



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

# DATA CO-ORDINATION OVERVIEW OF DRUG MISUSE 2012

## FOREWORD

I am delighted to present this 13<sup>th</sup> edition of the Data Co-ordination Overview of Drug Misuse in the South East region. The South East covers the counties of Wexford, Waterford, Carlow, Kilkenny and South Tipperary.

The data report provides a comprehensive overview of the activity and outcomes that have been achieved by statutory and voluntary agencies working in the area of substance misuse. It shows that in 2012, a total of 3,719 individuals made contact with our services. Of these, 3,012 engaged in a treatment intervention. 2,751 of whom were from the South East region. The number of individuals that accessed substance misuse services remained stable between 2011 and 2012 with a slight reduction of ten individuals (<1%).

Alcohol continues to be the main reason for presentation to our services with 57% citing it as their primary problematic substance. Although it is still the primary substance of misuse in 2012, it represents a smaller proportion to previous years with an increase in the percentage of individuals who presented due to heroin use at 18% in 2012 and cannabis at 17%. In 2012, 48 staff within the region trained in the Community Reinforcement Approach which provides an evidence based model of working positively with individuals, their families and community to encourage and support recovery.

New harm reduction services were developed in the region in 2012 with the commencement of both pharmacy and fixed site needle exchanges which may have led to the increase in access for individuals using heroin and the increase in the number of individuals who reported injecting substances at some point in their lives and injecting in the month prior to accessing services.

In 2012, the methadone treatment service in Waterford expanded and a new service commenced in South Tipperary which has led to a reduction in waiting lists, waiting times and a reduction in the need to travel outside of one's county for treatment.

The report was developed to be of assistance to planners, managers and staff working to support people who are engaged in substance misuse or concerned persons in the South East area. I hope you will find it of use and relevant.

I would like to particularly thank Martina Kidd, HSE Substance Misuse Data Co-ordinator Services for her hard work and dedication in compiling the Data Report.

Thanks are also due to all of the HSE and Voluntary agencies who have fed their data into Martina without which this report would not have been possible and for the tremendous work they are doing day in and out to support individuals and their families affected by substance misuse.

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## 1. INTRODUCTION

The 2012 Data Co-ordination Overview of Drug Misuse reports on treated substance misuse in the South East region. The South East region covers 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.

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)

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

The HIPE and NPIRS report on 2011 data in order to ensure a complete data set.

Since 2007, the Garda Síochána section of the report is taken from Garda Recorded Crime Statistics, published by the Central Statistics Office. The full reports can be seen at [www.cso.ie](http://www.cso.ie).

Section 7 relates to Acknowledgements.

Section 8 contains the Appendices.

## 1.1 Definitions for Reporting Purposes

<b>Continuous Care Clients:</b>	Clients who continued their treatment from one year into the next without any break in their care.
<b>New Referrals Treated:</b>	Clients who were new to a service and commenced treatment in the current reporting year.
<b>New Referrals Assessed Only:</b>	Clients who were new to a service, were assessed for treatment but who did not commence treatment for whatever reason in the current reporting year.
<b>Treatment Episodes:</b>	A treatment episode is the duration of continuous treatment the client has with the service provider before being discharged.
<b>Concerned Persons:</b>	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.
<b>All Clients/Contacts:</b>	Refers to clients assessed and/or treated by Services in South East regardless of their normal place of residence.
<b>South East Clients/Contacts:</b>	Refers to clients assessed and/or treated whose normal place of residence is within the South East.



# **SECTION 2**

# **REGIONAL OVERVIEW**

## 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 services.

One form is completed for every treatment episode (including assessments only) of a client between 1<sup>st</sup> January and 31<sup>st</sup> 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 2012.
- 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.

## Data Co-ordination Overview of Drug Misuse 2012

- 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

Table 1 gives a breakdown of the reporting centres in the South East that provided data using the NDTRS in 2012. The data in the table shows the County in which the reporting centres are based and also the areas which the reporting centres cover. It does not include the number of individuals attending each specific service or the number of treatment episodes, as a number of services provide treatment out of the same centre or provide support as part of a share care arrangement.

<b>Reporting Centres</b>	<b>County Base</b>	<b>Areas Covered</b>
H.S.E. Community Mental Health Services	In each of the five counties of the South East	Each of the five counties of the South East.
<sup>1</sup> H.S.E. Acute Hospital/Unit Mental Health	Carlow and Wexford	Carlow and Wexford
<sup>2</sup> H.S.E. Substance Misuse Teams	In each of the five counties of the South East	Each of the five counties of the South East
<sup>3</sup> H.S.E. Drug Treatment Clinics	In each of the counties of the South East	Each of the five counties of the South East
H.S.E. Liaison Officer Waterford Regional Hospital	Waterford	Waterford
<sup>4</sup> H.S.E. Community Alcohol Detoxification Services Mental Health	Wexford	Wexford
Outreach Workers	In each of the five counties of the South East	Each of the five counties of the South East
Saor Programme	Waterford	Waterford and South Tipperary
The Cornmarket Project	Wexford	Wexford
<sup>5</sup> St. Francis Farm (MQI) (Residential and Detoxification)	Carlow	National
Aislinn Addiction Treatment Service (Residential and Detoxification)	Kilkenny	National
Aiseiri Treatment Service (Residential and Out-patient Programme)	South Tipperary and Wexford	National
<sup>6</sup> Ceim Eile Halfway House (Residential and Outreach Service) (Aiseiri Service)	Waterford	National
<sup>7</sup> Community Based Drug Initiatives	In each of the five counties of the South East	Each of the five counties of the South East
<sup>8</sup> Frontline Projects	Waterford	Waterford
Tipperary Rural Travellers Project	South Tipperary	South Tipperary

Table 1: Reporting Centres, County Base and Areas Covered 2012.



## Data Co-ordination Overview of Drug Misuse 2012

<sup>1</sup>These relate to clients treated in an acute setting by the Community Based Mental Health Counsellors.

<sup>2</sup>The Substance Misuse Teams have commenced Needle Exchange Programmes in each of the Counties.

<sup>3</sup>New methadone treatment clinic commenced in South Tipperary in March 2012.

<sup>4</sup>Alcohol detoxification was previously only reported by Mental Health Services in Wexford. Detoxification is now provided in the Community through G.P's supported by the HSE Substance Misuse Liaison Nurses based in the Substance Misuse Teams. Since 2010, residential detoxification beds are available in St. Francis Farm (Merchant's Quay Ireland), Tullow, Co. Carlow and in Aislinn, Ballyragget, Co. Kilkenny.

<sup>5</sup>Detoxification facility began report to NDTRS in 2012. However records were incomplete for 2012.

<sup>6</sup>Ceim Eile began taking referrals from the Aislinn Centre in the latter part of 2012.

<sup>7</sup>Carlow, Kilkenny and Wexford have two Community Based Drug Initiative Project Workers per County. Tipperary South has three and Waterford has five.

<sup>8</sup>The Frontline Projects cover both the City and County of Waterford with the County Project being resourced part-time.

Data provided by the Reporting Centres show that 3,719 individuals contacted the Services in 2012, generating 4,415 treatment episodes.

### 2.1.3 Treatment Type

Excluding forms received for more than one treatment episode per service, where it was known that a client had been treated at more than one Centre or where a client was discharged only in 2012, there were 3,719 individuals who accessed the Services in 2012. This figure is broken down as follows:-

<b>Treatment Type</b>	<b>Numbers</b>	<b>Percentages</b>
Continuous Care	678	18%
New Referrals: treated once during year	2,499	67%
Referrals: treated twice during year	151	4%
Referrals: treated more than twice during year	11	<1%
New Referrals: assessed only	380	10%
<b>Total</b>	<b>3,719</b>	<b>100%</b>

Table 2: Treatment Types: All Contacts: 2012

There was an increase in the number and rate of clients continuing care from one year to the next, from 575 (15%) in 2011 to 678 (18%) in 2012. There was also an increase in the number of individuals treated twice during the year, from 122 (3%) in 2011 to 151 (4%) in 2012. The number and rate of clients treated once during the year fell from 2,633 (71%) in 2011 to 2,499 (67%) in 2012. The number of individuals who were assessed only also fell, from 393 to 380 but the percentage rates remained the same for the two years at 10%.

### 2.1.4 Main Reason for Referral

**Including** clients who were assessed only, the main reason for referrals to the Services in 2012 is provided down in Table 3.

<b>Main Reason for Referral</b>	<b>Numbers</b>	<b>Percentages</b>
Alcohol	1,911	51%
Illicit Drugs	1,301	35%
Licit Drugs	160	4%
Concerned Persons	236	6%
Gambling	78	2%
Other Problems	33	1%
<b>Total</b>	<b>3,719</b>	<b>100%</b>

Table 3: Main Reason for Referral: All Contacts: 2012

Alcohol and illicit drugs were the main reasons clients were referred to Substance Misuse Services in 2012 at 1,911 (51%) of individuals and 1,301 individuals (35%) respectively.

### 2.1.5 Substance Misuse Treatment Data

**Excluding** clients who were assessed only and those who were treated for addictions other than substance misuse, there were 2,751 individuals treated for substance misuse problems with an address in the South East in 2012. In addition, 258 individuals who were treated for substance misuse had an address nationally and 3 had an address outside of Ireland, totalling 3,012 treated individuals in the South East for 2012.

Between 2011 and 2012 the number of individuals treated for substance misuse with an address in the South East increased by 21 individuals (1%). The number of individuals treated for substance misuse with an address nationally decreased between the two years by 30 individuals (10%), as did those with an address outside of Ireland by 1 individual (25%). The number of clients treated for substance misuse overall in the Region fell by 10 individuals (<1%) between 2011 and 2012.

The data in the following sections relate to the clients treated for a substance misuse problem 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 in 2012.

Age Group	Total South East	National	Outside Ireland	Total Region
Less than 18 years	165	24	-	189
18-24 years	596	81	-	677
25-29 years	400	24	-	424
30-34 years	371	36	1	408
35-39 years	318	20	-	338
40-44 years	249	22	-	271
45-49 years	174	17	-	191
50-54 years	152	14	1	167
55-59 years	119	10	1	130
60 years and over	202	10	-	212
Not Known	5	-	-	5
<b>Totals</b>	<b>2,751</b>	<b>258</b>	<b>3</b>	<b>3,012</b>

Table 4: Age Profile: Treated Substance Misuse Clients: 2012.

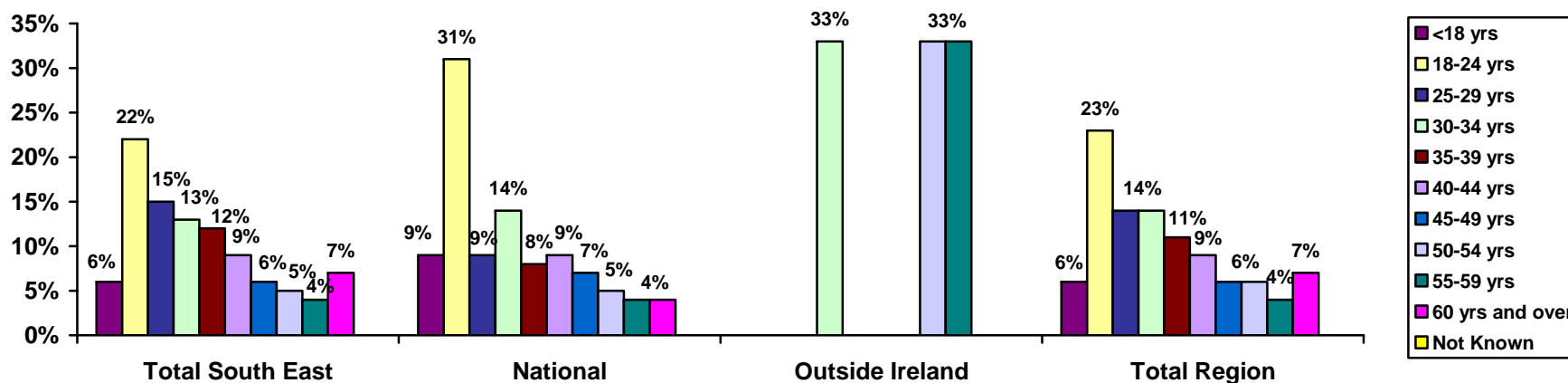


Figure 1: Age Profile: Treated Substance Misuse Clients: 2012

## Data Co-ordination Overview of Drug Misuse 2012

Similar to 2011, the majority of clients treated in the Region were aged between 18 and 24 years, 677 individuals (23%), followed by those in the 25-29 year age group at 424 individuals (14%) and those aged between 30 years and 34 years at 408 (14%).

Clients treated for a substance misuse problem with an address in the South East were also the majority in those age groups. However, between 2011 and 2012 the number of clients in the 18 to 24 year age group fell by 9 individuals (1.5%), as did clients in the 25-29 year age group by 11 individuals (3%), whilst there was an increase in the 30 to 34 year age group of 13 individuals (4%).

### Gender Profile

Table 5 and Figure 2 give an overview of the gender profile of treated substance misuse clients in the Region for 2012.

Gender	Total South East	National	Outside Ireland	Total Region
Male	1,847	174	2	2,023
Female	904	84	1	989
<b>Totals</b>	<b>2,751</b>	<b>258</b>	<b>3</b>	<b>3,012</b>

Table 5: Gender Profile: Treated Substance Misuse Clients: 2012

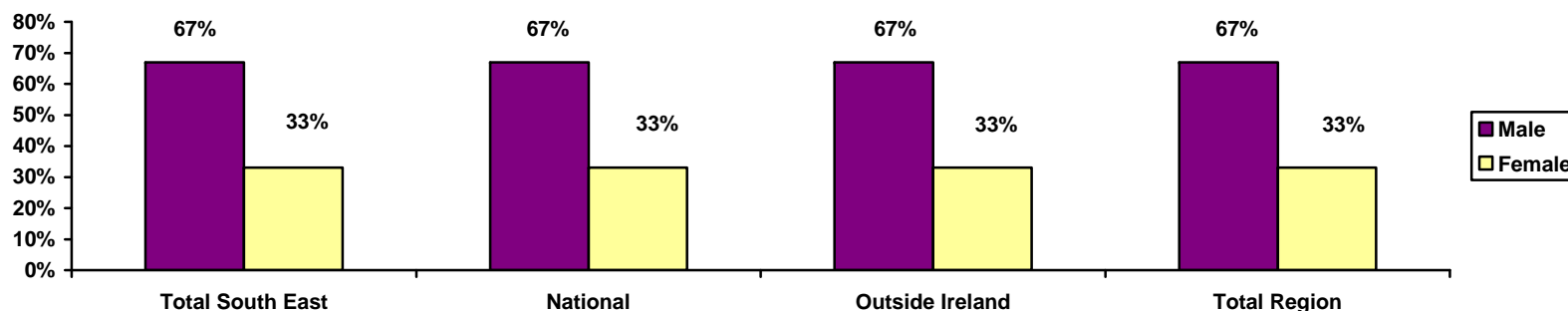


Figure 2: Gender Profile: Treated Substance Misuse Clients: 2012

Two thirds of clients in the South East, Nationally, Outside Ireland and in the Regional overall were male and a third female.

The number of males decreased between 2011 and 2012 for clients with a South East address by 33 individuals (2%), whilst the number of females increased between the two years by 54 individuals (6%) for those with an address in the South East.

**Living Status**

The following Table and Figure show the living status (where client lived) of the treated substance misuse clients in 2012. 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	2,551	229	3	2,783
Institution (prison/residential care/halfway house)	62	23	-	85
<sup>1</sup> Homeless	91	3	-	94
<sup>2</sup> Other Unstable Accommodation	37	3	-	40
Not Known	10	-	-	10
<b>Totals</b>	<b>2,751</b>	<b>258</b>	<b>3</b>	<b>3,012</b>

Table 6: Living Status: Treated Substance Misuse Clients: 2012

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

<sup>2</sup>Other Unstable Accommodation includes temporary living arrangements e.g. staying with a friend on a temporary basis without paying rent.

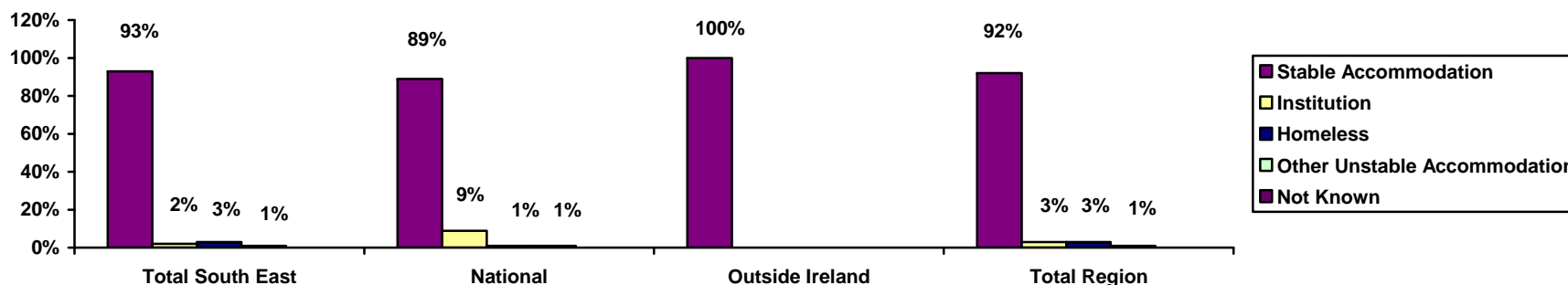


Figure 3: Living Status: Treated Substance Misuse Clients: 2012

The majority of South East clients were living in stable accommodation in 2012, 2,551 individuals (93%). This was an increase on 2011 figures of 1 individual (<1%). The number of South East clients living in an institution also increased between 2011 and 2012 by 7 individuals (13%). Clients who were homeless increased between the two years by 12 individuals (15%). There was a decrease in the number of South East clients living in unstable accommodation between 2011 and 2012 of 6 individuals (14%). Not known counted for less than 1% and is not shown in Figure 3.

**Employment Status**

Table 7 and Figure 4 give an outline of the employment status of treated substance misuse clients in 2012.

Employment Status	Total South East	National	Outside Ireland	Total Region
Unemployed	1,694	138	-	1,832
In paid employment	364	72	2	438
Retired/Unable to work	259	6	1	266
Student	203	24	-	227
Fás/Training Course	135	7	-	142
Housewife/husband	85	11	-	96
Other	11	-	-	11
<b>Totals</b>	<b>2,751</b>	<b>258</b>	<b>3</b>	<b>3,012</b>

Table 7: Employment Status: Treated Substance Misuse Clients: 2012

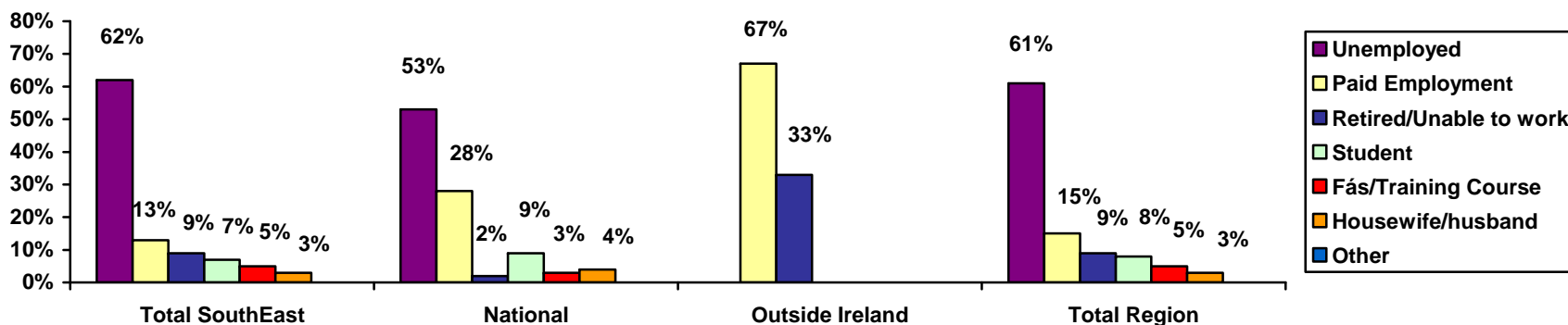


Figure 4: Employment Status: Treated Substance Misuse Clients: 2012

As can be seen from the above Table and Figure, in 2012, the majority of South East clients were unemployed 1,694 individuals (62%), followed by those who were in paid employment, 364 individuals (13%) and then by those who were retired or unable to work, 259 individuals (9%). The same pattern is true for clients treated in the Region overall.

## Data Co-ordination Overview of Drug Misuse 2012

Other counts for less than 1% and is not shown in Figure 4.

Between 2011 and 2012, there was an increase in the number of South East individuals who were unemployed, showing an increase of 57 individuals (3%). There was also an increase in the number of South East clients who were retired or unable to work, by 46 individuals (22%). South East clients who were in paid employment decreased between the two years by 31 individuals (8%). The student, Fás/training course and housewife/husband groups also decreased between 2011 and 2012 by 17 individuals (8%), 3 individuals (2%) and 39 individuals (31%) respectively.

### Referral Data

#### *Source of Referral*

Table 8 and Figure 5 illustrate the different referral sources to Services in South East in 2012.

<b>Referral Source</b>	<b>Total South East</b>	<b>National</b>	<b>Outside Ireland</b>	<b>Total Region</b>
Self referral	937	71	-	1,008
Mental Health Facility (incl. psychiatrist)	267	3	-	270
Court/Probation/Police	250	30	-	280
General Practitioner	208	5	-	213
Social Services/Community Services	200	13	-	213
Acute Hospital Service excl. A&E	177	5	1	183
Family	165	47	1	213
Other Drug Treatment Centre	158	51	-	209
A& E Other	152	1	-	153
Outreach Worker	86	3	-	89
Mental Health Liaison Nurse at A&E	61	-	-	61
Friends	40	13	-	53
School	30	1	-	31
Prison	11	6	-	17
Other	9	9	1	19
<b>Totals</b>	<b>2,751</b>	<b>258</b>	<b>3</b>	<b>3,012</b>

Table 8: Source of Referral: Substance Misuse Treated Clients: 2012

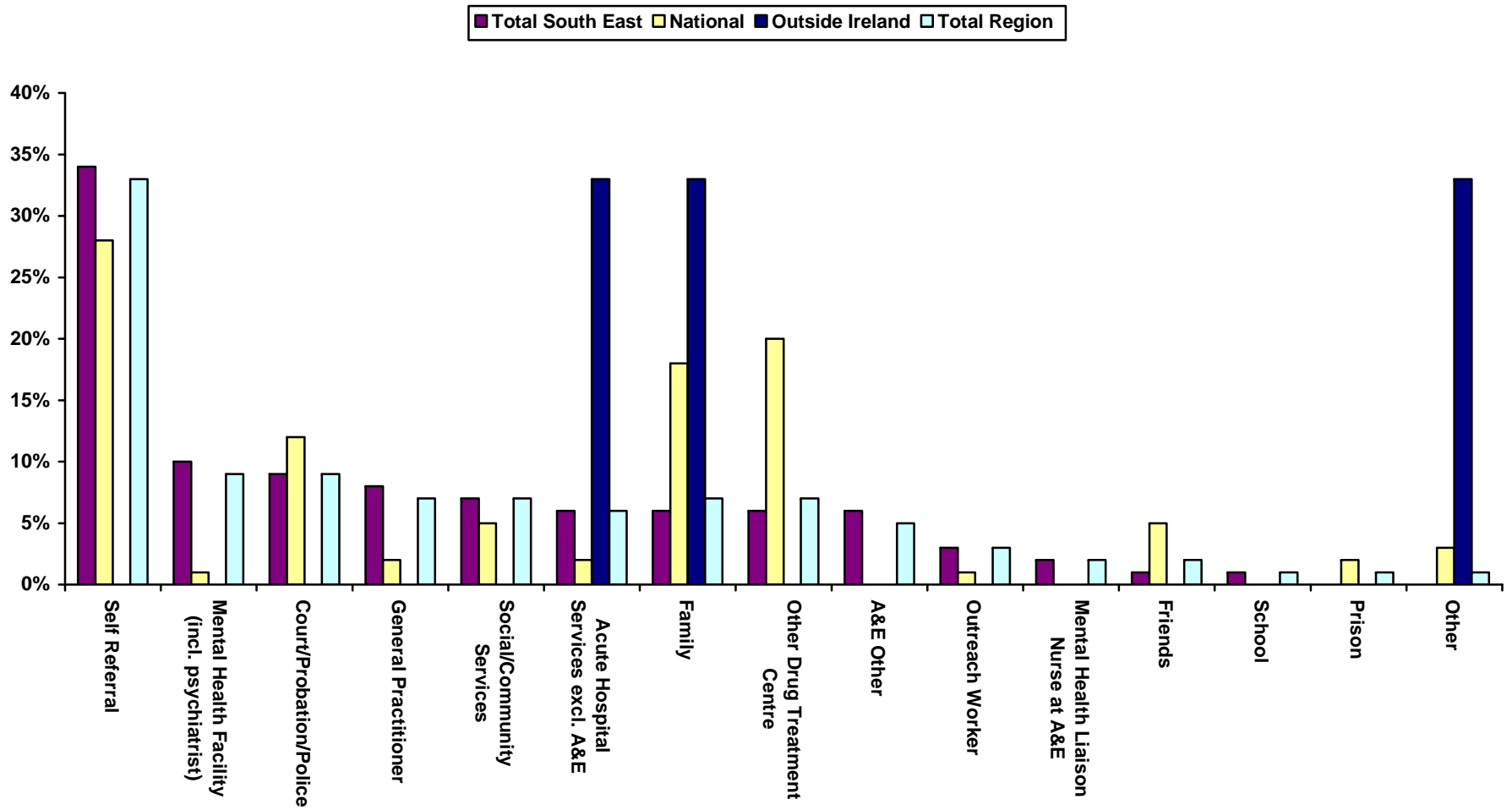


Figure 5: Source of Referral: Substance Misuse Treated Clients: 2012



## Data Co-ordination Overview of Drug Misuse 2012

In 2012, as with previous years, the main source of referral to Services in the South East were self referrals at 1,008 individuals (33%) Regionally and 937 individuals (34%) for South East clients. Regionally, this was an increase of 33 individuals (3%) from 2011 figures and 40 individuals (4%) for South East clients.

The next highest referrals for South East clients came from mental health facility (incl. psychiatrist) at 267 individuals (10%), followed by referrals from court/probation/police at 250 individuals (9%). Both of these referral sources decreased between 2011 and 2012 by 25 individuals (9%) and 18 individuals (7%) respectively.

Figure 5 does not include referrals which show a value of less than 1%.

### Treatment Data

#### *Main Substance Misuse Problem*

The following table and figure give a breakdown of the main substances for which clients were treated in the Region in 2012. It does not include clients who presented as concerned persons, 231 individuals or those treated with gambling as a main problem, 69 individuals.

<b>Main Problem Substance</b>	<b>Total South East</b>	<b>National</b>	<b>Outside Ireland</b>	<b>Total Region</b>
Alcohol	1,558	144	3	1,705
Heroin	494	35	-	529
Cannabis	464	58	-	522
Benzodiazepines	88	9	-	97
Cocaine	57	8	-	65
Other Opiate Type Drug	38	1	-	39
Amphetamines	18	-	-	18
<sup>1</sup> Other	34	3	-	37
<b>Totals</b>	<b>2,751</b>	<b>258</b>	<b>3</b>	<b>3,012</b>

Table 9: Main Substance Misuse Problem: Treated Clients: 2012

<sup>1</sup>Other records numbers of 10 or less and a rate of less than 1% and are not included separately in Table 9 or Figure 6.

Data Co-ordination Overview of Drug Misuse 2012

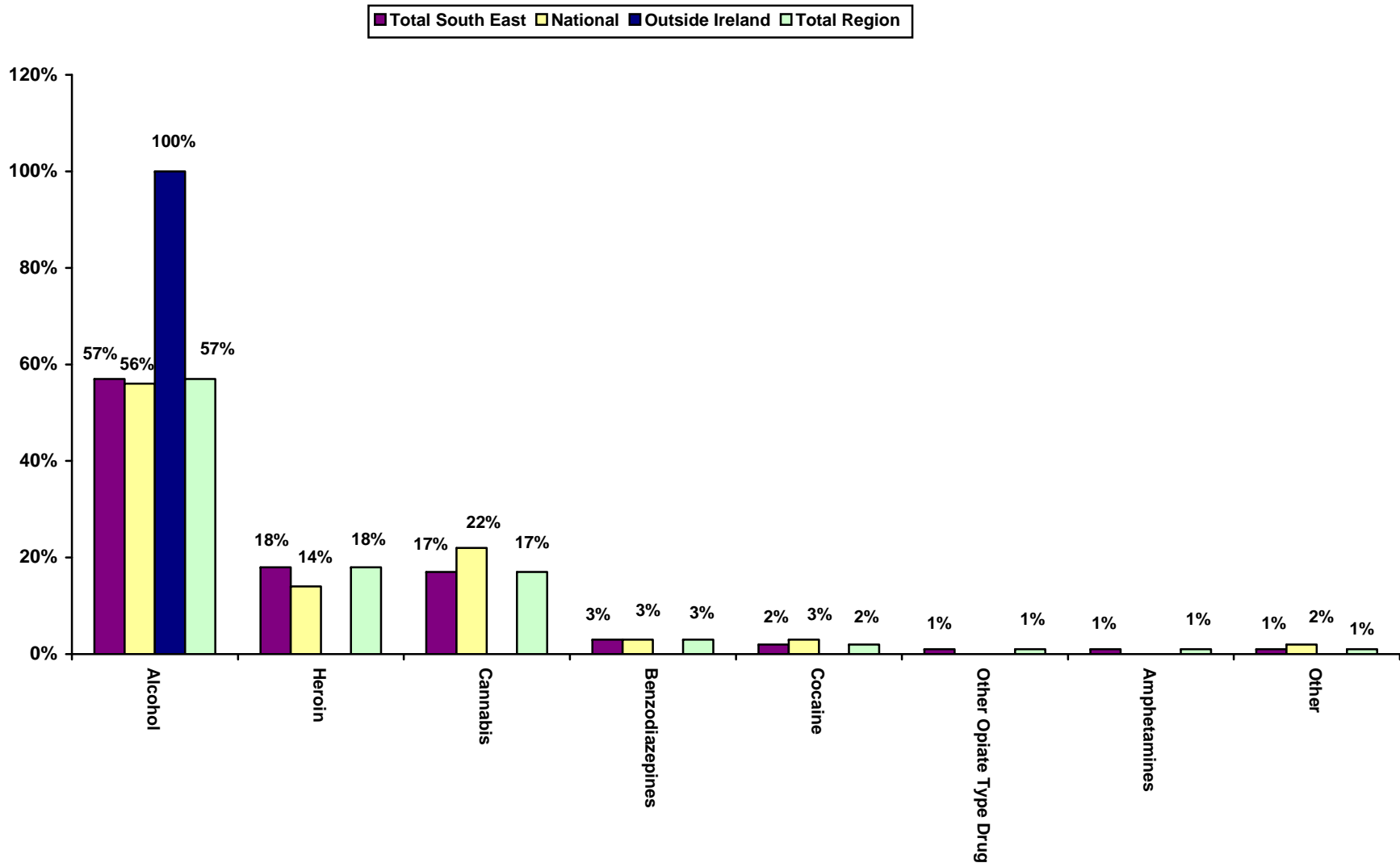


Figure 6: Main Substance Misuse Problem: Treated Clients: 2012

### **Alcohol**

Alcohol has remained the main problematic substance treated in the South East for 2012. Regionally, 1,705 individuals (57%) were treated with alcohol as their main problematic substance and 1,558 individuals (57%) of clients with a South East address. Alcohol as the main problematic substance decreased between 2011 and 2012 by 125 individuals (9%) for all clients treated in the Region, it decreased by 78 individuals (5%) for South East clients.

### **Heroin**

In 2012, the second most treated substance was heroin, both Regionally and for South East clients at 529 individuals (18%) and 494 individuals (18%) respectively. Heroin was the third most treated substance for clients with an address nationally at 35 individuals (14%). Heroin as a main problematic drug increased between 2011 and 2012 by 68 individuals (15%) Regionally and by 59 individuals (14%) for South East clients. This may be as a result of new detoxification services for national clients. It may also be due to the opening of a new methadone clinic in South Tipperary and the expansion of the Waterford treatment service.

In addition, at end of December 2012, there were 17 G.P's in the South East providing level 1 community g.p. treatment services for 61 clients addicted to opiates and services were supported by 54 pharmacies.

At end of December 2011 there were 14 G.P's providing level 1 community g.p. treatment services to 51 clients and supported by 43 pharmacies. This accounts for an increase of 10 between the two years with an additional 3 G.P's and an additional 11 pharmacies engaged in the Methadone Treatment Protocols.

### **Cannabis**

Cannabis was the third most treated substance in 2012 with 522 individuals (17%) of clients Regionally being treated for cannabis as their main problematic substance and 464 individuals (17%) of South East clients. Cannabis was the second most treated substance for those with a national address at 58 individuals (22%). Cannabis as a main problematic substance also increased between 2011 and 2012 for both all clients treated in South East and those with a South East address, 24 individuals (5%) and 22 individuals (5%) respectively.

### **Benzodiazepines**

Clients treated with benzodiazepines as a main problematic substance increased between 2010 and 2011 and continued to increase in 2012 by 34 individuals (54%) Regionally and by 28 individuals (47%) for South East clients.

## Cocaine

Figures for treated cocaine use has fallen over the last number of years and decreased again between 2011 and 2012 by 16 individuals (20%) Regionally and by 17 individuals (23%) for South East clients.

## **Risk Behaviour**

### *Extent of Drinking Problem*

The severity of drinking problem has been categorised as follows:-

Hazardous 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.

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

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

Table 10 and Figure 7 provide an overview on the extent of the problem associated with alcohol consumption for clients treated in South East in 2012. The data is based on all clients treated for an alcohol problem i.e. clients treated for alcohol as both a main and secondary substance of misuse.

<b>Categorise Extent of Drinking Problem</b>	<b>Total South East</b>	<b>National</b>	<b>Outside Ireland</b>	<b>Total Region</b>
Hazardous	430	10	-	440
Harmful	572	26	1	599
Dependent	840	175	2	1,017
<sup>4</sup> Not Known	6	-	-	6
<b>Totals</b>	<b>1,848</b>	<b>211</b>	<b>3</b>	<b>2,062</b>

Table 10: Extent of Drinking Problem: Treated Alcohol Clients: 2012

<sup>4</sup> Not Known: Figure 7 does not include rates for this group as it has a value of less than 1%

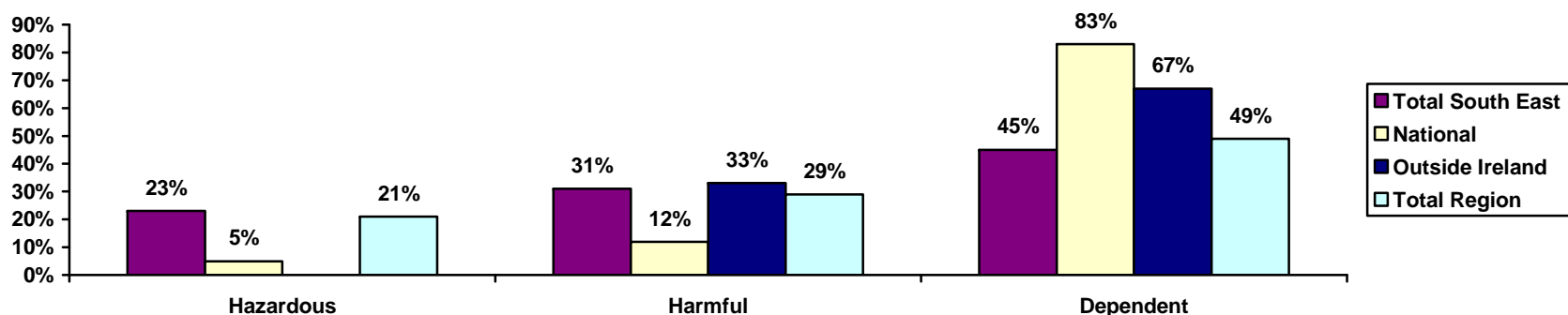


Figure 7: Extent of Drinking Problem: Treated Alcohol Clients: 2012

In 2012, the majority of clients living in South East and all clients treated in the South East were classified as dependent drinkers by the services they attended in 2012. This accounted for 840 individuals (45%) of South East clients and 1,017 individuals (49%) of clients Regionally. This category was followed by those classified as harmful drinkers, 572 individuals (31%) of South East clients and 599 individuals (29%) of clients Regionally. 420 individuals (23%) of South East clients were categorised as hazardous drinkers in 2012 and 440 individuals (21%) Regionally.

In 2011, the majority of treated alcohol clients were also categorised as dependent drinkers. This number decreased between the two years for both South East clients and clients treated in the Region by 18 individuals (2%) and 62 individuals (6%) respectively. Numbers and rates also fell for clients categorised as hazardous and harmful drinkers for both South East clients and all clients treated in the Region. Clients categorised as hazardous drinkers decreased by 42 individuals (7%) of South East clients and 34 (5%) of clients Regionally. Clients categorised as harmful drinkers decreased by 9 individuals (2%) and 11 individuals (2%) respectively.

## 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. The initial Table 11 and Figure 8, show clients who had injected at some point in their lives (ever injected). Table 12 and Figure 9 show clients who had injected in the month prior to their treatment commencing.

Data Co-ordination Overview of Drug Misuse 2012

Ever Injected	Total South East	National	Outside Ireland	Total Region
Yes	431	25	-	456
No	2,369	245	3	2,617
Not Known	11	1	-	12
<b>Totals</b>	<b>2,811</b>	<b>271</b>	<b>3</b>	<b>3,085</b>

Table 11: Treated Clients Who Had Ever Injected: 2012

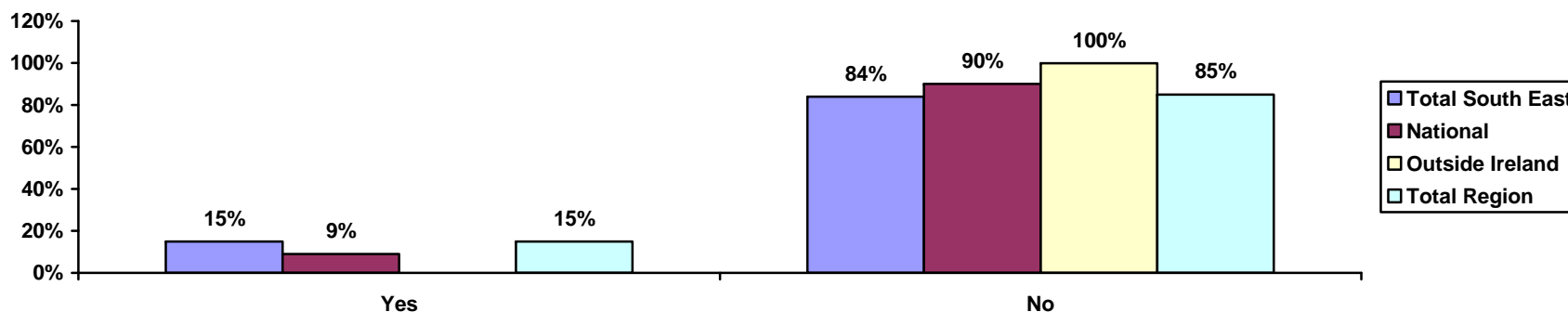


Figure 8: Treated Clients Who Had Ever Injected: 2012

Rates for Not Known are excluded from Figure 8 as they show a value of less than 1%.

As with previous years, the majority of clients had never injected 2,369 individuals (84%) of South East clients and 2,617 individuals (85%) of all those treated in the Region. However, these figures decreased between 2011 and 2012 by 56 individuals (2%) and 95 individuals (3%) respectively.

At same time, the figures for clients who had injected at some point in their lives increased between the two years. In 2012, 431 individuals (15%) of South East clients had injected at some time in their lives and 456 individuals (15%) of all clients treated in the Region. This is an increase, between 2011 and 2012, of 81 individuals (23%) and 94 individuals (26%) respectively.

***Injected In Past Month***

Table 12 and Figure 9 below, show the number and rate of treated clients who had injected in the month prior to commencing their treatment.

<b>Injected In Past Month</b>	<b>Total South East</b>	<b>National</b>	<b>Total Region</b>
Yes	164	1	165
No	265	24	289
Not Known	2	-	2
<b>Totals</b>	<b>431</b>	<b>25</b>	<b>456</b>

Table 12: Treated Clients Who Had Injected In Past Month: 2012

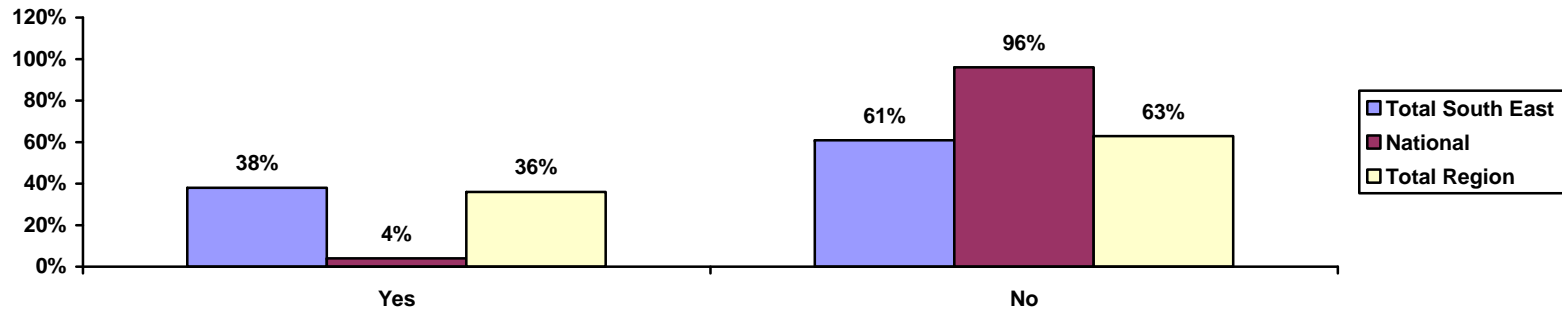


Figure 9: Treated Clients Who Had Injected In Past Month: 2012

Rates for Not Known are excluded from Figure 9 as they show a value of less than 1%.

Of the clients who had injected at some point in their lives in 2012, the majority had not injected in the month prior to commencing their treatment, 265 individuals (61%) of South East clients and 289 individuals (63%) in the Region. There was however an increase in the number and rate of clients who had injected in the month prior to commencing their treatment between 2011 and 2012. These accounted for 35 individuals (27%) of South East clients and 35 individuals (27%) of all clients treated in the Region.

## **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. However, 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 2012 reporting year.

2,052 clients treated for substance misuse problems were discharged from the Services in the Region in 2012. These clients received a total number of 94,520 treatment sessions. A number of these clients may have received more than one intervention during their treatment episode with the earliest treatment start date of 2000.

### ***Treatment Outcomes***

Clients treated in the South East normally receive more than one treatment intervention during their treatment episode. Table 13 and Figure 10 provide a breakdown of the treatment outcomes based on the main treatment intervention given to clients in 2012.



<b>Treatment Outcomes</b>	<b>Total South East</b>	<b>National</b>	<b>Outside Ireland</b>	<b>Total Region</b>
Treatment Completed	557	161	1	719
Client transferred stable	163	5	-	168
Client transferred unstable	82	-	-	82
Client refused further treatment as they considered themselves stable	357	14	2	373
Client refused further treatment or did not return for subsequent appointments	523	14	-	537
<sup>1</sup> Premature exit from treatment for non-compliance	39	34	-	73
Client died	11	-	-	11
Client sentenced to prison	34	-	-	34
Client no longer lived in area	33	-	-	33
Mental health transfer	11	2	-	13
Other	6	3	-	9
<b>Totals</b>	<b>1,816</b>	<b>233</b>	<b>3</b>	<b>2,052</b>

Table 13: Treatment Outcomes: Substance Misuse Clients: 2012

<sup>1</sup>Premature 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.

Of those who exited treatment prematurely, the main reason for non-compliance in 2012 was not observing other rules, 20 individuals (51%) of South East clients and 39 individuals (53%) of all clients treated in the Region. This was followed by clients who were discharged for drug taking at 13 individuals (33%) of South East clients and 17 individuals (23%) of clients Regionally.

Between 2011 and 2012, there was an increase of 6 individuals (18%) of South east clients and 17 individuals (30%) of clients in the Region who were prematurely exited from treatment for non-compliance. The number of clients who were discharged for not observing other rules increased between the two years by 9 individuals (82%) of South East clients and by 7 individuals (22%) of all clients treated in the Region. Drug taking as a non-compliance also increased between 2011 and 2012 by 4 individuals (44%) for South East clients and 8 individuals (89%) of all treated clients.

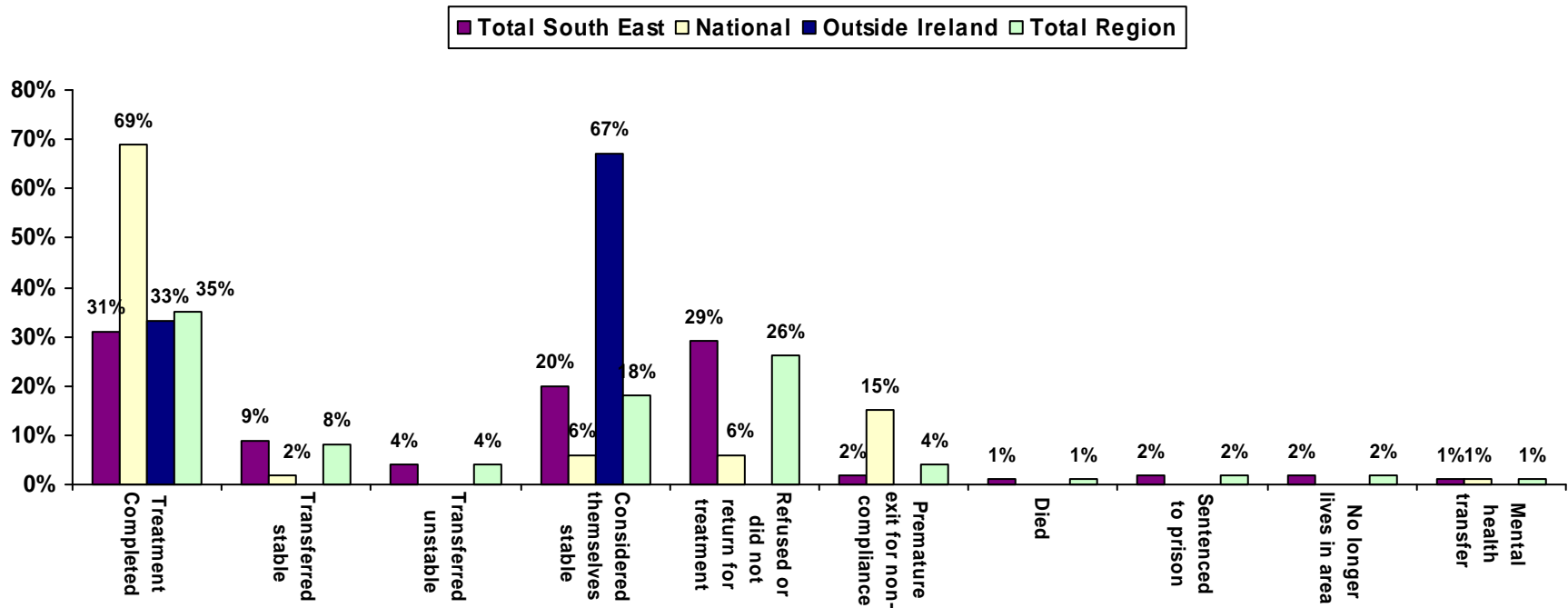


Figure 10: Treatment Outcomes: Substance Misuse Clients: 2012

Similar to other years, the majority of individuals successfully completed their treatment before being discharged from the Services. These accounted for 557 individuals (31%) of South East clients and 719 (35%) of all clients.

357 individuals (20%) of South East clients considered themselves stable on exit from Services and 373 individuals (18%) of all clients treated in the Region. This was an increase of 32 individuals (10%) on 2011 figures for South East clients and an increase of 24 individuals (7%) for all clients treated in the Region

The second highest group of clients discharged were those who refused further sessions or did not return for subsequent appointments at 523 individuals (29%) of South East clients and 537 individuals (26%) of all clients treated in Region. These figures also decreased between 2011 and 2012 by 229 individuals and 227 individuals respectively, both at 30%.

### **2.1.6 Harm Reduction**

Needle exchange services were first provided in the South East region in December 2011 with the development of the first service in Waterford.

Needle exchange services provide clients with the equipment to inject, smoke and dispose of drug paraphernalia as well as safer sex protection. They also provide harm reduction information on safer injecting, safer sex, overdose awareness and steroid information. Needle exchange services refer clients on to other relevant services e.g. methadone programmes, STI clinics, BBV testing, G.P.s, detoxification services and counselling.

The needle exchange programmes with the South East are operated as joint ventures between the HSE and voluntary organisations. All services are provided to the client free of charge.

In 2012, there were five needle exchange services in the South East operating fixed site services. Waterford delivered a full time service Monday to Friday during office hours. Carlow, Kilkenny, Wexford and South Tipperary provided specific time slots of two to three hours, one day per week.

Pharmacies in the Region also provided needle exchange services. During 2012, South Tipperary and Wexford each had three pharmacies providing this service, Waterford had two, Carlow and Kilkenny had one each.

## 2.2 Psychiatric/Hospital Units 2011

The following data is based on 2011 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 patients with an address in the South East. As NPIRS is event-based rather than individual-based, admissions and discharges represent episodes or events rather than individuals. Thus, one individual 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 2011.

<b>Hospital</b>	<b>Alcoholic Disorders</b>	<b>Other Drug Disorders</b>	<b>Total Admissions</b>
St. Luke's Hospital, Kilkenny	35	28	63
South Tipperary General Hospital, Clonmel	37	20	57
St. John of God Hospital, Dublin	28	5	33
St. Patrick's Hospital, Dublin	19	4	23
Waterford Regional Hospital	13	9	22
Newcastle Hospital, Greystones, Wicklow	5	3	8
St. Senan's Hospital, Enniscorthy	4	1	5
St. Canice's Hospital, Kilkenny	1	0	1
St. Otteran's Hospital, Waterford	1	0	1
St. Vincent's University Hospital, Dublin	1	0	1
Mercy Hospital, Cork	1	0	1
Tallaght Hospital, Dublin	0	1	1
<b>Totals</b>	<b>145</b>	<b>71</b>	<b>216</b>

Table 14: Admissions for Alcoholic Disorders and Other Drug Disorders with an Address in the South East by Hospital: 2011

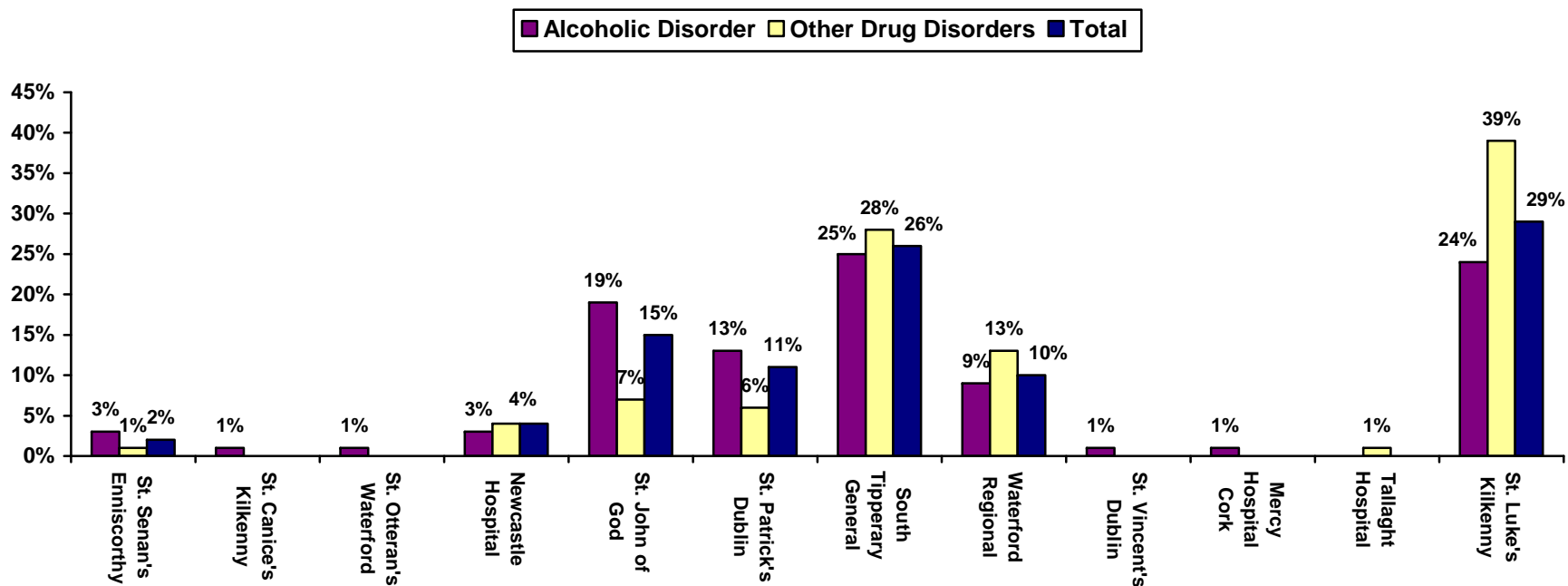


Figure11: Admissions for Alcoholic Disorders and Other Drug Disorders with an Address in the South East by Hospital: 2011

There were 216 admissions with an address in the South East to psychiatric hospitals/units in 2011. 145 (67%) of admissions were treated for an alcoholic disorder and 71 (33%) were admitted with other drug disorders. There is a decrease in all admissions between 2010 and 2011 of 63 (23%), a decrease of 5 (3%) in admissions for alcoholic disorders and a decrease of 58 (45%) in admissions for other drug disorders.

South Tipperary General Hospital was the only hospital in the South East to show an increase in the number of admissions with an increase of 18 (46%). St. Senan's Hospital had the highest decrease in admissions between the two years of 48 (91%) this may be due to the closure of St. Senan's for acute admissions in 2011. Waterford Regional Hospital recorded a decrease of 31 admissions (58%) between the two years

### 2.2.2 Gender

Table 15 and Figure 12 provide a breakdown of gender by alcoholic and other drug disorder.

Gender	Alcoholic Disorders	Other Drug Disorders	Total Admissions
Male	96	56	152
Female	49	15	64
<b>Totals</b>	<b>145</b>	<b>71</b>	<b>216</b>

Table 15: Admissions for Alcoholic Disorder and Other Drug Disorders with an address in the South East by Gender: 2011

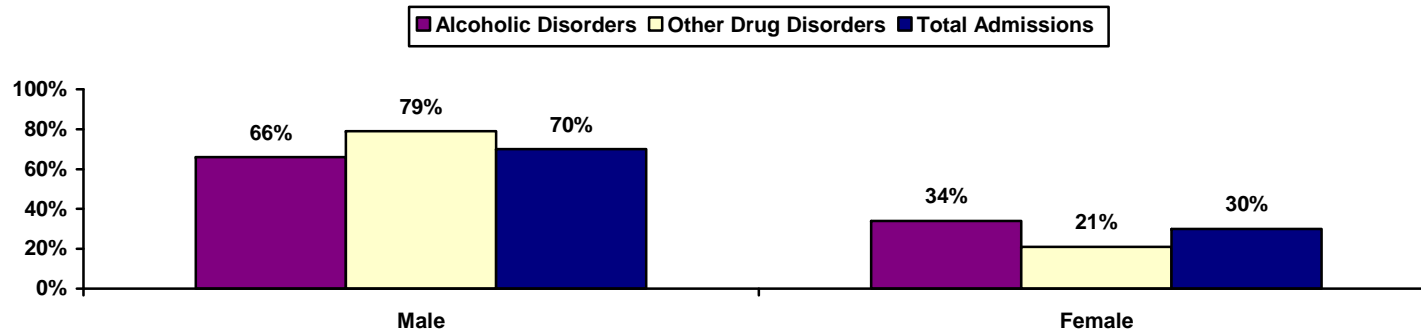


Figure 12: Admissions for Alcoholic Disorder and Other Drug Disorders with an Address in the South East by Gender: 2011

The majority of admissions for 2011 were male at 152 (70%) and females accounted for 64 (30%) of total admissions. The majority of alcoholic disorder and other drug disorder admissions were also male at 96 (66%) and 56 (79%) respectively. Female admissions for an alcoholic disorder were 49 (34%) and 15 (21%) for other drug disorders.

The total admissions for both male and female decreased between 2010 and 2011 by 43 (22%) and 20 (24%) respectively. There were slight decreases in admissions for both male and female with an alcoholic disorder between the two years by 1(1%) for males and 4 (8%) for females. Other drug admissions showed higher decreases, again for both male and female, by 42 (43%) and 16 (52%) respectively.

### 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
Tipperary South	44	20	64
Kilkenny	39	17	56
Wexford	24	12	36
Carlow	17	14	31
Waterford	21	8	29
<b>Totals</b>	<b>145</b>	<b>71</b>	<b>216</b>

Table 16: Admissions for Alcoholic Disorder and Other Drug Disorders by Client’s County of Residence: 2011

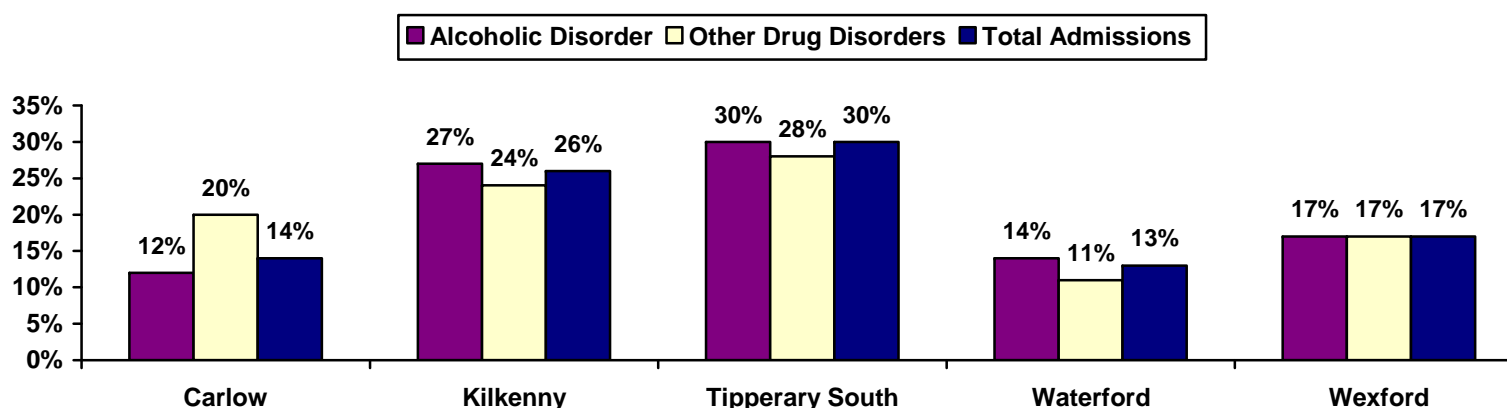


Figure 13: Admissions for Alcoholic Disorder and Other Drug Disorders by Client’s County of Residence: 2011

Tipperary South and Kilkenny had the highest admissions for the treatment of an alcoholic disorders within a psychiatric setting in 2011 at 44 (30%) and 39 (27%) respectively. Admissions with an address in Wexford were the next highest for an alcoholic disorder at 24 (17%), followed by Waterford at 21 (14%). Carlow had the lowest admissions for an alcoholic disorder at 17 (12%).

Tipperary South and Kilkenny also had the highest admissions for other drug disorders at 20 (28%) and 17 (24%) respectively. This was followed by Carlow admissions at 14 (20%), then Wexford admissions at 12 (17%). Waterford had the lowest admissions for other drug disorders in 2011 with 8 (11%).

Between 2010 and 2011, the number of Carlow admissions decreased by 15 (33%) of total admissions, 7 (29%) for admissions with an alcoholic disorder and by 8 (36%) for other drug disorders.

## Data Co-ordination Overview of Drug Misuse 2012

There was an increase in the total number of admissions between 2010 and 2011 of admissions with a Kilkenny address by 6 (12%). Admissions for an alcoholic disorder also increased by 10 (34%). However the number of Kilkenny admissions for other drug disorders fell between the two years by 4 (19%).

Tipperary South had the highest increase between the two years of 15 (31%) of total admissions. Similar to Kilkenny, admissions for an alcoholic disorder also increased by 16 (36%) but admissions for other drug disorders decreased by 1 (5%).

Total admissions with a Waterford address decreased by 26 (47%) between 2010 and 2011. Admissions with a Waterford address decreased for both an alcoholic disorder and other drug disorders by 14 (40%) and 12 (60%) respectively.

Wexford showed the highest decrease between 2010 and 2011 with a decrease in total admissions of 43 (54%). Wexford alcoholic disorder admissions decreased by 10 (29%) and decreased by 33 (73%) for other drug disorder admissions.

### 2.2.4 Order of Admission

Table 17 and Figure 14 provide an outline of the order of admission for clients with an alcoholic disorder and other drug disorders.

<b>Order of Admission</b>	<b>Alcoholic Disorders</b>	<b>Other Drug Disorders</b>	<b>Total Admissions</b>
First Ever Admission	41	27	68
Readmission	104	44	148
<b>Totals</b>	<b>145</b>	<b>71</b>	<b>216</b>

Table 17: Admissions for Alcoholic Disorder and Other Drug Disorders with an Address in the South East by Order of Admission: 2011



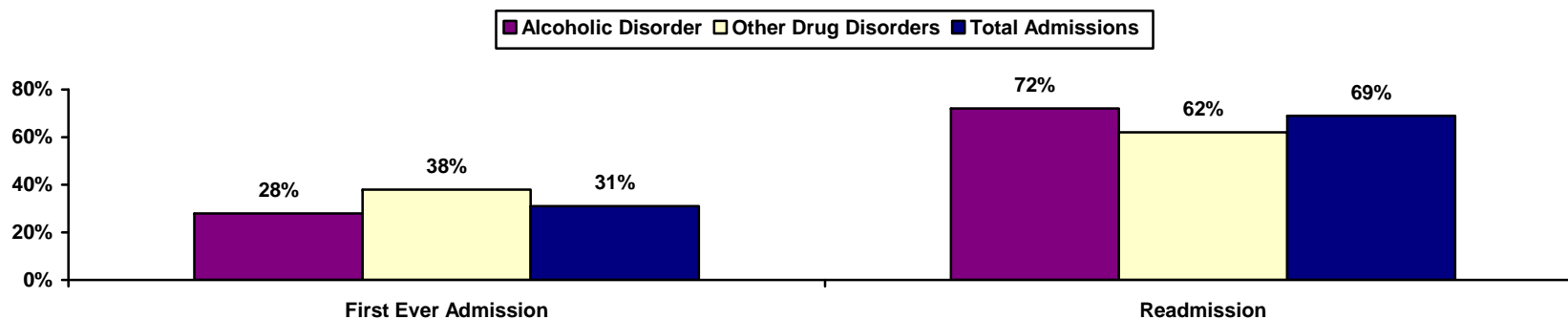


Figure 14: Admissions for Alcoholic Disorder and Other Drug Disorders with an Address in the South East by Order of Admission: 2011

Similar to previous years, in 2011, the majority of admissions were readmissions at 148 (69%). This is true of admissions for both an alcoholic disorder and other drug disorders at 104 (72%) and 44 (62%) respectively.

First ever admissions fell between 2010 and 2011 by 20 (23%) of total admissions and by 7 (15%) for those with an alcoholic disorder and by 13 (32%) for other drug disorders.

Readmissions overall decreased between the two years by 43 (22%). Readmissions decreased for other drug disorders between the two years by 45 (51%) and there was a small increase for alcoholic disorders by 2 (2%).

## 2.2.5 Primary Admission Diagnosis

Primary Admission Diagnosis	Total Admissions	
	Nos	%
Mental and behavioural disorders due to use of alcohol	71	33%
Mental and behavioural disorders due to use of alcohol, acute intoxication	15	7%
Mental and behavioural disorders due to use of alcohol, harmful use	13	6%
Mental and behavioural disorders due to use of alcohol, dependence syndrome	40	19%
Mental and behavioural disorders due to use of alcohol, withdrawal state	1	<1%
Mental and behavioural disorders due to use of alcohol, withdrawal state with delirium	1	<1%
Mental and behavioural disorders due to use of alcohol, psychotic disorder	4	2%
Mental and behavioural disorders due to use of opioids	2	1%
Mental and behavioural disorders due to use of opioids, acute intoxication	2	1%
Mental and behavioural disorders due to use of opioids, dependence syndrome	5	2%
Mental and behavioural disorders due to use of opioids, withdrawal state	1	<1%
Mental and behavioural disorders due to use of opioids, psychotic disorder	2	1%
Mental and behavioural disorders due to use of cannabinoids	3	1%
Mental and behavioural disorders due to use of sedatives & hypnotics	2	1%
Mental and behavioural disorders due to use of cocaine	2	1%
Mental and behavioural disorders due to use of multiple drug use and other psychoactive substances	37	17%
Mental and behavioural disorders due to use of multiple drug use and other psychoactive substances, acute intoxication	6	3%
Mental and behavioural disorders due to use of multiple drug use and other psychoactive substances, harmful use	3	1%
Mental and behavioural disorders due to use of multiple drug use and other psychoactive substances, dependence syndrome	3	1%
Mental and behavioural disorders due to use of multiple drug use and other psychoactive substances, withdrawal state	1	<1%
Mental and behavioural disorders due to use of multiple drug use and other psychoactive substances, psychotic disorder	2	1%
<b>Totals</b>	<b>216</b>	<b>100%</b>

Table 18: Primary Admission Diagnosis with an Address in the South East by Total Admission: 2011

Alcohol remains the highest of all admissions in 2011 at 145 (67%). This was followed by multiple drug use and other psychoactive substances at 52 (24%), then opioids at 12 (6%), cannabinoids at 3 (1%) and sedatives & hypnotics and cocaine, both at 2 (1%).

## Data Co-ordination Overview of Drug Misuse 2012

Alcohol, opioids, cannabinoids, sedatives & hypnotics and multiple drug use and other psychoactive substances decreased between 2010 and 2011 by 5 (3%), 3 (20%), 6 (67%), 9 (82%) and 31 (37%) respectively. Cocaine as a primary admission showed the only increase between the two years and increased from 1 to 2 (100%).

### 2.3 Hospital In-Patient Enquiry System (H.I.P.E. Scheme) 2011

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 Table 19 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 the year 2011 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 from the HIPE System. The breakdown by County is provided in later sections of the Report.

There was 100% coding of all discharges under the HIPE System in 2011.

The following Table and Figure provide a breakdown on the total number of discharged cases, episodes of care for drug related issues and drug coded patients in the Region in 2011.

## Data Co-ordination Overview of Drug Misuse 2012

	<b>Total Discharged Cases</b>	<b>Drug Coded Episodes of Care</b>	<b>Drug Coded Patients</b>
<b>Totals 2011</b>	104,019	2,055	1,470

Table 19: Drug related episodes and patients in South East Hospitals: 2011

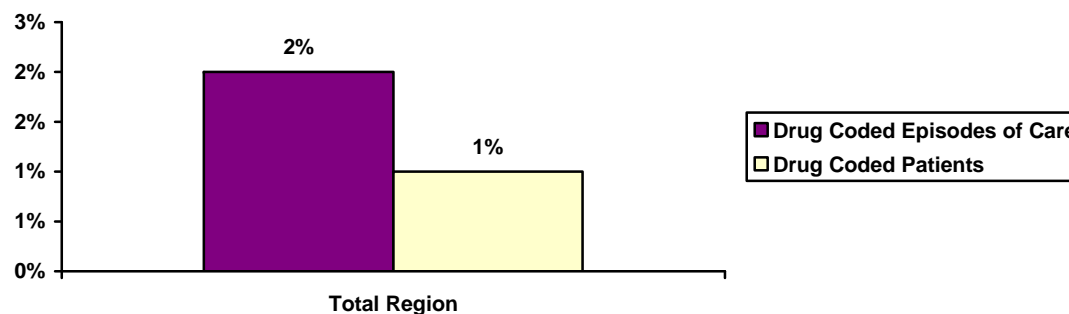


Figure 15: Drug related episodes and patients in South East Hospitals: 2011.

2,055 (2%) of cases in General Hospitals in the South East had a substance misuse diagnoses, this related to 1,470 (1%) of patients. There was an increase in the total number of discharged cases to the Hospitals between 2010 and 2011 of 39,577 (61%). However there was a decrease in the number of coded patients between the two years of 44 individuals (3%). The number of coded episodes of care increased slightly between the two years by 3 (1%).

### 2.3.1 County of Residence

Table 20 and Figure 16 show the County of residence for patients coded with drug and/or alcohol issues in South East General Hospitals in 2011.

<b>County of Residence</b>	<b>Numbers</b>
Total South East	1,365
National	90
Outside Ireland	9
No Fixed Address	6
<b>Total Region</b>	<b>1,470</b>

Table 20: County of Residence: Coded Patients in South East Hospitals: 2011

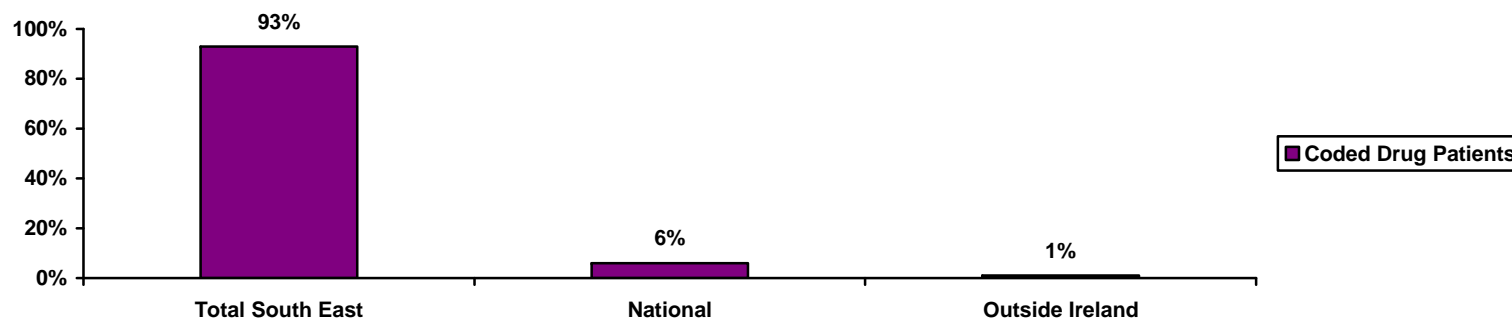


Figure 16: County of Residence: Coded Patients in South East Hospitals: 2011

The rate for no fixed address is not included in Figure 16 as it had a value of less than 1%.

As expected 1,365 individuals (93%) of patients had an address in the South East. However this was a decrease on 2010 figures of 34 individuals (2%). The number of patients with an address nationally also decreased between 2010 and 2011 by 17 individuals (16%), as did those with no fixed address by 1 individual (14%). There was an increase in the number of patients with an address outside Ireland of 8 individuals (89%) between the two years.

### 2.3.2 Gender

The majority of patients treated in the South East General Hospitals were male at 1,028 individuals (70%) and females accounted for 442 individuals (30%). The majority of patients with a South East address were also male at 954 individuals (70%). There were 411 females (30%) with a South East address admitted to South East General Hospitals in 2011.

### 2.3.3 Age Group

The following Table and Figure provide a breakdown of coded patient's age group for South East Region.

Age Group	Total South East	National	Outside Ireland	No Fixed Address	Total Region
Less than 18 years	82	4	-	-	86
18-24 years	154	11	1	-	166
25-29 years	108	11	-	-	119
30-34 years	135	9	-	-	144
35-39 years	124	6	1	3	134
40-44 years	118	12	2	-	132
45-49 years	134	8	-	1	143
50-54 years	128	7	1	1	137
55-59 years	103	9	2	1	115
60 years and over	279	13	2	-	294
<b>Totals</b>	<b>1,365</b>	<b>90</b>	<b>9</b>	<b>6</b>	<b>1,470</b>

Table 21: Age Group: Coded Patients in South East Hospitals: 2011

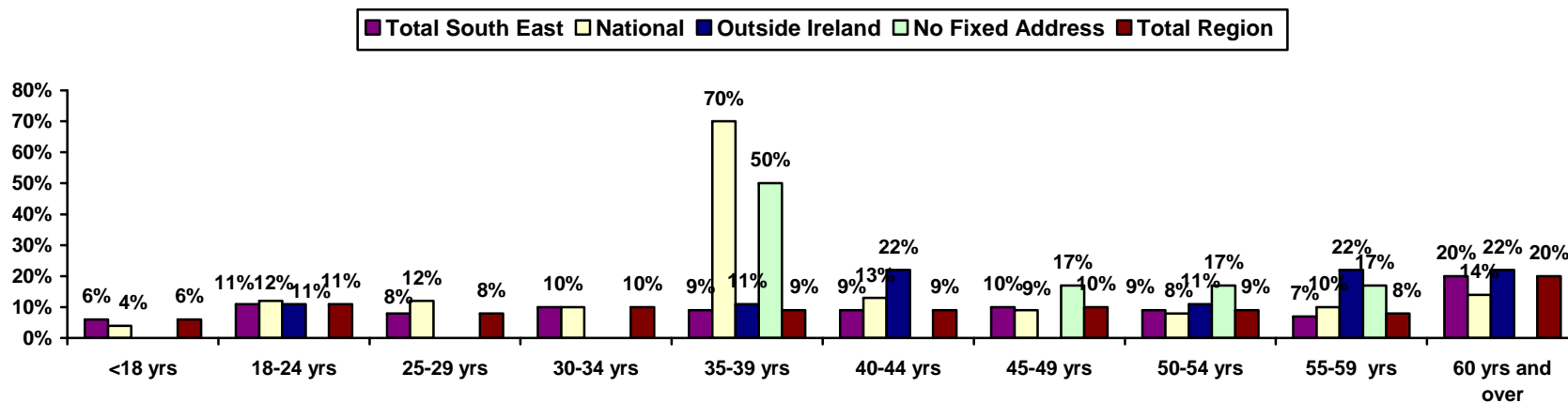


Figure 17: Age Group: Coded Patients in South East Hospitals: 2011

## Data Co-ordination Overview of Drug Misuse 2012

As with previous years, the main age group of coded patient's in South East Hospitals in 2011 were those aged 60 years and over, 294 individuals (20%). The same was true for South East patients and patients with an address nationally, 279 individuals (20%) and 13 individuals (14%) respectively. The majority of patients with no fixed address were in the 35-39 year age group at 3 individuals (50%).

In 2010, the second highest age group were those aged between 18 and 24 years, the same is true for 2011. This age group accounted for 166 individuals (11%) of patients in the Region and 154 individuals (11%) of South East patients.

### 2.3.4 Diagnosis

Table 22 and Figure 18 show the type of diagnosis for which coded patients were admitted to the general hospitals in the South East in 2011.

	<b>Main Diagnosis Only</b>	<b>Secondary Diagnosis Only</b>	<b>Both Main &amp; Secondary Diagnosis</b>	<b>Total</b>
Alcohol Only	245	633	186	1,064
Drugs Only	132	96	11	239
Both alcohol and drugs	44	28	84	156
<b>Totals</b>	<b>421</b>	<b>757</b>	<b>281</b>	<b>1,459</b>

Table 22: Type Diagnosis: Coded Patients in South East Hospitals: 2011

It should be noted that 11 patients received either an alcohol or drug detoxification only and did not have a diagnosis under any of the codes requested.



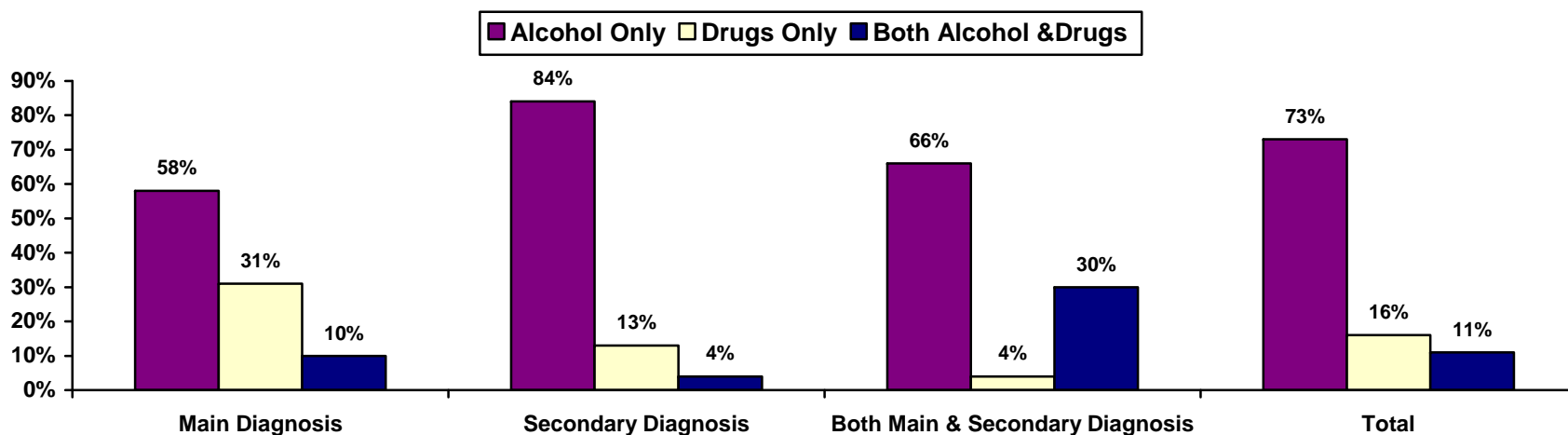


Figure 18: Type Diagnosis: Coded Patients in South East Hospitals: 2011

Similar to previous years, the majority of patients were admitted with a diagnoses of alcohol only, 1,064 individuals (73%), followed by drugs only, 239 individuals (16%) and then by diagnoses which included both alcohol and drugs, 156 individuals (11%).

Alcohol only admissions increased by 76 individuals (8%) between 2010 and 2011. Drugs only and both alcohol and drug admissions decreased between the two years by 61 individuals (20%) and 70 individuals (31%).

### 2.3.5 Substances Used

Of the coded patients that presented to South East Hospitals in 2011 under the HIPE System 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.

There were too many instances of substances being used by a small number of people to show all substances used or where there were counts of less than 10, therefore the data in Table 23 and Figure 19 show the main six substances used by patients in 2011.

## Data Co-ordination Overview of Drug Misuse 2012

Substances Used	Total South East	National	Outside Ireland	No Fixed Address	Total Region
Alcohol	986	64	8	6	1,064
Opioids	39	2	-	-	41
Benzodiazepines	23	3	-	-	26
Alcohol/Benzodiazepines	18	1	-	-	19
Cannabinoids	12	1	-	-	13
Antidepressants/Benzodiazepines	10	1	-	-	11

Table 23: Main Substance(s) Used by Coded Patients: South East Hospitals: 2011

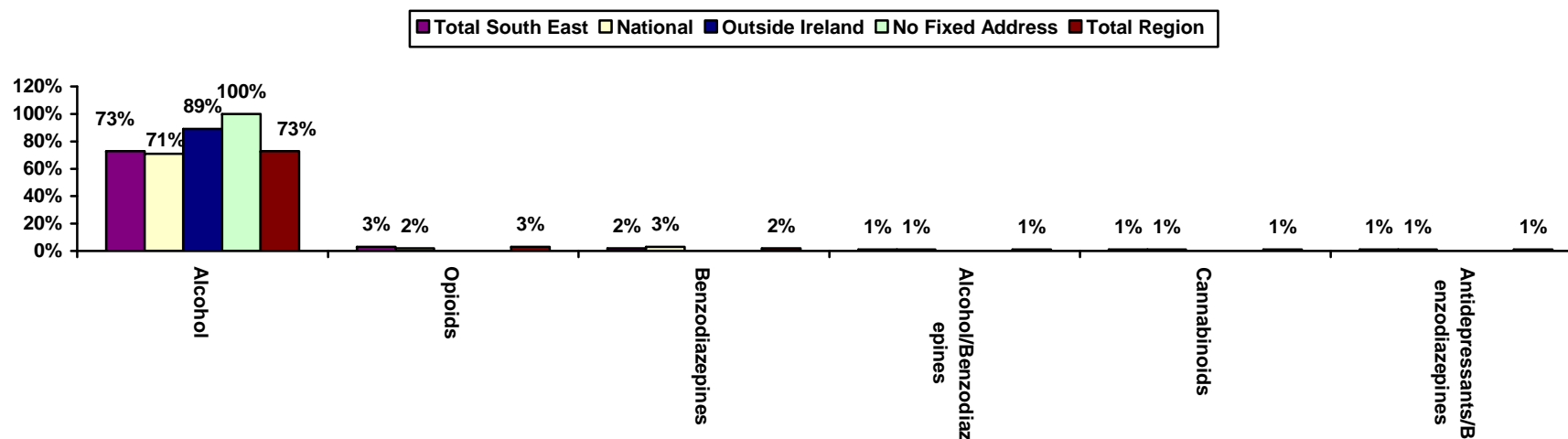


Figure 19: Main Substance(s) Used by Coded Patients: South East Hospitals: 2011

As with previous years, there is a significant difference between coded patients admitted to hospital 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 2011 were alcohol 1,064 individuals (73%), Opioids 41 individuals (3%), Benzodiazepines 26 individuals (2%), Alcohol/Benzodiazepines 19 individuals (1%), Cannabinoids 13 individuals (1%) and Antidepressants/Benzodiazepines 11 individuals (1%).

Admissions which included alcohol increased between 2010 and 2011 by 83 individuals (9%) for patients with an address in the South East and by 76 individuals (8%) for all patients in South East hospitals. There were small increases for patients with admissions for opioids between the two years of 1 individual (3%) for South East patients and 2 individuals (5%) for patients treated in the Region.

## Data Co-ordination Overview of Drug Misuse 2012

Admissions for cannabinoid use also showed a slight increase of 2 individuals (20%) for South East patients and 2 individuals (18%) for all patients treated in the Region under the HIPE System.

Admissions with benzodiazepine use decreased between 2010 and 2011 by 8 individuals (26%) for South East patients and by 8 individuals (23%) for all patients treated in South East hospitals. Alcohol/Benzodiazepines also decreased between the two years, by 9 individuals (33%) for patients with a South East address and by 11 individuals (37%) for all patients treated in the Region.

### **2.3.6 Detoxification**

In 2011, there were 1,470 patients discharged from the South East hospitals under one of the requested HIPE codes and of these 126 individuals (9%) received an alcohol detoxification.

There was an increase in the number of patients recorded as having an alcohol detoxification between 2010 and 2011, from 117 individuals in 2010 to 126 individuals in 2011, an increase of 9 individuals (8%). The number of recorded drug detoxifications decreased between the two years by 2 individuals (67%).

### **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 7 days for both patients with a South East address and for all patients treated in the Region.

### 2.3.8 Discharges

The following Table and Figure show the discharge plans of coded patients in the South East in 2011.

	<b>Total South East</b>	<b>National</b>	<b>Outside Ireland</b>	<b>No Fixed Address</b>	<b>Total Region</b>
Discharged Home	1,071	72	8	-	1,151
Unplanned Self Discharge	130	9	1	-	140
Nursing home, convalescent home or long stay accommodation	29	-	-	-	29
Emergency transfer to hospital in HIPE listings	14	2	-	1	17
Non-emergency transfer to hospital in HIPE listings	3	1	-	-	4
Transfer to psychiatric hospital/unit	34	2	-	-	36
Died	40	2	-	-	42
Non- emergency transfer to hospital not in HIPE listings	5	-	-	-	5
Transfer to rehab facility	11	1	-	1	13
Absconded	18	-	-	1	19
Other	2	-	-	1	3
Transfer to temporary place of residence	8	1	-	2	11
<b>Totals</b>	<b>1,365</b>	<b>90</b>	<b>9</b>	<b>6</b>	<b>1,470</b>

Table 24: Discharges: Coded Patients: South East Hospitals: 2011

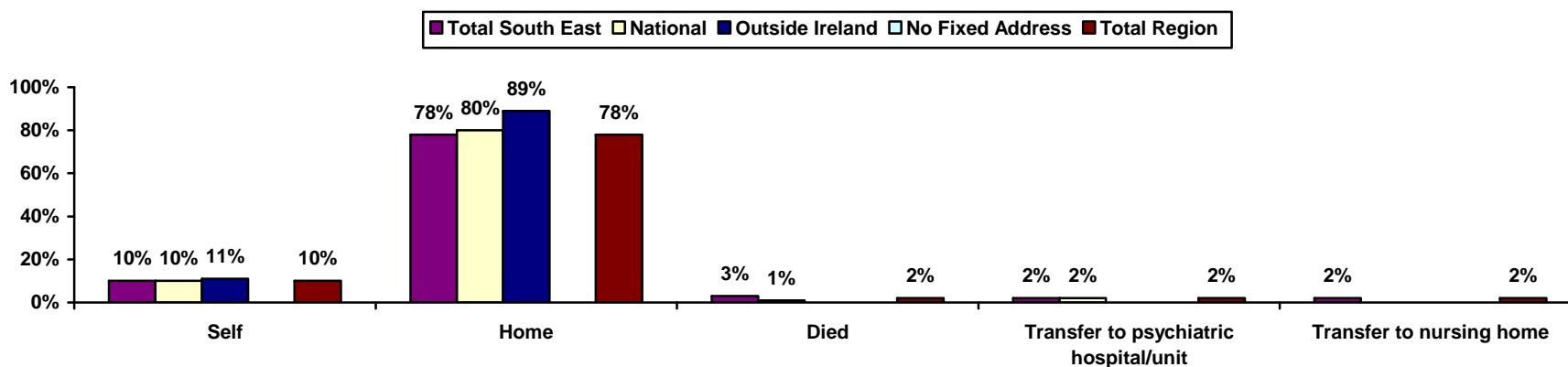


Figure 20: Main Discharges: Coded Patients: South East Hospitals: 2011

## Data Co-ordination Overview of Drug Misuse 2012

The main discharges from the South East General Hospitals in 2011 were those who were discharged home, 1,151 individuals (78%) of all those treated in the South East and 1,071 individuals (78%) of those with a South East address. This was followed by unplanned self discharges, 140 individuals (10%) of all those treated in the South East and 130 individuals (10%) of those with a South East address.

In 2010, the main discharges were also home discharges and unplanned self discharges. There was an increase in both types of discharges between 2010 and 2011 for both all patients treated in the South and those with a South East address. Home discharges increased by 10 individuals (1%) for all patients and by 12 individuals (1%) for those with an address in the South East. Self discharges also increased between the two years by 3 individuals (2%) for all patients and by 9 individuals (7%) for those with South East addresses.

## 2.4 An Garda Síochána

The following data is taken from the Garda Recorded Crime Statistics 2003-2011, 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](http://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 2011.

	<b>Recorded</b>	<b>Per 100,000 population</b>	<b>Detected</b>	<b>Detection Rate (%)</b>	<b>With Relevant Proceedings</b>
State	618	13.5	605	97.9	390
South Eastern Region	110	19.3	109	99.1	63

Table 25: <sup>1</sup>Incidents recorded of Importation/Manufacture of Drugs (ICCS 101), incidents per 100,000 population, detection and proceedings, 2011.

<sup>1</sup>Relates to the importation of drugs and cultivation or manufacture of drugs

	<b>Recorded</b>	<b>Per 100,000 population</b>	<b>Detected</b>	<b>Detection Rate (%)</b>	<b>With Relevant Proceedings</b>
State	16,507	359.9	16,320	98.9	10,514
South Eastern Region	1,989	349.0	1,971	99.1	1,243

Table 26: <sup>2</sup>Incidents recorded Possession of Drugs (ICCS 102), incidents per 100,000 population, detection and proceedings, 2011

<sup>2</sup>Relates to possession of drugs for sale or supply and possession of drugs for personal use.

	<b>Recorded</b>	<b>Per 100,000 population</b>	<b>Detected</b>	<b>Detection Rate (%)</b>	<b>With Relevant Proceedings</b>
State	526	11.5	524	99.6	346
South Eastern Region	71	12.5	71	100.0	32

Table 27: <sup>3</sup>Incidents recorded of Other Drug Offences (ICCS 103), incidents per 100,000 population, detection and proceedings, 2011.

<sup>3</sup>Relates to forged or altered prescription offences and obstruction under the Drugs Act.



**SECTION 3**  
**CARLOW/KILKENNY**  
**OVERVIEW**

### 3. CARLOW/KILKENNY OVERVIEW

#### 3.1 Addiction Treatment Services

This section of the Report provides data on treated substance misuse in the Carlow/Kilkenny Area. The data is broken down into the Carlow area, Kilkenny area and combined areas to give a total for both the Carlow and Kilkenny areas.

##### 3.1.1 Treatment Type

Please note that the following paragraphs in this section of the Report pertain 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 324 clients with a Carlow address and 436 with a Kilkenny address that accessed services in 2012. These figures are broken down as follows:-

<b>Treatment Type</b>	<b>Carlow</b>	<b>Kilkenny</b>	<b>Carlow/Kilkenny Area</b>
Continuous Care Clients	72	112	184
New Referrals: treated once during the year	226	280	506
Referrals: treated twice during the year	15	22	37
Referrals: treated more than twice during year	-	1	1
New Referrals: assessed only	11	21	32
<b>Totals</b>	<b>324</b>	<b>436</b>	<b>760</b>

Table 28: Treatment Types: Carlow, Kilkenny and Carlow/Kilkenny Area: All Contacts: 2012

There was an increase in the number of clients with a Kilkenny address between 2011 and 2012 and a decrease in the number of clients with a Carlow address. Clients with an address in Kilkenny increased by 40 individuals (10%), whilst those with a Carlow address decreased by 49 individuals (13%).

There was an increase in the number of continuous care clients for both Carlow and Kilkenny clients between 2011 and 2012 by 4 individuals (6%) and 12 individuals (12%) respectively. There was a reduction in the number of Carlow clients treated once during the year by 54 individuals (19%). Kilkenny clients treated once during the year increased between the two years by 18 individuals (7%). Carlow clients who were treated twice during the year also increased, as did Kilkenny clients by 4 individuals (36%) and 6 individuals (37%) respectively. Clients who were assessed only increased by 4 individuals (23%) for those with a Kilkenny address and decreased by 3 individuals (21%) for clients with a Carlow address.



### 3.1.2 Main Reason for Referral

**Including** clients who were assessed only, the main reason for referral to the Services in 2012 is provided in Table 29.

Main Reason for Referral	Carlow	Kilkenny	Carlow/Kilkenny Area
Alcohol	149	236	385
Illicit Drugs	150	129	279
Licit Drugs	14	19	33
*Other	11	52	63
<b>Totals</b>	<b>324</b>	<b>436</b>	<b>760</b>

Table 29: Main Reason for Referral: Carlow, Kilkenny and Carlow/Kilkenny Area: All Contacts: 2012

\*Other relates to concerned persons and gamblers but are not recorded separately as Carlow counts are less than 10 for each.

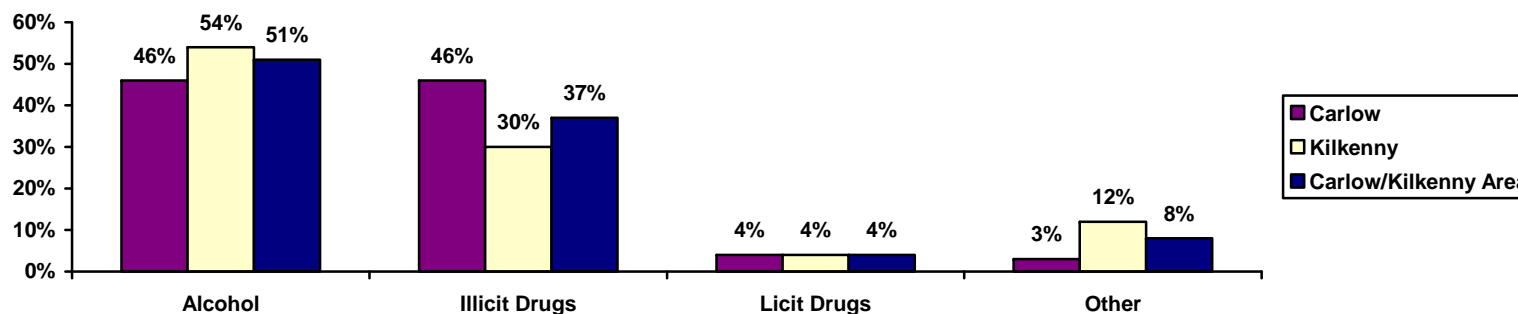


Figure 21: Main Reason for Referral: Carlow, Kilkenny and Carlow/Kilkenny Area: All Contacts: 2012

Carlow is the only area where the number of illicit drug referrals were higher than those for alcohol, though the difference is very slight. There were 150 individuals referred with illicit drug use and 149 referred with alcohol use. The percentage rate was the same for both alcohol and illicit drug referrals at 46%.

The main reason for referral for clients with a Kilkenny address in 2012 was alcohol at 236 individuals (54%), followed by illicit drug use at 129 individuals (30%).

### 3.1.3 Substance Misuse Treatment Data

**Excluding** clients who were assessed only and those who were treated for other problems, there were 302 individuals with a Carlow address treated for a substance misuse problem in 2012 and 363 individuals with an address in Kilkenny.

There were less Carlow clients treated for a substance misuse problem in 2012 than in 2011, a decrease of 50 individuals (14%). There was an increase in Kilkenny clients treated for a substance misuse problem between the two years of 37 individuals (11%). This may be as a result of the Kilkenny methadone clinic which opened in 2011 but which grew and expanded in 2012.

#### Demographic Data

##### *Age Profile*

The following Table and Figure provides an overview of the age profile of treated Carlow, Kilkenny and Carlow/Kilkenny Area clients in 2012.

<b>Age Group</b>	<b>Carlow</b>	<b>Kilkenny</b>	<b>Carlow/Kilkenny Area</b>
Less than 18 years	11	43	54
18-24 years	74	71	145
25-29 years	41	58	99
30-34 years	35	48	83
35-39 years	46	36	82
40-44 years	24	33	57
45-49 years	22	17	39
50-54 years	20	17	37
55-59 years	11	17	28
60 years and over	17	22	39
Not known	1	1	2
<b>Totals</b>	<b>302</b>	<b>363</b>	<b>665</b>

Table 30: Age Profile: Carlow, Kilkenny and Carlow/Kilkenny Area: Treated Substance Misuse Clients: 2012

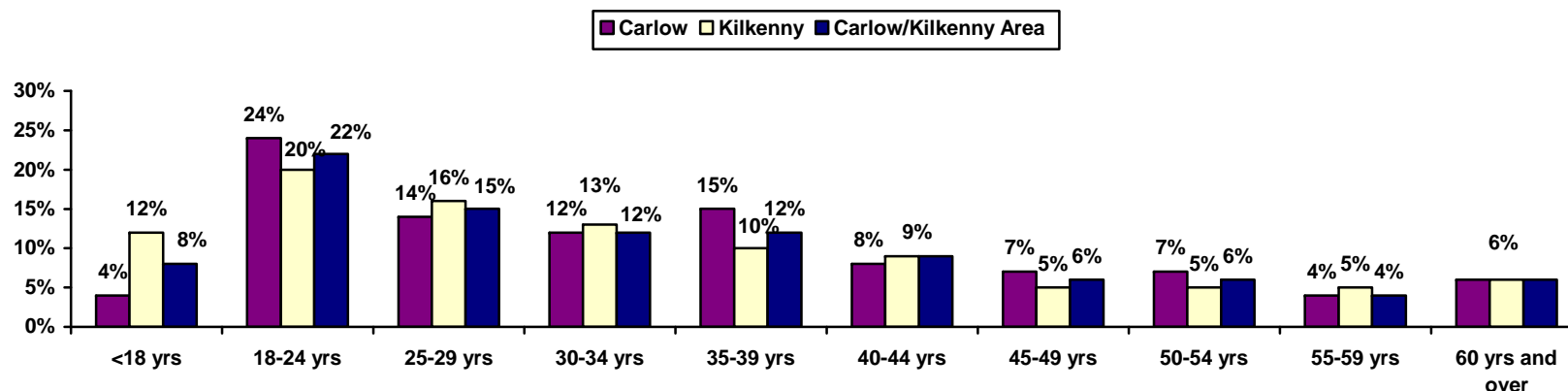


Figure 22: Age Profile: Carlow, Kilkenny and Carlow/Kilkenny Area: Treated Substance Misuse Clients: 2012

The majority of both Carlow and Kilkenny clients were in the 18 to 24 year age group at 74 individuals (24%) and 71 individuals (20%) respectively. This was followed by clients in the 35-39 year age group for Carlow residents, 46 individuals (15%) and by those in the 25 to 29 years age group for Kilkenny clients, 58 individuals (16%).

Between 2011 and 2012 there was a decrease in the number of 18 to 24 year old Carlow clients treated for substance misuse by 3 individuals (4%), whilst there was an increase in this age group between the two years for Kilkenny clients of the same number and rate. The number and rate for the Carlow/Kilkenny area remained the same between the two years at 3 individuals (4%).

### Gender

The majority of treated Carlow clients were male at 211 individuals (70%). 91 individuals (30%) of Carlow clients were female in 2012. The number of both male and females decreased between 2011 and 2012, though there was a smaller decrease in the number of females than males. The number of males decreased by 43 individuals (17%) and the number of females decreased by 7 individuals (7%).

228 individuals (63%) of Kilkenny clients were male and 135 individuals (37%) were female. There was an increase in the number of males and females being treated for a substance misuse problem between 2011 and 2012. The number of males increased by 14 individuals (6%) whilst there was a higher increase in the number of females of 23 individuals (20%).

***Living Status***

The living status (where) of treated clients relates to the stability of the client’s living situation a month prior to treatment commencing. 275 individuals (91%) of Carlow clients were living in stable accommodation, followed by clients who were homeless, 21 individuals (7%). This was similar to 2011 data. However there was a decrease in the number of clients living in stable accommodation between the two years of 43 individuals (13%). There was also a small decrease in the number of homeless Carlow clients between 2011 and 2012 of 1 individual (4%).

Similarly the majority of Kilkenny clients were also in stable accommodation, 333 individuals (92%) prior to their treatment starting. 10 individuals (3%) of Kilkenny clients were homeless and the same number and rate were living in an institution (prison, residential care/halfway house). There was an increase in the number of Kilkenny clients living in stable accommodation between 2011 and 2012 of 32 individuals (11%). The number of clients homeless decreased between the two years by 3 individuals (23%) and the number and rate of those living in an institution (prison/residential care/halfway house) remained the same between the two years at 10 individuals (3%).

***Employment Status***

Table 31 and Figure 23 give a breakdown of the employment status of treated substance misuse clients with a Carlow and Kilkenny address in 2012.

<b>Employment Status</b>	<b>Carlow</b>	<b>Kilkenny</b>	<b>Carlow/Kilkenny Area</b>
In paid employment	20	63	83
Unemployed	235	199	434
Student	12	40	52
Retired/Unable to Work	23	33	56
*Other	12	27	39
Not Known	0	1	1
<b>Totals</b>	<b>302</b>	<b>363</b>	<b>665</b>

Table 31: Employment Status: Carlow, Kilkenny and Carlow Kilkenny Area: Treated Substance Misuse Clients: 2012

\*Other refers to Fás/Training Course, Housewife/husband and Early School Leaver which have values of less than 10 for Carlow clients.

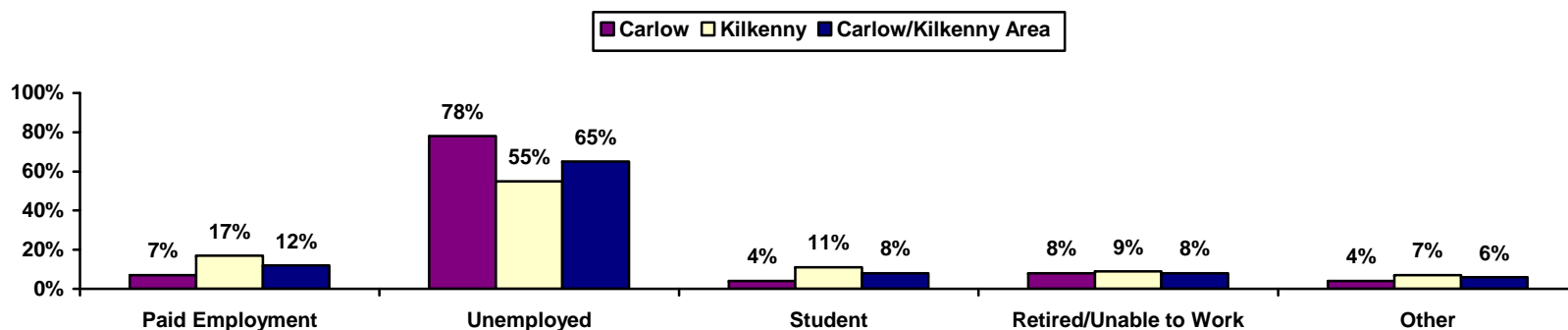


Figure 23: Employment Status: Carlow, Kilkenny and Carlow/Kilkenny Area: Treated Substance Misuse Clients: 2012

Similar to previous years, the majority of both Carlow and Kilkenny clients were unemployed at the time of their treatment in 2012, 235 individuals (78%) and 199 individuals (55%) respectively. This was followed by those who were retired or unable to work for Carlow clients, 23 individuals (8%) and by those who were in paid employment for Kilkenny clients, 63 individuals (17%). The next highest employment status group for Carlow clients were those who were in paid employment at 20 individuals (71%). The next highest employment status group for Kilkenny clients were students and these accounted for 40 individuals (11%) of treated substance misuse clients in 2012.

The number of Carlow clients who were unemployed at the time of their treatment fell between 2011 and 2012 by 25 individuals (10%), whilst the number of Kilkenny clients who were unemployed increased by 28 individuals (16%). Between 2011 and 2012 the number of clients who were retired or unable to work increased for both Carlow and Kilkenny clients by 2 individuals (9%) and 3 individuals (10%) respectively. Clients who were in paid employment decreased for Carlow clients by 10 individuals (33%) and remained the same for Kilkenny clients in the two years of 2011 and 2012 at 63 individuals (17%).

## Referral Data

### *Source of Referral*

The following Table and Figure provides an overview of the different referral sources for Carlow, Kilkenny and Carlow/Kilkenny area clients in 2012.

Data Co-ordination Overview of Drug Misuse 2012

Referral Source	Carlow	Kilkenny	Carlow/Kilkenny Area
Self	102	160	262
Family	15	24	39
Other Drug Treatment Centre	16	17	33
General Practitioner	43	28	71
Social Services/Community Services	29	27	56
Court/Probation/Police	28	18	46
Outreach Worker	10	19	29
Mental Health Facility (incl. psychiatrist)	38	23	61
*Other	21	46	67
Not Known	0	1	1
<b>Totals</b>	<b>302</b>	<b>363</b>	<b>665</b>

Table 32: Source of Referral: Carlow, Kilkenny and Carlow/Kilkenny Area: Treated Substance Misuse Clients: 2012

\*Other refers to referrals from friends, Acute Hospital Service excluding A&E, School, Prison, Mental Health Liaison Nurse at A&E and A&E Department with counts of less than 10 for Carlow clients.

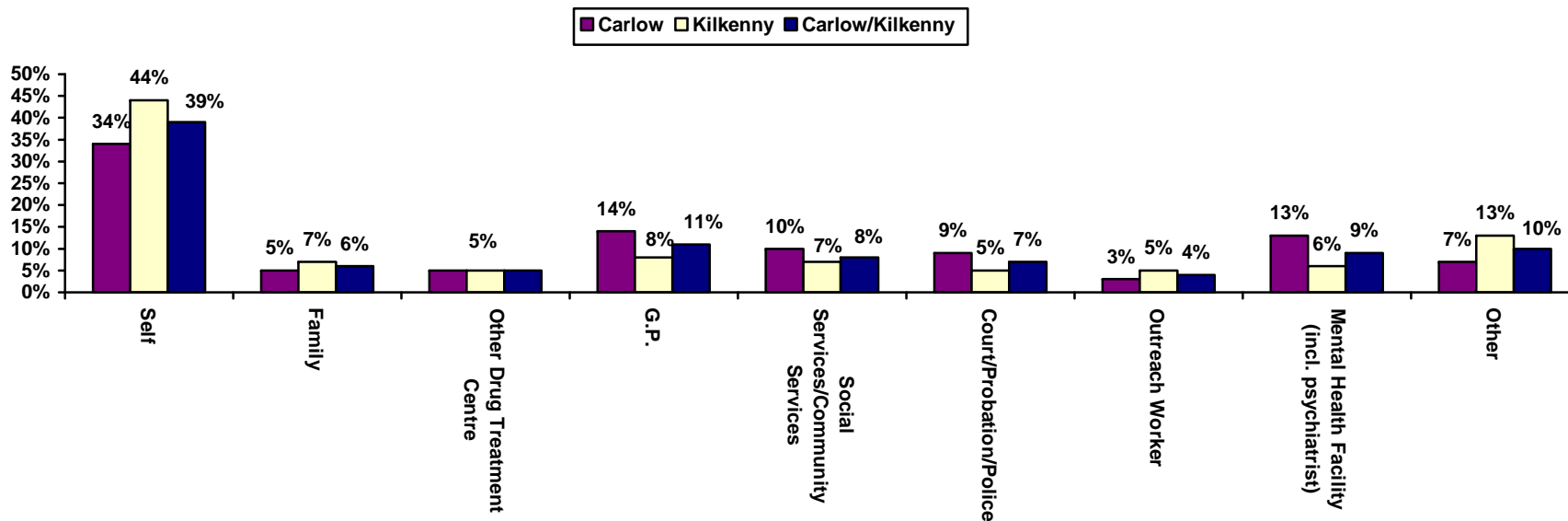


Figure 24: Source of Referral: Carlow, Kilkenny and Carlow/Kilkenny Area: Treated Substance Misuse Clients: 2012

## Data Co-ordination Overview of Drug Misuse 2012

The main source of referral for Carlow clients in 2012 was self at 102 individuals (34%), followed by G.P. referrals at 43 individuals (14%) and then referrals from the Mental Health Liaison Nurse at a hospital A&E department at 38 individuals (13%).

The main source of referral for Kilkenny clients in 2012 was also self and accounted for 160 individuals (44%). These were followed by referrals from a G.P. at 28 individuals (8%) and then referrals from social services/community services at 27 individuals (7%).

With regard to Carlow clients, there was a decrease in the number of self referrals, G.P. referrals and Mental Health Liaison Nurse at A&E referrals between 2011 and 2012 by 19 individuals (16%), 8 individuals (16%) and 14 individuals (27%) respectively. Referrals from Court/Probation/Police were the only group to show an increase for Carlow clients between 2011 and 2012 and increased by 5 individuals (22%).

Kilkenny client referrals from self, G.P. and social services/community services all increased between 2011 and 2012 by 5 individuals each at rates of 3%, 22% and 23% respectively. Referrals from mental health facility (incl. psychiatrist) remained the same between 2011 and 2012 at 23 individuals (6%). Referrals from A&E Department showed the highest decrease between the two years of 16 individuals (59%).

### Treatment Data

#### *Main Substance Misuse Problem*

Table 33 and Figure 25 provide a breakdown of the main substance misuse problems for which Carlow, Kilkenny and Carlow/Kilkenny Area clients were treated in 2012.

<b>Main Substance Misuse Problem</b>	<b>Carlow</b>	<b>Kilkenny</b>	<b>Carlow/Kilkenny Area</b>
Alcohol	143	217	360
Heroin	82	62	144
Cannabis	51	56	107
*Other	26	28	54
<b>Totals</b>	<b>302</b>	<b>363</b>	<b>665</b>

Table 33: Main Substance Misuse Problem: Carlow, Kilkenny, Carlow/Kilkenny Area: Treated Substance Misuse Clients: 2012

\*Other refers to Cocaine, Benzodiazepines, Other medicaments, Other opiate type drugs, Amphetamines and Hallucinogens and have counts of less than 10 with either Carlow or Kilkenny clients.

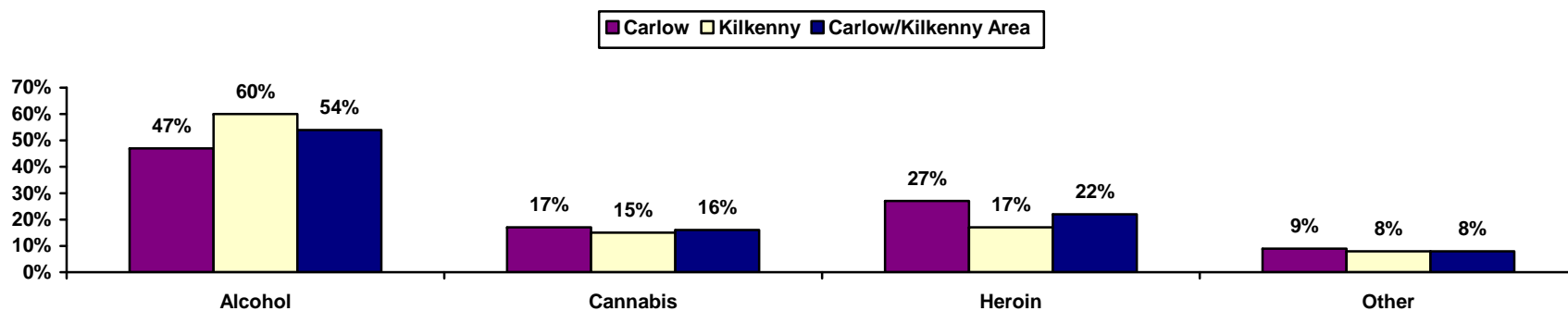


Figure 25: Main Substance Misuse Problem: Carlow, Kilkenny, Carlow/Kilkenny Area: Treated Substance Misuse Clients: 2012

Alcohol, Heroin and Cannabis, in that order, were the main problem substances for which both Carlow and Kilkenny clients were treated in 2012.

Carlow clients treated for alcohol misuse as a main problematic substance accounted for 143 individuals (47%), followed by heroin at 82 individuals (27%) and then cannabis at 51 individuals (17%).

Kilkenny clients treated for alcohol misuse, as a main problematic substance, accounted for 217 individuals (60%), followed by heroin at 62 individuals (17%) and then cannabis at 56 individuals (15%).

Carlow clients treated for alcohol misuse decreased between 2011 and 2012 by 33 individuals (19%). Treated heroin clients also fell between the two years by 20 individuals (20%), as did clients treated for cannabis misuse by 9 individuals (15%).

In 2011, the main treated problematic drug for Kilkenny clients was alcohol. This increased by 22 individuals (11%) in 2012. Treated heroin clients also increased by 12 individuals (24%) as did clients treated for cannabis misuse by 6 individuals (12%).



## **Risk Behaviour Data**

### ***Extent of Drinking Problem***

The severity of drinking problem has been categorised as follows:-

**Hazardous 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.

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

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

Based on the clients who were treated for an alcohol problem, both as a main and secondary problem, 112 individuals (62%) of Carlow clients were categorised as dependent drinkers, followed by those who were categorised as harmful drinkers, 50 individuals (28%) and then by those categorised as hazardous drinkers, 18 individuals (10%).

103 individuals (40%) of Kilkenny clients were categorised as dependent drinkers, 83 individuals (32%) were categorised as hazardous drinkers and 69 individuals (27%) were categorised as harmful drinkers.

The number and rates of Carlow clients categorised as dependent, harmful and hazardous drinkers decreased between 2011 and 2012, by 34 individuals (23%), 6 individuals (11%) and 7 individuals (28%) respectively.

There was an increase in the number and rates of Kilkenny clients who were categorised as dependent drinkers and those who were categorised as hazardous drinkers between 2011 and 2012 by 23 individuals (29%) and 22 individuals (36%) respectively. The number and rate of Kilkenny clients categorised as harmful drinkers decreased between the two years by 15 individuals (18%).

## **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 drugs use. Table 34 and Figure 26 show treated Carlow, Kilkenny and Carlow/Kilkenny Area clients who had ever injected. Table 35 and Figure 27 show clients in these areas who had injected in the month prior to treatment commencing.

<b>Ever Injected</b>	<b>Carlow</b>	<b>Kilkenny</b>	<b>Carlow/Kilkenny Area</b>
Yes	67	53	120
No	241	317	558
Not Known	0	5	5
<b>Totals</b>	<b>308</b>	<b>375</b>	<b>683</b>

Table 34: Ever Injected: Carlow, Kilkenny, Carlow/Kilkenny Area: Treated Substance Misuse Clients: 2012

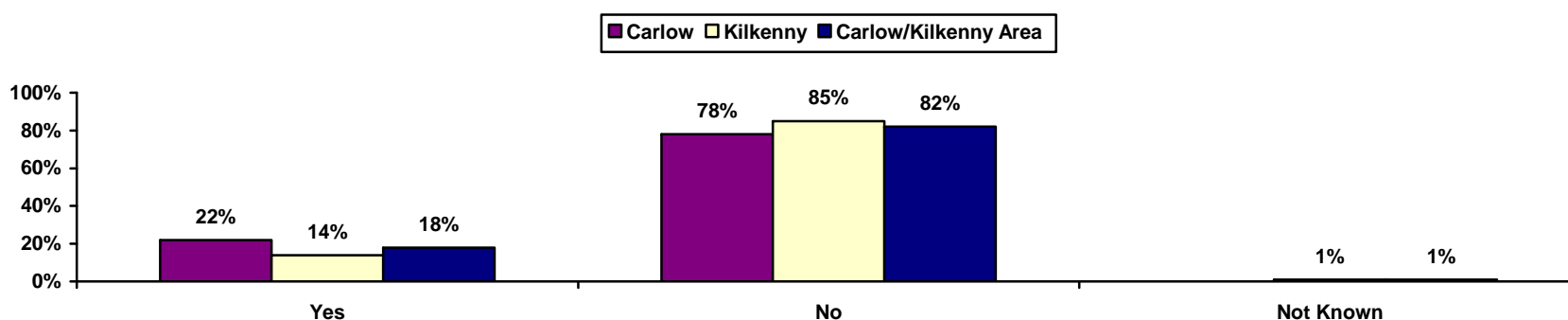


Figure 26: Ever Injected: Carlow, Kilkenny, Carlow/Kilkenny Area: Treated Substance Misuse Clients: 2012

In line with the Regional figures, the majority of both Carlow and Kilkenny clients had never injected, 241 individuals (78%) of Carlow clients and 317 individuals (85%) of Kilkenny clients. 67 Carlow clients (22%) had used injecting equipment and 53 Kilkenny clients (14%).

There was a small decrease in the number of Carlow clients who had injected at some time in their lives between 2011 and 2012 of 2 individuals (3%). Between 2011 and 2012, there was an increase of 12 individuals (29%) of Kilkenny clients who had ever injected.

### ***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 Area.

Data Co-ordination Overview of Drug Misuse 2012

<b>Injected In Past Month</b>	<b>Carlow</b>	<b>Kilkenny</b>	<b>Carlow/Kilkenny Area</b>
Yes	18	17	35
No	49	36	85
<b>Totals</b>	<b>67</b>	<b>53</b>	<b>120</b>

Table 35: Injected In Past Month: Carlow, Kilkenny, Carlow/Kilkenny Area: Treated Substance Misuse Clients: 2012

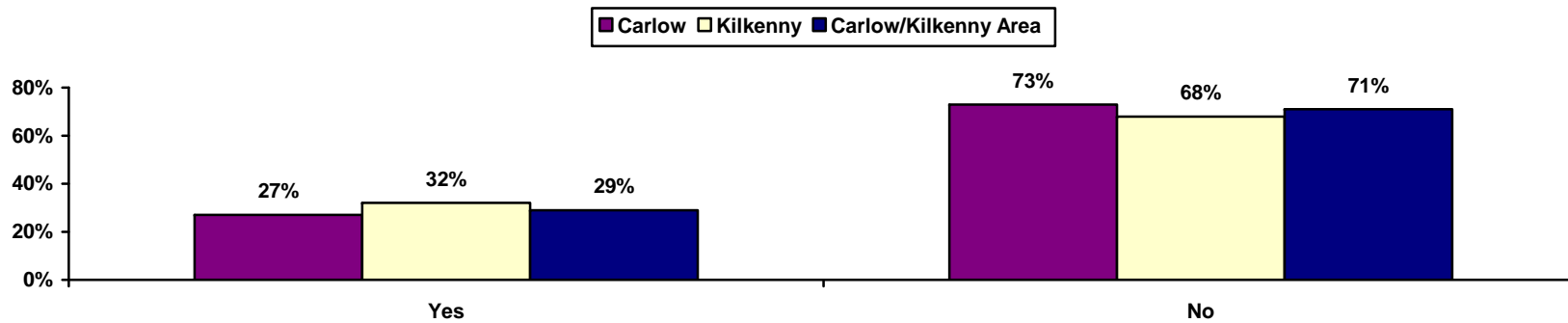


Figure 27: Injected In Past Month: Carlow, Kilkenny, Carlow/Kilkenny Area: Treated Substance Misuse Clients: 2012

Of the clients who had ever injected, the majority of both Carlow and Kilkenny clients had not injected in the month prior to commencing treatment at 49 individuals (73%) and 36 individuals (68%) respectively.

There was an increase in the number and rate of Carlow and Kilkenny clients who had injected in the month prior to commencing treatment between 2011 and 2012 of 6 individuals (50%) and 4 individuals (31%) respectively.

**Exit Data**

*Discharges*

There were 212 Carlow clients discharged from Services in 2012 and 231 Kilkenny clients, a total of 443 clients for the combined Area.

**Treatment Outcomes**

The following Table and Figure give a breakdown of the treatment outcomes for clients discharged from Services in 2012. 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 Area
Treatment Completed	77	81	158
Client transferred stable	12	17	29
Client refused to have further sessions as they considered themselves to be stable	23	27	50
Client refused to have further sessions or did not return for subsequent appointments	73	82	155
*Other	27	24	51
<b>Totals</b>	<b>212</b>	<b>231</b>	<b>443</b>

Table 36: Treatment Outcomes: Carlow, Kilkenny, Carlow/Kilkenny Area: Treated Substance Misuse Clients: 2012

\*Other includes clients who had counts of less than 10 and were transferred unstable, had a premature exit from treatment for non-compliance, sentenced to prison, clients who had died during treatment, clients who were no longer living in area and mental health transfers.

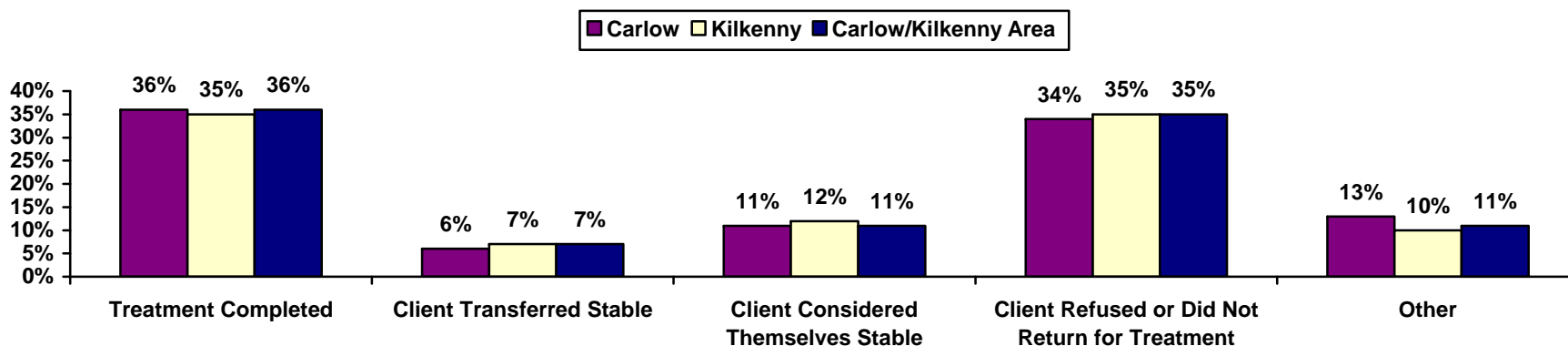


Figure 28: Treatment Outcomes: Carlow, Kilkenny, Carlow/Kilkenny Area: Treated Substance Misuse Clients: 2012

## Data Co-ordination Overview of Drug Misuse 2012

The main outcome for Carlow clients discharged from services in 2012 were those who had completed their treatment at 77 individuals (36%), followed by those who refused to have further sessions or did not return for subsequent appointments at 73 individuals (34%). Between 2011 and 2012 the number and rate of Carlow clients decreased for those who completed their treatment prior to being discharged and those who refused to have further sessions or did not return for subsequent appointments by 8 individuals (9%) and 33 individuals (31%) respectively. The only group of clients to show an increase in the two years were those Carlow clients who were transferred stable. These clients showed an increase of 2 individuals (20%).

The majority of Kilkenny clients exiting services in 2012 were those who refused to have further sessions or did not return for subsequent appointments at 82 individuals (35%). This was followed closely by those who had completed their treatment at 81 individuals (35%). Similar to Carlow, there was a decrease in the number and rate of Kilkenny clients who exited services with these outcomes between 2011 and 2012. The number of Kilkenny clients who refused to have further sessions or who did not return for subsequent appointments decreased by 14 individuals (15%) and those who completed their treatment decreased by 7 individuals (8%). Again, similar to Carlow the number of clients who were transferred stable increased between the two years by 6 individuals (54%).

### **3.1.4 Harm Reduction**

In 2012 there were existing pharmacy needle exchange services in Carlow Town and Kilkenny city. A harm reduction static site first opened in Kilkenny in October 2012 and the Carlow site opened the following year. These sites are situated in the Substance Misuse Services. The Drug Education Officer co-ordinated the development of these services and they are staffed by the Drug Education Officer and the Outreach Team.

The static site in Kilkenny is based in the Substance Misuse Team, Kickham Street, Kilkenny from 11 am to 1pm every Friday. The back pack covers Kilkenny city and greater Castlecomer area.

The static site in Carlow is based in the Ardu Substance Misuse Team, St. Dymphna's Hospital, Carlow from 2.30 to 4pm daily.

### 3.2 Hospital In-patient Enquiry System (H.I.P.E. Scheme) 2011

#### 3.2.1 County of Residence

Patients with an address in Carlow accounted for 195 individuals (13%) of all coded patients within the HIPE System in the Region in 2011. This is a reduction of 6 individuals (3%) on 2010 figures. 239 individuals (16%) of all coded patients in the Region had an address in Kilkenny, a decrease of 55 individuals (19%) on 2010 figures. The Carlow/Kilkenny Area therefore accounted for 434 individuals (29%) of all coded patients in the Region in 2011 and showed a decrease of 61 individuals (12%) between the two years.

#### 3.2.2 Age Group

Table 37 and Figure 29 give a breakdown of the age profile within the HIPE system of coded patients in 2011 with Carlow, Kilkenny and Carlow/Kilkenny Area addresses.

<b>Age Group</b>	<b>Carlow</b>	<b>Kilkenny</b>	<b>Carlow/Kilkenny Area</b>
Less than 18 years	10	18	28
18-24 years	19	36	55
25-29 years	17	21	38
30-34 years	25	21	46
35-39 years	21	23	44
40-44 years	15	17	32
45-49 years	18	19	37
50-54 years	29	16	45
55-59 years	12	20	32
60 years and over	29	48	77
<b>Totals</b>	<b>195</b>	<b>239</b>	<b>434</b>

Table 37: Age Profile: Carlow, Kilkenny, Carlow/Kilkenny Area: Coded Patients: 2011

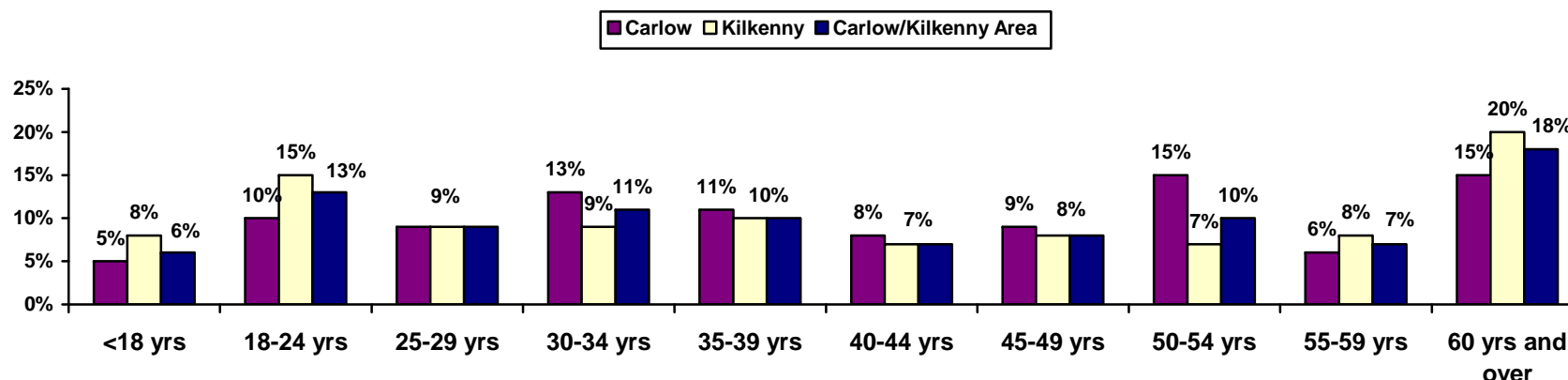


Figure 29: Age Profile: Carlow, Kilkenny, Carlow/Kilkenny Area: Coded Patients: 2011

The majority of HIPE System coded Carlow patients were split across two age groups, those in the 50 to 54 year age group and those aged 60 years and over, both at 29 individuals (15%). These age groups were followed by those aged between 30 and 34 years at 25 individuals (13%).

The main age groups of coded Kilkenny patients were those aged 60 years and over, those between the ages of 18 and 24 years and those in the 35 to 39 year age group at 48 individuals (20%), 36 individuals (15%) and 23 individuals (10%) respectively.

In 2010, the majority of Carlow patients were in the 40 to 44 year age group and between 2010 and 2011 the number and rate of this age group decreased by 12 individuals (44%). There was an increase of 7 individuals (32%) of Carlow patients in the 50 to 54 year age group between 2010 and 2011 and an increase of 8 individuals (38%) for those aged 60 years and over between the two years.

The main age group for Kilkenny patients in 2010 were those aged between 18 and 24 years. This group decreased between 2010 and 2011 by 18 individuals (33%). The number of patients aged 60 years and over remained the same between the two years at 48 individuals but the rate increased by 4%. The number and rate of Kilkenny patients aged between 35 and 39 years increased by 3 individuals (15%) between the two years.

### 3.2.3 Gender

Similar to Regional figures, the majority of patients coded within the HIPE System were male at 300 individuals (69%) for Carlow/Kilkenny area. Males accounted for 130 individuals (67%) of Carlow coded patients and 170 individuals (71%) of Kilkenny coded

## Data Co-ordination Overview of Drug Misuse 2012

patients. 65 individuals (33%) of Carlow coded patients were female and 69 individuals (29%) of Kilkenny coded patients were female. Females accounted for 134 individuals (31%) of the combined coded patients for the Carlow/Kilkenny area in 2011.

### 3.2.4 Diagnosis

The following Tables and Figures show the type of diagnosis for which patients coded within the HIPE System were admitted to the South East General Hospitals in 2011 with a Carlow, Kilkenny and Carlow/Kilkenny Area addresses.

	Main Diagnosis Only	Secondary Diagnosis Only	Both Main & Secondary Diagnosis	Total
Alcohol only	36	66	19	121
Drugs only	33	5	0	38
Both alcohol and drugs	12	4	20	36
<b>Total</b>	<b>81</b>	<b>75</b>	<b>39</b>	<b>195</b>

Table 38: Type Diagnosis: Carlow Address: Coded Patients: 2011

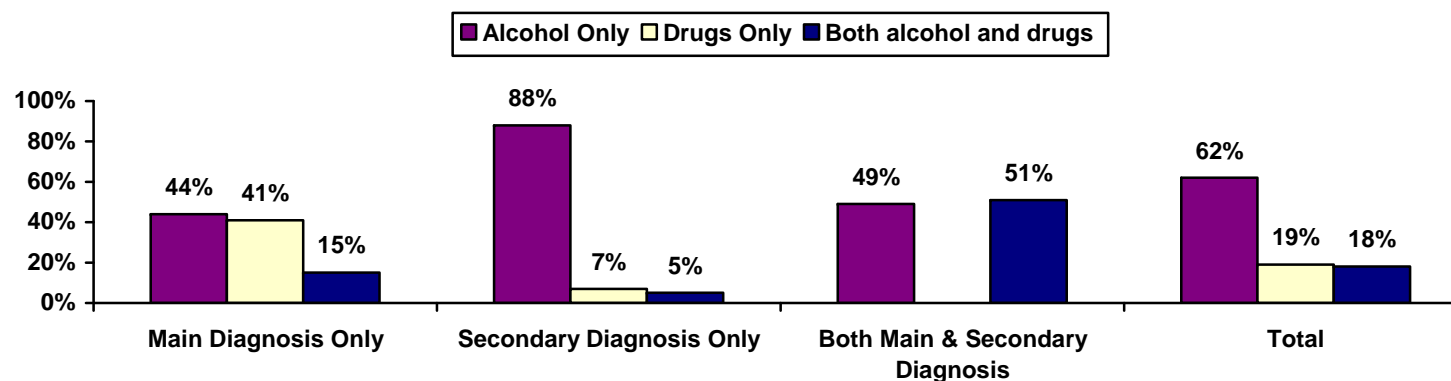


Figure 30: Type Diagnosis: Carlow Address: Coded Patients: 2011

The majority of coded Carlow patients were admitted with a main diagnosis only under one of the requested HIPE codes in 2011. These accounted for 81 individuals (41%). This was followed by those with a secondary diagnosis only at 75 individuals (38%) and then patients with both a main and secondary diagnosis at 39 individuals (20%).



## Data Co-ordination Overview of Drug Misuse 2012

Carlow patients were mainly admitted with a diagnosis which included alcohol only at 121 individuals (62%). The number of Carlow coded patients admitted with a diagnosis which included alcohol only remained the same between 2010 and 2011 at 121 individuals but the rate increased by 2%. The number admitted with a diagnosis which included drugs only decreased between the two years by 9 individuals (19%) whilst those patients admitted with a diagnosis which included both alcohol and drugs increased by 3 individuals (9%) between 2010 and 2011.

	Main Diagnosis Only	Secondary Diagnosis Only	Both Main & Secondary Diagnosis	Total
Alcohol only	52	85	28	165
Drugs only	28	16	1	45
Both alcohol and drugs	10	2	17	29
<b>Total</b>	<b>90</b>	<b>103</b>	<b>46</b>	<b>239</b>

Table 39: Type Diagnosis: Kilkenny Address: Coded Patients: 2011

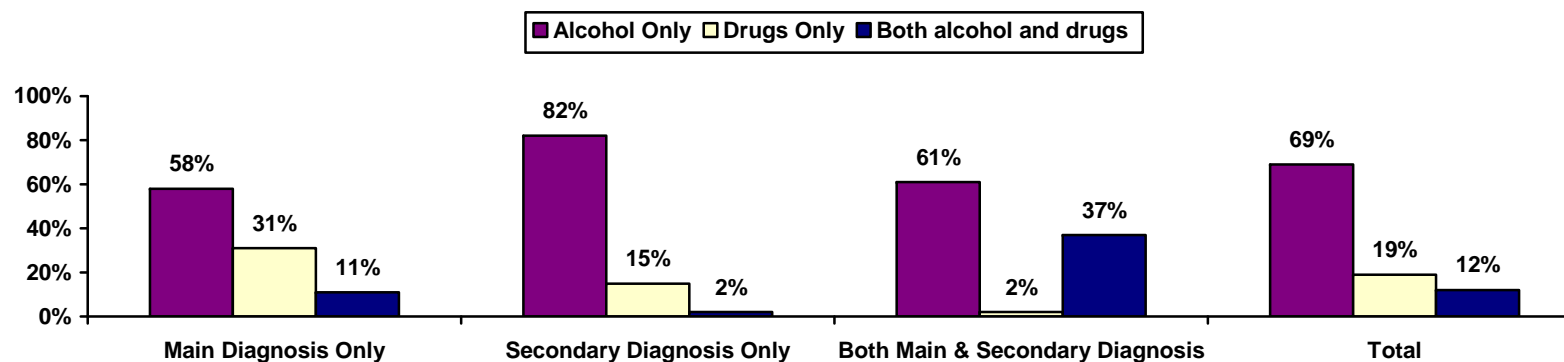


Figure 31: Type Diagnosis: Kilkenny Address: Coded Patients: 2011

The majority of Kilkenny patients were admitted with a secondary diagnosis only at 103 individuals (43%). This is an increase of 2 individuals (2%) on 2010 figures. Kilkenny patients with both a main and secondary diagnosis decreased by 76 individuals (62%) between the two years.

## Data Co-ordination Overview of Drug Misuse 2012

Patients with a Kilkenny address were mainly admitted with a diagnosis which included alcohol only, 165 individuals (69%). This was similar to 2010 but there was a decrease in the number and rate between the two years of 7 individuals (4%). The number and rate of Kilkenny patients admitted with a diagnosis which included drugs only also decreased between the two years, as did those admitted with a diagnosis which included both alcohol and drugs by 20 individuals (31%) and 28 individuals (49%) respectively.

	<b>Main Diagnosis Only</b>	<b>Secondary Diagnosis Only</b>	<b>Both Main &amp; Secondary Diagnosis</b>	<b>Total</b>
Alcohol only	88	151	47	286
Drugs only	61	21	1	83
Both alcohol and drugs	22	6	37	65
<b>Total</b>	<b>171</b>	<b>178</b>	<b>85</b>	<b>434</b>

Table 40: Type Diagnosis: Carlow, Kilkenny LHO Area: Coded Patients: 2011

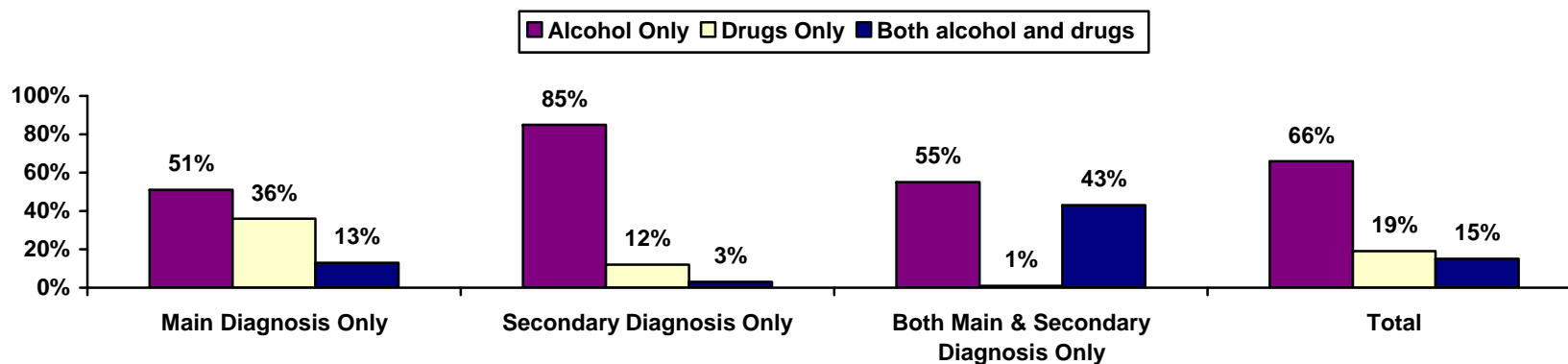


Figure 32: Type Diagnosis: Carlow, Kilkenny LHO Area: Coded Patients: 2011

### 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 2011 within the HIPE System. There were too many instances of one to provide a full overview of the substances used or there were counts of less than 10, therefore Table 41 and Figure 33 show only the main substances.

Substances Used	Carlow	Kilkenny	Carlow, Kilkenny Area
Alcohol	121	165	286
Benzodiazepines	8	5	13
Alcohol/Benzodiazepines	5	7	12

Table 41: Main Substance(s) Used: Carlow, Kilkenny, Carlow/Kilkenny Area: Coded Patients: 2011

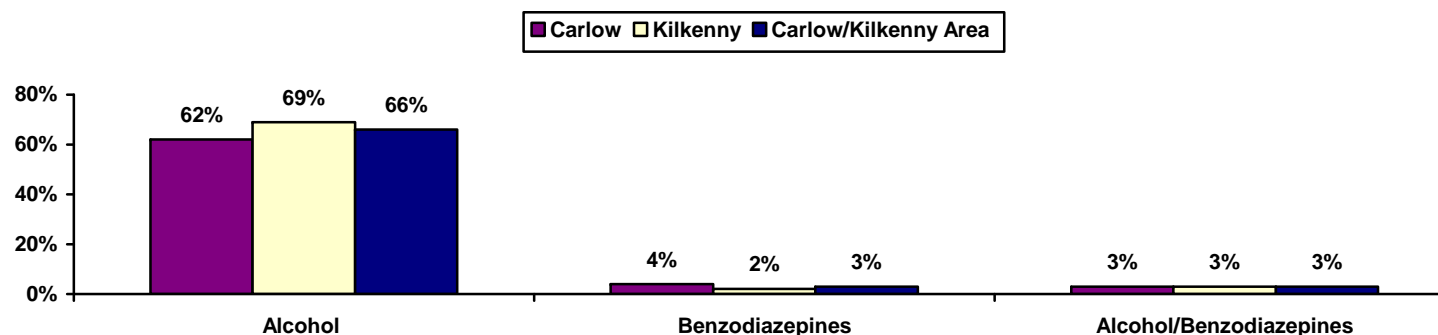


Figure 33: Main Substance(s) Used: Carlow, Kilkenny, Carlow/Kilkenny Area: Coded Patients: 2011

Alcohol accounted for the majority of admissions for both Carlow and Kilkenny coded patients in 2011 at 121 individuals (62%) and 165 individuals (69%) respectively. Followed by benzodiazepines at 8 individuals (4%) for Carlow coded patients and by alcohol and benzodiazepines for Kilkenny coded patients at 7 individuals (3%).

The alcohol number remained the same for Carlow coded patients between 2010 and 2011 at 121 individuals but the rate increased by 2%. The alcohol figures for Kilkenny coded patients decreased between the two years by 7 individuals (4%). The benzodiazepines figures increased for Carlow coded patients between 2010 and 2011 by 1 individual (14%) but decreased for Kilkenny coded patients by 5 patients (50%). The alcohol and benzodiazepine figures increased for Carlow coded patients between the two years by 3 individuals and decreased for Kilkenny coded patients by 5 individuals (42%).

### 3.2.6 Discharges

Table 42 and Figure 34 shows where the coded patients within the HIPE System went on their discharge from the South East Hospitals in 2011. The Table and Figure only represent the main discharges.

Discharge	Carlow	Kilkenny	Carlow/Kilkenny Area
Home	155	170	325
Unplanned Self Discharge	22	34	56
Transfer to psychiatric hospital/unit	7	10	17
Died	5	8	13

Table 42: Main Discharge: Carlow, Kilkenny, Carlow/Kilkenny Area: Coded Patients: 2011

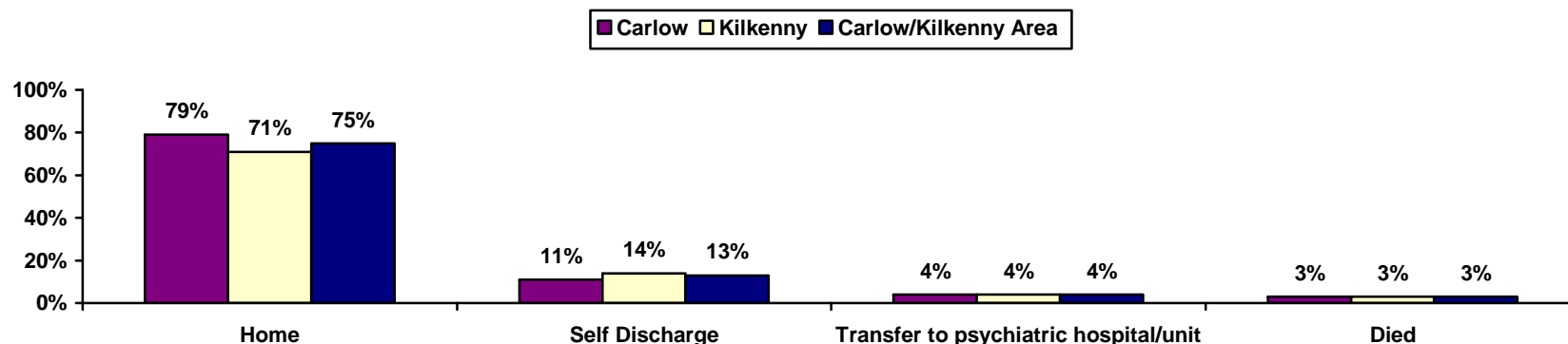


Figure 34: Main Discharge: Carlow, Kilkenny, Carlow/Kilkenny Area: Coded Patients: 2011

Similar to previous years the majority of both Carlow and Kilkenny coded patients were discharged home at 155 individuals (79%) and 170 individuals (71%) respectively, followed by those who had an unplanned self discharged at 22 individuals (11%) and 34 individuals (14%) respectively.

There was an increase in Carlow coded patients who were discharged home in 2011, compared with 2010, of 9 individuals (6%), whilst the figures for home discharges between the two years for Kilkenny coded patients decreased by 49 individuals (22%). Coded patients who self discharged decreased between 2010 and 2011 for both Carlow and Kilkenny by 4 individuals and 6 individuals (15%) respectively. Clients who were transferred to a psychiatric hospital/unit decreased between 2010 and 2011 for Carlow coded patients by 1 individual (12%). Kilkenny coded patients who were transferred to a psychiatric hospital/unit increased between the two years by 6 individuals.

### **3.2.7 Length of Stay**

The average length of stay for patients treated in St. Luke's Hospital, Kilkenny under one or more of the requested HIPE codes in 2011 was 5 days, similar to 2010.

Not all Carlow and Kilkenny coded patients were treated in 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 2011 was 3 days and 6 days for patients with a Kilkenny address. This is a decrease of 3 days for Carlow patients between 2010 and 2011 and an increase of 1 day for Kilkenny patients between the two years.

### 3.3 An Garda Síochána

The following data is taken from Garda Recorded Crime Statistics 2003-2011, 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](http://www.cso.ie).

#### 3.3.1 Drug Offences

The following Tables presents an overview of the number of recorded and detected drug offences recorded by the CSO for 2011.

	<b>Recorded</b>	<b>Per 100,000 population</b>	<b>Detected</b>	<b>Detection Rate (%)</b>	<b>With Relevant Proceedings</b>
South Eastern Region	110	19.3	109	99.1	63
Kilkenny/Carlow	25	16.9	25	100.0	16

Table 43: <sup>1</sup>Incidents recorded of Importation/Manufacture of Drugs (ICCS 101), incidents per 100,000 population, detection and proceedings, 2011.

<sup>1</sup>Relates to the Importation of drugs and cultivation or manufacture of drugs

	<b>Recorded</b>	<b>Per 100,000 population</b>	<b>Detected</b>	<b>Detection Rate (%)</b>	<b>With Relevant Proceedings</b>
South Eastern Region	1,989	349.0	1,971	99.1	1,243
Kilkenny/Carlow	496	336.1	493	99.4	329

Table 44: <sup>2</sup>Incidents recorded Possession of Drugs (ICCS 102), incidents per 100,000 population, detection and proceedings, 2011

<sup>2</sup>Relates to Possession of drugs for sale or supply and Possession of drugs for personal use.

	<b>Recorded</b>	<b>Per 100,000 population</b>	<b>Detected</b>	<b>Detection Rate (%)</b>	<b>With Relevant Proceedings</b>
South Eastern Region	71	12.5	71	100.0	32
Kilkenny/Carlow	18	12.2	18	100.0	11

Table 45: <sup>3</sup>Incidents recorded of Other Drug Offences (ICCS 103), incidents per 100,000 population, detection and proceedings, 2011.

<sup>3</sup>Relates to Forged or altered prescription offences and Obstruction under the Drugs Act.



**SECTION 4**  
**SOUTH TIPPERARY**  
**OVERVIEW**

## 4. SOUTH TIPPERARY OVERVIEW

### 4.1 Addiction Treatment Services

This section of the Overview reports on treated substance misuse in the South Tipperary area. The Report contains data collected and collated from statutory, voluntary and community services.

#### 4.1.1. Treatment Type

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 686 individuals with a South Tipperary address that accessed services in the South East in 2012. This figure is broken down as follows:-

<b>Treatment Type</b>	<b>South Tipperary</b>
Continuous Care Clients	125
New Referrals: treated once during the year	499
Referrals: treated twice during the year	22
Referrals: treated more than twice during the year	1
New referrals: assessed only	39
<b>Totals</b>	<b>686</b>

Table 46: Treatment Types: South Tipperary: All Contacts: 2012

There was a decrease of 20 individuals (3%) in the number of clients with a South Tipperary address accessing Services in the South East between 2011 and 2012.

The number of clients continuing their treatment from one year to the next increased by 9 individuals (8%) on 2011 figures. The figure for new referrals treated once during the year decreased by 24 individuals (5%) between 2011 and 2012, as did the figures for referrals treated twice during the year by 10 individuals (31%). The numbers accessing the services but not continuing on for treatment increased between the two years by 6 individuals (18%).



**4.1.2 Main Reason for Referral**

**Including** clients who were assessed only, the main reason for referral to the Services in 2012 is provided in Table 47.

Main Reason for Referral	South Tipperary
Alcohol	321
Illicit Drugs	231
Licit Drugs	33
*Concerned Persons	83
Gambling	17
Other	1
<b>Totals</b>	<b>686</b>

Table 47: Main Reason for Referral: South Tipperary: All Contacts: 2012

\*Concerned persons are people concerned about another’s substance misuse, gambling or other problem

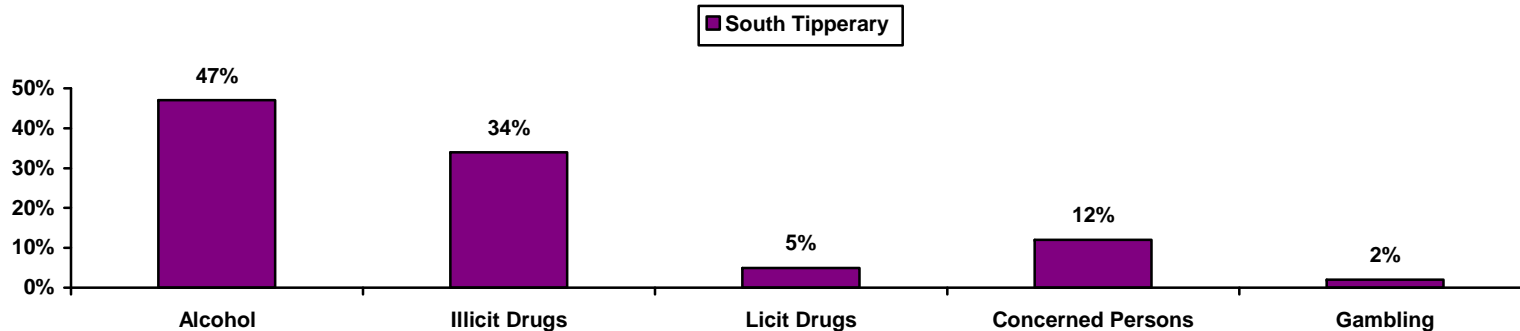


Figure 35: Main Reason for Referral: South Tipperary: All Contacts: 2012

## Data Co-ordination Overview of Drug Misuse 2012

The main reason for referral for clients with a South Tipperary address in 2012 was alcohol at 321 individuals (47%), followed by clients referred for illicit drugs at 231 individuals (34%) and then concerned persons at 83 individuals (12%). Clients referred for licit drug use accounted for 33 individuals (5%) and those referred with gambling issues accounted for 17 individuals (2%).

### 4.1.3 Substance Misuse Treatment Data

**Excluding** clients who were assessed only and those who were treated for other problems, there were 552 clients with a South Tipperary address treated for a substance misuse problem in 2012. This is a decrease of 29 individuals (5%) on 2011 figures of clients treated for a substance misuse problem.

### Demographic Data

#### *Age Profile*

The following Table and Figure provides an overview of the age profile of treated South Tipperary clients in 2012.

<b>Age Group</b>	<b>South Tipperary</b>
Less than 18 years	48
18-24 years	143
25-29 years	80
30-34 years	70
35-39 years	44
40-44 years	54
45-49 years	38
50-54 years	31
55-59 years	19
60 years and over	24
Not Known	1
<b>Totals</b>	<b>552</b>

Table 48: Age Profile: South Tipperary: Treated Substance Misuse Clients: 2012

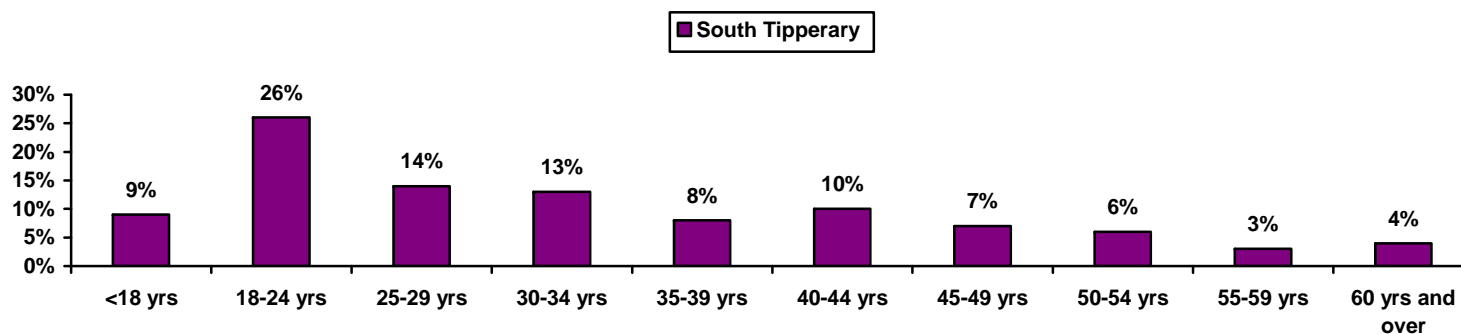


Figure 36: Age Profile: South Tipperary: Treated Substance Misuse Clients: 2012

The main age group for South Tipperary clients in 2012 were those aged between 18 and 24 years, accounting for 143 individuals (26%). This group was followed by those between the ages of 25 and 29 years at 80 individuals (14%) and then those aged between 30 and 34 years at 70 individuals (13%).

The majority of treated substance misuse clients with an address in South Tipperary in 2011, were also those in the 18 to 24 year age group. However, between 2011 and 2012 there was a decrease of 18 individuals (11%) in this age group. There was a decrease in figures between 2011 and 2012 for South Tipperary clients aged between 25 and 29 years and those in the 30-34 age group by 12 individuals (13%) and 2 individuals (3%) respectively. The only age groups to show an increase between the two years were those aged 40 and 44 years and those aged 60 years and over by 10 individuals (23%) and 4 individuals (20%) respectively.

### ***Gender***

Again the majority of treated substance misuse clients were male at 361 individuals (65%). Females accounted for 191 individuals (35%) of treated substance misuse clients in 2012.

The number of males decreased between 2011 and 2012 by 32 individuals (8%) whilst the number of females increased between the two years, by 3 individuals (2%).

***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, 528 individuals (96%). Similar to 2011 this group was followed by those living in an institution (prison/residential care/halfway house) at 14 individuals (3%). The numbers decreased for both these groups between 2011 and 2012 but the rate remained the same at 96% and 3% respectively. The number of South Tipperary clients living in stable accommodation fell by 30 individuals and those living in an institution fell by 2 individuals.

***Employment Status***

Table 49 and Figure 37 give a breakdown of the employment status of treated substance misuse clients with a South Tipperary address in 2012.

<b>Employment Status</b>	<b>South Tipperary</b>
In paid employment	68
Unemployed	337
Fás/Training course	30
Student	53
Housewife/husband	15
Retired/Unable to work	47
Other	1
Not Known	1
<b>Totals</b>	<b>552</b>

Table 49: Employment Status: South Tipperary: Treated Substance Misuse Clients: 2012

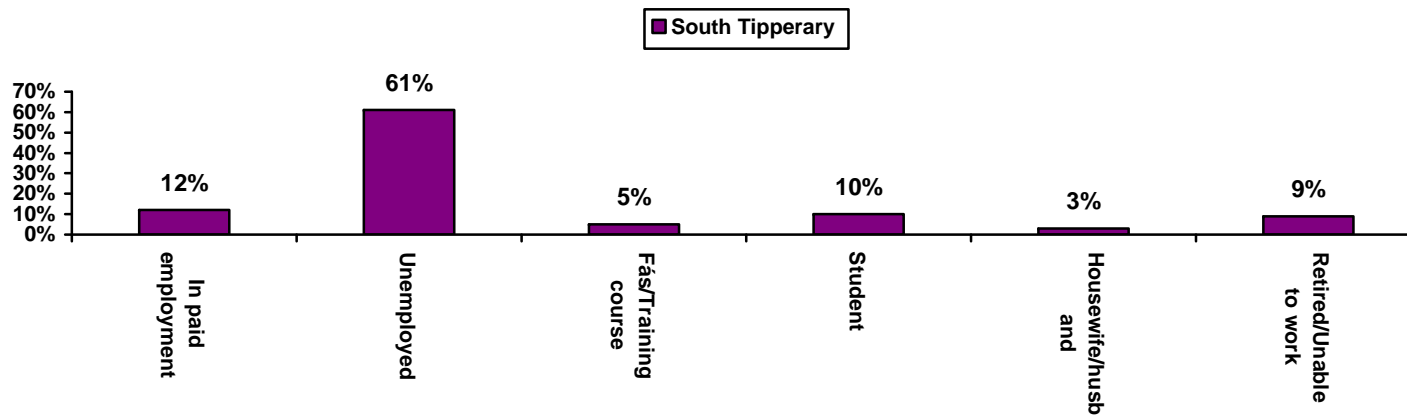


Figure 37: Employment Status: South Tipperary: Treated Substance Misuse Clients: 2012

Similar to 2011, the main employment status for South Tipperary clients were those who were unemployed, in paid employment and students at 337 individuals (61%), 68 individuals (12%) and 53 individuals (10%) respectively.

The figures for South Tipperary clients who were unemployed and in paid employment fell between 2011 and 2012 by 18 individuals (5%) and 13 individuals (16%). South Tipperary clients who gave their employment status as students increased between 2011 and 2012 by 4 individuals (8%). Clients who were retired/unable to work also increased between the two years by 8 individuals (20%).

**Referral Data**

*Source of Referral*

<b>Referral Source</b>	<b>South Tipperary</b>
Self	214
Family	52
Friends	10
Other Drug Treatment Centre	32
G.P.	51
Acute hospital service excluding A&E	17
Social services/Community services	43
Court/Probation/Police	27
School	14
A&E Department	10
Mental health facility (incl. psychiatrist)	59
*Other	22
Not Known	1
<b>Totals</b>	<b>552</b>

Table 50: Source of Referral: South Tipperary: Substance Misuse Treated Clients: 2012

\*Other source of referral had counts of less than 10 and refers to outreach worker, prison, employer and mental health liaison officer at A&E.

## Data Co-ordination Overview of Drug Misuse 2012

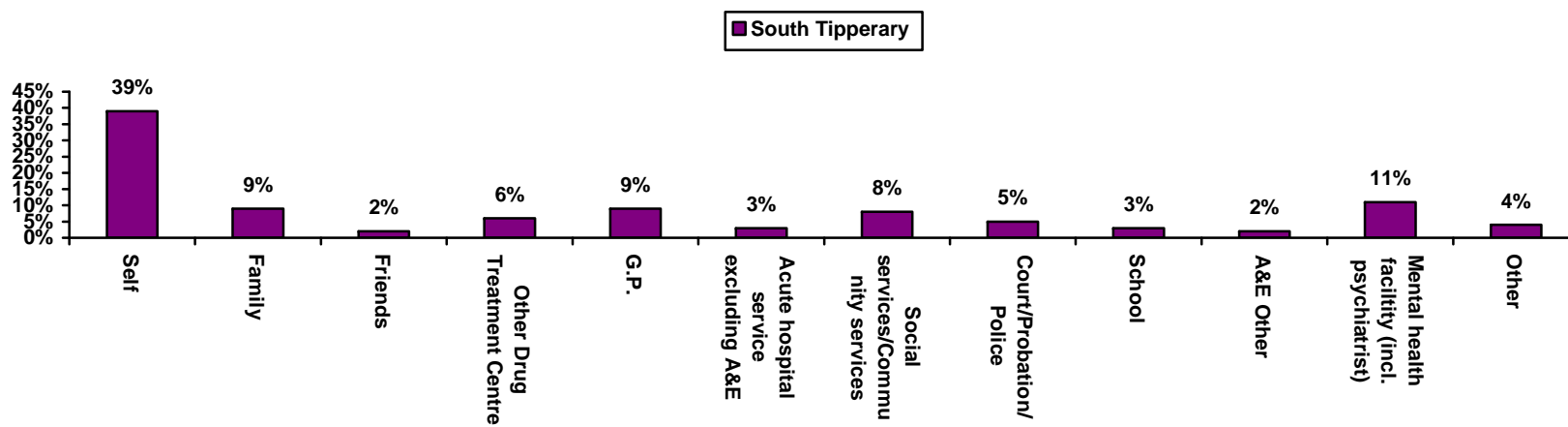


Figure 38: Source of Referral: South Tipperary: Substance Misuse Treated Clients: 2012

In 2012, South Tipperary clients mainly self referred to services at 214 individuals (28%), followed by referrals from a mental health facility (incl. psychiatrist) at 59 individuals (11%) and then by family referrals at 52 individuals (9%). This was similar to 2011 with the exception that the third highest source of referral in 2012 was from G.P. instead of by family member.

There was an increase in referrals from a family member and social services/community service referrals between 2011 and 2012 by 10 individuals (24%) and 3 individuals (7%) respectively. The highest decrease in referrals came from G.P. and mental health facility (incl. psychiatrist) by 19 individuals each with a rate of 27% and 24% respectively.

**Treatment Data**

***Main Substance Misuse Problem***

Table 51 and Figure 39 provide a breakdown of the main substance misuse problems for which South Tipperary clients were treated in 2012.

<b>Main Substance Misuse Problem</b>	<b>South Tipperary</b>
Alcohol	301
Cannabis	122
Heroin	74
Benzodiazepines	25
Amphetamines	10
*Other	20
<b>Totals</b>	<b>552</b>

Table 51: Main Substance Misuse Problem: South Tipperary: Substance Misuse Treated Clients: 2012

\*Other reflects counts of less than 10 and includes, cocaine, other opiate type drug, MDMA, volatile inhalants and headshop substances.

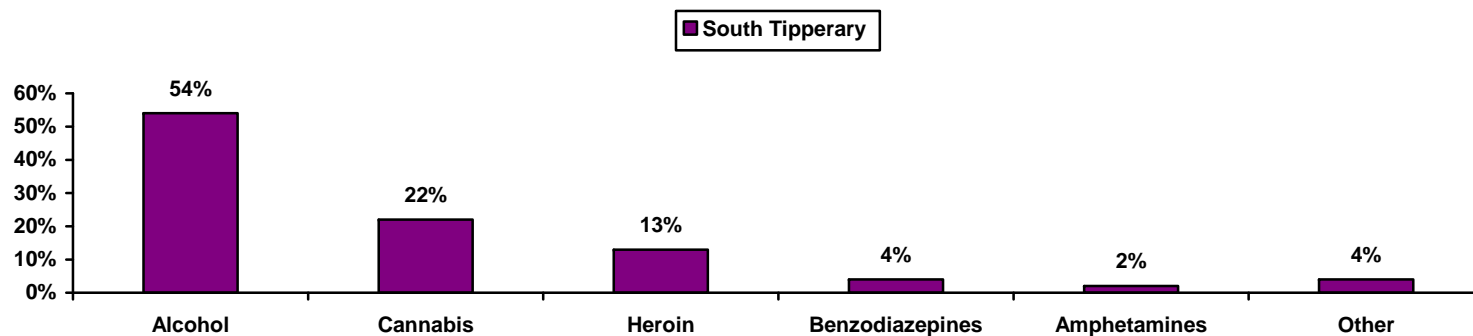


Figure 39: Main Substance Misuse Problem: South Tipperary: Substance Misuse Treated Clients: 2012



## Data Co-ordination Overview of Drug Misuse 2012

Alcohol continues to be the main substance misuse problem for South Tipperary clients in 2012 at 301 individuals (54%). However, this is a decrease on the 2011 figures of 32 individuals (10%).

Cannabis was the second most problematic substance for treated South Tipperary clients in 2012 at 122 individuals (22%). Cannabis too shows a reduction as a main problematic substance between 2011 and 2012 of 5 individuals (4%).

The third most problematic drug for treated South Tipperary clients was heroin at 74 individuals (13%). Treated heroin clients increased between 2011 and 2012 by 11 individuals (17%) between 2011 and 2012. Heroin as a problematic drug was the only substance to show an increase between 2011 and 2012. This may be as a result of the methadone treatment clinic which opened in 2012.

Benzodiazepines and cocaine figures both decreased between 2011 and 2012 by 3 individuals (11%) and 5 individuals (38%) respectively.

### **Risk Behaviour**

#### ***Extent of Drinking Problem***

The severity of a drinking problem can be categorised as follows:-

**Hazardous 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.

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

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

Based on the 343 clients who were treated for an alcohol problem in 2012, both as a main and secondary problem, 131 individuals (38%) were categorised as hazardous drinkers, 121 individuals (35%) were categorised as harmful drinkers and 91 individuals (27%) were categorised as dependent drinkers.

There was a decrease in the number of clients categorised as hazardous and harmful drinkers between 2011 and 2012 by 10 individuals (7%) and 36 individuals (22%) respectively. There was an increase in the number of clients categorised as dependent drinkers between the two years of 8 individuals (10%).

***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 52 and Figure 40 show treated South Tipperary clients who had ever injected. Table 53 and Figure 41 show clients who had injected in the month prior to their treatment commencing.

<b>Ever Injected</b>	<b>South Tipperary</b>
Yes	55
No	511
Not Known	1
<b>Total</b>	<b>567</b>

Table 52: Clients Who Had Ever Injected: South Tipperary: Substance Misuse Treated Clients: 2012

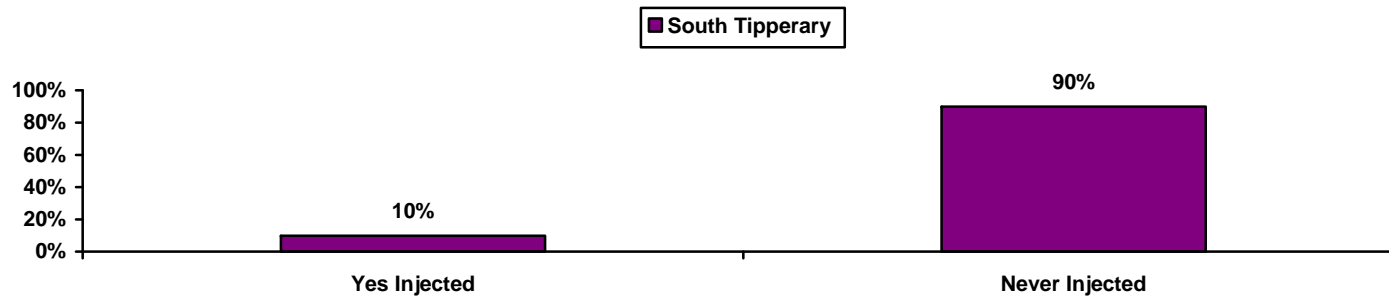


Figure 40: Clients Who Had Ever Injected: South Tipperary: Substance Misuse Treated Clients: 2012

Similar to other counties and previous years, the majority of South Tipperary clients had never injected, 511 individuals (90%). However, there was an increase in the number and rate of clients who had injected at some time in their lives between 2011 and 2012 of 15 individuals (37%).

***Injected In Past Month***

Of the 55 individuals who had ever injected, Table 53 and Figure 41 provide a breakdown on the number and rate of those who had injected in the month prior to commencing their treatment.

<b>Injected In Past Month</b>	<b>South Tipperary</b>
Yes	23
No	32
<b>Total</b>	<b>55</b>

Table 53: Injected In Past Month; South Tipperary: Substance Misuse Treated Clients: 2012

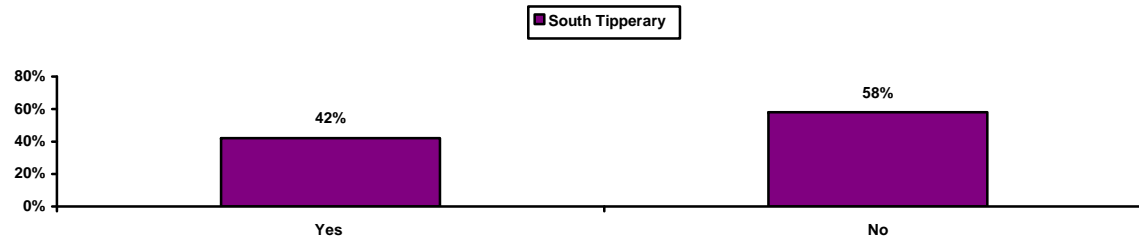


Figure 41: Injected In Past Month: South Tipperary: Substance Misuse Treated Clients: 2012

Of the clients who had ever injected, the majority had not injected in the month prior to commencing treatment, 32 individuals (58%). However, again, there was an increase in the number and rate of South Tipperary treated clients who had injected in the month prior to treatment commencing of 10 individuals (77%) between 2011 and 2012.

**Exit Data**

***Discharges***

There were 377 South Tipperary clients discharged from Services in 2012, a reduction of 159 individuals (30%) on 2011 figures.

**Treatment Outcomes**

Table 54 and Figure 42 give a breakdown of the treatment outcomes of clients discharged from Services in 2012. 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.

<b>Treatment Outcomes</b>	<b>South Tipperary</b>
Treatment completed	115
Client transferred stable	21
Client refused to have further sessions as they considered themselves to be stable	101
Client refused to have further sessions or did not return for subsequent appointments	119
*Other	21
<b>Totals</b>	<b>377</b>

Table 54: Treatment Outcomes: South Tipperary: Substance Misuse Treated Clients: 2012

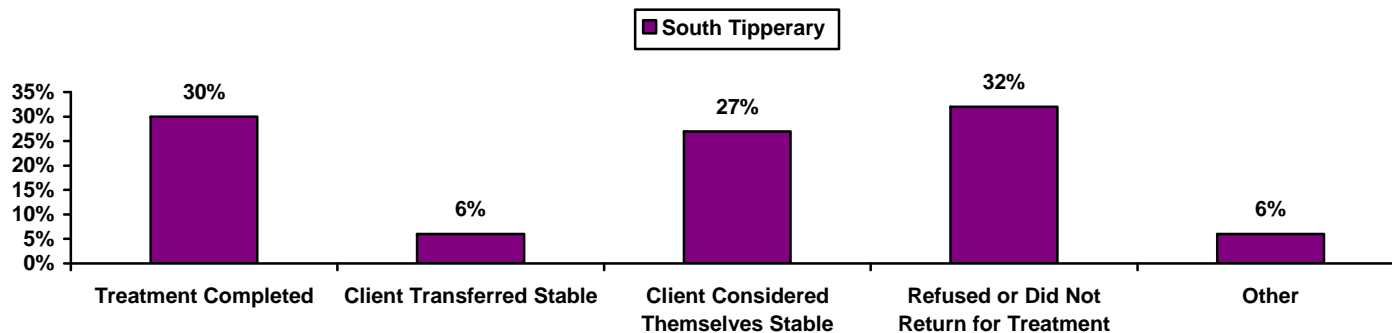


Figure 42: Treatment Outcomes: South Tipperary: Substance Misuse Treated Clients: 2012

\*Other includes clients who transferred unstable, premature exit from treatment for non-compliance, client died, sentenced to prison, no longer lives in area and mental health transfer.

## Data Co-ordination Overview of Drug Misuse 2012

115 individuals (30%) of discharged clients had completed treatment before exiting services. 101 individuals (27%), refused to have further sessions as they considered themselves stable and 119 individuals (32%) refused to have further sessions or did not return for subsequent appointments. 21 individuals (6%) were transferred to other services in a stable condition.

Between 2011 and 2012, there was an increase in the number of both those who were transferred stable and those who refused to have further sessions and considered themselves stable by 2 individuals (10%) and 7 individuals (7%) respectively. There was a decrease in the number of South Tipperary clients who completed their treatment and those who refused to have further sessions or did not return for treatment by 62 individuals (35%) and 95 individuals (44%) respectively.

### **4.1.4 Harm Reduction**

The harm reduction Needle Exchange Clinic commenced in September 2012 at a static site in the Substance Misuse Service one half day per week. The service reported 15 clients to 31<sup>st</sup> December 2012.

## 4.2 Hospital In-patient Enquiry System (H.I.P.E. Scheme) 2011

### 4.2.1 County of Residence

290 individuals (20%) of all HIPE coded patients in the Region had an address in South Tipperary, a decrease of 9 individuals (3%) on 2010 figures.

### 4.2.2 Age Group

The following Table and Figure give a breakdown of the age profile of coded patients in 2011 with a South Tipperary address.

<b>Age Group</b>	<b>South Tipperary</b>
Less than 18 years	19
18-24 years	45
25-29 years	25
30-34 years	25
35-39 years	27
40-44 years	31
45-49 years	22
50-54 years	19
55-59 years	21
60 years and over	56
<b>Total</b>	<b>290</b>

Table 55: Age Group: South Tipperary: Coded Patients: 2011



Figure 43: Age Group: South Tipperary: Coded Patients: 2011

Similar to 2010, the majority of South Tipperary coded patients were aged 60 years and over, 56 individuals (19%), followed by those in the 18 to 24 year age group at 45 individuals (15%) and then those aged between 35 and 39 years at 27 individuals (9%).

The number of HIPE coded patients aged 60 years and over decreased between 2010 and 2011 by 2 individuals (3%) whilst there was an increase in the number of 18 to 24 year old coded patients between the two years of 4 individuals (10%). The number of coded patients aged between 30 and 34 years remained the same between the two years at 25 individuals but the rate increased by 1%.

### 4.2.3 Gender

Similar to other areas in the South East, HIPE coded patients admitted to the South East General Hospitals were mainly male at 211 individuals (73%). Females accounted for 79 individuals (27%) of HIPE coded patients.

### 4.2.4 Diagnosis

Table 56 and Figure 44 show the type of diagnosis for which coded patients with a South Tipperary address were admitted to the South East General Hospitals in 2011.

	Main Diagnosis Only	Secondary Diagnosis Only	Both Main & Secondary Diagnosis	Total
Alcohol Only	38	144	35	217
Drugs Only	20	24	4	48
Both alcohol and drugs	1	5	18	24
<b>Total</b>	<b>59</b>	<b>173</b>	<b>57</b>	<b>289</b>

Table 56: Type Diagnosis: South Tipperary: Coded Patients: 2011

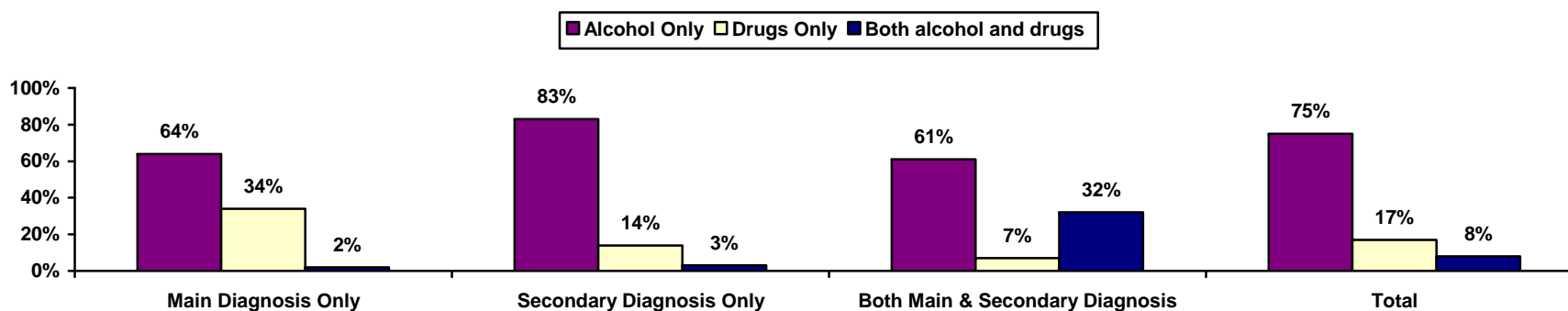


Figure 44: Type Diagnosis: South Tipperary: Coded Patients: 2011

Similar to 2010, coded South Tipperary patients were mainly admitted with a secondary diagnosis under one of the requested HIPE codes. This accounted for 173 individuals (60%). As with previous years coded patients were mainly admitted with a diagnosis which included alcohol only, 217 individuals (75%), followed by those admitted with a diagnosis which included drugs only, 48 individuals (17%) and then those coded patients which included both alcohol and drugs, 24 individuals (8%).

Comparing 2010 and 2011, the number of admissions with a secondary only diagnosis increased by 24 individuals (16%) as did those with a main only diagnosis by 14 individuals (31%). South Tipperary coded patients with both a main and secondary diagnosis decreased between the two years by 48 individuals (46%).



#### 4.2.5 Substances Used

Table 57 and Figure 45 give an overview of the type of substances used by South Tipperary HIPE coded patients in 2011. There were too many instances of substances with counts of one to provide a full overview of the substances used or there were counts of less than 10, therefore Table 57 and Figure 45 show only the main substances.

Substances Used	South Tipperary
Alcohol	217
Opioids	10
Drugs Unspecified	10

Table 57: Main Substance Used: South Tipperary: Coded Patients: 2011

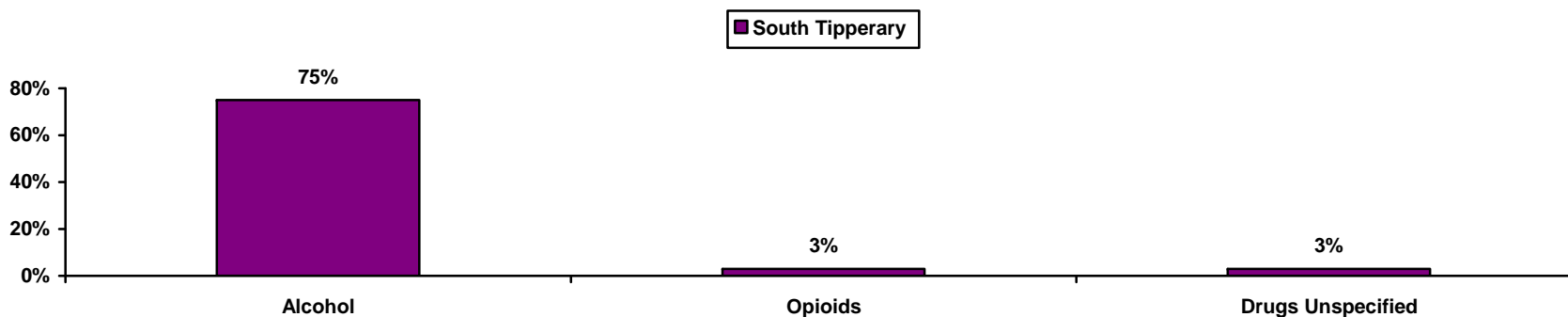


Figure 45: Main Substance Used: South Tipperary: Coded Patients: 2011

The main substances used by South Tipperary coded patients are similar to the main substances used in 2010. Alcohol continues to be the main substance used identified under HIPE for 217 individuals (75%) which is an increase on 2010 figures of 13 individuals (6%). The number and rate for patients where the drugs were unspecified remained the same between the two years at 10 individuals (3%). Opioids as a main substance increased slightly between 2010 and 2011 by 1 individual (11%).

#### 4.2.6 Detoxification

34 individuals (12%) of the South Tipperary HIPE coded patients received an alcohol detoxification in 2011.

#### 4.2.7 Discharges

The following Table and Figure shows where the HIPE coded patients went on their discharge from the South East General Hospitals in 2011. The Table and Figure only represent the main discharges.

	South Tipperary
Home	241
Unplanned Self Discharge	22

Table 58: Main Discharges: South Tipperary: Coded Patients: 2011

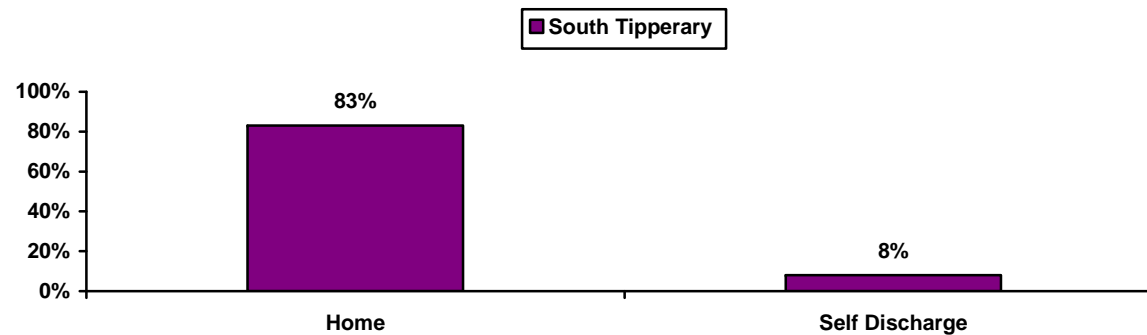


Figure 46: Main Discharges: South Tipperary: Coded Patients: 2011

The majority of South Tipperary HIPE coded patients were discharged home in 2011 at 241 individuals (83%). This is an increase of 12 individuals (5%) on 2010 figures. The next highest discharges for coded patients in 2011 were those who self discharged which accounted for 22 individuals (8%). There was a decrease of 4 individuals (15%) in both of these discharge types between 2010 and 2011 for HIPE coded patients.

#### **4.2.8 Length of Stay**

The average length of stay for coded patients at South Tipperary General Hospital under one or more of the requested HIPE codes in 2011 was 5 days. The average length of stay at South Tipperary General Hospital in 2010 was also 5 days.

Not all South Tipperary coded patients were treated at South Tipperary General Hospital, though the majority were. The average length of stay for patients with a South Tipperary address treated in the South East hospitals in 2011 was 6 days, an increase of 1 day on 2010 figures.

### 4.3 An Garda Síochána

The following data is taken from Garda Recorded Crime Statistics 2003-2011, 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](http://www.cso.ie).

#### 4.3.1 Drug Offences

The following Tables presents an overview of the number of recorded and detected drug offences recorded by the CSO for 2011.

	<b>Recorded</b>	<b>Per 100,000 population</b>	<b>Detected</b>	<b>Detection Rate (%)</b>	<b>With Relevant Proceedings</b>
South Eastern Region	110	19.3	109	99.1	63
Tipperary	20	12.6	20	100.0	12

Table 43: <sup>1</sup>Incidents recorded of Importation/Manufacture of Drugs (ICCS 101), incidents per 100,000 population, detection and proceedings, 2011.

<sup>1</sup>Relates to the Importation of drugs and cultivation or manufacture of drugs

	<b>Recorded</b>	<b>Per 100,000 population</b>	<b>Detected</b>	<b>Detection Rate (%)</b>	<b>With Relevant Proceedings</b>
South Eastern Region	1,989	349.0	1,971	99.1	1,243
Tipperary	442	279.3	436	98.6	308

Table 44: <sup>2</sup>Incidents recorded Possession of Drugs (ICCS 102), incidents per 100,000 population, detection and proceedings, 2011

<sup>2</sup>Relates to Possession of drugs for sale or supply and possession of drugs for personal use.

	<b>Recorded</b>	<b>Per 100,000 population</b>	<b>Detected</b>	<b>Detection Rate (%)</b>	<b>With Relevant Proceedings</b>
South Eastern Region	71	12.5	71	100.0	32
Tipperary	22	13.9	22	100.0	13

Table 45: <sup>3</sup>Incidents recorded of Other Drug Offences (ICCS 103), incidents per 100,000 population, detection and proceedings, 2011.

<sup>3</sup>Relates to Forged or altered prescription offences and obstruction under the Drugs Act.

**Please note Tipperary relates to both North and South Tipperary**



SECTION 5  
WATERFORD OVERVIEW

## 5. WATERFORD OVERVIEW

### 5.1 Addiction Treatment Services

This section of the Report provides data on treated substance misuse in the Waterford area. The Report contains data collected and collated from statutory, voluntary and community services.

#### 5.1.1 Treatment Type

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 933 clients with a Waterford address that accessed services in the South East in 2012. This figure is broken down as follows:-

<b>Treatment Type</b>	<b>Waterford</b>
Continuous Care Clients	192
New Referrals: treated once during the year	659
Referrals: treated twice during the year	53
Referrals: treated more than twice during the year	9
New Referrals: assessed only	20
<b>Totals</b>	<b>933</b>

Table 59: Treatment Types: Waterford: All Contacts: 2012

There was a decrease of 9 individuals (1%) in the number of clients with a Waterford address accessing Services in the South East between 2011 and 2012.

The number of clients continuing their treatment from one year to the next decreased by 15 individuals (7%) on 2011 figures. The figure for new referrals treated once during the year decreased by 7 individuals (1%) between 2011 and 2012. The figures for referrals treated twice during the year increased between the two years by 18 individuals (51%), as did referrals treated more than twice during the year, slightly, by 1 individual (12%). New referrals that were assessed only decreased between 2011 and 2012 by 6 individuals (23%).

### 5.1.2 Main Reason for Referral

**Including** clients who were assessed only, the main reason for referral to the Services in 2012 is provided in Table 60 and Figure 47.

Main Reason for Referral	Waterford
Alcohol	493
Illicit Drugs	309
Licit Drugs	44
*Concerned Persons	74
Gambling	12
Other	1
<b>Totals</b>	<b>933</b>

Table 60: Main Reason for Referral: Waterford: All Contacts: 2012

\*Concerned persons are people concerned about another’s substance misuse, gambling or other problem.

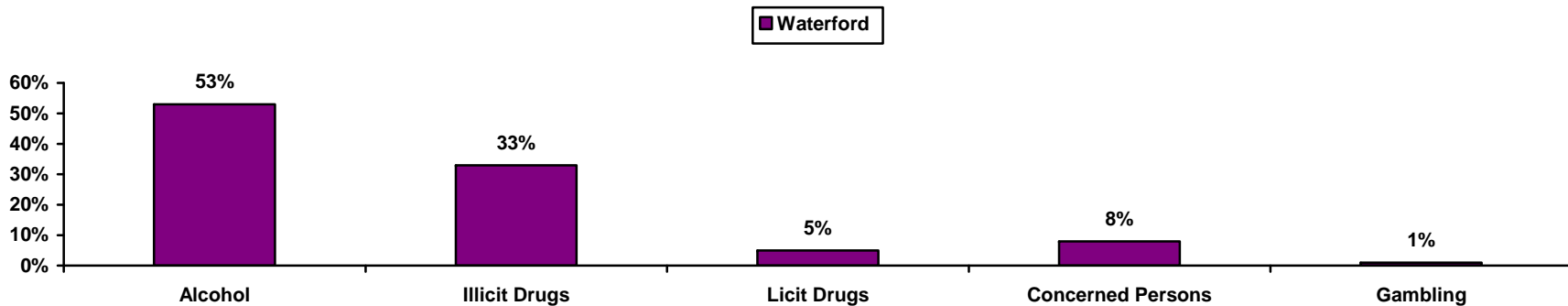


Figure 47: Main Reason for Referral: Waterford: All Contacts: 2012

The main reason for referral to Services in the South East for clients with a Waterford address in 2012 was alcohol at 493 individuals (53%), followed by referral for illicit drug use at 309 individuals (33%) and then concerned persons at 74 individuals (8%). Clients referred for licit drug use accounted for 44 individuals (5%) and gambling accounted for 12 individuals (1%) of all Waterford contacts.

### 5.1.3 Substance Misuse Treatment Data

**Excluding** clients who were assessed only and those who were treated for other problems, there were 826 clients with a Waterford address treated for a substance misuse problem in 2012. This is an increase of 3 individuals or less than 1% on 2011 figures.

#### Demographic Data

##### *Age Profile*

Table 61 and Figure 48 provides an overview of the age profile of treated Waterford clients in 2012.

<b>Age Group</b>	<b>Waterford</b>
Less than 18 years	30
18-24 years	155
25-29 years	130
30-34 years	122
35-39 years	97
40-44 years	63
45-49 years	52
50-54 years	40
55-59 years	36
60 years and over	99
Not Known	2
<b>Totals</b>	<b>826</b>

Table 61: Age Profile: Waterford: Substance Misuse Treated Clients: 2012



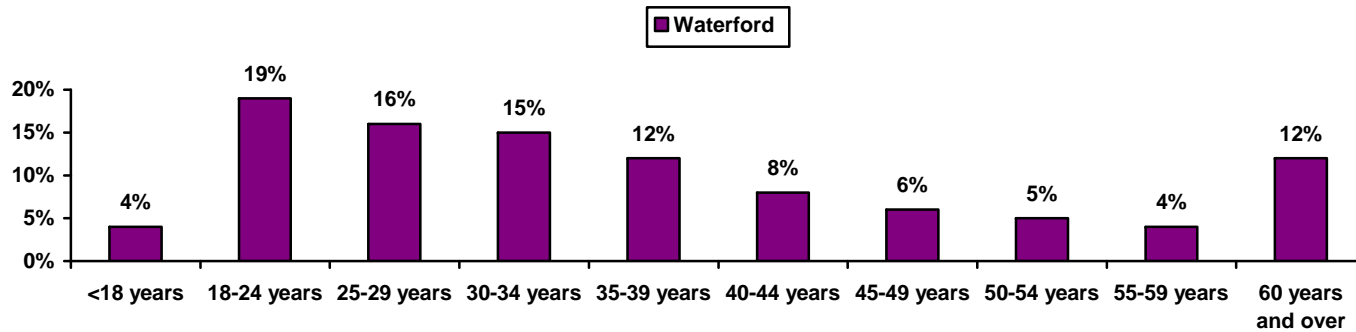


Figure 48: Age Profile: Waterford: Substance Misuse Treated Clients: 2012

The majority of Waterford clients were between the ages of 18 and 24 years at 155 individuals (19%), followed by clients aged between 25 and 29 years at 130 individuals (16%) and then those in the 30 to 34 year age group 122 (15%). The main age groups in 2012 for Waterford clients were similar to those in 2011.

The highest increase in age groups between 2011 and 2012 were for Waterford clients who were aged 60 years and over by 37 individuals (60%). The highest decreases were for Waterford clients aged less than 18 years and accounted for a decrease of 23 individuals (43%).

With regard the main three age groups, there were increases in the 25 to 29 year age group and those aged between 30 and 34 years by 1 individual (1%) and 6 individuals (5%) respectively between 2011 and 2012. Waterford clients aged between 18 and 24 years decreased by 4 individuals (2%) between the two years.

### ***Gender***

As with the other counties, the majority of Waterford clients were male at 576 individuals (70%). Females accounted for 250 individuals (30%) of the substance misuse treated clients in 2012.

Males treated for a substance misuse problem with a Waterford address decreased between 2011 and 2012 by 4 individuals (1%). The number of females increased between the two years by 7 individuals (3%).

***Living Status***

The living status (where) of treated clients relates to the stability of the client’s living situation a month prior to commencing treatment. Similar to 2011, in 2012 the majority of Waterford clients were living in stable accommodation and this accounted for 769 individuals (93%). In 2012 this group was followed by clients who were homeless at 26 individuals (3%) and then those who were living in an institution (prison/residential care/halfway house) at 16 individuals (2%).

Between 2011 and 2012 there was an increase in the number of Waterford clients who were both homeless and living in stable accommodation of 9 individuals (53%) and 4 individuals (<1%) respectively. Clients living in an institution (prison/residential care/halfway house) and clients living in other unstable accommodation decreased between the two years by 1 individual (6%) and 12 individuals (52%) respectively.

***Employment Status***

The following Table and Figure give a breakdown of the employment status of treated substance misuse clients with a Waterford address in 2012.

<b>Employment Status</b>	<b>Waterford</b>
In paid employment	119
Unemployed	467
Fás/training course	57
Student	51
Housewife/husband	20
Retired/unable to work	108
Not known	4
<b>Totals</b>	<b>826</b>

Table 62: Employment Status: Waterford: Substance Misuse Treated Clients: 2012

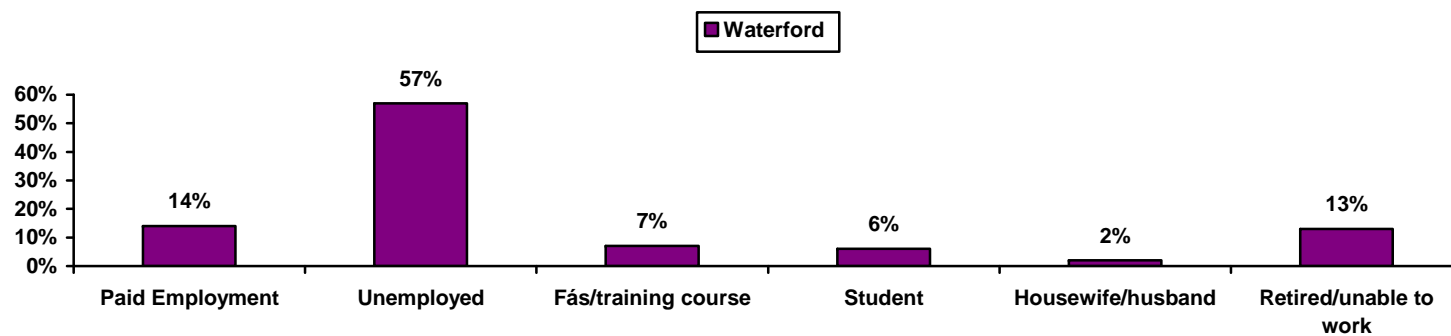


Figure 49: Employment Status: Waterford: Substance Misuse Treated Clients: 2012

As in previous years, Waterford clients treated for substance misuse problems were mainly unemployed at 467 individuals (57%). These were followed by clients who were in paid employment at 119 individuals (14%) and then those who were retired/unable to work at 108 individuals (13%).

In 2011, the main employment status of Waterford clients were those who were unemployed, in paid employment and students. The number of Waterford clients who were in paid employment, unemployed, students, housewife/husband decreased between 2011 and 2012 by 13 individuals (10%), 5 individuals (1%), 23 individuals (31%) and 18 individuals (47%) respectively. The number of clients who were in a Fás/training course increased between 2011 and 2012 by 22 individuals (63%) as did those who were retired/unable to work by 38 individuals (54%).

## Data Co-ordination Overview of Drug Misuse 2012

### Referral Data

#### *Source of Referral*

The following Table and Figure provide an overview of the different referral sources for Waterford clients in 2012.

<b>Referral Source</b>	<b>Waterford</b>
Self referral	229
Acute Hospital Services excluding A&E	115
A&E Department	103
Court/Probation/Police	56
G.P.	49
Family	48
Social Services/Community Services	46
Other Drug Treatment Centre	44
Mental Health Facility (including psychiatrist)	40
Mental Health Liaison Nurse at A&E	38
Outreach Worker	34
Friends	14
*Other	10
<b>Totals</b>	<b>826</b>

Table 63: Source of Referral: Waterford: Substance Misuse Treated Clients: 2012

\*Other referrals sources had counts of less than 10 and include school, prison and employer.

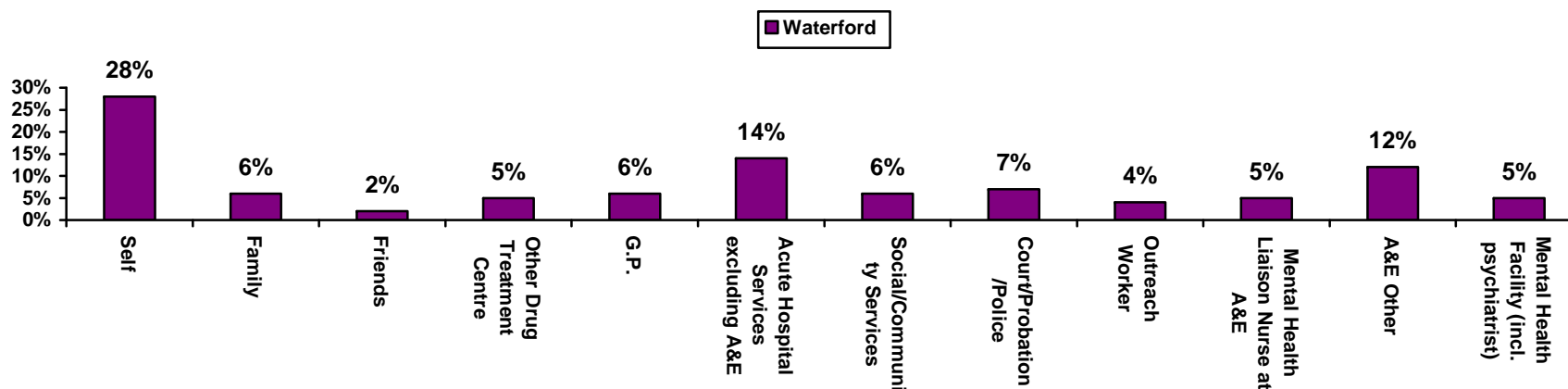


Figure 50: Source of Referral: Waterford: Substance Misuse Treated Clients: 2012

The main source of referral for Waterford clients in 2012 were self referrals at 229 individuals (28%). This was followed by clients who were referred from acute hospital services excluding A&E at 115 individuals (14%) and then referrals from A&E Department at 103 individuals (12%). The higher number of referrals from a hospital setting in Waterford compared to other areas may be due in part to the volume of clients treated in a hospital setting by the Substance Misuse Liaison Office based in Waterford Regional Hospital.

Between 2011 and 2012 the number of referrals increased from self and acute hospital services excluding A&E but decreased from A&E Department. Self referrals increased by 60 individuals (35%) and by 78 individuals (210%) from acute hospital services excluding A&E. A&E Department referrals decreased by 79 individuals (43%).

There were smaller increases for clients referred from friends and G.P. and a decrease in referrals from other drug treatment centre, social/community services, court/probation/police, outreach workers, mental health liaison nurse at A&E and mental health facility (including psychiatrist).

**Treatment Data**

*Main Substance Misuse Problem*

Table 64 and Figure 51 provide a breakdown of the main substance misuse problem for which Waterford clients were treated in 2012.

Main Substance Misuse Problem	Waterford
Alcohol	479
Heroin	172
Cannabis	104
Benzodiazepines	28
Cocaine	21
Other Opiate Type Drug	12
*Other	10
<b>Totals</b>	<b>826</b>

Table 64: Main Substance Misuse Problem: Waterford: Substance Misuse Treated Clients: 2012

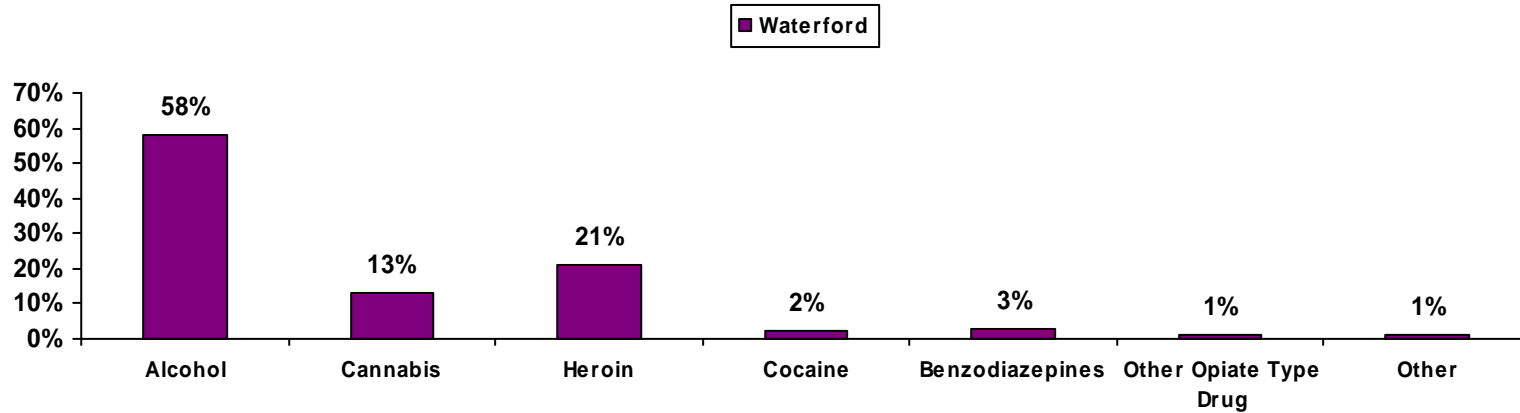


Figure 51: Main Substance Misuse Problem: Waterford: Substance Misuse Treated Clients: 2012

\*Other reflects counts of less than 10 and includes amphetamines, hallucinogens, MDMA, volatile inhalants, headshop substances and other specified medicaments.

## Data Co-ordination Overview of Drug Misuse 2012

The main three substances for which Waterford clients sought treatment in 2012 were alcohol at 479 individuals (58%), heroin at 172 individuals (21%) and cannabis at 104 individuals (13%). These were followed by benzodiazepines at 28 individuals (3%), cocaine at 21 individuals (2%) and other opiate type drug at 12 individuals (1%).

The number of Waterford clients seeking treatment for alcohol decreased between 2011 and 2012 by 29 individuals (6%) as did clients seeking treatment for cannabis by 7 individuals, also at (6%). Waterford clients treated with a heroin problem increased between the two years by 26 individuals (18%) which may in part be due to the expansion of the Waterford methadone clinic and the commencement of needle exchange facilities.

Waterford clients treated for problematic benzodiazepine use increased by 19 individuals (211%) between 2011 and 2012. Cocaine and other opiate type drugs decreased between the two years by 4 individuals (16%) and 1 individual (8%) respectively.

### **Risk Behaviour**

#### *Extent of Drinking Problem*

The severity of a drinking problem can be categorised as follows:-

**Hazardous 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.

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

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

Based on Waterford clients treated for an alcohol problem in 2012, both as a main and secondary problem, 264 individuals (47%) were categorised as dependent drinkers, 198 individuals (35%) were categorised as harmful drinkers and 95 individuals (17%) were categorised as hazardous drinkers.

Between 2011 and 2012 there was a decrease in the number of dependent drinkers by 15 individuals (5%). Clients categorised as harmful drinkers also decreased between the two years, by 13 individuals (12%). There was an increase in clients categorised as harmful drinkers between 2011 and 2012 by 13 individuals (7%).

***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 65 and Figure 52 show treated Waterford clients who had ever injected. Table 66 and Figure 52 show clients who had injected in the month prior to their treatment commencing.

<b>Ever Injected</b>	<b>Waterford</b>
Yes	158
No	679
Not known	3
<b>Totals</b>	<b>840</b>

Table 65: Clients Who Had Ever Injected: Waterford: Substance Misuse Treated Clients: 2012

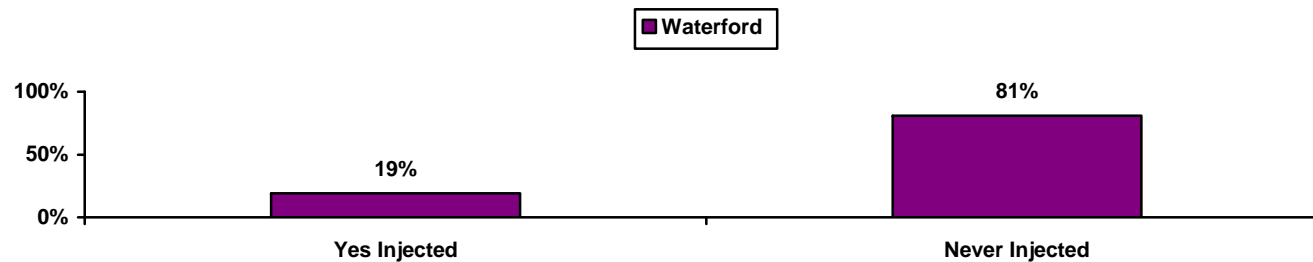


Figure 52: Clients Who Had Ever Injected: Waterford: Substance Misuse Treated Clients: 2012

The majority of Waterford clients had never injected. These accounted for 679 individuals (81%). Clients who had injected at some time in their lives accounted for 158 individuals (19%) of treated substance misuse clients.

Between 2011 and 2012 the number of clients who had never injected decreased by 28 individuals (4%) whilst the number of clients who had injected at some point in their lives increased between the two years by 30 individuals (23%).



***Injected In Past Month***

Of the Waterford clients who had ever injected, 158 individuals, 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.

<b>Injected In Past Month</b>	<b>Waterford</b>
Yes	73
No	85
<b>Totals</b>	<b>158</b>

Table 66: Injected In Past Month: Waterford: Substance Misuse Treated Clients: 2012

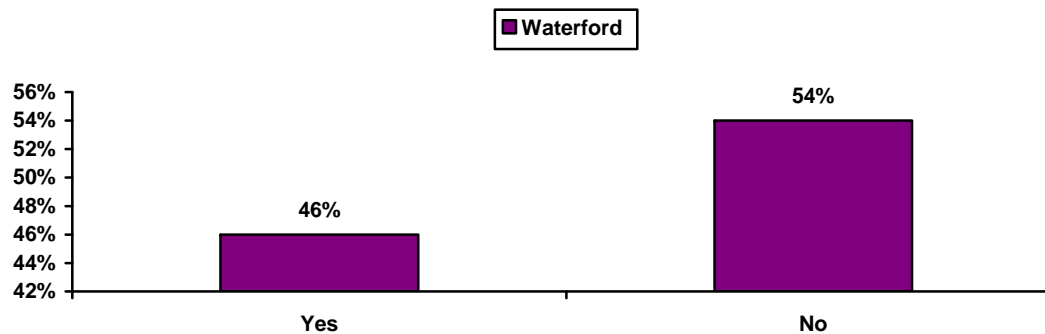


Figure 53: Injected In Past Month: Waterford: Substance Misuse Treated Clients: 2012

Of the clients who had ever injected, the majority of Waterford clients had not injected in the month prior to treatment commencing, 85 individuals (54%). This is an increase of 23 individuals (37%) on 2011 figures. The number of clients who had injected in the month prior to treatment commencing accounted for 73 individuals (46%) in 2012. This is an increase of 7 (11%) on 2011 figures.

**Exit Data**

***Discharges***

There were 550 Waterford clients discharged from Services in 2012, a decrease of 131 individuals (19%) on 2011 figures.

**Treatment Outcomes**

Table 67 and Figure 54 give a breakdown of the treatment outcomes of clients discharged from Services with a Waterford address in 2012. 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.

<b>Treatment Outcomes</b>	<b>Waterford</b>
Treatment completed	132
Client transferred stable	73
Client transferred unstable	47
Client refused to have further sessions as they considered themselves stable	154
Client refused to have further sessions or did not return for subsequent appointments	106
<sup>1</sup> Premature exit from treatment for non-compliance	12
Sentenced to prison	12
<sup>2</sup> Other	14
<b>Totals</b>	<b>550</b>

Table 67: Treatment Outcomes: Waterford: Substance Misuse Treated Clients: 2012

<sup>1</sup>The reasons for premature exit from treatment for non-compliance were drug taking, not observing other rules and alcohol taking.

<sup>2</sup>Other reflects counts of less than 10 and include general medical transfer, no longer lives in area, mental health transfer and clients who had died.

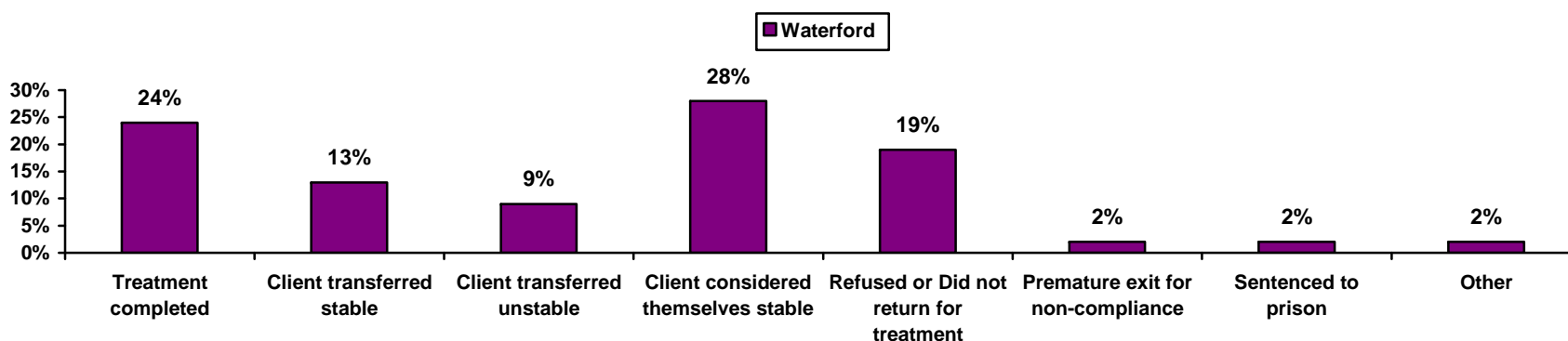


Figure 54: Treatment Outcomes: Waterford: Substance Misuse Treated Clients: 2012

## Data Co-ordination Overview of Drug Misuse 2012

The main treatment outcomes for Waterford clients in 2012 were clients who completed treatment at 132 individuals (24%), clients who refused to have further sessions as they considered themselves stable at 154 individuals (28%), and those who refused to have further sessions or did not return for subsequent appointments at 106 individuals (19%).

Clients who completed their treatment decreased between 2011 and 2012 by 113 individuals (46%) as did clients who were transferred unstable and clients who refused to have further sessions or did not return for subsequent appointments by 20 individuals (30%) and 72 individuals (40%) respectively. Between the two years, there were increases in clients who were transferred stable and clients who refused to have further sessions as they considered themselves stable by 32 individuals (78%) and 43 individuals (39%) respectively. The number and rate of clients who were prematurely exited from treatment remained the same between the two years at 12 individuals (2%). There was also an increase in the number of clients who were sentenced to prison between 2011 and 2012 of 8 individuals (200%).

### **5.1.4 Harm Reduction**

Needle exchange services were first provided in the South East region in December 2011, with the first Regional service operating out of Substance Misuse Services in Waterford as a fixed site service.

The following data in relation to the Needle Exchange Service covers the period from December 2011 to November 2012. In that time 57 clients attended the service with a total number of 254 visits made to the Service in that time period..

#### ***Area of Residence***

The majority of these clients had an address in Waterford city at 51 individuals (89%).

#### ***Age Profile***

The highest age group of clients who attended the service were those aged between 20 and 24 years at 18 individuals (32%), followed by those aged between 25 and 29 years at 16 individuals (28%) and then those between the ages of 30 and 34 years at 13 individuals (23%).

#### ***Gender***

The majority were male at 40 individuals (70%) whilst females accounted for 17 individuals (30%) of clients who attended this service.

***Source of Referral***

Referrals were mainly made by clinical liaison nurses, followed by self referrals at 34 individuals (60%) and 16 individuals (28%) respectively.

***Ever Previously Attended A Needle Exchange Service***

15 individuals (26%) had attended a needle exchange service previously and 12 individuals (21%) had not. 30 individuals (53%) of the total clients did not report on previous attended to a needle exchange service.

***Distance from Needle Exchange Service***

The majority of the needle exchange clients lived less than 5km from the Service accounting for 40 individuals (70%) of those who attended the Service in the time period stated above.

***Risk Behaviour***

The majority of clients had a history of intravenous drug use, 55 individuals (96%). Of these clients, 24 individuals (44%) were IV users between 1 and 4 years. However 13 individuals (24%) of IV using clients did not report on the length of time they were IV users.

19 individuals (33%) had shared paraphernalia in the past year, 12 individuals (21%) had not. 26 individuals (46%) did not report on whether or not they had shared paraphernalia in the past year.

***Number of Visits to Needle Exchange Service***

The 57 clients made 254 visits to the Service in the year between December 2011 and November 2012, giving an average of 4 visits per client. However it should be noted that the majority of clients, 21 individuals (37%) only made one visit to the needle exchange service in the year.

## 5.2 Hospital In-patient Enquiry System (H.I.P.E. Scheme) 2011

### 5.2.1 County of Residence

249 patients (17%) of all HIPE coded patients in the Region had an address in Waterford, a decrease of 6 individuals (2%) on 2010 figures.

### 5.2.2 Age Profile

The following Table and Figure give a breakdown of the age profile of HIPE coded patients in 2011 with a Waterford address.

<b>Age Group</b>	<b>Waterford</b>
Less than 18 years	11
18-24 years	14
25-29 years	23
30-34 years	19
35-39 years	14
40-44 years	23
45-49 years	31
50-54 years	18
55-59 years	25
60 years and over	71
<b>Totals</b>	<b>249</b>

Table 68: Age Profile: Waterford: Coded Patients: 2011

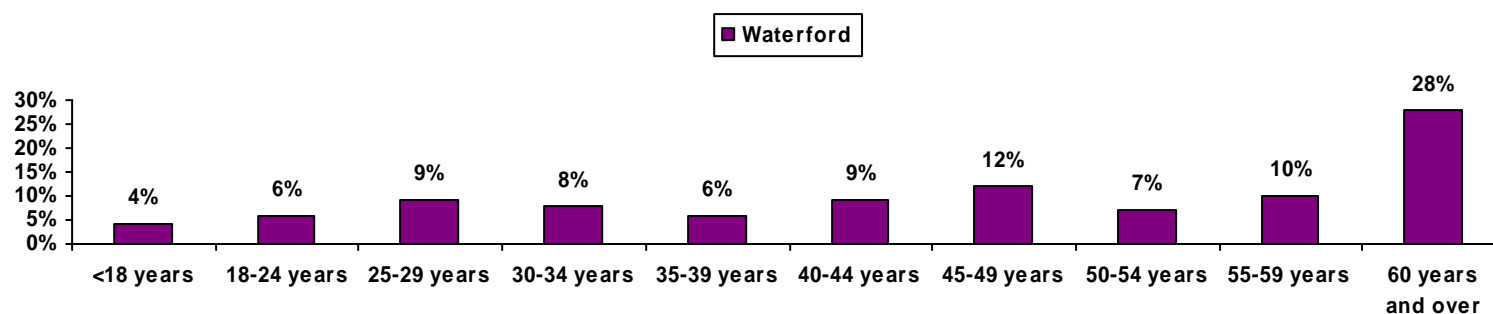


Figure 55: Age Profile: Waterford: Coded Patients: 2011

The main age group for Waterford HIPE coded patients in 2011 were those aged 60 years and over at 71 individuals (28%), followed by those aged between 45 and 49 years at 31 individuals (12%) and then those aged between 55 and 59 years at 25 individuals (10%).

The majority age group of those aged 60 years and over fell slightly between 2010 and 2011 by 1 individual (1%). Patients aged between 55 and 59 years increased between the two years by 6 individuals (32%), as did those aged between 45 and 49 years by 9 individuals (41%).

### 5.2.3 Gender

The majority of HIPE coded Waterford patients were male at 187 individuals (75%) and 62 individuals (25%) were female.

### 5.2.4 Diagnosis

Table 69 and Figure 56 show the type of diagnosis for which coded patients with a Waterford address were admitted to the South East General Hospitals in 2011.

	Main Diagnosis Only	Secondary Diagnosis Only	Both Main & Secondary Diagnosis	Total
Alcohol Only	23	124	34	181
Drugs Only	11	22	6	39
Both alcohol and drugs	4	9	16	29
<b>Total</b>	<b>38</b>	<b>155</b>	<b>56</b>	<b>249</b>

Table 69: Type Diagnosis: Waterford: Coded Patients: 2011

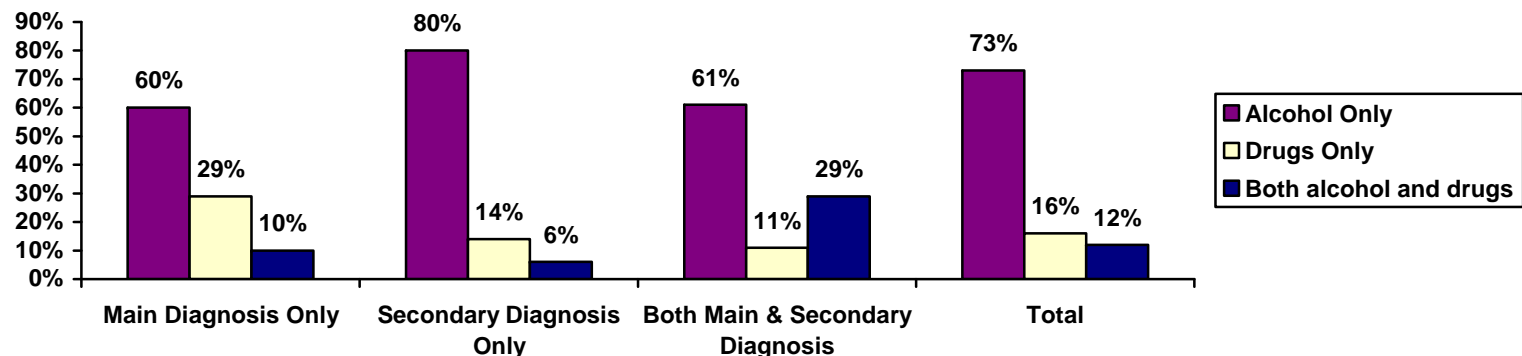


Figure 56: Type Diagnosis: Waterford: Coded Patients: 2011

Waterford coded patients were mainly admitted with a secondary diagnosis only under one of the requested HIPE codes and accounted for 155 individuals (62%). This is an increase of 6 individuals (4%) on 2010 figures.

The majority of patients were admitted with a diagnosis which included alcohol only at 181 individuals (73%), followed by coded patients with a diagnosis which included drugs only at 39 individuals (16%) and then those which included both alcohol and drugs at 29 individuals (12%).

### 5.2.5 Substances Used

The following Table and Figure provides an overview of the type of substances used by Waterford coded patients under HIPE system in 2011. There were too many instances of one to provide a full overview of the substances used or there were counts of less than 10, therefore Table 70 and Figure 57 show only the main substances.

Substances Used	Waterford
Alcohol	181
Opioids	13

Table 70: Main Substance(s) Used: Waterford: Coded Patients: 2011

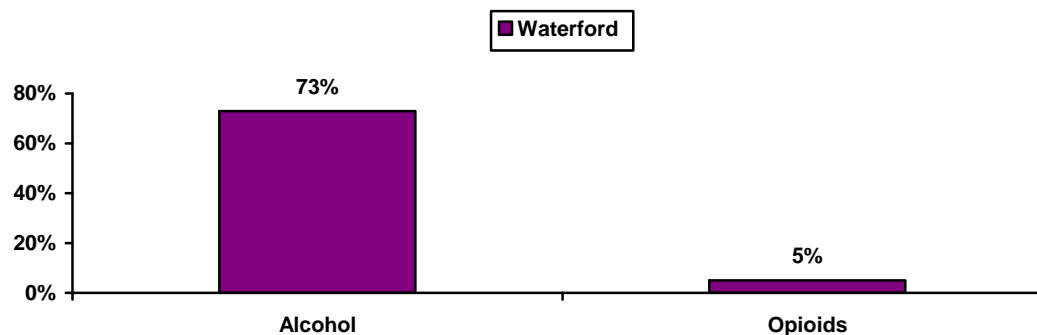


Figure 57: Main Substance(s) Used: Waterford: Coded Patients: 2011

The main substances used by Waterford coded patients in 2011 were alcohol and opioids at 181 individuals (73%) and 13 individuals (5%) respectively. There was a slight decrease in the number of patients who used alcohol between 2010 and 2011 by 1 individual (<1%). Waterford HIPE coded patients who used opioids also decreased between the two years by 6 individuals (32%).

### 5.2.6 Discharges

Table 71 and Figure 58 show where Waterford coded patients in HIPE system went on their discharge from the South East General Hospitals in 2011. The Table and Figure only represent the main discharges.

Discharges	Waterford
Self Discharge	22
Home	188
Transfer to nursing home, convalescent home or long stay accommodation	11

Table 71: Main Discharges: Waterford: Coded Patients: 2011



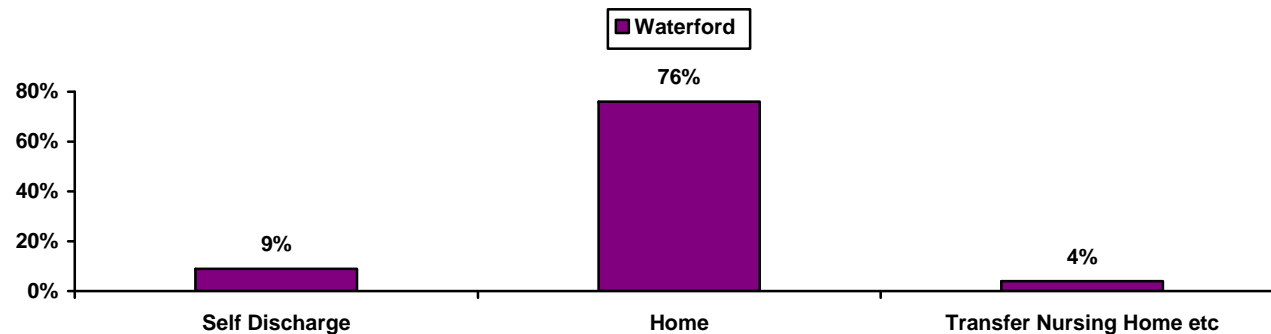


Figure 58: Main Discharges: Waterford: Coded Patients: 2011

Similar to previous years, the majority of Waterford clients coded within HIPE system were discharged home in 2011 at 188 individuals (76%), followed by those who self discharged at 22 individuals (9%) and then those who were transferred to a nursing home, convalescent home or long stay accommodation at 11 individuals (4%).

Between 2010 and 2011 there was a decrease in the number of Waterford coded patients discharged home by 4 individuals (2%). The number of coded patients who self discharged increased between the two years by 10 individuals (83%). There was also a slight increase in the number of coded patients who were transferred to a nursing home, convalescent home or long stay accommodation between the two years by 1 individual (10%).

### 5.2.7 Length of Stay

The average length of stay for patients treated at Waterford Regional Hospital under one or more of the requested HIPE codes in 2011 was 9 days, a reduction of 1 day on 2010 figures.

Not all Waterford coded patients were treated at Waterford Regional Hospital, though the majority were. The average length of stay for patients with a Waterford address in the South East hospitals in 2011 was 12 days which is an increase of 1 day on 2010 figures.

### 5.3 An Garda Síochána

The following data is taken from Garda Recorded Crime Statistics 2003-2011, 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](http://www.cso.ie).

#### 5.3.1 Drug Offences

The following Tables presents an overview of the number of recorded and detected drug offences recorded by the CSO for 2011.

	<b>Recorded</b>	<b>Per 100,000 population</b>	<b>Detected</b>	<b>Detection Rate (%)</b>	<b>With Relevant Proceedings</b>
South Eastern Region	110	19.3	109	99.1	63
Waterford	32	27.0	32	100.0	14

Table 43: <sup>1</sup>Incidents recorded of Importation/Manufacture of Drugs (ICCS 101), incidents per 100,000 population, detection and proceedings, 2011.

<sup>1</sup>Relates to the Importation of drugs and cultivation or manufacture of drugs

	<b>Recorded</b>	<b>Per 100,000 population</b>	<b>Detected</b>	<b>Detection Rate (%)</b>	<b>With Relevant Proceedings</b>
South Eastern Region	1,989	349.0	1,971	99.1	1,243
Waterford	666	562.3	662	99.4	347

Table 44: <sup>2</sup>Incidents recorded Possession of Drugs (ICCS 102), incidents per 100,000 population, detection and proceedings, 2011

<sup>2</sup>Relates to Possession of drugs for sale or supply and possession of drugs for personal use.

	<b>Recorded</b>	<b>Per 100,000 population</b>	<b>Detected</b>	<b>Detection Rate (%)</b>	<b>With Relevant Proceedings</b>
South Eastern Region	71	12.5	71	100.0	32
Waterford	23	19.4	23	100.0	7

Table 45: <sup>3</sup>Incidents recorded of Other Drug Offences (ICCS 103), incidents per 100,000 population, detection and proceedings, 2011.

<sup>3</sup>Relates to Forged or altered prescription offences and obstruction under the Drugs Act.



SECTION 6

WEXFORD OVERVIEW

## WEXFORD OVERVIEW

### 6.1 Addiction Treatment Services

This section of the Overview reports on treated substance misuse in the Wexford area. The Report contains data collected and collated from statutory, voluntary and community services.

#### 6.1.1 Treatment Type

Please note that the following paragraph 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 once centre during the year, there were 898 clients with a Wexford address that accessed services in the South East in 2012. These figures are broken down as follows:-

<b>Treatment Type</b>	<b>Wexford</b>
Continuous Care Clients	165
New Referrals: treated once during the year	579
Referrals: treated twice during the year	33
New Referrals: assessed only	121
<b>Totals</b>	<b>898</b>

Table 72: Treatment Type: Wexford: All Contacts: 2012

There was a decrease of 35 individuals (4%) in the number of clients with a Wexford address accessing Services in the South East between 2011 and 2012.

The number of continuous care clients decreased between 2011 and 2012 by 27 individuals (14%) as did clients who were new referrals, treated once during the year and new referrals, treated twice during the year by 80 individuals (12%) and 20 individuals (38%) respectively. The number of new referrals who were assessed only increased between 2011 and 2012 by 101 individuals.

### 6.1.2 Main Reason for Referral

**Including** clients who were assessed only, the main reason for referral to the Services in 2012 is provided in Table 73 and Figure 59.

Main Reason for Referral	Wexford
Alcohol	486
Illicit Drugs	303
Licit Drugs	31
<sup>1</sup> Concerned Persons	33
Gambling	14
<sup>2</sup> Other	31
<b>Totals</b>	<b>898</b>

Table 73: Main Reason for Referral: Wexford: All Contacts: 2012

<sup>1</sup>Concerned persons are people concerned about another’s substance misuse, gambling or other problem

<sup>2</sup>Other relates to eating disorder, behavioural issues or relationship issues with the majority of these clients treated in the Cornmarket Project in 2012.

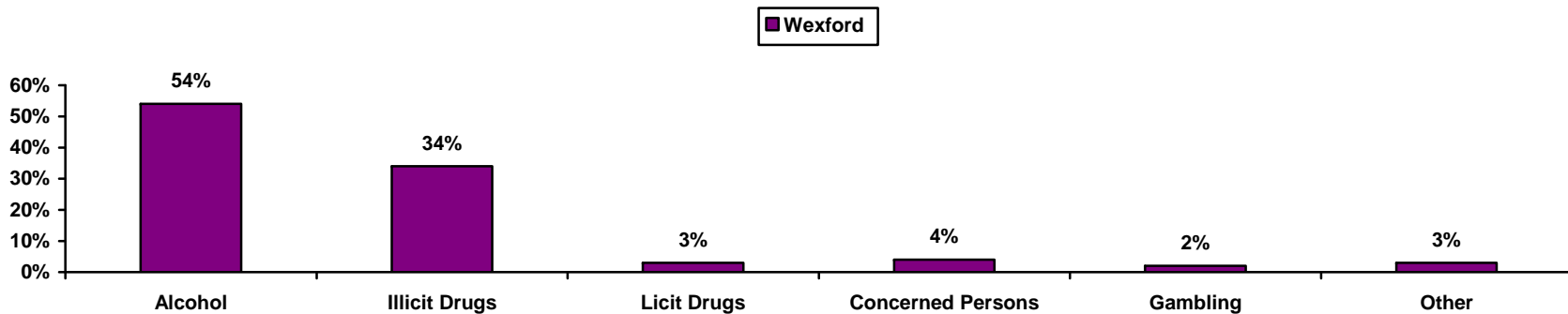


Figure 59: Main Reason for Referral: Wexford: All Contacts: 2012

The main reason Wexford clients were referred to Services in the South East in 2012 was for alcohol which accounted for 486 individuals (54%). Referral for alcohol was followed by referrals for illicit drug use and then referrals as concerned persons at 303 individuals (34%) and 33 individuals (4%). Licit drug referrals and other referrals accounted for 31 individuals (3%) for each group. Gambling referrals accounted for 14 individuals (2%) in 2012.

### 6.1.3 Substance Misuse Treatment Data

**Excluding** clients who were assessed only and those who were treated for other problems, there were 708 clients with a Wexford address treated for a substance misuse problem in 2012. This is an increase of 60 individuals (9%) on 2011 figures for Wexford.

#### Demographic Data

##### Age Profile

Age Group	Wexford
Less than 18 years	33
18-24 years	153
25-29 years	91
30-34 years	96
35-39 years	95
40-44 years	75
45-49 years	45
50-54 years	44
55-59 years	36
60 years and over	40
<b>Totals</b>	<b>708</b>

Table 74: Age Profile: Wexford: Substance Misuse Treated Clients: 2012

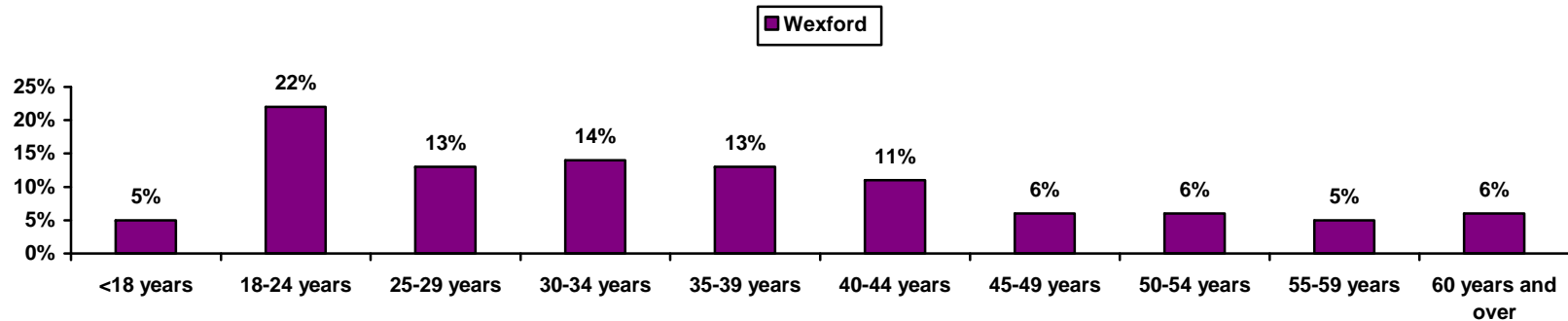


Figure 60: Age Profile: Wexford: Substance Misuse Treated Clients: 2012

## Data Co-ordination Overview of Drug Misuse 2012

The main age group of clients with Wexford addresses who attended Services in 2012 were those aged between 18 and 24 years and accounted for 153 individuals (22%). This group was followed by those aged 30 to 34 years at 96 individuals (14%) and then those aged between 35 and 39 years at 95 individuals (13%).

There were increases in most of the age groups between 2011 and 2012 with the exception of clients aged less than 18 years. Clients aged between 45 and 49 years and clients aged 50 to 54 years increased by 9 individuals (21%), 1 individual (2%) and 5 individuals (10%) respectively.

The highest increases in age groups between 2011 and 2012 were those aged between 18 and 24 years, 30 and 34 years and 40 and 44 years by 13 individuals (9%), 12 individuals (14%) and 12 individuals (19%) respectively.

### *Gender*

The majority of treated Wexford clients in 2012 were male at 471 individuals (67%). Females accounted for 237 individuals (33%) of treated Wexford clients.

There was an increase in both males and females attending Services with a Wexford address between 2011 and 2012. Males increased by 32 individuals (7%) whilst females increased by 28 individuals (13%).

### *Living Status*

The living status (where) of treated clients relate 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, 646 individuals (91%) in 2012, an increase of 38 individuals (6%) on 2011 figures. This was followed by clients who were homeless at 32 individuals (5%) of 2012 clients which is an increase of 9 individuals (39%) on 2011 figures. In 2012, Substance Misuse commenced representation on the Homeless Action Teams. In 2012, clients living in an institution (prison, residential care, halfway house) accounted for 17 individuals (2%) of treated Wexford clients. This group showed an increase of 12 individuals from 2011.

The only group to show a decrease between the two years were clients living in other unstable accommodation and decreased slightly by 1 individual (9%).

**Employment Status**

The following Table and Figure give a breakdown of the employment status of treated substance misuse clients with a Wexford address in 2012.

<b>Employment Status</b>	<b>Wexford</b>
In paid employment	94
Unemployed	456
Fás/training course	31
Student	47
Housewife/husband	29
Retired/unable to work	48
Other	3
<b>Totals</b>	<b>708</b>

Table 75: Employment Status: Wexford: Substance Misuse Treated Clients: 2012

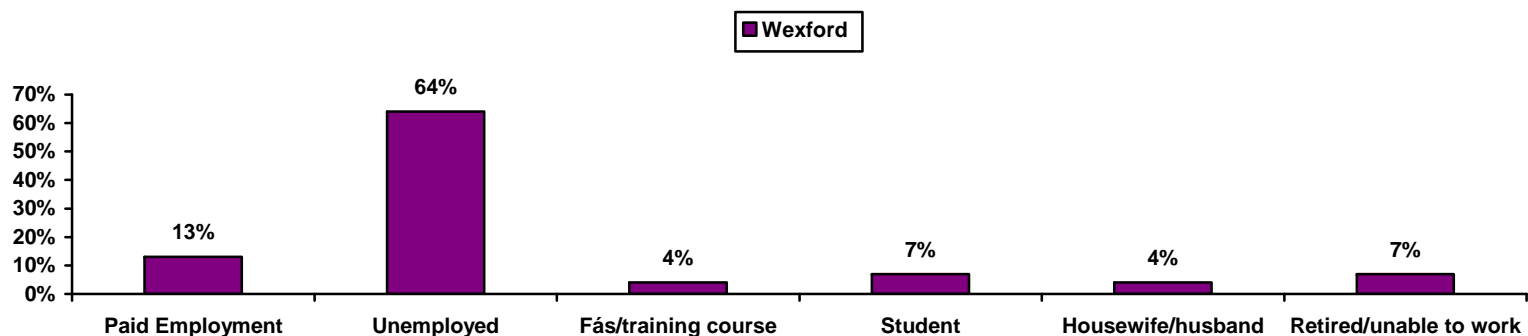


Figure 61: Employment Status: Wexford: Substance Misuse Treated Clients: 2012

Please note other reflected a rate of less than 1% and was not included in Figure 61.

The main three employment status categories for treated Wexford clients in 2012 were those who were unemployed, employed and retired/unable to work. Clients who were unemployed accounted for 456 individuals (64%). Those who were employed accounted for 94 individuals (13%) and clients who were retired/unable to work accounted for 48 individuals (7%).



## Data Co-ordination Overview of Drug Misuse 2012

The number of Wexford clients who were unemployed and those who were in paid employment both increased between 2011 and 2012 by 77 individuals (20%) and 5 individuals (6%) respectively.

The remainder of the employment status categories decreased between 2011 and 2012 with housewife/husband accounting for the highest decrease of 11 individuals (27%).

### Referral Data

#### *Source of Referral*

Table 76 and Figure 62 provide an overview of the different referral sources for Wexford clients in 2012.

<b>Referral Source</b>	<b>Wexford</b>
Self	232
Court/Probation/Police	121
Mental Health Facility (including psychiatrist)	107
Social services/Community services	55
Other Drug Treatment Centre	49
G.P.	37
Acute Hospital Service excluding A&E	30
Family	26
A&E Department	26
Outreach Worker	14
*Other	11
<b>Totals</b>	<b>708</b>

Table 76: Source of Referral: Wexford: Substance Misuse Treated Clients: 2012

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

## Data Co-ordination Overview of Drug Misuse 2012

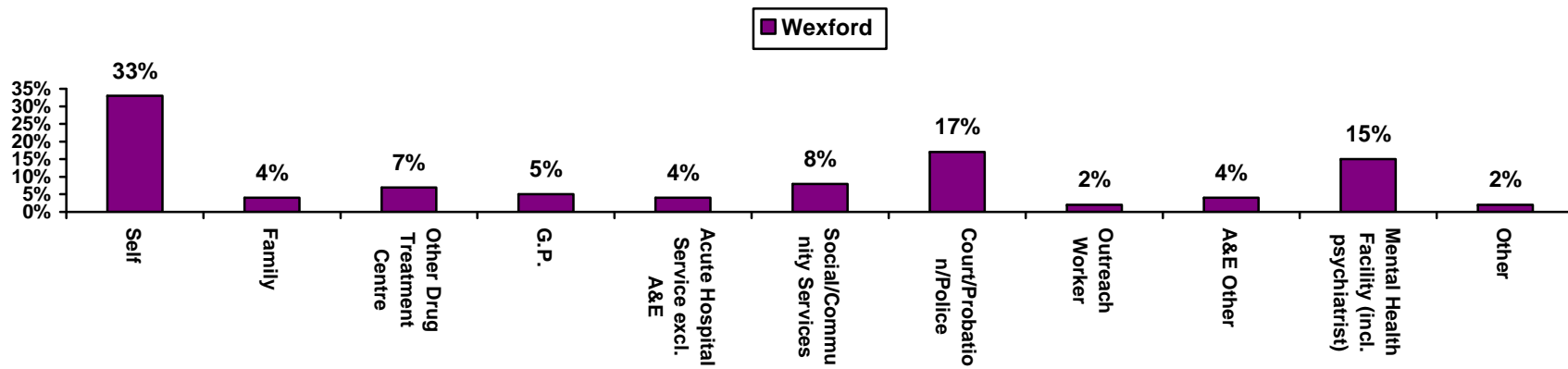


Figure 62: Source of Referral: Wexford: Substance Misuse Treated Clients: 2012

The main sources of referral for Wexford clients in 2012 were self, court/probation/police and mental health facility (incl. psychiatrist) at 232 individuals (33%), 121 individuals (17%) and 107 individuals (15%) respectively.

The main source of referral for Wexford clients in 2011 were similar to those in 2012. There was an increase of 16 individuals (7%) for self referrals between the two years. Mental health facility (incl. psychiatrist) referrals also increased between the two years, by 21 individuals (24%), whilst referrals for court/probation/police remained the same at 121 individuals (17%).

There were also increases in referrals from family, other drug treatment centre, G.P., acute hospital services excluding A&E and social/community services, with the highest increase between 2011 and 2012 being referrals from other drug treatment centre by 18 individuals (58%).

Decreases were recorded for referrals from outreach workers and A&E Department between 2011 and 2012 by 9 individuals (39%) and 13 individuals (33%) respectively. The reduction in outreach worker referrals may in part be due to the sharing of client care between the substance misuse team and the outreach workers.

**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 2012.

<b>Main Substance Misuse Problem</b>	<b>Wexford</b>
Alcohol	418
Cannabis	131
Heroin	104
Cocaine	12
Benzodiazepines	13
Other Opiate Type Drug	13
*Other	17
<b>Totals</b>	<b>708</b>

Table 77: Main Substance Misuse Problem: Wexford: Substance Misuse Treated Clients: 2012

\*Other reflects counts of less than 10 and include, other specified medicaments, amphetamines, MDMA, volatile inhalants and headshop substances.

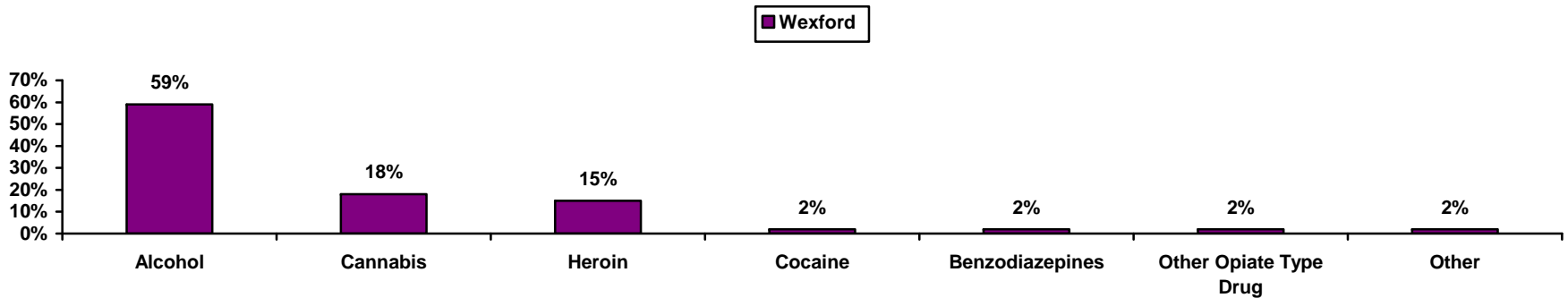


Figure 63: Main Substance Misuse Problem: Wexford: Substance Misuse Treated Clients: 2012

## Data Co-ordination Overview of Drug Misuse 2012

Alcohol was the main substance misuse problem for treated Wexford clients in 2012 accounting for 418 individuals (59%). Cannabis was the next highest substance of misuse at 131 individuals (18%) for Wexford clients. This is similar to Tipperary South clients but the remainder of the counties show heroin as the second highest drug of misuse. Heroin was the third highest drug of misuse for Wexford clients in 2012 accounting for 104 individuals (15%) of treated Wexford clients. Cocaine, Benzodiazepines and other opiate type drug recorded counts of between 12 and 13 individuals and a rate of 2% in 2012.

Alcohol as a main problematic substance decreased between 2011 and 2012 by 6 individuals (1%). Wexford clients treated for a heroin problem increased between the two years by 30 individuals (40%) as did clients treated for a cannabis problem by 33 individuals (34%).

### **Risk Behaviour**

#### *Extent of Drinking Problem*

There were 510 individuals treated for an alcohol problem in 2012, both as a main and secondary problem. This is an increase of 14 individuals (3%) on 2011 figures.

The severity of a drinking problem can be categorised as follows:-

**Hazardous 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.

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

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

Based on the clients treated for an alcohol problem, 103 individuals (20%) were categorised as hazardous drinkers, 134 individuals (26%) were categorised as harmful drinkers and the majority, 270 individuals (53%) were categorised as dependent drinkers.

The number of clients categorised as dependent drinkers remained the same between 2011 and 2012 at 270 individuals but the rate decreased by 1%. There was also a slight decrease in the number of clients categorised as hazardous drinkers by 1 individual (1%). The number of clients categorised as harmful drinkers increased between the two years by 12 individuals (10%).

***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 78 and Figure 64 show treated Wexford clients who had ever injected. Table 79 and Figure 65 show clients who had injected in the month prior to commencing their treatment.

<b>Ever Injected</b>	<b>Wexford</b>
Yes	98
No	621
Not Known	2
<b>Total</b>	<b>721</b>

Table 78: Clients Who Had Ever Injected: Wexford: Substance Misuse Treated Clients: 2012

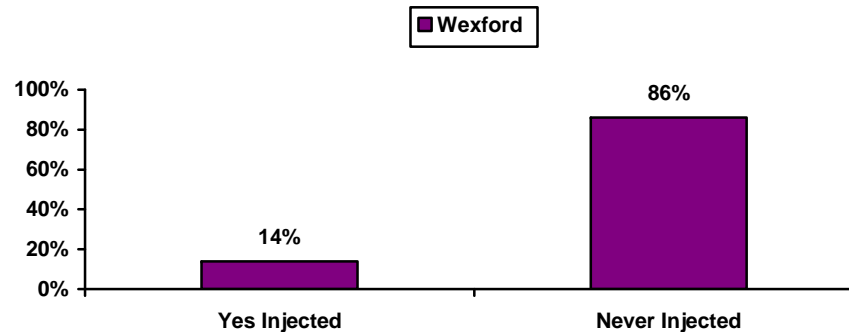


Figure 64: Clients Who Had Ever Injected: Wexford: Substance Misuse Treated Clients: 2012

Please note the figure for Not Known had a rate of less than 1% and is therefore not included in Figure 64.

Similar to previous years, the majority of treated Wexford clients had never previously injected, 621 individuals (86%). This is an increase of 39 individuals (7%) on 2011 figures. In 2012, 98 individuals (14%) had injected at some time in their lives and again was an increase on 2011 figures by 26 individuals (36%).

***Injected In Past Month***

Of the clients who had ever injected, Table 79 and Figure 65 provide a breakdown on the number and rate of those who had injected in the month prior to commencing treatment.

<b>Ever Injected</b>	<b>Wexford</b>
Yes	33
No	63
Not Known	2
<b>Total</b>	<b>98</b>

Table 79: Injected In Past Month: Wexford: Substance Misuse Treated Clients: 2012

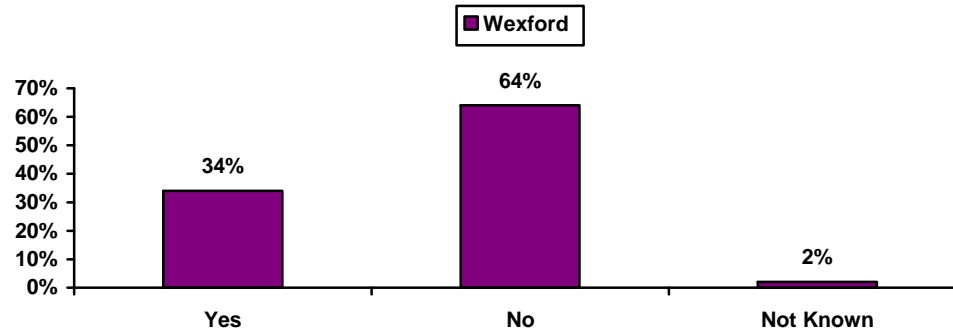


Figure 65: Injected In Past Month: Wexford: Substance Misuse Treated Clients: 2012

The majority of treated Wexford clients who had ever injected, had not injected in the month prior to their treatment commencing. This accounted for 63 individuals (64%) and was an increase of 16 individuals (34%) on 2011 figures. 33 individuals (34%) of the above clients had injected in the past month and again this was an increase on 2011 figures of 8 individuals (32%).

**Exit Data**

***Discharges***

There were 446 treated Wexford clients discharged from South East services in 2012, a decrease of 64 individuals (12%).

**Treatment Outcomes**

Table 80 and Figure 66 give a breakdown of the treatment outcomes of clients discharged from Services in 2012. 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.

<b>Treatment Outcomes</b>	<b>Wexford</b>
Treatment completed	152
Client refused to have further sessions or did not return for subsequent appointments	143
Client refused to have further sessions as they considered themselves stable	52
Client transferred stable	40
Client transferred unstable	17
*Other	16
Sentenced to prison	14
No longer lives in area	12
<b>Total</b>	<b>446</b>

Table 80: Treatment Outcomes: Wexford: Substance Misuse Treated Clients: 2012

\*Other reflects counts of less than 10 and include premature exit from treatment for non-compliance, died, general medical transfer and mental health transfer.

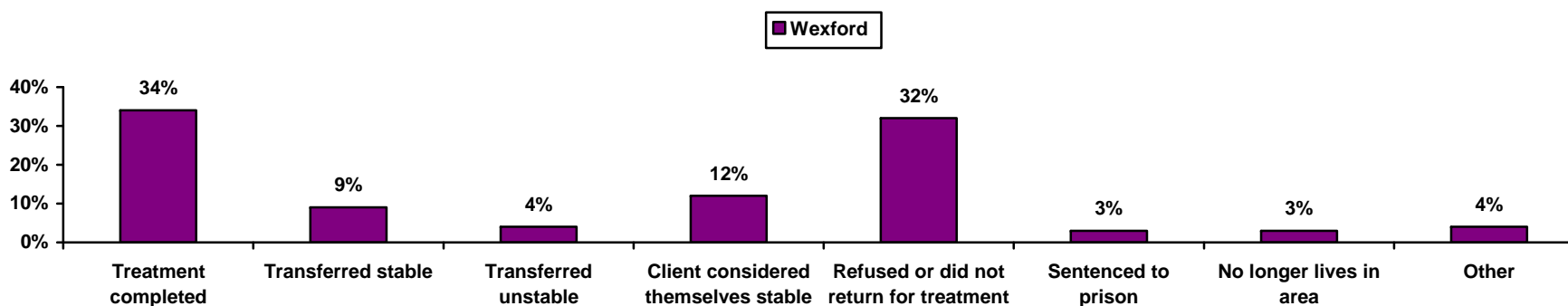


Figure 66: Treatment Outcomes: Wexford: Substance Misuse Treated Clients: 2012

## Data Co-ordination Overview of Drug Misuse 2012

The main treatment outcomes for Wexford clients in 2012 were those who had completed their treatment at 152 individuals (34%), those who refused to have further sessions or did not return for subsequent appointments at 143 individuals (32%) and clients who refused to have further sessions as they considered themselves stable at 52 individuals (12%).

The top three outcomes have not changed in the past number of years for Wexford clients. However clients who completed their treatment and those who refused to have further sessions or did not return for subsequent appointments decreased between 2011 and 2012 by 80 individuals (34%) and 15 individuals (9%) respectively. Clients who refused to have further sessions as they considered themselves stable increased between the two years by 4 individuals (8%). There was an increase too for clients who were transferred stable by 12 individuals (43%).

### **6.1.4 Harm Reduction**

Needle Exchange Services commenced in Wexford in April 2012. There are two fixed sites in Wexford Town and New Ross.

Wexford Town, Grogan's Road: Monday between 11.30 am and 1 pm.

New Ross Health Centre: Tuesday between 11 am and 12.30 pm.



## 6.2 Hospital In-patient Enquiry System (H.I.P.E. Scheme) 2011

### 6.2.1 County of Residence

392 individuals (27%) of all HIPE coded patients in the Region had an address in Wexford, an increase of 42 individuals (12%) on 2010. Wexford had the highest coded patients in the Region in 2010 and 2011.

### 6.2.2 Age Group

The following Table and Figure give a breakdown of the age profile of HIPE coded patients in 2011 with a Wexford address.

<b>Age Group</b>	<b>Wexford</b>
Less than 18 years	24
18-24 years	40
25-29 years	22
30-34 years	45
35-39 years	39
40-44 years	32
45-49 years	44
50-54 years	46
55-59 years	25
60 years and over	75
<b>Totals</b>	<b>392</b>

Table 81: Age Group: Wexford: Coded Patients: 2011



Figure 67: Age Group: Wexford: Coded Patients: 2011

The majority of Wexford coded patients were aged 60 years and over, 75 individuals (19%), followed by those aged between 50 and 54 years at 46 individuals (12%) and then those between the ages of 30 and 34 years, 45 individuals (11%).

Only three age groups did not show increases between 2010 and 2011 and those were patients aged less than 18 years, patients aged between 25 and 29 years and patients aged 40 to 44 years.

The highest increases were recorded in the 30 to 34 year age group by 19 individuals (73%), in the 45 to 49 year age group by 15 individuals (52%) and in the 50 to 54 year age group by 11 individuals (31%).

The main decrease was recorded for those less than 18 years by 16 individuals (40%).

### 6.2.3 Gender

256 individuals (65%) of Wexford coded HIPE patients were male in 2011 and 136 individuals (35%) were female.

### 6.2.4 Diagnosis

The following Table and Figure show the type of diagnosis for which HIPE coded patients with a Wexford address were admitted to the South East General Hospitals in 2011.

Data Co-ordination Overview of Drug Misuse 2012

	Main Diagnosis Only	Secondary Diagnosis Only	Both Main & Secondary Diagnosis	Total
Alcohol Only	79	168	55	302
Drugs Only	33	18	0	51
Both alcohol and drugs	14	6	9	29
<b>Total</b>	<b>126</b>	<b>192</b>	<b>64</b>	<b>*382</b>

Table 82: Type Diagnosis: Wexford: Coded Patients: 2011

\*Please note that 10 clients received either an alcohol and/or drug detoxification only in 2011 and did not record any diagnosis under the requested HIPE codes.

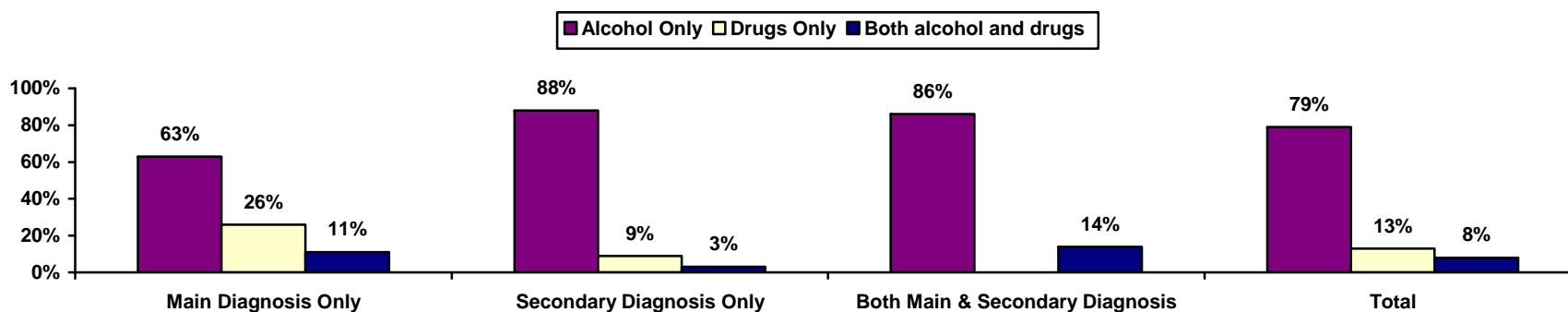


Figure 68: Type Diagnosis: Wexford: Coded Patients: 2011

In 2011, the majority of Wexford coded patients were admitted with a secondary only diagnosis, 192 individuals (50%). This is an increase of 60 individuals (45%) on 2010 figures.

Wexford coded patients were mainly admitted with a diagnosis which included alcohol under one of the requested HIPE codes, 302 individuals (79%), followed by those who were admitted with a diagnosis which included drugs only at 51 individuals (13%). There was an increase of 78 individuals (35%) between 2010 and 2011 of clients admitted with a diagnosis which included alcohol only and a decrease on both the clients admitted with a diagnosis which included drugs only and those which included both alcohol and drugs between the two years by 20 individuals (28%) and 26 individuals (47%) respectively.

### 6.2.5 Substances Used

Table 83 and Figure 69 provides an overview of the type of substances used by Wexford HIPE coded patients in 2011. There were too many instances of one or had counts of less than 10 to provide a full overview of the substances used, therefore the Table and Figure show only the main substances.

Substance Used	Wexford
Alcohol	302
Opioids	10

Table 83: Main Substance(s) Used: Wexford: Coded Patients: 2011

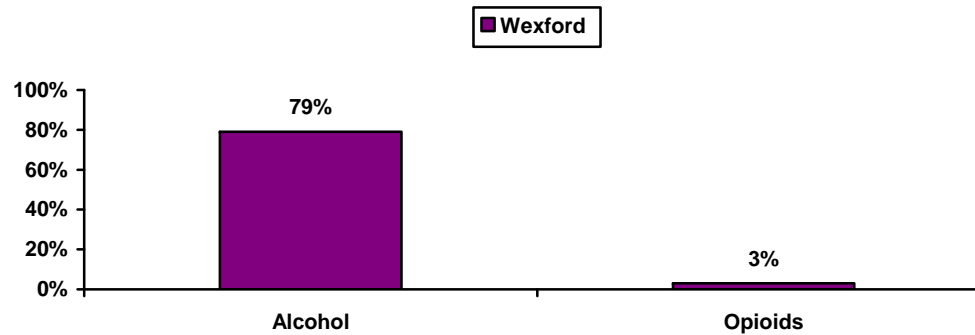


Figure: 69: Main Substance(s) Used: Wexford: Coded Patients: 2011

As with previous years alcohol was the main substance used by Wexford coded patients at 302 individuals (79%), followed by opioids at 10 individuals (3%). Alcohol coded patients increased by 78 individuals (35%) between 2010 and 2011 as did opioid coded patients by 8 individuals.

### 6.2.6 Discharges

The following Table and Figure shows where the HIPE coded Wexford patients went on their discharge form the South East General Hospitals in 2011. Table 84 and Figure 70 only represent the main discharges.

## Data Co-ordination Overview of Drug Misuse 2012

	<b>Wexford</b>
Self	30
Home	317
Died	11

Table 84: Main Discharges: Wexford: Coded Patients: 2011

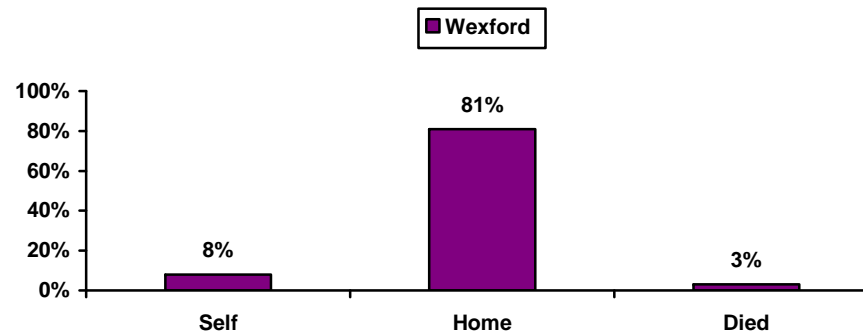


Figure 70: Main Discharges: Wexford: Coded Patients: 2011

The top two discharges for coded Wexford patients in 2011 were to home and self. These accounted for 317 individuals (81%), 30 individuals (8%) respectively. 11 individuals (3%) died in hospital in 2011.

All three groups above showed increases between 2010 and 2011. Patients who were discharged home increased by 44 individuals (16%). Self discharges increased by 13 individuals (76%) and the number of clients who had died increased by 8 individuals.

### 6.2.7 Length of Stay

The average length of stay for patients at Wexford General Hospital under one or more of the requested HIPE codes in 2011 was 7 days, no change from 2010.

Not all Wexford coded patients were treated at Wexford General Hospital, though the majority were. The average length of stay for patients with a Wexford address treated in the South East hospitals in 2010 was 7 days and also no change from 2010.

### 6.3 An Garda Síochána

The following data is taken from Garda Recorded Crime Statistics 2003-2011, 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](http://www.cso.ie).

#### 6.3.1 Drug Offences

The following Tables presents an overview of the number of recorded and detected drug offences recorded by the CSO for 2011.

	<b>Recorded</b>	<b>Per 100,000 population</b>	<b>Detected</b>	<b>Detection Rate (%)</b>	<b>With Relevant Proceedings</b>
South Eastern Region	110	19.3	109	99.1	63
Wexford	33	22.7	32	97.0	21

Table 43: <sup>1</sup>Incidents recorded of Importation/Manufacture of Drugs (ICCS 101), incidents per 100,000 population, detection and proceedings, 2011.

<sup>1</sup>Relates to the Importation of drugs and cultivation or manufacture of drugs

	<b>Recorded</b>	<b>Per 100,000 population</b>	<b>Detected</b>	<b>Detection Rate (%)</b>	<b>With Relevant Proceedings</b>
South Eastern Region	1,989	349.0	1,971	99.1	1,243
Wexford	385	264.5	380	98.7	259

Table 44: <sup>2</sup>Incidents recorded Possession of Drugs (ICCS 102), incidents per 100,000 population, detection and proceedings, 2011

<sup>2</sup>Relates to Possession of drugs for sale or supply and possession of drugs for personal use.

	<b>Recorded</b>	<b>Per 100,000 population</b>	<b>Detected</b>	<b>Detection Rate (%)</b>	<b>With Relevant Proceedings</b>
South Eastern Region	71	12.5	71	100.0	32
Wexford	8	5.5	8	100.0	1

Table 45: <sup>3</sup>Incidents recorded of Other Drug Offences (ICCS 103), incidents per 100,000 population, detection and proceedings, 2011.

<sup>3</sup>Relates to Forged or altered prescription offences and obstruction under the Drugs Act.

## 7. ACKNOWLEDGEMENTS

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Martina Kidd  
Data Co-ordinator for Drugs  
H.S.E. South  
December 2012.

## **8 APPENDICES**

### **8.1 USEFUL CONTACT**

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

Telephone: 01 2345175  
Fax: 01 6618567  
Email: [ndc@hrb.ie](mailto:ndc@hrb.ie)  
Website: [www.hrb.ie/ndc](http://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	

## Data Co-ordination Overview of Drug Misuse 2012

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
R78.3	Finding of hallucinogen in blood

## Data Co-ordination Overview of Drug Misuse 2012

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 psycholyseptics (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 psycholyseptics (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 difficulty in coordination)

## Data Co-ordination Overview of Drug Misuse 2012

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  
Health Service Executive

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