

**An Exploratory Study to Establish the Extent of Cocaine Use in the
Cabra Area.**

Commissioned by the Cabra Resource Centre, 67 Dowth Avenue, Cabra, Dublin 7.

Research compiled and presented by Marie Claire Van Hout-Kent, 2006.

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The Cabra Resource Centre

The Cabra Resource Centre is located on 67 Dowth Avenue and provides the following services;

- Addiction Support & Information
- Counselling Service
- Family Support
- H.S.E. Outreach Service- Drug Use
- Education & Prevention Programmes
- Citizens Information Service
- M.A.B.S. (by appointment)
- Complementary Therapy Awareness Programmes

Outreach Service

The Outreach Worker in the Cabra area provides:

- Support & Information on drug use.
- Referral into treatments.
- Information & Education about H.I.V., Hepatitis , Sexually Transmitted Infections and Safer drug use.
- The Outreach Worker is available to meet with individuals concerned with their drug use and/or parents who feel they may need more information regarding drugs.

Citizens Information

Employment Law

Housing Issues

Social Welfare

Family Matters

Migrant Rights

Health Services

Education

Medical Card Applications

Free Will making

Complementary Therapy Awareness Programmes

- Stress Management Massage
- Swedish Massage
- Aromatherapy Massage
- Indian Head Massage
- Reflexology

Research Purpose

This research was commissioned by the Cabra Resource Centre and its primary aim was to investigate local levels and patterns of cocaine use in Cabra. The study was undertaken against a backdrop of anecdotal and impressionistic evidence suggesting that cocaine is very much *'around'*, more easily procured than previously and making a conspicuous breakthrough on the drug scene. Hence, this research sought to locate and analyse all available data identified as potentially useful in an assessment of the extent and nature of cocaine use in the Cabra area.

The main research objectives were;

- To explore the extent of cocaine use in the Cabra area;
- To establish needs and gaps in service provision;
- To explore the responses of other originations and agencies in relation to cocaine use and to ascertain if they are aware of local services.

Research Methodology

There were three research components in this analysis of cocaine use in the Cabra area.

1. The first examined existing, predominantly **statistical, data sources** in order to identify emerging patterns and trends in cocaine and base/crack cocaine use. A **small scale survey** was undertaken of key service providers, politicians, publicans, priests, schools and youth training in Cabra.
2. Qualitative methodologies are particularly suited to accessing 'hidden' drug scenes (Wiebel, 1990). . **Individual face-to-face and telephone interviews** were conducted with a range of informants including drug-service providers, An Garda Síochána, youth workers, drug counsellors, general medical practitioners, hospital personnel, night-club owners and a small number of key informants considered to have experience of and insight into common and preferred drug-taking practices in the Cabra area.
3. Anecdotal evidence in the Cabra area suggested that cocaine is easily available and its use more widespread than previously was the case. Within this research protocol it was hoped to gain the co-operation of a small number of adult cocaine users in the community. In view of the widespread recognition of recreational or non-problematic forms of cocaine use in other jurisdictions (Erickson et al., 1987; Cohen 1989; Green et al., 1994; Hammersley & Ditton, 1994), a **small-scale qualitative study of known adult cocaine users** as identified by relevant agencies

was undertaken (with facilitation from a leading key worker and volunteerism of the individuals). The primary aim of this exploratory research was to examine respondents' use of cocaine and other drugs. The research also sought to examine attitudes to cocaine and other drug use, to investigate perceptions of the risks associated with cocaine compared to other drugs, and to examine dominant or preferred circumstances associated with the use of cocaine.

Qualitative Research Findings- Interviews with Key Service Providers

Cocaine Availability in the Cabra area.

* The majority of respondents believed that cocaine was more easily available than previously. Across the range of individuals interviewed, there was a definite consensus on increased accessibility and use of the drug. Several respondents involved in the delivery of drug treatment stated that they had become aware of an increase in the supply of cocaine within the areas where they worked, particularly during the past year. Similarly, many professionals working with young people in communities where drug use is concentrated drew attention to a shift in the local drugs market towards increased cocaine availability. Other respondents highlighted the apparent decrease in the street price of cocaine and felt that this served as a further indicator of the changed nature of availability and use of the drug.

* It is also significant that a number of individuals involved in the provision of methadone treatment reported a conspicuous upsurge in the proportion of urine samples revealing quantities of cocaine.

* Other respondents also indicated that cocaine was currently more visible on the club/dance/drug scene than previously. It was also suggested that this trend was accompanied by increased acceptance of cocaine as a drug of choice among the age groups of 18 to 45 years. The majority of respondents stated that there was little evidence to suggest that crack cocaine was making a breakthrough on the drug scene. Overall, the data points to increased awareness of the presence of cocaine, its availability on the street, and its potential to become a drug of choice for both recreational and problematic drug users.

Cocaine Use and Perception of Risk

* Respondents consistently drew attention to dominant risk perceptions and felt that drug users were unlikely to perceive cocaine use as posing serious health risks, certainly compared to those associated with heroin. There is an implicit danger here, if, as perceived, cocaine is increasingly gaining acceptance and is more commonly in use in the Cabra area.

* It appears that cocaine users are classified as belonging to 2 groups;

1) the individual on methadone maintenance using cocaine in a variety of ways (snorting, smoking and injecting) and

2) the recreational drug user displaying regular use at weekends and occasionally through the week and only snorting the cocaine.

* Those interviewed commented that cocaine was extremely easy to acquire and would only require one phone call or could be bought and often consumed in local public houses. All service providers and key informants agreed that cocaine is rarely used on its own. It is used as a polydrug. Cocaine is usually not the primary drug of use amongst the recreational users in most commonly combined with alcohol and used within the pub and nightclub social setting. Those on methadone would use cocaine in combination with methadone and sometimes heroin. The cocaine is being used recreationally at house parties, in the public houses and in the nightclubs. In other cases it is delivered to the door. The mode of ingestion in most cases is snorting using a banknote, a straw or a pen.

* The indicators mentioned by those interviewed working in a variety of settings was that cocaine seizures had increased in the last 3 years, that more people were presenting at the methadone clinic with a cocaine related difficulty, that more clients were presenting with financial difficulties caused by cocaine debts and that due to the decrease in price that more young people were experimenting at the weekend. Those workers on the ground also commented on the perception that cocaine was a "safe" drug and not the real drug problem and was used by 18 to 50 years olds in Cabra.

* Most of those providing services in the Cabra area noted their concern of the increase in the negative effects of cocaine use, namely an aftermath of aggression, arguments, relationship breakdown and frustrations in the community. In general those interviewed commented on the lack of awareness regarding the potential health related harm caused by cocaine and particularly when sharing a bank note (HIV risk), and its combination with alcohol. The general perception amongst the recreational user is that it is "*the rich mans drug and if all the celebrities use it, why not me*".

* From a drug educational perspective, there appears to be a mixed perception as to the health risks, perhaps due to some of the current campaigns already in place in Cabra. This would indicate some success in raising awareness; however this may not necessarily translate into positive health behaviours and may sometimes inform the user how to safely use cocaine. This is typical of the harm reduction approach.

Qualitative Research Findings-Exploratory Study with Cocaine Users

* All of those interviewed snorted the cocaine and had never considered either smoking or injecting. The individuals did not use cocaine on its own and often used with hash and alcohol.

* It appears that cocaine is used in a variety of social settings including public places because of its ease of use. It is snorted in a second. It also appears that it is common place to use cocaine in pubs and clubs.

* It appears that cocaine is most commonly used within a social setting with others present.

* All of those interviewed agreed that cocaine was very easy to secure in Cabra and required no more than a phone call. It was not necessary to have a main dealer or to know a dealer as it was easily available from a variety of locations in Cabra.

* It appears that on average €200-250 is spent on cocaine per session on an individual basis with individuals grouping together to secure a significant amount of between €700 -5000.

* Most notably, the group did not appear to have any negative thoughts about the health, legal or financial consequences of using cocaine. They did remark on the characteristic low feelings after using cocaine at the weekend.

Quantitative Research Findings -Survey of Key Service Providers and those key informant of the Cabra Area

A number of questionnaires (**n=55**) were posted to schools, community organisations, HSE, youth groups, public houses, churches, politicians, night clubs, general practitioners, treatment clinics in the Cabra area. All questionnaires were provided with a Self Addressed Envelope with the return address provided. A total of **22 questionnaires** were returned, giving a 40 % response rate. This was disappointing in light of the provided stamped and addressed envelope.

Findings

* 67% of those who completed the questionnaire suggested that cocaine is easier and more affordable than previously in the Cabra, with 14% disagreeing and 19% who didn't know.

* 61% of those who completed the questionnaire indicated that they felt the numbers of Cabra residents using cocaine was on the increase, 29% didn't know and 10% felt it was stable.

* 15% of those who completed the questionnaire indicated that this was the largest grouping of aged 18-25 years that are using cocaine as recreational drug in Cabra, with 9% indicating 35-50 years and 6 % who didn't know.

* 57% of those who completed the questionnaire indicated that there was increased use of cocaine among young people in Cabra, with 19% indicated there was no increase and 24% who didn't know.

* 29% of those who completed a questionnaire indicated that cocaine is being used as primary substance of misuse, with 38% disagreeing and 33% who did not know. Of those who indicated that cocaine was not the primary substance of misuse the following substances were

mentioned: Alcohol, Benzos and Hash were the additional responses to combine with cocaine use.

* 29% of those who completed the questionnaire did not know what the patterns of cocaine use were amongst the Cabra residents, 47% described these patterns as recreational and a further 24% described this as regular use.

* 66% of those who completed the questionnaire indicated that snorting was the most preferable mode of ingestion for cocaine among Cabra residents, with a further 19% indicating smoking as second preference and 14% indicating injecting as a third option.

* 57% of those who completed the questionnaire indicated that there were not aware of crack cocaine use in Cabra, with a further 10% indicating some presence of crack cocaine and 33% who did not know.

* 52% of those who completed questionnaires indicated pubs and clubs as first preference for cocaine use in Cabra, with at home as second preference (52%) and on the street as third (14%).

* 48% of those who completed the questionnaire indicated that there was no fear for the majority of individuals using cocaine in Cabra, with some fear of health and financial consequences (10%) and fear of legal consequences (5%).

* 48% of those who completed the questionnaire indicated that they or their clients were not intimidated due to drug dealing in Cabra.

* 43% of those who completed the questionnaire did not indicate that community services were adequately equipped to deal with the current cocaine situation in Cabra, with 14% indicating that they were and 43% who did not know.

Additional Comments from both Interviews and Survey Notes.

1. Services are more likely to deal with opiate users.
2. Clients have to travel to get any drug scheme help and clinics are too far away.
3. Support is not available enough to make the family unit aware of the problem arising from cocaine use (i.e. addiction leading to debt).
4. There is no dedicated treatment for cocaine in Cabra, only a referral system.
5. The current treatment modality for cocaine addiction is cognitive behavioural therapy, of this there is no community setting in Cabra where this can take place.
6. We are unable to quantify the actual cocaine useage in Cabra.
7. Some of our clients would prefer to use supports located in the city centre, as we are unaware as to specific supports available in Cabra.

8. As a community group, we are unaware of what services are available apart from the Cabra Resource Centre, so most Cabra residents would be in a similar position. There is a lack of information and also knowledge of issues relating to cocaine misuse among the Cabra residents.

9. Funding is needed to support the implementation of drug awareness and education workshops.

10. Services must be easily accessible regarding location in Cabra. Although all amenities are accessible by bus, some find this too much effort with the traffic situation, as it takes too long and they don't feel well. There isn't even a decent shopping centre to provide cheaper alternatives for those on a budget and this creates more pressure for those living in crisis.

11. We can only assume that treatment will be sporadic. Service provision is usually carried out with hindsight. Services in Cabra should have reacted to cocaine misuse 2 years ago.

12. Our primary concern is the easy availability of cocaine and the fact that most users (and a lot of Cabra residents) consider cocaine to be a "safe drug" or a "clean drug". The comments such as the following are commonplace.

"I can handle it"

"It's not addictive"

"It's social"

"It's nothing like heroin"

13. Unfortunately, because of the wide age spread among cocaine users, there is an acceptability of its use by many non users.

14. The lack of knowledge about the harm of cocaine both short term and long term must be tackled.

15. There is a need for more treatment and training for the staff of all community projects, not just the drug specific projects.

16. To date, cocaine use has not been an issue raised by young people in any of the Cabra Youth Services groups- "we are not saying there is no cocaine use but we have no evidence that there is cocaine use present among our young people".

17. Drug dealers from outside of Cabra and the "runners" need more attention from the Gardai.

18. If more people were to present with cocaine addiction, then we could apply for more funding to provide a dedicated cocaine service in Cabra.

Issues regarding Service Provision in the Cabra Area.

* There is no medical treatment available for those experiencing cocaine addiction.

- * There are differences in drug using knowledge between those presenting as methadone dependent and the recreational user.
- * There is high turnover of general practitioners dealing specifically with addiction, possibly due to burnout and alternative career choices.
- * There is a dedicated cocaine drugs worker in Finglas (FAST) but not present in Cabra. However the cocaine service in Finglas (FAST) is open to those resident in Cabra.
- * There is a stigma attached to the methadone clinic in Cabra, which the "*recreational cocaine*" users will not access as they do not typify themselves as having a drug problem.
- * There is a lack of trained counselors in the Cabra area and particularly for the under 18 years. As cocaine use is a hidden activity, those experiencing difficulty will access a private counselor if they have the funds. There is a need for a basic assessment unit/health care centre where individuals can needle exchange, have wounds dressed etc.
- * There is a lack of timely cocaine related drug support for those experiencing difficulty. Such services must be operational in the evening and at weekends, as generally those using cocaine are still able to maintain employment. In addition those working within the community also stressed the need for personalised support in that the vulnerable individual could have a name of someone to ask for help.
- * Practical and Therapeutic support is necessary, in addition to proven cognitive behavioural therapies to deal with cocaine abuse. There is a need for addressing a holistic approach to cocaine addiction, with particularly acupuncture having some success in managing the symptoms of cocaine withdrawal.
- * Timely money and budget advice is needed for those vulnerable and in trouble.
- * Most service providers commented that the only setting to get information was the Cabra Resource Centre and that there was no dedicated adolescent information setting.
- * There is a need for cocaine workshops for service providers in the Cabra area in order to raise awareness and provide timely support.
- * There is a need for a community based forum for those working on the ground level.
- * There must be dedicated outreach in schools, nightclubs, youth training etc in addition to targeting the homeless.
- * The contradiction between the Mental Health Services and the Addiction services is still apparent.
- * From a support and counseling perspective, the peripheral effect of cocaine use on the family unit is destructive. The relationship may break up, or the spouse may be living with an abusive partner with all family income diverted to cocaine use. From this perspective, the

recommendations would also include, the disassociation from cocaine and alcohol using peers and family groups, and the replacement of the cocaine use with something more positive.

* All of those schools would support an addiction counseling service for under 18 years in the Cabra area.

* Half of the schools had provided staff/teachers with in service drug related training and a structure in place in the event of a drugs incident arising. However the schools had admitted that the in service training had taking place a number of years ago. This therefore meant that a large number of the teachers who had joined the school in recent times had no relevant drug educational training.

Research Conclusion

This research attempted to build up a picture of cocaine use in the Cabra area, using available indicators of drug use/misuse and the perceptions of key informants and drugs workers. The research could not attempt to estimate the prevalence of cocaine use; but rather, aimed to provide information on the nature of cocaine use, with specific reference to particular sub-groups, namely, recreational and problem drug users. A multi-method approach, using several indicators, was judged to be the most effective means of analysing the current cocaine situation in the Cabra area. The findings strongly suggested increased availability and use of cocaine. Law enforcement statistics in the North Central Area also pointed to an upward trend in the availability of cocaine.

The research pointed to the increased visibility of cocaine on the club and pub scenes, a development which was regarded as recent. While there is no systematic evidence of widespread cocaine use, the broad picture uncovered in national statistics and indeed in Cabra is one of increased likelihood of cocaine use among certain groups of recreational poly-drug users, in addition to the poly drug patterns presented by those attending the methadone clinic. The extent, nature and frequency of cocaine use among such groups, however, remains unclear. It is important to state that the nature of cocaine use is likely to be diverse and that the role and function of cocaine within the drug repertoires of social/recreational cocaine users is likely to differ substantially from that of 'seasoned', heavy and problematic opiate drug users (Chitwood & Morningstar, 1985; Hammersley & Ditton, 1994). In addition, routes of administration are likely to vary between the two groups. Social users often ingest cocaine intranasally or orally, and do not consider their drug consumption as damaging or problematic. Research and monitoring of drug trends at local level in Cabra is required to confirm or, alternatively, discount the proposition that cocaine is an expanding '*problem*'. An understanding of smoking versus injecting cocaine

rituals would greatly enhance knowledge and awareness of the possible range of health risks associated with cocaine use.

This current research in Cabra might be appropriately viewed as an *'early warning sign'* (Parker et al., 1998) of cocaine's emergence, thus, signifying the opportunity to monitor the situation and 'get ahead'. In this context, a cautious response to possible signs of increased cocaine use is more appropriate than either outright rejection of the possibility, or hysteria and over-reaction. It is exceptionally difficult to predict which users will maintain control and which will become compulsive' (Waldorf et al., 1991: 102). The accumulated research evidence on cocaine use across several jurisdictions suggests that, among community samples of cocaine users (that is, users not in contact with drug treatment services), even heavy users will not necessarily develop symptoms normally associated with chronic drug dependence. Rather, both cocaine dependence and controlled use of the drug are contingent upon the social circumstances of the user and on the conditions under which cocaine is taken.

Recommendations

1. The perception that cocaine is a safe drug needs to be addressed given the levels of risk behaviour associated with injecting, with sharing of snorting and smoking equipment, and with combining cocaine use with alcohol and other drugs. Evidence suggests that primary cocaine users do not perceive themselves as requiring treatment for their drug use, or, that they perceive existing treatment services as being inappropriate to their needs.
2. The level of poly drug use noted in both the treatment population and those using cocaine recreationally represents a challenge for drug education, prevention, treatment, and harm reduction services in the Cabra area.
3. For drug treatment services in the Cabra area, the challenge will be to turn what has been a predominantly opiate focused system into one that meets the needs of cocaine and other drug users. Without the incentive of a substitute drug to offer, such as methadone, a key task will be to attract problem cocaine users into services, give them timely and holistic support and retain them long enough to achieve lasting change.

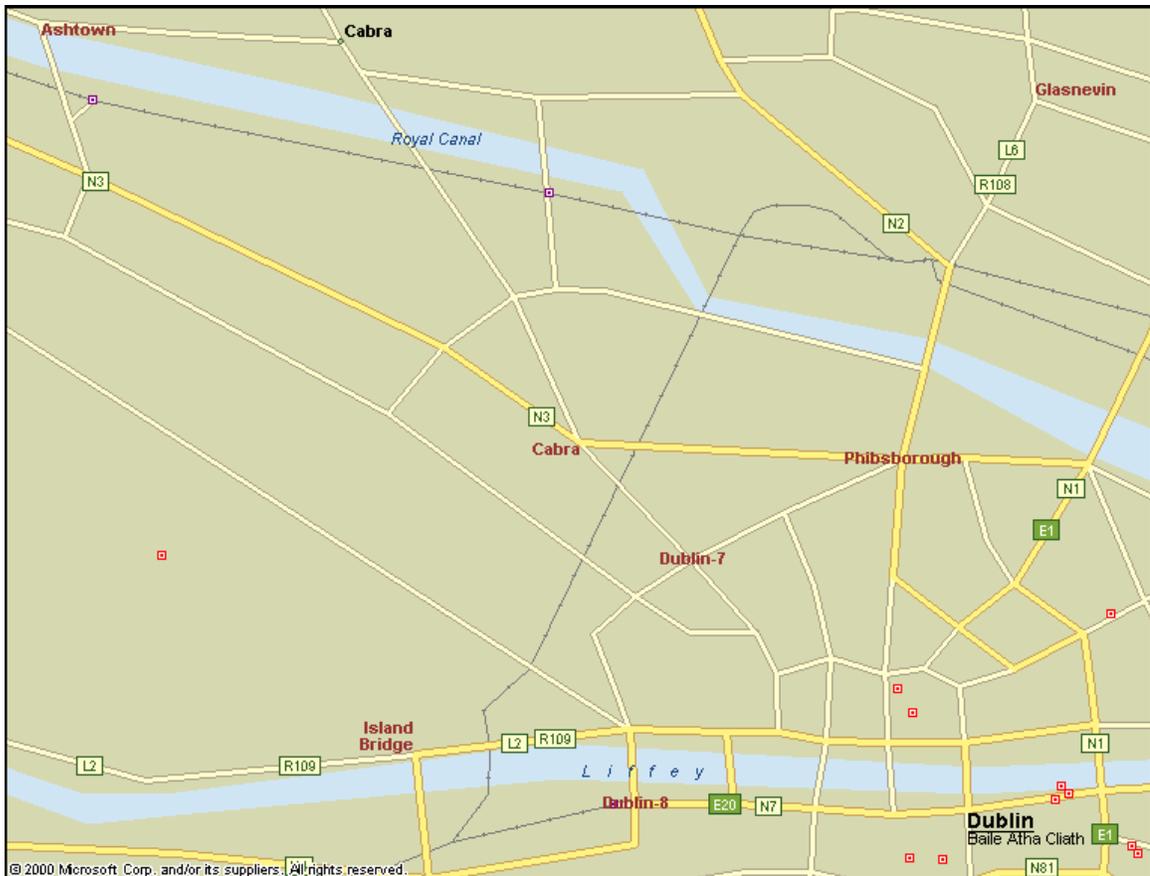
Cabra Demographic Area

Cabra is located in Dublin North Central and contains the following demographic profile.

District 1996-2002 Change in population

	1996-	2002		Actual	Percentage	
	Persons	Persons	Males			Females
Dublin County	1,058,264	1,122,600	543,756	578,844	64,336	6.1
Dublin City	481,854	495,101	237,320	257,781	13,247	2.7
Dublin City North	287,216	290,082	139,991	150,091	2,866	1.0
A Cabra East	5,033	5,113	2,413	2,700	80	1.6
B Cabra East B	3,839	3,570	1,635	1,935	-	7.0
C Cabra East C	3,442	3,627	1,835	1,792	185	5.4
A Cabra West A	1,751	1,699	838	861	-	3.0
B Cabra West B	2,760	2,659	1,305	1,354	-	-3.7
C Cabra West C	3,184	2,947	1,422	1,525	-237	-7.4
D Cabra West D	2,731	2,841	1,381	1,460	110	4.0

Map of the Cabra Area



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Introduction

Drug use, traditionally associated with social and economic disadvantage, is increasingly recognised as a widespread social phenomenon and is clearly no longer confined to marginalised communities. It would appear that we are increasingly living in a drug-conscious society. Despite heroin's prominence, publicity and official concern, the past decade has witnessed increased recognition of the pervasiveness of drug use in society generally. School surveys point to a definite increase in the number of young people reporting lifetime use of a range of illicit substances (Grube & Morgan, 1986; Grube & Morgan, 1990; Hibell et al., 1997; Brinkley, Fitzgerald & Greene, 1999; Hibell et al., 2000). Although cannabis remains by far the most popular of the illicit drugs and the most likely to be used repeatedly across time, available data suggest that other drugs, including amphetamine, ecstasy and LSD, are increasingly likely to be used, particularly by adolescents and young adults (ESPAD, 2005). In Ireland relatively little attention has focused on the use of individual drugs, with the result that little is known about the extent and nature of specific forms of drug involvement. The illegality of drug use ensures that the activity is undertaken inconspicuously and that many drug users remain hidden. The most effective way to assess the extent of particular forms of drug use is to utilise all available data from a wide range of sources (Choquet & Ledoux, 1990; Hay, 1998).

Cocaine

Increases in cocaine use across Europe have been visible since the late 1960s (Erickson, Adlaf, Murray & Smart, 1987). A recent British review of law enforcement figures, treatment statistics and other key prevalence indicators, reveals a steady and significant upsurge in cocaine use from 1999 to 2004, suggesting that the United Kingdom may be witnessing the rapid spread of new cocaine use (Corkery, 2005). There is some evidence to suggest an increase in the supply of and demand for cocaine in Ireland. Extensive use of cocaine, however, is not apparent among the general population. While there is a general upward trend in drug experimentation among school-going teenagers, cocaine is far less likely to be used than cannabis, ecstasy, LSD and amphetamine. Among adult population samples, cocaine use appears to be restricted to a minority (Mayock, 2000). The difficulty with these findings, however, is that they fail to uncover substantial knowledge about individuals who do use cocaine. At the other end of the drugs spectrum are those individuals who develop drug problems and are known to drug treatment services and outreach work.

While heroin remains the primary drug of misuse among drug users who seek treatment, available figures suggest that cocaine is currently more likely to be cited as a secondary drug of misuse. Irish drug treatment data indicate that cocaine is rarely the clients' primary problem. Yet, there is evidence to suggest that the drug repertoires of long-term '*problem*' drug users have extended to include a larger and more diverse range of substances including, among others, benzodiazepines and cocaine (Farrell, Gerada & Marsden, 2000; Rooney, Kelly, Bamford, Sloan & O'Connor, 1999). However, while cocaine is clearly available and increasingly likely to be used, it is clearly less endemic, certainly compared to heroin, benzodiazepines, cannabis and ecstasy.

Social settings have been shown to influence a range of drug-taking behaviours (Becker, 1963; Young, 1971; Zinberg, 1984). Cohen (1989) claims that settings and individual responses largely determine not only the effects of use but also the choice of drug in particular contexts. Cocaine users may utilise a range of informal control mechanisms in an effort to regulate their cocaine intake and to minimise potential negative consequences of use. They also recognise settings not suited to cocaine use and avoid the drug in these contexts. It is claimed that in many circumstances, cocaine is enticing rather than addictive (Hammersley & Ditton, 1994). Drug dependence is, of course, strongly mediated by the circumstances, disposition and views of the user (Zinberg, 1984).

Pharmacological Dimensions of Cocaine and Modes of Use

Cocaine is a naturally-occurring substance derived from the leaves of the coca plant, *Erythroxylon coca*, a shrub that grows in the Andean area of South America (Fischman & Foltin, 1991). It is an odourless, white crystalline powder and is classified as a central-nervous system stimulant. Cocaine was first extracted in 1855 and later became a popular stimulant and tonic. Up until 1904 Coca-Cola, the popular non-alcoholic beverage, contained small quantities of cocaine (ISDD, 1996).

In Ireland, the drug is available in two forms cocaine powder (hydrochloride salt) and crack (freebase). Cocaine powder is usually administered by snorting through the nose using a rolled up banknote, straw etc., although it is also known to be taken orally and smoked. Cocaine may also be made into a solution and injected either on its own or in combination with heroin (known as a '*speedball*'). Crack, or freebase, is produced by '*washing*' the salt with ammonia or mixing it

with sodium bicarbonate, and is so called due to the cracking sounds the '*rocks*' make when smoked in a pipe.

The most common form of ingesting cocaine is '*snorting*' - sniffing fine cocaine crystals via the nostrils. By snorting, cocaine is conveyed into the bloodstream via the mucous membranes of the nose and throat where it dissolves. Cocaine increases feelings of alertness and energy and produces intense euphoria. Negative effects include anxiety, inappropriate levels of aggressiveness, sleeplessness, sweating, impotence and heavy feelings in the limbs. Very heavy users of cocaine may report strong feelings of paranoia. The smokeable form of cocaine is known as free-base, rock or crack cocaine. The cocaine powder is converted into cocaine base and smoked, usually through a pipe. Crack cocaine is processed with ammonia or sodium bicarbonate (baking soda) and water, and heated to remove the hydrochloride. Because crack cocaine is smoked, the user experiences a shorter but more intense high than snorting the drug (Corrigan, 1997; NIDA, 1999). Crack cocaine produces effects far more rapidly than the powder form and this, coupled with the shorter duration of the euphoria, makes crack smoking a potentially highly-addictive substance. However, neither tolerance nor heroin-like withdrawal symptoms occur with repeated use of cocaine (ISDD, 1996). Users may develop a strong psychological dependence on the physical and mental well being afforded by the drug. Finally, cocaine may be used intravenously, although this mode of ingestion is less common and is viewed as dangerous by most cocaine users (Cohen, 1989). Intravenous injection results in an almost immediate high within fifteen seconds of injecting (Pinger, Payne, Hahn & Hahn, 1995). As mentioned some drug users combine cocaine powder or crack with heroin to produce a drug cocktail known as '*speedballs*'.

When cocaine is taken with alcohol it combines in the system to form another drug – *cocaethylene* – which is more toxic than using either drug alone. Cocaine can produce severe psychological dependence because of the strong cravings it produces leading to compulsive patterns of use. Tolerance develops resulting in users taking larger and/or more frequent doses in order to maintain the high. Common physical effects include dry mouth, sweating, loss of appetite and increased heart and pulse rate. Users may experience headaches, stomach pains and nausea, tremors, irritability, paranoia and hallucinations. Cocaine affects heart rhythms leading to possible heart attacks, it can lead to chest pain, raised blood pressure, respiratory failure, strokes and seizures. The after-effects of using cocaine and crack may include fatigue and depression as people come down from the high. Restlessness, nausea, hyperactivity,

insomnia and weight loss may develop with frequent use. Lack of sleep and weight loss may lead to exhaustion and the user becoming very run down.

Chronic use or heavy binges can lead to the development of paranoia, hallucinations, anxiety with panic attacks, and agitation. Confusion and aggressive behaviour may develop and violent behaviour may ensue. Prolonged heavy use of cocaine is usually followed by a 'crash' if use is discontinued. This 'crash' is characterised by exhaustion, restless sleep patterns, insomnia and depression. Repeated snorting of cocaine damages the membranes which line the nose. Repeated smoking of crack may cause breathing problems and partial loss of voice. Long term injecting may result in abscesses and infection. Injectors risk hepatitis and HIV infection if injecting equipment is shared. The sharing of smoking and snorting equipment has also risks for Hepatitis C. Cocaine users may be at increased risk of sexual transmission of HIV and Hepatitis B (and other sexually transmitted diseases) due to increased sexual risk behaviours and an association of stimulant use with sex work. Pregnant users of cocaine or crack may experience complications and find that their babies are adversely affected.

However, there is considerable disagreement over what constitutes 'addiction' or 'dependence' in the case of cocaine. Furthermore, there is little consensus on who is susceptible to or at greater 'risk' of cocaine dependence. It is exceptionally difficult to predict which users will maintain control and which will become compulsive' (Waldorf et al., 1991: 102). Other research similarly concludes that many heavy cocaine users do not become dependent (Erickson et al., 1987; Cohen, 1989; Chitwood & Morningstar, 1985). Hammersley & Ditton (1994), conclude that *'cocaine can lead to protracted bouts of heavy or excessive use, but many users can then stop or moderate use prior to encountering problems'* (Hammersley & Ditton, 1994: 68).

The accumulated research evidence on cocaine use across several jurisdictions suggests that, among community samples of cocaine users (that is, users not in contact with drug treatment services), even heavy users will not necessarily develop symptoms normally associated with chronic drug dependence. Reinarman, Murphy & Waldorf (1994) concluded that addiction is not an inevitable consequence of cocaine's pharmacological action on human physiology. Rather, both cocaine dependence and controlled use of the drug are contingent upon the social circumstances of the user and on the conditions under which cocaine is taken. On the other hand, Parker & Bottomley's (1996) study of crack cocaine users, many of whom were known to drug services, revealed only a minority of controlled users. Among this group, there appeared to

be a complex pattern of dependency on both cocaine and heroin, whereby users were *'psychologically hooked into rock cocaine but physically dependent on heroin'* (Parker & Bottomley, 1996: 36). Other research indicates significant differences between treatment and non-treatment cocaine users. Chitwood & Morningstar (1985) found that users in treatment were more likely than community samples to be heavy rather than light users of cocaine, and to be unemployed and lacking in support networks of close friends.

Existing Data Sources and Other Relevant Empirical Research on Cocaine Use

The data pertaining to the use of cocaine (and other drugs) from several key data categories will be presented in detail. These include law enforcement and supply statistics, purity levels, drug treatment figures, general population surveys, school surveys, cocaine-related deaths, hospital morbidity and other relevant research findings arising from ethnographic and qualitative studies.

"Between 1995 and 2004 cocaine worth €537 million has been seized worldwide. Based on international norms, ten times that amount probably reached the streets. The average weekly use of cocaine in Ireland is 3 grams and chronic addicts use between 5 and 10 grams (NACD, 2005). The price of cocaine has reduced significantly and it costs between €30 and €40 per 0.5 gram. This means that average users spend between €180 and €240 per week and chronic users spend between €300 and €600 per week".

(Dail Debates. Priority Questions. National Drugs Strategy 26 Oct 2005)

Prevalence Survey Data

As differing methodologies have been utilised across available Irish surveys, it is difficult to compare drug prevalence rates and establish accurate trends.

ESPAD (1999) Survey

The most recently-published national study of drug use by adolescents, carried out in 1999 as part of the European Schools Project on Alcohol and Drugs (ESPAD), found that 2 per cent of students aged 15 and 16 years reported lifetime experience of cocaine (Hibell et al., 2000). This figure is identical to that recorded in the 1995 national survey (Hibell et al., 1997). The figures for lifetime use of crack - 3 per cent in 1995 and 2 per cent in 1997 - are surprisingly high, given that reported use of crack is generally considerably lower than that for cocaine among adolescents. As with other drugs, including cannabis, ecstasy and amphetamine, regional surveys outside Dublin suggest somewhat lower cocaine prevalence rates than those reported in

Dublin samples. These figures concur with findings related to school-going populations in the United Kingdom (Barnard, Forsyth & McKeganey, 1996; Balding, 1998) and suggest that cocaine use is relatively rare among adolescents, certainly compared to other drug use. Available figures indicate only a slight increase in the number of Irish adolescents reporting lifetime experience and use of cocaine during the past two decades (HRB, 2005).

SLÁN Survey (2002)

In 1998, the SLÁN survey of health and lifestyle behaviours in the general population, found 1.8% of males and 0.6% of female adults aged 18–64 had used cocaine in the previous year. However, this rate was almost three times as high (3.4%) in the 18-24 year age group. In 2002, the rate among males and females who had used cocaine in the previous year had increased to 3.0% and 1.9% respectively. The 1998 SLÁN survey also included results from the HBSC survey of Irish health behaviours in school aged children (9-17 years). The findings from this survey show that 2.3% of respondents reported they had ever used cocaine, and 1.7% reported they had used cocaine in the previous month. The SLÁN (2002) survey also reported an increase in levels of cocaine use. Last year use by males increased from 1.8% in 1998 to 3.0% in 2002 and in females from 0.6% to 1.9% during the same period.

This is consistent with findings in the United Kingdom, where cocaine use remains at low levels of around 1 per cent or less of adult populations (Baker & Marsden, 1994). In summary, although surveys suggest that drug use is increasingly a feature of youth culture (Hibell et al., 1997; Brinkley et al., 1999; Hibell et al., 2000), cocaine use remains rare among school-going adolescents and has shown little sign of an increase during the past two decades. Lifetime prevalence among the general population is currently running at approximately 1 per cent (2005).

UISCE (2002) – Survey of Cocaine Users

A survey of 100 cocaine/crack users reported high levels of use mostly administered by injection and snorting. Poly drug use was common, mostly involving alcohol and cannabis but with notable levels of benzodiazepine and heroin use.

NACD & DAIRU (2003) – Drug Prevalence Survey

In October 2003, initial findings from the first Irish drug prevalence household survey were published by the NACD and DAIRU. This general population survey found that 3% of the adult

population (aged 15-64) reported using cocaine (powder) in their lifetime. After cannabis (18%), magic mushrooms (4%) and ecstasy (4%), cocaine was the next most commonly used illegal drug. Male respondents reported more than double the rate of lifetime cocaine use (4.3%) than females (1.7%). The highest level of cocaine use reported was among 15-24 year olds who reported a lifetime prevalence rate of 5.1%, followed by rates of 4.2 % among 25-34 year olds and 2.7% among 35-44 year olds. Minimal rates of cocaine use were reported by those aged 45 and over. In terms of more recent levels of cocaine use (i.e. in the year prior to the survey), 15-34 year olds reported cocaine as the third most used illegal drug (2%) after cannabis (8.7%) and ecstasy (2.2%). In terms of current use (i.e. in the month prior to the survey) among 15-34 year olds cocaine was the second most reported drug used at 0.7% after cannabis (4.4%). Lifetime prevalence of cocaine use was highest among 15-24 year olds at 5.1%. A very small number of respondents reported the use of crack. Less than one percent (0.5%) of young adults aged between 15-34 years reported ever using crack. In the year prior to the survey, 0.2% of respondents in this age group reported using this drug. However, no current use of cocaine (i.e. in the previous month) was reported.

NACD (2005)- Key Indicators of Cocaine Use

Almost half of the respondents said they were currently receiving drug treatment for their problem heroin use.

Well over half of the respondents felt their cocaine use was problematic, more than half of these had sought information on using cocaine, however, less than a third of these had sought treatment.

Law Enforcement and Supply Statistics

Legislation

Cocaine is controlled in Ireland under the Misuse of Drugs Act (MDA). The leaf is covered under Schedule 1 as it has no recognised medical use; consequently a licence may be granted by the Minister for Health for research and analysis purposes. Cocaine and its salts are covered under Schedule 2, this makes it illegal to produce, possess or supply the drug except on prescription. It is also illegal to allow premises to be used for production or supply.¹

Misuse of Drugs Act Offences

The accuracy of police statistics are a subject of considerable debate (Bottomley & Pease, 1986). One of the main difficulties with law enforcement figures is that they are not contextualised by reference, for example, to specific overt and covert operations or '*luck strikes*'. Differences in drug seizures might also reflect variations in drug control strategies across time (Korf, 1992; South, 1995). However, at a local level, drug seizure figures provide a useful broad indicator or sensor of drugs supply and demand (Parker, Bury & Egginton, 1998). Available statistics pertaining to seizure and offender data are provided in the annual reports of the Garda Síochána (An Garda Síochána, 1990-1998). Internationally, it is often estimated that approximately 10 per cent of all drugs in circulation are intercepted (Boekhoutvan Solinge, 1998; Stimson, 1987).

The number of individuals charged with, or prosecuted on, a cocaine-related drug offence is small compared to those relating to heroin, cannabis and ecstasy. However, the figures do point to an increase in the number of offences where proceedings commenced between 1999 and 2005. '*Offender*' data such as this suggests that an increase in cocaine possession and supplying is occurring on the ground. However, this same upward trend is evident in relation to heroin, cannabis and ecstasy. Law enforcement strategies need to be considered, therefore, when assessing the quite dramatic increase in the numbers charged or prosecuted on all drug-related offences in the last decade. For example, it may be related to measures taken during this period to extend and strengthen the existing statutory framework for the control of drugs.

Garda Síochána Data on Offences under the Misuse of Drugs Act (MDA) show a substantial increase in offences relating to cocaine throughout the 1990s from 11 cases recorded in 1990 to almost 300 cases in 2001. Nonetheless, cocaine related offences remain relatively small (3% of all MDA offences in 2001) compared to offences for other drugs. The majority of MDA offences continue to be for cannabis (60% approx.) and ecstasy (27% approx.). MDA offences relating to cocaine were recorded predominantly in the Dublin Metropolitan Region (62%) with a significant number (17%) recorded in the Southern Region.

Number of Misuse of Drugs Act Offences by Drug Type

Year	Cocaine	Amphetamine	Heroin	Cannabis	Ecstasy
1990	11	n/a	71	1413	-
1991	7	n/a	45	2354	45
1992	11	n/a	91	2643	3
1993	15	n/a	81	2895	66
1994	15	n/a	230	2848	261

1995	30	n/a	296	2209	645
1996	42	n/a	432	1441	340
1997	97	n/a	564	2096	475
1998	88	n/a	789	1749	439
1999	169	464	887	3281	1023
2000	180	391	730	4031	2086
2001	297	207	908	4053	1845

Quantities of Drugs (kg) Seized by An Garda Síochána

Year	Cocaine	Heroin	Cannabis Resin	Ecstasy	LSD
1990	1.009	0.578	114.76	N/A	90u
1991	0.031	0.161	1,101.62	429t	3,169u
1992	9.850	0.794	498.47	271t	13,431u
1993	0.348	1.285	4,200.31	744t	5,522u
1994	0.046	4.649	1,460.72	2,867t	16,634u
1995	21.800	6.400	15,529.00	123,699t	819u
1996	642.00	10.800	1,933.00	19,244t	5,901u
1997	11.02	8.211	1,247.88	17,516t	1,851u
1998	333.167	38.340	2,157.24	604,827t	798u
1999	85.554	16.957	2,511.30	229,091t	577u

Source: Annual Reports of An Garda Síochána, 1990-1999. Quantities of ecstasy in tabs(t); LSD in units (u). N/A Data not available.

It is difficult to interpret trends from seizure data as the quantities seized vary a great deal from year to year. Again, seizures may reflect level of Garda Síochána and Customs and Excise activity rather than the extent of illicit drugs in circulation. While seizures of cocaine by the Garda Síochána have fluctuated throughout the 1990s, they have remained relatively consistent accounting for 3% of the total number of seizures.

Number of Drug Seizures by Garda Síochána

Year	Cocaine	Amphetamine	Heroin	Cannabis Resin	Ecstasy (MDMA)
1999	213	467	767	4,322	1,063
2000	206	169	598	4,401	1,846
2001	300	162	802	5,960	1,482

Source: Garda Síochána

Quantity and Number of Cocaine Seizures by Garda Síochána

Year	Quantity	Number of Cases	% of Total Seizures
1997	11,020g	157	n/a
1998	333,167g	151	n/a
1999	85,554g	213	3%
2000	18,041g	206	3%
2001	5,325g	300	3%

Source: Garda Síochána

<u>Quantity and Value of Cocaine Seized by Customs and Excise</u>			
	Cases	Quantity (kgs)	Value
1999	n/a	27.20	€IR3,359,500
2000	n/a	11.81	€IR1,183,000
2001	3	.01	€1,016

Source: Customs and Excise (2003)

Drug Offences- 1999

The table below shows the number of offences where proceedings commenced by drug type and division. As in previous years, almost all (96%) of the heroin offences were recorded in the Dublin Metropolitan Region. Cocaine is highlighted in blue.

	Cannabis Resin	Plants	Heroin	LSD	Ecstasy	Amphet.	Cocaine	Other	TOTAL
DUBLIN MET. REG	464	737	7	852	2	211	70	126	250 2719
Eastern	35	202	1	16	0	17	15	15	22 323
North Central	108	30	0	126	0	30	3	13	49 359
Northern	207	137	5	247	0	61	27	25	105 814
South Central	12	87	0	191	0	35	1	38	39 403
Southern	13	228	1	127	2	26	22	10	22 451
Western	89	53	0	145	0	42	2	25	13 369
TOTAL IRELAND	869	3281	35	887	26	1023	464	169	383 7137
PERCENTAGE	12	46	0.5	12	0.1	14	6.5	2.4	5.4 100%

Quantity of Drugs Seized 1999

The quantity of drugs seized is shown in the table .

	Quantity	Cases
Cannabis	66,048g	188
Cannabis Resin	2,511,296g	4,322
Cannabis Plants	352	28
Heroin (Diamorphine)	16,957g	767

Morphine	55 tabs	8
L.S.D.	577 squares, 4 tabs	29
Ecstasy MDMA	229,091 tabs, 46 caps, 236g	1,063
Ecstasy MDA	1 tab	1
Amphetamines	13,394g, 12,015 tabs	467
Cocaine	85,554g	213
Diazepam	13,389 tabs	95
Flunitrazepam (Rohypnol)	339 tabs	18
Flurazepam	1,007 caps	40
Temazepam	108 tabs	9
Other Benzodiazepines	530 tabs, 20 caps	13
Methadone 579 tabs,	2,043 mls.	33
Dihydrocodeine	137 tabs	8
Ephedrine	9 tabs + 0.29g	10
Methylamphetamine	traces	1
Buprenorphine	3 tabs	1
Psilocybin mushrooms	4	1

**Statistics are subject to revision as all seizures were not analysed at time of going to press.*

Misuse of Drugs Act Offences where proceedings commenced by division /drug type.2005

	Cannabis	Resin	Plant	Heroin	LSD	Ecstasy	Amphet	Cocaine	Other	TOTAL
DUBLIN MET.	595	1,747	13	778	15	138	25	577	95	3,983
Eastern	106	293	4	37	0	10	4	55	3	512
North Central	335	0	0	118	0	50	1	93	20	617
Northern	21	648	5	104	2	24	7	210	18	1,039
South Central	7	209	0	321	0	12	8	56	15	628
Southern	117	323	4	66	13	33	5	93	2	656
Western	9	274	0	132	0	9	0	70	37	531

Total Amount of Drugs Seized 2005

	Quantity	Cases
Cannabis	150,401 grams	262
Cannabis Resin	6,259,750grams	3,142
Cannabis Plants	119 plants	13
Heroin (Diamorphine)	32,283 grams	725
Ecstasy MDMA	327,142 tablets 3,444 grams	653
Ecstasy MDEA	7 tablets	1
Ecstasy DOB	30 tablets	1
Amphetamines	10,515 grams 19,452 tablets	119
Cocaine	229,388 grams	968
Diazepam	13,038 tablets, 1 gram	70
Flunitrazepam (Rohypnol)	62 tablets	6
Flurazepam	357 capsules	15
Temazepam	158 tablets	5
Alprazolam	183 tablets	11
Methadone	1,758 millilitres	13

Dihydrocodeine	668 tablets	5
Ephedrine	130 tablets 16 capsules	6
Methylamphetamine	55 grams	14
Psilocybin/psilocin Mushroom samples	1	2
LSD	61,644 units	5

During 2005 proceedings commenced in respect of 10,074 offences.

The majority of the proceedings relate to the supply or possession of controlled drugs. Other offences relate to the importation, forged prescriptions, cultivation of cannabis plants, allow premises to be used and obstruction.

Police and Criminal Justice Data - Conclusion

Offences relating to cocaine have almost doubled from 1999 to 2005, however, cocaine related offences represent only 3% of all offences under the Misuse of Drugs Act.

Cocaine related offences were recorded predominantly in the Dublin Metropolitan Region (62%) with a notable number (17%) recorded in the Southern Region.

Seizures of cocaine remain consistent at 3% of the total number of seizures.

Laboratory Data

The Drug Analysis Laboratory of the Drug Treatment Centre Board (Trinity Court) has reported an increase in the number of cocaine positive urine samples (NACD, 2005). An increase in cocaine positive urine samples was reported for the first six months of 2001 compared to 2002. It should be noted that these tests are predominantly carried out on drug users in treatment and are not representative of the general population. In addition, it should be noted that the data refers to the number of tests conducted rather than the number of individuals tested.

Urinalysis – Drug Treatment Centre Board

Year	Number of Tests (N)	N. tested for cocaine	% tested positive for cocaine
2001 (Jan-Jun)	84,993	3,015	3.5%
2002 (Jan-Jun)	84,881	5,045	6.0%

Source: Drug Treatment Centre Board

The average street sample contains approximately 42% cocaine. The remainder is generally composed of adulterants such as sugars, caffeine, phenacetin and legal anaesthetic substances

such as procaine. The number of cocaine cases received into the Forensic Science Laboratory has increased (411 in 2002 compared to 163 in 1997).

The Forensic Science Laboratory, in conjunction with the Garda National Drugs Unit, has undertaken a project to screen cocaine seizures for the presence of "crack" cocaine (2005). Of 122 cases screened to date four have been found to contain "crack" cocaine. This indicates that "crack" cocaine represents a very small percentage of Irish street cocaine.

The screening is performed in two steps:

1. A sample of cocaine is tested with cobalt thiocyanate solution, where the possible presence of "crack" is indicated by the formation of a blue insoluble complex.
2. A sample is prepared in a potassium bromide (KBr) disc for Fourier Transform Infrared Spectrometry analysis (FTIR). The presence of the chloride ion in the salt form alters the absorption pattern of the cocaine molecule in FTIR, allowing the two forms of cocaine to be distinguished.

Urinanalysis – Medical Bureau of Road Safety

Year	Number of specimens tested (N)	N. tested positive for cocaine	% tested positive for cocaine
2000	78	6	7.7%
2001	131	10	7.6%

Source: Medical Bureau of Road Safety

The Medical Bureau of Road Safety reported that blood and urine specimens of drivers taken by the Garda Síochána found 6 samples testing positive for cocaine from a total of 78 samples in 2000. In 2001, 10 samples were confirmed positive from the 131 specimens taken.

Laboratory Data- Conclusion

Substantial increases have been reported in urine samples testing positive for cocaine among the drug treatment population since 2000.

The Medical Bureau of Road Safety report small numbers of samples testing positive for cocaine.

Information from this source indicates that the purity of cocaine has dropped over the past three years, from 62 per cent in 1996 to 38 per cent in 1998. It should be noted, however, that these figures may not accurately reflect the purity level of cocaine at street level, as no empirical evidence on such a link is available.

Morbidity and Mortality

Both morbidity and mortality statistics are of limited value in the estimation of drug use and drug problems in general (Garretsen & Toet, 1992). However, available data relating to morbidity and mortality will be presented as an indicator of the extent to which cocaine is implicated in death or illness. Mortality statistics are based on death certificates, which usually contain information on socio-demographic variables and on the cause(s) of death.

Throughout the 1990s there has been a marked increase in the number of drug related deaths throughout Europe. This upward trend appears to be more pronounced in Ireland than in other European countries (EMCDDA, 1999). A recent analysis of drug-related deaths investigated by the Dublin City and County Coroners in 1998 and 1999 (Byrne, 2000) reveals that cocaine was implicated in six out of a total of eighty-six opiate-related deaths in 1998 and six cases out of seventy-seven in 1999. Only in one of the 1998 cases, however, was death attributed directly to cocaine overdose, with five of the six cases having two or more drugs implicated in addition to cocaine. Heroin was implicated in all six of the cocaine-related deaths in 1999 and the quantity of heroin revealed in toxicology tests was higher than that for cocaine (Byrne, 2000).

Hospital psychiatric data are available from the National Psychiatric In-Patient Reporting System (NPIRS), which collects data on admissions and discharges from public and private psychiatric hospitals and units countrywide. It provides information on gender, age, marital status, socio-economic status, legal status, diagnosis and length of stay (O'Brien & Moran, 1997). Despite considerable debate about the potential of some illicit substances to cause psychiatric problems, as well as the role of pre-existing psychiatric conditions in the development of drug problems, co-morbidity remains a major concern as elevated levels of drug consumption are found among those with mental health problems (Commission on Narcotic Drugs, 2000).

Accepting that mortality and morbidity data are not reliable tools for estimating drug use or drug problems, they can, in association with other data sources, help to improve the interpretation of available information. Cocaine is implicated in relatively few deaths, certainly when compared to heroin in Ireland. Admissions to psychiatric hospitals with a diagnosis of cocaine use indicate no clear upward trend since 1994.

Drug Treatment Data

The National Drug Treatment Reporting System (NDTRS), operated by the Drug Misuse Research Division (DMRD) of the Health Research Board (HRB), reports data on treatment provided by statutory and voluntary agencies countrywide. It is the primary national source of epidemiological information about drug misuse, providing annual figures on the uptake of services as well as sociodemographic data on clients receiving treatment. The regularity of data collection makes it possible to identify changing patterns and trends in the use of particular drugs across time. Between 1990 and 1994, data were collected in the Greater Dublin area only, but coverage was extended to the whole country in 1995 (O'Brien & Moran, 1997). One of the main advantages of more recent figures pertaining to individuals receiving treatment is that they are regionally sensitive. It should be remembered, however, that the figures relate to those problem drug users who present to services, and not to all those who have a drug problem, or indeed all those who use drugs. The number of cocaine users, even heavy users, outside treatment is likely to be far greater than those who seek treatment (Waldorf et al., 1991). HRB figures consistently indicate that opiates are the primary drugs of misuse.

The vast majority of contacts reported opiates to be their main problem drug (76% of all cases and 47% of new cases), while just over 1% of all cases and 1.7% of new cases cited cocaine as their main problem drug. Benzodiazepines were the most frequently reported second problem drug (18%) compared to 7% who reported cocaine. For new cases, cannabis was the most frequently reported second problem drug (18%) compared to cocaine (3.6%). There has been a clear and consistent increase in the number of all and first-contact clients presenting with cocaine as a drug of misuse during the period 1998-2005. This increase is most dramatic among individuals reporting cocaine as a secondary drug of misuse. The figure for all persons who made contact with drug-treatment services reporting cocaine as a secondary drug of use, shows an increase of over 400 per cent during the period 1995-2000.

* Of those in treatment during 2000 and reporting cocaine as their main problem drug (n=78), 53 (67.9%) reported snorting while 14 (17.9%) reported injecting the drug.

* In contrast, of those who stated cocaine was their secondary drug of misuse (n=502), almost half (47.5%) reported injecting while one third (33.6%) reported snorting the drug (unpublished data from the NDTRS).

* In 2000, over half of the cases (54%) presenting with cocaine as their main problem drug and the majority (88%) of those reporting cocaine as their second problem drug were treated in the Eastern Regional Health Authority (ERHA) area.

* Treatment contacts living in ERHA and reporting cocaine as their secondary problem drug were more likely to report that heroin was their main problem drug than their counterparts living outside the ERHA area (96.0% versus 48.3%). This may reflect a different pattern of treatment seeking (and possibly use) for cocaine in Dublin, Wicklow and Kildare when compared with the rest of Ireland.

The nature of cocaine use is likely to differ substantially between problematic opiate drug users and recreational drug users. In addition, routes of administration are seen to vary between the two groups. For example, recreational users often ingest cocaine intranasally or orally, and do not consider their drug consumption as damaging or problematic. Unlike heroin, no specific drug is used for the treatment of cocaine dependence and there are no prescription figures that can be used as a proxy measure of cocaine dependence. It should be pointed out, however, that because the development of drug services in Ireland has been orientated towards problem opiate use, cocaine users may not be attracted to these settings. Individuals presenting with cocaine-related problems were more likely to be male than female.

Drug Treatment Data - Conclusion

The number of clients who report cocaine as their main problem drug has remained consistently small – approximately 1% of all those in drug treatment.

The numbers reporting cocaine as their secondary problem drug have increased since 1996. However, benzodiazepines remain the most frequently reported secondary drugs.

Primary cocaine users in treatment were predominantly snorting cocaine while over half of those presenting with cocaine as their secondary drug were injecting cocaine.

The majority of treatment contacts reporting the use of cocaine were from the ERHA region, however, a small number of clients with cocaine problems had received treatment outside of the ERHA area.

Review of Treatment Literature

The international literature demonstrates that there is no recognised pharmacotherapy (chemical treatment of dependence) for cocaine dependence. However, findings from a preliminary trial using Buprenorphine and Disulfiram (Antabuse) with heroin and cocaine dependent subjects do

suggest that this combined therapy can have an effect on the use of cocaine. However, it is recommended that other measures such as psychosocial support should be available to the individual whilst they are receiving pharmacotherapy.

In the UK, the National Treatment Outcome Study (NTORS) has shown that about one third of heroin users at intake were also using crack cocaine. This is of particular concern and has implications for the management of poly drug use in those who present to treatment services. These findings indicate the importance of managing secondary drug misuse and engaging proactively in relapse prevention. Once they start treatment, clients tend to stay longer and respond better if they feel that their concerns are being positively addressed and that their key worker is empathic and understanding, underlining the crucial role workers play in motivating and retaining clients. Counselling, both individual and group therapy is effective in the management of cocaine dependence.

In the USA, cognitive-behavioural approaches have a relatively large and positive evidence base. Group therapy using these approaches has been found to be as effective as individual therapy. Both individual and group therapy is effective in relapse prevention. Retention in treatment is influenced by demographic factors such as age, education and employment. In addition, the severity of cocaine use on entry and the presence of a psychiatric disorder is seen to impact negatively on treatment retention. Cocaine users offered treatment within 24 hours are four times more likely to attend for the appointment than those offered treatment later. Initial attendance at treatment is not influenced significantly by client and situational variables but by delay between the initial phone contact and the appointment offered. Cocaine users who have previous experience of drug treatment and severe cocaine use were found to be the most frequent attendees. The number of cocaine users, even heavy users, outside treatment is likely to be far greater than those who seek treatment (Waldorf et al., 1991).

Treatment Approaches

1. Drug-free psychosocial interventions such as counselling, provided on a non-residential basis, are the most cost-effective options for clients with few complicating problems.
2. Harm reduction messages need to be targeted at cocaine users also. Young people are often oblivious to the harms and how to minimise them when using cocaine.
3. Clients with multiple needs tend to benefit from intensive residential rehabilitation and (if they stay long enough) do better there than in community based drug counselling. However, for

many clients intensive rehabilitation programmes can be provided just as effectively on a day-care basis. Alternative therapies are increasingly popular and some early findings are showing that when auricular acupuncture is used in addition to other interventions as part of a comprehensive programme, patients show decreased cocaine use and higher levels of abstinence.

Drug Treatment Approaches-Conclusion

Research indicates the following approaches to be effective in treating cocaine addiction (NACD, 2005):

Individual drug counselling
Group therapy/counselling
Self help groups
Peer leadership
Provision of early appointments
No delays in providing treatment
Outpatient programme for moderate problems
Residential programme for complex and severe problems
Combined pharmacotherapies in conjunction with other interventions
Auricular Acupuncture is showing promise in the management of cocaine dependence.

It is clear from the research that people who start using cocaine do not consider the harmful effects. Drug prevention approaches that emphasise personal and social development, stress social skills and enhance decision-making in school based and community programmes can be effective. The perception that cocaine is a safe drug has implications for the levels of risk behaviour associated with injecting, with the sharing of snorting and smoking equipment to administer the drug, and with combining cocaine use with alcohol use.

Nature and Extent of Cocaine Use within the Irish Context

Only a small number of studies regarding cocaine have been conducted in an Irish context.

Mayock (2001) – Exploratory Study of Cocaine Use in Ireland- Key Findings

The findings of this study strongly suggest an increased availability and use of cocaine, especially among certain groups of recreational poly drug users and an increased visibility of cocaine on the club and pub scenes.

Signs of increased cocaine use among opiate users in disadvantaged areas of Dublin were also noted.

The study indicated that the nature of cocaine use is likely to differ substantially between problematic opiate drug users and recreational drug users.

UISCE (2002) – Survey of Cocaine Users – Key Findings

Over half (58%) of the sample reported injecting cocaine, almost as many (55%) said they snorted cocaine, while over a third (37%) said they smoked cocaine/crack.

Among those surveyed, the average age of first use of cocaine was twenty-one years of age; regular use of the drug began somewhat later, on average at 25 years of age.

Female respondents were younger than their male counterparts both when they first used the drug (over a quarter were under 18 years of age) and also when they began to use the drug regularly.

The majority of the respondents were weekly users with almost half (48%) using on a weekly basis, approximately four times a week.

Forty percent of the respondents used cocaine on a daily basis, on average four times a day.

Twelve percent used cocaine on a monthly basis, on average two to three times per month. The respondents reported high levels of poly drug use.

A high proportion of the respondents (60%) felt their cocaine use was problematic, almost all of these (98%) had experienced changes in behaviour since using cocaine. However, less than a third of these had sought treatment.

Almost half (45%) of the respondents had looked for information on using cocaine, both those who regarded their drug use problematic and those who didn't, while almost a quarter (22%) had sought treatment for their cocaine use. However, as the respondents were primarily poly drug users the implications are that treatment services may need to address generic addiction issues rather than focus service delivery on a particular type of drug.

Merchants Quay Ireland (2003) – Survey of Cocaine Users- Key Findings

A survey of 100 cocaine/crack users found high levels of poly drug use in the group with the vast majority using a range of drugs including heroin, benzodiazepines and alcohol.

The majority of the respondents reported heroin as their primary drug of use, with a smaller number reporting cocaine as their primary drug.

The vast majority reported injecting cocaine, with a high proportion reporting injecting a mixture of cocaine and heroin – a speedball.

Few of the respondents viewed their cocaine use as problematic and only a small proportion

had sought treatment for their cocaine use. However, most of those surveyed were currently on methadone maintenance programmes.

The extent of poly drug use among the respondents, and in particular among those receiving treatment for heroin addiction, has implications for services and their capacity to respond to these clients.

Despite considerable evidence indicating poly-drug use, including cocaine use, among individuals who seek treatment for heroin-related problems, relatively little is known about the nature of combination or poly-drug-using careers. The identification of drug use patterns at local level is difficult to quantify and requires specialist research (Parker et al., 1998). Hence, the aim in this research is not to advance evidence on the extent of cocaine use generally or among particular sub-groups of the population. Rather, the emphasis is on documenting perceptions of what is occurring on the ground, based on the reports of individuals who have regular contact with drug users. A conspicuous feature of informants' reports may be that despite the general belief concerning increased cocaine availability, many may feel that they have no concrete evidence of cocaine's emergence as a major issue, certainly compared to heroin and other drug use.

Anecdotal Information (NACD, 2005)

Anecdotal reports suggest that the increase in cocaine use has been across the general population not just among existing problem drug users or confined to certain urban areas (NACD, 2005). Reports of an increased level of cocaine use in the pub and club scenes are thought to be related to greater availability, cheaper price and as a substitute for ecstasy which appears to have become less fashionable and less popular due to reports of poor and fluctuating quality. Sources indicate that cocaine powder is being sold for between €30-40 per '1/2 gram' (usually a smaller amount is involved). A gram of cocaine would give users between 5-10 lines for snorting which could last two people anything from a couple of hours to a whole night, depending on their tolerance, appetite for the drug and its strength. The new cocaine users often perceive the drug as clean and acceptable with minimal health implications, and are attracted by the perceived effects such as the absence of hangovers and an increase in sex drive. They also report that the drug is readily available and acceptable, especially in pubs in a way that heroin has never been.

Research Purpose

The purpose of this research was to examine cocaine use in the Cabra area of Dublin. This research coincided with renewed attention, in a European context, to suggestions of a possible increase in the availability and use of cocaine (ESPAD, 2005). The primary aim of this research was to investigate local levels and patterns of cocaine use in Cabra. The study was undertaken against a backdrop of anecdotal and impressionistic evidence suggesting that cocaine is very much '*around*', more easily procured than previously and making a conspicuous breakthrough on the drug scene. Hence, this research sought to locate and analyse all available data identified as potentially useful in an assessment of the extent and nature of cocaine use in the Cabra area.

The main research objectives were;

- To explore the extent of cocaine use in the Cabra area;
- To establish needs and gaps in service provision;
- To explore the responses of other originations and agencies in relation to cocaine use and to ascertain if they are aware of local services.

Research Methodology

There were three research components in this analysis of cocaine use in the Cabra area.

Section One

The first examined existing, predominantly [statistical, data sources](#) in order to identify emerging patterns and trends in cocaine and base/crack cocaine use. Relevant data from several sources, all considered to be key indicators of drug misuse, were presented in detail in previous chapters.

Section Two

Qualitative methodologies are particularly suited to accessing 'hidden' drug scenes (Wiebel, 1990). An additional advantage of qualitative research in the drugs research field is that it provides detailed knowledge about types and levels of drug involvement as well as important details pertaining to the lifestyles, attitudes and motives of drug users. The emphasis in the second was on accessing '*front-line*' indicators, that is, individuals working in the community and at street level who are well positioned to detect recent or 'new' local developments. This is important since available figures may not accurately reflect current drug trends owing to the

time-lag between the collection and the processing and publication of relevant data. [Individual face-to-face and telephone interviews](#) were conducted with a range of informants including drug-service providers, An Garda Síochána, youth workers, drug counsellors, general medical practitioners, hospital personnel, night-club owners and a small number of key informants considered to have experience of and insight into common and preferred drug-taking practices in the Cabra area.

The primary objective was to access the views, perspectives and concerns of individuals who have direct knowledge and/or experience of cocaine users and of the drug scene generally. In this context, there is a specific focus on uncovering information pertaining to the availability of cocaine, local drug markets, trafficking/dealing/ distribution patterns, health consequences and the negative repercussions of use. In addition, the interviews with drug-service staff addressed the issue of service provision, including the needs of cocaine users and implications for treatment intervention and other drug services. For a comprehensive listing of those agencies and individuals to be interviewed and surveyed, please see [Appendix](#).

Following these interviews used to identify the primary issues, a [survey](#) was administered to the relevant organizations and key individuals in the Cabra area, in order to quantify the trends identified and aid in future funding applications.

Section Three

Anecdotal evidence in the Cabra area suggested that cocaine is easily available and its use more widespread than previously was the case. Within this research protocol it was hoped to gain the co-operation of a small number of adult cocaine users in the community. In view of the widespread recognition of recreational or non-problematic forms of cocaine use in other jurisdictions (Erickson et al., 1987; Cohen 1989; Green et al., 1994; Hammersley & Ditton, 1994), a [small-scale qualitative study of known adult cocaine users](#) as identified by relevant agencies was undertaken (with facilitation from a leading key worker and volunteerism of the individuals). The primary aim of this exploratory research was to examine respondents' use of cocaine and other drugs. The research also sought to examine attitudes to cocaine and other drug use, to investigate perceptions of the risks associated with cocaine compared to other drugs, and to examine dominant or preferred circumstances associated with the use of cocaine. All respondents resided in the Cabra area. The protection of informants' identities was a priority

throughout the research. No names, addresses or contact numbers were recorded on the pre-coded questionnaires.

Data Analysis

Full transcripts of **all** interviews, both service providers and key informants (n=49) were prepared. The findings presented were based on a thematic analysis of all transcript material. A theme is not merely a 'fact' or set of facts extracted from the data but a pattern that presents itself throughout a data set. (Boyatzis, 1998: 4).

In summary, multiple sources were used in order to build a fuller picture from partial data. The orientation of the research is largely investigative, with each segment of data feeding into a '*detective*' approach (Douglas, 1976). General principles of analytic induction were applied to the examination of pre-existing data and to data collected through face-to-face and telephone interviews. This approach involved establishing an initial description of the phenomenon and the continued refinement of that analysis in light of further evidence collected in the course of fieldwork. Such research orientation is particularly suited to gathering information in sensitive and 'hidden' areas of human behaviour (Stimson, Fitch, Rhodes & Ball, 1999).

Ethical Procedures

1. In relation to the qualitative phase, should any concerns of a child protection nature (as defined by Children's First Guidelines) have come to the attention of the researcher during the course of research interviews, reporting procedures as outlined in Children First National Guidelines for the Protection and Welfare of Children (2004) would be followed.
2. The survey instruments and methodology were conducted in accordance to standards set by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA, 2005), in addition to following the research protocol of several previous research studies undertaken in Ireland and in the United States (NACD, 2005, HBSC, 2002).
3. The protection of informant's identities was a priority through out the research. No names, addresses or contact details were recorded on the pre coded questionnaires. In addition, all identifiers (place names, birth place, current area of residence etc) were removed from transcript material and fictitious names substituted in all cases for the purpose of reporting study findings.

Interviews with Key Informants and Service Providers in the Cabra Area

A number of key informants and service providers (**n=49**) were interviewed in the Cabra Area.

Issues Addressed During Interviews.

Drug Service Staff Numbers presenting with cocaine-related difficulties (stable, increase, decrease) / Evidence of crack cocaine? / Cocaine as a primary drug of misuse? / Treatment needs of cocaine users / Implications for treatment and service provision.

Key Informants Who is using cocaine (age group/background/SES)? / Availability, cost and purity? / Is cocaine more accessible than previously? / In what kinds of settings is use taking place? / Patterns of use (regular/recreational/occasional etc.)?

Gardaí Drug seizures and arrests: have the figures for cocaine changed dramatically in recent years? / Any indicators of increased availability of cocaine at street-level? / If yes, how have the Gardaí responded to this 'new' development?

Youth Workers Is there evidence of increased use of cocaine among young (within 'high risk' localities) people? / Any evidence to suggest that cocaine is easier to access and/or more affordable than previously? / What are the dominant perceptions of the 'risks' associated with cocaine use? / Are youth workers adequately equipped to respond to current drug use trends?

General Practitioners Numbers presenting with cocaine-related difficulties (stable, increase, decrease) / Evidence of crack cocaine/ cocaine as a primary drug of misuse / Treatment needs of cocaine users / Implications for treatment and service provision.

Key informants are individuals who have experience of and contact with the drug scene and are considered to have knowledge and insights that may contribute significantly to the data collected from other sources.

(Mayock, 2001)

Community Service Provision	18
Gardai	3
Drugs Services	9
Secondary Schools	3
Youth and Sports Related Services	8
Key Informants	2
Taxi Drivers resident in Cabra	6
Total	49

Cocaine Availability in the Cabra area.

The majority of respondents believed that cocaine was more easily available than previously. Across the range of individuals interviewed, there was a definite consensus on increased accessibility and use of the drug. Several respondents involved in the delivery of drug treatment stated that they had become aware of an increase in the supply of cocaine within the areas where they worked, particularly during the past year. Similarly, many professionals working with young people in communities where drug use is concentrated drew attention to a shift in the local drugs market towards increased cocaine availability. Other respondents highlighted the apparent decrease in the street price of cocaine and felt that this served as a further indicator of the changed nature of availability and use of the drug.

It is also significant that a number of individuals involved in the provision of methadone treatment reported a conspicuous upsurge in the proportion of urine samples revealing quantities of cocaine. Although this trend appears to have since abated, doubt was expressed, in some cases, about the validity of the assumption that a decrease in the percentage of urines revealing cocaine can be reliably viewed as an indicator of a downward trend in cocaine use among clients receiving treatment.

Other respondents also indicated that cocaine was currently more visible on the club/dance/drug scene than previously. It was also suggested that this trend was accompanied by increased acceptance of cocaine as a drug of choice among the age groups of 18 to 45 years. The majority

of respondents stated that there was little evidence to suggest that crack cocaine was making a breakthrough on the drug scene. Overall, the data points to increased awareness of the presence of cocaine, its availability on the street, and its potential to become a drug of choice for both recreational and problematic drug users.

Nature and Extent of Cocaine Use in the Cabra area.

The identification of drug use patterns at local level is difficult to quantify and requires specialist research (Parker et al., 1998). Hence, the aim here was not to advance evidence on the extent of cocaine use generally or among particular sub-groups of the population. Rather, the emphasis was on documenting perceptions of what is occurring on the ground in Cabra, based on the reports of individuals who have regular contact with drug users and those working within the community.

A conspicuous feature of informants' reports was that despite the general belief concerning increased cocaine availability, many simultaneously felt that they had no concrete evidence of cocaine's emergence as a major issue, certainly compared to heroin and other drug use. In particular, respondents felt unable to estimate the extent of cocaine use in the Cabra area. There appeared to be a number of important factors associated with this absence of clear evidence or knowledge of cocaine's 'position' or status as a drug of use. First, respondents felt that cocaine use was extremely hidden and consequently, unlikely to come to their attention. Secondly, according to a large number of interviewees, cocaine users are unlikely to perceive their drug use as problematic and accordingly, are unlikely to seek treatment or advice of any kind in relation to their cocaine consumption.

However, a number of professionals working at community-level did report direct experience and evidence of cocaine use and considered this development to be a recent one. All stated that users were far more likely to be using the drug intranasally. Despite several examples of reports of cocaine use by clients, the dominant concern among respondents involved in the delivery of drug treatment remains firmly on problems related to heroin use. There was general agreement, however, that cocaine was far more likely than previously to be a secondary drug of misuse. Several respondents made reference to the practice of '*speedballing*', which involves the simultaneous intravenous use of cocaine and heroin. They acknowledged that '*speedballing*' was a common practice and a number drew attention to the health implications of injecting risk

behaviour. Furthermore, respondents consistently drew attention to dominant risk perceptions and felt that drug users were unlikely to perceive cocaine use as posing serious health risks, certainly compared to those associated with heroin. There is an implicit danger here, if, as perceived, cocaine is increasingly gaining acceptance and is more commonly in use in the Cabra area.

Who is using cocaine in Cabra (age group/background/SES)?

It appears that cocaine users are classified as belonging to 2 groups;

- 1) the individual on methadone maintenance using cocaine in a variety of ways (snorting, smoking and injecting) and
- 2) the recreational drug user displaying regular use at weekends and occasionally through the week and only snorting the cocaine.

Availability, cost and purity of cocaine in the Cabra area? Is cocaine more accessible than previously?

Those interviewed commented that cocaine was extremely easy to acquire and would only require one phone call or could be bought and often consumed in local public houses. Local taxi drivers commented on the prevalence of cocaine use among young people at night and that;

"You know where to get drugs, any drugs when you see a shoe hanging on a telegraph pole, that's where you'll see them dealing. The shoe tells you where to go...."

"There's loads of cocaine in Cabra, the dealers are outside of the area and the coke is being brought in, by the girlfriends in their cars, and the kids at school. I even know of one of the biggest drug dealers using a disabled lad to sell the coke from under his wheelchair..how bad is that...."

The average cost of cocaine in the Cabra area is;

€1000 per ounce.

€180 per 1/8 ounce.

€80-100 per 1.4 g

From a drugs workers perspective, cocaine is a more expensive drug, as users need to buy more of it, although it is relatively cheap per gram. Drugs workers would suggest that the quality of the cocaine is poor. There are as of yet no reliable statistics as to the quality of cocaine seized in the Cabra area.

Is there any evidence of crack cocaine in Cabra?

There is to date no anecdotal evidence to suggest crack cocaine use in the Cabra area, however one key service provider noted its presence in the Finglas area. Several key workers commented on the seizure and known use of anabolic steroids in the Cabra area, perhaps again typifying the increase in aggressive behaviour among young cocaine using males. From a Garda perspective there was no evidence of crack cocaine yet in the K district but some in the city centre. One key informant noted the presence of crack cocaine in Phibsboro.

Is Cocaine used as a primary drug of misuse?

All service providers and key informants agreed that cocaine is rarely used on its own. It is used as a polydrug. Cocaine is usually not the primary drug of use amongst the recreational users in most commonly combined with alcohol and used within the pub and nightclub social setting. Those on methadone would use cocaine in combination with methadone and sometimes heroin. They would present as poly addicted primarily using heroin/methadone and cocaine as a *"speedball"*, smoking cocaine and using heroin to come down. These clients would have a higher degree of drug use knowledge and would be able to wash the cocaine, smoke it, and inject it in addition to snorting. It is rare to see a transition from cocaine to heroin and is most always the other way around.

"Anything they can get their hands on"

"Those using cocaine recreationally have never used heroin and do not classify themselves as drug users"

One key worker identified the following combinations of recreational use with their clients known to be spending between €300-€400 per weekend;

"Hash and Steroids with Cocaine at the weekends"

"Valium and Cocaine"

"Cocaine and Benzo's"

In what kinds of settings is cocaine use taking place? Patterns of Cocaine use (regular/recreational/occasional etc.)?

The cocaine is being used recreationally at house parties, in the public houses and in the nightclubs. In other cases it is delivered to the door. The mode of ingestion in most cases is snorting using a banknote, a straw or a pen.

Several key informants commented

" you just know whose using coke..you can see them going to the loo in pairs, you can hear them sniffing and snorting in the loos and coming out stoked!

It is usual practice for these individuals to "club" together to buy a larger quantity for the weekend. A youth worker remarked that he felt intimidated by the obvious cocaine use in the pubs and the sense of aggression in the atmosphere both in the pub and outside it. Other remarked;

"sure the pub owners don't care...these lads will drink more on cocaine , so why not turn a blind eye"

Others commented that some pubs were putting special cisterns in place and special lights in the toilets in order to combat cocaine use on their premises. With regard to the methadone dependent's use of cocaine, the following comments were made;

"these people don't care as long as they can get their hands on something, they will inject, snort and smoke, and a very clued in to the preparation of the coke"

"they will use the cocaine in varying degrees from regular to irregularly and always within the home setting"

Is there evidence of increased use of cocaine among young (within 'high risk' localities) people?

Anecdotal evidence contained in these interviews suggests that young females aged 16 years and over are more likely to experiment with cocaine because they can look older than their years and can access the pub culture before males of 16 years. Young males of between 17 and 18 years and above are accessing cocaine and using recreationally.

Some taxi drivers commented;

"sure the women are the worse, they cant hold their drink..and they cant manage the drugs either..I often didn't know what to do with a group of girls in that condition..they're liable to piss in the car or anything. As for the lads, they think they're macho and you'd also be worried about that..are they going to pay me my fare..or are they gonna pull a fast one?"I know plenty of auld ones in the area who are afraid to go outside the door at night...there too many lads around on the streets.. They think they're able for anything...ready to beat you up"

Other key informants observed the following;

"the smoking ban has led to increased drug use on the streets...they're openly using and dealing outside of the pubs...it is intimidating and has stopped me going out for a pint..I am now careful where I go at night (Male , 32 years)...you're liable to get picked on for nothing..you can feel the aggression in the air..and you see them coming back from the loos sniffing their red noses"

Many of those key workers interviewed commented on the negative impact which cocaine use will have after a period of use;

"We've seen an increase in suicidal tendencies, and psychotic behaviours presenting in St Brendans"

" people feel they can manage coke if they're snorting and these people are not accessing the treatment services...the perception is, if they are not injecting"

One key worker in the Cabra area observed the occurrence of a 13 year old that had spent his confirmation money on drugs, and stressed the need for parents to be educated as to the behaviours and paraphernalia used for drug taking in adolescents. Often those parents attempting to pay their child's drug debt are afraid to go to the gardai and are struggling with the consequences. There is often no drug policy in the schools.

Any evidence to suggest that cocaine is easier to access and/or more affordable than previously?

The indicators mentioned by those interviewed working in a variety of settings was that cocaine seizures had increased in the last 3 years, that more people were presenting at the methadone clinic with a cocaine related difficulty, that more clients were presenting with financial difficulties caused by cocaine debts and that due to the decrease in price that more young people were experimenting at the weekend. Those workers on the ground also commented on the perception

that cocaine was a "safe" drug and not the real drug problem and was used by 18 to 50 years olds in Cabra.

"sure even someone's parents are using coke at the weekend and they are in their forties...everyone's at it, its no big deal , just a treat at the weekend."

Most of those providing services in the Cabra area noted their concern of the increase in the negative effects of cocaine use, namely an aftermath of aggression, arguments, relationship breakdown and frustrations in the community. From a financial perspective, cocaine related debts are on the increased with some individuals using up to €600-€700 per day. Most notably, no one commented that these individuals also dealt in cocaine (in order to supplement their own habit, as may be the norm in lower level drugs), which typifies the intensely addictive properties of cocaine.

What are the dominant perceptions of the 'risks' associated with cocaine use?

In general those interviewed commented on the lack of awareness regarding the potential health related harm caused by cocaine and particularly when sharing a bank note (HIV risk), and its combination with alcohol. The general perception amongst the recreational user is that it is "*the rich mans drug and if all the celebrities use it, why not me*".

There is no apparent fear of the quality of the cocaine consumed. The reasons for cocaine use amongst the recreational users are as follows;

"Nothing else to do"

"Sure all me mates are doin it"

"It keeps me going all night specially when im drinkin"

From a Garda perspective there appears to be a low fear of legal consequence of using cocaine;

"there's some fear of getting caught with coke..but they have it snorted in a second...and this results in a complacency particularly in the pubs...it is very difficult to monitor the personal user...we focus on the house raids"

From a drug educational perspective, there appears to be a mixed perception as to the health risks, perhaps due to some of the current campaigns already in place in Cabra. This would indicate some success in raising awareness; however this may not necessarily translate into positive health behaviours and may sometimes inform the user how to safely use cocaine.

"Kids don't realize that sharing a note creates a risk of HIV transmission...everyone's so focused on the heroin that they don't see themselves as being the drug users."

From a drugs workers perspective some of the perceptions of risk are;

"The fear of debt"

"The fear of your head being wrecked afterwards"

"Using more than they can afford possibly in addition to another habit"

However, many do draw back from the edge as it were, or achieve a stable state with methadone and cocaine.

Are youth workers adequately equipped to respond to current drug use trends?

From a drug education perspective, there needs to be more harm reduction and educational initiatives taking place within the youth groups, schools and general within the community of Cabra. In general, young people would experiment firstly with alcohol and hash before progressing to cocaine. Several individuals involved with young people, stressed the need *"not to conform to the hype and hysteria in Cabra regarding cocaine"* and to actively target young people into sports and activities. They focus on the development of adolescent choice and strength to say *"no"*.

Several key workers stressed the need to inform local companies and employers of the need for support of employees experiencing cocaine related problems, particularly taking into consideration the security risk to companies for those in cocaine related debt, as well the cost of absenteeism to the company. Those working in youth training commented;

"Our centre is drug free; well they only use hash..thats good enough for us" We are not aware of any cocaine use...they have to be drug free to stay engaging in our programme" Hash has become as normal a lighting a cigarette" If they were taking coke they just wouldn't be able to stick with our programme....concentration levels would be low and they would disrupt the other trainees"

Others observed the lack of structured young people's activities in the weekends when children and young people are most at risk.

Drug seizures and arrests: have the figures for cocaine changed dramatically in recent years?

Seizures relating to personal use in the Cabra have increased, in addition to the larger hauls in the greater area of Dublin. From a Garda perspective, these increased seizures may be due to increase Garda resources in the Cabra area and not necessarily due to increased use. However, the interviewee did surmise that there was increased cocaine availability across Cabra. One key informant noted;

"Remembering the vigilant movement in the nineties in Cabra...them drug dealers were put out and they won't come back in again and deal...but this cocaine is a different story ..We are chasing a moving target...there are so many brining it in from Finglas and Blanchardstown..we cant keep up. We can only rely on informants to tell us who'se up to it.."

If yes, how have the Gardaí responded to this 'new' development?

The Local Drugs Task Force has several interventions primarily aimed at information exchange and drug harm awareness in place namely;

1. An information poster in the public houses, in order to report dealing and offer help/support to the users and their family.
2. They have also distributed a Leaflet on Cocaine to 15,000 house holds in the Cabra.
3. A Public Awareness Campaign.

There are also 2 Drugs Squad Gardai based in Cabra, within the K district (including Finglas and Blanchardstown) of 8 Drugs Squad Gardai. From a ground level perspective, several commented on the poor Garda presence particularly around the Canal Bridge area and that the Gardai are not taking the cocaine use seriously.

What are the treatment needs of cocaine users?

All of those interviewed remarked that

- 1) There is no medical treatment available for those experiencing cocaine addiction.
- 2) There are differences in drug using knowledge between those presenting as methadone dependent and the recreational user.

- 3) There is high turnover of general practitioners dealing specifically with addiction, possibly due to burnout and alternative career choices.
- 4) There is a dedicated cocaine drugs worker in Finglas (FAST) but not present in Cabra. However the cocaine service in Finglas (FAST) is open to those resident in Cabra.
- 5) There is a stigma attached to the methadone clinic in Cabra, which the "*recreational cocaine*" users will not access as they do not typify themselves as having a drug problem.
- 6) There is a lack of trained counselors in the Cabra area and particularly for the under 18 years. As cocaine use is a hidden activity, those experiencing difficulty will access a private counselor if they have the funds. There is a need for a basic assessment unit/health care centre where individuals can needle exchange, have wounds dressed etc.
- 7) There is a lack of timely cocaine related drug support for those experiencing difficulty. Such services must be operational in the evening and at weekends, as generally those using cocaine are still able to maintain employment. In addition those working within the community also stressed the need for personalised support in that the vulnerable individual could have a name of someone to ask for help.
- 8) Practical and Therapeutic support is necessary, in addition to proven cognitive behavioural therapies to deal with cocaine abuse. There is a need for addressing a holistic approach to cocaine addiction, with particularly acupuncture having some success in managing the symptoms of cocaine withdrawal.
- 9) Timely money and budget advice is needed for those vulnerable and in trouble.
- 10) Most service providers commented that the only setting to get information was the Cabra Resource Centre and that there was no dedicated adolescent information setting.
- 11) There is a need for cocaine workshops for service providers in the Cabra area in order to raise awareness and provide timely support.
- 12) There is a need for a community based forum for those working on the ground level.
- 13) There must be dedicated outreach in schools, nightclubs, youth training etc in addition to targeting the homeless.
- 14) The contradiction between the Mental Health Services and the Addiction services is still apparent.

- 15) From a support and counseling perspective, the peripheral effect of cocaine use on the family unit is destructive. The relationship may break up, or the spouse may be living with an abusive partner with all family income diverted to cocaine use. From this perspective, the recommendations would also include, the disassociation from cocaine and alcohol using peers and family groups, and the replacement of the cocaine use with something more positive.

Given the current trend for cocaine use, what are the implications for treatment and service provision?

Drugs workers and service providers in the current study expressed concern about increased availability and use of cocaine among their client groups. However, it also seems clear that some services are currently more likely than others to be treating clients who report the use of cocaine. Consequently, the lack of consensus on appropriate treatment and intervention responses to cocaine use is not altogether surprising. More critical perhaps, is the fact that drug workers felt that they lacked adequate knowledge and understanding of cocaine use among their client groups, including information on dominant user practices and the effects, risks and health consequences associated with the co abuse of heroin and cocaine.

Interviewees engaged in the provision of services to drug users were asked whether the needs of cocaine users can be adequately met within the context of existing treatment interventions. Considerable variation emerged among this group on the appropriate way to address cocaine use in the context of existing services. While some respondents felt that specific tailor-made interventions were required to deal with the needs of cocaine users, others believed that current services needed to develop the knowledge and expertise required to deliver appropriate intervention and counselling. Some respondents stated that their agencies had already attempted to address the issue informally. Prevailing perceptions of the risks associated with cocaine use were considered to be a compounding factor. One informant stressed the importance of contextualising current perceptions of drug-related risk when attempting to alter behaviour and beliefs about cocaine.

One key drugs worker noted the apparent disregard for the health risk of sharing needles presenting itself among those in the methadone maintenance programme, thus indicating the intense craving for cocaine for those individuals. Most of those interviewed noted the lack of a specific cocaine service in the Cabra area and stressed the need for consideration of such an

option avoiding a community reaction. Several service providers mentioned the occurrence of cocaine related debts for some individuals, whereby;

"the coke is given on tick, the debt builds up, sometimes up to €4000 and then the individual has to pay it back. There is some degree of fear and intimidation involved...and sometimes the parents have to take out credit union loans...this places an incredible burden and strain on family relationships."

Another key service provider observed;

"the young person comes to us afraid of the drug dealer...sometimes all their social benefits are handed over the dealer every month...they often have an eviction order, no gas or electricity...the impact on the children is terrible...poor diet, lack of heat and lack of socialization with other kids...they don't get to school often or to play with other kids, as their parent cant function"

This area require careful consideration and networking between all relevant agencies in the Cabra area. The following questions were raised during the interviews;

"Do we need have a segregated service for each drug? Do we need separate cocaine centers? Will this avoid the labeling of the drug treatment centre?"

Or do we need to look at what's behind the cocaine addiction? Are we better off promoting prevention and education?"

"We mist create awareness of the impact on the family and how important the family unit is in combating drug addiction"

"The effect of increased levels of aggression in those using cocaine coupled with mounting debts in some cases, would lead to concern regarding community safety on the whole". The general culture prohibits any search for help of those intimidated...no one dares to rat on the dealers..life wouldn't be safe. There is a perception that these recreational users are looking for the risk, the sensation, and wish to appear fearless and unpredictable"

Others actively involved in drug rehabilitation observed the need to follow the United Kingdom Cocaine Programmes which operate on a community basis. They stressed the need to be proactive in the chosen approach in Cabra rather than responding to a cocaine "explosion".

Comments of Interest

- * *Cocaine users are violent and unpredictable.*
- * *Alcohol is the biggest gateway drug for cocaine misuse. Our clients often have a history of binge drinking and cocaine use and are most commonly young males.*

Agencies and general practitioners must be clued in to what the symptoms are of coke use i.e. restlessness, insomnia, paranoia, aggressive behaviours, the eventual psychotic episode...and make sure not to term as mental health problem. We must be aware also that males don't often go to the doctors..and females may overlook the problem, in order to keep the boyfriend". Males become increasingly violent and threatening The cocaine industry is detrimental to women with the acceptable culture of females are disposable. The girlfriend gets wrecked from the coke and is just thrown away when the new one comes along"
- * *Is cocaine the economic consequence of Celtic Ireland?*
- * *Cocaine users don't access treatment centers as they associate this with heroin addiction and not their own cocaine dependency.*
- * *Cocaine users don't see cocaine as a drug addiction. They can often hold down a decent job and relationship for quite a while . Many also have older siblings on methadone and see them as the real addicts. Coke users look down on the heroin druggies.*
- * *Those accessing the heroin clinics may present with a secondary cocaine addiction, which follows methadone use and is most commonly injected..*
- * *There is no replacement drug for cocaine during treatment such as methadone.*

Focus Groups with Young People in the Cabra Area

A number of young people (**n=34**) were interviewed as part of structured focus groups in a variety of mainstream educational and sporting settings.

Age (Yrs)	16	17	18	19
Boys	3	10	4	1
Girls	11	5	0	0

It was notable that in several youth settings the young people either declined to partake or wanted to be paid for their involvement. This typifies the hidden connotations attached to cocaine use and the mentality of the youth involved.

Current Drug Use- Cocaine

How would you describe your current drug use?

- All of the boys interviewed said that they had never taken cocaine and said that a lot of their friends had taken and were regularly using cocaine. This from a research point of view would indicate cautiousness in admitting their own possible use of cocaine to the researcher, and a fear of the assured confidentiality of the study. Most of the boys did comment that they were regular users of alcohol and hash.
- None of the girls had ever used cocaine and only two of the girls said that they knew someone who had taken cocaine. They did admit to regularly using alcohol, hash and ecstasy at the weekends within a social pub/club context.

In what circumstances (time, location, setting) do you typically use Cocaine?

- Both boys and girls suggested that a free house was the usual setting for taken cocaine. They said that it is supposed to give you a '*superhuman feeling*' and give you '*loads of confidence*'. One of the girls said that the '*fella's that take cocaine think their great, real macho men*'.
- They agreed that cocaine would normally be taken with alcohol.
- They agreed that hash was the most popular used drug, but that overall drink would be what most people do.
- Some of the girls in the groups said that they believed that cocaine was not really an issue for them and that it was only taken on special occasion, like the debs ball OR A 21ST birthday party.

- The young people both girls and boys said that their friends took cocaine "*to see what it was like*".

How would you describe the buzz or hit from the Cocaine?

- They could not describe their first experience (as they had not taken the drug) and did not give any details of their friend's experiences. However some of the boys indicated that cocaine "*makes you feel strong and sexually confident*" and said that their friends using cocaine took it for this reason "*you can go all night!*".
- *It just makes you feel in good form with loads of energy.*
- All agreed that it helps you stay partying all night + boost your confidence.

Do you use several drugs together? If so, what drugs?

- It was most common for cocaine to be used in combination with alcohol and within the social context of the pub/club or house party. It was not used on its own. The boys described alcohol as being different to cocaine, in that alcohol slows you down but cocaine allows you to keep going. When probed as to how cocaine makes you feel, they had the following responses, perhaps indicating that they had experimented with cocaine at some stage or were regular users.
 - *feel untouchable*
 - *on top of the world / great form*
 - *can stay drinking/ partying all night*

How much (approximately) do you spend on Cocaine per session/bout of use/

- The boys explained that a gram would not be much, so generally they a number of people would club together and buy as much as they can.

Are there times or places where you would definitely *not* use Cocaine?

- The boys all agreed that it normally wouldn't be taken if you were just going to the pub for a couple of drinks...only heavy users would do this ?They indicated to the researcher that maybe they weren't sure. They suggested that a free house/pub/disco was the usual setting for taken cocaine. The young people could not indicate a specific place where cocaine would not be used.

Social Context of Drug Use-Cocaine

Do you usually use Cocaine in the company of friends? What is your preferred setting for use? Why?

- All of the boys said that 'most' of the friends take the drug on the weekends, Friday, Saturday and Sunday.
- All of the boys agreed that normally it would be taken while going or on a night out. In particular if they were going clubbing or to a 'session'.
- They could not describe their first experience as they had never taken any, but said there was a no particular way to describe the experience.
- All agreed that it brings about different effects than alcohol, all agreed that they are good together.
- The girls suggested that if cocaine were to be taken it would probably be at a 'free house' or 'up the fields' as this is where they would drink.

Which would you say is the most popular or most frequently used drug within your network of friends/acquaintances?

- The young people interviewed both boys and girls indicated that alcohol was the most popular substance used, usually on its own or in combination with hash and ecstasy.

Availability, Quality and Cost of Cocaine

Is it easy to access a supply of Cocaine? Are the "right" contacts necessary to secure a supply of Cocaine?

- Both boys and girls remarked that cocaine was very easy to access and that one phone call was sufficient. It seems that all of those interviewed were aware of where to get drugs, no special 'contacts' were needed.
- The girls indicated that it was usually males who sold cocaine and that they were not aware of any female dealers in Cabra.
- The school going boys and girls said that they could not buy cocaine at school, but could definitely get hash and ecstasy during break times.
- Some of the girls said that they were asked whether they wanted some drugs at local disco's, but they refused.
- Others noticed burnt lumps of hash at school, speed and cocaine in the toilets at nightclubs and the look of drug using individuals at night.

Does the quality of Cocaine vary? What is the street value of Cocaine at present?

- Only one girl said she knew the cost of a gram of cocaine €60. Several girls said that they would worry about the quality and what they were taking if they were not experiment with cocaine. Other girls said that if they were to take cocaine, they wouldn't worry about the quality. None of them were worried that they couldn't get drugs in Cabra as they said it was very easy.
- All of the boys stated that the cost varies from €80-€100 per gram. None of them indicated any concerns over quality. They simply remarked that if the cocaine was bad quality they just simply would not use that supplier again.
- A number of the boys commented on how some dealer's might deliberately sell '*dodgy stuff*' or '*Cheap stuff*'. But under no circumstances would they confront the dealer, just buy it off someone else the next time.

Method of Drug Use- Cocaine

How do you usually use Cocaine (mode of ingestion)?

- They all said that the snorting cocaine using a bank note or a pen was the most popular method.
- All the boys said that cocaine is normally taken with alcohol – However 2 of the boys explained that 'sleeper' and 'E's' was also combined with cocaine.
- None of them were sure on how much one would spend at per session.
- No specific place where cocaine would not be use was mentioned.
- Said that it would have been the person choice to buy it – not forced on them- curious to see what it was like.
- It appears while there seems to be no peer pressure, they boys and girls are influenced by their peers behaviours as indicated by the boys that there are always someone in the group on a night out 'doing cocaine'.
- All agreed that it brings about different effects that alcohol, all agreed that they are good together.

Risk Perceptions- Cocaine

Do you consider certain drug/s as "safe" drug/s? Do you think that Cocaine can be dangerous or potentially addictive?

- Again there was the perception of cocaine being a safe drug and again it was suggested as a *rich man's drug*. One girl quoted:

"Sure all the celebrities are doing it".

- Neither the girls nor the boys were aware of any health risk posed by cocaine, or its combination with alcohol.
- Heroin was perceived by all the girls to be the worst and most frightening drug and they felt that as long as you weren't injecting those substances such as alcohol, hash and ecstasy were quite safe.
- All of those interviewed thought that some drug/s can be dangerous or potentially addictive, but were not aware of the risks associated with legal drugs (alcohol and tobacco) compared with illegal drugs. The general perception was one of "drinking is ok"
- All of those interviewed unanimously commented that drug education was haphazard, with some individuals receiving no drug education during school time. In some school the Social Personal Health Education was just a "doss class".

What about the legal consequences of getting caught with Cocaine? Do you believe you would be charged?

- The young people did not know the legal consequences of taking or possessing any drugs.
- Most of the boys remarked that if they were caught in possession of cocaine or hash that it would just be taken of them and no charges would be brought against them.
- Again most of the boys remarked that it is safer just to carry enough cocaine, hash or whatever for personal use and not large amounts.

Have you ever experienced adverse or negative side effects following the use of Cocaine?

- The young people denied having taken cocaine and could not answer this question.
- None of the boys or girls reported knowing someone who had overdosed or experience any other negative effects.
- They did however know of someone taking cocaine and running up a cocaine debt, and the impact this had on the community and the individual's family.
- Those currently abstaining were divided, some reported that they would never try drugs and others said they might if the opportunity presented itself.

Schools and Educational Staff Perspective on the Extent of Cocaine Use in the Cabra area.

- All of the schools interviewed did not facilitate drugs awareness training and over half of them were aware of drugs programmes/courses currently operating in the Cabra area.
- Half of the schools had provided staff/teachers with in service drug related training and a structure in place in the event of a drugs incident arising. However the schools had admitted that the in service training had taking place a number of years ago. This therefore meant that a large number of the teachers who had joined the school in recent times had no relevant drug educational training.
- Only one school has a dedicated drugs policy in place. This school dedicated a lot of time and effort constructing their drugs policy. A committee was set up comprising of students, teachers and members of the parent's council.
- Only one school has drugs information leaflets available to student's parents and teachers. However this leaflet is only available on request.
- None of the schools admitted to having an experience with drugs misuse in the last 2 years. Although all the schools had a structure in place in case of a drugs incident.
- All of the schools also had a referral system in place in the event of an incident arising.
- All of those schools would support an addiction counseling service for under 18 years in the Cabra area.
- Some of the schools believed that there were a gap in services for young people and their parents in the area, while other schools believed that services currently in operation were sufficient.

Exploratory Study with a Group of Cocaine Users

In view of the widespread recognition of recreational or non-problematic forms of cocaine use in other jurisdictions (Erickson et al., 1987; Cohen 1989; Green et al., 1994; Hammersley & Ditton, 1994), a **small-scale qualitative study of adult cocaine users** not in contact with drug-treatment agencies was undertaken (with facilitation from leading organizations and volunteerism). The primary aim of this exploratory research was to examine respondents' use of cocaine and other drugs. The study's selection criteria, in terms of past and current cocaine use, were deliberately broad. No strict or binding guidelines pertaining to precise levels of drug intake were applied at the outset of the selection procedure. However, to qualify for participation in the study, respondents had to have used cocaine at least five times during their lifetime, preferably at least once during the past year. Other criteria for entry to the study, in addition to some experience with cocaine, was that participants had to be 19 years of age or older.

The purpose of this research phase was not to ascertain how many people use cocaine, but rather to gain some insight into reported patterns of cocaine use among a small group of social users. Hence, the central concern was not one of generalisability but one of access.

A number of young males (**n=5**) aged between 19 years and 26years were interviewed.

If you have used cocaine how do you use it?

All of those interviewed snorted the cocaine and had never considered either smoking or injecting.

How would you describe your current cocaine use?

All of those interviewed only used at weekends with 1 indicating more regular use of cocaine.

Do you use cocaine on its own or with other substances?

The interviewees indicated the following

1. Drink and hash (2 responses)
2. On its own and with hash and alcohol (2 responses)
3. Drink, hash and tablets (1 response).

How do you describe how you feel when using cocaine?

The following responses were noted;

"It makes you aware after having a few drinks, sometimes it makes me angry"

"It's a mad feeling"

"Its relaxing"

" It's a good buzz, really funny"

"I feel hyyper – I get a laugh out of using it".

Where do you use cocaine?

3 of the individuals use cocaine in their houses or at house parties most frequently. 1 individual uses cocaine in nightclubs, and 4 of the individuals use cocaine mostly indoors i.e in pubs, at house parties , and in their cars. Most notably it appears that cocaine is used in a variety of social settings including public places because of its ease of use. It is snorted in a second. It also appears that it is common place to use cocaine in pubs and clubs.

Do you ever use cocaine alone?

Cocaine is used sometimes alone by 2 individuals and is never used alone for 3 individuals. It appears that cocaine is most commonly used within a social setting with others present.

Is it easy to get cocaine in the Cabra area?

All of those interviewed agreed that cocaine was very easy to secure in Cabra and required no more than a phone call. It was not necessary to have a main dealer or to know a dealer as it was easily available from a variety of locations in Cabra.

How much do you spend on cocaine in a session?

It appears that on average €200-250 is spent on cocaine per session on an individual basis with individuals grouping together to secure a significant amount of between €700 -5000.

Do you have any negative feelings about using cocaine?

The following comments were made;

"I often feel paranoid after using coke"

" I feel grand- it doesn't effect me"

"I feel ok, mostly the drink would cause the after affect"

" I feel depressed after using cocaine as the weekend"

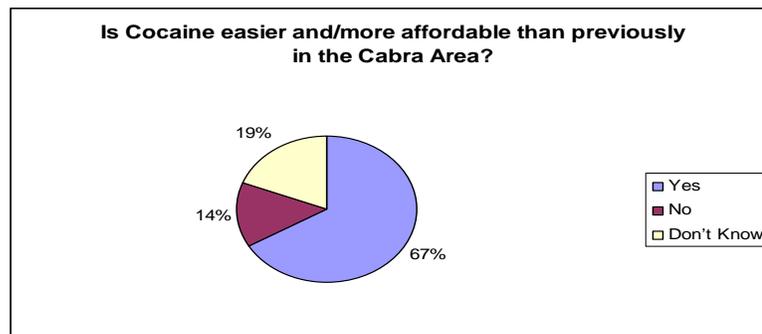
"I feel very low after using it. But I don't take tablets or anything else to come down off it"

Most notably, the group did not appear to have any negative thoughts about the health, legal or financial consequences of using cocaine. They did remark on the characteristic low feelings after using cocaine at the weekend.

Quantitative Results of the Cocaine Survey in the Cabra Area

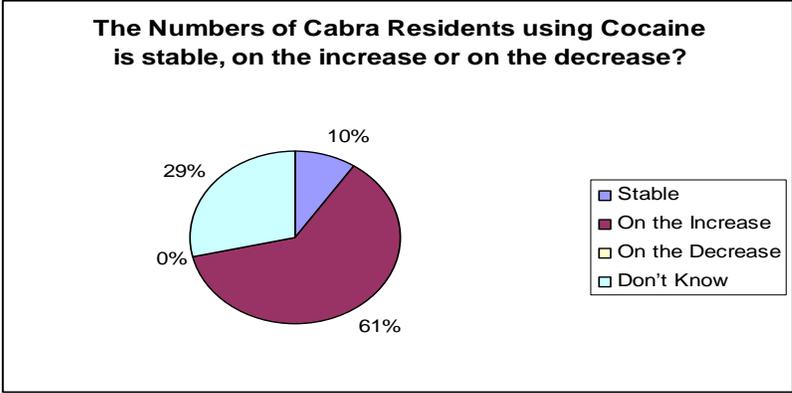
A number of questionnaires (**n=55**) were posted to schools, community organisations, HSE, youth groups, public houses, churches, politicians, night clubs, general practitioners, treatment clinics in the Cabra area. All questionnaires were provided with a Self Addressed Envelope with the return address provided. A total of **22 questionnaires** were returned, giving a 40 % response rate. This was disappointing in light of the provided stamped and addressed envelope. It was notable that 6 returned their questionnaires with n/a and don't know as all answers. This significantly skewed the following results. This was also apparent to the researcher when conducting the interviews that some service providers were suspicious as to where the funding originated from, why the Cabra Resource centre commissioned this research, and indicated a possible fear of losing control as to the designation of community funding/services.

1. Is there any evidence to suggest that Cocaine is easier to access and/or more affordable than previously in the Cabra area ?



Note: 67% of those who completed the questionnaire suggested that cocaine is easier and more affordable than previously in the Cabra, with 14% disagreeing and 19% who didn't know.

2. Please tick the option which best describes the current situation in Cabra -The numbers of Cabra residents using Cocaine is ?

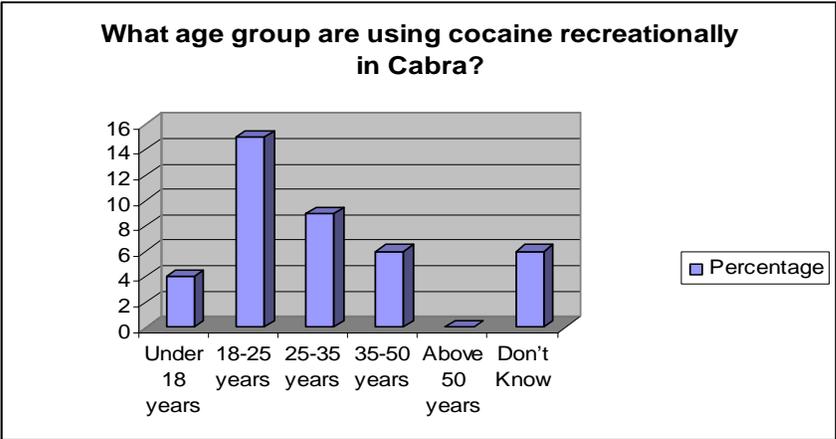


Note: 61% of those who completed the questionnaire indicated that they felt the numbers of Cabra residents using cocaine was on the increase, 29% didn't know and 10% felt it was stable.

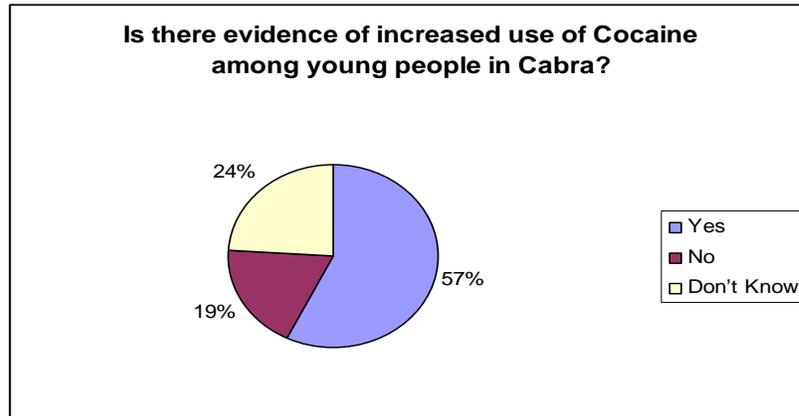
3. What age group in Cabra is using Cocaine as recreational drug? You may tick more than one option.

Age in Years	Percentage %
Under 18 years	4
18-25 years	15
25-35 years	9
35-50 years	6
Above 50 years	0
Don't Know	6

Note: 15% of those who completed the questionnaire indicated that this was the largest grouping of aged 18-25 years that are using cocaine as recreational drug in Cabra, with 9% indicating 35-50 years and 6 % who didn't know.

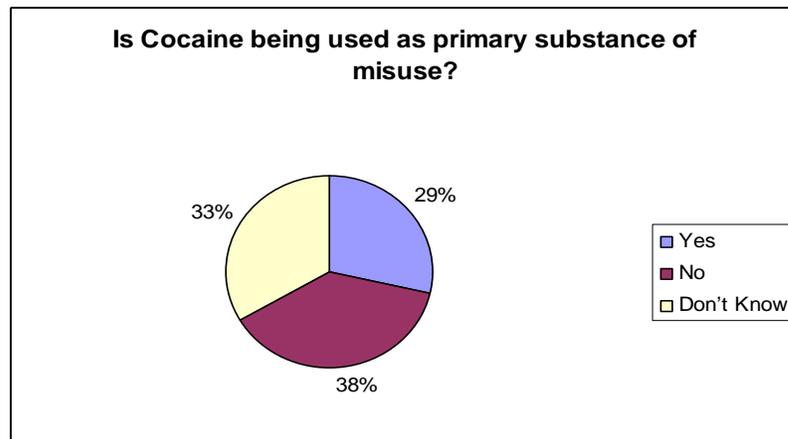


4. Is there evidence of increased use of Cocaine among young people in Cabra ?



Note: 57% of those who completed the questionnaire indicated that there was increased use of cocaine among young people in Cabra, with 19% indicated there was no increase and 24% who didn't know.

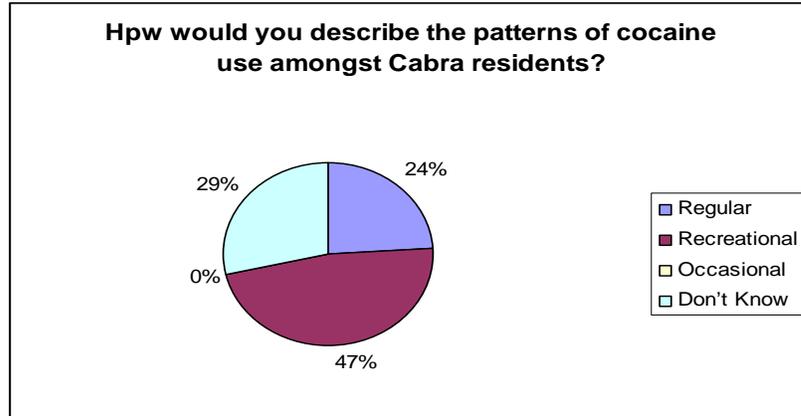
5. Is Cocaine being used as a primary substance of misuse ?



If No, please state what *the primary substance of misuse (includes alcohol)* is.....

Note: 29% of those who completed a questionnaire indicated that cocaine is being used as primary substance of misuse, with 38% disagreeing and 33% who did not know. Of those who indicated that cocaine was not the primary substance of misuse the following substances were mentioned:
Alcohol, Benzos and Hash were the additional responses to combine with cocaine use.

6. How would you describe the patterns of Cocaine use amongst Cabra residents ?



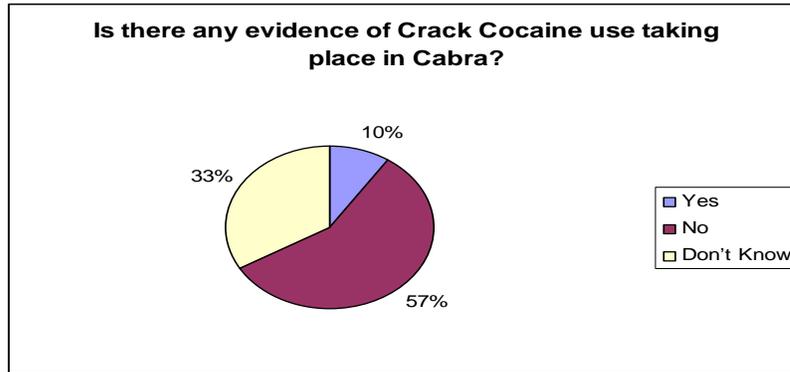
Note: 29% of those who completed the questionnaire did not know what the patterns of cocaine use were amongst the Cabra residents, 47% described these patterns as recreational and a further 24% described this as regular use.

**7. What is the primary mode of ingestion of Cocaine amongst Cabra residents ?
Please number 1,2,3 in order of preference.**

	1st Pref	2nd Pref	3rd Pref
Snorting	66%	0	0
Smoking	4%	19%	0
Injecting	0%	9%	14%
Don't Know	14%	14%	0%

Note: 66% of those who completed the questionnaire indicated that snorting was the most preferable mode of ingestion for cocaine among Cabra residents, with a further 19% indicating smoking as second preference and 14% indicating injecting as a third option.

8. Is there any evidence of Crack Cocaine being used amongst Cabra residents ?



Note: 57% of those who completed the questionnaire indicated that there were not aware of crack cocaine use in Cabra, with a further 10% indicating some presence of crack cocaine and 33% who did not know.

9. In what kinds of settings is Cocaine use taking place in Cabra ? Please tick 1,2,3 in order of preference.

	1st Pref	2nd Pref	3rd Pref
Pubs and Nightclubs	52%	5%	9%
At home	14%	52%	5%
Outside/on the Street	5%	9%	14%
Don't Know	29%		

Note: 52% of those who completed questionnaires indicated pubs and clubs as first preference for cocaine use in Cabra, with at home as second preference (52%) and on the street as third (14%).

10. What are the dominant perceptions of the 'risks' associated with Cocaine use amongst Cabra residents? Please tick 1,2,3,4 in order of preference.

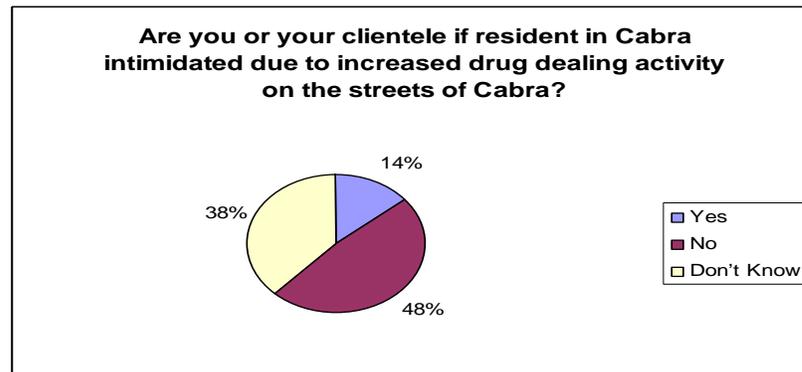
Response	1st Pref	2nd Pref	3rd Pref	4th Pref
No Fear	48%	5%	0	10%
Fear of Health Consequences	10%	5%	19%	19%
Fear of Legal Consequences	5%	14%	19%	19%
Fear of Financial Consequences	10%	33%	10%	5%
Don't Know	27%			

Note: 48% of those who completed the questionnaire indicated that there was no fear for the majority of individuals using cocaine in Cabra, with some fear of health and financial consequences (10%) and fear of legal consequences (5%).

11. What age group is using Cocaine as secondary presenting problem to heroin /methadone dependency amongst Cabra residents?

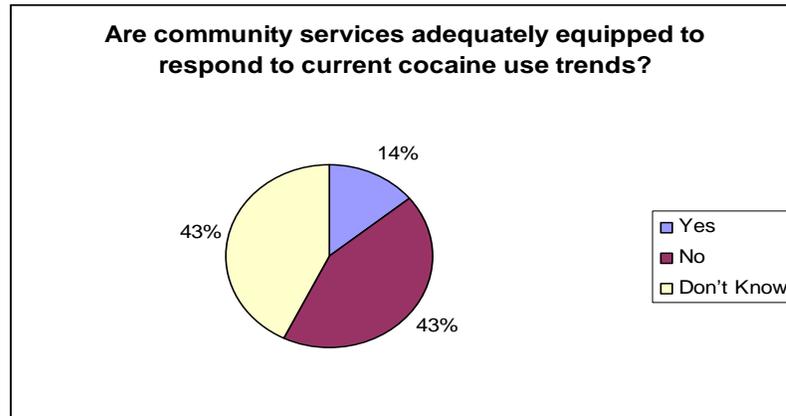
25-35 years	28%
Don't Know	72%

12. Are you (if resident of Cabra) or your clientele (resident of Cabra) intimidated due to increased drug dealing activity on the streets of Cabra?



Note: 48% of those who completed the questionnaire indicated that they or their clients were not intimidated due to drug dealing in Cabra.

13. Are Community Services in the Cabra area adequately equipped to respond to these current Cocaine use trends?



Note: 43% of those who completed the questionnaire did not indicate that community services were adequately equipped to deal with the current cocaine situation in Cabra, with 14% indicating that they were and 43% who did not know.

If No. These were the comments written on the questionnaires.

1. Services are more likely to deal with opiate users.
2. Clients have to travel to get any drug scheme help and clinics are too far away.
3. Support is not available enough to make the family unit aware of the problem arising from cocaine use (i.e. addiction leading to debt).
4. There is no dedicated treatment for cocaine in Cabra, only a referral system.
5. The current treatment modality for cocaine addiction is cognitive behavioural therapy, of this there is no community setting in Cabra where this can take place.
6. We are unable to quantify the actual cocaine useage in Cabra.
7. Some of our clients would prefer to use supports located in the city centre, as we are unaware as to specific supports available in Cabra.
8. As a community group, we are unaware of what services are available apart from the Cabra Resource Centre, so most Cabra residents would be in a similar position. There is a lack of information and also knowledge of issues relating to cocaine misuse among the Cabra residents.
9. Funding is needed to support the implementation of drug awareness and education workshops.

14. Given the current trend of Cocaine use in the Cabra area, in your opinion what are the implications for treatment and service provision? These were the comments written on the questionnaires.

1. Services must be easily accessible regarding location in Cabra. Although all amenities are accessible by bus, some find this too much effort with the traffic situation, as it takes too long and they don't feel well. There isn't even a decent shopping centre to provide cheaper alternatives for those on a budget and this creates more pressure for those living in crisis.

2. We can only assume that treatment will be sporadic. Service provision is usually carried out with hindsight. Services in Cabra should have reacted to cocaine misuse 2 years ago.

3. Our primary concern is the easy availability of cocaine and the fact that most users (and a lot of Cabra residents) consider cocaine to be a "safe drug" or a "clean drug". The comments such as the following are commonplace.

"I can handle it"

"It's not addictive"

"It's social"

"It's nothing like heroin"

4. Unfortunately, because of the wide age spread among cocaine users, there is an acceptability of its use by many non users.

5. The lack of knowledge about the harm of cocaine both short term and long term must be tackled.

6. There is a need for more treatment and training for the staff of all community projects, not just the drug specific projects.

7. To date, cocaine use has not been an issue raised by young people in any of the Cabra Youth Services groups- "we are not saying there is no cocaine use but we have no evidence that there is cocaine use present among our young people".

8. Drug dealers from outside of Cabra and the "runners" need more attention from the Gardai.

9. If more people were to present with cocaine addiction, then we could apply for more funding to provide a dedicated cocaine service in Cabra.

Cocaine Use in Cabra: Conclusion

The drug scene in Ireland has undergone dramatic change during the past decade and has become increasingly diverse according to age, drugs of choice, availability and price. National and local surveys of youthful populations indicate a clear upward trend in the range of drugs used. At the other end of the drugs spectrum, long-term opiate users, many of whom are known to drug treatment services, appear to have extended their repertoire from heroin and methadone to poly-drug patterns which include the use of cocaine. The propensity of cocaine, particularly in its injectable and smokeable forms, to appeal to this endemic group of heavy users is an issue of critical concern.

This research attempted to build up a picture of cocaine use in the Cabra area, using available indicators of drug use/misuse and the perceptions of key informants and drugs workers. The research could not attempt to estimate the prevalence of cocaine use; but rather, aimed to provide information on the nature of cocaine use, with specific reference to particular sub-groups, namely, recreational and problem drug users. A multi-method approach, using several indicators, was judged to be the most effective means of analysing the current cocaine situation in the Cabra area. The findings strongly suggested increased availability and use of cocaine. Law enforcement statistics in the North Central Area also pointed to an upward trend in the availability of cocaine.

The research pointed to the increased visibility of cocaine on the club and pub scenes, a development which was regarded as recent. While there is no systematic evidence of widespread cocaine use, the broad picture uncovered in national statistics and indeed in Cabra is one of increased likelihood of cocaine use among certain groups of recreational poly-drug users, in addition to the poly drug patterns presented by those attending the methadone clinic. The extent, nature and frequency of cocaine use among such groups, however, remains unclear. It is important to state that the nature of cocaine use is likely to be diverse and that the role and function of cocaine within the drug repertoires of social/recreational cocaine users is likely to differ substantially from that of 'seasoned', heavy and problematic opiate drug users (Chitwood & Morningstar, 1985; Hammersley & Ditton, 1994). In addition, routes of administration are likely to vary between the two groups. Social users often ingest cocaine intranasally or orally, and do not consider their drug consumption as damaging or problematic. Research and monitoring of drug trends at local level in Cabra is required to confirm or, alternatively, discount the proposition that cocaine is an expanding *'problem'*. An understanding of smoking versus injecting cocaine

rituals would greatly enhance knowledge and awareness of the possible range of health risks associated with cocaine use.

This current research in Cabra might be appropriately viewed as an *'early warning sign'* (Parker et al., 1998) of cocaine's emergence, thus, signifying the opportunity to monitor the situation and 'get ahead'. In this context, a cautious response to possible signs of increased cocaine use is more appropriate than either outright rejection of the possibility, or hysteria and over-reaction. It is exceptionally difficult to predict which users will maintain control and which will become compulsive' (Waldorf et al., 1991: 102). The accumulated research evidence on cocaine use across several jurisdictions suggests that, among community samples of cocaine users (that is, users not in contact with drug treatment services), even heavy users will not necessarily develop symptoms normally associated with chronic drug dependence. Rather, both cocaine dependence and controlled use of the drug are contingent upon the social circumstances of the user and on the conditions under which cocaine is taken.

Recommendations

1. The level of poly drug use noted in both the treatment population and those using cocaine recreationally represents a challenge for drug education and treatment services in the Cabra area. It is vital to be aware of the specific needs of both cocaine using populations (i.e. those on methadone replacement and those using recreationally) in the devising and implementing of targeted drug educational messages and counseling approaches.
2. The perception that cocaine is a safe drug needs to be addressed given the levels of risk behaviour associated with injecting, with sharing of snorting and smoking equipment, and with combining cocaine use with alcohol and other drugs. Evidence suggests that primary cocaine users do not perceive themselves as requiring treatment for their drug use, or, that they perceive existing treatment services as being inappropriate to their needs.
3. For drug treatment services in the Cabra area, the challenge will be to turn what has been a predominantly opiate focused system into one that meets the needs of cocaine and other drug users. Without the incentive of a substitute drug to offer, such as methadone, a key task will be to attract problem cocaine users into services, give them timely and holistic support and retain them long enough to achieve lasting change.

Appendices

1. Researcher's Profile

Marie Claire Van Hout B.A., M.Sc. Phd

The researchers' primary research interest is substance misuse and youth at risk, and has both undergraduate and postgraduate dissertations (M.Sc) in these areas. She also has extensive employment experience working with young substance misusers and youth at risk in Waterford and Clonmel (Probation and Welfare). She has completed PhD research concentrating on Adolescent Drug Use in Ireland and Public Health, and is currently lecturing at Waterford Institute of Technology in Community Health Promotion and Youth at Risk.

Academic CV

Diploma in Legal Science 1996

University of Amsterdam

Merit Grade Awarded.

Three years fulltime.

Diploma in Business Studies (Recreation and Leisure) 2000

Waterford Institute of Technology

Merit Grade 1 Awarded.

Three years fulltime.

Bachelor of Arts Recreation and Leisure 2001

Waterford Institute of Technology

First Class Honours (graduating as the only first in my class of 62).

One year fulltime.

This undergraduate dissertation took place at the Aislinn Adolescent Addiction Treatment Centre, Ballyragget, Co. Kilkenny and was entitled "**Attitudes to Physical Activity of Substance Using Teenagers**".

Master of Science (Health Promotion) 2003

Bath Spa University College

Honours M.Sc. Degree Awarded.

Two years Part time.

This post graduate research took place at the Aislinn Adolescent Addiction Treatment Centre and was entitled **“Therapeutic Recreation and the Substance Abusing Adolescent within a Residential Treatment Setting”**.

PhD Doctoral Research in 2008

Waterford Institute of Technology

Phd in Arts **“The Changing Profile of Adolescent Substance Use in Ireland”**. This research involved both quantitative (survey n=2,600) and qualitative (interviews and focus groups n=204) methods, encompassing the South Eastern Region of Kilkenny, Carlow, Waterford, South Tipperary and Wexford.

3 years Part Time

Publications

Van Hout-Kent (2006). The Changing Profile of Adolescent Substance Use In Ireland. Publishers to be confirmed at present time.

Van Hout- Kent (2006). Drug Use among 12-18 year olds in County Carlow, 2006. Commissioned by the National Development Plan. Ireland.

2. Comprehensive Listing of those Interviewed and Surveyed

Youth and Sport organisations.

Cabra youth services Cabra Park side,

Cabra West scouts

Cabra West parish youth services St. Finbars school

Dunard community youth project

Bohemian football club

North Dublin juvenile football league

St. Finbars GAA club

FAI Training

Community Services

Cabra CDP

FAS training centre, Bannow Road

Cabra LES

Family Support Services, Navan Road

Tus Nua women leaving prison project

Local drugs task force

Cabra after care project

Community welfare officers

Community policing forum

Dublin City Council

M.A.B.S.

Rehab integration services

Millennium Carving Project

Refugee information centre

Cabra Community against drugs

Cabra community council

Cabra positive living project

Gardai

Taxi Drivers in the Cabra area

Tolco

Cabra Youth Training

Schools

Secondary School and Youth Training in the Cabra area.

Additional

Priests

Politicians

General Practitioners

Publicans

3. Questionnaire

THIS QUESTIONNAIRE IS CONFIDENTIAL AND ALL RESPONSES TREATED AS ANONYMOUS.

IF THE QUESTION DOES NOT APPLY TO YOU, PLEASE STATE N/A.

1. Is there any evidence to suggest that **Cocaine** is easier to access and/or more affordable than previously in the Cabra area ?

Yes No

2. Please tick the option which best describes the current situation in Cabra - The numbers of Cabra residents using **Cocaine** is ?

Stable On the Increase On the Decrease

3. What age group in Cabra is using **Cocaine** as recreational drug ? **You may tick more than one option.**

Under 18yrs 18-25 yrs 25-35yrs 35-50 yrs Above 50 yrs

4. Is there evidence of increased use of **Cocaine** among young people in Cabra ?

Yes No

5. Is **Cocaine** being used as a primary substance of mis-use ?

Yes No

If No, please state what *the primary substance of misuse (includes alcohol)* is.....

6. How would you describe the patterns of **Cocaine** use amongst Cabra residents ?

Regular

Recreational

Occasional

7. What is the primary mode of ingestion of **Cocaine** amongst Cabra residents ? **Please number 1,2,3 in order of preference.**

Snorting

Smoking

Injecting

8. Is there any evidence of **Crack Cocaine** being used amongst Cabra residents ?

Yes

No

9. In what kinds of settings is **Cocaine** use taking place in Cabra ? **Please tick 1,2,3 in order of preference.**

Pubs and nightclubs

At home

Outside/On the street.

10. What are the dominant perceptions of the '*risks*' associated with **Cocaine** use amongst Cabra residents ? **Please tick 1,2,3,4 in order of preference.**

No Fear.

Fear of Health Consequences

Fear of Legal Consequences

Fear of Financial Consequences

11. What age group is using **Cocaine** as secondary presenting problem to heroin /methadone dependency amongst Cabra residents ?

12. Are you (if resident of Cabra) or your clientele (resident of Cabra) intimidated due to increased drug dealing activity on the streets of Cabra ?

Yes No

13. Are Community Services in the Cabra area adequately equipped to respond to these current **Cocaine** use trends ?

Yes No

.IfNo.....
.....
.....
.....

14. Given the current trend of **Cocaine** use in the Cabra area, in your opinion what are the implications for treatment and service provision ?

.....
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.....
.....

ADDITIONAL COMMENTS WOULD BE MUCH APPRECIATED.

.....
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.....

We thank you for your time and cooperation in completing this questionnaire.

4. Interview Schedule Exploratory Study with Cocaine Users/Young People

- Can you tell me about the first time you used a drug? (Circumstances/Individuals present)
- How old were you on this occasion?
- Had you planned to take the drug/s on that occasion?
- What had you heard about this drug/s prior to first use?
- Did you purchase the drug/s were you supplied by a friend or acquaintance?
- Can you describe your first experience with the drug?
- How did it compare to drinking alcohol?
- Which mode of ingestion did you use on that occasion?
- Did you have any worries about the consequences on that occasion?

Subsequent Drug Use

- Was your second (and /or subsequent use) of the drug similar to your first experience?
- What, would you say, were your main reasons for wanting to try the drug/s again?
- Would you say that you planned subsequent use or simply waited for the opportunity to arise?

Current Drug Use- Cocaine

- How would you describe your current drug use?
- How frequently do you use Cocaine?
- In what circumstances (time, location, setting) do you typically use Cocaine?
- How would you describe the buzz or hit from the Cocaine?
- Have you ever used Cocaine alone?
- Do you use several drugs together? If so, what drugs?
- How much (approximately) do you spend on Cocaine per session/bout of use/
- Are there times or places where you would definitely *not* use Cocaine?

Social Context of Drug Use-Cocaine

- Do you usually use Cocaine in the company of friends?
- What is your preferred setting for use? Why?
- Do you use Cocaine in the company of non-users? If so, have you ever felt apprehensive about doing so?
- Are some/most/all of your friends aware that you use Cocaine?
- If no, do you think some or all would disapprove of your activities?
- How many of your friends (do you think) have used Cocaine?
- Which would you say is the most popular or most frequently used drug within your network of friends/acquaintances?

Availability, Quality and Cost- Cocaine

- Is it easy to access a supply of Cocaine?
- Are the "right" contacts necessary to secure a supply of Cocaine?
- Does the quality of Cocaine vary?
- Do you ever worry or question the quality of your supply?
- What is the street value of Cocaine at present?
A gram of cocaine
- Is Cocaine more or less expensive than before?
- How would you rate the cost of Cocaine against the payoff (positive drug experience)?
- How much do you spend on Cocaine per week or per month?

- If you had more money, do you think you would spend more money on **Cocaine**?

Method of Drug Use- Cocaine

- How do you usually use **Cocaine** (mode of ingestion)?
- Is there any advice you would give to a novice drug user of **Cocaine**?

Risk Perceptions- Cocaine

- Do you consider certain drug/s as “safe” drug/s?
- Do you think that **Cocaine** can be dangerous or potentially addictive?
- Have you ever experienced adverse or negative side effects following the use of Cocaine?
- What about the legal consequences of getting caught with **Cocaine**? Do you believe you would be charged?
- Do you have ways of trying to ensure that your activities are not detected by law enforcement?

Personal Drug Use- Cocaine

- Have you ever experienced definite negative or undesirable repercussions which you would attribute to your use of **Cocaine**?
- Have you ever felt a sense of having lost control as a result of your **Cocaine** use?
If yes, how did you respond to this feeling?
If no, what would be your response if this happened to you?
- Have you ever felt a sense of craving for **Cocaine**?
- Did you ever go through a period of regular **Cocaine** use?
- Would you say that **Cocaine** use ever had negative repercussions for your school work or personal relationships?

Additional Questions

Do you personally know someone who uses **Cocaine**

Do you personally know someone with a drug problem?

Do you think all drugs are equally harmful?

Do you think that **Cocaine** use is common amongst young people?

Are you fearful in your area/locality, due to increased drug dealing on the streets/gangs of young people?

Have you experienced a member of your family or within your work environment, indicating **cocaine** use?

Did this person experience any negative repercussions due to his /her **Cocaine** Use?

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Note:

1. Pages 16-20, 23, 29-31 and Research Methodology are cited from and based on an earlier study by Paula Mayock Mayock (2001) Chapter 3 Cocaine Use In Ireland :An Exploratory Study 2001 as cited from Moran, R., Dillon, L., O'Brien, M., Mayock, P., & Farrell, E., with Pike, B., (2001). A Collection of Papers on Drug Issues in Ireland. Dublin: Health Research Board.

2. Pages 33-35 are cited from NACD (2003). AN Overview of Cocaine Use in Ireland. Dublin.

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