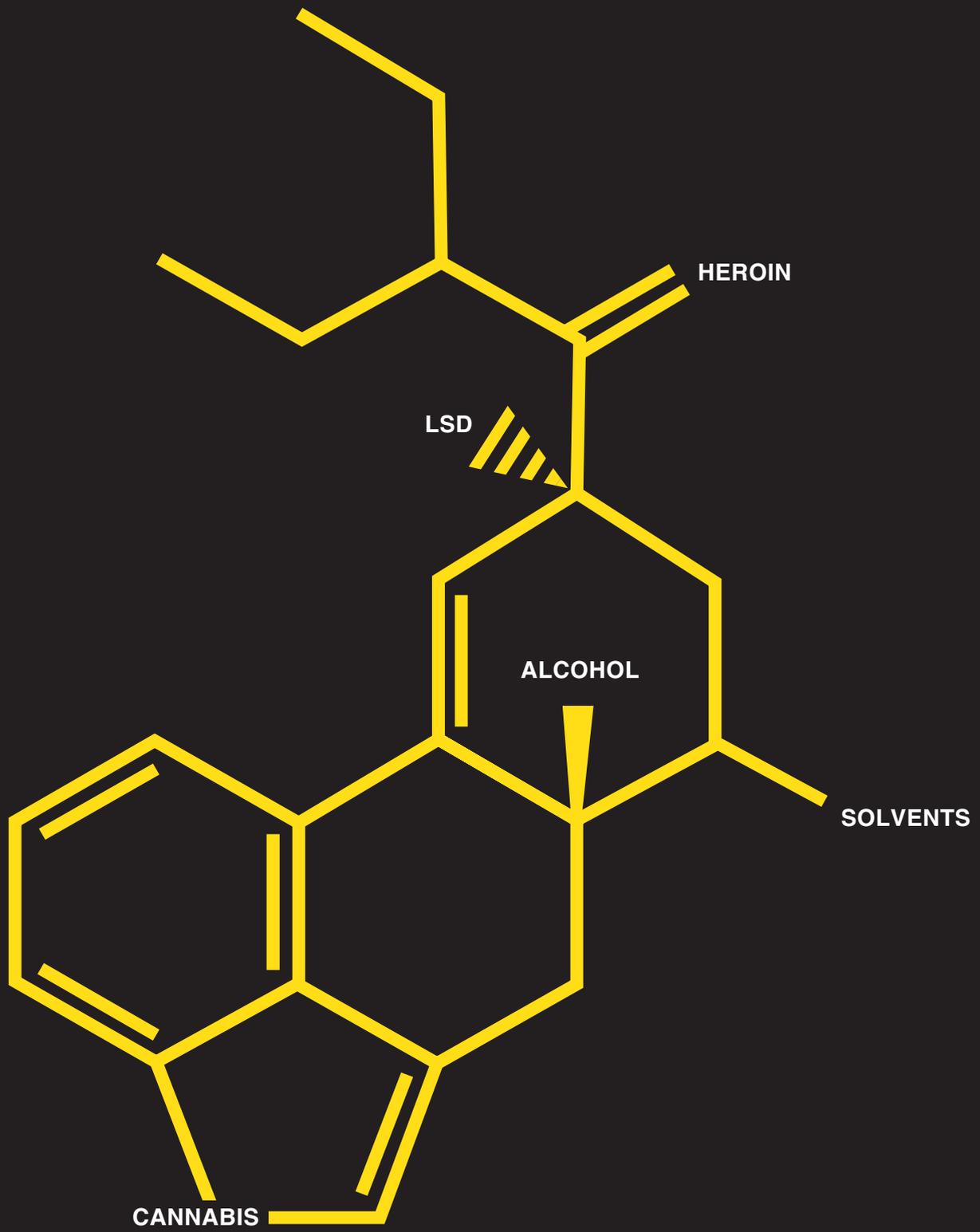


Blanchardstown Local Drug and Alcohol Task Force

**Drug and Alcohol Trends
Monitoring System (DATMS)
2016**



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PREAMBLE

For the purpose of this study we chose to categorise drug use as **treated and untreated drug use** rather than as problem and recreational drug use. This is because the question of whether or not drug use is a problem for an individual is a subjective question which can only be properly answered by the individual, their family or close contacts; whereas, the question of whether drug use is treated or untreated is an objective measurement. There is a value judgement implied in the term recreational drug use, which tends to de-emphasise the seriousness of the behaviour. It should be noted that individuals often underestimate the harms to themselves and rarely perceive the harms to the community which result from such behaviours.

1. EXECUTIVE SUMMARY

RESEARCH OBJECTIVES

The Blanchardstown Local Drug and Alcohol Task Force (BLDATF) developed the Drug and Alcohol Trends Monitoring System (DATMS) to provide up-to-date information about drug and alcohol use among people living in Dublin 15. The DATMS identified the types of drugs used within the community, and identified new emerging trends at an early stage of development. This information is essential for identifying key issues and will be used to inform the development of appropriate strategies to respond to the identified issues. The data has established a baseline on trends from which future changes will be monitored over time.

RESEARCH METHOD

The DATMS model employed a mixed-method design comprised of the following primary and secondary data sources:

- A quantitative profile of drug users attending local drug and alcohol treatment services.
- A qualitative exploration of treated and untreated drug and alcohol use.
- Indirect indicators of the prevalence and incidence of drug and alcohol use.

RESEARCH FINDINGS

Treated drug and alcohol use:

- The main problem drugs for treated adult drug users included the following: heroin, methadone, alcohol, cannabis (weed), benzodiazepines/z drugs and cocaine powder.
- The main problem drugs for treated under 18 year old drug users included the following: cannabis (weed) and alcohol, with ecstasy and solvents used to a lesser extent.
- Service providers reported an increase in the use of the following drugs by treated drug users: cannabis (weed), benzodiazepines and z drugs, crack cocaine, alcohol, lyrica (prescribed pain killer) and codeine based OTC (pharmacy over the counter) drugs. The increase in the use of weed related to treated under 18 and adult drug users. The increase in the use of the other drugs is related to treated adult drug users only.
- The profile of heroin users has changed over the last few years. The number of heroin users entering treatment is declining; clients are an ageing population of long term users, with less young people accessing treatment.
- Polydrug use was reported to be the norm by the majority of treated under 18 and adult drug users.
- Steroids were used by some men in recovery from problematic drug use, which in some cases was associated with relapse.

Untreated drug and alcohol use:

- For both untreated under 18 and adult drug users:
 - Alcohol was the most commonly used drug; binge drinking to excess was a common occurrence among both males and females.
 - Cannabis (weed) was the second most commonly used drug; for young people, the frequency of use varied from daily to less frequent use; for some young males' daily use occurred before and during school.
 - Cocaine powder, ecstasy and ketamine were the next most commonly used drugs, with benzodiazepines and z drugs used to a lesser extent.
 - Service providers reported an increase in the use of these drugs by untreated young drug users aged from 15 to early 20's.
- Ecstasy has made a 'comeback' in terms of popularity.
- Ketamine has become increasingly popular in the last twelve months.
- Polydrug use was perceived to be the norm, and predominately occurred at the weekend among young people aged 15 and over.
 - Alcohol was reported to be an integral part of polydrug use. A typical drug taking session started with alcohol and was then accompanied by other drugs.
 - The frequency of polydrug use depended on the age of the drug user, with those aged from 18 to 30 reporting more regular polydrug use.

Key issues:

- Factors contributing to drug and alcohol use included:
 - The easy access to drugs and alcohol. The main method for obtaining drugs was through local dealers. The internet was also reported to be used and some young people used Facebook to buy and sell drugs.
 - The normalisation of drug and alcohol use within some peer and family groups. A common perception was that drugs were widely used, risk free and socially acceptable.
 - Inter-generational drug and alcohol misuse.
- A range of mental health disorders were associated with the use of alcohol and other drugs. The HIPE data reported that between 2012 and 2014 there was a significant increase in the number of cases diagnosed with mental health disorders associated with drug use.
- Physical health consequences of drug and alcohol use included health problems associated with smoking and injecting drugs, alcohol related liver diseases, and drug-related overdoses and deaths. Service providers reported concerns about the use of steroids and counterfeit benzodiazepines and z drugs.

DRUG AND ALCOHOL TRENDS MONITORING SYSTEM

- The social consequences of problematic drug use reported included homelessness, a lack of educational attainment, and a lack of rehabilitation options in the form of education and employment.
- Drug-related crime was reported to cause harm to local communities. An increase in the extent of drug debt intimidation for both young people and adults was identified.
- Drug and alcohol related anti-social behaviours were observed in six local communities.
 - The range of anti-social activities included drug and alcohol related litter, visible drinking and intoxication, drug dealing, and vandalism.
 - Secluded drug using sites that were used on a regular basis were identified in the six local communities.

Gaps in service provision identified by research participants:

- The need for a cannabis treatment service for both young people and adults was reported. Service providers also stated that there was a need to address the perception that weed was a risk free drug.
- An increase in the problem use of crack cocaine was reported in Dublin 15. The provision of harm reduction measures including crack pipes was recommended.
- Unsafe injecting practices were identified which require appropriate consideration and interventions.
- Current harm reduction programmes for young people should be expanded and include information about steroids.
- A longstanding issue associated with methadone maintenance treatment was reported: people are receiving treatment for a considerable number of years. Service providers reported that methadone alone was insufficient to support recovery from heroin misuse; counselling and rehabilitation services need to be an integral part of each clients care plan.
- Service providers reported limited access to psychiatric services for people with substance use and mental health disorders. Access to services was even more limited where problem drugs included alcohol, cannabis, benzodiazepines and z-drugs.
- Service providers reported limited access to detoxification services for the following drugs: benzodiazepines or z-drugs, alcohol and polydrug use (in particular, cannabis and benzodiazepines or z-drugs). In addition, waiting lists for access to detoxification services were reported to be too long. It was also reported that there were insufficient detoxification units for people who also had mental health issues.
- Local family support services work with siblings (both minors and adults) and parents affected by familial drug and/or alcohol use. A number of family members reported the need for improvement in the level of support provided to minors affected by familial substance use.

- The need for improvement in rehabilitation services was reported. In particular, a lack of rehabilitation options in the form of training and employment. A barrier to training is a lack of funding, and the recession has contributed to the lack of employment options for people in recovery. A lack of childcare also serves to hamper the rehabilitation process for some people in recovery. Unstable accommodation and homelessness was also reported as an issue for people in recovery.

2. INTRODUCTION

The BLDATF is one of fourteen Local Drug Task Forces established in 1997, in response to high levels of drug misuse within communities. The BLDATF is responsible for implementing the National Substance Misuse Strategy, and facilitating a more co-ordinated response in tackling drug and alcohol use and misuse in Dublin 15.

DATMS RESEARCH OBJECTIVES

It is necessary to establish an evidence base for legal and illegal drug use within a community in order to inform local service provision. The DATMS was designed to provide up-to-date information about drug and alcohol use among people living in Dublin 15 on an annual basis. The DATMS research objectives were to:

- Identify drugs used in Dublin 15 (including legal and illegal drugs).
- Identify changes in drug use at an early stage of development.
- Identify the health and social consequences of drug use for individual users and the community.
- Identify gaps in service provision.
- Inform the development of appropriate strategies to respond to the identified issues.
- Establish a baseline on drug and alcohol trends from which future changes can be tracked over time.

Research rationale

Currently there is limited information about drug and alcohol use within Dublin 15. Information available is limited to indirect indicators of drug use including drug treatment data, drug related criminal data and drug prevalence data. These indicators provide vital information though as they are time-lagged, they are not designed to identify changes in drug use at an early stage of development. In addition, drug treatment and drug related criminal data relate to those in treatment or those involved with the criminal justice system rather than with the wider general population. The DATMS has been designed to address these limitations.

DATMS RESEARCH METHOD

Many countries have developed and implemented drug and alcohol trend monitoring systems in order to capture emerging trends at an early stage of development (Griffiths *et al.* 2000). These international monitoring systems are completed annually and employ both qualitative and quantitative methodologies, and data from indirect indicators of drug use. In 2004, the National Advisory Committee on Drugs and Alcohol (NACDA) developed a model for a national drug trend monitoring system (O’Gorman *et al.* 2007). In the same year, the model was piloted and the NACDA concluded that it was effective in collecting data about drug and alcohol use not available through other sources. In particular, the monitoring

system provided important information about regional patterns of drug use, new emerging drug trends, risk behaviours and drug related issues. The DATMS model was designed with reference to these existing models and employed a mixed-method design, comprised of the following primary and secondary data sources:

- A quantitative profile of drug users attending local drug and alcohol treatment services.
- A qualitative exploration of treated and untreated drug and alcohol use.
- Indirect indicators of the prevalence and incidence of drug and alcohol use.

The use of quantitative and qualitative methods to collect and analyse data allowed for cross-checking, increased the validity of the findings, and produced an in-depth picture of drug and alcohol use in Dublin 15.

PRIMARY DATA SOURCES

Quantitative profile of drug users attending local drug and alcohol treatment services

A questionnaire was used to collect information about drug and alcohol use among drug users attending local drug and alcohol treatment services. These services included community drug projects, rehabilitation services, a residential treatment service, a youth drug education and prevention service, and two counselling/psychotherapy services (one for under 18 year olds and a second for adults).

The questionnaire was produced by merging questionnaires produced by the National Advisory Committee on Drugs and Alcohol (O’Gorman *et al.* 2007) and the European Monitoring Centre for Drugs and Drug Addiction (Hedrich *et al.* 2008). The questionnaire was piloted, and completed in face-to-face interviews or focus groups with the local service providers.

The questionnaire was completed before the qualitative component of the study. It was used to inform the qualitative study, to identify issues that needed to be explored within the community. This approach also provided the opportunity to identify service providers who facilitated the recruitment of research participants for the qualitative study.

A database was created using Excel, to manage and analysis the data. The data was inputted into the database and descriptive statistics were employed to summarise the data.

Qualitative exploration of treated and untreated drug use

Semi-structured interviews and focus groups were completed to add depth to and cross-check the quantitative data, and to gather data from a range of different perspectives. A purposive sampling technique was used to provide access to people who had knowledge about drug and alcohol use in Dublin 15. Research participants included:

- Treated drug and alcohol users.
- Untreated drug and alcohol users.
- Family members affected by drug and alcohol use.
- Ethnic minorities and non-Irish nationals.
- Young people aged 16+.
- Service providers from the statutory, community and voluntary sectors including guards, education providers, health and youth services.

Research participants (excluding service providers) were compensated for their time, by the provision of a €10 voucher for the Blanchardstown Shopping Centre.

All interviews and focus groups were audio-taped and transcribed verbatim. The software NVivo was used to manage and analyse the data.

Community field research

The qualitative fieldwork was completed in six local communities. It involved the observation of these communities to discover visible signs of drug and alcohol use, such as drug and alcohol related litter and the number of people hanging around using drugs and alcohol, either visibly or inferred from behaviour. It also involved interviewing people on the street about their knowledge of drug and alcohol use.

Prior to the beginning of the fieldwork, local community hotspots were identified that required exploration. Three fieldwork sessions were completed on a weekly basis, with a total of three weeks spent in each community. The majority of participants were recruited on the street, with a few recruited through previous research participants or contacts. All interviews took place on the street, they were brief and included information about the types of drugs currently being used in Dublin 15 and the five most frequently used drugs. All observation and interview data were recorded during the fieldwork sessions, though some data was recorded after the session.

A database was created using Excel, to manage and analysis the data. The observation and interview data was inputted into the database and descriptive statistics were employed to summarise the data.

The quantitative and qualitative research was conducted by the BLDATF Research and Training Officer. The community field research was completed by two Drug

Project/Outreach Workers. They had previously completed research in the Clondalkin Local Drug and Alcohol Task Force area. Data collection took place from July to October 2015 and was preceded by the pilot quantitative study.

Research participants

A total of 203 people were interviewed. Eight local drug and alcohol services completed the quantitative component of the study, with 19 service providers completing this component of the study (Table 2.1). Of the 184 people interviewed for the qualitative component, 59 were interviewed through the community field research in the six local communities. The majority of participants were Irish and 17 were from other ethnic backgrounds.

Table 2.1: Total number and type of participants

Participant type	Qualitative study	Quantitative study
Service providers	51	19
Treated drug users	40	
Untreated drug users*	38*	
Young people (aged 16 to 25 years)	36	
Family members affected by drug use	9	
Community members	10	
Total	184	19
	203	

* Includes 22 young untreated drug users.

The recruitment process for some target groups of the qualitative study was difficult. There was a limited amount of appropriate agents to assist with the recruitment of specific groups. This resulted with the data collection phase extending beyond the allocated timeframe, and an inability to recruit sufficient participants from different ethnic minorities and untreated drug users aged over 25 years. In addition, the snowball sampling technique, whereby participants facilitate the recruitment of peers, had limited success. Attempts were made to interview problematic drug users who did not attend treatment services. It was hoped they would be recruited through drug users who attended local treatment services. However, those in treatment were reluctant to assist recruitment and it was only possible to interview a few untreated problematic drug users. Indeed, due to the illegal nature of the behaviours being surveyed there is always going to be difficulties accessing participants. In addition, the study was completed by one fulltime and two part-time researchers. It is apparent that if resources were increased this would assist with the recruitment process. When the study is completed next year, it is hoped that more agents will be identified to facilitate access to these target groups.

SECONDARY DATA SOURCES

A variety of secondary data sources were used to assist the development of a profile of community drug and alcohol use. As previously mentioned, these indicators are not designed to identify emerging trends at an early stage of development. However, they are important data sources for quantifying the prevalence and incidence of drug and alcohol use among specific populations. They also serve to contextualise and validate the primary data sources. Therefore, the primary data sources of the DATMS will be more important for providing up-to-date information about drug and alcohol trends in Dublin 15. Data will be collected from the following indicators:

Prevalence indicators

Population surveys measure the prevalence and incidence of drug use in the general population. This research reports the following population surveys:

- All-Ireland drug prevalence survey (NACDA): reports the prevalence and incidence of drug and alcohol use among the general population aged 15-64 years.
- European School Survey Project on Alcohol and Other Drugs (ESPAD): reports drug and alcohol use among European students aged 15-16 years.
- Hospital in-patient data from acute hospitals (HIPE): reports in-patient discharges from acute public hospitals, in relation to alcohol and drug related morbidity.

Drug treatment indicators

Drug treatment data provide information on the characteristics of clients entering treatment, and on patterns of drug misuse. The drug treatment indicators used in this research include:

- National Drug Treatment Reporting System (NDTRS).
- Central Treatment List (CTL).

Other indirect indicators

Other sources of information such as crime statistics and data from the National Drug-Related Deaths Index (NDRDI) were reported, as they provide data concerning the consequences of problem drug and alcohol use.

ETHICAL CONSIDERATIONS

The health and safety of all research participants and personnel was a primary concern. Prior to the commencement of the research, a risk assessment was completed to ensure all risks to research participants and personnel were identified, and appropriate provisions were included into the BLDATF research protocol. In addition, all research personnel were Garda vetted.

Ethical approval was provided by the National Drug Treatment Centre. Informed written consent was received from each participant prior to the interviews or focus

groups taking place (including the community field research). For participants aged 16 and 17, written consent was also received from parents or guardians. The community field research only interviewed people aged 18 years and over.

The confidentiality and anonymity of research participants was of paramount importance. The identities of all research participants were protected in this publication. All data was anonymised and participants were assigned an identification number. The six communities examined in the community field research were not identified and reported as Community 1 to Community 6. The analysis of quantitative data also ensured the anonymity of participants, so that small numbers does not allow identification of an individual.

SOCIO-DEMOGRAPHIC PROFILE OF THE BLDATF AREA

The Central Statistics Office 2011 census provides the most recent socio-demographic profile of the BLDATF area; the profile may have changed since then. In 2011, a total of 101,032 people were reported to live in Dublin 15 area, an increase of over 11% since the 2006 census (Ryan, 2012). The population is young, with 26% aged under 15 and 5% aged over 65. It is a multi-ethnic population, with over 23% being non-Irish nationals. In addition, 658 Irish Travellers live in Dublin 15 and it is also a young population with 55% aged under 25 years.

Almost a quarter of the population were early school leavers, with 9% of the population having no formal secondary education, which is less than the national average (16%). The occupations of over half of the workforce in Dublin 15 were in the professional, managerial, technical and non-manual categories. A quarter of the workforce was in the skilled, semi-skilled and unskilled categories. Almost a fifth of the workforce was classified as belonging to the most disadvantaged classification, having never been in paid employment. In 2011, the total labour force of Dublin 15 was 53,394 a 5% decrease from 2006. The unemployment rate doubled from 9% in 2006 to 18% in 2011, compared to the national average of 14%. However, this average level of unemployment rate for Dublin 15 hides higher rates experienced in some communities, with Corduff and Mulhuddart unemployment rates at over 25%. From 2006 to 2011, the All-Ireland Deprivation Index reported that the level of deprivation increased in Coolmine, Corduff, Mulhuddart and Tyrrelstown, and an increase in the number of 'at risk youth' was also reported.

3. DRUG AND ALCOHOL USE

TREATED DRUG AND ALCOHOL USE

The analysis in this section begins with an outline of treated drug and alcohol use based on treatment data from eight local drug and alcohol treatment services. It is followed by data from the National Drug Treatment Reporting System (NDTRS). Additional information about treated drug use is provided by the qualitative data.

Between May 2014 and May 2015, 650 people were treated for alcohol and/or drug use in local treatment services (Table 3.1). A total of 286 (44%) were aged between 35 and 44, with 51 (8%) aged under 18. The majority of clients were Irish (95%), with the remainder from other ethnic backgrounds.

Table 3.1: Age range of clients treated for alcohol and/or drug use in Dublin 15 between May 2014 and May 2015

Age range	Total	%
Under 18	51	8
18-24	62	10
25-34	191	29
35-44	286	44
45+	60	9
Total	650	100

The main problem drugs for clients attending local drug and alcohol treatment services in the previous 12 months were heroin, cannabis (weed and hash), alcohol, methadone, benzodiazepines/z drugs, and cocaine powder. While all clients were treated for a main problem drug, the majority were polydrug users.

The most common main problem drug was heroin, with 277 (46%) clients treated for this drug (Table 3.2). The majority (56%) of these clients were aged between 35 and 44. Less than 4% of clients treated for heroin as the main problem drug were aged between 18 and 24.

Table 3.2: Main problem drug by age range of clients treated for alcohol and/or drug use in Dublin 15 between May 2014 and May 2015

Main problem drug	Under 18	18-24	25-34	35-44	45+	Total	%
Heroin	0	10	85	156	26	277	46
Cannabis	46	21	26	16	~	109	18
Alcohol	~	2	12	28	21	63	11
Methadone	0	0	21	34	~	55	9
Benzodiazepines/z-drugs	0	6	20	29	~	55	9
Cocaine powder	0	14	15	14	~	43	7
Total	46	53	179	277	47	602*	100

~ Number of clients too small to be reported.

* The total main problem drug by age range is less than the total number of clients treated for drug and/or alcohol use as client numbers of 5 or less were not reported.

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The second most common main problem drug was cannabis, with 109 (18%) clients treated for this drug. The majority (41%) of these clients were aged under 18. The third most common main problem drug was alcohol, with 63 (11%) clients treated for this drug. The majority (37%) were aged between 35 and 44. Methadone was the main problem drug for 55 (9%) clients, with 34 (68%) aged from 35 to 44. Benzodiazepines or z drugs were the main problem drug for 55 (9%) clients, with 29 (51%) aged between 35 and 44. Cocaine powder was the main problem drug for 43 (7%) clients; the majority of these clients were aged from 18 to 44 years. Other main problem drugs for treated adult drug users included crack cocaine, amphetamines and mephedrone, steroids, suboxone and LSD. Other main problem drugs for treated drug users aged under 18 included ecstasy and solvents. For all of these main problem drugs the number of treated drug users was too small to be reported.

A service provider reported that their main client group had changed from being primarily opiate users to polydrug users who used cannabis, sedatives and alcohol. The treatment data reported that there were no under 18 year olds in treatment for heroin use, rather young people were in treatment for cannabis use. When additional data is taken in to account, it is evident that the problem use of cannabis is higher than reported by the treatment data. In particular, two local youth services reported that cannabis was a problem for another 39 young people aged between 15 and 21 years. In addition, the normalisation of cannabis use in daily life was apparent in the qualitative data, with the common perception that everyone in Dublin 15 uses this drug. The following quote illustrates this perception:

Everyone I know uses weed...all day every day, from morning to evening...My little brothers friends smoke, so does my older sister and my father...If you walk outside, instead of having a cigarette they'd be having a joint...[saying to you] do you want a drag.

Participant 25, Young person

National Drug Treatment Reporting System (NDTRS)

The following analysis reports the number of episodes of treatment (cases) rather than individual clients assessed or treated in Dublin 15 in 2013. A total of 215 cases were assessed or treated for alcohol and drug use in 2013. In comparison with the data just presented, it is apparent that local services have under-reported drug treatment data to the NDTRS. The NDTRS data is an indicator of treated drug and alcohol use rather than an exact account of all clients who were treated in 2013.

The NDTRS data was similar to the treatment data just presented. These similarities included the main ethnicity, gender, age range, main problem drugs and prevalence of polydrug use. In 2013, the majority of clients assessed or treated were Irish

(90%), with the remaining cases from other ethnic backgrounds. In 2013, 63% of cases were aged 30 or over, with the majority (39%) aged between 30 and 39 (Table 3.3).

Table 3.3: BLDATF cases assessed or treated, by age group, NDTRS 2013

Age range	Total	%
17 years or under	13	6
18-19	6	3
20-24	28	28
25-29	33	
30-34	43	39
35-39	41	
40-44	18	15
45-49	14	
50 years or over	19	9
Total	215	100

In 2013, 188 people living in Dublin 15 were treated for drug use. One third of cases treated reported alcohol as the main problem drug, and two-thirds reported other drugs as the main problem drug. The most common main problem drug was opiates (38%), followed by cannabis (13%), benzodiazepines (10%) and cocaine (6%) (Table 3.4). Over half of these cases were treated for polydrug use, with 16% treated for two problem drugs, 29% treated for three and 10% treated for four drugs.

Table 3.4: BLDATF cases treated by main problem substances, NDTRS 2013

Main problem drug	Total	%
Opiates	72	38
Cocaine	11	6
Benzodiazepines	19	10
Cannabis	24	13
Alcohol	62	33
Total	188	100

DRUG AND ALCOHOL TRENDS MONITORING SYSTEM

Drugs used to a lesser extent by treated drug users

A range of other drugs were reported to be used by treated drug users, though to a lesser extent than those previously mentioned. These drugs rarely featured as main problem drugs. They were reported to be used by treated under 18 and adult drug users. The drugs included ecstasy, MDMA powder, speed and synthetic stimulants, LSD, magic mushrooms and ketamine, solvents and steroids; under 18 year olds were also reported to use cocaine powder, benzodiazepines and z drugs. Solvents were used predominately by under 18 year olds. The types of solvents reported to be used included aerosols (deodorants and air-freshener). Steroids were reported to be used by under 18 year olds and some adults who were in recovery.

I do know a lot of people who get clean and then six weeks out of treatment they look like Arnold Schwarzenegger. I, meself, I struggled with it for a good while. I think when you're coming out of addiction and you're in the gym and you're seeing all these dudes who are probably working out for years and they look great and you've been abusing your body so you don't. So it's only natural that you compare yourself to them and being addicts it's only natural that you look for a quick fix. So you get a course of steroids.

Participant 73, Treated drug user

In some cases, steroid use triggered relapse; either due to injecting steroids, where using a needle was a trigger for former heroin injectors; or the use of tablets to counteract the mood instability produced by steroids.

I've heard...there's one of the lads in the group. He got clean from the methadone and tablets and he started with the gym... he started injecting the steroids...that led him back into using...it was the feelings, the injections...it led him back using.

Participant 69, Treated drug user

A lot of steroids...people...in recovery and that have body image [issues] or just poor self esteem and are trying to build up their body, they replace one addiction with another...it leads back to a relapse and tablets...because their mood changes and again in recovery you are always focusing on emotions and mood. So yea, most times it leads back to relapse.

Participant 2, Service provider

There was evidence that some treated drug users used steroids in an attempt to hide their use of crack cocaine. It was also reported that females in recovery do not take steroids, however some take slimming tablets.

There were different perceptions about the availability and use of methamphetamine (crystal meth) in Dublin 15. The conclusion was that it was not available, and that synthetic stimulants were sold in the guise of crystal meth. Indeed, the EMCDDA also identified this practice in Ireland (EMCDDA, 2015).

TREATED POLYDRUG USE

Polydrug use was reported by the majority of treated drug users. Polydrug use involved the concurrent use of two or more drugs. There were similarities and differences in the types of drugs used by treated under 18 and adult drug users. In relation to the differences, young people did not use drugs such as heroin, methadone or crack cocaine. Alcohol was an integral part of young people's polydrug use which was not the case for the majority of treated adult drug users.

Treated adult polydrug use

Treated adult drug users reported using a range of drugs concurrently. The main drugs used included the following: heroin, cannabis (weed), methadone, benzodiazepines and z-drugs, powder or crack cocaine. Speedballing was reported, where cocaine and heroin are injected simultaneously. Drugs used to a lesser extent as part of polydrug use included alcohol, cough bottles, ecstasy, synthetic stimulants and speed. Drug taking sessions often employed the use of more than two of these drugs.

Some people on the clinic are clean for heroin but they're taking everything else...the weed, the tablets.

Participant 69, Treated drug user

It's rarely just the one...I know people smoking heroin...and taking tablets, smoking crack, all in the one go.

Participant 122, Treated drug user

After ecstasy, powder or crack cocaine binges, some treated adult polydrug users reported using different drugs. These drugs included the following: cannabis (weed), benzodiazepines and z drugs, heroin, methadone, alcohol, lyrica or tylex.

If I did cocaine...I'd need something to come down and I'd use whatever is nearest...heroin, benzos, methadone.

Participant 133, Treated drug user

Ecstasy...cocaine...and I'd take benzo's, weed to come down.

Participant 129, Treated drug user

Treated under 18 polydrug use

Young people from the age of 15 were reported to engage in polydrug use. While polydrug use occurred during weekdays, it predominately occurred at the weekend. The type of drugs used together included the following: alcohol, weed, ecstasy, cocaine powder, synthetic stimulants, benzodiazepines and z drugs. Polydrug use involved the use of two or more of these drugs at any one time.

For treated under 18 drug users, the most common type of polydrug use was alcohol and cannabis (weed). Benzodiazepines and z drugs were also used by young people in conjunction with weed. Alcohol was reported to be an integral part of drug taking sessions, and was used in conjunction with ecstasy, cocaine powder or synthetic stimulants.

Weekends would be e's and coke...[And] you're not just gona take drugs and not take alcohol...[there's always] alcohol.

Participant 16, Young person

Like the treated adult drug users, some young people were reported to use different drugs after the use of ecstasy or cocaine powder. Cannabis (weed) was the main drug used, with benzodiazepines and z-drugs used to a lesser extent.

Ecstasy...for our young people...They are smoking weed then to come down.

Participant 93, Service provider

A service provider reported that young people will take whatever was available as the goal was to get high.

CHANGES IN TREATED DRUG AND ALCOHOL USE

Service providers reported a number of changes in the use of drugs by their clients in the last 12 months. An increase in the use of the following drugs was reported: cannabis (weed), benzodiazepines and z drugs, crack cocaine, alcohol, Lyrica (prescribed pain killer) and codeine based OTC (pharmacy over the counter) drugs. The increase in the use of cannabis (weed) related to treated under 18 and adult drug users. The increase in the use of the other drugs was related to treated adult drug users only.

Cannabis (weed and hash)

Five out of eight services¹ reported an increase in the use of weed by their clients and two reported an increase in the use of synthetic weed. The increase in the use of cannabis was also reported nationally and in Europe, with an increase in the number of users entering treatment for this drug (Irish Focal Point, 2014; EMCDDA, 2015). One service reported the use of cannabis oil. All services reported that the use of hash had declined substantially over the last number of years.

In relation to young people, problematic cannabis (weed) use, defined as daily use, was reported to begin at 14 years. There were reports that those as young as 11 were using this drug. The use of weed was more typical among young men, though young women also used this drug on a regular basis. These young people were reported to be from both affluent and less affluent communities.

We're getting more and more referrals from parents with their kids in a bad way...We're getting the same amount of calls from Castleknock as we would from Blakestown or Corduff or other places like that...but the weed would be affecting some part of their life.

Participant 49, Service provider

All secondary schools and other educational programmes surveyed had evidence of weed use by some pupils. In two of the four secondary schools surveyed service providers reported that weed was used by some young people before and during school time. This was also confirmed by a few young people. The students were reported to be aged from 14 to 18 years.

A lot of the boys from 14 would be smoking weed during the school breaks, small breaks and lunch breaks. You'd see them congregating...outside the school...A lot of them would be smoking it before school too.

Participant 4, Service provider

1. Eight local drug and alcohol treatment services completed the quantitative profile of treated drug and alcohol use.

A service provider reported that while students have attended class under the influence of weed, it is not a common occurrence.

I've had cases of kids coming in for leaving cert and junior cert who were obviously under the influence of weed...That's uncommon though.

Participant 64, Service provider

The frequency of daily use varied, with the majority of users smoking weed in the evening. The minority started their day with a joint and continued smoking throughout the day. The same frequency of daily use was reported by both male and female young people and adults.

Researcher: How often would you smoke weed?

Participant 97: Everyday.

Researcher: Would you know other people who use it every day?

Participant 97: Probably all my close friends.

Researcher: How many would that be?

Participant 97: About 15.

Researcher: Guys and girls?

Participant 97: Yeah.

Participant 98: I'd agree, most people I know, most of my friends and some family too

Participants 97 & 98, Treated drug users

Service providers reported that a high percentage of clients on methadone were chronic cannabis (weed or hash) users. The exact amount is not possible to quantify as clients are not screened for cannabis use.

From January 2014 to September 2015, a total of 7 people from Dublin 15 completed the residential cannabis detoxification programme operated by the Peter McVerry Trust.

Benzodiazepines and z drugs

Service providers reported that benzodiazepines and z drugs have always been an issue in Dublin 15 but an increasing problem for the last few years. Five out of eight services reported an increase in the abuse of benzodiazepines in the last 12 months; three of these services also reported an increase in z drug usage. This change also included an increase in the use of street and imported tablets. A range of different types were available in the community and included the following:

DRUG AND ALCOHOL TRENDS MONITORING SYSTEM

- Z-drugs: zopiclone, zolpidem and zimovane.
- Benzodiazepines: diazepam (valium, D5's, D10's), flurazepam (dalmane), nitrazepam (mogadon), alprazolam (xanax, xanax bars), triazolam (Up John's).

Treated drug users reported that the main types used were diazepam, xanax and zimovane.

Under 18 year olds were reported to abuse benzodiazepines and z drugs, though to a lesser extent than the main problem drugs previously identified. Problematic tablet use was reported among men and women, from young adults up to those aged mid-50. The quantity of tablets abused on a daily basis varied, with reported doses ranging from 5 tablets to 50. The majority of these tablet users were polydrug users, in treatment for another drug as the main problem drug. These drugs included heroin, methadone, crack cocaine and cannabis. The qualitative data reported that there are problem tablet users in the community who do not present to treatment services. These problem users were from a range of ethnic backgrounds.

Crack cocaine

Three services reported an increase in the use of crack cocaine among their clients, to such an extent that it was now a major problem in Dublin 15. This increase began in early 2015.

Crack cocaine users ranged in age from early 20s to mid 50's and were both male and female. The majority had long-term drug problems that began with heroin, moved to methadone and then to crack cocaine 'to get a buzz'.

Participant 72: Well I would have been hooked on heroin first, and then as the years went on I got introduced to crack and that overtook everything.

Participant 74: The same myself, you go onto heroin first and then...inevitably onto methadone...and then you think what else can I take to get a buzz. So, you're gona take a load of tablets with methadone...Then if you want a different buzz altogether you're gona smoke crack.

Participants 72 & 74, Treated drug users

The frequency of use ranged from daily to weekly or monthly use, involving drug binges of varying durations. The majority of treated drug users reported that crack was smoked; there was some evidence that it was injected. Crack users reported using a range of different drugs after the use of crack to assist with the harsh come down produced by this drug. These drugs included heroin, methadone, tablets, cannabis (weed or hash) and to a lesser extent alcohol. Heroin and tablets were also reported to be used simultaneously with crack, again to assist the come down.

*I'd have to have heroin or tablets to mix with it [crack cocaine].
Cos you're up so high so fast and then you're crashing a few
minutes later, so I'd be trying to avoid the crash...I'd take crack
first and straight after have a smoke or turn on [of heroin].*

Participant 89, Treated drug user

Alcohol

There were very few under 18 year olds treated for alcohol as the main problem drug. As previously reported, the majority of these young people were treated for cannabis as the main problem drug. However, one third of these were also treated for alcohol as the second problem drug. In relation to treated adult drug users, these people were in treatment for alcohol as the main problem drug or for polydrug use. The treated adult polydrug users were reported to be using a range of different drugs, which included cocaine, ecstasy, benzodiazepines and z drugs.

A service provider reported a change in the type of alcohol used by treated under 18 and adult alcohol users. This change concerned a switch from drinking beer to spirits because cheap spirits were available in some local supermarkets.

One service reported an increase in alcohol use among their clients, and an increase in the number of people presenting for alcohol specific treatment. However, the increase in the latter may not be related to an increase in actual use, rather an increase in the awareness about the service provision.

Prescription drugs

A range of prescription drugs were reported to be abused by treated adult drug users. There was limited evidence to suggest that treated under 18 year olds were abusing prescription drugs. The majority of prescription drugs abused were for pain relief. These drugs included:

- Lyrica (anti-seizure drug often prescribed for pain relief): Treated drug users reported that Lyrica's popularity had increased in the last twelve months. It is abused alongside one or more of the following drugs: methadone, heroin, benzodiazepines and z drugs. There was evidence that this drug was being injected.

DRUG AND ALCOHOL TRENDS MONITORING SYSTEM

- Tylex and kapake (codeine based pain medication).
- Tramadol and oxycontin (opiate based pain medication).
- Seroquel (antipsychotic medication for schizophrenia or bipolar disorder and for insomnia or anxiety).
- Antidepressants.
- Viagra: One service reported that the use of viagra had occurred in the last 12 months among clients. It was used in conjunction with other drugs such as steroids, alcohol and benzodiazepines.

Over the counter (OTC) drugs

Service providers reported that OTC use was a problem in Dublin 15, though not to the same extent as other drugs. The majority of treated users were adults, though under 18 year olds were reported to also abuse these drugs.

The main OTC drugs abused by treated drug users were the codeine based pain medications, solpadeine and nurofen plus. Solpadeine was reported to be the main misused OTC drug, with two services stating an increase in the abuse of this drug. Both men and women, aged 20 to 60's, were reported to abuse this drug as the main problem drug. OTC drug users were from different ethnicities. Problematic use was reported to be daily and the frequency of use ranged from six to twenty-four tablets. In some cases polydrug use was reported, with solpadeine used alongside alcohol.

A service provider reported that over the last four years there was an increase in the number of people treated for nurofen plus as the main problem drug. Other OTC drugs abused by treated drug users included cough syrup, panadol xtra, feminax and ibuprofen. These drugs were not main problem drugs and used to a lesser extent than other OTC drugs.

Heroin

While not a new phenomenon, it is important to note that the profile of heroin users in treatment has changed over the last few years. The number of heroin users entering treatment is declining; where clients are an ageing population of long term users, with less young people accessing treatment. This trend is also evident in Europe (EMCDDA, 2015).

2. The CTL reports all patients prescribed methadone for opiate dependence in Ireland.

A comparison of the 2012 and 2013 Central Treatment List (CTL)² records indicates this trend. The following analysis reports the number of patients receiving methadone treatment in Dublin 15. In 2012, there were 290 people prescribed methadone which represented 7.6% of the regional population in treatment and 2.6% of the national treatment population. In 2013, there was a decrease to 275 which is 7.4% of the regional population and 2.5% of the national treatment population. In 2013, 187 (68%) of patients were male and 88 (32%) female; compared with previous years this indicates an increase in the number of females receiving methadone treatment. In 2013, 86% of clients were aged 30 or over, with 65% aged between 30 and 39 years and 21% aged 40 or over. In 2012, the age profile of clients was similar, with 68% aged from 30 to 39 years and 17% aged 40 or over. In 2013, 14% of clients were aged between 20 and 29, a decrease from 18% in 2012. The majority of clients are treated in clinics (49%), with 42% treated by local GPs and 5% treated in prison and 4% in Trinity Court.

Service providers and treated drug users reported that heroin was being smoked and injected. The primary data sources reported that both prescribed and street methadone was used in Dublin 15.

UNTREATED DRUG AND ALCOHOL USE

The analysis in this section provides an account of untreated drug use based on the qualitative data. It is supplemented by national and European drug prevalence data.

Untreated young drug users (aged up to 25 years)

For untreated young drug users, alcohol was the most commonly used drug followed by cannabis (weed); cocaine powder, ecstasy and ketamine were the next most commonly used drugs, with benzodiazepines and z drugs used to a lesser extent. A number of service providers reported an increase in the use of these drugs by young people. Ecstasy has made a 'comeback' in terms of popularity, and ketamine has become increasingly popular in the last twelve months. The common perception among young people was that drugs were widely available and use was widespread.

The 2010/11 national drug prevalence survey reported that over one quarter of young people aged 15 to 24 years had used an illegal drug at least once in their lifetime; with more young males than young females using illegal drugs (NACD, 2011). Based on the qualitative data that we have obtained we see no reason to conclude that drug use in Dublin 15 is lower than the national average.

Alcohol

Alcohol was reported to be the most commonly used legal drug by young people in Dublin 15. This was also reported nationally by drug prevalence data. In 2010/11, 83% of young people aged 15 to 24 years reported having ever used this drug (NACD, 2011). In relation to gender, this lifetime use related to 92% of young males and 88% of young females. A total of 81% of young people reported using alcohol in the last year, with a decrease to 66% of young people reporting more recent last month use.

Participants reported that the majority of young Irish people, both male and female, begin drinking at the age of 14, however there were reports of those as young as 10 were drinking.

Everyone uses alcohol, there's no age group. You start so young, 14 even 13, sometimes younger.

Participant 183, Young person

All participants reported that binge drinking to excess occurred predominately at the weekend, with young people aged over 18 reported to binge-drink more frequently than those under the age of 18.

Some [drink] once a week, some once every two weeks...but then there are a few students that...are still drinking Monday to Friday...Out of my friends...we either have one [drink] or we have loads there no in between, but we're not that bad actually we only go out Friday or Saturday.

Participant 182, Young person

The European School Survey Project on Alcohol and Other Drugs reports drug and alcohol use among European students aged 15 and 16 years. In 2010/2011, Irish students reported less alcohol consumption but more drunkenness in the last 30 days compared with the European average (Hibell, 2012).

Service providers and young people reported that drinking sessions for under 18 year olds occurred in a number of locations. They included drinking at home with the permission of parents, at 'free gaffs', in local parks or to lesser extent in pubs. For young people 'pre drinks' at home before going out was common practice as it lessened the cost of a night out.

Cannabis (weed and hash)

Cannabis (weed) was reported to be the most commonly used illegal drug by untreated young drug users in Dublin 15. However, a few young people reported that hash is now becoming more popular due to it becoming more accessible and of good quality. The national drug prevalence data for 2010/11 also reported that cannabis was the most frequently used illegal drug by young people aged 15 to 24 years (NACD, 2011). In comparison with European students, the lifetime use of cannabis was slightly higher by Irish students (Hibell, 2012).

The majority of participants reported that young people from the age of 14 were smoking weed, some reported that those as young as 11 were using this drug, with more young males than females using this drug. Young people who used weed were from different ethnic and socio-economic backgrounds.

According to all participants, the use of weed was widespread in Dublin 15. The use of this drug was reported to occur on a weekly basis at the weekend or less frequently. It was also reported to be used on a daily basis by some young people.

I don't think [weed] is one of those drugs that people think 'oh it's the weekend let have a few joints', it's just a whenever you feel like it.

Participant 184, Young person

Polydrug use by untreated young drug users

Young people from the age of 15, though more males than females, were reported to engage in polydrug use. These young people were predominately Irish and from all socio-economic groups, though some were from an ethnic minority group. These young people attended secondary school or other educational programmes, were college students, either out of or in employment. Polydrug use predominately occurred at the weekend. The frequency of polydrug use depended on the age of the young person, with those aged 18 and over reporting more regular polydrug use, which sometimes lasted all weekend.

The drugs used together included the following: alcohol, cannabis (weed), ecstasy and cocaine powder, ketamine, synthetic stimulants (mephedrone), benzodiazepines and z drugs. Polydrug use involved using two or more of these drugs during one drug taking session. Alcohol and weed was the most common form of polydrug use, followed by the use of alcohol with ecstasy and/or cocaine powder. It was reported that alcohol was an integral part of drug taking sessions.

Alcohol is the start of it...bump in two lines of Charlie [cocaine powder] and back to alcohol.

Participant 12, Young person

I know a couple friends and...they take coke, ketamine, weed altogether.

Participant 182, Young person

Some young people reported using weed or benzodiazepines after the use of ecstasy or cocaine powder.

Everyone's on them xanax, D5s, D10s [benzodiazepines]... People do be taking them after their mad weekends to relax them.

Participant 176, Young person

Benzodiazepines and z drugs were also used by young people in conjunction with either weed or alcohol. There were a few reports that teenagers from the age of 15 were using these tablets, the majority of reports related to older teenagers and young people in their 20's. These young people were Irish at risk youths and predominately male. The frequency of use varied from daily, weekly or less regular use.

Researcher: What about sleeping tablets?

Participant 25: Ah yeah, people are mad for them. These are young fellas.

Participant 26: No I know loads of girls.

Participant 26: They'd be using relaxers to get stoned, the D10's and they smoke a few joints, zimo's.

Researcher: And would they be doing anything else?

Participant 26: Yeah, maybe drinking

Researcher: Guys and girls?

Participants 25 & 26, Young people

Ecstasy was predominately available in pill form, with powder MDMA also reported to be popular. There was some evidence that liquid ecstasy was available. Due to the poor quality of pills young people were reported to increase the quantity consumed, with reports of up to 7 pills used in one night. The types of pills available changed all the time and the following were reported to be available in Dublin 15: Green Granades, Yellow Lions, Yellow Xboxes, Monkeys, Blue Ghosts and Superman pills.

In 2010, legislation was passed that controlled the sale of synthetic psychoactive drugs in Ireland. Since then there has been a decrease in the availability of synthetic stimulants, however participants reported that they are still available and used in Dublin 15. The evidence showed that mephedrone, street name 'snowblow', was the main type available. There was some evidence that PMMA was available. A number of young untreated drug users reported the use of 2C drugs (2CI's and 2CB's) in Dublin 15; these drugs are synthetic stimulants/hallucinogens.

Drugs used to a lesser extent by untreated young drug users

Drugs used to a lesser extent by untreated young drug users included the following: speed, crack cocaine, hallucinogens, solvents and 'lean' OTC cough syrup.

Speed was reported to be used at the weekend in conjunction with alcohol and weed. Young people who used this drug were aged from 16 and from a range of ethnic backgrounds.

I've often heard of people taking speed but...not as much as I'd hear about the other drugs, it would be mentioned the odd time but I've not heard of anyone who would regularly use it the way cocaine is used.

Participant 156, Young person

A small number of untreated drug users (less than 10) were reported to use crack cocaine. They were reported to be male and in their early 20's. These young people were not previous heroin users and moved from using cocaine powder to smoking crack cocaine. They were reported to use weed, benzodiazepines or z drugs after the use of crack cocaine.

Crack...I know people that's 22, 23 who are on it...they've gone straight from sniffing it at the weekend to smoking the pipe...and then all they need is a few sleepers coming down off it...or a joint.

Participant 124, Treated drug user

While these young people had no history of opiate use, some were reported to also use methadone to come down from the high associated with crack cocaine. These untreated young drug users were reported to use crack cocaine with peers; the frequency of use was unknown.

The availability and use of LSD or magic mushrooms was limited in Dublin 15. Young people who used these drugs were both males and females from late teens to mid 20's, some were college students. Participants reported that they were not used frequently. Another hallucinogen, DMT (Dimethyltryptamine), was reported to be used in Dublin 15. However, there was limited evidence about its use.

Solvents were reported to be used by young people aged 14 upwards but there was evidence of those as young as 10 using these drugs. These untreated young drug users were from a range of ethnic backgrounds and attended secondary school or other educational programmes. The types of solvents reported to be used included glue, correction fluids, permanent marker, nail varnish, petrol and aerosols (deodorants and air-freshener). There was some evidence that solvents were being used during school hours.

Schools, big problem [with aerosols] in schools as well...In school or after school, it was the schools that brought it to us.

Participant 81, Service provider

A number of young people reported that a drug cocktail with the street name 'Lean' was used by untreated young drug users in Dublin 15. While there was limited evidence about this drug cocktail, young people reported that it was comprised of an OTC cough syrup mixed with an unknown substance.

Other drugs used by untreated young drug users

Service providers and young people reported that anabolic steroids, skin tanning injections and slimming drugs were used by young people in Dublin 15.

A common perception was that steroid use was 'rampant' in Dublin 15. Steroid users were predominately male, aged from 15, from a range of ethnic backgrounds and attended secondary schools or other educational programmes. They were reported to be 'body conscious' gym users.

For people that are heavily into the gym, I've heard it more about fellas because I've noticed in the last few years guy who have become so obsessed with self image...So if one starts going to the gym and they're not getting the results that they want they will take the steroids.

Participant 155, Young person

Some of these young men were reported to also use other drugs including alcohol, ecstasy and weed.

Skin tanning drugs were reported to be used by different ethnic backgrounds. A number of participants reported that they are widely used in Dublin 15. Young men and women from the age of 18 upwards were reported to use this drug. For men, they are used in conjunction with steroids.

Slimming tablets were reported to be used by women from late teens upwards, who were from different ethnic backgrounds. They were reported to be also used in conjunction with skin tanning injections.

Untreated adult drug users (aged over 26 years)

There was limited data about untreated drug users aged over 26 years; the majority was provided by treated drug users accounts of untreated drug users that they knew.

The types of drugs used and the extent of use were similar to the untreated young drug users. Alcohol was the most commonly used drug by untreated adult drug users in Dublin 15. This was also reported nationally by drug prevalence data. In 2010/11, over 88% of adults aged over 25 years reported having ever used alcohol (NACD, 2011). Over 80% of adults reported using alcohol in the last year and over 67% reporting more recent last month use. The last month prevalence rate for alcohol was highest among those aged 25 to 34 years. Participants reported that similar to young people, binge drinking to excess at the weekend was a common occurrence among untreated adult drug users.

The 2010/11 national drug prevalence data reported the lifetime prevalence of any illegal drug was highest for those aged 25 to 34 years (NACD, 2011). Last year and last month prevalence of any illegal drug showed the same trend. A higher proportion of men than women reported lifetime, last year and last month use of any illegal drugs.

Cannabis (weed) was the most commonly used illegal drug by untreated adult drug users in Dublin 15, which was also reported by the drug prevalence data. Weed was reported to be used by adults (both male and female) of all ages, with the oldest reported as over 60 years. The majority of these users were Irish and from all socio-economic groups. Older adults were reported to also use hash, as they would have grown up using this drug. Some adults reported to have used cannabis for long periods of time. Cannabis use was reported to occur on a daily, weekly or less frequent basis.

Polydrug use by untreated adult drug users

Polydrug use by untreated adult drug users was similar to the untreated young people. Alcohol was the cornerstone of most drug taking sessions. The majority of polydrug use occurred at the weekend. It involved the use of a range of drugs from cocaine powder to ecstasy, with ketamine and synthetic stimulants such as mephedrone used to a lesser extent. The drug prevalence data for 2010/11 reported that after cannabis, ecstasy and cocaine powder were the most commonly used illegal drugs (NACD, 2011).

Polydrug use sessions involved the use of two or more of these drugs. The frequency of use varied, some were a monthly occurrence, others more or less frequent; there were reports that some weekend drug binges would last all weekend. These adults were male and female, in fulltime employment or out of work. They were

predominately Irish, though an ethnic minority group also reported polydrug use. There were many reports of 'old clubbers' who were part of the rave generation of the 1980's and 1990's who still used drugs such as ecstasy at the weekend.

I have friends who are [in their mid 30's] who take 'e' regularly. They take coke [powder] and they go out drinking a lot, kinda party drugs...They've been taking it since they're 18/ or 19... and stay up all night for nearly the [whole] weekend...say once a month anyway.

Participant 73, Treated drug user

Like the untreated under 18 drug users, some adults were reported to use different drugs after the use of ecstasy or cocaine powder. The main drugs used were alcohol and cannabis (weed or hash), and to a lesser extent benzodiazepines and z-drugs.

My...[family member] and his mates...would be taking...coke or ecstasy...The next day they take xanax to come down with a couple of beers.

Participant 74, Treated drug user

Drugs used to a lesser extent by untreated adult drug users

Drugs used to a lesser extent included magic mushrooms and khat, a drug with effects similar to amphetamines.

Magic mushrooms were reported to be used by some adults aged in their 30's. They were not the main drug of choice; these adults used cocaine powder and ecstasy more frequently.

There were a few reports that khat was available in Dublin 15. Khat comes in the form of leaves that are chewed. The evidence showed that it was used by people from an ethnic minority group. In comparison with the untreated young drug users, it is apparent that untreated adult drug users used fewer types of drugs.

Other drugs used by untreated adult drug users

Like the untreated young drug users, the adults were reported to use anabolic steroids, skin tanning injections and slimming drugs.

The profile of steroid users was predominately male, aged to mid 40's. These men were gym users or those who also used other drugs. The gym users can be categorised as either purely body conscious or competition body builders. The other category of steroid users, did not go to the gym and used steroids to help recover from weekend drug binges.

*There's some guys...coming down off weekend benders...
and then using steroids...Cocaine and tablets, Ketamine...and
then Monday and Tuesday morning using juice [steroids] to get
themselves going, to be able to get up and go out.*

Participant 135, Treated drug user

The profile of untreated adult drug users who used skin tanning injections and slimming drugs was reported in the previous section (untreated young drug users).

4. FACTORS CONTRIBUTING TO DRUG AND ALCOHOL USE

Factors contributing to drug and alcohol use in Dublin 15 included the ease of access to drugs, the perceived normalisation of drug and alcohol use, and the family context. The analysis in this section is based on the quantitative and qualitative primary data sources.

Accessibility of drugs

All participants reported that drugs were very accessible in Dublin 15.

Participant 16: You'll always know someone that can get drugs.

Participant 18: People will text you and say 'ah here listen I've got a big ounce of weed...if you want some, come get it off me. If you know anyone that wants some, just tell them'.

Participant 21: It's very easy [to get drugs]

Participant 16, 18 and 21, Young people

An increase in the availability of the following drugs was reported: cannabis (weed), crack cocaine, alcohol, steroids, benzodiazepines and z drugs. Over the last number of years there has been a huge decline in the use of hash and an increase in the use of weed. Explanations for this changing trend included a decrease in the availability of hash, an increase in the availability of weed, both home grown and imported types, coupled with an increase in quality. The increase in the availability and use of crack cocaine was attributed to the ability to source it locally in Dublin 15. Prior to early 2015, people had to travel to other areas to source this drug. The availability of low cost alcohol in local venues and supermarkets has increased the accessibility of this drug.

College nights are Monday and Tuesdays, prices drop, so people are spending less but drinking more. [Name of venue] is €2 for a drink on a Monday. My friends went last night. They went out with €20 and got hammered.

Participant 182, Young person

This easy access to alcohol is a concern. As previously reported, the availability of low cost spirits has led some treated alcohol users, both under 18 year olds and adults, to switch from drinking beer to spirits. It was reported that as off licences offer home deliveries, young people do not have to leave their home to obtain this drug.

The main method for obtaining drugs was through local dealers, followed by the internet. In relation to local dealers, the ease of access to drugs is increased with some making home deliveries to customers. The use of the internet to import drugs was reported to account for the increase in the availability of steroids. The internet was also used by some young people and adults to source synthetic stimulants and cannabis. This began in 2010, when legislation was passed that made the sale of psychoactive substances a criminal offence, forcing the closure of Irish head shops. In relation to social media, it was reported that Facebook was used to buy and sell drugs. Participants reported that young people do this both covertly and overtly.

On facebook [an icon of a face and] two eyes and a nose means cocaine or other drugs, I haven't seen it but my [family member's] friends have put up statuses like 'does anyone have a 20e bag' when they're looking for something, and some people put symbols on [their page] when they are selling.

Participant 183, Young person

The use of the internet was also reported to account for the increase in the availability of benzodiazepines and z drugs. Tablets were imported from a range of countries, including Spain, China, Kazakhstan and Bulgaria.

*Participant 72: Now with the internet you get the knock off's.
Participant 75: Like if you're buying tablets, you'll read where they're from...Kazakhstan, Bulgaria, Chinese...
Xanax*

Participants 72 & 75, Treated drug users

In addition, z drugs ('zox and superzox') were reported to be manufactured illegally in Dublin City, a Southside suburb, and in the Midlands. There was some evidence to suggest that they were also manufactured illegally in Dublin 15.

The cost of drugs was reported to be a factor that contributed to the choice of drugs used. The resurgence in the popularity of ecstasy among young people was partly because it is cheaper and easier to access than alcohol.

Ecstasy...it's an average of €2 a pill, so they find it easier to access...And you don't need ID. So it's actually easier for them and cheaper for them at the weekends to use ecstasy than it is to use...alcohol.

Participant 93, Service provider

It was reported that the synthetic stimulant, mephedrone, was used as it was cheaper than cocaine.

There'd still be a lot of snowblow around. It's very cheap...If you didn't have the €80 for coke, you'd go down there and get it for €20 a bag.

Participant 130, Treated drug user

Another factor that contributed to the increase use of benzodiazepines and z drugs was that they were inexpensive. At a cost of either €1 or €2 per tablet, they were reported to be very accessible. For drugs that were expensive, young people reported pooling resources or getting them 'on tick', paying for the drugs after they were used. Weed was reported to cost €50 for 3 grams, though there were reports that cheaper quantities were also available. The cost of cocaine powder ranged from €50 to €100 a gram, with the quality of the drug increasing with the price.

If you get a €50 bag of weed, everyone always gets it on tick and then next week they say 'ah can I get another' and the weekend comes and then they get coke on tick...that's €180...that's where the debt runs up and where it gets serious.

Participant 25, Young person

Buying drugs 'on tick' was highlighted as a huge issue for some young people, predominately young males, which led to drug debt intimidation. This was also an issue for treated adult drug users. This issue is discussed further in the drug and alcohol related crime section.

It was also reported that some young females engage in sexual activity in exchange for drugs. A few service providers reported that there were a small number of vulnerable females, aged 14 to 16 who engaged in this behaviour. A young person reported that some female college students also engage in this behaviour.

There is one or two in my year. The lads would be saying I heard about her going off with a lad for 1er bag [of drugs], it's like prostitution basically.

Participant 182, Young person

Normalisation of drug and alcohol use

A number of participants reported that alcohol and drug use was normalised among some peer groups.

With ecstasy and cocaine it's so normalised, it's not seen as something bad, I know people who would come out of clubs and they would be like yeah I've just done some ketamine. It's the same as saying I've just done a tequila shot.

Participant 156, Young person

This was associated with the perception that 'everyone in Dublin 15 is using drugs', a common perception made by young people and treated drug users. A number of service providers reported that alcohol and drug use among young people had become normalised to such an extent that they spoke freely about their substance use.

The scariest thing about drugs and alcohol, and weed especially, is that they [under 18 year olds] are happy to talk about it. It's normalised'.

Participants 64, Service provider

The perceived normalisation of alcohol and drug use contributed to the belief that alcohol and drug use was risk free.

They [young people]...associate weed with being fine...because they genuinely think that it's natural that it's good for them, that it's not harmful that it has no side effects and that it's not addictive. So, smoking weed...is seen as absolutely perfectly normal and acceptable thing to do.

Participant 93, Service provider

The family context was reported to influence the use of alcohol and drugs by young people. A number of service providers reported that some parents or guardians were tolerant of underage drinking, by supplying alcohol or allowing its consumption in the family home. A number of service providers reported that some parents or guardians used alcohol or drugs (weed) with their teenagers.

The normalisation of harmful drinking behaviour is well documented in Irish research (Long & Mongan, 2014). This research reported that 64% of drinkers aged 18 to 24 years consumed six or more standard drinks during one drinking session, which is considered harmful binge drinking. Service providers reported that due to the normalisation of alcohol use, the full extent of this community problem was impossible to quantify.

Alcohol...is a hidden drug out there, being abused all the time, by young people and adults...We really do not know...the full extent of it.

Participant 1, Service provider

Impact of drug and alcohol use on the family

Service providers and family members affected by drug use reported that problematic drug and/or alcohol use by parents or siblings affected the functioning of family units. They stated that it impacted negatively on children's psychological well-being and development. They also reported that drug and alcohol use impacted on parents' capacity for effective parenting. As a result, it created instability in the home, children can be neglected or may witness drug or alcohol related violence. Children's education was often compromised with poor school attendance which in some cases led to early school leaving. In some cases, children were in state care or being raised by other family members. A number of service providers reported that some young people used alcohol and drugs to cope with the distress experienced in these circumstances.

There's a lot of them [young people] that come from families where their parents are addicted or...have a sibling who may have overdosed or taken their own lives...So, you've those kind of chaotic situations that are mostly related to addiction...Lots of families would be affected by drugs...So they're very often on high alert because of what they have experienced. They're teenagers living in fear...that has huge effects on everything, their schooling, their attendance is very bad and then they smoke cannabis and drink a lot.

Participant 4, Service provider

In some cases, these circumstances were reported to lead to the development of inter-generational problematic drug and/or alcohol use.

I see their kids now who are using, going down that road themselves cos its normal, its acceptable, they know no different...It's a generation thing...There's one family I know and [they have several] generations of heroin users.

Participants 47, Family member

A number of service providers reported that breaking the cycle of drug and alcohol use in the family context was challenging.

That's a lot of the problem around here, [drug and alcohol use is] a family cycle, seen as the norm... So you are all the time battling against that side of it and trying to get them [young people] to... think for themselves and that it's not ok just because everybody else does it...A few hours here compared to what's acceptable... at home in their house...It is a battle at all times.

Participant 65, Service provider

5. CONSEQUENCES OF DRUG AND ALCOHOL USE

HEALTH CONSEQUENCES OF DRUG AND ALCOHOL USE

A range of mental and physical health consequences of drug and alcohol use were reported. The majority relate to the individual user. The data is collated from both the primary and secondary data sources.

Mental health consequences of drug and alcohol use

HIPE is a health information system that reports day and in-patient discharges from acute public hospitals. Each HIPE discharge record represents one episode of care rather than an individual patient; a patient may be admitted to hospital more than once in any given time period with the same or different diagnoses. HIPE data was used to assess alcohol and drug related morbidity, and in particular, the number of cases with a diagnosis of mental health and behavioural disorders associated with drug use.

From 2012 to 2014, there were 636 hospital discharges (cases) for Dublin 15 residents related to mental health and behavioural disorders associated with drug use (Table 5.1). The number of discharges increased from 169 in 2012 to 286 in 2014. The majority of cases were male (62%), with an increase from 86 in 2012 to 193 in 2014. The number of females also increased, though not as significantly as the male cases. The main age range was from 40 to 49 years (24%), followed by 30 to 39 years (22%). These age ranges showed an increase in the number of discharges over the reporting period, the largest increase in the 40 to 49 years. The drugs associated with mental health and behavioural disorders included the following: alcohol, opioids, cannabis, benzodiazepines or z drugs, cocaine, other stimulants, hallucinogens, solvents and polydrug use. As the number of mental health related diagnoses for some of the drugs was too small to be reported, the data has been presented together.

Table 5.1: Number of discharges (cases) for Dublin 15 residents with a diagnosis of mental health and behavioural disorders due to drug use 2012-2014

Mental health and behavioural disorders due to drug use		2012	2013	2014	Total	%
Drugs included: alcohol, opioids, cannabis, benzodiazepines or z drugs, cocaine, other stimulants, hallucinogens, solvents and polydrug use	Total	169	181	286	636	100
	Male	86	117	193	396	62
	Female	83	64	93	240	38
	Under 30 Years	33	26	62	121	19
	30 to 39 Years	35	41	61	137	22
	40 to 49 Years	30	51	71	152	24
	50 to 59 Years	24	30	44	98	15
	60 to 69 Years	36	18	35	89	14
	70 Years +	11	15	13	39	6

The primary data sources provide more detail about the type of mental health disorders experienced by treated drug users. The main mental health disorders experienced were depression, paranoia, anxiety, mood instability, drug induced psychosis and suicidal ideation or attempts. Other mental health disorders experienced to a lesser extent included self-harm, bipolar disorder, schizophrenia and manic behaviour or agitation. Service providers and treated drug users associated a number of drugs with mental health disorders. These drugs included the following: cannabis (weed), benzodiazepines and z drugs, alcohol, powder and crack cocaine, steroids, ecstasy, MDMA powder and mephedrone. This predominately related to treated adult drug users. In relation to treated young drug users, service providers reported that cannabis (weed) was the main drug associated with mental health disorders. In the last twelve months, they reported an increase in the amount of young people experiencing mental health disorders associated with the problematic use of weed. These young people were in secondary schools or other educational programmes, were predominately male from the age of 15 years. In an attempt to alleviate these mental health disorders, young people were reported to self-medicate with other drugs, including benzodiazepines, which in some cases led to dependence on these drugs. The use of weed was also associated with negative consequences for adults who were on methadone maintenance treatment, also leading to self-medication and in some cases relapse.

Weed...it's a pretty serious problem for some of our clients, it's far too strong...it can de-stabilise them from their methadone...if they smoke too much of it and they get paranoid then they start taking other things to calm them down like benzo's or...heroin.

Participant 95, Service provider

A number of service providers reported that the urinalysis tests commonly used at treatment clinics do not test for cannabis. They stated that this is a missed opportunity for identifying and responding to clients' use of this drug.

The accumulation of drug debts was also reported as a factor that contributed to the deterioration of young males' mental health. In addition, it was reported that in the last twelve months there was an increase in the incidence of behavioural issues among some young males. In particular, an increase in child on parent violence associated with weed dependence.

Parents and siblings affected by familial drug and/or alcohol use also reported experiencing mental health disorders due to their family circumstances. Untreated drug users also reported experiencing mental health issues. Young people were reported to suffer from paranoia after a weekend polydrug binge. This paranoia was reported to be short lived and did not require medical intervention.

I guess speaking to young people it's the comedown after the weekend and then the paranoia...from alcohol...ecstasy... so when they are coming down...is this paranoia not wanting to leave the house, worried what you had done. But it's really extreme, it's really intense...they might have had a serious weekend of drugs and alcohol. They can't face anything.

Participant 93, Service provider

Physical health consequences of drug and alcohol use

The main health consequences of drug and alcohol use that were reported included health problems associated with smoking and injecting drugs, alcohol related liver diseases, and drug related overdoses and deaths.

Injecting drug use

Health problems associated with poor injecting practices were reported, including abscesses and the acquisition of the blood borne virus hepatitis C. Service providers reported that the following drugs were injected: heroin, powder and crack cocaine, benzodiazepines and z drugs, synthetic stimulants, speed, steroids and slimming drugs. There were no reports of under 18 year olds injecting drugs.

Service providers reported the injecting sites used by treated drug users. The most frequently used included the arm and groin, with treated drug users also 'skin popping' or using 'any available vein' to administer drugs. Treated drug users who were groin injectors were long-term heroin users. It was concerning that one of the most frequently used injecting sites, was one associated with the most risk. The NDTRS data for 2013 showed that 188 people living in Dublin 15 were treated for drug use. Over one quarter of these cases reported ever having injected drugs and 7% reported injecting drug use in the past month. A total of 39% reported sharing injecting equipment. It was also concerning that a substantial amount of injecting drug users were not injecting safely and risking the transmission or acquisition of a blood-borne virus. As previously reported, the local drug and alcohol treatment services under-reported drug treatment data to the NDTRS. Therefore, the number of injecting drug users who were sharing injecting equipment may change.

The use of steroids and skin tanning drugs by the general population was of concern. There were health risks associated with the use of these drugs which included injecting un-regulated substances into the body and unsafe injecting practices.

New psychoactive substances

Over the past five years there has been a significant increase in the number and type of new psychoactive substances available in Europe. A total of 77 synthetic stimulants have been reported to the EMCDDA, with 31 of these identified in 2014 (EMCDDA, 2015). As previously reported, there was evidence of the sale and use of synthetic stimulants and cannabis in Dublin 15. There was some evidence to suggest that PMMA was sold in the guise of MDMA. PMMA has been associated with a higher risk of acute effects including overdose (EMCDDA, 2003). It is more potent than MDMA, takes longer to take effect, which may lead to the consumption of more pills and subsequent overdose. In addition, there were reports that synthetic stimulants have been sold in the guise of cocaine powder.

I do know of a lot of people that sell snowblow...as coke because...you can buy if off the internet for real cheap.

Participant 73, Treated drug user

In relation to synthetic drugs, there was little or no information available about their effects and harms. It was evident that there were health concerns related to the use of these drugs.

Anabolic steroids

Service providers reported concerns about the use of steroids among young men, which they perceived to be particularly problematic among those aged early to mid 20's. There were reports of aggressive behaviour and physical complications that necessitated the use of other hormones to counteract negative effects. It was reported that some young males perceived steroids to be risk free.

For the purpose of improving your physic and your muscle tone...they [young people] think [steroids are] fine...They guess that everything is natural, once you are working out.

Participant 93, Service Provider

A young person stated that steroids were not a drug as there was no psychoactive effect.

Yeah but they're not a drug, you don't get a stone from it.

Participant 7, Young person

However, some steroid users were aware that there was negative health consequences associated with using steroids.

Drug and alcohol related deaths and overdoses

A number of service providers and treated drug users reported that drug-related deaths and non-fatal overdoses had occurred in Dublin 15 in the previous twelve months. They were related to the use of both alcohol and drugs such as heroin, benzodiazepines and z drugs. The use of counterfeit benzodiazepines and z drugs (imported and illegally manufactured types) was viewed with concern, as these drugs were reported to contain inconsistent doses. Therefore, the use of these drugs was associated with an increased risk of overdose. While treated drug users reported favouring prescribed tablets, some used the counterfeit types as they were readily available.

Now with the internet you get the knock off's...People don't care if they don't have the proper dose.

Participant 75, Treated drug user

HIPE data

From 2012 to 2014 there were 41 hospital discharges (cases) for Dublin 15 residents related to drug related poisonings (overdoses) (Table 5.2). The outcome of the poisonings may not have resulted in death. There was an increase in the number of poisonings, from 17 in 2012 to 24 in 2014. The drugs associated with the poisonings included the following: heroin, other opioids (including codeine and methadone), cocaine, benzodiazepines or z drugs and other unspecified drugs. As the number of poisonings diagnosed for some of the drugs was too small to be reported, the data has been presented together.

Table 5.2: Number of discharges (cases) for Dublin 15 residents with a diagnosis of poisoning by drugs 2012-2014

Poisoning by drugs	2012	2013	2014	Total
Poisoning by heroin, other opioids (including codeine and methadone), cocaine and other unspecified drugs	10	~	13	23
Poisoning by benzodiazepines or z drugs	7	~	11	18
Total	17	~	24	41

~ Number of discharges too small to be reported.

National Drug-Related Deaths Index (NDRDI)

The NDRDI provides a census of drug-related deaths in Ireland. A breakdown of the number of drug-related deaths for the BLDATF area was not possible as the numbers were too small. Therefore, a brief account of national data is provided. Between 2004 and 2012 there were a total of 5,289 drug-related deaths in Ireland. During this reporting period, 3,112 deaths were due to drug poisoning (overdose), and 2,177 were due to trauma or medical causes. Of the poisoning deaths, the majority were male, an increase from 65% in 2004 to 75% in 2012. Over the reporting period, deaths due to polydrug use increased from 118 in 2004 to 189 in 2012. In 2012, the main drugs implicated in poisoning deaths were alcohol and benzodiazepines, followed by heroin and methadone.

SOCIAL CONSEQUENCES OF DRUG AND ALCOHOL USE

The social consequences of problematic drug use reported included homelessness, a lack of educational attainment and a lack of rehabilitation options in the form of education and employment.

Homelessness

Problematic drug and alcohol use was a major contributory factor associated with housing issues. There was a severe lack of available accommodation which disproportionately affected drug users who are in receipt of social welfare payments. In addition, it was evident that homelessness and inappropriate housing was hampering rehabilitation. Service providers reported a lack of suitable accommodation for people in recovery; some of these people were housed in emergency accommodation alongside chaotic drug users, which jeopardized their recovery and in some cases triggered relapse. The same was true for young people who were ejected from the family home due to their drug use.

The housing issue is an absolute nightmare...you can't do anything therapeutically unless they have a place to stay... One particular client...was living in a [hostel for people who are homeless]...but he had to share a room with somebody who was constantly using heroin, so as a result he kept relapsing...nearly every client I have...has a...housing issue.

Participant 2, Service provider

Education and employment

Service providers reported a lack of rehabilitation options in the form of training and employment for treated adult drug users. A barrier to training also included a lack of funding, and the recession had contributed to the lack of employment options for people in recovery. A lack of childcare also served to hamper the rehabilitation process for some people in recovery.

The NDTRS data for 2013 reported that the majority of cases (64%) assessed or treated for drug use were unemployed (Table 5.3). As previously reported, the local drug and alcohol treatment services have under-reported drug treatment data to the NDTRS.

Table 5.3: BLDATF cases assessed or treated by employment status, NDTRS 2013

Employment Status	Total	%
In paid employment	34	16
Unemployed	137	64
FAS scheme or other training course	9	4
Student	13	6
Housewife/husband	5	2
Retired/ unable to work/ disability	13	6
Not known	4	2
Total	215	100

In relation to young people, service providers reported that drug use among secondary school students' resulted in a lack of engagement with education, which affected their educational attainment.

Drugs, alcohol go with a certain bigger picture...students...who miss days, they are smart and intelligent but don't perform in exams...They've kinda dropped out, they'll come to school but they won't take part. They'll leave with the absolute minimum.

Participant 50, Service provider

The issue with weed...it's really affecting the young people and their lives and their progress and their ability to stay in school and or to stay in training...it's a massive issue...we have a massive problem in Blanchardstown with early school leaving as well.

Participant 93, Service provider

While the numbers were small, drug use had led to the expulsion of some young people from secondary schools in Dublin 15.

Well for our young people we had [a few] expelled this year as a result of weed. Their behaviour in school was atrocious I mean their concentration even, their attention, their ability to participate was all deteriorated from smoking a lot of weed... They'd be smoking before school, smoking at break...throughout the day...But they would be stoned and that's very erratic behaviour anger issues, problems with teachers...and eventually it would be a series of incidents that would lead to expulsion.

Participant 93, Service provider

The NDTRS reported the educational attainment of those assessed or treated for drug in 2013. Almost one quarter left school aged 14 years or younger (Table 5.4).

Table 5.4: BLDATF cases assessed or treated, by age left school, NDTRS 2013

Age left school	Total	%
Left school age 14 years or younger	37	17
Left school age 15 years or over	130	61
Still at school	11	5
Age left school not known	37	17
Total	215	100

In 2013, 18% of cases completed primary level education and 27% completed junior certificate (Table 5.5). As previously reported, the local drug and alcohol treatment services have under-reported drug treatment data to the NDTRS.

Table 5.5: BLDATF cases assessed or treated, by highest level of education completed, NDTRS 2013

Highest level of education completed	Total	%
Primary level incomplete	~	~
Primary level	38	18
Junior Certificate	58	27
Leaving Certificate	59	27
Third level	13	6
Still in fulltime education	13	6
Not known	31	14
Total	215	98

~ Number of cases too small to be reported.

DRUG AND ALCOHOL RELATED CRIME

This section reports the consequences of alcohol and drug use on the community produced by the quantitative and qualitative data. The impact of drug-related crime has been shown to cause significant harm to communities.

All service providers reported the occurrence of drug-related crime in Dublin 15. They reported that the following crimes occurred frequently: handling stolen goods, drug-debt intimidation, drug dealing and violent offences. Service providers reported that shoplifting and burglaries or robberies also occurred frequently. Offences reported to occur to a lesser extent included sex work, firearm offences, driving under the influence of alcohol and cannabis (weed) grow houses.

A number of participants reported that the extent of drug debt intimidation is escalating.

Because there's so much herbal cannabis [weed] out there now...we see a lot more of drug debt intimidation as a result of it...people knocking on doors of family, looking for money that's owed...The use is on the increase so the debt is on the increase.

Participant 1, Service provider

Drug debt intimidation was reported to be an issue for both under 18 (predominately young males) and adult drug users.

More debt for drugs...You have a young fella who's 16, no income, people knocking on his door cos he has no income and the mother's actually having to pay it out, and he's going to get battered walking down the street. It's happening pretty regular.

Participant 129, Treated drug user

In relation to under 18 year olds, in some cases they were forced to hold or deliver drugs in order to pay off drug debts. Family members reported the fear that drug debt intimidation brings into a home and stated that the Gardaí could not provide adequate support.

If you go to the police, they'll tell you to pay the money...And then they'll tell you it's confidential if you tell and no its not. Don't go to the police, you'd only be making things worse for yourself...The dealers are getting away with everything.

Participant 125, Family member

Trends in drug-related offences

This section presents data on proceedings for drug offences in the Blanchardstown Sub-district from 2012 to 2014. The data reports the activities of the Gardaí rather than the incidence of drug-related crime. The number of proceedings for supply offences in the Dublin 15 area remained relatively stable in 2012 and 2014, with an increase in 2013 (Table 5.6). The number of proceedings for drug cultivation remained stable over the reporting period.

Table 5.6: Number of proceedings for possession for supply and drug cultivation offences in the Blanchardstown Sub-district, 2012-2014

Drug-related offence	2012	2013	2014
Section 15 MDA*: drug possession for supply	35	49	31
Section 17 MDA: drug cultivation	6	5	7
Total number of proceedings	41	54	38

*Misuse of Drugs Act

To uphold anonymity, the number of proceedings for juvenile drug-related offences in the Blanchardstown Sub-district from 2012 to 2014 is presented together. During the reporting period, there were a total of 23 proceedings for drug possession and 8 proceedings for possession with intent to supply. The majority of proceedings for both offences occurred in 2013.

Drug seizures in the Dublin 15 area in 2013 and 2014 are reported below (Table 5.7). Cannabis continues to constitute the highest number of seizures. This may validate the primary data, which reported that cannabis is the most commonly used illegal drug in Dublin 15.

Table 5.7: Drug seizures by drug type in the Blanchardstown Sub-district, 2013-2014

Drug type	2014	2013
	No. of seizures	No. of seizures
Cannabis resin	35	93
Cannabis herb	213	225
Cannabis plants	9	7
Ecstasy	9	14
Cocaine powder	19	30
Crack cocaine	0	1
Heroin	13	15
Benzodiazepine	27	15
Amphetamine	1	2
Mephedrone	0	4
Total no. of seizures	326	406

VISIBILITY OF DRUG AND ALCOHOL USE IN THE COMMUNITY

This section provides an analysis of the field research completed over a four month period in six local communities; it is supplemented by other qualitative data. To avoid the stigmatisation of these communities, they are reported as Community 1 to Community 6. Drug and alcohol related anti-social behaviours were observed by the field researchers in these local communities. The range of anti-social activities included drug and alcohol litter, visible drinking and intoxication, drug dealing, and vandalism. This anti-social behaviour was reported to have a negative impact on community perceptions of safety.

Drug and alcohol litter

Drug and alcohol litter was found in all six communities. It included empty alcohol cans and bottles, empty blister packets or containers for prescribed medication, injecting and smoking paraphernalia, and aerosols. The litter was both visible and hidden within the communities. Visible litter was found openly in the six communities, in a range of locations including in housing estates, on roads, at shops or in parks. Visible drug and alcohol litter was found at a total of 45 sites throughout the communities (Table 6.1). Hidden litter was found in secluded locations within the communities (Table 6.1). These secluded locations were visited on a number of occasions over a period of time; each time they were visited there was new drug and alcohol litter. Therefore, these secluded locations were regularly used for the consumption of drugs and alcohol. At any one site, both visible and hidden, the type and amount of litter found varied, with the hidden sites containing the most evidence of heroin, alcohol, crack cocaine, benzodiazepine and z drug consumption.

Table 6.1: Number of sites with visible drug and alcohol litter within the communities, and number of hidden drug and alcohol using sites

Community	Number of sites with 'visible' drug and alcohol litter	Number of hidden drug and alcohol consumption sites
Community 1	7	2
Community 2	13	1
Community 3	12	1*
Community 4	2	1*
Community 5	7	2
Community 6	4	1
Total	45	8

**These sites were areas that contained a number of hidden drug and alcohol using sites.*

In all six communities the majority of the litter was alcohol related, empty beer cans and bottles, wine and spirit bottles. The most alcohol related litter was found in Community 5, followed by Community 1 and 2. It was found at both visible and hidden sites.

VISIBILITY OF DRUG AND ALCOHOL USE IN THE COMMUNITY



Photo 1: Alcohol litter in secluded site in Community 5



Photo 2: Alcohol litter in visible site in Community 2

In relation to the use of heroin, there was evidence that this drug was smoked and injected in five communities (Communities 1 to 5). Used foil with heroin traces were found in the hidden sites in these communities, with the most found in Community 4. In relation to injecting drug use, the majority of injecting equipment found included the following: stericups, empty syringe and needle packs, empty citric acid packs, used sterile swabs and water containers. While some of this equipment was found in 'visible' sites, the majority was found in the hidden sites. After extensive field work, only two syringes with needle spikes and a couple needle spikes were found in hidden sites in three communities (Community 1, 3 and 4). Local service providers also reported the lack of syringes and needles disposed

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of in the community. While injecting drug use was occurring in the community, the level of harm due to the disposal of used syringes and needles to community members was currently low.

In two of the communities (Community 1 and 2), a number of homemade pipes were found in the hidden sites. Pipes are used to smoke a range of drugs, including cannabis and crack cocaine. From the evidence provided at these sites, it was more likely that these pipes were used for the consumption of crack cocaine. This evidence included small mounds of cigarette ash, which is used to facilitate the smoking of this drug. The use of ash in this manner was reported by a crack cocaine research study completed by the Health Research Board (Connolly et al., 2008). A range of participants identified these communities as having an increasing problem with the use of crack cocaine, with the preferred route of administration identified by crack users as through pipes.

At two of the hidden drug using sites there was evidence that they were also used for sexual relations, with used condoms found. One of these sites was visited a number of occasions over a three week period, and each time it was visited there were more discarded condoms.

The following photos were taken over a three week period in a secluded site in Community 1. They show evidence of smoking and injecting drug use, and the use of benzodiazepines.



Photo 3: Foil with traces of heroin and an empty benzodiazepine blister pack



Photo 4: Evidence of injecting drug use: empty pack of citric acid and empty drug bag

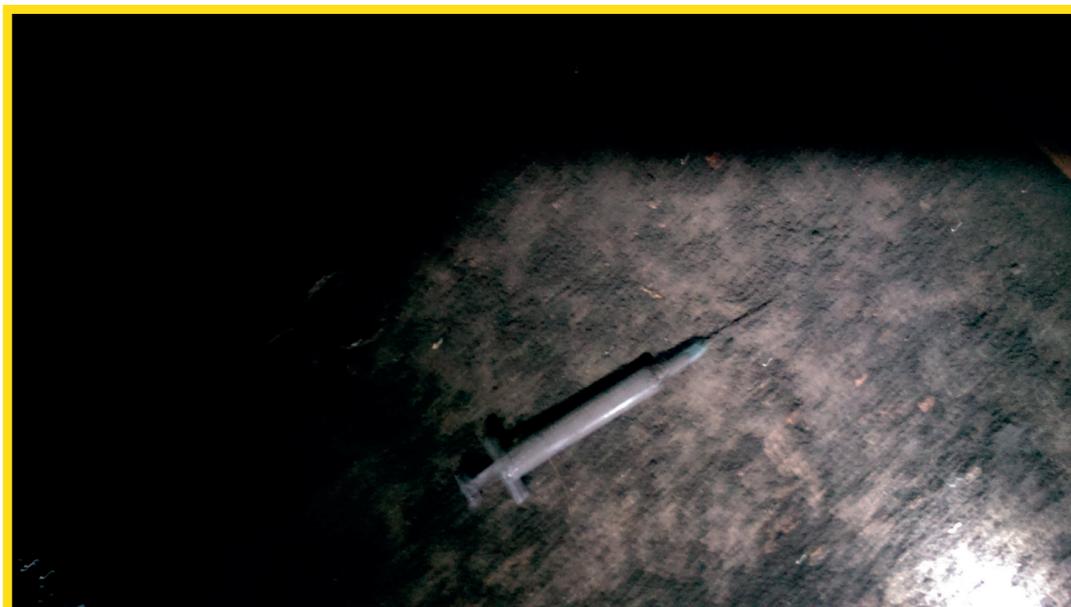


Photo 5: Used syringe and needle

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Photo 6: Hiding place within secluded site containing equipment for smoking drugs: homemade pipe and foil

The following photos were taken over a three week period in a secluded site in Community 3. They show evidence of smoking and injecting drug use.



Photo 7: Diabetic syringe with needle and citric acid



Photo 8: Evidence of injecting drug use: empty sterile water containers

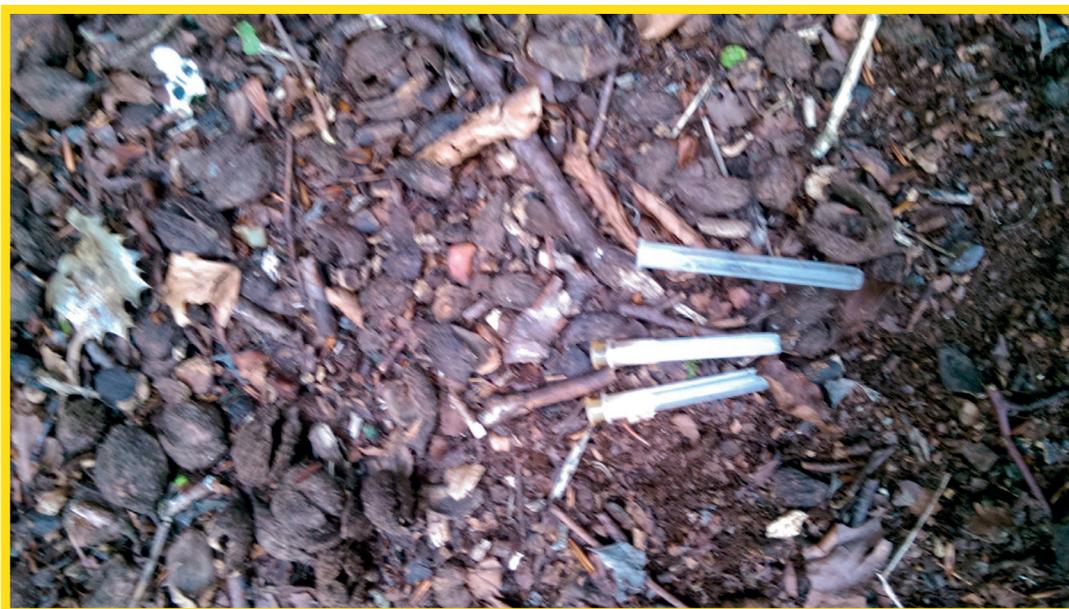


Photo 9: Brown needle spikes



Photo 10: Empty diabetic syringe packs



Photo 11: Foil with traces of heroin

VISIBILITY OF DRUG AND ALCOHOL USE IN THE COMMUNITY

There were discarded empty prescribed medication packets in all six communities. The majority of this litter was benzodiazepine and z drug packaging. The most z drug and benzodiazepine litter was found in Community 1 and 2; in Community 3 some of the empty z drug packs were imported types.



Photo 12: Empty blister pack of diazepam (benzodiazepine) in visible site in Community 2



Photo 13: Empty blister pack of zopiclone (z drug) in visible site in Community 2



Photo 16: Empty blister pack of tramadol found in secluded site in Community 4

Drug dealing sites

The field researchers observed 'drug dealing behaviours' in four communities (Communities 1, 2, 3 and 5). This behaviour included youths loitering in public places and having brief encounters with other individuals. A range of participants reported witnessing the same behaviours at various locations throughout Dublin 15.

Yeah you'd have a sense, you'd see people meeting and exchanging things, and parting quickly. But it wouldn't be overt.

Participant 4, Service provider

Ah it's so obvious...Someone would pull up in a car, runs out, hands something over and gets back in the car in 30 seconds and drive off.

Participant 16, Young person

In each of these communities, this behaviour was witnessed at two different locations and on a regular basis in most locations. The dealers were predominately young Irish males aged from 16 years. There was evidence that some local dealers were from an ethnic minority group. On one occasion in Community 5, over 50 empty drug bags for cannabis (weed) were found scattered around a drug dealing site, which suggested the extent of the sale and supply of this drug in this community.



Photo 17: Empty drug bags scattered around a drug dealing site in Community 5

The researchers reported observing gangs congregating displaying drug related behaviour which created a sense of unease among the researchers. This occurred in two areas within two communities (Communities 2 and 5). A young person reiterated this intimidation:

I'd heard someone saying they were afraid to go to the shop, I think it was [name of area]...because he'd be hounded by people trying to sell tablets.

Participant 157, Young person

Visible drug use

Alcohol use was more visible in the community compared with the use of other drugs. Cannabis use was visible on three separate occasions in three of the local communities (Communities 1 to 3). A number of participants reported that cannabis was now used more openly within communities.

You see a lot of young people smoking weed and it's not hidden anymore, it's blatant.

Participant 46, Family member

The field researchers observed individuals drinking openly in four communities (Communities 1, 2, 3 and 5). The number of drinking sites per community varied from one to four, with some being used regularly. They were located in the green areas of housing estates and local parks. These drinkers were male and female, aged 18 to 50, Irish and non-Irish nationals. Drinking groups ranged from two to eleven individuals and were in the most part peaceful, though there were a few groups who were intoxicated and/or intimidating. The following quote illustrates the intimidation felt by community members (related to Community 1 and 2):

[My child is] not allowed in certain areas at certain times... Whether its alcohol or drugs, there's always some sort of gang hanging around... They're intimidating and you don't know how they're going to turn... They're drinking in the fields.

Participant 48, Family member

In three of the communities (Communities 2, 3 and 5), there was evidence of vandalism at some of the drinking sites (remnants of camp fires, burnt out debris).

6. KEY ISSUES AND GAPS IN SERVICE PROVISION

This section brings together the key issues and gaps in service provision identified by service providers and other research participants.

Key issues

Among treated drug users there was an increase in the use of the following drugs: cannabis (weed), benzodiazepines and z drugs, crack cocaine, alcohol, lyrica (prescribed pain killer) and codeine based OTC (pharmacy over the counter) drugs. The number of heroin users entering treatment is declining; clients are an ageing population of long term users, with less young people accessing treatment. Cannabis was the main problem drug for treated under 18 year olds and those aged from 18 to 24 years. Polydrug use was reported to be the norm for the majority of under 18 and adult problem drug users.

The most commonly used drugs by untreated drug users were alcohol and cannabis (weed), followed by cocaine powder, ecstasy and ketamine, with benzodiazepines and z drugs used to a lesser extent. Service providers reported an increase in the use of these drugs by untreated young drug users. Polydrug use was perceived to be the norm, and predominately occurred at the weekend by young people aged 15 and over. Alcohol was reported to be an integral part of polydrug use. A typical drug taking session started with alcohol and was then accompanied by other drugs. It is apparent that the strategies included in the Public Health Alcohol Bill will work towards reducing alcohol related harms for the individual user and the community.

A number of factors that contributed to drug and alcohol use were identified. Firstly, the ease of access to drugs and alcohol is of concern, as is the use of the internet and Facebook to source drugs. Secondly, the normalisation of drug and alcohol use within some peer and family groups is another concern, especially as the perception is that drug use is socially acceptable and risk free. Thirdly, inter-generational drug and alcohol use was apparent, which serves to propagate the problematic use of alcohol and other drugs.

A range of mental health consequences of drug and alcohol use were reported. The HIPE data reported that between 2012 and 2014 there was a significant increase in the number of cases diagnosed with mental health disorders associated with drug use. In the last twelve months, service providers reported an increase in the amount of young people experiencing mental health disorders associated with the use of cannabis (weed). In an attempt to alleviate these mental health issues some young people were reported to self-medicate with other drugs, which in some cases led to dependence on these drugs. The use of weed was reported to impact negatively on adults who were on methadone maintenance treatment; also leading to self-medication and in some cases relapse.

Physical health consequences of drug and alcohol use included health problems associated with smoking and injecting drugs, alcohol related liver diseases, and drug-related overdoses and deaths. Service providers reported concerns about the use of counterfeit benzodiazepines and z drugs as they contained inconsistent doses. Service providers also reported concerns about the use of steroids by both young people and adults.

The social consequences of problematic drug use reported included homelessness, a lack of educational attainment, and a lack of rehabilitation options in the form of education and employment. A lack of childcare also serves to hamper the rehabilitation process for some people in recovery.

Drug-related crime was reported to cause harm to local communities. An increase in the extent of drug debt intimidation for both young people and adults was identified. Drug and alcohol related anti-social behaviours were observed in six local communities. The range of anti-social activities included drug and alcohol related litter, drug dealing, visible drinking and intoxication.

Gaps in service provision

The drug and alcohol services in Dublin 15 provide a range of services for both under 18 year olds and adult problem drug users. They also support family members affected by drug and alcohol misuse. The continuum of care services provided range from harm reduction to treatment and rehabilitation services. Service providers and other research participants identified a need for the expansion of some of these services, with particular reference to the following:

Cannabis

The need for a cannabis treatment service for both young people and adults was reported. Service providers reported that there was a need to address the perception that weed was a risk free drug.

Mental health services

Service providers reported limited access to psychiatric services for people with substance use and mental health disorders. Access to services was even more limited where problem drugs included alcohol, cannabis, benzodiazepines and z-drugs.

Harm reduction services

There was the perception that young people do not receive sufficient information about the health consequences of legal and illegal drug use. Current harm reduction programmes should be expanded and include information about steroids.

Unsafe injecting practices were identified which require appropriate consideration and interventions. An increase in the problem use of crack cocaine was reported. The provision of harm reduction measures including crack pipes was recommended.

Methadone maintenance treatment

A longstanding issue associated with methadone maintenance treatment was reported; people are receiving this treatment for a considerable number of years. Service providers reported that methadone alone was not sufficient to support recovery from heroin misuse; counselling and rehabilitation services need to be an integral part of each clients care plan.

Detoxification services

Service providers reported limited access to detoxification services for the following drugs: benzodiazepines and z-drugs, alcohol and polydrug use (in particular, cannabis and benzodiazepines or z-drugs). In addition, waiting lists for access to detoxification services were reported to be too long. It was also reported that there were insufficient detoxification units for people who also had mental health disorders.

Family support services for under 18 year olds

Family members affected by drug and/or alcohol misuse reported that the local family support services provided vital support for them. The local services work with siblings (both minors and adults) and parents. A number of family members reported the need for improvement in the level of support provided to minors affected by familial substance use.

Social re-integration

The need for improvement in rehabilitation services was reported. In particular, a lack of rehabilitation options in the form of training and employment. A barrier to training was a lack of funding, and the recession has contributed to the lack of employment options for people in recovery. A lack of childcare also served to hamper the rehabilitation process for some people in recovery. Unstable accommodation and homelessness was also reported as an issue for people in recovery.

In 2016, these gaps in service provision will be developed and expanded. They will provide a basis for future discussions about how to respond to the issues identified through the DATMS.

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