A large zipper opening a brick wall to reveal a blue sky with clouds. The zipper is grey and runs vertically down the right side of the page, curving at the top to form an arch over the brick wall. The brick wall is made of red bricks with visible mortar. The sky is bright blue with scattered white clouds.

An Assessment of the Prevalence of Drug Misuse in South Inner City Dublin

2011



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Commissioned by :
South Inner City Local Drugs Task Force

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Date:
November 2011



Executive Summary

In May 2011, South Inner City Drugs Task Force commissioned research to assess the prevalence of drug misuse in South Inner City Dublin. The research was based on two sources of information, **1)** focus groups and personal interviews with service users attending some of the Task Force projects, and **2)** information obtained from HSE and HRB reports, and other literature.

A total of twenty-six service users agreed to either participate in a personal interview or a focus group. They were asked four main questions: **1)** their previous or current drug use; **2)** their perception of the prevalence of drug misuse; **3)** the nature of drug dealing, and **4)** young people's use of drugs in South Inner City.

On page 8 of our report those participating in the research reported that Crystal meth Quote "Is not over here". Since the research was concluded in October 2011 reports have been received that Crystal Meth has surfaced quite worryingly in our Drug Task Force Area. Because of this information and the need for up to date "Data" it is the intention of the South Inner City Local Drug Task Force to carry out "Local Research" in relation to emerging drug trends on an annual basis.

The focus groups and interviews provided valuable information on prevalence. When this information was considered with published HSE and HRB data, a number of trends emerged which have important implications for treatment providers, as follows:

- Young people are at high risk of the adverse effects of legal highs, alcohol and tablets, which they may use in combination.
- Use of legal highs and other drugs among young people in Ireland is significantly higher than elsewhere in the EU.
- Illicit and "legal" drugs are more readily available in Ireland than elsewhere.
- Some legal highs have become a drug of choice.
- Service providers should be on high alert for crystal meth.
- Drugs in Ireland contain increasing amounts of impurities, which appear to be higher than in the UK.
- There is a very high prevalence of prescription drugs on the market, including locally manufactured tablets which may contain dangerous substances.
- Over the last three years there has been a 3% increase in clients over the age of forty-years attending drug treatment projects.
- The number of women engaged in treatment in South Inner City over the last three years has decreased, whereas the number of males in treatment has increased.



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Acknowledgements

On behalf of South Inner City Local Drugs Task Force, Fran Giaquinto would like to convey thanks and warm appreciation to all those who participated in the focus groups and interviews for this research.

1 Introduction

Between May and October 2011, South Inner City Drugs Task Force (SICLDTF) assessed the prevalence of drug misuse in the South Inner City of Dublin, based on two sources of information:

- A series of focus groups or personal interviews with adults in treatment, or in recovery, who were attending three SICLDTF projects.
- Review of data from the Health Research Board (HRB), Health Service Executive (HSE) and other national and local documents.

The research was commissioned in response to concern about emerging drug trends on the streets, particularly with respect to “legal highs”, drugs purchased over the internet, and prescription drugs. This report documents the findings of the research.

1.1 Methods

Information was gathered, as follows:

1.1.1 Focus groups

The co-ordinators of two Task Force projects invited service users to participate in focus groups, which were facilitated by the researcher. Participants were assured of confidentiality, and no personal information was collected which could identify participants. Project workers were not present during the focus groups. Participants from the two agencies included adults on stabilisation and progression programmes, and recovering drug misusers in residential treatment (Table 1). In total, seventeen participants attended.

Each focus group lasted one hour and was conducted in the same way. Following a brief introduction to explain the purpose of the session, specific questions were asked and the answers were counted to generate quantitative data. This was followed by more general discussion.

1.1.2 Individual interviews

Nine adults (eight men, one woman) who were attending a harm-reduction programme agreed to participate personally in an interview. Seven were on the methadone protocol, one had been primarily a cocaine user, and one had been primarily an alcohol/cocaine user.

The same questions were posed in the interviews and focus groups.

Table 1 Profile of participants in focus groups

Project 1	Project 2
Seven service users from the stabilisation and progression programme participated in the focus group. Participants comprised four men (one of whom was European) and three women. All participants were stabilised on methadone, and one was drug free.	Ten women participated in the focus group, eight of whom had been primarily heroin users. Of the eight heroin users, seven were on methadone. One came from an area outside of Dublin and had not been offered the methadone protocol when she sought help for her drug use.

1.1.3 Questions posed in personal interviews and focus groups.

The following questions were asked:

Participants' previous or current drug use:

- What was/is your drug of choice?
- Were/are you a polydrug user and, if so, what were/are the drugs you combine(d)?
- How many years have you been on methadone? (for opiate users)
- In the event of a relapse what are the drugs you are most likely to choose?

Prevalence of drugs on the streets

Participants were asked for their views on the prevalence of different drugs. The researcher provided a list, and participants were asked to raise their hands in focus groups or respond in interviews with a yes/no answer. The list included heroin, cocaine, crack, crystal meth, speed, cannabis/hash, ecstasy, "tablets", head shop/internet shop/legal highs, and "others."

Drug dealing

Participants were asked if dealers were primarily people selling drugs to feed their own drug habits, or selling drugs to make money. Also, they were asked to give their views on the age of drug dealers.

Young people

Participants were asked:

- If they were aware of young people using drugs and alcohol in their communities.
- If so, what drugs were they most likely to use.

- If they were aware of young people dealing drugs and for what reasons they might be involved in dealing.
- If they were aware of intimidation of families because of a family member's drug debt.
- If they were parents, what concerns did they have for children in relation to drugs and alcohol.

1.1.4 Review of data and literature

The following reports were considered:

Drug Treatment Centre Board (DTCB) Central Treatment List Summary report for period 01 January 2010 to 31 December 2010.

HSE Methadone Treatment Data Analysis: Jan-December 2008; January–December 2009; January-December 2010.

National Advisory Committee on Drugs (NACD) An Executive Summary of an Overview of New Psychoactive Substances and Outlets Supplying Them.

HRB Trends Series 10. Alcohol-related deaths among people who were alcohol dependent in Ireland, 2004-2008.

Drugs in Focus, EMCCDA (emccda.europa.ie). Khat use in Europe: implications for European policy.

Newspaper articles. Eg Irish Examiner, 11 July 2011 on “legal highs”

2 Findings from focus groups & interviews

2.1 Personal drug use

Of the twenty-six participants (seventeen from focus groups and nine personal interviews), twenty-one had been primarily opiate users; three were primarily cocaine/alcohol users; one was primarily a crystal meth user and one was primarily a methadone user. All had been polysubstance users, and all had used tablets (primarily benzodiazepines, Dalmane and Zimovane).

All those who had been heroin users were/had been/are on a methadone programme except for one who came from an area outside of Dublin where methadone was not offered. Of the twenty people who had been/are on a methadone programme, seven were on methadone for ten to fourteen years, and eight had been on the programme for more than fourteen years. Only one woman had been on methadone for more than ten years.

In the event of a relapse, all participants felt they were likely to become polydrug users again quite rapidly. Two said that crack would be the most likely drug of choice, and eight said they would most likely choose tablets.

2.2 Prevalence of drugs on the streets

These questions covered two topics, the most frequently encountered drugs on the streets, and the nature of drug dealing.

2.2.1 Most frequently encountered drugs

Several participants pointed out that their awareness of the availability of drugs was affected by their drug of choice, so the findings give a tentative picture only. All said that most drug dealing is found in the centre of town (e.g. Abbey Street, the Boardwalk) where it's possible to buy "everything." One said, "every day you're asked if you want to buy tablets or brown."

Heroin

There were differing views about the prevalence of heroin. One said it has become much more common outside Dublin over the last few years. All former/current heroin users said the quality of heroin has deteriorated, and it frequently contains many impurities. One participant who recently lived in London said the quality of heroin (and other drugs) tends to be noticeably lower in Ireland than in the UK. When asked why, s/he said, "drugs are the same in Dublin and London but different strengths. Everyone's cutting it so by the time it gets here it's been cut several times"

Three said it was becoming more difficult to purchase heroin on the streets, particularly in the centre of town, because of Gardai presence. One said, "you have to walk around for 15-20 minutes

to find it now because most people use telephones to order it." Another said that, although there is still more street selling of drugs in Ireland than London, it is becoming increasingly hidden (like London) with more dealing on the 'phone.

Eight participants reported that heroin is more likely to be smoked than in the past, although five emphasised that smoking heroin is likely to lead to injecting practices.

Four participants reported that users may break open Dalmane capsules and mix the powder with heroin prior to injection.

Cocaine and crack

Most participants said there has been a big rise in the availability of crack and cocaine. Most conveyed that *"to get cocaine, you have to know where to get it."*

Cannabis, hash and alcohol

All participants reported that cannabis, hash and alcohol are highly prevalent and normalised.

Crystal meth

All participants from one project felt that crystal meth was *"not over here"* and none knew of its availability. One participant from another project said that s/he had heard of it in Cork but there's no sign of it locally. Another participant said that it was around a while ago but not obvious. Other participants were not aware of it being sold, and all were aware of the dangers associated with its use.

Participants from a third project were more aware of crystal meth than participants from the other two projects, but there was no obvious reason for this. One had been a crystal meth user for over two years when s/he lived in the USA. One said that crystal meth started in Belfast and is now in Tallaght being brought in by the *"blacks"*.

Headshop/internet drugs/legal highs

Participants were aware of the availability of PCP, liquid E, snow (speed), magic mushrooms and steroids.

Participants described snow as the most prevalent legal high, which is primarily sold *"close to home " because it's difficult to get rid of and difficult to stash."* Most dealers do not sell it on the streets but, instead, sell over the telephone and deliver to purchasers. *Snow* was described as cheaper (€35) and with a *"better buzz"* than cocaine. Snow used to be sold in head shops as *"bath salts."* One participant said that *"you can see people go downhill very quickly on it. It's worse than crack because you don't know what's in it. When you heat it to dissolve it, then the bath salts in it go hard – you can see the amount of rubbish in it."* Three participants said that it's easy to buy on the streets.

Of the ten participants in one focus group, nine had used legal highs, particularly snow and cannabis-mimics such as *purple haze and gold spice*. They reported that snow users generally

inject, and people use legal highs because they are cheaper than illicit drugs. Others said that users will resort to legal highs when there are droughts of heroin and methadone. One participant from outside Dublin said that legal highs were very common in the “country”.

Four reported their experiences of using head shop drugs as “*mad experiences*.” Two said that *purple haze* and *gold spice* had hallucinogenic effects. One injected snow and said it was “*very frightening*.”

Sixteen participants were aware of young people using legal highs and five knew of young people aged thirteen and upwards using them. Legal highs appear to be most popular among “older” young people, aged seventeen to twenty-two years. Seven participants said that snow is popular among younger people who may use it as a party drug.

Although all participants were aware of legal highs and at least sixteen had tried them, the findings suggested that older drug users with experience of taking drugs regarded legal highs as dangerous. They were aware of the dramatic deterioration in physical and mental health that can occur, and they were likely to resort to legal highs only when other drugs were not available. The exception may be snow. Four participants indicated that it may be a drug of choice because of its relatively low-cost and “*buzz*”.

2.2.3 Drug dealing and manufacture

The focus groups and individual interviews suggested a number of trends in drug dealing, as follows:

- In the past, dealers sold several drugs at the same time (eg heroin and crack). Current trends are for dealers to sell one drug only.
- Families tend to get involved in dealing, with different family members selling different drugs.
- Although many head shops have been shut, users can telephone suppliers who then deliver.
- The most prevalent “legal highs” are:
 - PCP
 - Liquid E
 - Wild cat / snow
 - Magic mushrooms
 - Steroids
 - Benzodiazepines, Zimovane
 - Methadone
- Drug dealing is increasingly conducted over the telephone rather than on the streets.

- Drugs, overall, contain increasing amounts of impurities.
- Participants reported they would not inform Gardai of drug dealing because of the fear of repercussions.
- The streets are *“awash”* with tablets. Participants believed that many tablets are brought in from Eastern Europe but there were also reports of local manufacturers of *“bogey tablets”*. Tablets are frequently sold *“loose”* with branded tablets mixed with bogey tablets. The problem with bogey tablets is that users *“have no idea what’s in them.”*
- There were reports of local growing of marijuana indoors, and there was a general view that the *“weed”* on the streets is much stronger than it used to be, ie skunk.
- Young people (seventeen years and upwards) are acting as drug runners for the *“big dealers.”*
- Five participants knew of intimidation where family members were obliged to pay another family member’s debt. Two said it was the drug user’s fault.

2.2.4 Young people

There was some indication that young people may choose legal highs over other drugs because:

- They do not have the experience of using drugs safely.
- They have a strong aversion to *“blood drugs”*, ie those that are injected such as heroin and cocaine.
- They opt for stimulants and party drugs rather than sedatives, although they will use *“tablets”* to come down from stimulants.
- Legal highs are relatively cheap and readily available.

The overall impression was that young people are regularly using large quantities of tablets.

2.2.5 Gender differences

There was some indication of gender differences in drug use, but it is important to emphasise

these are tentative findings only.

- Drug use among women may be more hidden. For example, one female participant said she would drink alcohol and take party drugs with her friends at weekends, but use heroin secretly during the week.
- Female participants appeared to be more aware of crystal meth availability than their male counterparts.
- Females may be more likely to use stimulants and take more risks than men.
- Six women were concerned that young people may experiment with drugs out of *"curiosity."*
- All female participants expressed concern for their children in relation to drugs on the streets.

3 Findings from literature

HSE data, EU survey data, HRB reports, a report and presentation from the Ana Lify project, and various newspaper articles were considered.

3.1 Number of clients in treatment (HSE data)

HSE data for the periods January to December in the years 2008, 2009 and 2010 are shown in Tables 2-4.

In the years 2008, 2009 and 2010, South Inner City had the highest national percentage of clients in treatment in the HSE Dublin Mid-Leinster region, and it had the second highest percentage of all HSE regions, the highest being North Inner City¹ (Table 2). Over the last three years (2008-2010), the number of clients in treatment in South Inner City decreased by sixteen, from 979 in 2008, to 963 in 2010. The national percentage of clients in treatment also decreased slightly from 9.6% to 8.9%. This reduction contrasts with North Inner City where the national percentage figures increased from 11.2 to 11.5%.

Table 2 Number of clients in treatment, Jan-Dec 2008, 2009 and 2010

Year	Number clients in treatment	Regional % of clients in treatment	National % of clients in treatment
2008	979	18.3	9.6
2009	968	17.7	9.1
2010	963	17.5	8.9

3.2 Age of clients in treatment (HSE data)

Comparison of the client age categories for the years 2008, 2009 and 2010 shows that whereas there was a decrease in the number of clients aged 25-29 and 30-34 years, there was an increase in the number of older clients in treatment, aged 35-39, 40-44 and 45+ years (Table 3).

In 2010, 55% of clients in treatment were aged 30-39 years, and 28% aged 40 years or over. Three years previously, in 2008, 54% of clients were aged 30-39 years and 25% aged 40 years or over. If this trend continues, it will have implications for treatment services².

¹ Corresponding North Inner City figures were 11.2% in 2008; 11.4% in 2009 and 11.5% in 2010

² In May, 2011, the Irish Times published the following information. "The average age of a client attending Merchant's Quay in 1997 was 24. By 2009, the average had increased to 33 years. Ten years ago the oldest clients were 52 years old, two years ago that had risen to 65. The "greying of methadone" is a clear trend and may represent a generation of older users who may never get clean".

Table 3 Age of clients in treatment in South Inner City, Jan-Dec 2008, 2009 and 2010

Age of Clients in Treatment (During Period Jan to Dec)									
Year	0-15	16-19	20-24	25-29	30-34	35-39	40-44	45+	Total
2008	0	5	27	176	283	242	131	115	979
2009	0	6	33	170	272	250	123	114	968
2010	0	4	32	128	273	252	135	139	963
Total	0	15	92	474	828	744	389	368	2,910

3.3 Gender and treatment location of clients in South Inner City, Jan-Dec 2008, 2009 and 2010 (HSE data)

Data on gender for the years 2008-2010 (Table 4) show that the number of males in treatment increased from 649 to 675 (an increase of twenty-six clients) over the three years, whereas the number of females in treatment decreased from 330 to 288 (a decrease of forty-two clients).

In 2010, 963 clients were in treatment, 70% of whom were male, and 30% were female.

In all years 2008-2010, the majority of clients were receiving treatment in a clinic or from a GP. However, the numbers attending clinics have dropped in the last three years, whereas the numbers attending a GP, or treatment in prison, have increased.

Table 4 Gender and treatment location of clients in South Inner City, Jan-Dec 2008, 2009 and 2010

Gender & Treatment Location (During period Jan to Dec)							
Year	Gender	Clinic	Trinity	GP	Prison	Total	Total clients in treatment
2008	Male	328	48	214	59	649	979
	Female	190	29	107	4	330	
2009	Male	328	44	222	63	657	968
	Female	179	20	105	7	311	
2010	Male	317	43	225	90	675	963
	Female	151	13	118	6	288	

3.4 Main problem substances

HRB Treatment Data for South Inner City area in 2010³ recorded 420 adults in treatment. Of these, well over half (62%) were treated for opiate use. Only 4% were treated for cocaine and 2% for cannabis. None were treated for benzodiazepine use. Thirty two percent were treated for alcohol.

Seventy percent reported they used one or two drugs, and 30% reported using three or more drugs. Forty four percent reported they had injected, and 47% reported they had first injected before the age of nineteen years. Sixty five percent said they had shared injecting equipment.

3.5 Emerging trends

The literature was reviewed and compared to the information obtained from focus groups and interviews (Section 2). Emerging trends were identified:

3.5.1 Legal and illegal highs

Ana Lify⁴ reported that young people and polydrug users are most vulnerable to the deleterious effects of legal highs. They can affect the mental health of young people causing insomnia, aggression and black outs, contributing to criminal and violent behaviour. The worst side effects are seen in people who mix legal highs with illegal street drugs and/or alcohol.

This information from Ana Lify supports the findings from the focus groups and personal interviews, which suggest that the use of legal highs is prevalent among young people. When asked why, respondents said that young people were not aware of the implications of taking legal highs, the drugs are relatively cheap, and readily available. It was also suggested that older, more experienced drug users had a greater understanding of the associated risks, and were generally inclined to use legal highs only when other drugs were not available. Some focus group participants described ingestion of legal highs as dangerous and frightening.

One legal high ("snow", "blow", Wildcat)⁵ has empathetic and stimulant effects. This was reported by some focus group participants as a drug of choice because the high is stronger and the effects last longer. The Ana Lify project also reported that service users describe snow as "better" than cocaine, with effects lasting 24 hours.

³ Sourced from the National Drugs Treatment Reporting Service (NDTRS) for 2010, administered by the HRB.

⁴ See presentation, "Not for Human Consumption"

⁵ Contains mephedrone and other cathinones, and sometimes caffeine, benzocaine or lignocaine

In May 2010, over 250 chemical compounds were scheduled under the Misuse of Drugs Act. In October 2011, the DPU announced that the Irish government will bring under control a further sixty substances. The DPU also reported that the Psychoactive Substances Act 2010 has been effective in shutting down the head shop industry. Currently, there are fourteen head shop outlets that remain open for business throughout the country but they are generally selling items that are not intended for human consumption. In South Inner City there were four head shops in Kevin Street Policing District which have been closed. In the Pearse Street Policing Precinct there were five head shops and three are still operating, but not selling mind altering substances. There are no head shops in Donnybrook, Dublin 4⁶.

The Ana Lify project reported that *“illegal highs”* are now available through local drug dealers, whereas head shops are selling new products not yet controlled.

3.5.2 Crystal meth

In the focus groups, women appeared to be more aware of crystal meth than men and more likely to have tried it. It was reported as being available in Tallaght and Cork, but overall, it did not appear to be prevalent in Dublin.

However, in late September 2011, the Irish Examiner⁷ reported that 2.5kg of crystal meth had been intercepted at Dublin airport. With a street value of €250,000 this represented the first large haul that has been found in Ireland. The Examiner reported Des Corrigan (Chairman of the NACD) as saying that, *“Crystal meth is one of those drugs that is ‘red flagged’; that everyone is keeping an eye on. It is well recognised it could get out of hand fairly quickly and become a significant problem rapidly, because of the nature of the drug. Our antennae would twitch when there’s a seizure, large or small, to see if it’s the beginning of a trend.”*

Dr Corrigan said the drug, also known as “ice” or “crank”, was *“significantly worse”* than cocaine. *“This is due to the length of time it lasts: ten times longer than cocaine. The typical length is ten hours, with cocaine it’s around an hour.”*

He said the effects were also significantly magnified. *“Hyper-stimulation, risk of paranoia and violence, toxic effects on the heart, and, unlike cocaine, there is neurotoxicity — nerve damage. Crystal methamphetamine is to amphetamine what crack is to cocaine.”*

⁶ Information provided courtesy of Inspector Karen Barker

⁷<http://www.examiner.ie/ireland/crystal-meth-seizure-sparks-alarm-169042.html#ixzz1aQFAZyQf>

Spread of crystal meth use in Dublin is likely to have deleterious effects on communities and put significantly greater demands on drug treatment and health services.

3.5.3 Young people

The EU barometer survey⁸ of 15 to 24-year-olds in May 2011 reported that young people in Ireland remain the biggest users of legal highs in the EU. The findings also suggested that all drugs, including heroin, are much easier to obtain here than in most European countries. Young people in Ireland also attach much less risk to using such drugs than do their counterparts in the rest of the EU.

According to the report, the number of synthetic drugs on the market is increasing rapidly because of internet sales and local laboratories. A little more than 16% of those polled in Ireland had tried legal highs — more than three times the EU average. The second highest number was Poland, where 9% had tried the products. Despite the closure of most head shops, more than half of those polled said they had bought the products in a head shop, with less than 5% suggesting they had obtained them over the internet.

The Irish Times interviewed Father McVerry in May 2011. In his experience, the drug of choice for young people in Dublin who previously would have gravitated towards heroin is “head-shop stuff”, chiefly mephedrone. Father McVerry said that head shops made drugs more available to young people who previously would not have been buying drugs from dealers. The closure of the shops pushed the trade on to the street, decreasing purity and increasing the price.

Father McVerry told the Irish Times, *“the move away from heroin into more complex addiction throws up new problems. Drug use is starting earlier, and we are dealing with people who started smoking cannabis aged nine, before moving on to hard drugs aged 15 or 16. “Some nights they’ll use cocaine, sometimes they may take heroin, sometimes they may take head-shop stuff – or, if it’s available, they may take all three in the same night. That’s really worrying; it’s very difficult to deal with that.”*

3.5.4 Older users

This is discussed in Section 3.2.

⁸ <http://www.irishexaminer.com/ireland/use-of-legal-highs-highest-in-eu-160772.html#ixzz1aPjz0YL1>

3.5.5 Alcohol-related deaths

HRB Trends Series 10 published a report on alcohol-related deaths of alcohol-dependent people between 2004-2008. Six-hundred and seventy two poisoning deaths in which alcohol was implicated were recorded in the five-year period.

The drugs most frequently linked with alcohol in polysubstance poisonings were benzodiazepines (61.3%) and opiates (including heroin and methadone) (55.7%).

Among people who were alcohol dependent, the main medical causes of death were alcoholic liver disease and cardiac events, and the main traumatic causes were falls and hanging.

Over one third of the deaths in the 25-34-year age group were the result of alcoholic liver disease. A recent study found that the rate of hospital discharges for alcoholic liver disease in the 15-34-year age group increased by 247% between 1995 and 2007 in Ireland.⁹

⁹ Morgan, D et al (2011) Can Ireland's increased rates of alcoholic liver disease morbidity and mortality be explained by per capita alcohol consumption. *Alcohol and Alcoholism* Early on-line, 15 April 2011. www.drugsandalcohol.ie/12653



4 Conclusions

The focus groups and personal interviews with service users provided valuable information about the prevalence of drug misuse in South Inner City. When this information was considered along with information from the literature, a number of trends emerged:

There is a prevalence of legal-high use among young people. This was reported in the focus groups and interviews, and, also, in a recent EU barometer survey which reported that the level of legal high use among 15-24 year olds in Ireland is the highest in Europe. The Ana Lify project in Dublin reported that young people are very susceptible to the adverse effects of legal highs, including an increased risk of mental health issues, violence and criminal behaviour.

Findings from the focus groups and interviews suggested that young people may combine alcohol, legal highs and benzodiazepines. All participants in the focus groups/interviews reported Dublin to be “awash” with tablets, so young people are at very high risk of poisoning. This is further indicated by an HRB report on alcohol-related deaths which reported that most polysubstance deaths are due to a combination of benzodiazepines and alcohol. Furthermore, HRB quoted a study which has shown that alcoholic liver disease among 15-34 year olds increased by 247% between 1995 and 2007. Harm reduction information is urgently needed.

Some legal highs, such as snow have become a drug of choice for some users. This was evident from information obtained in this study and from a report published by the Ana Lify project. Snow is cheaper and more readily available than cocaine, and the effects are stronger and longer lasting.

Of the twenty-six service users who participated in the focus groups/interviews, one had been a crystal meth user. There was some indication that women may be more likely to experiment with crystal meth than men. Overall, however, the study suggested that crystal meth is not prevalent in South Inner City, although there is no room for complacency. A large haul of crystal meth was intercepted at Dublin airport in September, 2011, which suggests that routes are already established in Ireland.

HSE data for South Inner City showed that during the three years, 2008-2010, the number of clients in treatment aged 30-39 years increased by 1%, from 54% to 55%. The number of clients aged forty years or more increased by 3% from 25% to 28%. Ana Lify also reported that clients are getting older. In May, 2011 the Irish Times described this as the “graying of methadone” and asked if some clients will ever get clean.

HSE data for 2008-2010 showed that the number of female clients in treatment in South Inner City decreased by forty-two clients over three years, whereas the number of male clients increased by twenty-six. The reasons for this are not known.

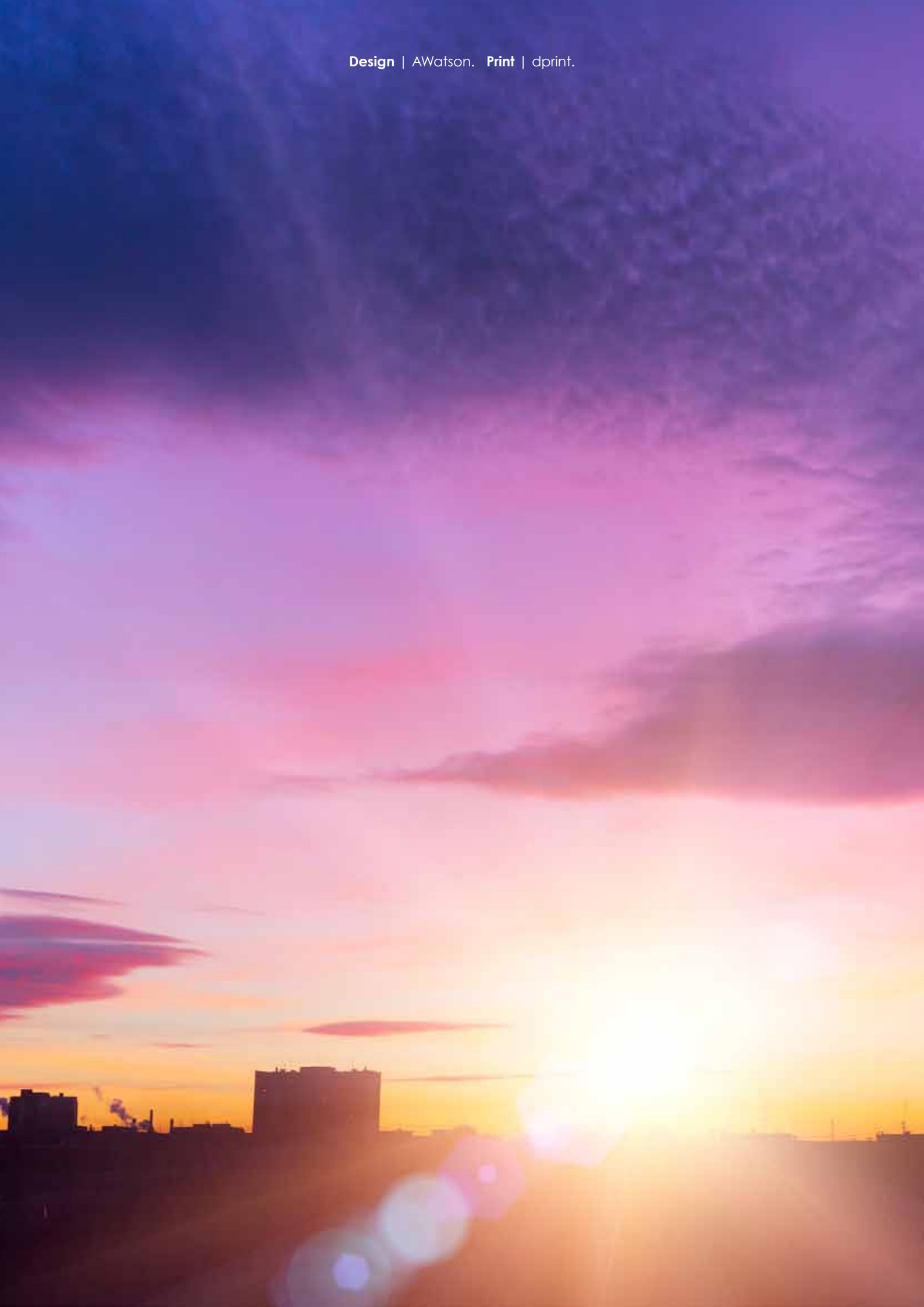
HRB Treatment Data for South Inner City area in 2010 indicated that the majority of clients (62%) were in treatment for opiate use. Very few were in treatment for cocaine (4%) or cannabis (2%), and none were treated for benzodiazepine use despite the evidence for its prevalence on the streets. Thirty two percent were treated for alcohol.

Seventy percent reported they used one or two drugs, and 30% reported using three or more drugs. Of those who had injected, 47% had started to inject before the age of nineteen years. Sixty five percent said they had shared injecting equipment.

In conclusion, the findings suggest urgent preventative work and early stage treatment options are needed to help young people make informed choices for their lives, and to build resilience against the prevalence of dangerous substances on the streets.

Crystal meth has arrived in Ireland, and service providers should develop an appropriate response.

The symptoms of crystal meth use are facial sores and discoloration, frequent facial scratching, weight loss, obsessive behaviour, a tendency to talk a lot, and an inability to listen. It is recommended that all front line drug workers receive training in how to identify crystal meth users. It is also important that policy makers' pro-actively take steps to identify and implement protocols for treatment.



Commissioned by

**South Inner City
Local Drugs Task Force**

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November 2011**

