kilkenny LHO Area Coded Patients from South East Hospitals 2010

As with the Regional figures the majority of Carlow and Kilkenny patients were discharged home in 2010, 146 individuals (73%) and 210 individuals (74%) respectively.

3.2.7 Length of Stay

The average length of stay for patients treated at St. Luke's Hospital, Kilkenny under one or more of the requested HIPE codes in 2010 was 5 days.

Not all Carlow and Kilkenny coded patients were treated at St. Luke's Hospital, though the majority were. The average length of stay for patients with a Carlow address treated in South East hospitals in 2010 was 6 days and 5 days for patients with an address in Kilkenny.

3.3 An Garda Síochána

The following data is taken from Garda Recorded Crime Statistics 2003-2010, published by the Central Statistics Office. This section should be read in conjunction with CSO definitions, background information, interpretation etc. The full report is available from www.cso.ie.

The following Tables present an overview of the number of recorded and detected drug offences recorded by the CSO for 2010.

3.3.1 Drug Offences

	Recorded	Per 100,000 population	Detected	Detection Rate (%)	With Relevant Proceedings
South Eastern Region	77	13.9	75	97.4	46
Carlow/Kilkenny	15	10.4	15	100.0	7

Table 54: ¹Incidents recorded of Importation/Manufacture of Drugs (ICCS 101), incidents per 100,000 population, detection and proceedings, 2010.

¹Relates to the Importation Of Drugs and Cultivation or Manufacture of Drugs.

	Recorded	Per 100,000 population	Detected	Detection Rate (%)	With Relevant Proceedings
South Eastern Region	2,322	418.1	2,296	98.9	1,413
Carlow/Kilkenny	638	443.5	632	99.1	417

Table 55: ²Incidents recorded Possession of drugs (ICCS 102), incidents per 100,000 population, detection and proceedings, 2010.

²Relates to Possession of Drugs for Sale and Supply and Possession of Drugs for Personal Use.

	Recorded	Per 100,000 population	Detected	Detection Rate (%)	With Relevant Proceedings
South Eastern Region	75	13.5	73	97.3	35
Carlow/Kilkenny	19	13.2	18	94.7	10

Table 56: ³Incidents recorded of Other Drug Offences (ICCS 103), incidents per 100,000 population, detection and proceedings, 2010.

³Relates to Forged or Altered Prescription Offences and Obstruction Under the Drugs Act.

3.3.2 Diversion Programme

The following section is taken from the Annual Report of the Committee Appointed to Monitor the Effectiveness of the Diversion Programme, available from the Garda Website www.garda.ie and the Irish Youth Justice Website www.iyjs.ie. The data in this section should be read in conjunction with the Annual Report.

3.3.3. Referrals Received by the Diversion Programme

The following Table gives the number of referrals received in 2010 by South Eastern Region and Carlow/Kilkenny area.

	Total	Formal	Informal	No Further Action	Pending	Unsuitable
South Eastern Total	3,442	802	1,590	87	186	777
Carlow/Kilkenny	846	131	432	26	47	210

Table 57: Number Referrals Received by Diversion Programme South Eastern Region and Carlow/Kilkenny Area 2010..

3.3.4 Children Referred To The Diversion Programme

Table 58 gives the number of children referred to the Diversion Programme in 2010

	Total	Formal	Informal	No Further Action	Pending	Unsuitable
South Eastern Total	2,217	459	1,294	81	112	271
Carlow/Kilkenny	565	77	356	24	28	80

Table 58: Number Children Referred to the Diversion Programme South Eastern Region and Carlow/Kilkenny Area 2010.

3.3.5 Children Referred By Gender.

The following Tables gives a breakdown of males and females referred to the Diversion Programme in 2010.

	Total	Formal	Informal	No Further Action	Pending	Unsuitable
South Eastern Total	1,737	389	945	60	92	251
Carlow/Kilkenny	442	68	255	18	24	77

Table 59: Males Referred to Diversion Programme South Eastern Region and Carlow/Kilkenny Area 2010.

	Total	Formal	Informal	No Further Action	Pending	Unsuitable
South Eastern Total	480	70	349	21	20	20
Carlow/Kilkenny	123	9	101	6	4	3

Table 60: Females Referred to Diversion Programme South Eastern Region and Carlow/Kilkenny Area 2010.

The background of the slide is a photograph of a hand holding a glass of beer. The hand is on the left, and the glass is on the right. The beer is a golden color with a white head of foam. The lighting is warm, and the overall tone is soft and slightly blurred.

SECTION 4

SOUTH TIPPERARY

OVERVIEW

4 SOUTH TIPPERARY

4.1 Addiction Treatment Services

This section of the Report reports on treated substance misuse in the South Tipperary area.

The report contains data collected and collated from statutory, voluntary and community services. The report also contains data collated for other problems including gambling and concerned persons. Concerned persons are people concerned about another's substance misuse problem.

4.1.1 Reporting Centres

Reporting Centres	South Tipperary
H.S.E. Community Mental Health Services	203
H.S.E. Substance Misuse Teams	258
Outreach Workers	64
Aiseiri Treatment Service – Residential (National)	237
Aiseiri Treatment Service – Out-Patient Programme	21
Community Based Drug Initiatives	86
Tipperary Rural Travellers Project	2
Total	871

Table 61: Reporting Centres Per Individual Contacts to South Tipperary Based Treatment Services 2011. All Contacts.

Reporting Centres	South Tipperary
H.S.E. Community Mental Health Services	223
H.S.E. Substance Misuse Teams	309
Outreach Workers	91
Aiseiri Treatment Service – Residential (National)	259
Aiseiri Treatment Service – Out-Patient Programme	21
Community Based Drug Initiatives	100
Tipperary Rural Travellers Project	2
Total	1005

Table 62: Reporting Centres Per Treatment Episode to South Tipperary Based Treatment Services in 2011. All Contacts.

Data Co-ordination Overview of Drug Misuse 2011.

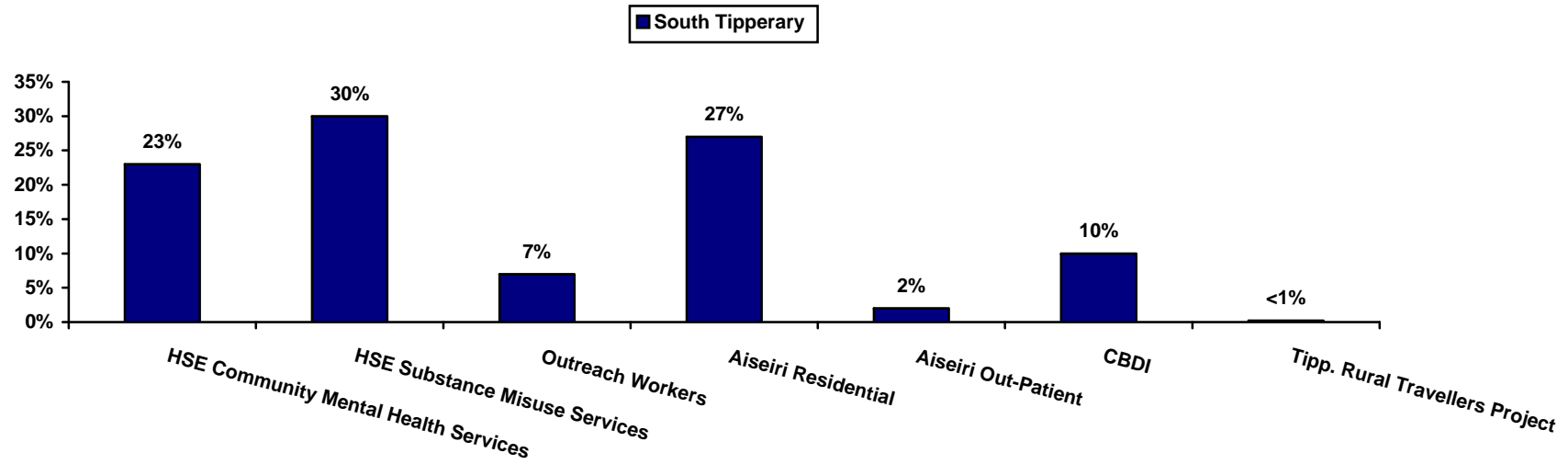


Figure 42: Reporting Centres per Individual Contacts to South Tipperary Based Treatment Services 2011. All Contacts.



Figure 43: Reporting Centres per Treatment Episode to South Tipperary Based Treatment Services 2011. All Contacts

Data Co-ordination Overview of Drug Misuse 2011.

There were 871 (23%) individual contacts made to South Tipperary services in 2011. This is an increase of 95 individuals (12%) on 2010 figures. The majority of individual contacts in 2011 were made to HSE Substance Misuse Services 258 individuals (30%). This was followed by contacts to the Aiseiri Residential Service, 237 individuals (27%) and then the HSE Community Mental Health Services 203 individuals (23%).

There was an increase in the number of individual contacts to the HSE Substance Misuse Services, the HSE Mental Health Community Services and the Community Based Drug Initiatives in South Tipperary between 2010 and 2011 by 18 individuals (10%), 80 individuals (45%) and 2 individuals (2%) respectively. There was a reduction in the number of contacts to the Outreach Project and Aiseiri Residential Service between the two years of 25 individuals (28%) and 3 individuals (1%) respectively. The Aiseiri Out-Patient Programme and Tipperary Rural Travellers Project began reporting in 2011 and therefore no comparisons can be made between the two years.

There were 1005 treatment episodes at South Tipperary services in 2011. As stated previously, information on treatment episodes wasn't collated in 2010.

4.1.2 Treatment Episodes

Please note that the following paragraphs in this section of the Report pertains to the client's county of residence.

Excluding forms received for more than one treatment episode per service or where it was known that a client had been treated at more than one centre during the year, there were 706 clients with a South Tipperary address that accessed Services in 2011. This figure is broken down as follows:-

Treatment Episodes	South Tipperary
Continuous Care Clients	116
New Referrals: treated once during the year	523
Referrals: treated twice during the year	32
Referrals: treated more than twice during year	2
New Referrals: assessed only	33
Totals	706

Table 63: Treatment Episodes. All Contacts. South Tipperary 2011.

4.1.3 Other Problems

This paragraph deals with treated clients who were treated for a main problem other than substance misuse i.e. concerned persons and gamblers. These accounted for 92 (14%) of all treated South Tipperary clients in 2011.

Of the South Tipperary clients who were treated for other problems, 73 individuals (79%) were concerned persons and 19 individuals (21%) were treated for gambling issues. The concerned persons showed an increase of 28 individuals (62%) between 2010 and 2011, whilst those being treated with a main problem of gambling increased by 9 individuals (90%) between the two years.

The main concerned persons with South Tipperary addresses were spouse/partner 27 individuals (37%) followed closely by parents 26 individuals (36%). The main substance they were concerned about was alcohol 45 individuals (62%) followed by cannabis 11 individuals (15%).

4.1.4 Substance Misuse Treatment Data

Excluding clients who were assessed only and those who were treated for other problems, there were 581 clients with a South Tipperary address treated for a substance misuse problem in 2011.

Demographic Data

Age Profile

The following Table and Figure provides an overview of the age profile of treated South Tipperary clients in 2011.

Age Group	South Tipperary
Less than 18 years	49
18-24 years	161
25-29 years	92
30-34 years	72
35-39 years	56
40-44 years	44
45-49 years	41
50-54 years	25
55-59 years	20
60 years and over	20
Not known	1
Total	581

Table 64: Age Profile South Tipperary Clients Treated for Substance Misuse Problem 2011.

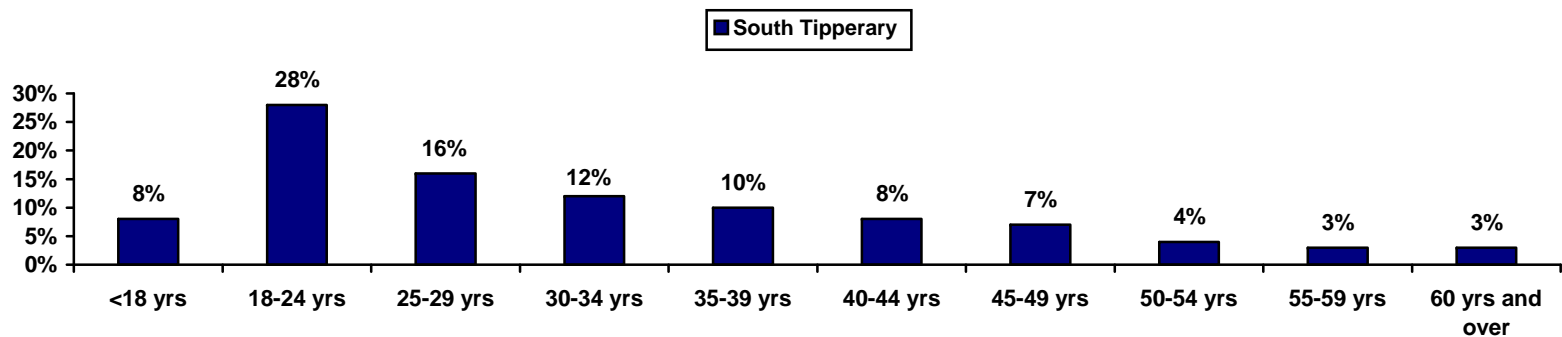


Figure 44: Age Profile South Tipperary Clients Treated for Substance Misuse Problem 2011.

Data Co-ordination Overview of Drug Misuse 2011.

The majority of treated South Tipperary clients were those between the ages of 18 and 24 years at 161 individuals (28%). This was followed by those in the 25-29 year age group, 92 individuals (16%).

Gender

The majority of treated South Tipperary clients were male 393 individuals (68%). Females accounted for 188 individuals (32%) of treated substance misuse clients in 2011.

The number of males increased between 2010 and 2011 by 39 individuals (11%). The number of females decreased between the two years from 215 in 2010 to 188 individuals in 2011, a decrease of 27 individuals (13%).

Living Status

The living status (where) of treated clients relates to the stability of the client's living situation a month prior to treatment starting. The majority of South Tipperary clients were living in stable accommodation, 558 individuals (96%). These were followed by clients who were living in an institution (prison/residential care/halfway house) at 16 individuals (3%). This may be due to the high number of referrals received from Ferry House which is a care facility for adolescents.

Employment Status

The following Table and Figure give a breakdown of the employment status of treated substance misuse clients with a South Tipperary address in 2011.

Employment Status	South Tipperary
In paid employment	81
Unemployed	355
Fás/Training Course	42
Student	49
Housewife/husband	15
Retired/Unable to work	39
Total	581

Table 65: Employment Status. South Tipperary Clients Treated for Substance Misuse 2011.

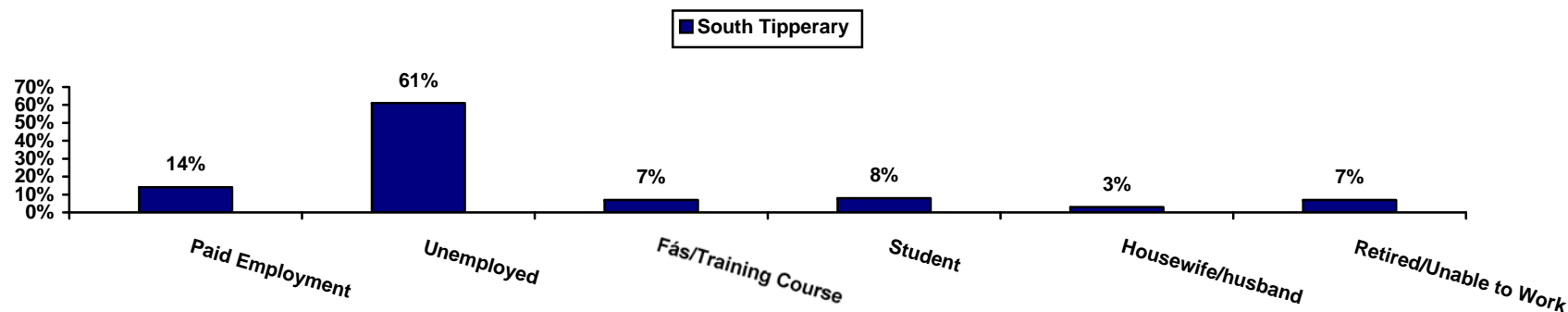


Figure 45: Employment Status. South Tipperary Clients Treated for Substance Misuse 2011

As with the other areas, the majority of South Tipperary clients treated for a substance misuse problem in 2011 were unemployed at the time of their treatment, 355 individuals (61%). This was followed by clients who were in paid employment 81 individuals (14%) and then by students 49 individuals (8%).

Referral Data

Source of Referral

Table 66 and Figure 46 provide an overview of the different referral sources for South Tipperary clients in 2011.

Referral Source	South Tipperary
Self	236
Family	42
Other Drug Treatment Centre	33
G.P.	70
Social Services/Community Services	40
Court/Probation/Police	36
Mental Health Facility (incl. psychiatrist)	78
A&E Other	13
*Other	33
Total	581

Table 66: Source of Referral South Tipperary Clients Treated for Substance Misuse 2011.

Data Co-ordination Overview of Drug Misuse 2011.

*Other referral sources had counts of less than 10 and include:- friends, acute hospital service excluding A&E, school, prison, mental health liaison nurse at A&E and outreach worker.

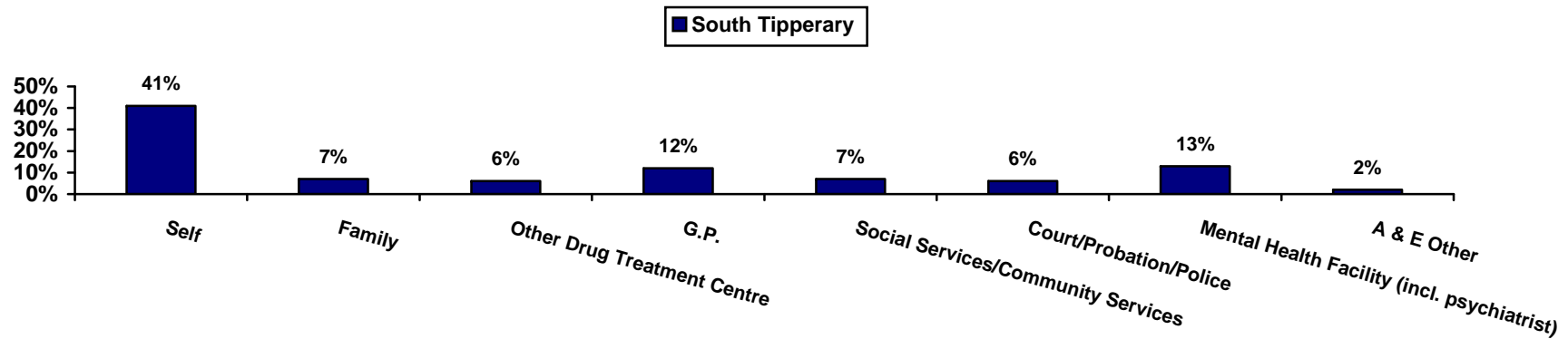


Figure 46: Source of Referral. South Tipperary Clients Treated for Substance Misuse 2011

The main source of referral for South Tipperary clients in 2011 was self, 236 individuals (41%), followed by mental health facility (incl. psychiatrist) for 78 individuals (13%) and then referrals from a G.P. at 70 individuals (12%).

In 2010 the main referral sources for South Tipperary clients were again, self, G.P. and mental health facility (incl. psychiatrist). Self referrals increased by 18 individuals (8%) between 2010 and 2011. G.P. referrals also increased between the two years by 11 individuals (19%) and referrals from a mental health facility (incl. psychiatrist) increased by 5 individuals (7%) between the two years. Family referrals fell by 10 individuals (19%), as did referrals from friends by 5 individuals (38%). Acute hospital services excluding A&E referrals decreased by 15 individuals in 2010 to 4 individuals in 2011, a decrease of 11 individuals (73%) between the two years.

Treatment Data

Main Substance Misuse Problem

The following Table and Figure provide a breakdown of the main substance misuse problems for which South Tipperary clients were treated in 2011.

Main Substance Misuse Problem	South Tipperary
Alcohol	333
Heroin	63
Cannabis	127
Cocaine	13
Benzodiazepines	28
*Other	17
Total	581

Table 67: Main Substance Misuse Problem Treated South Tipperary Clients 2011.

*Other reflects counts of less than 10 and includes mdma, other opiate type drug, amphetamines and volatile inhalants.

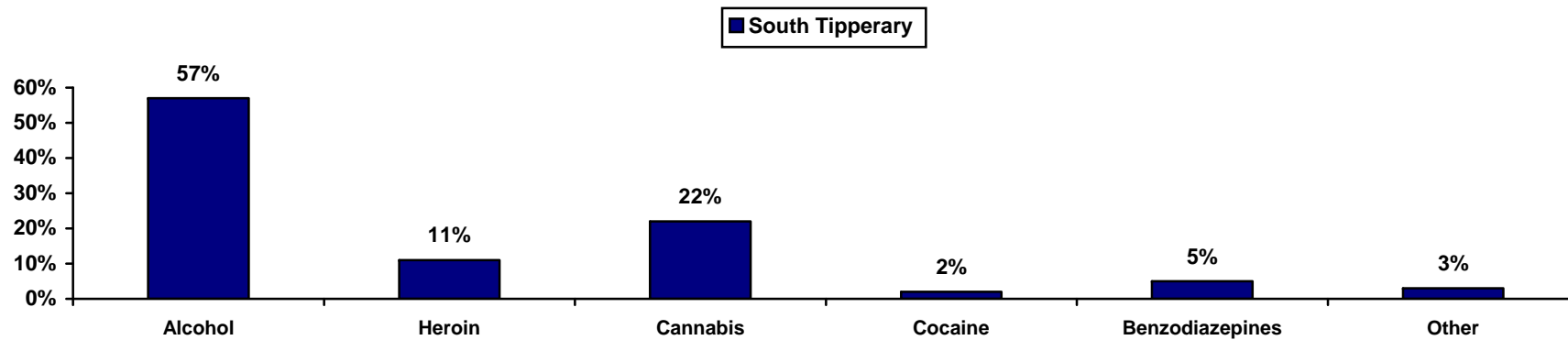


Figure 47: Main Substance Misuse Problem Treated South Tipperary Clients 2011

Data Co-ordination Overview of Drug Misuse 2011.

Alcohol was the main problem for which South Tipperary clients attended treatment services in 2011 at 333 individuals (57%). This was followed by cannabis, 127 individuals (22%). Heroin was the third main problematic substance for South Tipperary clients at 63 individuals (11%). Clients being treated for problematic benzodiazepine use accounted for 28 individuals (5%) and cocaine use accounted for 13 individuals (2%).

South Tipperary clients seeking treatment for an alcohol problem have increased between 2010 and 2011 by 45 individuals (16%). Treatment for heroin as a main problematic substance decreased by 12 individuals (16%) between the two years. South Tipperary clients treated for cannabis increased from 94 individuals in 2010 to 127 individuals in 2011, an increase of 33 individuals (35%). Treatment for benzodiazepine use increased by 15 individuals (115%) whilst cocaine as a main problematic substance for South Tipperary clients decreased between the two years by 8 individuals (38%).

Risk Behaviour

Extent of Drinking Problem

Based on the clients being treated for an alcohol problem, both as a main and secondary problem, 167 individuals (43%) of South Tipperary clients were categorised as ²harmful drinkers, followed by those categorised as ¹hazardous drinkers 141 individuals (36%) and then those categorised as ³dependent drinkers 83 individuals (21%).

¹Hazardous drinking: is defined as a pattern of alcohol use that increases the risk of harmful consequences for the user. The term describes drinking over the recommended limits by a person with no apparent alcohol-related health problems. This includes experimental drinking.

²Harmful drinking: can be described as a pattern of use which is already causing damage to health. This damage may be physical or mental.

³Dependent drinker: refers to physical and psychological dependence on alcohol resulting from habitual use of alcohol, where negative physical withdrawal symptoms result from abrupt discontinuation.

Intravenous Drug Use

Ever Injected

The following Tables and Figures give an overview of clients who had engaged in risk behaviour associated with their IV drug use. Table 68 and Figure 48 show treated South Tipperary clients who had ever injected. Table 69 and Figure 49 show clients who had injected in the month prior to their treatment commencing.

Ever Injected	South Tipperary
Yes	40
No	558
Not known	2
Total	600

Table 68: All 2011 Treated South Tipperary Clients Who Had Ever Injected

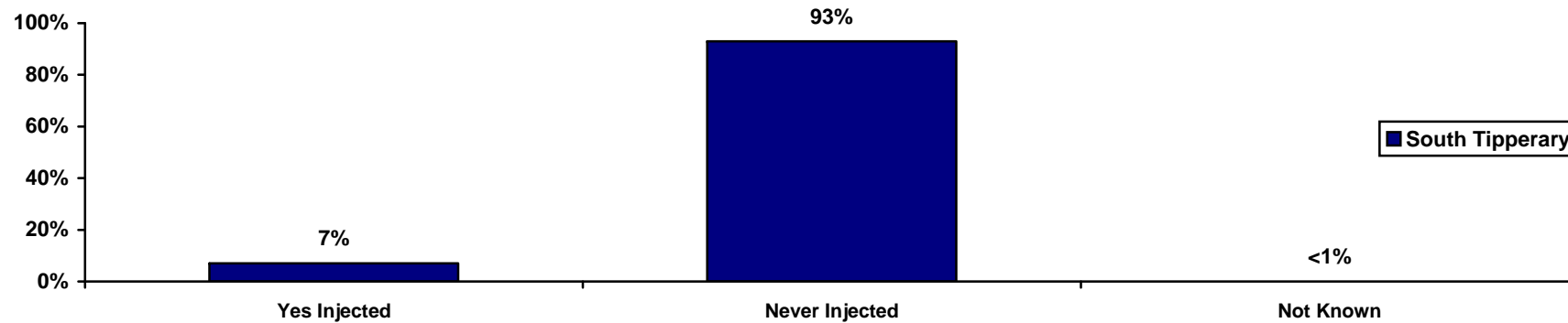


Figure 48: All 2011 Treated South Tipperary Clients Who Had Ever Injected.

As previous years the majority of clients had never injected, 558 individuals (93%) of South Tipperary clients. 40 individuals (7%) of South Tipperary clients had injected at some point in their lives, this is an increase of 11 individuals (38%) on 2010 figures.

Injected In Past Month

Of the clients who had ever injected, the following Table and Figure provide a breakdown on the number and rate of those who had injected in the month prior to their treatment commencing.

Injected In Past Month	South Tipperary
Yes	13
No	27
Total	40

Table 69: 2011 Treated South Tipperary Clients Who Had Injected In Past Month

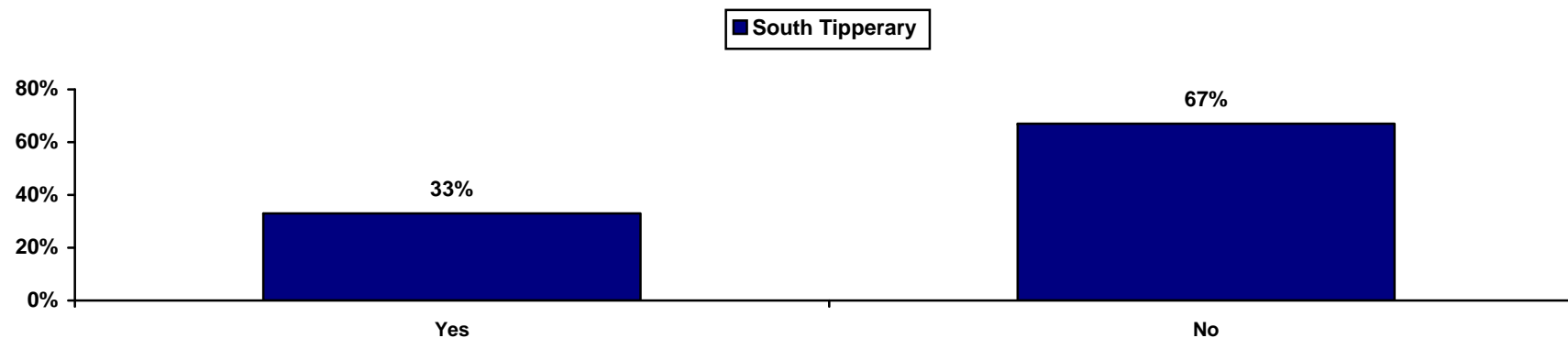


Figure 49: 2011 Treated South Tipperary Clients Who Had Injected In Past Month.

Of the clients who had ever injected, the majority had not injected in the month prior to treatment commencing, 27 individuals (67%) of South Tipperary. 13 individuals or (33%) of these clients had injected in the month prior to treatment commencing in 2011. This number increased between 2010 and 2011 by 1 individual (8%).

Unlike Carlow and Kilkenny, where the majority of clients who had ever injected had shared injecting equipment, the majority of these South Tipperary clients had not at 21 individuals or (52%). However, 15 individuals (37%) of the South Tipperary clients who had ever injected had shared injecting equipment, which was an increase of 10 individuals (200%) between 2010 and 2011.

Exit Data

Discharges

There were 536 South Tipperary clients discharged from Services in 2011.

Treatment Outcomes

Table 70 and Figure 50 give a breakdown of the treatment outcomes of clients discharged from Services in 2011. It should be noted that clients normally receive more than one treatment intervention during their treatment episode and the data is therefore based on the main treatment intervention provided.

Treatment Outcomes	South Tipperary
Treatment completed	177
Client transferred stable	19
Client transferred unstable	12
Client refused to have further sessions as they considered themselves to be stable	94
Client refused to have further sessions or did not return for subsequent appointments	214
¹ Other	20
Total	536

Table 70: Treatment Outcomes South Tipperary Clients 2011.

¹Other includes clients sentenced to prison, general medical transfer or medical issue, no longer living in area, mental health transfer and not known, died and premature exit from treatment for non-compliance.

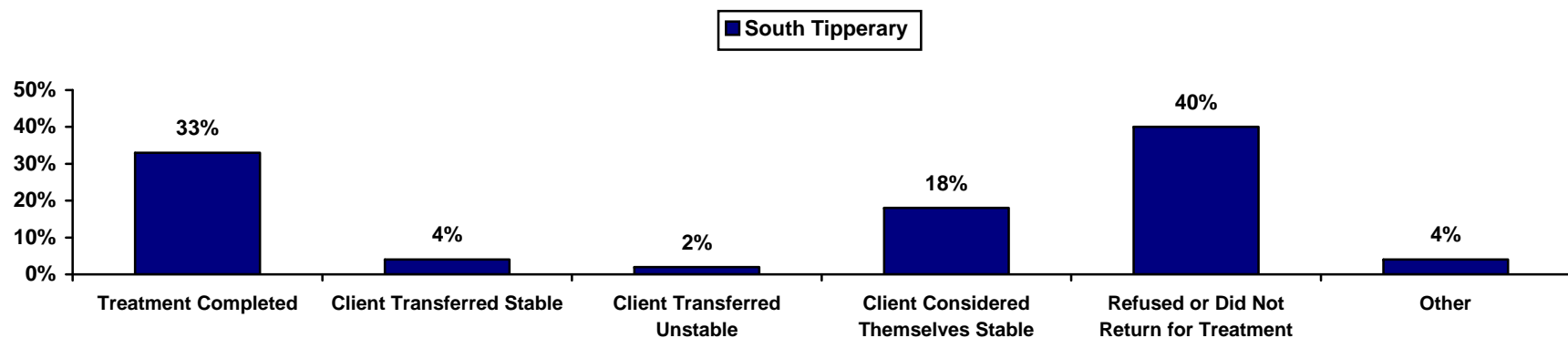


Figure 50: Treatment Outcomes South Tipperary Clients 2011.

The main outcome for South Tipperary clients were those who refused to have further sessions or did not return for subsequent appointments, 214 individuals (40%). This was followed by clients who had completed their treatment, 177 individuals or (33%) and then by those who refused to have further treatment because they considered themselves stable, 94 individuals (18%). The main outcomes for South Tipperary in 2010 were clients who had completed their treatment, followed by those who had refused to have further sessions or did not return for subsequent appointments.

4.2 Hospital In-patient Enquiry System (H.I.P.E. Scheme) 2010.

4.2.1 County of Residence.

299 (20%) of all coded patients in the Region had an address in South Tipperary, a decrease of 147 individuals (33%) on 2009 figures.

4.2.2 Age Group

The following Table and Figure give a breakdown of the age profile of coded patients in 2010 with a South Tipperary address.

Age Group	South Tipperary
Less than 18 years	28
18-24 years	41
25-29 years	29
30-34 years	25
35-39 years	19
40-44 years	31
45-49 years	25
50-54 years	25
55-59 years	18
60 years and over	58
Total	299

Table 71: Age Profile Coded Patients South Tipperary Address 2010

Data Co-ordination Overview of Drug Misuse 2011.

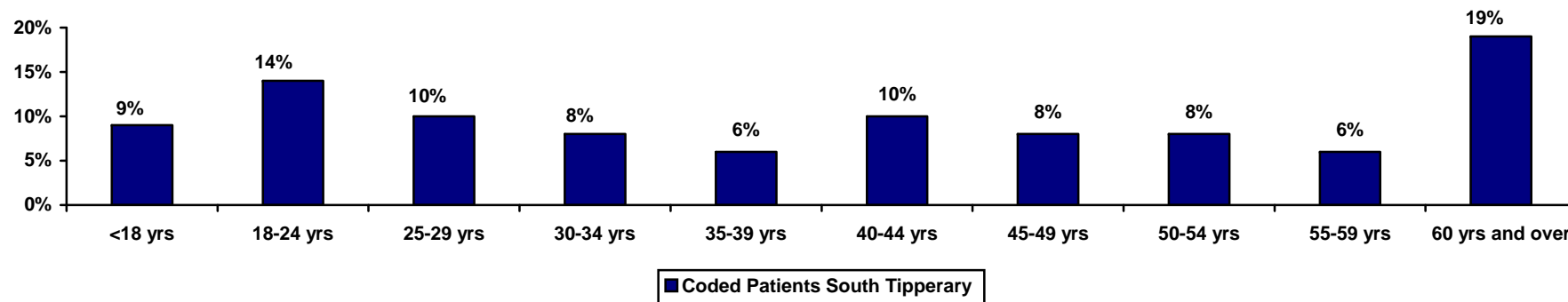


Figure 51: Age Profile Coded Patients South Tipperary Address 2010.

The majority of South Tipperary coded patients were aged 60 years and over, 58 individuals (19%), followed by those in the 18-24 year age group, 41 individuals (14%) and then those aged between 40 and 44 years 31 individuals (10%) and 25 to 29 year age group, 29 individuals but also (10%).

4.2.3 Gender

South Tipperary coded patients were mainly male at 210 individuals (70%). 89 individuals or (30%) were female.

4.2.4 Diagnosis

The following Table and Figure show the type of diagnosis for which coded patients with a South Tipperary address were admitted to the South East General Hospitals in 2010.

	Main Diagnosis Only	Secondary Diagnosis Only	Both Main & Secondary Diagnosis	Total
Alcohol Only	34	124	46	204
Drugs Only	11	19	20	50
Both Alcohol & Drugs	0	6	39	45
Total	45	149	105	299

Table 72: Type Diagnosis Coded Patients South Tipperary Address South East Hospitals 2010

Data Co-ordination Overview of Drug Misuse 2011.

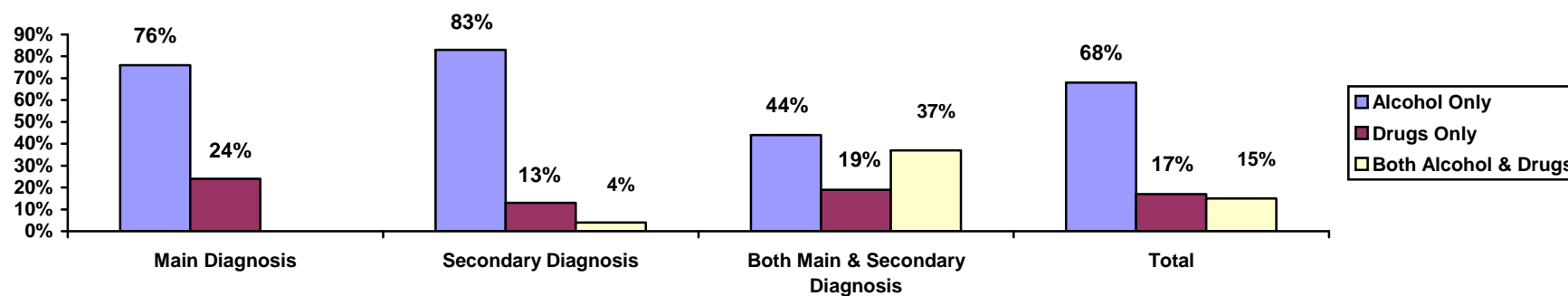


Figure 52: Type Diagnosis Coded Patients South Tipperary Address South East Hospitals 2010.

In 2010, the majority of South Tipperary patients were admitted with a secondary diagnoses under the requested HIPE codes, 149 individuals (50%). Coded patients were mainly admitted with diagnoses which included alcohol only, 204 individuals (68%), followed by drugs only, 50 individuals (17%) and then by those who were admitted with a diagnosis which included both alcohol and drugs, 45 individuals (15%).

4.2.5 Substances Used

The following Table and Figure provides an overview of the type of substances used by South Tipperary coded patients in 2010. There were too many instances of substances with counts of one to provide a full overview of the substances used, therefore Table 73 and Figure 53 show only the main substances.

Substance Used	South Tipperary
Alcohol	204
Unspecified drugs	10
Opioids	9

Table 73: Main Substance(s) Used South Tipperary Coded Patients 2010.

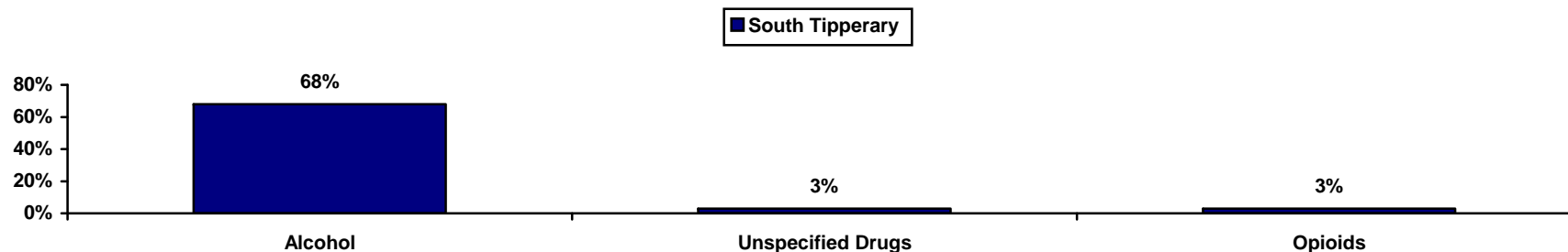


Figure 53: Main Substance(s) Used by South Tipperary Coded Patients 2010.

The main substance used by South Tipperary coded patients in 2010 was alcohol at 204 individuals (68%).

The alcohol figures for South Tipperary coded patients fell between 2009 and 2010 by 135 individuals (40%). The unspecified drugs figure increased between the two years by 5 individuals (100%). The opioid figure slightly increased by 1 individual (12%).

Though not shown in the above Table and Figure, as the numbers were less than 10, benzodiazepine and alcohol/benzodiazepine figures fell between the two years by 62%.

4.2.6 Discharges

The following Table shows where the coded patients went on their discharge from the South East Hospitals in 2010. The Table and Figure only represent the main discharges.

	South Tipperary
Home	229
Self	26
Transfer to psychiatric hospital/unit	12

Table 74: Main Discharge of South Tipperary Coded Patients from South East Hospitals 2010.

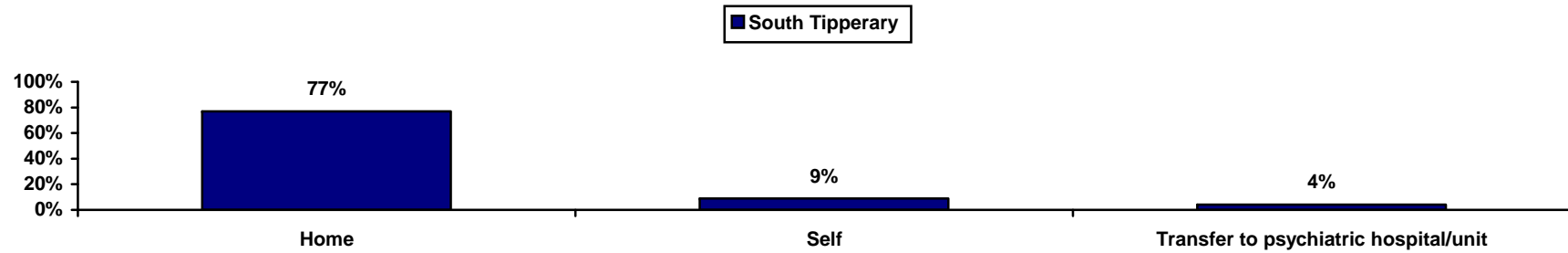


Figure 54: Main Discharge of South Tipperary Coded Patients from South East Hospitals 2010

As with the Regional and Carlow/Kilkenny figures, the majority of South Tipperary patients were discharged home in 2010, 229 individuals (77%), followed by patients who self discharged at 26 individuals (9%) and then those who were transferred to a psychiatric hospital/unit, 12 individuals (4%).

4.2.7 Length of Stay

The average length of stay for patients treated at South Tipperary General Hospital under one or more of the requested HIPE codes in 2010 was 5 days.

Not all South Tipperary coded patients were treated at South Tipperary General, though the majority were. The average length of stay for patients with a South Tipperary address treated in the South East hospitals in 2010 was also 5 days.

4.3 An Garda Síochána

The following data is taken from Garda Recorded Crime Statistics 2003-2010, published by the Central Statistics Office. This section should be read in conjunction with CSO definitions, background information, interpretation etc. The full report is available from www.cso.ie.

The following Tables present an overview of the number of recorded and detected drug offences recorded by the CSO for 2010.

4.3.1 Drug Offences

	Recorded	Per 100,000 population	Detected	Detection Rate (%)	With Relevant Proceedings
South Eastern Region	77	13.9	75	97.4	46
South Tipperary	15	9.7	14	93.3	10

Table 75: ¹Incidents recorded of Importation/Manufacture of Drugs (ICCS 101), incidents per 100,000 population, detection and proceedings, 2010.

¹Relates to the Importation Of Drugs and Cultivation or Manufacture of Drugs.

	Recorded	Per 100,000 population	Detected	Detection Rate (%)	With Relevant Proceedings
South Eastern Region	2,322	418.1	2,296	98.9	1,413
South Tipperary	536	347.4	525	97.9	356

Table 76: ²Incidents recorded Possession of drugs (ICCS 102), incidents per 100,000 population, detection and proceedings, 2010.

²Relates to Possession of Drugs for Sale and Supply and Possession of Drugs for Personal Use.

	Recorded	Per 100,000 population	Detected	Detection Rate (%)	With Relevant Proceedings
South Eastern Region	75	13.5	73	97.3	35
South Tipperary	17	11.0	17	100.0	10

Table 77: ³Incidents recorded of Other Drug Offences (ICCS 103), incidents per 100,000 population, detection and proceedings, 2010.

³Relates to Forged or Altered Prescription Offences and Obstruction Under the Drugs Act.

4.3.2 Diversion Programme

The following section is taken from the Annual Report of the Committee Appointed to Monitor the Effectiveness of the Diversion Programme, available from the Garda Website www.garda.ie and the Irish Youth Justice Website www.iyjs.ie. The data in this section should be read in conjunction with the Annual Report.

4.3.3 Referrals Received by the Diversion Programme

The following Table gives the number of referrals received in 2010 by South Eastern Region and South Tipperary area.

	Total	Formal	Informal	No Further Action	Pending	Unsuitable
South Eastern Total	3,442	802	1,590	87	186	777
South Tipperary	975	245	480	23	57	170

Table 78: Number Referrals Received by Diversion Programme South Eastern Region and South Tipperary Area 2010..

4.3.4 Children Referred To The Diversion Programme

Table 79 gives the number of children referred to the Diversion Programme in 2010

	Total	Formal	Informal	No Further Action	Pending	Unsuitable
South Eastern Total	2,217	459	1,294	81	112	271
South Tipperary	609	133	354	18	29	75

Table 79: Number Children Referred to the Diversion Programme South Eastern Region and South Tipperary Area 2010.

4.3.5 Children Referred By Gender.

The following Tables gives a breakdown of males and females referred to the Diversion Programme in 2010.

	Total	Formal	Informal	No Further Action	Pending	Unsuitable
South Eastern Total	1,737	389	945	60	92	251
South Tipperary	482	115	257	13	26	71

Table 80: Males Referred to Diversion Programme South Eastern Region and South Tipperary Area 2010.

	Total	Formal	Informal	No Further Action	Pending	Unsuitable
South Eastern Total	480	70	349	21	20	20
South Tipperary	127	18	97	5	3	4

Table 81: Females Referred to Diversion Programme South Eastern Region and South Tipperary Area 2010.

The background of the slide is a photograph of a hand holding a glass of beer. The hand is positioned on the left side of the frame, and the glass is on the right. The beer is a golden color with a thick head of white foam. The lighting is warm, creating a soft glow around the glass and hand.

SECTION 5 WATERFORD OVERVIEW

5 WATERFORD

5.1 Addiction Treatment Services

This section of the Report reports on treated substance misuse in the Waterford area.

The report contains data collected and collated from statutory, voluntary and community services. The report also contains data collated for other problems including gambling and concerned persons. Concerned persons are people concerned about another's substance misuse problem.

5.1.1. Reporting Centres

Reporting Centres	Waterford
H.S.E. Community Mental Health Services	176
H.S.E. Substance Misuse Teams	196
H.S.E. Drug Treatment Clinics	39
H.S.E. Liaison Officer Waterford Regional Hospital	310
Outreach Workers	71
Saor Programme	23
Ceim Eile (Aiseiri Service) – Residential (National)	16
Ceim Eile (Aiseiri Service) – Outreach Programme	16
Community Based Drug Initiatives	123
Frontline Projects	69
Total	1039

Table 82: Reporting Centres Per Individual Contacts to Waterford Based Treatment Services 2011. All Contacts.

Reporting Centres	Waterford
H.S.E. Community Mental Health Services	200
H.S.E. Substance Misuse Teams	237
H.S.E. Drug Treatment Clinics	39
H.S.E. Liaison Officer Waterford Regional Hospital	452
Outreach Workers	91
Saor Programme	27
Ceim Eile (Aiseiri Service) – Residential (National)	23
Ceim Eile (Aiseiri Service) – Outreach Programme	18
Community Based Drug Initiatives	147
Frontline Projects	90
Total	1324

Table 83: Reporting Centres Per Treatment Episode to Waterford Based Treatment Services in 2011. All Contacts.

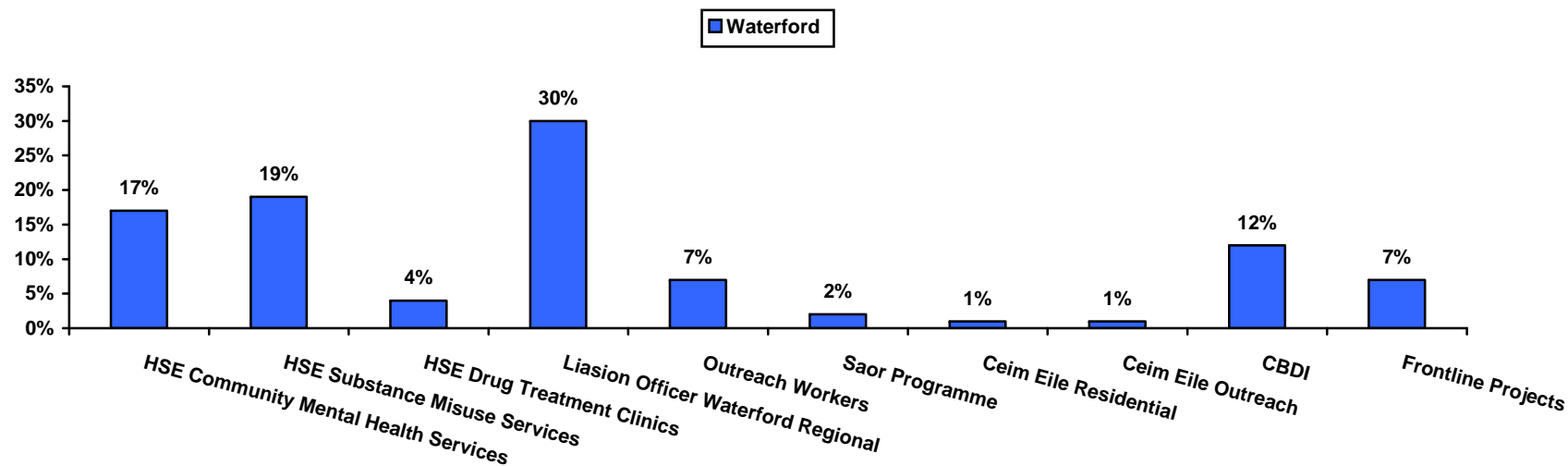


Figure 55: Reporting Centres per Individual Contacts to Waterford Based Treatment Services 2011. All Contacts.

Data Co-ordination Overview of Drug Misuse 2011.

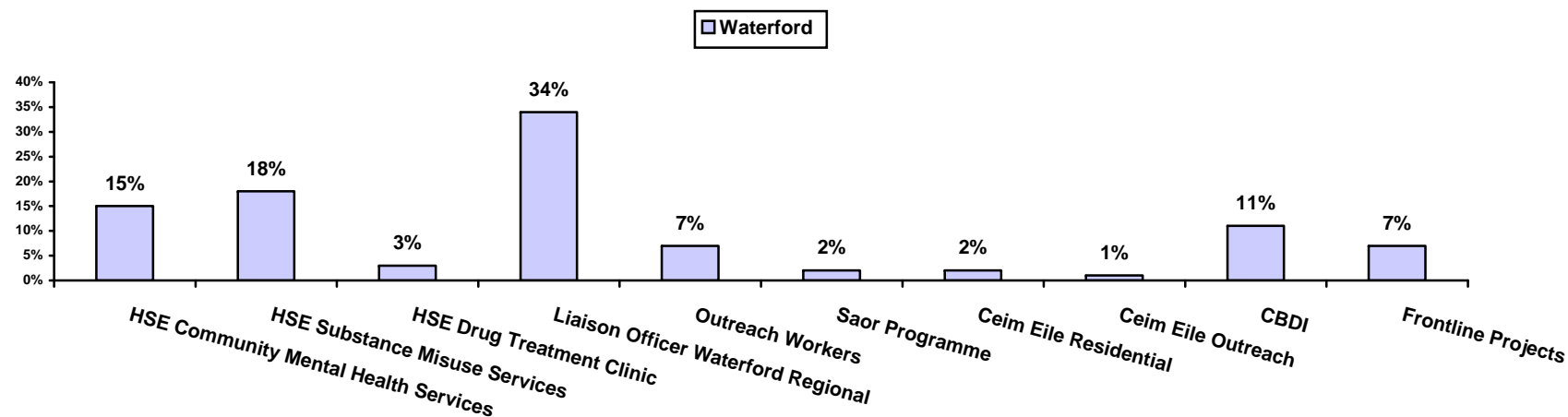


Figure 56: Reporting Centres per Treatment Episode to Waterford Based Treatment Services 2011. All Contacts

There were 1039 (28%) individual contacts made to Waterford services in 2011. This is an increase of 123 individuals (13%) on 2010 figures.

The majority of individual contacts in 2011 were made to HSE Liaison Officer based in Waterford Regional Hospital 310 individuals (30%). This was followed by contacts to the HSE Substance Misuse Services, 196 individuals (19%) and then the HSE Community Mental Health Services 176 individuals (17%).

There was an increase in the number of individual contacts to the following Waterford services in 2011:-

- HSE Substance Misuse Services – 60 individuals (44%)
- HSE Drug Treatment Clinic – 13 individuals (50%)
- HSE Liaison Officer Waterford Regional – 54 individuals(21%)
- Outreach Worker – 19 individuals (36%)
- Saor Programme – 1 individual (4%)
- Community Based Drug Initiatives – 1 individual (1%)

There were reductions in the number of contacts to three services in 2011, HSE Community Mental Health Services, Ceim Eile Residential Service and the Frontline Projects by 3 individuals (2%), 13 individuals (45%) and 13 individuals (16%) respectively. It should be noted that the Ceim Eile service moved premises in 2011 and as a result there are less beds available to the Service.

There were 1324 treatment episodes at Waterford services in 2011. As stated previously, information on treatment episodes wasn't collated in 2010.

5.1.2 Treatment Episodes

Please note that the following paragraphs in this section of the Report pertains to the client's county of residence.

Excluding forms received for more than one treatment episode per service or where it was known that a client had been treated at more than one centre during the year, there were 942 clients with a Waterford address that accessed Services in 2011. This figure is broken down as follows:-

Treatment Episodes	Waterford
Continuous Care Clients	207
New Referrals: treated once during the year	666
Referrals: treated twice during the year	35
Referrals: treated more than twice during year	8
New Referrals: assessed only	26
Totals	942

Table 84: Treatment Episodes. All Contacts. Waterford 2011.

5.1.3 Other Problems

This paragraph deals with treated clients who were treated for a main problem other than substance misuse i.e. concerned persons and gamblers. These accounted for 93 individuals (10%) of all treated Waterford clients in 2011.

Of the Waterford clients who were treated for other problems, 73 individuals (78%) were concerned persons, 14 individuals (15%) were treated for gambling problems and 6 individuals (7%) were treated for other issues. The concerned persons showed an increase of 16 individuals (28%) between 2010 and 2011. Those being treated with a main problem of gambling also showed an increase, of 7 individuals (100%) between the two years. There was a decrease of 3 individuals (33%) for treatment of other issues between 2010 and 2011.

Data Co-ordination Overview of Drug Misuse 2011.

The main concerned persons with Waterford addresses were parents 36 individuals (39%) followed closely by spouse/partner 23 individuals (25%). The main substance they were concerned about was alcohol 36 individuals (39%) followed by cannabis and heroin at 12 individuals (13%) respectively.

5.1.4 Substance Misuse Treatment Data

Excluding clients who were assessed only and those who were treated for other problems, there were 823 clients with a Waterford address treated for a substance misuse problem in 2011.

Demographic Data

Age Profile

The following Table and Figure provides an overview of the age profile of treated Waterford clients in 2011.

Age Group	Waterford
Less than 18 years	53
18-24 years	159
25-29 years	129
30-34 years	116
35-39 years	96
40-44 years	78
45-49 years	61
50-54 years	28
55-59 years	38
60 years and over	62
Not known	3
Total	823

Table 85: Age Profile Waterford Clients Treated for Substance Misuse Problem 2011.

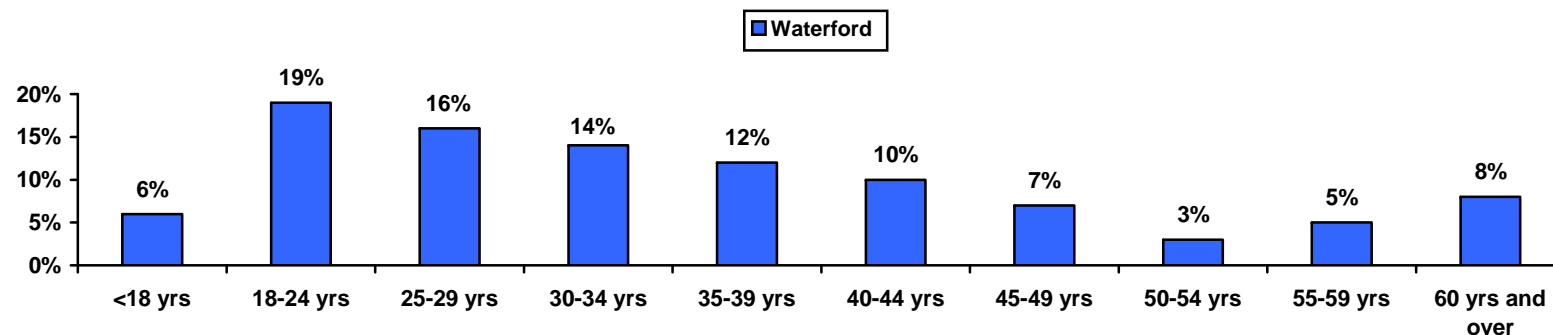


Figure 57: Age Profile Waterford Clients Treated for Substance Misuse Problem 2011.

The majority of treated Waterford clients were those between the ages of 18 and 24 years at 159 individuals (19%). This was followed by those in the 25-29 year age group, 129 individuals (16%) and then those who were 30-34 years, 116 individuals (14%), making the majority of clients treated for a substance misuse problem with a Waterford address in 2011 under 35 years of age.

Gender

As with the other counties, the majority of treated Waterford clients were male 580 individuals (70%). Females accounted for 243 individuals (30%) of treated substance misuse clients in 2011.

The number of males increased between 2010 and 2011 by 36 individuals (7%). The number of females decreased between the two years from 292 individuals in 2010 to 243 individuals in 2011, a decrease of 49 individuals (17%).

Living Status

The living status (where) of treated clients relates to the stability of the client’s living situation a month prior to treatment starting. The majority of Waterford clients were living in stable accommodation 765 individuals (93%). These were followed by clients who were living in other unstable accommodation at 23 individuals (3%) and then by those living in an institution (prison/residential care/halfway house) and homeless, both at 17 individuals (2%).

Employment Status

The following Table and Figure give a breakdown of the employment status of treated substance misuse clients with a Waterford address in 2011.

Employment Status	Waterford
In paid employment	132
Unemployed	472
Fás/Training Course	35
Student	74
Housewife/husband	38
Retired/Unable to work	70
Not Known	2
Total	823

Table 86: Employment Status. Waterford Clients Treated for Substance Misuse 2011.

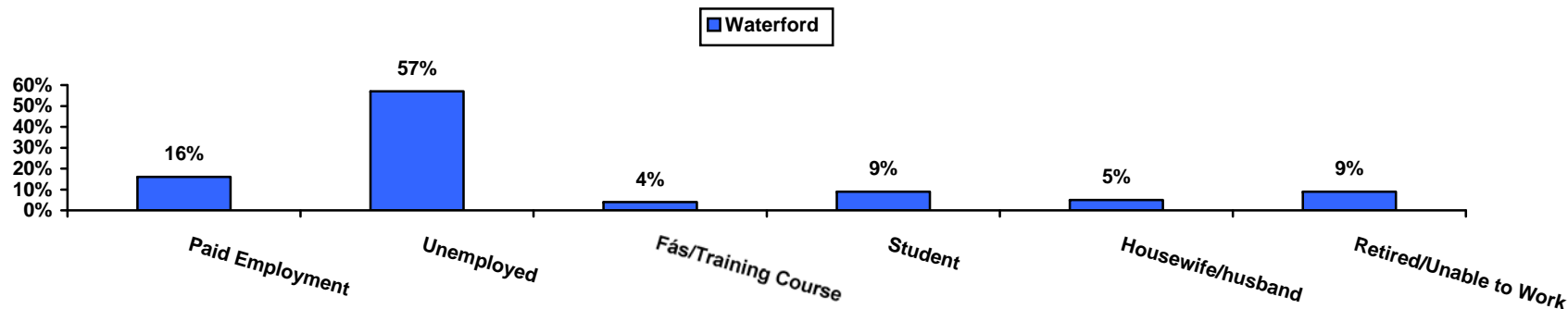


Figure 58: Employment Status. Waterford Clients Treated for Substance Misuse 2011

As with the other areas, the majority of Waterford clients treated for a substance misuse problem in 2011 were unemployed at the time of their treatment, 472 individuals (57%). This was followed by clients who were in paid employment 132 individuals (16%) and then by students, 74 individuals (9%).

Referral Data

Source of Referral

Table 87 and Figure 59 provide an overview of the different referral sources for Waterford clients in 2011.

Referral Source	Waterford
Self	169
Family	48
Friends	13
Other Drug Treatment Centre	37
G.P.	47
Acute Hospital Services excl. A&E	37
Social Services/Community Services	55
Court/Probation/Police	78
Outreach Worker	54
Mental Health Liaison Nurse at A&E	43
A&E Other	182
Mental Health Facility (incl. psychiatrist	53
*Other	7
Total	823

Table 87: Source of Referral Waterford Clients Treated for Substance Misuse 2011.

*Other referral sources had counts of less than 10 and include:- school, prison and employer.

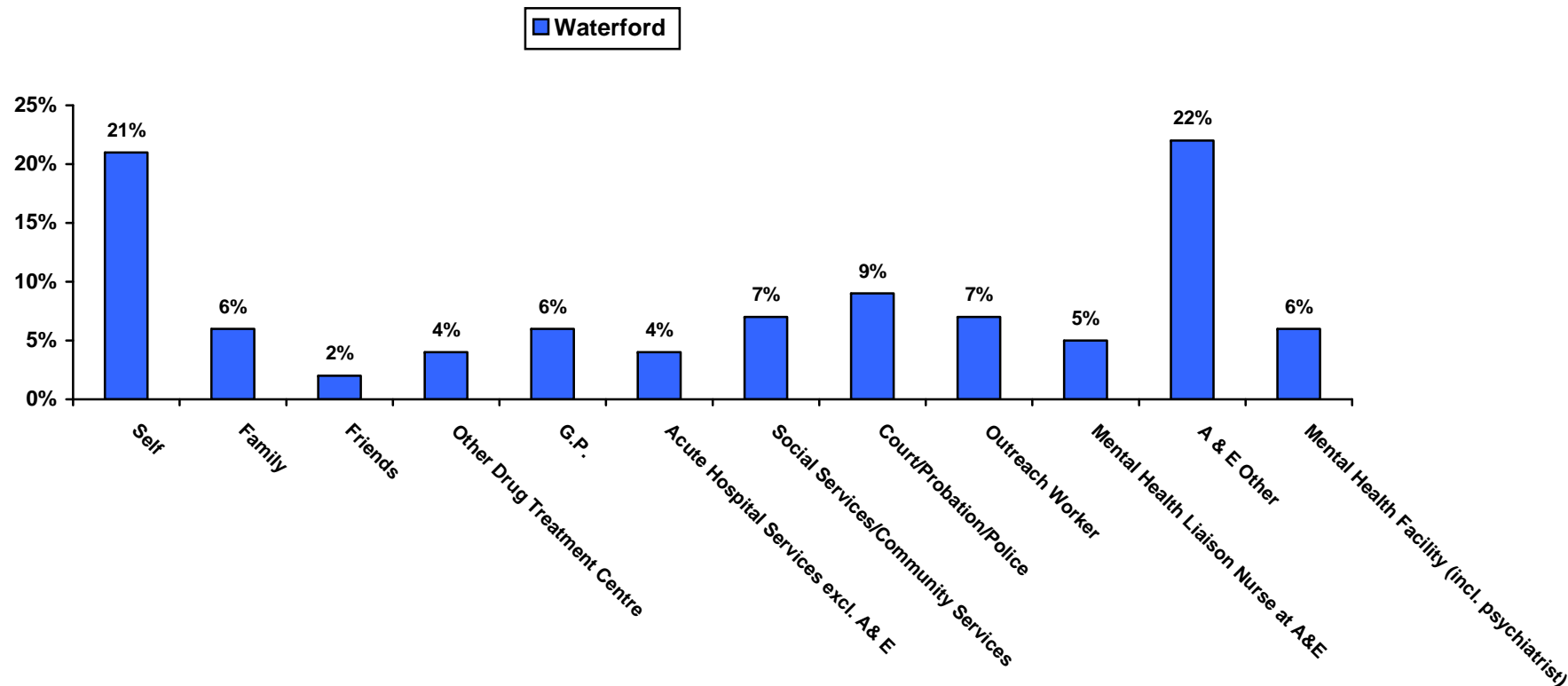


Figure 59: Source of Referral. Waterford Clients Treated for Substance Misuse 2011

The main source of referral for Waterford clients in 2011 was A&E Other, 182 individuals(22%), followed by self, 169 individuals (21%) and then referrals from court/probation/police, 78 individuals (9%).

In 2010 the reverse was true for the top two referral sources for Waterford, being self followed by A&E Other. Self referrals decreased by 20 (11%) between 2010 and 2011. A&E referrals increased by 44 (32%).

The largest increases between 2010 and 2011 were referrals from outreach worker and mental health liaison nurse at A&E at 14 individuals (35%) and 21 individuals (95%) respectively. The highest decreases between the two years were from acute hospital services excl. A&E, 22 individuals (37%), social services/community services, 18 individuals (25%), mental health facility (incl. Psychiatrist), 16 individuals (23%) and court/probation/police, 12 individuals (13%).

There were small increases in referrals from friends, G.P., school, prison and employer and small decreases in family referrals and referrals from other drug treatment centres.

Treatment Data

Main Substance Misuse Problem

The following Table and Figure provide a breakdown of the main substance misuse problems for which Waterford clients were treated in 2011.

Main Substance Misuse Problem	Waterford
Alcohol	508
Heroin	146
Cannabis	111
Cocaine	25
Other Opiate Type Drug	13
*Other	20
Total	823

Table 88: Main Substance Misuse Problem Treated Waterford Clients 2011.

*Other reflects counts of less than 10 and includes mdma, benzodiazepines, volatile inhalants, head shop substances, hallucinogens and other specified medicaments.

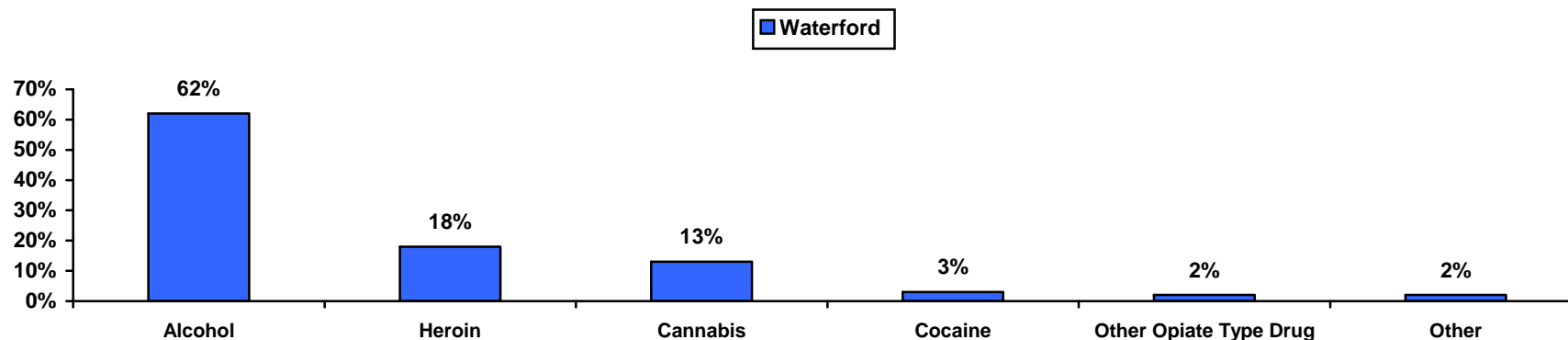


Figure 60: Main Substance Misuse Problem Treated Waterford Clients 2011

Data Co-ordination Overview of Drug Misuse 2011.

Alcohol was the main problem for which Waterford clients attended treatment services in 2011 at 508 individuals (62%). This was followed by heroin 146 individuals (18%). Cannabis was the third main problematic substance for Waterford clients in 2011 at 111 individuals (13%). Clients being treated for problematic cocaine use accounted for 25 individuals (3%) and other opiate type drug use accounted for 13 individuals (2%).

Waterford clients seeking treatment for an alcohol problem increased between 2010 and 2011 by 66 individuals (15%). Waterford clients were the only ones to show an increase in treatment for a heroin problem between 2010 and 2011. Treatment for heroin as a main problematic substance increased by 7 individuals (5%) between the two years. Clients treated for cannabis increased by 8 individuals (8%). Treatment for cocaine use decreased by 9 individuals (27%) whilst treatment for other opiate type drugs showed an increase between the two years of 5 individuals (62%).

Risk Behaviour

Extent of Drinking Problem

Based on the clients being treated for an alcohol problem, both as a main and secondary problem, 279 individuals (49%) of Waterford clients were categorised as dependent drinkers, followed by those categorised as harmful drinkers 185 individuals (32%) and then by those categorised as hazardous drinkers 108 individuals (19%).

¹Hazardous drinking: is defined as a pattern of alcohol use that increases the risk of harmful consequences for the user. The term describes drinking over the recommended limits by a person with no apparent alcohol-related health problems. This includes experimental drinking.

²Harmful drinking: can be described as a pattern of use which is already causing damage to health. This damage may be physical or mental.

³Dependent drinker: refers to physical and psychological dependence on alcohol resulting from habitual use of alcohol, where negative physical withdrawal symptoms result from abrupt discontinuation.

Intravenous Drug Use

Ever Injected

The following Tables and Figures give an overview of clients who had engaged in risk behaviour associated with their IV drug use. Table 89 and Figure 61 show treated Waterford clients who had ever injected. Table 90 and Figure 62 show clients who had injected in the month prior to their treatment commencing.

Ever Injected	Waterford
Yes	128
No	707
Not known	2
Total	837

Table 89: All 2011 Treated Waterford Clients Who Had Ever Injected

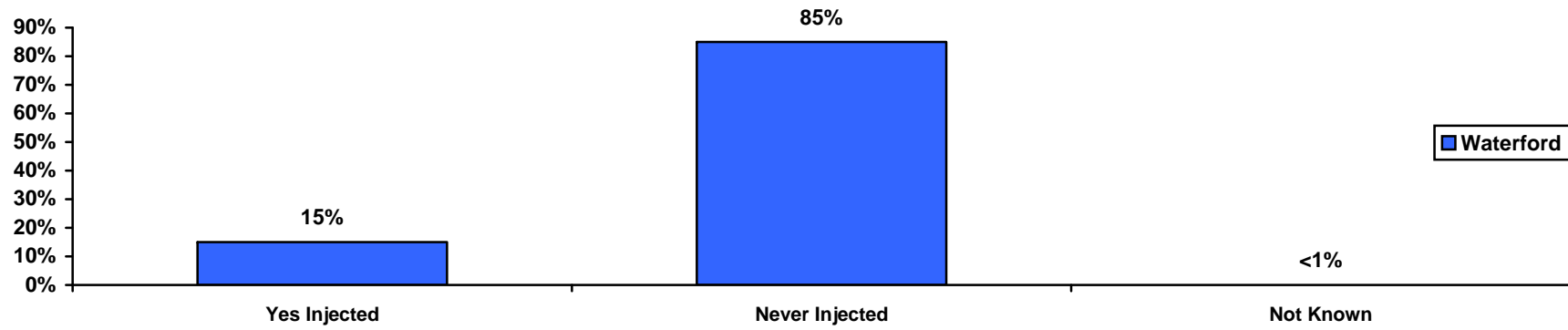


Figure 61: All 2011 Treated Waterford Clients Who Had Ever Injected.

As previous years the majority of clients had never injected, 707 individuals (85%). 128 individuals (15%) of Waterford clients had injected at some point in their lives, this is an increase of 22 individuals (21%) on 2010 figures.

Injected In Past Month

Of the clients who had ever injected, the following Table and Figure provide a breakdown on the number and rate of those who had injected in the month prior to their treatment commencing.

Injected In Past Month	Waterford
Yes	66
No	62
Total	128

Table 90: 2011 Treated Waterford Clients Who Had Injected In Past Month

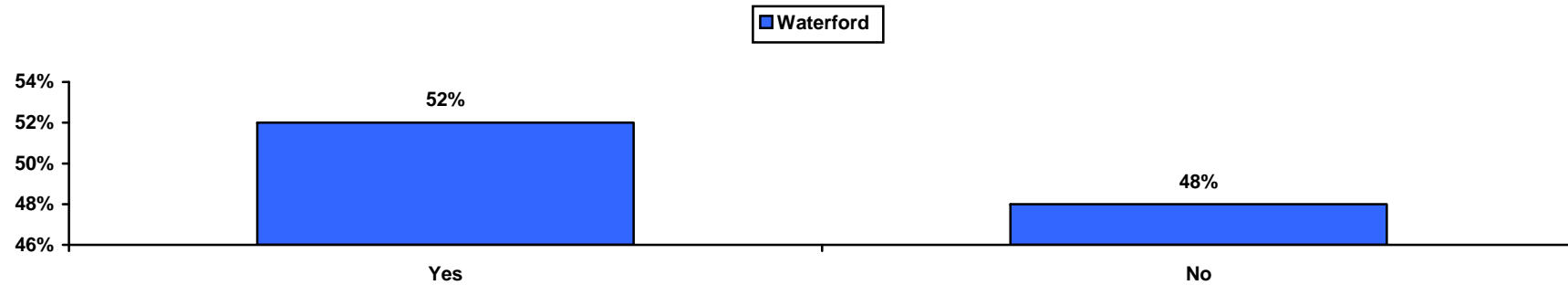


Figure 62: 2011 Treated Waterford Clients Who Had Injected In Past Month.

Of the clients who had ever injected, the majority of Waterford clients, unlike the rest of the Region, had injected in the month prior to treatment starting, 66 individuals (52%). This is an increase of 20 individuals (43%) on 2010 figures. However the majority of Waterford clients had never shared injecting equipment, 70 individuals (55%). 52 individuals (41%) had shared injecting equipment and this was an increase of 15 individuals (41%) on 2010 figures.

Exit Data

Discharges

There were 681 Waterford clients discharged from Services in 2011.

Treatment Outcomes

Table 91 and Figure 63 give a breakdown of the treatment outcomes of clients discharged from Services in 2011. It should be noted that clients normally receive more than one treatment intervention during their treatment episode and the data is therefore based on the main treatment intervention provided.

Treatment Outcomes	Waterford
Treatment completed	245
Client transferred stable	41
Client transferred unstable	67
Client refused to have further sessions as they considered themselves to be stable	111
Client refused to have further sessions or did not return for subsequent appointments	178
¹ Premature exit from treatment for non-compliance	12
No longer lives in area	10
² Other	17
Total	681

Table 91: Treatment Outcomes Waterford Clients 2011.

¹The reasons for premature exit from treatment for non-compliance were drug taking, alcohol taking, violent behaviour and not observing other rules.

²Other includes clients sentenced to prison, general medical transfer or medical issue, mental health transfer and clients who had died.

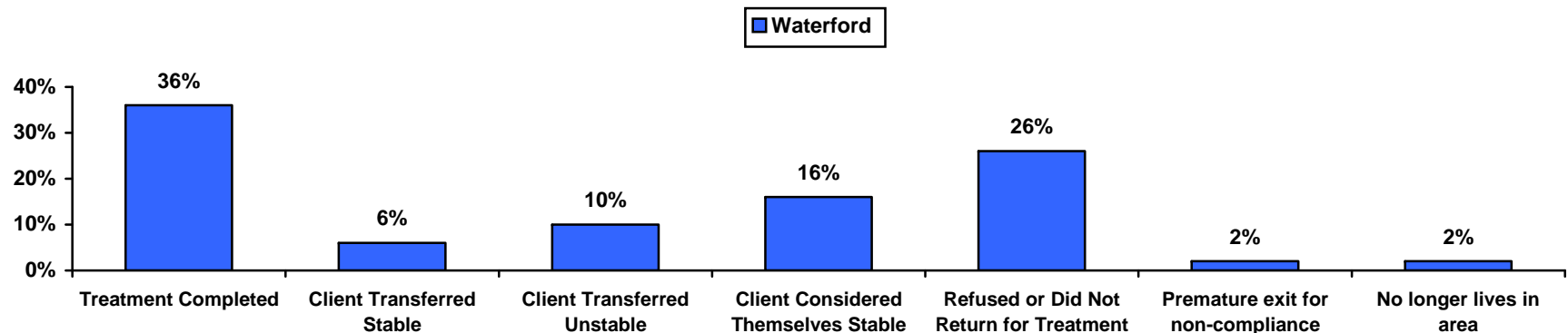


Figure 63: Treatment Outcomes Waterford Clients 2011.

The main treatment outcome for Waterford clients were those who had completed treatment at 245 individuals (36%), followed by those who refused to have further sessions or did not return for subsequent appointments, 178 individuals (26%) and then by those who refused to have further sessions because they considered themselves stable at 111 individuals (16%).

Data Co-ordination Overview of Drug Misuse 2011.

The top three treatment outcomes were the same in 2010. There was a slight increase in the number of Waterford clients who had completed treatment between 2010 and 2011 of 1 individual (<1%). There was also an increase in the number of clients who refused to have further sessions or did not return for subsequent appointments and those who considered themselves stable of 11 individuals (7%) and 34 individuals (44%) respectively.

5.2 Hospital In-patient Enquiry System (H.I.P.E. Scheme) 2010

5.2.1. County of Residence.

255 individuals (17%) of all coded patients in the Region had an address in Waterford, an increase of 12 individuals (4%) on 2009 figures. Again, only clients with a Waterford address showed increases between 2009 and 2010.

5.2.2. Age Group

The following Table and Figure give a breakdown of the age profile of coded patients in 2010 with a Waterford address.

Age Group	Waterford
Less than 18 years	17
18-24 years	23
25-29 years	18
30-34 years	19
35-39 years	14
40-44 years	26
45-49 years	22
50-54 years	25
55-59 years	19
60 years and over	72
Total	255

Table 92: Age Profile Coded Patients Waterford Address 2010

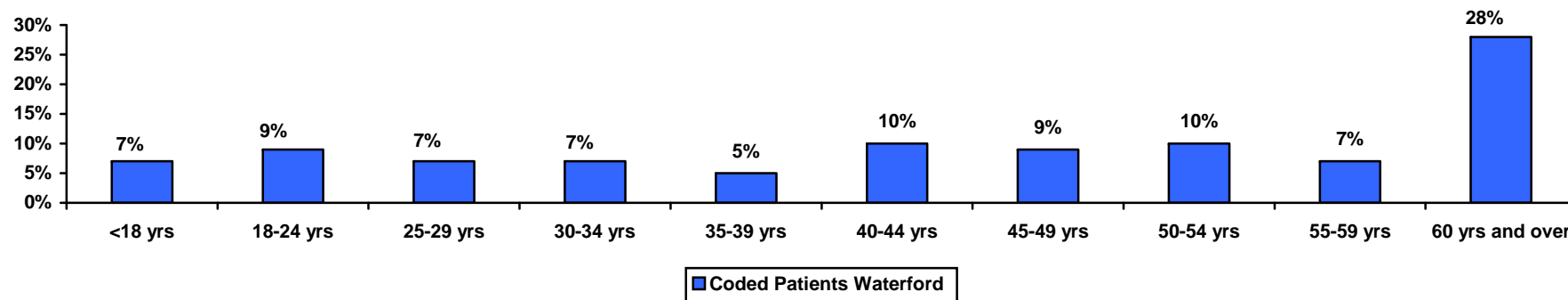


Figure 64: Age Profile Coded Patients Waterford Address 2010.

The majority of Waterford coded patients were aged 60 years and over, 72 individuals (28%), followed by those between the ages of 40 and 44 years, 26 individuals (10%) and then those in the 50-54 age group at 25 individuals (10%).

5.2.3. Gender

Waterford coded patients were mainly male at 172 individuals (67%). 83 individuals (33%) were female.

5.2.4. Diagnosis

The following Table and Figure show the type of diagnosis for which coded patients with a Waterford address were admitted to the South East General Hospitals in 2010.

	Main Diagnosis Only	Secondary Diagnosis Only	Both Main & Secondary Diagnosis	Total
Alcohol Only	29	120	33	182
Drugs Only	11	24	17	52
Both Alcohol & Drugs	0	5	16	21
Total	40	149	66	255

Table 93: Type Diagnosis Coded Patients Waterford Address South East Hospitals 2010

Data Co-ordination Overview of Drug Misuse 2011.

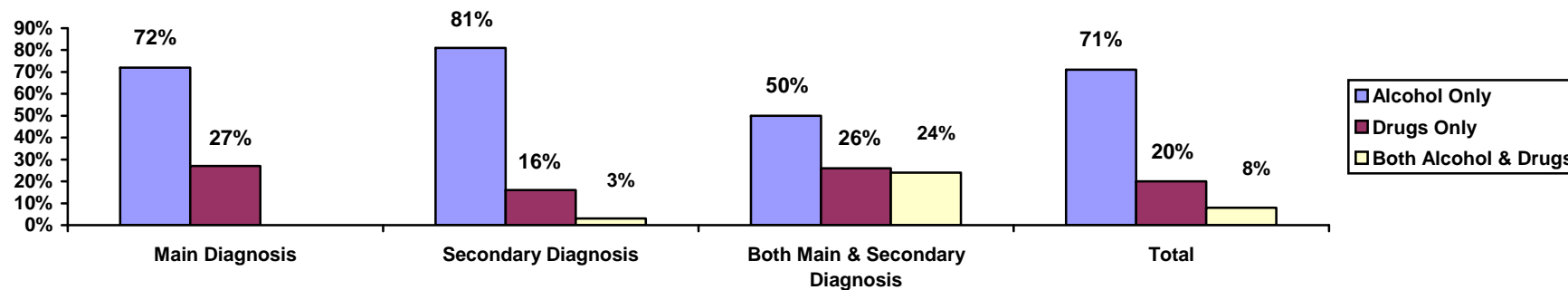


Figure 65: Type Diagnosis Coded Patients Waterford Address South East Hospitals 2010.

In 2010, the majority of Waterford patients were admitted with a secondary diagnoses under the requested HIPE codes, 149 individuals (58%). Coded patients were mainly admitted with diagnoses which included alcohol only 182 individuals (71%), followed by drugs only 52 individuals (20%) and then those who were admitted with a diagnosis which included both alcohol and drugs 21 individuals (8%).

5.2.5. Substances Used

The following Table and Figure provides an overview of the type of substances used by Waterford coded patients in 2010. There were too many instances of one to provide a full overview of the substances used, therefore Table 94 and Figure 66 show only the main substances.

Substance Used	Waterford
Alcohol	182
Opioids	19
Unspecified drugs	6

Table 94: Main Substance(s) Used Waterford Coded Patients 2010.

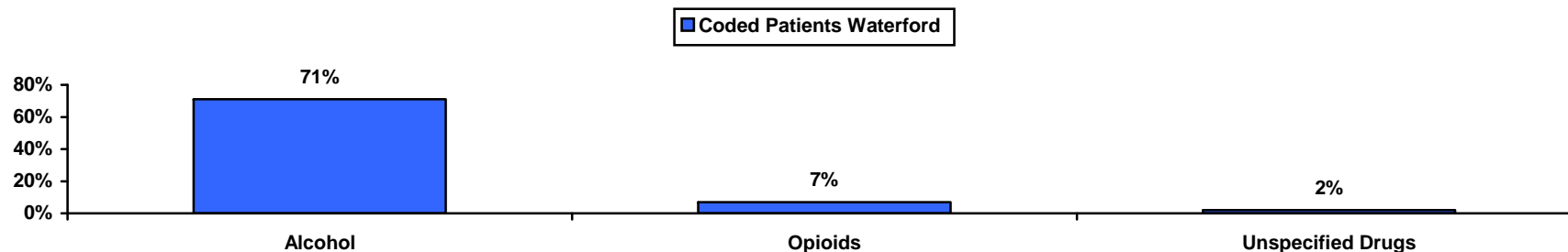


Figure 66: Main Substance(s) Used by Waterford Coded Patients 2010.

The main substance used by Waterford coded patients in 2010 was alcohol at 182 individuals (71%), followed by opioids at 19 individuals (7%) and then unspecified drugs at 6 individuals (2%).

The alcohol figures for Waterford coded patients increased between 2009 and 2010 by 6 individuals (3%). Opioid figures also increased between the two years by 11 individuals (137%). The unspecified drugs figure increased by 2 individuals (50%).

Though not shown in the above Table and Figure as the numbers were less than 10, benzodiazepine and alcohol/benzodiazepine figures fell between the two years by 33% and 40% respectively.

5.2.6. Discharges

The following Table shows where the coded patients went on their discharge from the South East Hospitals in 2010. The Table and Figure only represent the main discharges.

	Waterford
Home	192
Died	14
Self	12
Transfer to rehab facility	12
Transfer to nursing home, convalescent home or long stay accommodation	10

Table 95: Main Discharge of Waterford Coded Patients from South East Hospitals 2010.

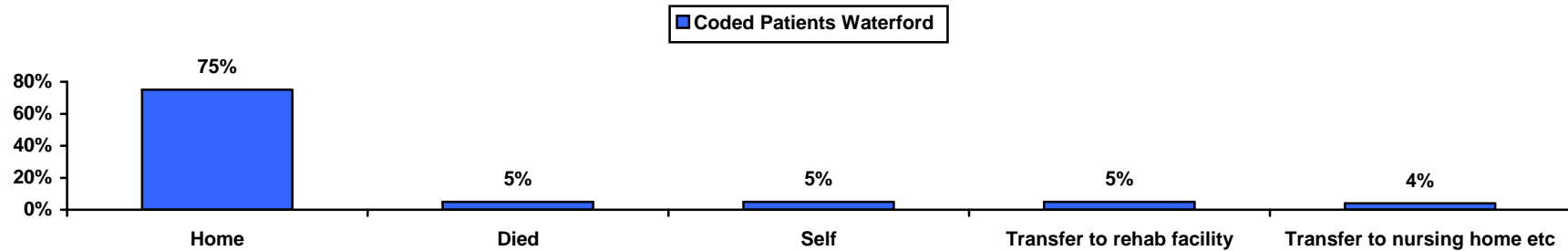


Figure 67: Main Discharge of Waterford Coded Patients from South East Hospitals 2010

As with the Regional figures and figures from the other Counties, the majority of Waterford patients were discharged home in 2010, 192 individuals (75%). These were followed by patients who had died at 14 individuals (5%) and then by those who self discharged and those who were transferred to a rehab facility, both at 12 individuals (5%) and by those who were transferred to a nursing home, convalescent home or long stay accommodation at 10 individuals (4%).

5.2.7. Length of Stay

The average length of stay for patients treated at Waterford General Hospital under one or more of the requested HIPE codes in 2010 was 10 days.

Not all Waterford coded patients were treated at Waterford General, though the majority were. The average length of stay for patients with a Waterford address treated in the South East hospitals in 2010 was 11 days.

5.3 An Garda Síochána

The following data is taken from Garda Recorded Crime Statistics 2003-2010, published by the Central Statistics Office. This section should be read in conjunction with CSO definitions, background information, interpretation etc. The full report is available from www.cso.ie.

The following Tables present an overview of the number of recorded and detected drug offences recorded by the CSO for 2010.

5.3.1 Drug Offences

	Recorded	Per 100,000 population	Detected	Detection Rate (%)	With Relevant Proceedings
South Eastern Region	77	13.9	75	97.4	46
Waterford	17	14.7	17	100.0	9

Table 96: ¹Incidents recorded of Importation/Manufacture of Drugs (ICCS 101), incidents per 100,000 population, detection and proceedings, 2010.

¹Relates to the Importation Of Drugs and Cultivation or Manufacture of Drugs.

	Recorded	Per 100,000 population	Detected	Detection Rate (%)	With Relevant Proceedings
South Eastern Region	2,322	418.1	2,296	98.9	1,413
Waterford	718	622.0	714	99.4	396

Table 97: ²Incidents recorded Possession of drugs (ICCS 102), incidents per 100,000 population, detection and proceedings, 2010.

²Relates to Possession of Drugs for Sale and Supply and Possession of Drugs for Personal Use.

	Recorded	Per 100,000 population	Detected	Detection Rate (%)	With Relevant Proceedings
South Eastern Region	75	13.5	73	97.3	35
Waterford	28	24.3	27	96.4	9

Table 98: ³Incidents recorded of Other Drug Offences (ICCS 103), incidents per 100,000 population, detection and proceedings, 2010.

³Relates to Forged or Altered Prescription Offences and Obstruction Under the Drugs Act.

5.3.2. Diversion Programme

The following section is taken from the Annual Report of the Committee Appointed to Monitor the Effectiveness of the Diversion Programme, available from the Garda Website www.garda.ie and the Irish Youth Justice Website www.iyjs.ie. The data in this section should be read in conjunction with the Annual Report.

5.3.3 Referrals Received by the Diversion Programme

The following Table gives the number of referrals received in 2010 by South Eastern Region and Waterford area.

	Total	Formal	Informal	No Further Action	Pending	Unsuitable
South Eastern Total	3,442	802	1,590	87	186	777
Waterford	945	232	338	27	58	290

Table 99: Number Referrals Received by Diversion Programme South Eastern Region and Waterford Area 2010..

5.3.4 Children Referred To The Diversion Programme

Table 79 gives the number of children referred to the Diversion Programme in 2010

	Total	Formal	Informal	No Further Action	Pending	Unsuitable
South Eastern Total	2,217	459	1,294	81	112	271
Waterford	587	141	293	25	35	93

Table 100: Number Children Referred to the Diversion Programme South Eastern Region and Waterford Area 2010.

5.3.5 Children Referred By Gender.

The following Tables gives a breakdown of males and females referred to the Diversion Programme in 2010.

	Total	Formal	Informal	No Further Action	Pending	Unsuitable
South Eastern Total	1,737	389	945	60	92	251
Waterford	459	112	223	17	25	82

Table 101: Males Referred to Diversion Programme South Eastern Region and Waterford Area 2010.

	Total	Formal	Informal	No Further Action	Pending	Unsuitable
South Eastern Total	480	70	349	21	20	20
Waterford	128	29	70	8	10	11

Table 102: Females Referred to Diversion Programme South Eastern Region and Waterford Area 2010.

The background of the slide is a photograph of a hand holding a glass of beer. The hand is on the left side, and the glass is on the right side. The beer is a golden color with a thick head of foam. The lighting is warm, and the overall tone is yellowish-gold.

SECTION 6

WEXFORD OVERVIEW

6 WEXFORD

6.1 Addiction Treatment Services

This section of the Report reports on treated substance misuse in the Wexford area.

The report contains data collected and collated from statutory, voluntary and community services. The report also contains data collated for other problems including gambling and concerned persons. Concerned persons are people concerned about another's substance misuse problem.

6.1.1 Reporting Centres

Reporting Centres	Wexford
H.S.E. Community Mental Health Services	100
H.S.E. Substance Misuse Teams	203
H.S.E. Drug Treatment Clinics	8
H.S.E. Acute Hospital Services Mental Health	1
H.S.E. Alcohol Detox Services Mental Health	4
Outreach Workers	49
The Cornmarket Project	307
Aiseiri Service – Residential (National)	224
Aiseiri Service – Out-Patient Programme	33
Community Based Drug Initiatives	37
Total	966

Table 103: Reporting Centres Per Individual Contacts to Wexford Based Treatment Services 2011. All Contacts.

Reporting Centres	Wexford
H.S.E. Community Mental Health Services	113
H.S.E. Substance Misuse Teams	245
H.S.E. Drug Treatment Clinics	8
H.S.E. Acute Hospital Services Mental Health	1
H.S.E. Alcohol Detox Services Mental Health	6
Outreach Workers	61
The Cornmarket Project	316
Aiseiri Service – Residential (National)	260
Aiseiri Service – Out-Patient Programme	37
Community Based Drug Initiatives	40
Total	1087

Table 104: Reporting Centres Per Treatment Episode to Wexford Based Treatment Services in 2011. All Contacts.

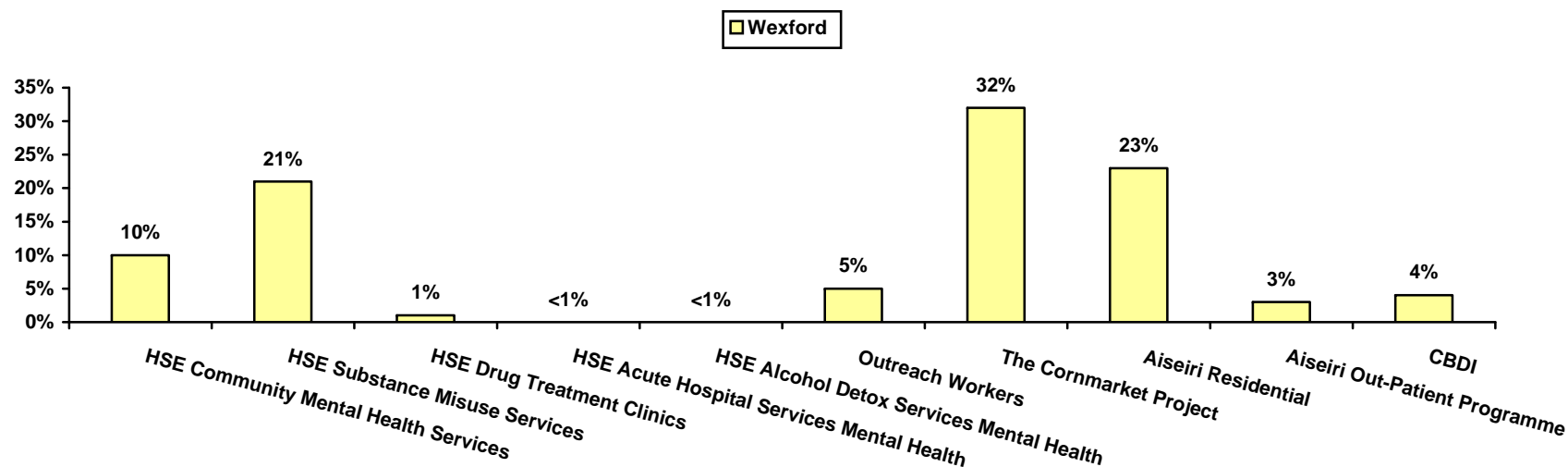


Figure 68: Reporting Centres per Individual Contacts to Wexford Based Treatment Services 2011. All Contacts.

Data Co-ordination Overview of Drug Misuse 2011.

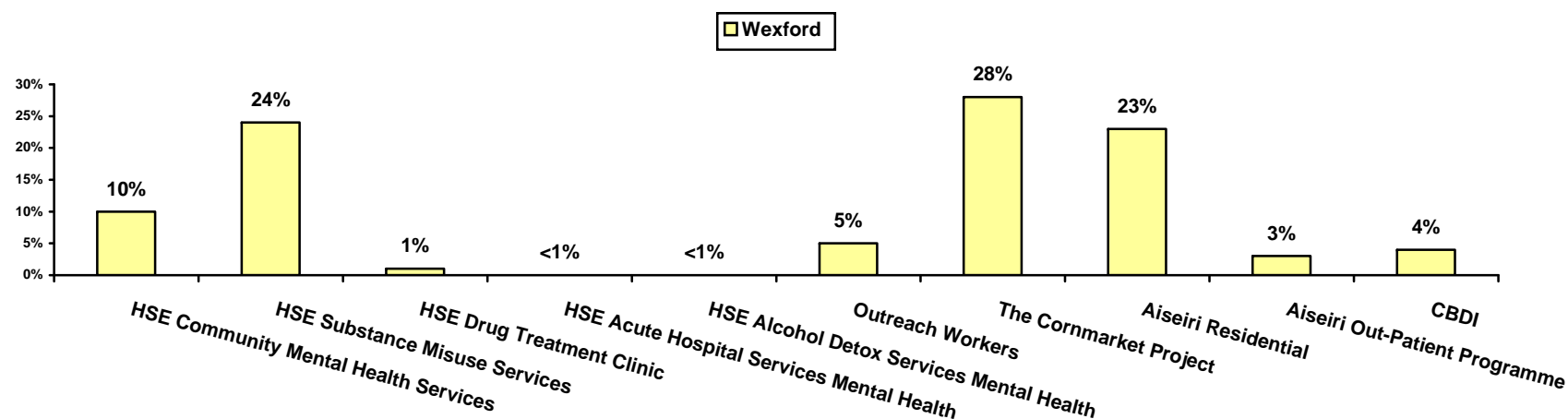


Figure 69: Reporting Centres per Treatment Episode to Wexford Based Treatment Services 2011. All Contacts

There were 966 (26%) individual contacts made to Wexford services in 2011. This is a reduction of 43 individuals (4%) on 2010 figures.

The majority of individual contacts in 2011 were made to the Cornmarket Project 307 individuals (32%). This was followed by contacts to the Aiseiri residential service at 224 individuals (23%) and then by those to the HSE Substance Misuse Services at 203 individuals (21%)

There were only two Wexford services to show an increase in the number of individual contacts made to them between 2010 and 2011, these were, the Cornmarket Project by 57 individuals (23%) and HSE Substance Misuse Service by 20 individuals (11%).

The following Wexford services showed decreases in the number of contacts made to them between 2010 and 2011:-

HSE Community Mental Health Services by 54 individuals (35%)

HSE Alcohol Detoxification Services Mental Health by 5 individuals (56%)

Outreach Workers by 33 individuals (40%)

Aiseiri Residential Services by 18 individuals (7%)

Aiseiri Out-patient Programme by 2 individuals (6%)

Community Based Drug Initiatives by 26 individuals (30%).

The reduction in the contacts to the Community Based Drug Initiatives may in part be due to the Project in the North of the County not being resourced for part of the year. The reduction in the Outreach Worker figures and the increase in the Cornmarket figures may be as a result of the Cornmarket Project increasing their outreach services to all parts of the County where previously they had serviced Wexford Town.

There were 1087 treatment episodes at Wexford services in 2011. As stated previously, information on treatment episodes wasn't collated in 2010.

6.1.2 Treatment Episodes

Please note that the following paragraphs in this section of the Report pertains to the client's county of residence.

Excluding forms received for more than one treatment episode per service or where it was known that a client had been treated at more than one centre during the year, there were 846 clients with a Wexford address that accessed Services in 2011. This figure is broken down as follows:-

Treatment Episodes	Wexford
Continuous Care Clients	64
New Referrals: treated once during the year	627
Referrals: treated twice during the year	23
Referrals: treated more than twice during year	2
New Referrals: assessed only	130
Totals	846

Table 105: Treatment Episodes. All Contacts. Wexford 2011.

6.1.3 Other Problems

This paragraph deals with treated clients who were treated for a main problem other than substance misuse i.e. concerned persons and gamblers. These accounted for 68 individuals (9%) of all treated Wexford clients in 2011.

Of the Wexford clients who were treated for other problems, 26 individuals (38%) were concerned persons, 13 individuals (19%) were treated for gambling problems, 16 individuals (23%) were treated with relationship issues (all at the Cornmarket Project) and 13 individuals (19%) were treated for other problems, again all treated at the Cornmarket Project.

Data Co-ordination Overview of Drug Misuse 2011.

There was a decrease in the number of treated concerned persons between 2010 and 2011 of 17 individuals (39%), whilst those being treated with a main problem of gambling increased by 6 individuals (86%) between the two years. There was also an increase of 8 individuals (38%) for treatment of other issues between 2010 and 2011.

The main concerned persons with Wexford addresses were parents 20 individuals (77%) followed by spouse/partner 4 individuals (15%). The main substance they were concerned about was alcohol 9 individuals (35%) followed by cannabis and poly drug use at 6 individuals (23%) respectively.

6.1.4 Substance Misuse Treatment Data

Excluding clients who were assessed only and those who were treated for other problems, there were 648 clients with a Wexford address treated for a substance misuse problem in 2011.

Demographic Data

Age Profile

The following Table and Figure provides an overview of the age profile of treated Wexford clients in 2011.

Age Group	Wexford
Less than 18 years	42
18-24 years	140
25-29 years	80
30-34 years	84
35-39 years	86
40-44 years	63
45-49 years	46
50-54 years	49
55-59 years	25
60 years and over	33
Total	648

Table 106: Age Profile Wexford Clients Treated for Substance Misuse Problem 2011.

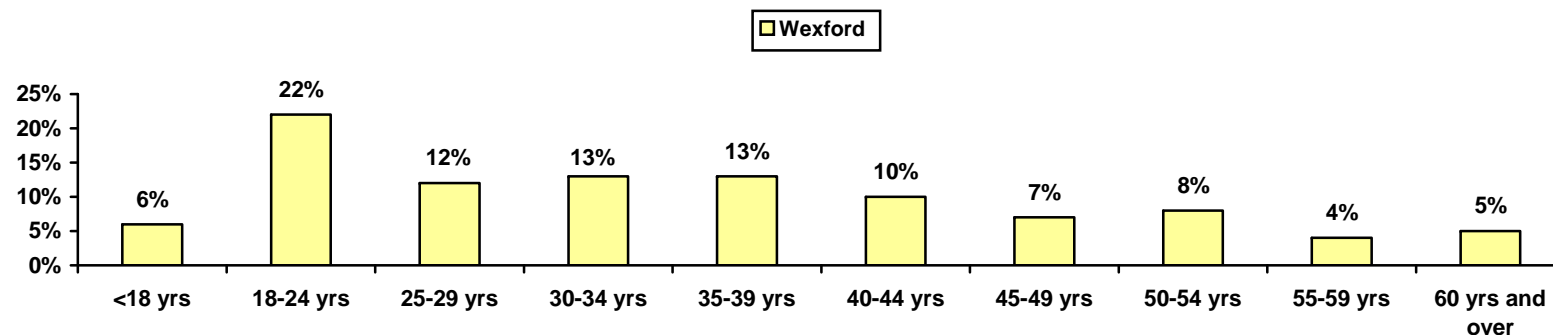


Figure 70: Age Profile Wexford Clients Treated for Substance Misuse Problem 2011.

The majority of treated Wexford clients were those between the ages of 18 and 24 years at 140 individuals (22%). This was followed by those in the 35-39 year age group, 86 individuals (13%) and then those who were 30-34 years, 84 individuals (13%).

Gender

As with the other counties, the majority of treated Wexford clients were male 439 individuals (68%). Females accounted for 209 individuals (32%) of treated substance misuse clients in 2011.

The number of males decreased between 2010 and 2011 by 17 individuals (4%). The number of females also decreased between the two years from 296 individuals in 2010 to 209 individuals in 2011, a decrease of 87 individuals (29%).

Living Status

The living status (where) of treated clients relates to the stability of the client’s living situation a month prior to treatment starting. The majority of Wexford clients were living in stable accommodation, 608 individuals (94%). These were followed by clients who were homeless at 23 individuals (3%), then those who were living in other unstable accommodation at 11 individuals (2%) and then living in an institution (prison/residential care/halfway house) at 5 individuals (1%). The living status of one Wexford client was not known.

Employment Status

The following Table and Figure give a breakdown of the employment status of treated substance misuse clients with a Wexford address in 2011.

Employment Status	Wexford
In paid employment	89
Unemployed	379
Fás/Training Course	38
Student	48
Housewife/husband	40
Retired/Unable to work	53
Not Known	1
Total	648

Table 107: Employment Status. Wexford Clients Treated for Substance Misuse 2011.

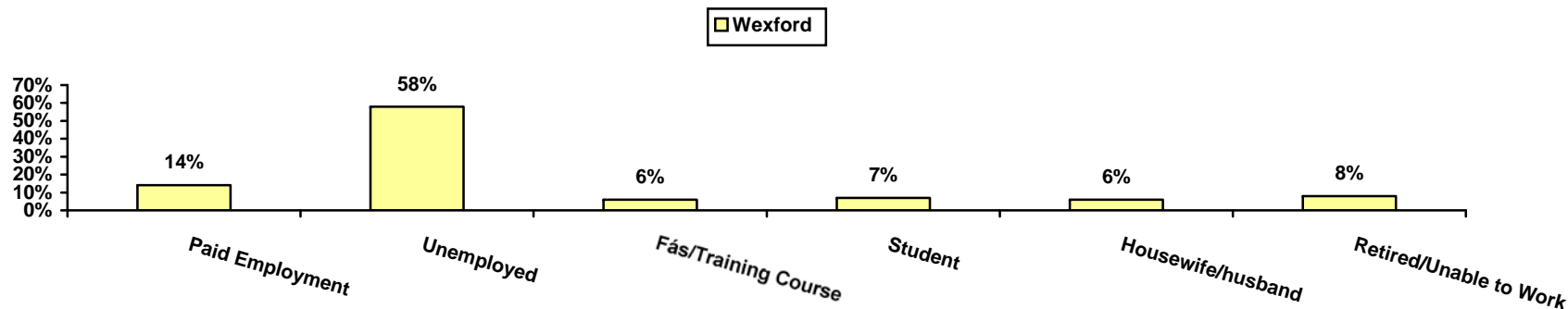


Figure 71: Employment Status. Wexford Clients Treated for Substance Misuse 2011

As with the other areas, the majority of Wexford clients treated for a substance misuse problem in 2011 were unemployed at the time of their treatment, 379 individuals (58%). This was followed by clients who were in paid employment 89 individuals (14%) and then by those who were retired/unable to work, 53 individuals (8%).

Referral Data

Source of Referral

Table 108 and Figure 72 provide an overview of the different referral sources for Wexford clients in 2011.

Referral Source	Wexford
Self	216
Family	24
Other Drug Treatment Centre	31
G.P.	32
Acute Hospital Services excl. A&E	13
Social Services/Community Services	54
Court/Probation/Police	121
Outreach Worker	23
A&E Other	39
Mental Health Facility (incl. psychiatrist	86
*Other	9
Total	648

Table 108: Source of Referral Wexford Clients Treated for Substance Misuse 2011.

*Other referral sources had counts of less than 10 and include:- friends, school, employer and mental health liaison nurse at A&E.

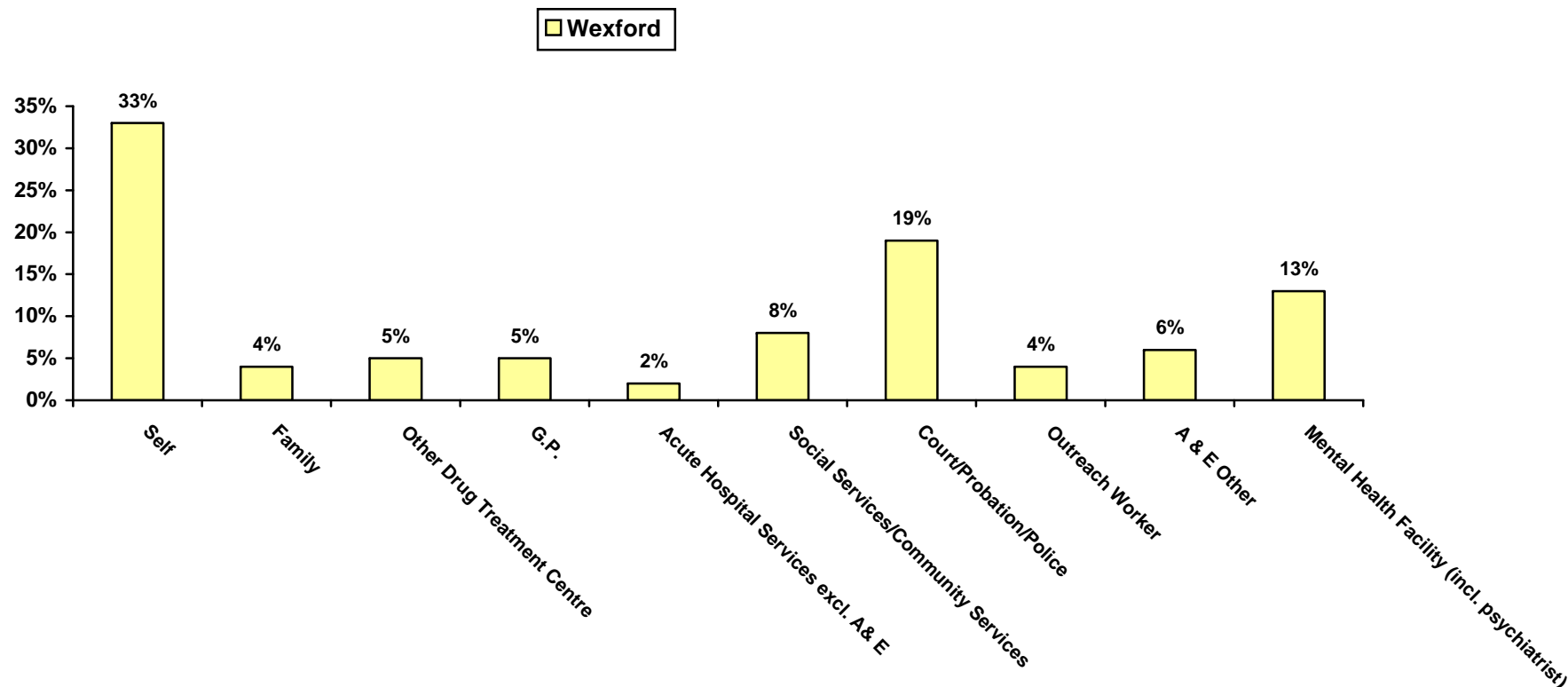


Figure 72: Source of Referral. Wexford Clients Treated for Substance Misuse 2011

The main source of referral for Wexford clients in 2011 were self, 216 individuals (33%), followed by court/probation/police, 121 individuals (19%) and then referrals from mental health facility (incl. psychiatrist), 86 individuals (13%).

There were increases in three referral sources between 2010 and 2011 and these were from A&E Other by 23 individuals (144%), then social services/community services by 25 individuals (64%) and outreach worker by 6 individuals (35%).

Decreases were recorded for the other referral sources between 2010 and 2011. The largest decreases were from self by 38 individuals (15%), school by 16 individuals (94%), mental health liaison nurse at A&E by 14 individuals (70%), mental health facility (incl. psychiatrist) by 26 individuals (23%), family 18 individuals (43%) and friends by 10 individuals (91%).

Treatment Data

Main Substance Misuse Problem

The following Table and Figure provide a breakdown of the main substance misuse problems for which Wexford clients were treated in 2011.

Main Substance Misuse Problem	Wexford
Alcohol	424
Heroin	74
Cannabis	98
Cocaine	14
Benzodiazepines	10
Headshop substances	14
* Other	14
Total	648

Table 109: Main Substance Misuse Problem Treated Wexford Clients 2011.

* Other reflects counts of less than 10 and includes mdma, other opiate type drug, amphetamines and other specified medicaments.

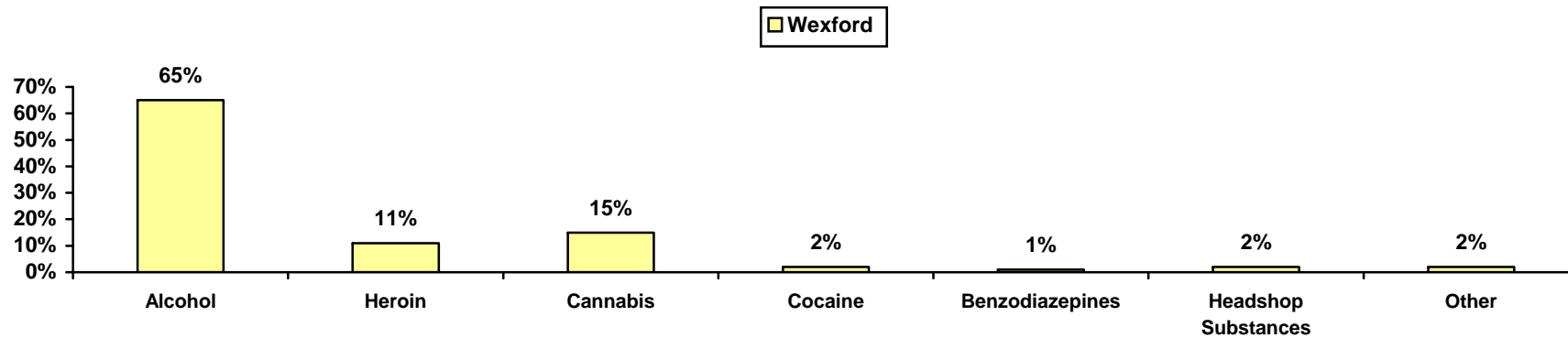


Figure 73: Main Substance Misuse Problem Treated Wexford Clients 2011

Alcohol was the main problem for which Wexford clients attended treatment services in 2011 at 424 individuals (65%). This was followed by cannabis 98 individuals (15%). Heroin was the third main problematic substance for Wexford clients in 2011 at 74 individuals (11%). Clients being treated for problematic cocaine and headshop substance use, accounted for 14 individuals (2%) and benzodiazepine use accounted for 10 individuals (1%).

Wexford clients seeking treatment for an alcohol problem have increased between 2010 and 2011 by 51 individuals (14%). Alcohol was the only substance to show an increase between the two years. Treatment for heroin as a main problematic substance decreased by 45 individuals (38%) between the two years, as did clients treated for cannabis by 7 individuals (7%). Treatment for cocaine use decreased by 14 individuals (50%). Treatment for benzodiazepine use also decreased, by 7 individuals (41%). Headshop substance decreased by 7 individuals (33%).

Risk Behaviour

Extent of Drinking Problem

Based on the clients being treated for an alcohol problem, both as a main and secondary problem, 270 individuals (54%) of Wexford clients were categorised as dependent drinkers, followed by those categorised as harmful drinkers 122 individuals (24%) and then those categorised as hazardous drinkers, 104 individuals (21%).

¹Hazardous drinking: is defined as a pattern of alcohol use that increases the risk of harmful consequences for the user. The term describes drinking over the recommended limits by a person with no apparent alcohol-related health problems. This includes experimental drinking.

²Harmful drinking: can be described as a pattern of use which is already causing damage to health. This damage may be physical or mental.

³Dependent drinker: refers to physical and psychological dependence on alcohol resulting from habitual use of alcohol, where negative physical withdrawal symptoms result from abrupt discontinuation.

Intravenous Drug Use

Ever Injected

The following Tables and Figures give an overview of clients who had engaged in risk behaviour associated with their IV drug use. Table 110 and Figure 74 show treated Wexford clients who had ever injected. Table 111 and Figure 75 show clients who had injected in the month prior to their treatment commencing.

Ever Injected	Wexford
Yes	72
No	582
Not known	7
Total	661

Table 110: All 2011 Treated Wexford Clients Who Had Ever Injected

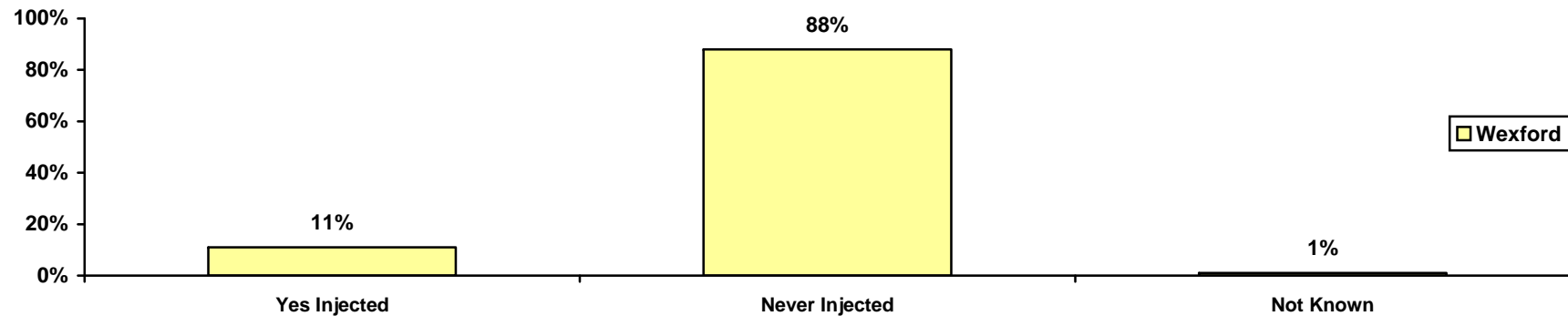


Figure 74: All 2011 Treated Wexford Clients Who Had Ever Injected.

As previous years, the majority of clients had never injected, 582 individuals (88%). 72 individuals (11%) of Wexford clients had injected at some point in their lives, this is a decrease of 40 individuals (36%) on 2010 figures. Wexford clients were the only clients to show a decrease in the number of those who had ever injected in 2011.

Injected In Past Month

Of the clients who had ever injected, the following Table and Figure provide a breakdown on the number and rate of those who had injected in the month prior to their treatment commencing.

Injected In Past Month	Wexford
Yes	25
No	47
Total	72

Table 111: 2011 Treated Wexford Clients Who Had Injected In Past Month

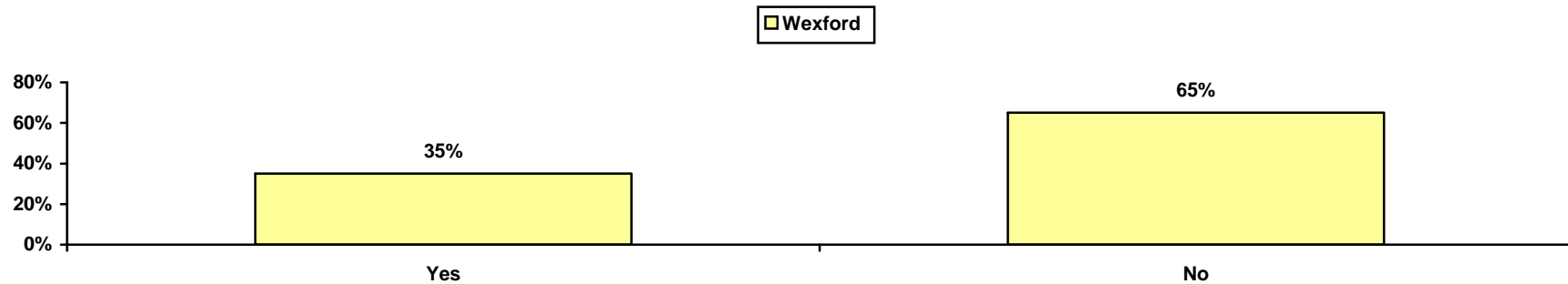


Figure 75: 2011 Treated Wexford Clients Who Had Injected In Past Month.

Of the clients who had ever injected, the majority of Wexford clients had not injected in the month prior to treatment starting, 47 individuals (65%). 25 individuals (35%) of these clients had injected, which was a decrease of 48 individuals (66%) on 2010 figures and the largest decrease in the Region.

The majority of Wexford clients who had ever injected had also shared injecting equipment, 45 individuals (62%) which is also a decrease of 25 individuals (36%) on 2010 figures. 22 individuals (31%) of Wexford clients had never shared injecting equipment.

Exit Data

Discharges

There were 510 Wexford clients discharged from Services in 2011.

Treatment Outcomes

Table 112 and Figure 76 give a breakdown of the treatment outcomes of clients discharged from Services in 2011. It should be noted that clients normally receive more than one treatment intervention during their treatment episode and the data is therefore based on the main treatment intervention provided.

Treatment Outcomes	Wexford
Treatment completed	232
Client transferred stable	28
Client transferred unstable	15
Client refused to have further sessions as they considered themselves to be stable	48
Client refused to have further sessions or did not return for subsequent appointments	158
Sentenced to prison	11
¹ Other	18
Total	510

Table 112: Treatment Outcomes Wexford Clients 2011.

¹Other includes clients discharged due to premature exit from treatment for non-compliance, clients who had died, general medical transfer or medical issue, those who no longer lived in the area and mental health transfer.

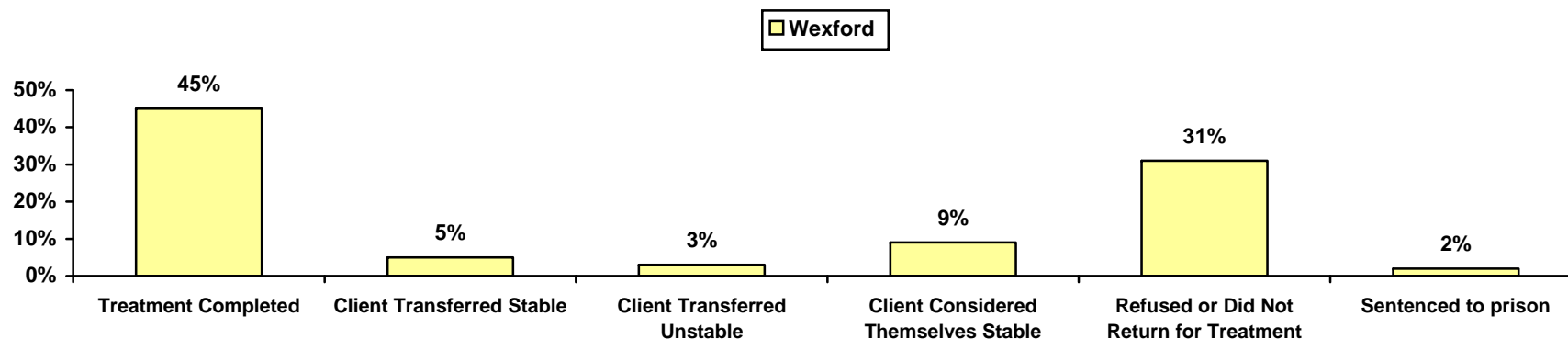


Figure 76: Treatment Outcomes Wexford Clients 2011.

The main treatment outcome for Wexford clients were those who had completed treatment at 232 individuals (45%), followed by those who refused to have further sessions or did not return for subsequent appointments, 158 individuals (31%) and then by those who refused to have further sessions because they considered themselves stable at 48 individuals (9%).

The top three treatment outcomes were similar in 2010. There was a decrease in the number of Wexford clients who had completed treatment between 2010 and 2011 of 155 individuals (40%). There was also a decrease in the number of clients who refused to have further sessions or

Data Co-ordination Overview of Drug Misuse 2011.

did not return for subsequent appointments of 6 individuals (4%). There was a slight increase in the number of clients discharged because they considered themselves stable between the two years of 2 individuals (4%).

6.2 Hospital In-patient Enquiry System (H.I.P.E. Scheme) 2010.

See page 40 for definitions etc.

6.2.1 County of Residence.

350 (23%) of all coded patients in the Region had an address in Wexford, a decrease of 99 (22%) on 2009 figures but with the highest coded patients in the Region for 2011.

6.2.2 Age Group

The following Table and Figure give a breakdown of the age profile of coded patients in 2010 with a Wexford address.

Age Group	Wexford
Less than 18 years	40
18-24 years	36
25-29 years	25
30-34 years	26
35-39 years	35
40-44 years	36
45-49 years	29
50-54 years	35
55-59 years	20
60 years and over	68
Total	350

Table 113: Age Profile Coded Patients Wexford Address 2010

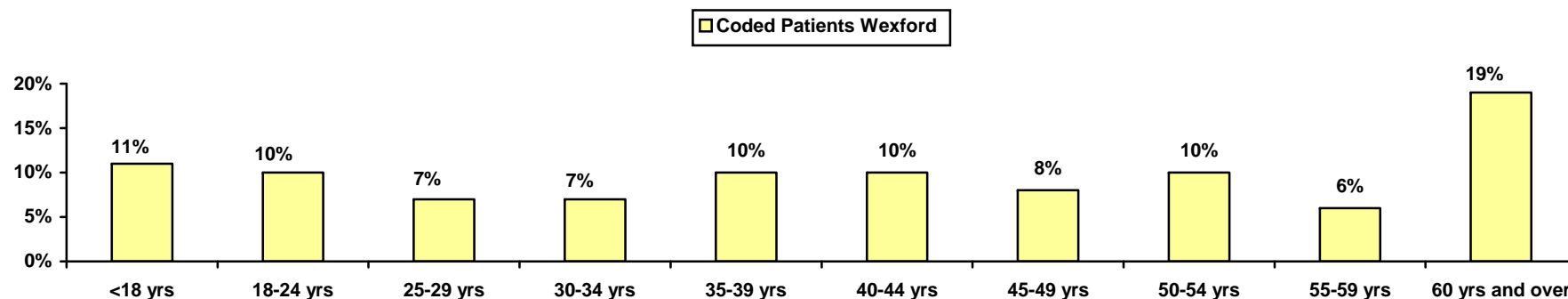


Figure 77: Age Profile Coded Patients Wexford Address 2010.

The majority of Wexford coded patients were aged 60 years and over, 68 individuals (19%), followed by those who were less than 18 years old 40 individuals (11%) and then by those in the 18-24, 35-39, 40-44 and 50-54 age groups at 36 individuals, 35 individuals, 36 individuals and 35 individuals all at (10%).

6.2.3 Gender

Wexford coded patients were mainly male at 217 individuals (62%). 133 individuals (38%) were female. Wexford had the highest number of females in the Region.

6.2.4 Diagnosis

The following Table and Figure show the type of diagnosis for which coded patients with a Wexford address were admitted to the South East General Hospitals in 2010.

	Main Diagnosis Only	Secondary Diagnosis Only	Both Main & Secondary Diagnosis	Total
Alcohol Only	61	111	52	224
Drugs Only	10	18	43	71
Both Alcohol & Drugs	0	3	52	55
Total	71	132	147	350

Table 114: Type Diagnosis Coded Patients Wexford Address South East Hospitals 2010

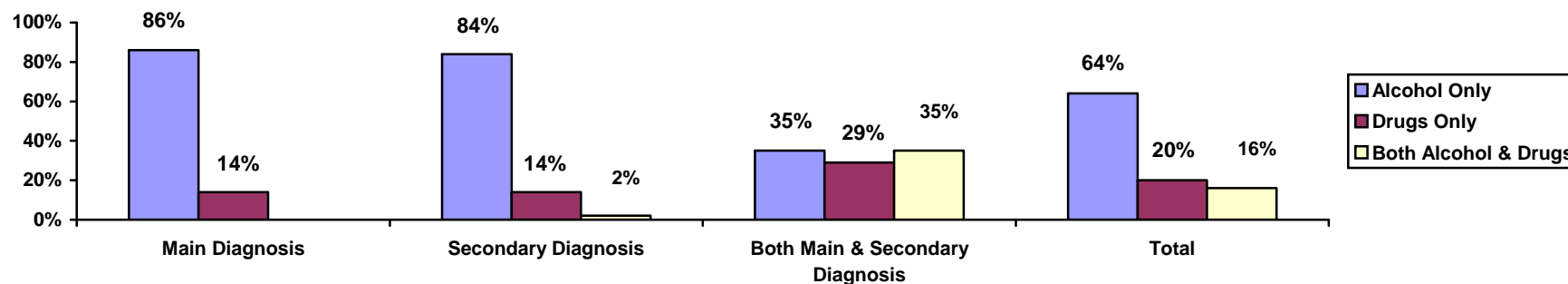


Figure 78: Type Diagnosis Coded Patients Wexford Address South East Hospitals 2010.

In 2010, the majority of Wexford patients were admitted with both a main and a secondary diagnoses under the requested HIPE codes, 147 individuals (42%). Coded patients were mainly admitted with diagnoses which included alcohol only 224 individuals (64%), followed by drugs only 71 individuals (20%) and then those who were admitted with a diagnosis which included both alcohol and drugs 55 individuals (16%).

6.2.5 Substances Used

The following Table and Figure provides an overview of the type of substances used by Wexford coded patients in 2010. There were too many instances of one to provide a full overview of the substances used, therefore Table 115 and Figure 79 show only the main substances.

Substance Used	Wexford
Alcohol	224
Unspecified drugs	11

Table 115: Main Substances(s) Used Wexford Coded Patients 2010.

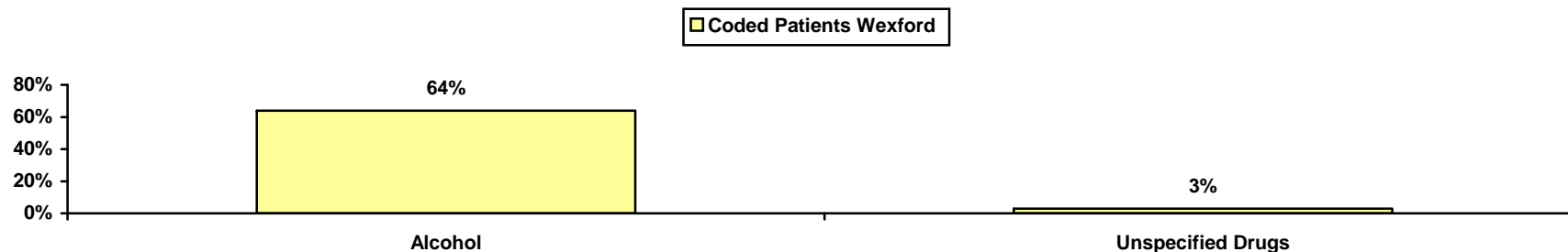


Figure 79: Main Substance(s) Used by Wexford Coded Patients 2010.

The main substance used by Wexford coded patients in 2010 was alcohol at 224 individuals (64%), followed by unspecified drugs at 11 individuals (3%).

The alcohol figures for Wexford coded patients decreased between 2009 and 2010 by 52 individuals (19%). The unspecified drugs figure also decreased by 1 individual (8%). Though not shown in the above Table and Figure benzodiazepine and opioid figures also decreased between the two years by 50% and 78% respectively.

6.2.6 Discharges

The following Table shows where the coded patients went on their discharge from the South East Hospitals in 2010. The Table and Figure only represent the main discharges.

	Wexford
Home	273
Transfer to psychiatric hospital/unit	18
Self	17
Nursing home, convalescent home or long stay accommodation	13
Emergency transfer to hospital in HIPE listings	11

Table 116: Main Discharge of Wexford Coded Patients from South East Hospitals 2010.

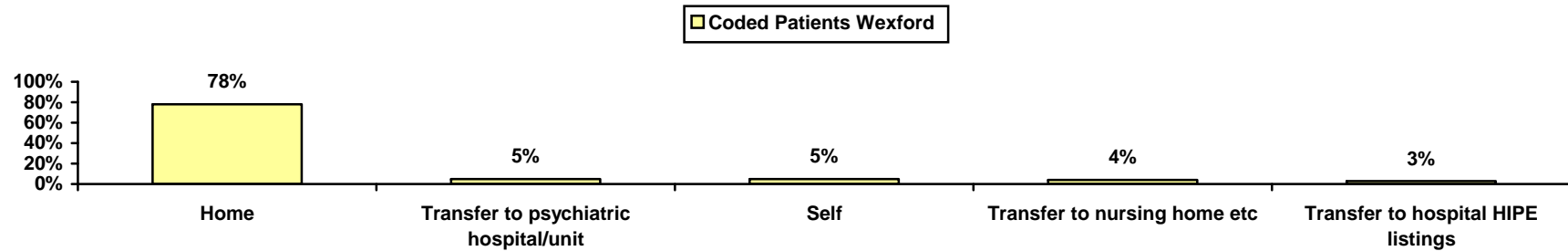


Figure 80: Main Discharge of Wexford Coded Patients from South East Hospitals 2010

As with the Regional figures and figures from the other Counties, the majority of Wexford patients were discharged home in 2010, 273 individuals (78%). These were followed by patients who were transferred to a psychiatric hospital/unit 18 individuals (5%) and then by those who self discharged at 17 individuals (5%). 13 individuals (4%) were transferred to a nursing home, convalescent home or long stay accommodation.

6.2.7 Length of Stay

The average length of stay for patients treated at Wexford General Hospital under one or more of the requested HIPE codes in 2010 was 7 days.

Not all Wexford coded patients were treated at Wexford General, though the majority were. The average length of stay for patients with a Wexford address treated in the South East hospitals in 2010 was also 7 days.

6.3 An Garda Síochána

The following data is taken from Garda Recorded Crime Statistics 2003-2010, published by the Central Statistics Office. This section should be read in conjunction with CSO definitions, background information, interpretation etc. The full report is available from www.cso.ie.

The following Tables present an overview of the number of recorded and detected drug offences recorded by the CSO for 2010.

6.3.1 Drug Offences

	Recorded	Per 100,000 population	Detected	Detection Rate (%)	With Relevant Proceedings
South Eastern Region	77	13.9	75	97.4	46
Wexford	30	21.1	29	96.7	20

Table 117: ¹Incidents recorded of Importation/Manufacture of Drugs (ICCS 101), incidents per 100,000 population, detection and proceedings, 2010.

¹Relates to the Importation Of Drugs and Cultivation or Manufacture of Drugs.

	Recorded	Per 100,000 population	Detected	Detection Rate (%)	With Relevant Proceedings
South Eastern Region	2,322	418.1	2,296	98.9	1,413
Wexford	430	303.1	425	98.8	244

Table 118: ²Incidents recorded Possession of drugs (ICCS 102), incidents per 100,000 population, detection and proceedings, 2010.

²Relates to Possession of Drugs for Sale and Supply and Possession of Drugs for Personal Use.

	Recorded	Per 100,000 population	Detected	Detection Rate (%)	With Relevant Proceedings
South Eastern Region	75	13.5	73	97.3	35
Wexford	11	7.8	11	100.0	6

Table 119: ³Incidents recorded of Other Drug Offences (ICCS 103), incidents per 100,000 population, detection and proceedings, 2010.

³Relates to Forged or Altered Prescription Offences and Obstruction Under the Drugs Act.

6.3.2. Diversion Programme

The following section is taken from the Annual Report of the Committee Appointed to Monitor the Effectiveness of the Diversion Programme, available from the Garda Website www.garda.ie and the Irish Youth Justice Website www.iyjs.ie. The data in this section should be read in conjunction with the Annual Report.

6.3.3 Referrals Received by the Diversion Programme

The following Table gives the number of referrals received in 2010 by South Eastern Region and Wexford area.

	Total	Formal	Informal	No Further Action	Pending	Unsuitable
South Eastern Total	3,442	802	1,590	87	186	777
Wexford	676	194	340	11	24	107

Table 120: Number Referrals Received by Diversion Programme South Eastern Region and Wexford Area 2010..

6.3.4 Children Referred To The Diversion Programme

Table 79 gives the number of children referred to the Diversion Programme in 2010

	Total	Formal	Informal	No Further Action	Pending	Unsuitable
South Eastern Total	2,217	459	1,294	81	112	271
Wexford	456	108	291	14	20	23

Table 121: Number Children Referred to the Diversion Programme South Eastern Region and Wexford Area 2010.

6.3.5 Children Referred By Gender.

The following Tables give a breakdown of males and females referred to the Diversion Programme in 2010.

	Total	Formal	Informal	No Further Action	Pending	Unsuitable
South Eastern Total	1,737	389	945	60	92	251
Wexford	354	94	210	12	17	21

Table 122: Males Referred to Diversion Programme South Eastern Region and Wexford Area 2010.

	Total	Formal	Informal	No Further Action	Pending	Unsuitable
South Eastern Total	480	70	349	21	20	20
Wexford	102	14	81	2	3	2

Table 123: Females Referred to Diversion Programme South Eastern Region and Wexford Area 2010.

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H.S.E. South
November 2012.

8 APPENDICES

8.1 USEFUL CONTACT

National Documentation Centre On Drug Use
Health Research Board
3rd Floor Knockmaun House
42-47 Lower Mount Street
Dublin 2.

Telephone: 01 2345175
Fax: 01 6618567
Email: ndc@hrb.ie
Website: www.hrb.ie/ndc

8.2 HIPE REQUEST CODES

As of 01.01.05

Code No.		
E24.4	Alcohol induced pseudo Cushing's Syndrome	
E27.3	Drug induced adrenocortical insufficiency (use with XX code to identify drug)	
	Mental and behavioural disorders due to use of:	0: acute intoxication
F10	Alcohol	1: harmful use
F11	Opioids	2: dependence syndrome
F12	Cannabinoids	3: withdrawal state
F13	Sedatives & Hypnotics	4: withdrawal state with delirium
F14	Cocaine	5: psychotic disorder
F15	Other Stimulants including caffeine	6: amnesic syndrome
F16	Hallucinogens	7: residual and late-onset psychotic disorder
F18	Volatile Solvents	9: unspecified mental and behavioural disorder
F19	Multiple Drug Use & Other Psychoactive Substances	
G31.2	Degeneration of nervous system due to alcohol	
G40.5	Epileptic seizures related to alcohol/drugs (use with XX code to identify drug)	
G62.0	Drug induced polyneuropathy (use with XX code to identify drug)	
G62.1	Alcoholic polyneuropathy	
G72.0	Drug induced myopathy (use with XX code to identify drug)	
G72.1	Alcoholic myopathy	
I426	Alcoholic cardiomyopathy	

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K292	Alcoholic gastritis
K700	Alcoholic fatty liver
K701	Alcoholic hepatitis
K702	Alcoholic fibrosis & sclerosis of liver
K703	Alcoholic cirrhosis of liver
K704	Alcoholic hepatic failure
K709	Alcoholic liver disease, unspecified
K860	Alcohol induced chronic pancreatitis
O35.4	Maternal care for (suspected) damage to foetus from alcohol
O35.5	Maternal care for (suspected) damage to foetus by drugs
P04.3	Foetus and newborn affected by maternal use of alcohol
P04.4	Foetus and newborn affected by maternal use of drugs of addiction
P96.1	Neonatal withdrawal symptoms from maternal use of drugs of addiction (drug withdrawal syndrome in infant of dependent mother)
Q86.0	Foetal alcohol syndrome (congenital malformation syndromes due to known exogenous caused not elsewhere classified)
R78	Findings of drugs and other substances, not normally found in blood: excludes mental and behavioural disorders due to psychoactive substance use (F10-F19)
R78.0	Finding of alcohol in blood (use additional external cause code (Y90-) for detail regarding alcohol level)
R78.1	Finding of opiate drug in blood
R78.2	Finding of cocaine in blood

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R78.3	Finding of hallucinogen in blood
T40	Poisoning by narcotics and hallucinogens (excludes intoxication meaning inebriation F10-F19)
T40.0	Opium
T40.1	Heroin
T40.2	Other opioids: codeine, morphine
T40.3	Methadone
T40.4	Other synthetic narcotics; pethidine
T40.5	Cocaine
T40.6	Other and unspecified narcotics
T40.7	Cannabis
T40.8	Lysergide (LSD)
T42.3	Poisoning by barbiturates
T42.4	Poisoning by benzodiazepines
X62	Intentional self-poisoning by and exposure to narcotics and psycholytics (hallucinogens) not elsewhere classified includes: cannabis, cocaine, codeine, heroin, LSD, mescaline, methadone, morphine, opium
X66	Intentional self-poisoning by and exposure to alcohol
Y12	Poisoning by and exposure to narcotics and psycholytics (hallucinogens) not elsewhere classified, <i>undetermined intent (don't know whether accidental or intentional)</i> includes: cannabis, cocaine, codeine, heroin, LSD, mescaline, methadone, morphine, opium
Y15	Poisoning by and exposure to alcohol, undetermined intent.
Y91	Evidence of alcohol involvement determined by level of intoxication
Y91.0	Mild alcohol intoxication (smell of alcohol on breath, slight behavioural disturbance in functions and responses, or slight

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	difficulty in coordination)
Y91.1	Moderate alcohol intoxication (smell of alcohol on breath, moderate behavioural disturbance in functions and responses, or moderate difficulty in coordination)
Y91.2	Severe alcohol intoxication (severe disturbance in functions and responses, severe difficulty in coordination, or impaired ability to cooperate)
Y91.3	Very severe alcohol intoxication (very severe disturbance in functions and responses, very severe difficulty in coordination, or loss of ability to cooperate)
Y91.9	Alcohol involvement, not otherwise specified (suspected alcohol involvement NOS)
Z502	Alcohol rehabilitation
Z503	Drug rehabilitation
Z714	Counselling and surveillance of alcohol
Z72.1	Alcohol use (hazardous use of alcohol) excludes F10.0, F10.2, F10.1)
Z72.2	Drug use (hazardous use of drugs)
Z8641	Personal history of alcohol use disorder
Z8642	Personal history of drug use disorder



Feidhmeannacht na Seirbhíse Sláinte
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