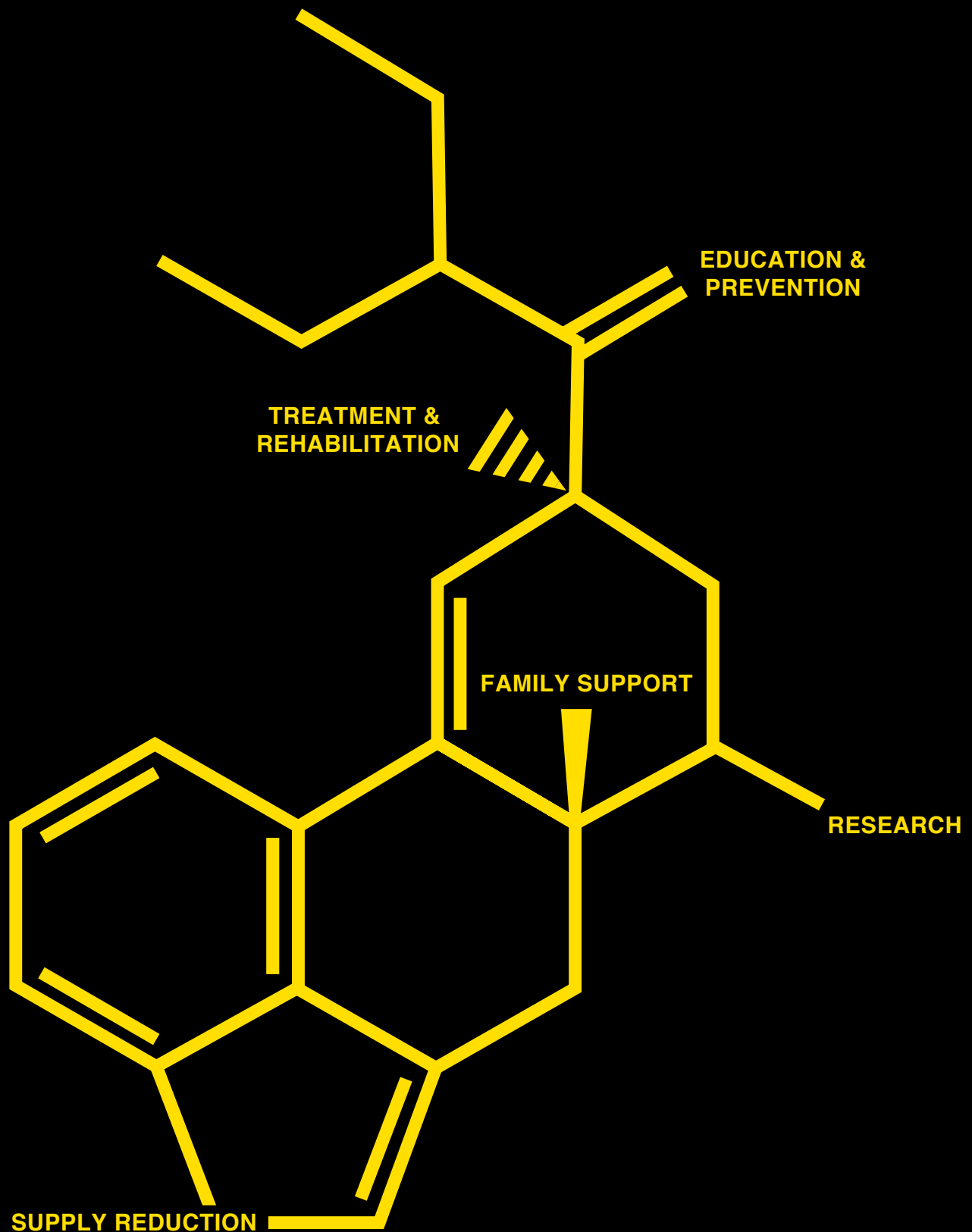


# Blanchardstown Local Drug and Alcohol Task Force

## Drug and Alcohol Trends Monitoring System (DATMS) 2017: YEAR 2





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## INTRODUCTION

The Blanchardstown Local Drug and Alcohol Task Force (BLDATF) is one of fourteen Local Drug and Alcohol Task Forces established in 1997 in response to high levels of drug misuse within communities. We are 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.

Since 1997, Blanchardstown has greatly developed and grown as an area. Many different services and interventions have been developed by the Task Force to help the people living in Dublin 15 over that time. Unfortunately, the problems caused by drugs and alcohol have also grown and changed in many ways. Therefore, the interventions that are put in place to address these problems must also be capable of adapting to this change. However, a prerequisite for being able to adapt and change services is a thorough, comprehensive and deep knowledge of the problems of the area.

We started the Blanchardstown Drug & Alcohol Trend Monitoring System (DATMS) in 2015 to provide us with such an analysis. Local research cannot be replaced by national research. There are no national statistics that can inform us as much as we can inform ourselves as we live or work in Dublin 15. We have used the knowledge of the local people and services to create this picture of the problems of the area and we continue to use that knowledge to update our analysis. It is our hope and our intention that we will produce a new report every year. In this way, we will always have a strong, local evidence base for everything that we do.

This report can be read in isolation, but we believe that it will be more useful when read in conjunction with the first DATMS report which was published last year. While we have introduced some new concepts this year the fundamental themes remain the same.

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 harm to themselves and rarely perceive the harm to the community which results from such behaviours.

## 1. EXECUTIVE SUMMARY

### RESEARCH OBJECTIVES & METHOD

In 2015 we developed our DATMS in Dublin 15. The objective was to establish a comprehensive evidence base for drug use and misuse in Dublin 15 and use this data to inform local service provision. In order to always have current information and to monitor changes over time the study is repeated annually. We published the first report in 2016 (DATMS Year 1) and this report documents the second year of our DATMS (DATMS Year 2). The DATMS was designed to identify new emerging trends in patterns of drug use; three or more years of data are required in order to verify emerging trends. Therefore, any changes identified in this report require further investigation in subsequent DATMS data collection phases. The DATMS employs a mixed-method design comprised of primary and secondary data sources.

### SUMMARY FINDINGS

#### TREATED DRUG USE

- Treated drug use in Dublin 15 is increasing.
- The number of drug users aged under 18 and aged 35 and over in treatment is increasing.
- The number of Irish and non-Irish drug users in treatment is increasing.
- The number of Irish Traveller drug users in treatment is decreasing.
- Cannabis, alcohol, cocaine powder and benzodiazepines/z-drugs are the biggest problem for drug users aged under 18; the use of these drugs is increasing among this age group.
- Heroin, cannabis, alcohol, cocaine powder, benzodiazepines/z-drugs and methadone are the biggest problem for adult drug users.
- Heroin users are getting older, with few young people treated for this drug.
- The use of the following drugs is increasing among adult drug users: alcohol, cannabis, benzodiazepines/z drugs, powder and crack cocaine, lyrica and oxycodone.
- Polydrug use is the norm for the majority of treated drug users.
- Steroids and skin tanning drugs are creating new hazards in Dublin 15.

#### UNTREATED DRUG USE

- Alcohol, cannabis, MDMA, cocaine powder and ketamine are the main drugs of use for untreated under 18 and adult drug users.
- Cocaine powder use is increasing among untreated under 18 and adult drug users.
- Cannabis resin use is increasing among Irish Traveller untreated drug users.



- Polydrug use is the norm for untreated under 18 and adult drug users; alcohol is an integral part of polydrug use.
- Drugs are mostly used at the weekend and the frequency of use is age dependent, with adults reporting more regular use.

### FACTORS CONTRIBUTING TO DRUG USE

- Drugs and alcohol are easily accessed in Dublin 15:
  - Alcohol, benzodiazepines/z drugs, cannabis resin, lyrica and oxycodone are increasing in availability.
  - The internet continues to facilitate drug distribution and the darknet is a factor in availability.
- Drug use is normalised among some peer, family and work groups:
  - A common perception is that drugs are widely used and risk free.
- The family context:
  - Children's education is being compromised by parental drug use.
  - Some drug use in Dublin 15 is inter-generational.

### CONSEQUENCES OF DRUG AND ALCOHOL USE

- Mental health:
  - Mental health disorders among treated adult drug users are increasing.
  - Mental health disorders among under 18s in Dublin 15 are increasing.
- Drug-related crime:
  - Drug dealers are getting younger and dealing occurs in schools.
  - Drug debt intimidation continues to be an issue for young people and adults.
- Social consequences:
  - Homelessness and poverty are increasing among drug users.
  - Drug use in schools is increasing and causing greater damage to education and leading to more exclusions.
  - Due to these social consequences rehabilitation is getting harder.

### DRUG LITTER

- Drug litter is widespread throughout Dublin 15.
  - Largest concentrations of drug litter outside areas traditionally associated with drug use, indicating many more drug users than are using services.
  - Most drug litter relates to untreated drug use.
  - Drugs are being used in hidden and inaccessible sites, increasing the hazards associated with drug use; many hidden sites are well developed and regularly used.
-

### GAPS IN SERVICE PROVISION IDENTIFIED BY RESEARCH PARTICIPANTS

- Access to mental health services is not improving, especially for young people.
- The prescribing of addictive medication requires regulation.
- Ex-service users working in the area are struggling without adequate supervision.
- There is limited access to buprenorphine treatment for opiate dependence in Dublin 15.
- There is a lack of access to educational psychological assessments for children aged from pre-school to secondary school. This issue particularly affects people from disadvantaged backgrounds with no resources to fund private assessments.
- A number of service providers reported a lack of awareness about addiction services in Dublin 15.

## 2. DATMS RESEARCH OBJECTIVES

Establish evidence base for drug use in Dublin 15 to inform local service provision	<ul style="list-style-type: none"> <li>• Profile drug use in Dublin 15</li> <li>• Identify gaps in service provision</li> </ul>
Repeat annually	<ul style="list-style-type: none"> <li>• Always have current information</li> <li>• Monitor changes in drug use over time</li> </ul>

The DATMS was designed to identify new emerging trends in patterns of drug use; three years of data is required in order to verify emerging trends. Therefore, any changes identified in this report require further investigation in subsequent DATMS data collection phases.

### DATMS RESEARCH MODEL

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

PRIMARY QUANTITATIVE DATA	
Drug treatment data	<ul style="list-style-type: none"> <li>• Profile drug users treated in Dublin 15*</li> <li>• Treated drug users area of residence visually represented on Dublin 15 map^</li> <li>• Changes in drug use and drug related issues</li> </ul>
At risk under 18s data	<ul style="list-style-type: none"> <li>• At risk under 18s area of residence visually represented on Dublin 15 map~</li> </ul>
Drug litter data	<ul style="list-style-type: none"> <li>• Visibility of drug litter in Dublin 15</li> <li>• Identified locations for drug use</li> <li>• Identified types of drug used &amp; methods of drug use</li> <li>• Visually represented data on Dublin 15 map<sup>x</sup></li> </ul>
Skin tanning injection drug use among travelling community**	<ul style="list-style-type: none"> <li>• Accessibility to skin tanning injection drugs</li> <li>• Injecting practices</li> </ul>

## DRUG AND ALCOHOL TRENDS MONITORING SYSTEM YEAR 2

\* Data provided by six local treatment services. Four of these services are for adults: these services are Mulhuddart/Corduff Community Drug and Alcohol Team, ADAPT Community Drug and Alcohol Team, Tolka River Project and Coolmine Therapeutic Community. Two of the services are for under 18 year olds: these services are Substance Abuse Service Specific to Youth (SASSY) and Blanchardstown Youth Service Drug Education/Prevention programme. No data was provided by the HSE Rehabilitation Integration Service.

^ We mapped treatment demand statistics for Dublin 15 for two reasons. Firstly, there were anecdotal reports from local services that they were working with people from outside of the BLDATF catchment area. This catchment area covers the following six communities in Dublin 15: Mulhuddart, Corduff, Blakestown, Mountview, Huntstown and Hartstown. We mapped treatment demand to find evidence for these anecdotal reports. Secondly, we wanted to find out the extent of the drug and alcohol dependence throughout Dublin 15. We wanted this data to supplement our other primary data sources that together would provide even more information about treated drug users living in Dublin 15. Data was provided by the six local treatment services mentioned above and also by the HSE Addiction Psychiatry service. To ensure confidentiality all services provided anonymised data. For mapping purposes, the map of Dublin 15 was divided into quadrants that were 0.25 kilometres square. This area was chosen as it is small enough to allow accurate mapping but large enough to protect client anonymity. The maps report the numbers of clients living within each quadrant. To further protect anonymity the numbers were reported in multiples of ten with the lowest client numbers reported as 1 to 10 clients per quadrant.

~ Another map was produced to map at risk under 18 year olds in Dublin 15. This map was completed in order to identify where these young people lived and use this data to inform service provision. Anonymised data was provided by Blanchardstown Youth Service Drug Education and Prevention programme and Tusla Education Welfare Services.

× Since the first DATMS report we have focused on drug litter as a way of evaluating the real levels of drug use within Dublin 15. Drug Litter is defined as drug paraphernalia that has been improperly discarded. Drug litter provides a way to add to existing information sources about local drug use. Drug litter is tangible, incontrovertible proof of drug use in the area in which it is found. It is a current indicator of the type of drugs being consumed currently and methods of use. In the DATMS Year 1 report we examined the visibility of drug use in a number of communities. We did this by walking throughout 6 neighbourhoods and photographing what we found. Each photograph was geo-tagged. For the DATMS Year 2 report we decided to map this litter and extended the survey to encompass the whole of Dublin 15. We repeated the survey again using geo-tagging and have included the map in this report.

\*\* DATMS Year 1 reported the use of skin tanning injections especially by members of the Irish Traveller community in Dublin 15. It also reported concern about the health risks associated with the use of these drugs which included injecting un-regulated substances into the body and unsafe injecting practices. Therefore, DATMS Year 2 gathered data concerning the use of these drugs by Irish Travellers in Dublin 15.

**PRIMARY QUALITATIVE DATA**

<b>Research participants</b>	<ul style="list-style-type: none"> <li>● Treated drug users</li> <li>● Untreated drug users</li> <li>● Young people aged 16+</li> <li>● Family members affected by drug use</li> <li>● Community members</li> <li>● Service providers</li> </ul>
<b>Qualitative data</b>	<ul style="list-style-type: none"> <li>● Drug use and changes in drug use</li> <li>● Factors contributing to drug use</li> <li>● Health and social consequences of drug use</li> </ul>

**RESEARCH PARTICIPANTS**

The total number and type of participants for the qualitative and quantitative components of the DATMS is reported in the table below (Table 2.1).

Table 2.1: Total number and type of participants for the qualitative and quantitative components

<b>Participant type</b>	<b>Qualitative study</b>	<b>Quantitative study</b>
Service providers	34	18
Treated drug users*	39	
Untreated drug users*	13	
Young people (aged 16 to 25 years)	15	
Family members affected by drug use	3	
Community members	1	
Irish Travellers		9
Total	105	27
	132	

\*Includes drug users aged from 16 years

For the qualitative component the majority of participants were Irish, with a minority from the Irish Traveller, Irish/Eastern European and Irish/African communities. In comparison with DATMS Year 1, there was a reduction in the number of participants from 203 in Year 1 to 132 in Year 2. A change in methodology explains the majority of the difference, whereby in Year 1, 59 people were interviewed on the street through the community field research. This field research did not take place in Year 2 due to the extension of the drug litter research, from 6 communities in Year 1 to the whole of Dublin 15 in Year 2. In addition, the recruitment process for some target groups of the qualitative study was difficult. This was also reported in DATMS Year 1. For more information about these difficulties see DATMS Year 1 report.

SECONDARY DATA SOURCES	
Prevalence indicators	<ul style="list-style-type: none"><li>• All-Ireland Drug Prevalence Survey (National Advisory Committee on Drugs and Alcohol): prevalence of drug use among general population aged 15+ years</li><li>• European School Survey Project on Alcohol and Other Drugs (ESPAD): prevalence of drug use among European students aged 15-16 years</li></ul>
Drug treatment indicators	<ul style="list-style-type: none"><li>• National Drug Treatment Reporting System (Health Research Board): treated drug and alcohol use in Ireland</li><li>• Central Treatment List (Health Service Executive): methadone maintenance treatment for opiate dependence in Ireland</li></ul>
Other drug-related indicators	<ul style="list-style-type: none"><li>• Hospital In-Patient Enquiry Scheme (Healthcare Pricing Office): drug and alcohol-related morbidity from in-patient discharges from national acute hospitals</li><li>• National Drug-Related Deaths Index (Health Research Board): census of drug-related deaths in Ireland</li><li>• Gardai Data: drug seizures in Dublin 15</li></ul>

For a more detailed account about the methodology and a description of the DATMS rationale and ethical considerations see DATMS Year 1 report.

### 3. SOCIO-DEMOGRAPHIC PROFILE OF DUBLIN 15

The Central Statistics Office 2016 census provides the most recent socio-demographic profile of Dublin 15. According to the preliminary results of census 2016, Ireland’s population was 4.7 million, an increase of 4% since the 2011 census (CSO, 2016). In 2016 the population of Dublin 15 was 110,532 an increase of 9% since the 2011 census (Ryan, 2016). Dublin 15 is within Ireland’s fastest growing local authority area of Fingal. Three of the top ten fastest growing electoral divisions (EDs) in the country are located in the Dublin 15 area. The largest increase in population is in the Blakestown ED, reporting an increase of 2,867 persons from 36,057 in 2011 to 38,924 in 2016 (Table 3.1). The other two fastest growing EDs were the Ward and Abbotstown. In relation to the highest percentage increase, Tyrrelstown experienced the highest percentage increase of 53%. The table below identifies all 12 Dublin 15 EDs and reports a population increase in 11 of these EDs from 2011 and 2016 census.

Table 3.1: Comparison of 2011 and 2016 population statistics in Dublin 15  
Electoral divisions

<b>Electoral division</b>	<b>2011 population</b>	<b>2016 population</b>	<b>Population increase</b>	<b>% increase</b>
Blanchardstown-Blakestown (incl. Ongar)	36057	38924	2867	8%
The Ward (incl. Tyrrelstown)	8241	10470	2229	27%
Blanchardstown-Abbotstown (incl. Waterville)	4870	6204	1334	27%
Blanchardstown-Tyrrelstown*	2112	3229	1117	53%
Castleknock- Knockmaroon	18071	18795	724	4%
Blanchardstown-Coolmine	10819	11343	524	5%
Blanchardstown-Mulhuddart	3866	4126	260	7%
Castleknock-Park	5124	5310	186	4%
Lucan North	1358	1479	121	9%
Blanchardstown-Delwood	5044	5126	82	2%
Blanchardstown-Corduff	3788	3850	62	2%
Blanchardstown- Roselawn	1682	1676	-6	-0.4%
<b>Total</b>	<b>101032</b>	<b>110532</b>	<b>9500</b>	<b>9%</b>

\*Blanchardstown-Tyrrelstown ED is located south of Tyrrelstown and covers areas in Damastown and Mulhuddart

As only preliminary census data is available, there is no data concerning the education and employment profile of Dublin 15 residents.

## **4. TREATED DRUG AND ALCOHOL USE**

This outline of treated drug and alcohol use reports two years of treatment data. Year 1 reporting period is from June 2014 to May 2015; Year 2 reporting period is from June 2015 to May 2016. It is important to note that treated drug users may be counted more than once as there are no unique identifiers. The data is supplemented by the DATMS qualitative data, and by data from the National Drug Treatment Reporting System (NDTRS) and the Central Treatment List (CTL).

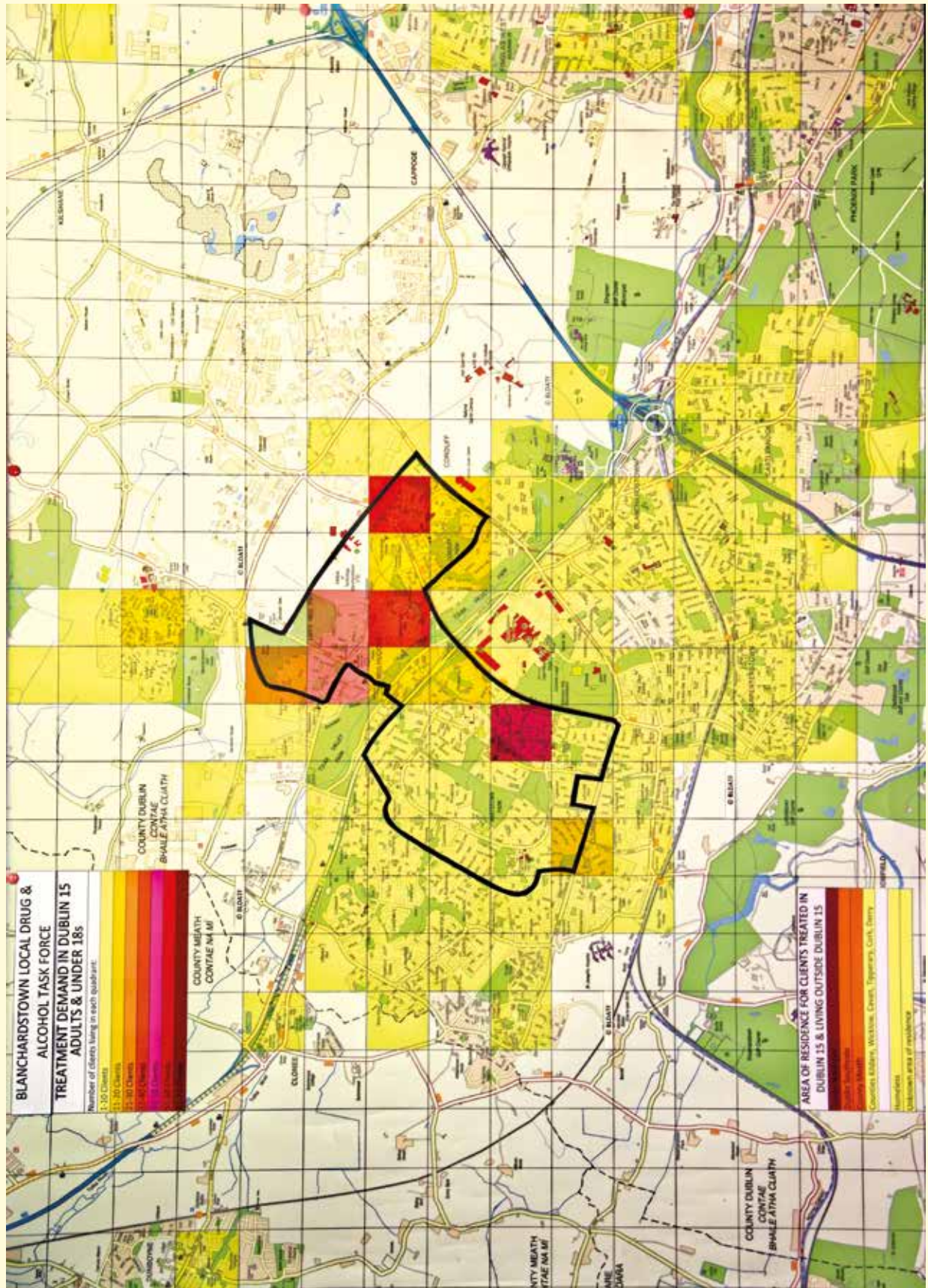
### **TREATMENT DEMAND MAPS: ADULTS AND UNDER 18S**

Between June 2015 and May 2016, 728 people were treated in local treatment services. The map highlights that local services work with people from the whole of Dublin 15, people living in other Dublin suburbs and also in other counties (see Map for Treatment Demand in Dublin 15, Adults and Under 18s). On the map, the area within the black highlight identifies the original BLDATF catchment area. The majority (82%) of treated drug users live in Dublin 15, 17% live in other Dublin suburbs or other Irish counties, and the remainder (1%) were homeless. 91% of treated drug users were adults and the remainder were aged under 18. This map identifies the extent of the drug and alcohol dependence throughout Dublin 15. It identifies that treated drug users were from every community in Dublin 15. It reports that drug and alcohol dependence is a community wide issue that crosses all socio-economic boundaries rather than being confined to disadvantaged communities. It also identifies Mulhuddart, Corduff, Blakestown and Mountview as areas with the most treated drug users.

The treatment demand map for the under 18 treated drug users, identifies that clients were from the following communities in Dublin 15: Mulhuddart, Corduff, Tyrrelstown, Huntstown, Hartstown, Ongar, Blakestown, Mountview, Clonsilla and Carpenterstown (see Map for Treatment Demand in Dublin 15, Under 18s).

Data for the treatment demand maps was provided by the following six services: Mulhuddart/Corduff Community Drug and Alcohol Team, ADAPT Community Drug and Alcohol Team, Tolka River Project and Coolmine Therapeutic Community, Substance Abuse Service Specific to Youth (SASSY) and Blanchardstown Youth Service Drug Education/Prevention programme. Mapping data was also provided by the HSE Addiction Psychiatry Service but that service was constrained from providing profile data. Therefore, while the total number of treated drug users represented on the maps was 728, the following profile of treated drug users is based on data provided by the six services mentioned above; therefore the total number of treated drug users is reduced to 693.





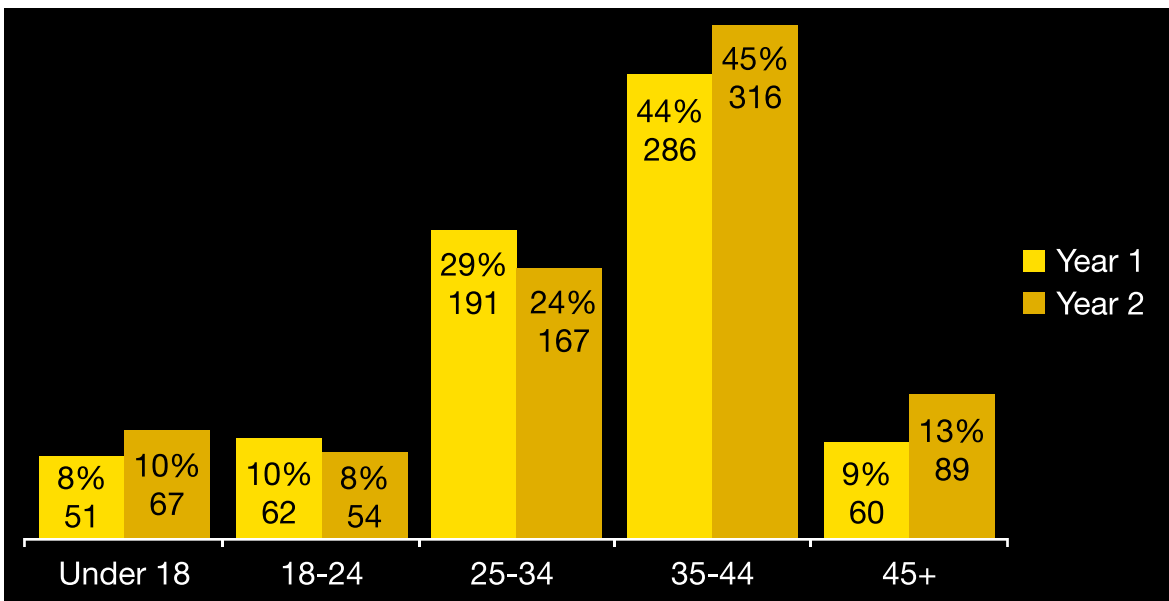
# DRUG AND ALCOHOL TRENDS MONITORING SYSTEM YEAR 2



### PROFILE OF TREATED DRUG USERS

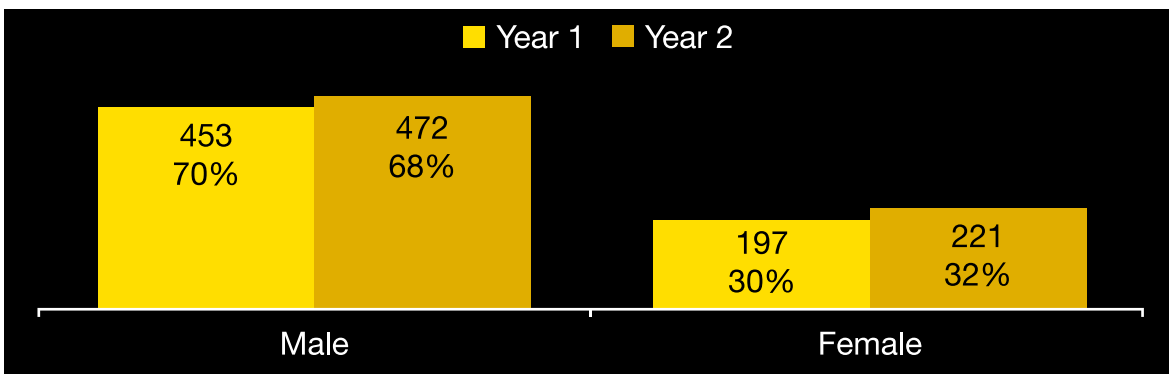
There has been a 7% increase in the number of drug users treated in Dublin 15 from 650 in Year 1 to 693 in Year 2. The following chart represents changes in the age profile of treated drug users during this reporting period (Chart 4.1). In Year 1 and 2, 82% of treated drug users were aged 25 and over. Similar to Year 1, in Year 2 the majority of treated drug users were aged between 35 and 44.

Chart 4.1: Number and % of drug users treated in Dublin 15 by age, DATMS Year 1 & Year 2



Changes in the gender profile of drug users treated in Dublin 15 are also evident during this reporting period (Chart 4.2).

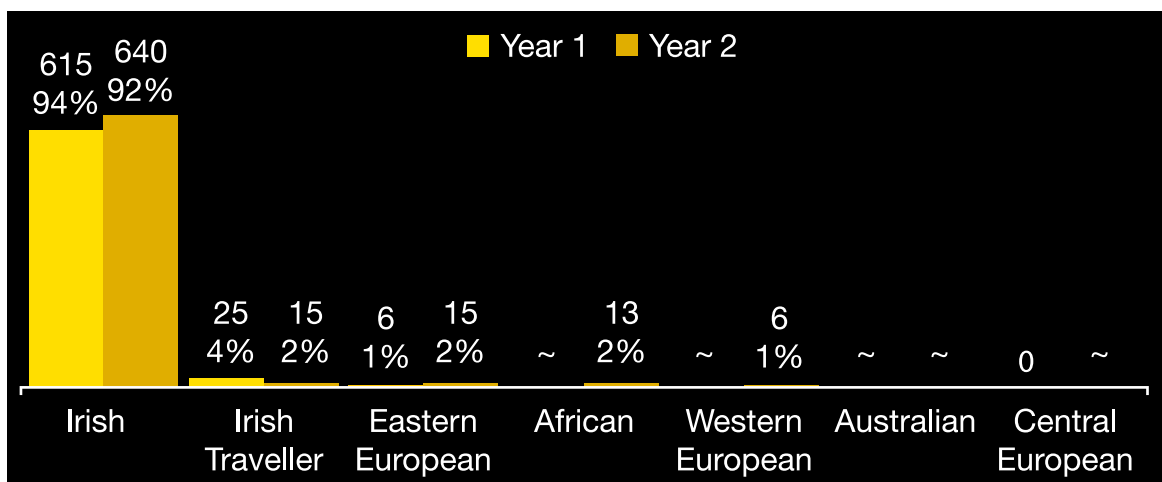
Chart 4.2: Number and % of drug users treated in Dublin 15 by gender, DATMS Year 1 & Year 2



In Year 1 and Year 2, the majority of treated drug users were Irish (Chart 4.3). Changes in the percentage of treated drug users from different nationalities and ethnicities were evident during this reporting period.

## DRUG AND ALCOHOL TRENDS MONITORING SYSTEM YEAR 2

Chart 4.3: Number and % of drug users treated in Dublin 15 by nationality/ethnicity, DATMS Year 1 & Year 2



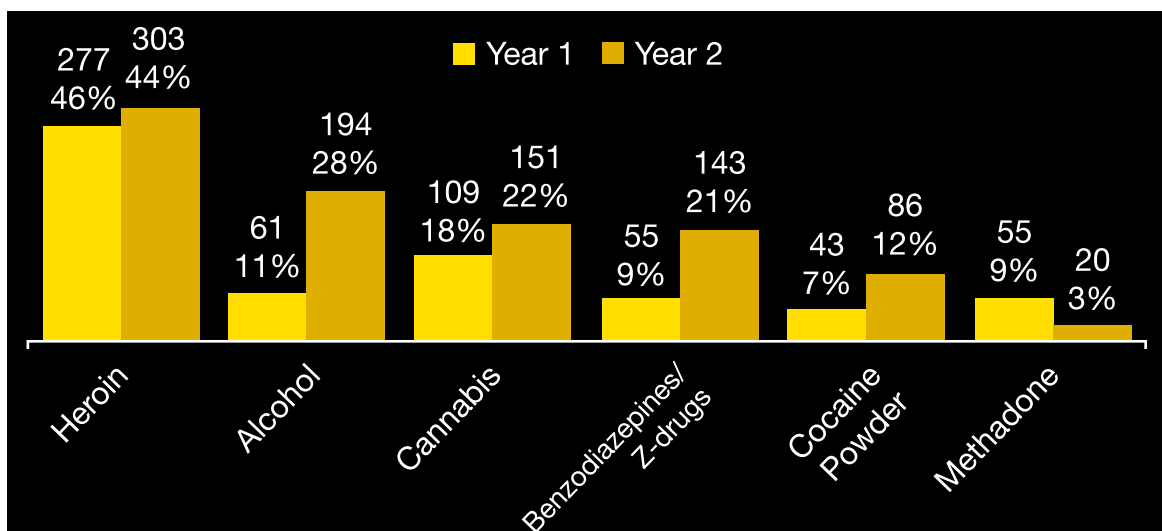
~ Number of treated drug users too small to be reported (5 or less)

### MAIN PROBLEM DRUGS

For the following analysis Year 1 data reports one main problem drug for all treated drug users, whereas Year 2 reports more than one main problem drug for the majority (67%) of treated drug users. Therefore, 67% of treated drug users are counted more than once and as a consequence all totals for Year 2 (Chart 4.4) are more than the total number of treated drug users. Any increase in drug use reported in Year 2 may be partly due to this change in data collection. This change in data collection was completed in order to improve the quality of the data and to create a more accurate account of treated drug use in Dublin 15.

In Year 1 and Year 2 the most common main problem drugs used by treated drug users were heroin, alcohol, cannabis (herbal), benzodiazepines/z drugs, cocaine powder and methadone (Chart 4.4). During this reporting period there were changes in the number of drug users treated for all of these drugs as main problem drugs.

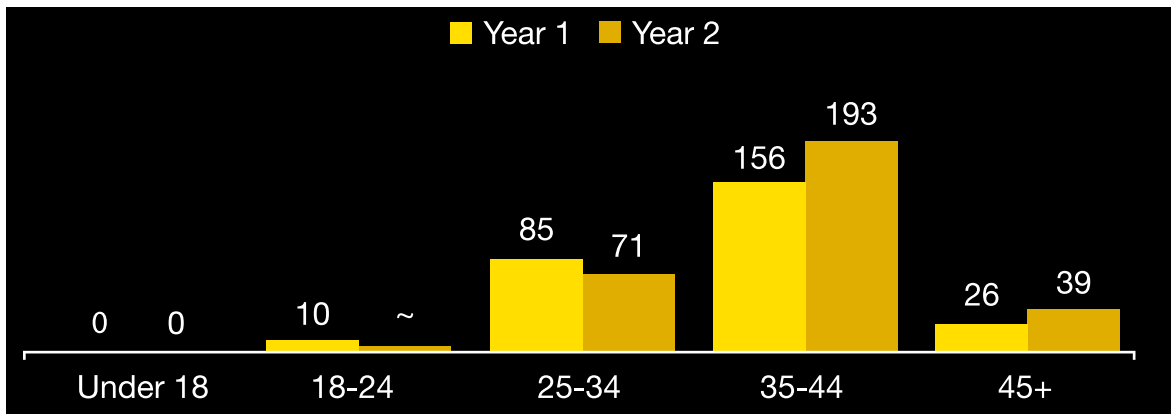
Chart 4.4: Number and % of drug users treated in Dublin 15 by main problem drugs, DATMS Year 1 & Year 2



**HEROIN: MOST COMMON MAIN PROBLEM DRUG**

- Heroin remains the most common main problem drug, with 303 (44%) clients treated for this drug (Chart 4.5).
- The trend continues whereby heroin users are an ageing population with few young people treated for this drug.
- In 2015, the CTL<sup>1</sup> reported that 270 patients in Dublin 15 were prescribed methadone and 95% were aged over 30. The qualitative data reported that this increase is also due to people relapsing back into heroin use and new entrants into treatment.

Chart 4.5: Number of drug users treated for heroin as the main problem drug in Dublin 15, by age group, DATMS Year 1 & Year 2



~ Number of treated drug users too small to be reported (5 or less)

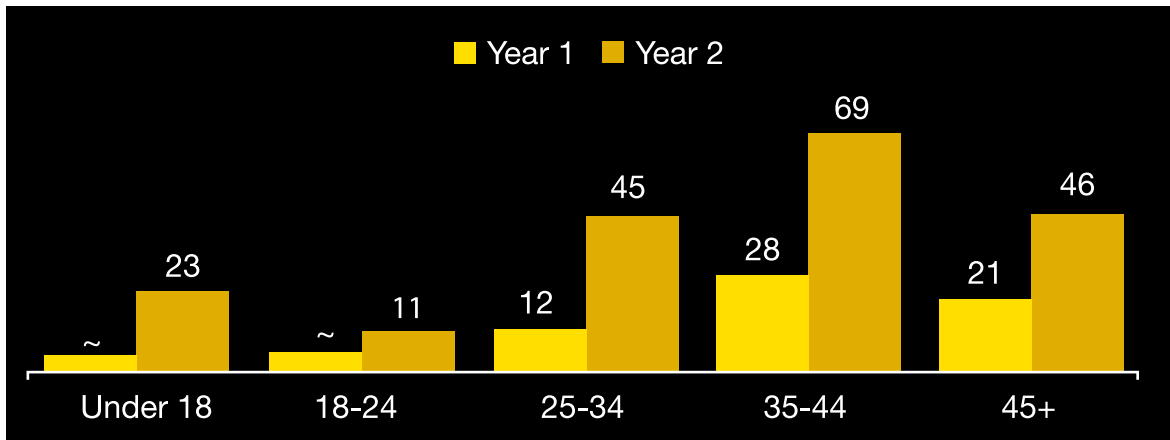
**ALCOHOL: SECOND MOST COMMON MAIN PROBLEM DRUG**

- From Year 1 to Year 2, alcohol has moved from the third to second most common main problem drug.
- Alcohol use is increasing among all age groups, though this increase may be related in part to the increase in local service provision, with a dedicated alcohol treatment service extending its operating capacity (Chart 4.6).
- The majority of clients treated for alcohol were aged between 35 and 44.

<sup>1</sup> The CTL (Central Treatment List) reports all patients prescribed methadone for opiate dependence in Ireland

## DRUG AND ALCOHOL TRENDS MONITORING SYSTEM YEAR 2

Chart 4.6: Number of drug users treated for alcohol as the main problem drug in Dublin 15, by age group, DATMS Year 1 & Year 2

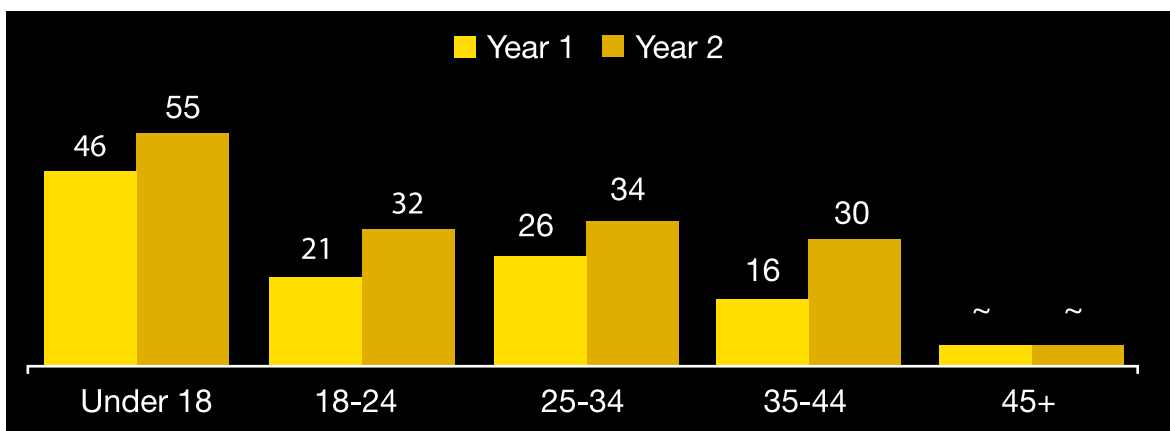


~ Number of treated drug users too small to be reported (5 or less)

### CANNABIS: THIRD MOST COMMON MAIN PROBLEM DRUG

- From Year 1 to Year 2, cannabis has moved from the second to third most common main problem drug.
- Cannabis use is increasing among all age groups, excluding treated drug users aged 45 and over (Chart 4.7).
- The majority of clients treated for cannabis were aged under 18.
- Herbal cannabis is the main form used, with cannabis resin used to a lesser extent. The type of cannabis used probably includes synthetic cannabis as drugs are used without completing an analysis of their composition.

Chart 4.7: Number of drug users treated for cannabis as the main problem drug in Dublin 15, by age group, DATMS Year 1 & Year 2

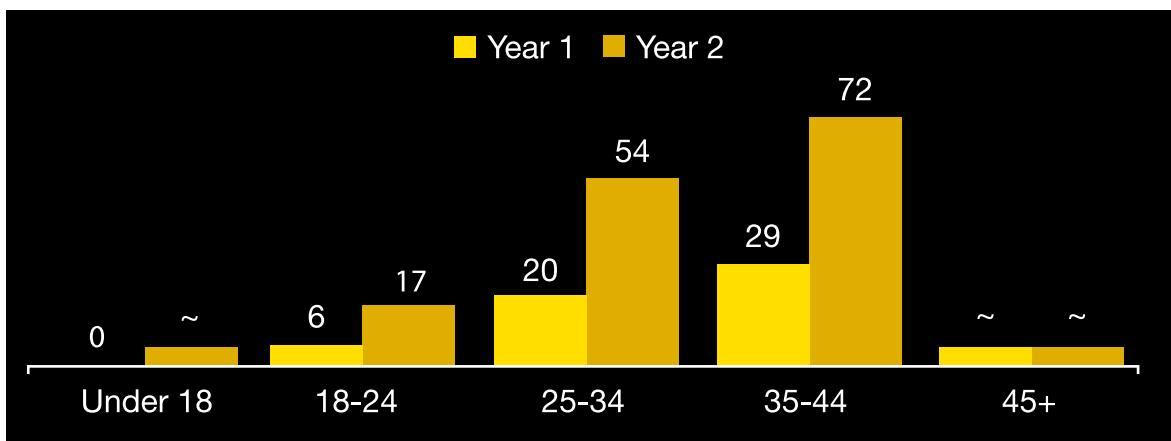


~ Number of treated drug users too small to be reported (5 or less)

**BENZODIAZEPINES/Z DRUGS:  
FOURTH MOST COMMON MAIN PROBLEM DRUG**

- Year 1 reported an increase in the use of benzodiazepines/z drugs by treated adult drug users. This increase continues in Year 2 and also includes treated under 18 drug users (Chart 4.8).
- The majority of clients treated for benzodiazepines/z drugs were aged from 35 to 44.
- The most common type of benzodiazepines used included Diazepam (Valium, D5's and D10's), Alprazolam (Xanax, Xanax bars), Triazolam (Upjohn's). Counterfeit benzodiazepines/z drugs are also used though only if authentic benzodiazepines/z drugs could not be sourced.

Chart 4.8: Number of drug users treated for benzodiazepine/z drug as the main problem drug in Dublin 15, by age group, DATMS Year 1 & Year 2



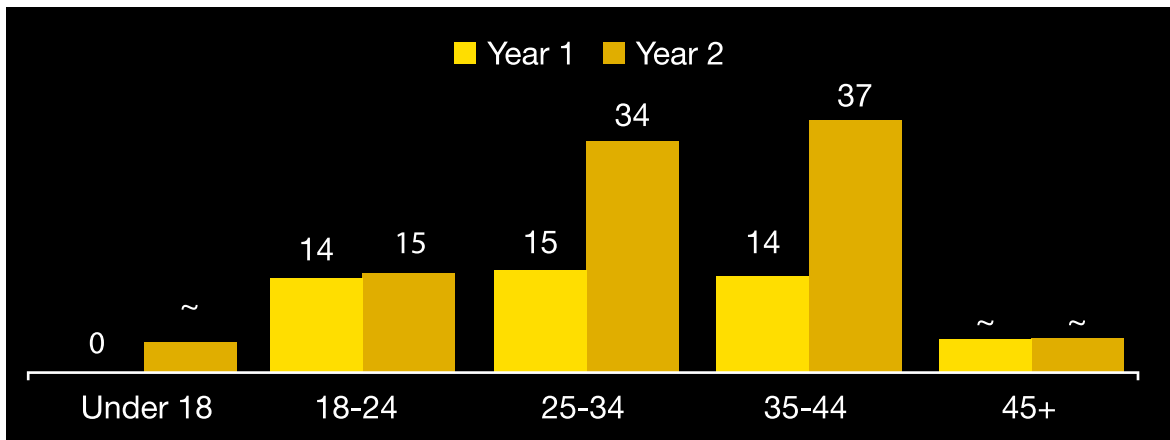
~ Number of treated drug users too small to be reported (5 or less)

**COCAINE POWDER: FIFTH MOST COMMON MAIN PROBLEM DRUG**

- Year 1 reported an increase in the use of cocaine powder by treated adult drug users. This increase continues in Year 2 and also includes treated under 18 drug users (Chart 4.9).
- Year 1 reported that synthetic stimulants were sold in the guise of cocaine powder. It is probable that the increase in cocaine powder use is associated with an increase in the use of synthetic stimulants.

## DRUG AND ALCOHOL TRENDS MONITORING SYSTEM YEAR 2

Chart 4.9: Number of drug users treated for cocaine powder as the main problem drug in Dublin 15, by age group, DATMS Year 1 & Year 2

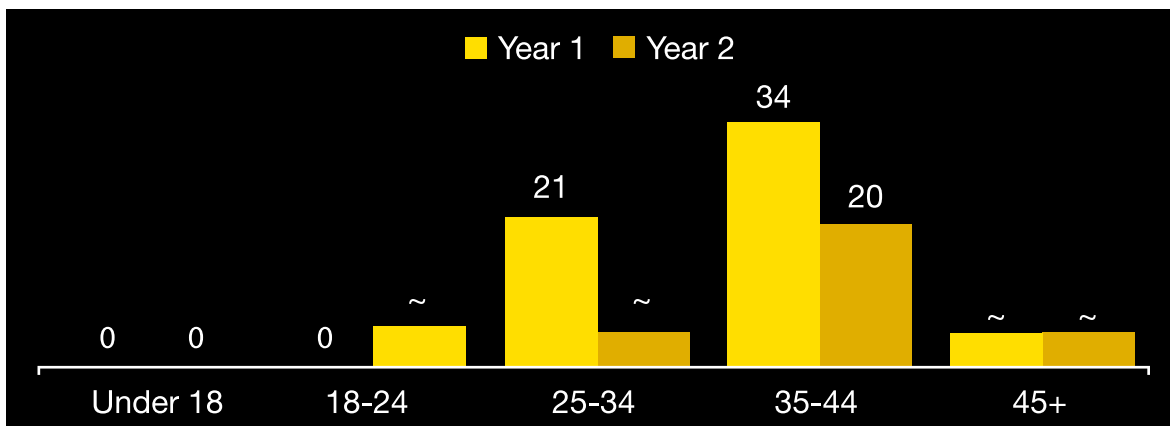


~ Number of treated drug users too small to be reported (5 or less)

### METHADONE: SIXTH MOST COMMON MAIN PROBLEM DRUG

- From Year 1 to Year 2 there has been a decrease in the number of drug users treated for methadone as a main problem drug (Chart 4.10).
- The majority of these treated drug users were aged from 35 to 44.

Chart 4.10: Number of drug users treated for methadone as the main problem drug in Dublin 15, by age group, DATMS Year 1 & Year 2



~ Number of treated drug users too small to be reported (5 or less)

**Cannabis:** Most common main problem drug for drug users aged under 18 and aged 18 to 24

**Heroin:** Most common problem drug for drug users aged 25 to 44

**Alcohol:** Most common problem drug for drug users aged 45 and over



**MAIN PROBLEM DRUGS AMONG MINORITY ETHNICITIES/NATIONALITIES**

The number of treated drug users from minority ethnicities/nationalities was too small to be reported. Therefore only the types of drugs used by each nationality are reported.

**MAIN PROBLEM DRUGS AMONG TREATED UNDER 18S FROM ETHNIC MINORITIES**

Eastern Europeans	<ul style="list-style-type: none"> <li>• Cannabis, alcohol and amphetamines</li> </ul>
Africans	<ul style="list-style-type: none"> <li>• Cannabis, alcohol and solvents</li> </ul>

**MAIN PROBLEM DRUGS AMONG TREATED ADULTS FROM ETHNIC MINORITIES**

Irish Travellers	<ul style="list-style-type: none"> <li>• Heroin, alcohol, benzodiazepines/z drugs, cannabis, cocaine powder and tylex</li> </ul>
Eastern Europeans	<ul style="list-style-type: none"> <li>• Heroin, alcohol, benzodiazepines/z drugs, cannabis and amphetamines</li> </ul>
Western Europeans	<ul style="list-style-type: none"> <li>• Heroin, alcohol, benzodiazepines/z drugs, cannabis, powder and crack cocaine, and methadone</li> </ul>
Central Europeans	<ul style="list-style-type: none"> <li>• Heroin, alcohol, benzodiazepines/z drugs, cannabis and cocaine powder</li> </ul>
Africans	<ul style="list-style-type: none"> <li>• Heroin and alcohol</li> </ul>
Australians	<ul style="list-style-type: none"> <li>• Cannabis</li> </ul>

# DRUG AND ALCOHOL TRENDS MONITORING SYSTEM YEAR 2

## OTHER MAIN PROBLEM DRUGS

Adult and under 18 treated drug users were also treated for other main problem drugs. For all of these drugs the number of treated drug users is too small to be reported, therefore only the type of drugs used are reported. From Year 1 to 2 there was an increase in the types of drugs used as main problem drugs by under 18 and adult drug users. This data is represented in the following charts.

### OTHER MAIN PROBLEM DRUGS USED BY TREATED ADULT DRUG USERS

YEAR 1	<ul style="list-style-type: none"> <li>• Steroids</li> <li>• Amphetamines</li> <li>• Synthetic stimulants</li> <li>• Crack cocaine</li> <li>• Prescribed opiate (buprenorphine)</li> <li>• Over the counter (OTC) codeine (solpadeine &amp; nurofen plus)</li> <li>• LSD</li> </ul>
YEAR 2	<ul style="list-style-type: none"> <li>• All Year 1 drugs plus:</li> <li>• MDMA</li> <li>• Prescribed codeine (tylex)</li> </ul>

### OTHER MAIN PROBLEM DRUGS USED BY TREATED UNDER 18 DRUG USERS

YEAR 1	<ul style="list-style-type: none"> <li>• MDMA</li> <li>• Solvents</li> </ul>
YEAR 2	<ul style="list-style-type: none"> <li>• All Year 1 drugs plus:</li> <li>• Amphetamines</li> <li>• Ketamine</li> <li>• OTC codeine (solpadeine &amp; nurofen plus)</li> </ul>

In Year 1, three services reported an increase in the use of crack cocaine to such an extent that it had become a major problem in Dublin 15. In Year 2, two services report an increase in the use of crack cocaine by treated adult drug users. Only a slight increase is reported by the treatment data. In Year 1, less than five treated adult drug users were treated for crack cocaine as a main problem drug. In Year 2, this increased slightly and crack cocaine is a main problem drug for 6 treated drug users aged between 25 and 44 years.

Year 1 reported an increase in the misuse of OTC drugs solpadeine and nurofen plus. The majority of treated users were adults, though under 18s also misused these drugs. An increase in the misuse of these drugs was not reported in Year 2.

### OLDER CLIENTS ACCESSING TREATMENT FOR THE FIRST TIME

A service provider reports a new trend whereby new entrants to treatment are aged over 40 years. This relates to less than 10 clients. While the number is small, it is important to report any new cohort of treated drug users. These clients are Irish and Irish Travellers, male and female. The drugs they are treated for are alcohol and opiates including codeine, oxycodone and heroin. The mode of administration for these drugs did not include injecting.

*The new ones that are coming through now...people in their forties/fifties...would have...long standing addiction problems going back for many years...and generally not functioning particularly well, their lives not stable.*

**Participant 1, Service provider**

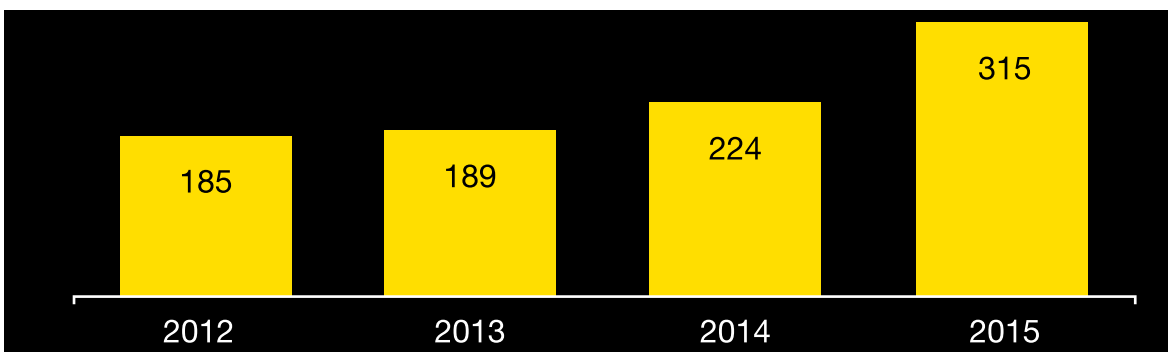
## **NATIONAL DRUG TREATMENT REPORTING SYSTEM (NDTRS)**

The NDTRS is an epidemiological database on treated drug and alcohol misuse in Ireland. The NDTRS data reports the number of episodes of treatment (cases) rather than the number of people treated. This means the same person may be counted more than once in the same year. The data is presented in this manner as there are no unique identifiers within the health system.

It is important to point out that a comparison between the NDTRS and DATMS data is difficult due to differences in data analysis procedures. Also, the NDTRS data is based on treated cases from all areas of Dublin 15 excluding Tyrrelstown, Carpenterstown and Castleknock. However, our treatment demand statistics include clients living in these areas, and in other Dublin suburbs and other counties (see Map for Treatment Demand in Dublin 15, Adults and Under 18s). In addition, we are aware that local services have under-reported data to the NDTRS. Despite these discrepancies, the NDTRS data is useful in terms of providing another data source that can be used to verify our DATMS data.

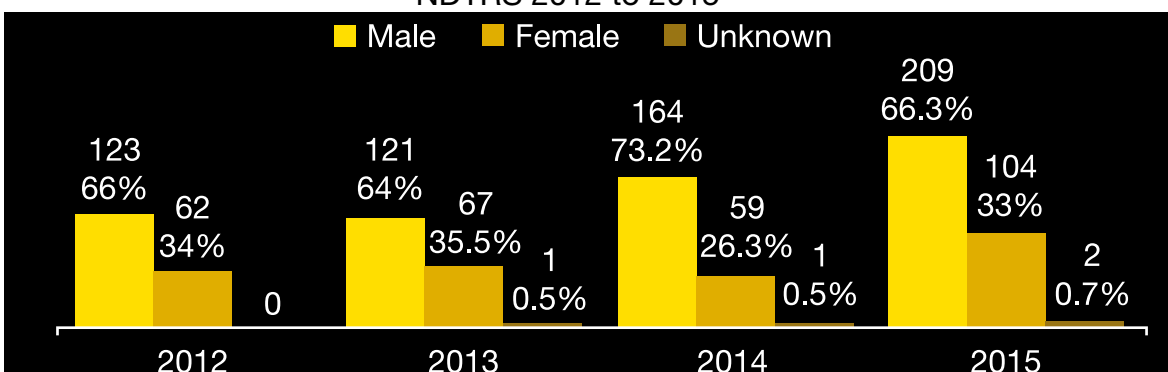
The following analysis reports NDTRS data for the BLDATF area from 2012 to 2015. The total number of cases treated in Dublin 15 increased from 185 in 2012 to 315 in 2015 (Chart 4.11).

Chart 4.11: Number of BLDATF cases treated by year, NDTRS 2012 to 2015



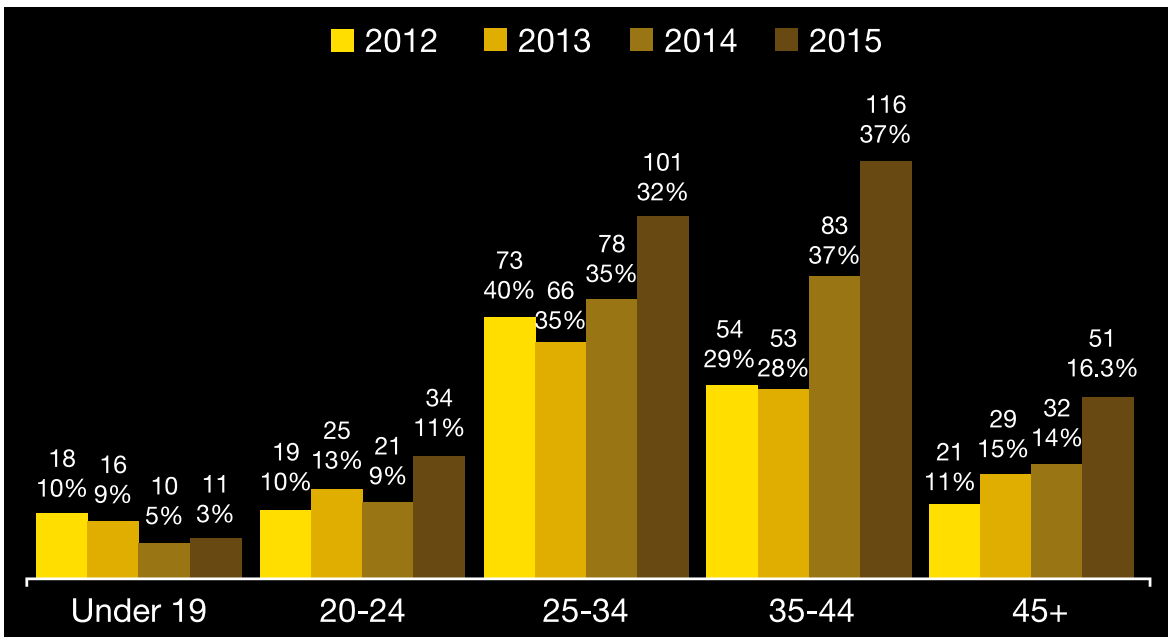
In terms of the gender profile, there was an increase in the number of male and female treated cases during the reporting period (Chart 4.12).

Chart 4.12: Number and % of BLDATF cases treated by gender, NDTRS 2012 to 2015



Over the reporting period the number of treated cases aged under 19 decreased and the number of treated cases in all other age groups increased (Chart 4.13). The average age of treated cases increased from 33 years in 2012 to 35 years in 2015.

Chart 4.13: Number and % of BLDATF cases treated by age group, NDTRS 2012 to 2015



Number of treated cases in 2015 totals 99.3%, as 0.7% of cases did not report age group

In terms of the most commonly used main problem drugs, the NDTRS data reports the same profile as the DATMS data. The four most commonly used drug types are opiates, alcohol, cannabis and benzodiazepines/z drugs (Table 4.1). Over the reporting period there is an increase in the number of treated cases for all four drugs. The fifth most commonly used drug is cocaine, though the number of treated cases cannot be reported to protect client confidentiality. Similar to the DATMS, other main problem drugs were reported and the number of treated cases is too small to be reported. These drugs include stimulants and other drug types.

Table 4.1: BLDATF cases treated by main problem substances, NDTRS 2012 to 2015

Main problem drug	2012	2013	2014	2015
Opiates	80 (43%)	72 (38%)	96 (43%)	128 (41%)
Alcohol	56 (30%)	62 (33%)	63 (28%)	86 (27%)
Cannabis	24 (13%)	24 (13%)	21 (9%)	38 (12%)
Benzodiazepines/z drugs	12 (7%)	20 (10%)	21 (9%)	31 (10%)

**OTHER DRUGS USED BY TREATED DRUG USERS**

Year 1 and 2 reported that a range of other drugs were also used by treated drug users. These drugs rarely featured as main problem drugs. The following charts report the drug types used by both adult and under 18 treated drug users. They also report changes in the types of drugs used.



Year 1 reported different perceptions about the availability and use of methamphetamine (crystal meth) by treated adult drug users in Dublin 15. The conclusion was that it was not available, and that synthetic stimulants were sold in the guise of crystal meth. Year 2 continues to report the availability and use of this drug among a minority of adult treated drug users.

OTHER DRUGS USED BY TREATED UNDER 18 DRUG USERS

<p>YEAR 1</p>	<ul style="list-style-type: none"> <li>• Cannabis (resin)</li> <li>• Synthetic stimulants</li> <li>• Cocaine powder</li> <li>• Benzodiazepines/z drugs</li> <li>• Amphetamines</li> <li>• LSD</li> <li>• Magic mushrooms</li> <li>• Ketamine</li> <li>• OTC codeine (panadol xtra)</li> <li>• Steroids</li> </ul>
<p>YEAR 2: OTHER DRUGS USED</p>	<ul style="list-style-type: none"> <li>• Cannabis (resin)</li> <li>• Synthetic stimulants</li> </ul>
<p>YEAR 2: DRUGS THAT BECAME MAIN PROBLEM DRUGS</p>	<ul style="list-style-type: none"> <li>• Cocaine powder</li> <li>• Benzodiazepines/z drugs</li> <li>• Amphetamines</li> <li>• Ketamine</li> <li>• OTC codeine</li> </ul>
<p>YEAR 2: DRUGS NOT USED</p>	<ul style="list-style-type: none"> <li>• LSD</li> <li>• Magic mushrooms</li> <li>• Steroids</li> </ul>

**TREATED POLYDRUG USE: MAIN PROBLEM DRUGS**

Polydrug use involves the use of two or more drugs at the same time. Polydrug use among under 18 and adult treated drug users was the same as reported in Year 1, and was reported by the majority of treated drug users. In Year 2, 467 (67%) of clients were treated for more than one main problem drug. The following analysis provides an account of the types of main problem drugs used by 217 of these polydrug users. The majority (192; 88%) were treated for the use of two drugs and the minority (25; 12%) were treated for the use of three to six drugs.

MOST COMMON FORMS OF MAIN PROBLEM POLYDRUG USE BY AGE	
Under 18	<ul style="list-style-type: none"> <li>• 1st: Cannabis (herbal) and alcohol</li> <li>• 2nd: Cannabis (herbal), alcohol and MDMA</li> </ul>
18-24 years	<ul style="list-style-type: none"> <li>• 1st: Cannabis (herbal) and benzodiazepines/z drugs</li> <li>• 2nd: Cannabis (herbal) and alcohol</li> </ul>
25-44 years	<ul style="list-style-type: none"> <li>• 1st: Heroin and benzodiazepines/z drugs</li> <li>• 2nd: Alcohol and cocaine powder</li> </ul>
45+ years	<ul style="list-style-type: none"> <li>• 1st: Alcohol and heroin</li> <li>• 2nd: Alcohol and benzodiazepines/z drugs</li> </ul>

Main problem polydrug use among the under 18 treated drug users also included the use of cocaine powder, benzodiazepines/z drugs, ketamine, codeine OTC drugs and solvents. Main problem polydrug use among the adult treated drug users also included the use of methadone, crack cocaine, MDMA, codeine OTC drugs, amphetamines and synthetic stimulants and steroids.

There were similarities and differences in the types of drugs used by treated under 18 and adult drug users. Alcohol was part of polydrug use for 143 (66%) treated adult and under 18 drug users. Among the treated drug users aged under 18 and 18 to 24 cannabis (herbal) and alcohol was the most common form of polydrug use. Less than 5 treated drug users aged 18 to 24 used heroin, whereas among the age groups 25 to 44, heroin was part of the most commonly used main problem polydrug use.

Year 1 and Year 2 reported the use of certain types of drugs after drug binges. For under 18 treated drug users, cannabis was the main drug used, with benzodiazepines/z drugs used to a lesser extent. Adult treated drug users used a wider range of drugs after drug binges, which included cannabis, benzodiazepines/z drugs, heroin, methadone, alcohol, lyrica and opioid pain medication.



*17, 18 year olds, ecstasy, ketamine and cocaine...and binge drinking, shots and...weed to come down the next day*  
**Participant 74, Service provider**

*The drink and the cocaine, and then...the next day, the tablets to come down off that...the weed too*  
**Participant 10, Treated adult drug user**

### PRESCRIPTION DRUGS AS PART OF POLYDRUG USE

A range of prescription drugs were reported to be used as part of polydrug use by treated adult drug users, predominantly those aged 25 and over. These drugs included anti-epileptics, opioids, anti-depressants and anti-psychotics. These drugs were used in conjunction with a range of other drugs, as illustrated in the following quotes:

*Lyrica...people take a lot of it cos it gives you a drunk feeling and you mix them with benzo's...you're just out of your head*  
**Participant 39, Treated adult drug user**

*The anti-psychotic medication, seroquel...we'd be taking it with weed and benzo's*  
**Participant 55, Treated adult drug user**

*Who's using zispin [an anti-depressant]? Heroin addicts, guys and girls, any age group mid 20's up. They'd be using heroin at the same time, crack too. People that take cocaine would take them too to come down off cocaine*  
**Participants 37-39, Treated adult drug users**

### LYRICA

An increase in the use of lyrica by treated adult drug users was reported in Year 1 and Year 2. Year 2, reported that the majority of lyrica users were long term Irish drug users who also used methadone, cocaine powder and benzodiazepines.

### OPIOIDS

Year 1 and Year 2 reported the use of the following opioids: tylex, kapake, tramadol and oxycodone. Prescribed opioid users were long term Irish treated drug users on methadone maintenance. In Year 2, one service reported an increase in the use of oxycodone by adult treated drug users.

**INCREASE IN USE OF DRUGS**

Year 1 and Year 2 reported increases in the use of specific drug types by treated drug users. The following charts report this data. The most significant increase was among treated under 18 drug users.

**INCREASE IN USE OF DRUGS BY TREATED ADULT DRUG USERS**

YEAR 1	<ul style="list-style-type: none"> <li>● Alcohol</li> <li>● Cannabis (herbal)</li> <li>● Benzodiazepines/z drugs</li> <li>● Crack cocaine</li> <li>● Anti-epileptic (lyrica)</li> <li>● Codeine OTC drugs</li> </ul>
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YEAR 2	<ul style="list-style-type: none"> <li>● Alcohol</li> <li>● Cannabis (herbal)</li> <li>● Benzodiazepines/z drugs</li> <li>● Crack cocaine</li> <li>● Powder cocaine</li> <li>● Anti-epileptic (lyrica)</li> <li>● Opiate (oxycodone)</li> </ul>
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**INCREASE IN USE OF DRUGS BY TREATED UNDER 18 DRUG USERS**

YEAR 1	<ul style="list-style-type: none"> <li>● Cannabis (herbal)</li> </ul>
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YEAR 2	<ul style="list-style-type: none"> <li>● Cannabis (herbal)</li> <li>● Alcohol</li> <li>● Benzodiazepines/z drugs</li> <li>● Cocaine powder</li> </ul>
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**INJECTING DRUG USE**

In Year 1 and Year 2 there were no under 18 treated drug users injecting drugs. Similar to Year 1, treated adult drug users were reported to inject the following drugs: heroin, powder and crack cocaine, benzodiazepines and z drugs, synthetic stimulants, steroids and skin tanning drugs. The main mode of administration for powder and crack cocaine was respectively sniffing and smoking, with a minority injecting these drugs. Injecting crack cocaine users were males aged 35 to 40. Similar to Year 1, speed balling (heroin and cocaine injected simultaneously) was reported by one service, however another service reported that this form of polydrug injecting drug use had not occurred among treated drug users in years. In Year 2, a number of changes in the type of drugs injected were reported. One service reported that oxycodone was injected by adult treated drug users. Two

services reported that crystal methamphetamine was injected by adult treated drug users. In Year 2 there were no changes in the injecting sites used by treated drug users, with the arm and groin the most frequently used.

### **TREATED DRUG USERS IN SECONDARY SCHOOLS IN DUBLIN 15**

There are a total of ten mainstream and three non-mainstream<sup>2</sup> secondary schools in Dublin 15. In Year 1, treated under 18 drug users attended four of these mainstream and two non-mainstream secondary schools. In Year 2, treated under 18 drug users attended five of these mainstream and one non-mainstream secondary school. In both years, these secondary schools were DEIS and non-DEIS schools. During both Year 1 and Year 2, 46% of secondary schools in Dublin 15 had treated young drug users in attendance.

### **TREATED DRUG USERS PERCEPTIONS OF DRUG USE**

Participants reported that some treated drug users do not perceive alcohol, OTC and prescription drugs to be drugs because they are legal. In particular, some treated drug users in recovery did not consider that they had relapsed if they used any of these drugs. For example, a service provider reported that some clients in recovery were substituting their problem drug for alcohol, mixed with anti-depressants and anti-psychotics as the mixture of these drugs produces same effect as heroin. It was also reported that treated drug users aged under 25 viewed heroin and methadone negatively and would not use it. However, they perceived their own drug use as acceptable because they did not use these drugs and did not inject drugs.

*A lot of people are...strung out on tablets...and...smoking weed. I know loads of people doing that...and a lot of people would be like 'he's not a junkie, he's not on heroin' but he's whacking tablets out of it.*

*What age group are those people?*

*All sorts...14 up to whatever age*

*Yeah but right up to 50's*

**Participants 40-41, Treated adult drug users**

*Kids nowadays look on people on crack and heroin as junkies but you have these young ones and they're smoking weed every day and tablets too and drinking at the weekend...They call addicts junkies and I do laugh at them cos they've no awareness about drugs and what they're doing is the same*

**Participant 43, Treated adult drug user**

<sup>2</sup> Blanchardstown Community Training Centre, Blanchardstown Youthreach, Blanchardstown Youth Service Early School Leavers Programme

**5. UNTREATED DRUG AND ALCOHOL USE**

The profile of untreated drug use in Dublin 15 is based on the qualitative data. It is supplemented by national and European drug prevalence data. The Year 2 account is predominantly the same as reported in Year 1, with only a few changes that may be new emerging trends.

**DRUGS USED BY UNTREATED DRUG USERS**

In Year 1 and Year 2, untreated drug use was reported among all socio-economic groups, a range of ethnicities and in all areas in Dublin 15. The following reports the drugs used by Irish untreated young and adult drug users.

**DRUGS USED BY IRISH UNTREATED YOUNG DRUG USERS  
(aged up to 25 years)**

<b>Most common</b>	<ul style="list-style-type: none"> <li>• 1st: Alcohol</li> <li>• 2nd: Cannabis (herbal; includes synthetic cannabis)</li> <li>• 3rd: MDMA, cocaine powder and ketamine</li> </ul>
<b>Least common</b>	<ul style="list-style-type: none"> <li>• Benzodiazepines/z drugs</li> <li>• Synthetic stimulants</li> <li>• Crack cocaine</li> <li>• Codeine OTC drugs</li> <li>• LSD</li> </ul>
<b>Other drugs used</b>	<ul style="list-style-type: none"> <li>• Steroids</li> <li>• Skin tanning injections</li> </ul>

**DRUGS USED BY IRISH UNTREATED ADULT DRUG USERS  
(aged over 25 years)**

<b>Most common</b>	<ul style="list-style-type: none"> <li>• 1st: Alcohol</li> <li>• 2nd: Cannabis (herbal; includes synthetic cannabis)</li> <li>• 3rd: MDMA, cocaine powder and ketamine</li> </ul>
<b>Least common</b>	<ul style="list-style-type: none"> <li>• Benzodiazepines/z drugs</li> <li>• Synthetic stimulants</li> <li>• Crack cocaine</li> </ul>
<b>Other drugs used</b>	<ul style="list-style-type: none"> <li>• Steroids</li> <li>• Skin tanning injections</li> </ul>

The most commonly used drugs are the same for both young and adult untreated drug users. The only difference is that the under 18s use MDMA more frequently than cocaine powder, whereas untreated drug users aged over 25 more frequently use cocaine powder than MDMA. An increase in the use of cocaine powder is reported by untreated drug users.

*It's crazy how common it [cocaine] is now...even in the last year...I've just seen so much widespread use and it's of all ages*

**Participant 76, Untreated adult drug user**

A national drug prevalence survey also reports that alcohol and cannabis are the most commonly used drugs among the general Irish population aged 15 up to late adulthood (NACDA, 2016). This is also reported by a European drug prevalence survey of students aged 15 to 16 (ESPAD Group, 2016). In 2015, the prevalence of current cannabis use among Irish students is higher (10%) than the European average (7%). The national survey reports an increase in the current use of cannabis among the general Irish population from 3% in 2002/03 to 4% in 2014/15.

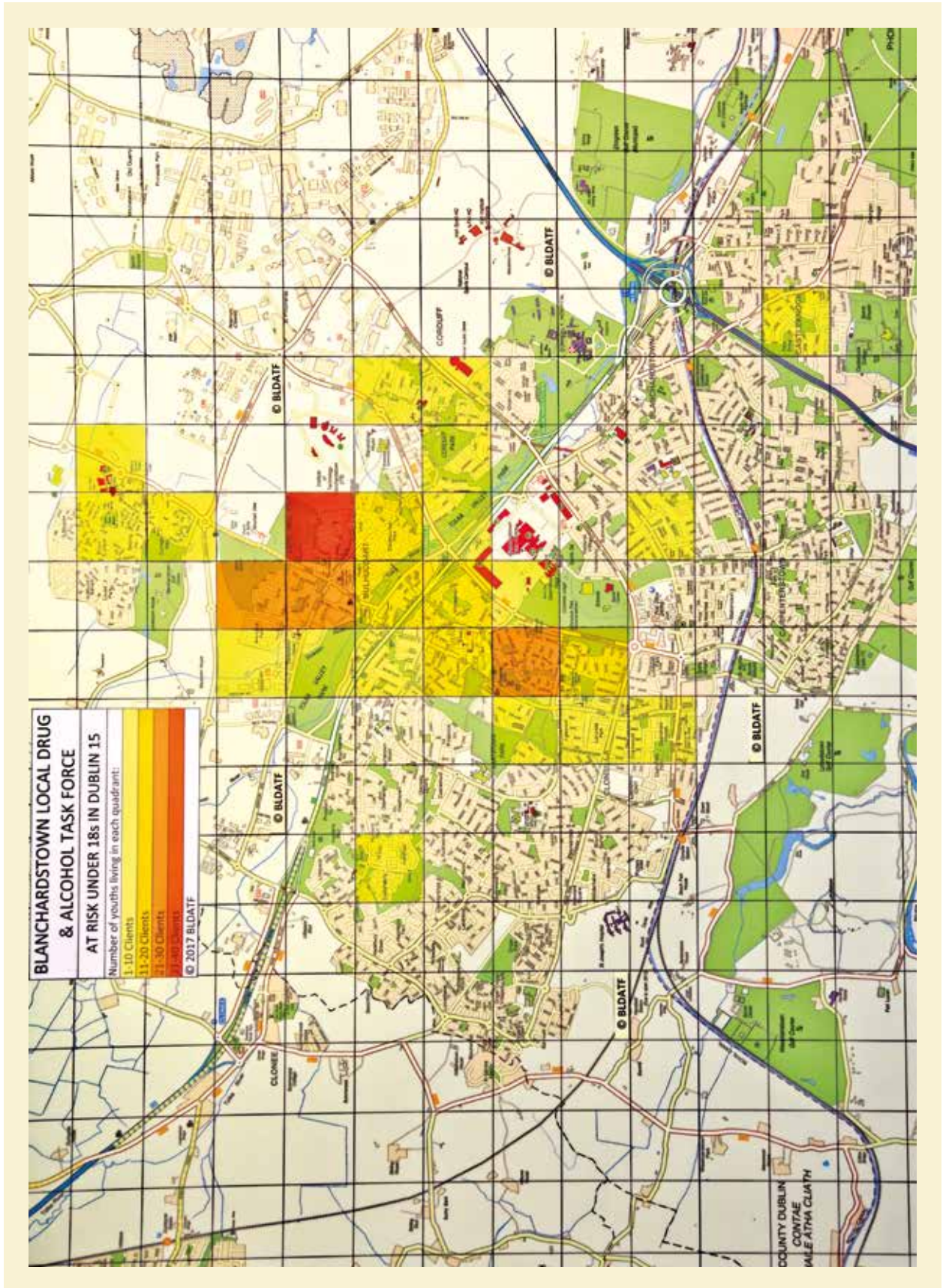
Among the least commonly used drugs, there are similarities and differences in the types of drugs used by untreated young and adult drug users; both use benzodiazepines/z drugs, synthetic stimulants and crack cocaine; only untreated young drug users are reported to use codeine OTC drugs and LSD.

In relation to the use of crack cocaine by untreated drug users, Year 1 reported a small number of untreated drug users (less than 10) used crack cocaine. They were reported to be male and in their early 20's. These young people were not previous heroin users (considered to be the norm for crack cocaine users) and moved from using cocaine powder to smoking crack cocaine. In Year 2, a service provider states that there are anecdotal reports that young males and females aged 16 to mid 20's are using crack cocaine in Dublin 15. These young people are not linked in with services. If this anecdotal report is correct, there has been a reduction in the age of untreated drug users using crack cocaine in Dublin 15; also, young females are now engaging in this type of drug use. This will be explored in DATMS Year 3 to ascertain if empirical data can establish this as a new emerging trend. In addition, crack cocaine is reported to be used by untreated adult female drug users. There were no reports of untreated adult drug users using crack cocaine in Year 1, though this may be due to the limited number of untreated adult drug users who took part in the research.

Drugs used by untreated young drug users in Year 1 and not reported to be used in Year 2 were the hallucinogen DMT, solvents, 'Lean' (codeine OTC cough syrup mixture) and slimming drugs. Drugs used by untreated adult drug users in Year 1 and not reported to be used in Year 2 were magic mushrooms, khat and slimming drugs. These changes in drug use may be due to the limited number of untreated drug users who took part in the research. Further evidence for these changes will be looked for in DATMS Year 3.

### **MAP 3: AT RISK UNDER 18S IN DUBLIN 15**

Another map was produced to map at risk under 18 year olds in Dublin 15 (see Map for At Risk Under 18s in Dublin 15). This map was completed in order to identify where these young people live and use this data to inform service provision. During Year 2, the Blanchardstown Youth Service Drug Education/Prevention programme and Tusla Education Welfare Services reported working with 223 at risk under 18s in Dublin 15. These at risk youths were non-drug using youths with risk factors for drug use and drug using youths not in treatment. This map shows that the highest concentration of at risk youths live in areas traditionally associated with disadvantage.



## **UNTREATED DRUG USE AMONG ETHNIC MINORITIES IN DUBLIN 15**

The majority of the information produced by the DATMS relates to the Irish community. As there is limited information about drug use by different ethnic backgrounds, the following data is a guide for drug use among these communities. It is hoped that a more comprehensive account of drug use among ethnic minorities will be produced in the future.

### **IRISH TRAVELLER COMMUNITY**

Untreated drug use among the Irish Travellers in Dublin 15 is similar to untreated drug use among the Irish community. The types of drugs used are the same for Irish Traveller young and adult untreated drug users. Drug use is reported among both males and females, though predominantly more males use drugs.

<b>DRUGS USED BY IRISH TRAVELLER UNTREATED DRUG USERS</b>	
<b>Most common</b>	<ul style="list-style-type: none"><li>• 1st: Alcohol</li><li>• 2nd: Cannabis (herbal; includes synthetic cannabis)</li><li>• 3rd: MDMA and cocaine powder</li></ul>
<b>Least common</b>	<ul style="list-style-type: none"><li>• Benzodiazepines/z drugs</li><li>• Synthetic stimulants</li><li>• Ketamine</li></ul>
<b>Other drugs used</b>	<ul style="list-style-type: none"><li>• Steroids</li><li>• Skin tanning injections</li></ul>

The difference between the Irish and the Irish Traveller communities is that Irish Traveller untreated drug users are reported to not misuse codeine OTC drugs or use LSD or methamphetamine. The following quotes highlight the most common drugs that are used by untreated Irish Traveller drug users:

*Drink is just something that everyone does*  
**Participant 6, Young person**

*I'd find that fellas would be smoking weed the same way that we would smoke cigarettes*  
**Participant 4, Young person**

*Cocaine is glamorised, from 14 up to 60 are taking coke and that's every time they go drinking*  
**Participant 6, Young person**



Year 1 reported that the use of cannabis resin had declined substantially over the last number of years. It also reported an increase in the use of cannabis (resin) within the Irish community. In Year 2 an increase in the use of cannabis resin among the Irish Traveller community is reported by a number of participants. A number of factors contribute to this which include increased accessibility and cost effectiveness.

*Hash...its becoming more common this year...it's much easier to get and young fellas are beginning by starting the hash, it's cheaper...as well. You could get an ounce of hash for 50 quid where like for 50 quid you'd only get 4 grams...of weed that would only last [a few] joints where the hash, you could get [more] joints out of it*

**Participant 3, Untreated young drug user**

### AFRICAN AND EASTERN EUROPEAN COMMUNITIES

There were similarities and differences among the types of drug used by Eastern European and African untreated under 18 drug users. Both ethnicities used cannabis and predominantly the males, just like the Irish and Irish Travellers. Alcohol was not commonly used by the Africans whereas it was used by the Eastern Europeans. There were no similarities in the choice of drugs used by untreated adult drug users. It is important to reiterate that this analysis is based on limited data and needs to be investigated further in DATMS Year 3.

#### DRUGS USED BY EASTERN EUROPEAN UNTREATED DRUG USERS

Under 18s

- Cannabis and alcohol

Adults

- Cannabis, alcohol, amphetamines and methamphetamines

#### DRUGS USED BY AFRICAN UNTREATED DRUG USERS

Under 18s

- Cannabis and steroids
- Minimal or no use of alcohol

Adults

- Crack cocaine and heroin

Year 1 reported the use of khat by members of the African community living in Dublin 15. Year 2 did not report the use of khat among this community.

**DRUG TYPE BY AGE OF INITIATION**

The following reports the age that young people begin using drugs. This data relates to Irish and Irish Traveller drug users in Dublin 15. In terms of age, the norm is reported for all drug types and for some drugs the norm plus younger ages is reported. There were no changes from Year 1 to Year 2 concerning drug type by age of initiation.

DRUG TYPE BY AGE OF INITIATION	
Alcohol, cannabis, MDMA	• 14 years (12 years = youngest reported)
Cocaine powder, synthetic stimulants, steroids	• 15 years
Benzodiazepines/z drugs	• 15 years (14 years = youngest reported)
Ketamine, codeine OTC drugs, LSD	• 16 years
Skin tanning injections	• 18 years
Crack cocaine	• 16 years (Irish community only)

## UNTREATED POLYDRUG USE

The profile of untreated polydrug use in Year 2 is predominantly the same as reported in Year 1. Polydrug use is reported to be the norm among Irish and Irish Traveller untreated young and adult drug users. There is no data concerning polydrug use among other ethnic minorities. The most common forms of polydrug use are the same among untreated young and adult drug users.

UNTREATED YOUNG & ADULT POLYDRUG USE	
Most common drugs used together	<ul style="list-style-type: none"> <li>Alcohol, cannabis, MDMA, cocaine powder, ketamine, synthetic stimulants, benzodiazepines/z drugs</li> </ul>
Most common forms of polydrug use	<ul style="list-style-type: none"> <li>1st: Alcohol and cannabis</li> <li>2nd: Alcohol and cocaine powder or MDMA or both</li> </ul>

Year 1 reported that alcohol was an integral part of polydrug use among untreated adult and young drug users and this is also reported in Year 2. There are many forms of polydrug use which depend on drug supply and personal preferences. Both untreated young and adult drug users report the use of a range of drugs after the use of cocaine powder or MDMA.

*When you're on a night out and taking E you'd need something to bring you down, most of them would have a bag of weed in their pocket, D10s are gone very popular now or blues or roach... Zimmos are very popular...really to come down off something...if you're on coke just take them next morning...If you feel bad they take the edge off*

### **Participant 3, Untreated young drug user**

A reduction in the age that young people first engage in polydrug use is reported. Year 1 reported that young people from the age of 15 engaged in polydrug use. Year 2 reports that young people from the age of 14 engage in polydrug use. There were reports that young people from the age of 12 were polydrug users but this was not the norm.

**PATTERN OF DRUG USE AMONG UNTREATED DRUG USERS**

Untreated drug users report that some drugs are used throughout the week, including during school time, and other drugs are mainly used at the weekend. The frequency of drug use varied from daily, weekly to less regular use. The frequency of drug use by untreated drug users was age dependent, with those aged 18 and over reporting more regular drug use.

**PATTERN OF DRUG USE AMONG UNTREATED YOUNG DRUG USERS**

Drugs used throughout the week	<ul style="list-style-type: none"> <li>• Cannabis, benzodiazepines/z drugs</li> </ul>
Drugs used before and during school time	<ul style="list-style-type: none"> <li>• Cannabis</li> </ul>
Drugs used at the weekend	<ul style="list-style-type: none"> <li>• Alcohol, cannabis, cocaine powder, MDMA, ketamine, synthetic stimulants, benzodiazepines/z drugs, crack cocaine, codeine OTC drugs &amp; LSD</li> </ul>

**PATTERN OF DRUG USE AMONG UNTREATED ADULT DRUG USERS**

Drugs used throughout the week	<ul style="list-style-type: none"> <li>• Alcohol, cannabis, benzodiazepines/z drugs</li> </ul>
Drugs used at the weekend	<ul style="list-style-type: none"> <li>• Alcohol, cannabis, cocaine powder, MDMA, ketamine, synthetic stimulants, benzodiazepines/z drugs, crack cocaine, methamphetamine</li> </ul>

For young people and adults, ‘pre-drinks’ in a private setting before going to a pub or club was a common practice as it lessened the cost of a night out. This was reported in Year 1 and 2.

Research just published reported that Ireland has the highest prevalence rate of current drinkers and pre-drinkers compared with 24 other countries (Labhart et al., 2017). The estimated lowest prevalence rate for pre-drinkers was in Greece (18%), the average was 63% and Ireland was significantly higher at 85%.

It is apparent that cannabis is a drug that has no specific time for use whereas other drugs such as cocaine powder and MDMA are reserved for weekend use. The following quote highlights this:

*Most people I know do bombs [MDMA] on a night out  
Is it the boys and the girls?  
Oh yeah definitely...Some people are real young doing them...  
like 14  
Where do they take the bombs?  
At parties, like a night out or a house party  
Would bombs be the only drug used?  
Oh no, coke  
And K [ketamine]...and a bit of drink as well  
Would that be every weekend?  
It depends if there's a party on  
I'm sure if there was a party on every weekend they'd be doing  
them every weekend...but like on a normal day no-one would be  
going around doing bombs...Mostly its weed on a normal day...  
bombs are only for parties, if there's not a party there wouldn't  
be 'E's'...Weed would just be everyday, other stuff would be  
restricted to the weekend...like people wouldn't just be like 'I'm  
gonna drink on a school night'  
Yeah, like they'd smoke weed daily but they wouldn't drink daily*

### **Participants 16-17, Untreated young drug users**

Year 1 and Year 2 reported the use of cannabis by some secondary school students, both before and during the school day. This will be discussed further in the 'Social consequences of drug and alcohol use' chapter.

## **SKIN TANNING INJECTION DRUG USE AMONG IRISH TRAVELLERS IN DUBLIN 15**

The following outlines data collected regarding the use of skin tanning injections among Irish Travellers living in Dublin 15. There were 9 female participants surveyed, aged between 18 and 35. Some of these participants currently use skin tanning injections and some did not use these drugs. Less than 5 of the participants no longer use these drugs due to the risk of infection. All of the participants knew between 2 and 5 Irish Traveller females that used skin tanning drugs who were aged from 18 to 35 years.

Easy access to skin tanning injections was reported. Five participants reported using online methods to source the drugs which included the use of Facebook. The ease of access was highlighted by participants reporting services guaranteeing next day delivery at a cost of between €40 and €45. The remaining participants reported accessing these drugs from another north Dublin suburb. Participants reported that the needles and syringes were provided along with the drug when ordered online or from the seller when sourcing them.

Of the participants that have used or continued to use these drugs, none of them reported sharing injecting equipment. A number of participants reported knowing people who have shared injecting equipment.

This small scale survey identifies a number of issues:

- Skin tanning injections are easy to source.
- In most cases there was no perception of the harm associated with using unregulated drugs, and limited knowledge about the harms associated with injecting drug use including sharing injecting equipment.
- There is a lack of education concerning the use of unregulated drugs and safe injecting practices.

## 6. FACTORS CONTRIBUTING TO DRUG 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 same factors were reported in Year 1. This analysis identifies changes within these factors from Year 1 to Year 2.

### ACCESSIBILITY OF DRUGS

From Year 1 to Year 2 a number of similarities and changes in relation to the accessibility of drugs in Dublin 15 were reported. These changes included an increase in the availability of some drug types and a potential increase in the use of the internet (including the darknet) as a channel for distribution of drugs. The following chart reports the increase in the availability of drugs reported in Year 1 and Year 2.

INCREASE IN AVAILABILITY OF DRUGS	
YEAR 1	<ul style="list-style-type: none"> <li>• Alcohol</li> <li>• Benzodiazepines/z drugs</li> <li>• Cannabis (herbal)</li> <li>• Crack cocaine</li> <li>• Steroids</li> </ul>
YEAR 2	<ul style="list-style-type: none"> <li>• Alcohol</li> <li>• Benzodiazepines/z drugs</li> <li>• Cannabis (resin)</li> <li>• Anti-epileptic (lyrica)</li> <li>• Opiate (oxycodone)</li> </ul>

The increase in the accessibility of alcohol was reported to be due to the availability of low cost alcohol in Dublin 15.

*Binge drinking...you can get your six cans for a tenner...drink is so much cheaper now...you can go into your [name of supermarkets] and get your bottle of wine for a couple of quid...It's so accessible*

**Participant 66, Treated adult drug user**

The increase in the availability of lyrica and benzodiazepines/z drugs is reported to be due to General Practitioners prescribing these drugs.

*Xanax sticks are rampant...there's loads around...and Lyrica too*  
**Participant 43, Treated adult drug user**

*Lyrica...you can get them from the doctor*  
**Participant 40, Treated adult drug user**

*Tablets...the people you'd get them off would be...selling their medication*  
**Participant 41, Treated adult drug user**

Year 1 reported that over the last number of years there had been a decline in the availability of cannabis resin and an increase in the availability of cannabis herb. An increase in the availability and use of cannabis resin by the Irish community was reported in Year 1. Year 2 reports the same increase among Irish Travellers in Dublin 15.

### CHANNELS OF DRUG DISTRIBUTION

Similar to Year 1, in Year 2 the main method for obtaining drugs is through local dealers, followed by the internet. There is an increase in the number of participants that report Facebook is used to distribute drugs, an increase from 4 participants in Year 1 to 12 participants in Year 2. In Year 2, these participants include service providers, treated and untreated young drug users, and treated adult drug users. This increase signifies an increase in the use of online methods to source drugs. Year 2 reports that Facebook was used to source drugs by both young people and adults.

Types of drugs sourced  
through the internet

- Alcohol
- Benzodiazepines/z drugs
- Cannabis (including synthetic cannabis)
- Opiate (oxycodone)
- Skin tanning injections
- Slimming tablets

*If you go into Facebook...you'll get a page where you can buy Diazepam*  
**Participant 9, Treated adult drug user**

It was reported that Facebook was also used for alcohol delivery services that operate outside off-licence hours, some of which also sold other drugs.



*There's...people delivering drink right through the weekend, 24/7 you know and they deliver drugs as well...and that's on Facebook. Well not the drugs bit, they don't advertise that*

**Participant 10, Treated adult drug user**

*There's 'dial a drink'...€40 a bottle of vodka...at any time. If you're at a party at 4 o'clock in the morning you can call and get booze delivered...One fella...he'd do all in one...5 o'clock in the morning drop us up a bag of coke and a bottle of vodka*

**Participant 62, Treated adult drug user**

Year 2 was the first time that a participant reported that the dark net was used to source drugs; in this particular case the dark net was used to source the opiate oxycodone.

### ACCESS TO DRUGS: POINTS REPORTED IN YEAR 1 THAT CONTINUED IN YEAR 2

A number of points in relation to the accessibility of drugs in Dublin 15 continue to be the same from Year 1 to Year 2. These points all relate to the ease of access to drugs. Therefore only a brief description is outlined, see DATMS Year 1 report for a more comprehensive account.

- It continues to be very easy to access alcohol and drugs in Dublin 15.

*Everyone knows how easy it is to get drugs in...Blanch...on one road there's a grass dealer...a heroin dealer, around the corner there's two tablet dealers and about five houses that sell drink*

**Participant 43, Treated adult drug user**

- For drugs that are expensive, young people report pooling resources or getting them 'on tick', paying for the drugs after they are used. Buying drugs 'on tick' is highlighted as an issue for some young people which leads to drug debt intimidation. This issue is discussed further in the 'Drug and Alcohol-Related Crime' section.
- Benzodiazepines continue to be manufactured illegally in Dublin 15.

*Xanax sticks...I've heard they're made in Blanch too, I've heard of one person making them*

**Participant 43, Treated adult drug user**

- Benzodiazepines and z drugs continue to be inexpensive.

*People take tablets every day because...they're cheap...you can get them for a euro or even 50 cent...There are doctors ones and fake ones, the doctors ones are two euro*

**Participant 3, Untreated young drug user**

- The cost of drugs was reported to be a factor that contributed to the choice of drugs used, especially among young people.

*Loads of people do bombs [MDMA] cos they're cheaper than drink...the bombs are €5...I was somewhere and the drinks were €6 and I know someone who was like 'I can't afford to drink here all night'. So they just got some bombs...I think that's why more people do bombs at parties, like not many smoke weed or do coke...I think that's why bombs are so popular...and they last you for ages, depending on how many you do*

**Participant 19, Untreated young drug user**

### NORMALISATION OF DRUG AND ALCOHOL USE

In Year 1 and Year 2, the normalisation of drug use featured prominently when participants discussed the factors contributing to drug use in Dublin 15. This normalisation crossed all socio-economic groups and was reported by members of the Irish and Irish Traveller communities. It was reported among peer and family groups and in some work environments. It was associated with the perception that 'everyone does drugs'. A common perception was that drugs were widely used, risk free and socially acceptable. The following quotes report the normalisation of drug use in Dublin 15:

*It's just become kinda normal now, like everyone does drugs*

**Participant 21, Untreated young drug user**

*Young people...don't even consider cannabis to be a drug...[they] think it's as normal as having a fag. They don't see it as a problem*

**Participant 45, Service provider**

*Drink...people are doing it every weekend...It's just a socially accepted thing and it's not seen as a bad thing, especially with hardcore drinking...Coke is now been seen as...completely ok to be doing it*

**Participant 76, Untreated adult drug user**

As reported in the 'Treated Drug Use' section, treated drug users aged under 25 view heroin and methadone negatively and would not use it. However, they perceived their own drug use of cannabis, alcohol and prescription drugs as acceptable. This perception about drug use and drug types was also evident among untreated drug users.

*It's the mentality that everyone's doing it and you don't get addicted to cocaine, you get addicted to heroin but not cocaine*

**Participant 78, Untreated adult drug user**

Year 2 reported that normalisation of cocaine use is reported within some workplaces. This was not reported in Year 1, though this may be due to the limited number of untreated drug users who took part in the research. Further evidence will be looked for in DATMS Year 3.

*Cocaine...it's almost promoted in these workplaces...where you compete with your co-workers to become the best and everyone in the office is doing cocaine including the managers...It's this high powered sales environment. There's a guy there whose job it is to take clients from abroad out. He was almost encouraged to supply cocaine...for the customers*

**Participant 78, Untreated adult drug user**

The normalisation of drug use within young peer groups (under 18s) was associated with gendered attitudes. Young males perceived it to be socially acceptable for their male peers to use drugs but this was not acceptable behaviour for their female peers.

*Some fellas look down on girls that do drugs, they'd be like 'state of them' but the fellas would do drugs themselves...like we'd be judged to bits for doing it but if you brought in a group of boys they'd be like 'oh do you remember the time you did that' but if I did that they'd say 'oh you're dirt'...they put girls down*

**Participant 21, Untreated young drug user**



**AH SURE**

IT'S NO HARM...

**RECREATIONAL**

DRUG USE GENERATES

**MORE REVENUE TO**

THE DRUGS TRADE

**THAN REGULAR USE**

AND CONTRIBUTES

**TO MORE VIOLENCE**

INTIMIDATION

**SERIOUS CRIME**

AND DESTRUCTION

OF LOCAL COMMUNITIES.

**REMEMBER**

IT ALWAYS

**HARMS**

**SOMEONE**

**THINK BEFORE YOU BUY**



Domestic Violence  
Helpline  
Dublin City Council



## **THE FAMILY CONTEXT**

Year 1 and Year 2 reported the negative impact of drug and alcohol use within the family. Parental problematic drug and alcohol use compromised children's psychological well-being, their education and put them at higher risk for developing their own drug or alcohol problems. It also contributed to families living in poverty and the breakdown of family relationships. Families affected in this manner were from the Irish, Irish Traveller and Roma communities in Dublin 15.

## **EDUCATION COMPROMISED DUE TO PARENTAL DRUG USE**

Year 2 reports how parental drug use affects their children's school attendance. Data from the Tulsa Education Welfare Service provides an analysis of cases referred to the Educational Welfare Officer (EWO) for poor school attendance. During Year 2, the EWO has worked with a total of 60 young people in Dublin 15. These 60 young people are from 49 families. The following charts report a demographic profile of these young people (Charts 6.1 to 6.3).

Chart 6.1: Number and % of EWO cases in Dublin 15 by gender, in DATMS Year 2

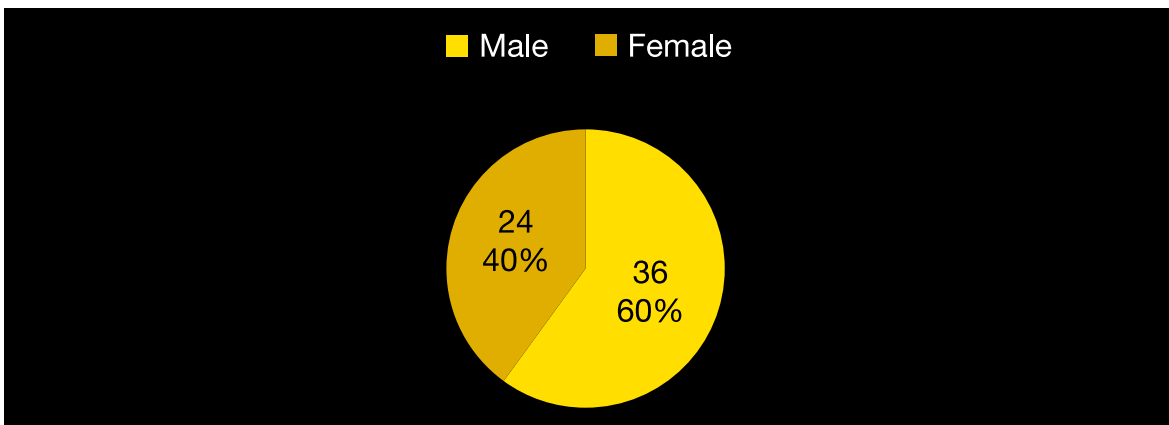


Chart 6.2: Number and % of EWO cases in Dublin 15 by nationality/ethnicity, in DATMS Year 2

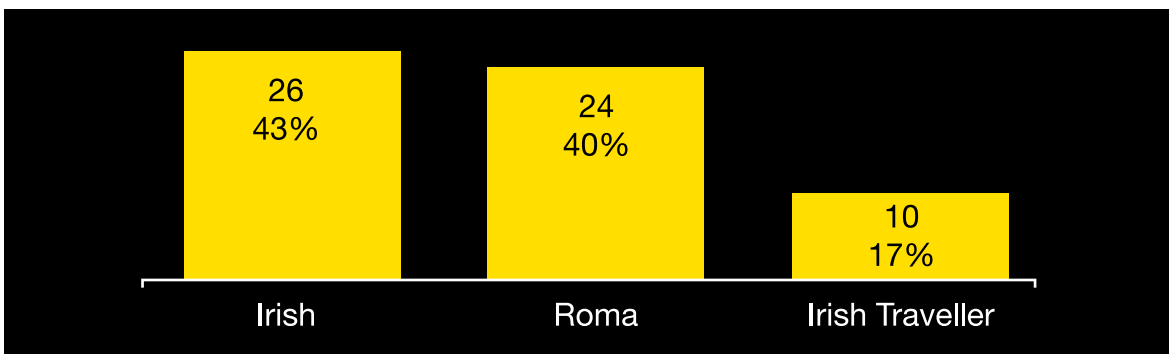
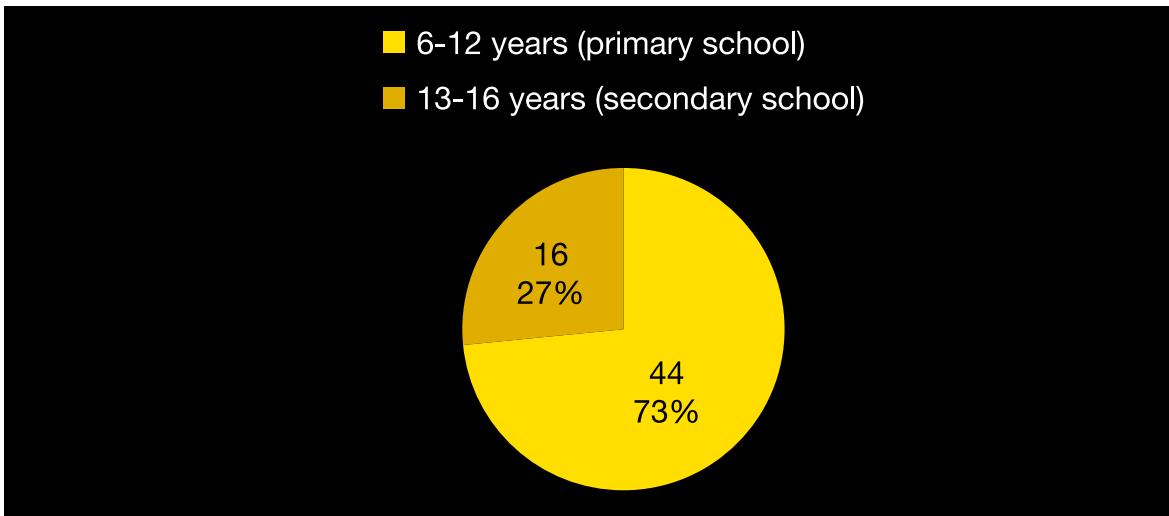
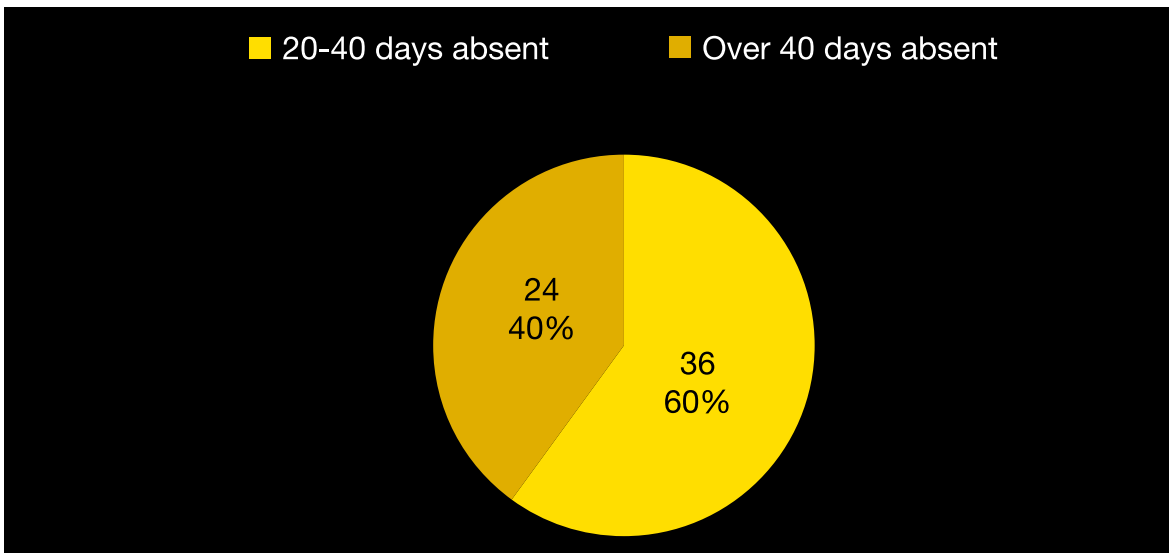


Chart 6.3: Number and % of EWO cases in Dublin 15 by age group and school level, in DATMS Year 2



The chart below reports the absenteeism rate, with the majority of young people missing between 20 to 40 days of school (Chart 6.4).

Chart 6.4: Number and % of EWO cases in Dublin 15 by absenteeism rate, in DATMS Year 2



For 42 (70%) of these young people there are suspicions that drugs and/or alcohol is an issue in the family home. In the majority of cases it is parental use and in a minority of cases it is the young person's use.

*When it is a chronic amount of days being missed, something is gone wrong in the family...Usually...you'll find mental health issues and drug or alcohol issues in the house*

**Participant 51, Service provider**

## DRUG AND ALCOHOL TRENDS MONITORING SYSTEM YEAR 2

Some of these cases are chronic, with poor school attendance over a long period of time (number of cases is too small to be reported). These chronic cases are reported to be cyclical whereby parents go through periods of non-drug use and the children would have good school attendance, and then periods of drug use with poor school attendance.

*Drug addiction is very much up and down...and [you] will have a functioning family...for a while...but then there'll be a period for a few months where things will go from a really good school attendance to...it would be common over breaks, Christmas breaks, Easter breaks that things might go eschew and then coming into the new term, the children just won't return to school. And it would be that things have gone wrong for the parent*

**Participant 51, Service provider**

One school reported operating breakfast and homework clubs in order to support children that were living with parental drug or alcohol use.

*Many of the parents...[have] addiction issues...There would be drug problems, alcohol problems, a lot of mental health issues...Poverty is a big thing, lack of education among the parents so [the students] don't get that help at home...[There's] generations of poor literacy at home...So children...tend to perform poorer on standardised tests because of the poor literacy levels in the home...We have breakfast clubs so that we know the children are being fed. We have homework clubs...The needs are huge and that's without even taking in the academics...there's huge emotional needs and social needs*

**Participant 83, Service provider**

This school also reported that drug or mental health issues were also hidden by families and so schools may not always be aware that children are living in these circumstances. The school therefore endeavours to provide services to all children and not just targeted at children known to be experiencing issues.

### INTER-GENERATIONAL DRUG USE

The family environment can lead to the development of inter-generational drug dependence. Treated drug users reported growing up in homes where their parents were misusing drugs. Parental drug or alcohol misuse can put children at risk of developing their own problems in part due to the normalisation of drug use within the home. The following quotes illustrate the influence of the family context on the proliferation of drug problems.



*My da...he'd be like 'will you go over to Tony and tell him I need a smoke and a Xanax*

**Participant 55, Treated adult drug user**

*I grew into addiction so that's all I knew...Me da had a problem and me family...Like my ma had 4 girls and 3 of us went on heroin...So it was normal to do whatever, there was no boundaries*

**Participant 10, Treated adult drug user**

*My auntie used to say 'go and get a few tablets for the two of us... and I'd be full of Xanax...and Tylex*

**Participant 52, Treated adult drug user**

A number of treated drug users reported growing up with parents with drug problems and domestic violence. They reported using drugs to escape their family environment. This was reported within Irish and Irish Traveller families.

*My da's a chronic alcoholic and he took a nervous breakdown and I just went rampant on the drugs...I grew up with domestic violence in my house...it had...a really bad effect on me. It's what really got me smoking weed and trying to get away...and the domestic abuse was bad...and that was just the norm. So that's why I think I escaped with the drugs*

**Participant 15, Treated adult drug user**

## **7. CONSEQUENCES OF DRUG AND ALCOHOL USE**

### **PHYSICAL AND MENTAL HEALTH CONSEQUENCES OF DRUG USE**

A range of physical and mental health consequences of drug and alcohol use were reported.

#### **MENTAL HEALTH**

Mental health disorders among treated adult drug users are increasing, especially among females. The main mental health disorders experienced by treated adult drug users include the following: depression, bipolar disorder, multiple personality disorder, anxiety disorder, schizophrenia, psychosis, self-harm, suicidal ideation or suicide attempts and eating disorders.

Year 2 reports an increase in the number of young people aged from 15 experiencing mental health disorders. The main mental health disorders experienced by young people include the following: depression, anxiety disorder, mood instability, suicidal ideation and suicide attempts. These young people are not drug users. However, the potential for some of these young people to self-medicate with drugs in order to deal with their mental health issues is reported. This was also reported in Year 1. It is also reported that young people in primary schools also experience mental health disorders.

*We would often see young people in distress...We have all noticed an increase in young people presenting with mental health problems, aged from 15 up...self-harm, anxiety, not able to cope with school, very stressed out and not able to manage, cutting... One of the critical things about young people is...getting them engaged with a service when they get in touch with you because if you can't access that service they will just drift off, they won't come back and the next thing they'll be using drugs*

**Participant 80, Service provider**

#### **MENTAL AND PHYSICAL HEALTH**

Hospital In-Patient Enquiry Scheme (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 treatment 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 is used to assess alcohol and drug-related co-morbidity, and in particular, the number of treatment episodes with a diagnosis of mental health and behavioural disorders associated with drug use, and the number of treatment episodes for drug-related poisonings.

The HIPE classification ‘mental health and behavioural disorders’ includes the following diagnostic codes: acute intoxication; physical health consequences of drug use; drug dependence; drug withdrawal; psychotic disorder; other mental and behavioural disorders. The number of treatment episodes for some of the diagnostic categories was too small to be reported and therefore the data has been presented together.

- From 2012 to 2015 there were 908 treatment episodes for mental health and behavioural disorders associated with drug use among Dublin 15 residents (Table 7.1).
- The drugs associated with these treatment episodes included alcohol, opioids, cannabis, benzodiazepines or z drugs, cocaine, other stimulants, hallucinogens, solvents and polydrug use.
- The number of treatment episodes increased from 169 in 2012 to 286 in 2014 and decreased to 272 in 2015.
- In 2012 and 2013, these treatment episodes related to 1% of national treatment episodes, and in 2014 and 2015 they related to 2% of national treatment episodes.
- Over the reporting period, the majority of treated cases were male (63%).
- From 2012 to 2015, the majority of treated cases were aged over 30 years (84%).

Table 7.1: Number of treatment episodes for mental health and behavioural disorders due to drug use, by gender and age group, among Dublin 15 residents, 2012-2015

Year	2012	2013	2014	2015
Total	169	181	286	272
Male	86	117	193	179
Female	83	64	93	93
Under 30 Years	33	26	62	21
Over 30 Years	136	155	224	251

### PHYSICAL HEALTH

The main physical health consequences of drug and alcohol use include problems associated with smoking and injecting drugs, alcohol-related liver diseases, and drug-related deaths.

### DRUG-RELATED POISONINGS (OVERDOSES)

HIPE data reports the number of poisonings associated with the following drugs: heroin and other opioids (including codeine and methadone), cocaine, anti-epileptics (including lyrica) and sedative-hypnotics (benzodiazepines or z drugs).

## DRUG AND ALCOHOL TRENDS MONITORING SYSTEM YEAR 2

As the number of treatment episodes for poisonings is too small to be reported, only the total number of poisoning per year is reported.

- From 2012 to 2015 there were 62 treatment episodes for drug-related poisonings among Dublin 15 residents (Table 7.2).
- The outcome of the poisonings may not have resulted in death.
- The number of treatment episodes for drug-related poisonings among Dublin 15 residents has remained relatively stable over the reporting period from 17 in 2012 to 21 in 2015, excluding a decrease to 5 or less in 2013.
- From 2012 to 2015 the number of treatment episodes for poisonings associated with heroin, other opioids, cocaine and other drugs related to 2% of the national treatment episodes.
- From 2012 to 2015 the number of treatment episodes for poisonings associated with anti-epileptic, sedative-hypnotic drugs related to 1% of the national treatment episodes.

Table 7.2: Number of treatment episodes for drug-related poisonings by drug type among Dublin 15 residents, 2012-2015

Poisoning by drug type	2012	2013	2014	2015	Total
Heroin, other opioids, cocaine & other unspecified drugs	10	~	13	12	35
Anti-epileptic, sedative-hypnotic drugs	7	~	11	9	27
<b>Total</b>	<b>17</b>	<b>~</b>	<b>24</b>	<b>21</b>	<b>62</b>

~ Number of cases too small to be reported.

### DRUG-RELATED DEATHS

In Year 2, service providers report that between five and six drug-related deaths have occurred in Dublin 15. The drugs implicated in these deaths are alcohol, heroin and benzodiazepines, the same drugs implicated in the drug deaths reported in Year 1.

The National Drug-Related Deaths Index (NDRDI) provides a census of drug-related deaths in Ireland. An outline of NDRDI data from 2004 to 2014 is provided (Health Research Board, 2016). A comparison of drug-related deaths in the BLDATF area and other TF areas is also provided for 2013 data.

### NDRDI 2004-2014 DATA

- Between 2004 and 2014, there were a total of 6697 drug-related deaths.
- The number of deaths increased by 62% from 431 in 2004 to 697 in 2014.
- From 2004 to 2014, 3864 (58%) deaths were due to drug poisoning (overdose) and 2833 (42%) were due to trauma or medical causes (non-poisoning).

- The majority of the poisoning deaths were male, an increase from 65% in 2004 to 72% in 2014.
- Deaths due to polydrug use increased from 118 (44%) in 2004 to 235 (66%) in 2014.
- In 2014, opiates were the most common drug type implicated in poisoning deaths, followed by prescribed drugs and alcohol.
- In 2014, prescription drugs were implicated in 259 (73%) of all poisoning deaths.
  - Benzodiazepines were the most common, involved in 115 (32%) of all poisoning deaths.
  - Z-drug-related deaths increased from 51 in 2013 to 72 in 2014.
  - Lyrica-related deaths increased from 14 in 2013 to 26 in 2014.
  - An increase in the use of these three prescription drugs is reported by the DATMS data.

### **NDRDI 2013 DATA**

The 2013 NDRDI data reported the number of drug-related deaths in each TF area. In Ireland, the total number of poisoning deaths in 2013 was 387. The North Eastern RDTF had the most poisonings at 45 (11%) and the BLDATF had one of the lowest at 5 (1%). The total number of non-poisoning deaths in 2013 nationally was 292. The Dun Laoghaire-Rathdown LDATF had the most deaths due to non-poisonings at 27 (9%) and the BLDATF had one of the lowest at less than 5 cases (less than 2%). From 2004 to 2013 the BLDATF area has consistently had a smaller proportion of drug-related deaths compared to other TF areas.

### **RESEARCH PILOT SERVICE FOR HEPATITIS C**

In Year 2, a pilot service for the detection of liver damage resulting from Hepatitis C has been in operation. The service involved completion of Fibroscan ultrasounds at a methadone maintenance clinic. It resulted in the detection of liver damage among a number of patients. The service provider reported that having the testing on site was beneficial in terms of being a simple and quick method for detecting liver damage. Prior to this provision, patients were referred elsewhere for testing. The advantage of this pilot is bringing the service to the patients. It is hoped that this service will continue.

**DRUG AND ALCOHOL-RELATED CRIME**

In Year 1 and 2, all service providers reported the occurrence of drug-related crime among young people and adults in Dublin 15. They reported that the following crimes occurred:

Drug-related crimes	<ul style="list-style-type: none"><li>● Handling stolen goods</li><li>● Drug debt intimidation</li><li>● Drug dealing</li><li>● Violent offences</li><li>● Shoplifting</li><li>● Burglaries</li><li>● Sex work</li></ul>	<ul style="list-style-type: none"><li>● Firerarm offences</li><li>● Public order offences</li><li>● Domestic violence</li><li>● Driving under the influence of alcohol</li><li>● Cannabis cultivation</li></ul>
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It is difficult to quantify the frequency with which these drug-related crimes occur in Dublin 15. However, data concerning drug seizures will be presented.

**UNDER 18 DRUG-RELATED OFFENCES**

Year 2 reports a number of drug-related offences that relate to young people aged under 18. Young people either committed or were victims of the offences. The main drug-related crime is public order offences while under the influence of alcohol or drugs. A service provider who works with treated drug users aged under 18, reports a suspicion that some young females exchange sex for drugs. This was also reported in Year 1. Year 2 reports that drug dealers in Dublin 15 are getting younger, aged from mid teens and in a few cases younger.

*The age of people selling [drugs] is getting younger...I know 14, 15 year olds that sell...Some of them I didn't expect that they'd be dealing because they were so young*

**Participant 85, Young person**

Some of these young people attend local secondary schools and dealing is reported in a number of secondary schools in Dublin 15.

*Does drug dealing happen in your school?*

*Yeah*

*Would it be common?*

*Yeah. They think they're real sly about it but you just know*

*I know a load of people that sell whatever and they wouldn't be discreet about it*

*What are the main things they're selling?*

*Like weed or e's [MDMA]*

### **Participants 17-18, Untreated young drug users**

In Year 1, an increase in the level of drug debt intimidation was reported. The extent of drug debt intimidation remains stable in Year 2. Drug debt intimidation is an issue for treated and untreated under 18 drug users. These young people are both male and female aged from 14. They are from all socio-economic groups, and from the Irish, Irish Traveller and Eastern European communities. Due to the nature of intimidation, victims and their families tend not to report the intimidation to the guards and pay debts in order to protect their families. The number of families that did report drug debt intimidation to the guards was too small to be reported.

### **DOMESTIC VIOLENCE**

Service providers report that domestic violence is not frequently disclosed by treated adult drug users. When it is reported, females were predominantly the victims, though men are also victims. The forms of violence include emotional and physical violence, and are often drug-related. A number of treated adult drug users reported growing up in homes where addiction and domestic violence were prevalent.

### **TRENDS IN DRUG SEIZURES**

Year 1 presented data for the number of proceedings for adult and juvenile drug-related offences in the Blanchardstown sub-district area from 2012 to 2014. For Year 2, no data for the number of proceedings in 2015 or 2016 was available. The amount and value of drug seizures in Dublin 15 in 2014 and 2015 are reported below (Table 7.3). There was a decrease in the quantity and value of seizures that were reported during this reporting period. An increase in the number of seizures of benzodiazepines, heroin, powder and crack cocaine was reported. An increase in the number of seizures of MDMA was reported, however, a significant decrease in the quantity and value of these seizures was reported. In relation to the form of MDMA, an increase in the amount of seizures for MDMA powder was reported. A decrease in the number of seizures of cannabis (herb, resin, plant) and amphetamine was reported.

## DRUG AND ALCOHOL TRENDS MONITORING SYSTEM YEAR 2

Table 7.3: The amount and value of drug seizures by drug type in Dublin 15, 2014-2015

Drug type	2014		2015	
	No. of seizures	Value	No. of seizures	Value
Cannabis herb	213	€2,436,997	164	€837,334
MDMA	9	€611,889	12	€841
Benzodiazepine	27	€80,184	49	€291,147
Cannabis plant	9	€58,600	5	€51,200
Cocaine powder	19	€18,459	35	€22,510
Heroin	13	€3,470	20	€4,680
Cannabis resin	35	€2,074	15	€930
Amphetamine	1	€150	0	€0
Crack cocaine	0	€0	3	€1,050
<b>Total no. of seizures</b>	<b>326</b>	<b>€3,211,823</b>	<b>303</b>	<b>€1,209,692</b>



### SOCIAL CONSEQUENCES OF DRUG AND ALCOHOL USE

The social consequences of drug use reported in Year 1 included homelessness and a lack of educational attainment. These consequences were also reported in Year 2, along with an increase in poverty among treated drug users. These social consequences were reported to be a barrier to rehabilitation for treated drug users.

#### HOMELESSNESS

A number of service providers reported that the housing situation is worse than in Year 1. There continues to be a lack of suitable rented accommodation in Dublin 15 for treated drug users and those in rehabilitation.

#### POVERTY

A service provider reported an increase in poverty experienced by treated drug users in the last twelve months. Drug-related financial instability was reported among Irish and Irish Traveller communities. It was reported that poverty hampers recovery, and in some cases leads to depression and relapse into drug use.

#### EDUCATION

Year 1 and 2 reported that some secondary school student's education was compromised due to drug use during school time. These students were predominantly Irish males aged from 14 years, though there were reports of younger students also using cannabis during school time. In Year 1 drug use before and during school time was reported in two local secondary schools and this increased to three local secondary schools in Year 2. These schools were DEIS and non-DEIS schools.

*Are people smoking weed in school?*

*Yeah they do, I've heard of people smoking before school*

*And at break time*

*Would that be boys and girls?*

*Yeah, they smoke weed before exams*

*Would you know many people who'd be up to that?*

*Like during school, yeah a few*

*[Name of secondary school] are mad, they always smoke weed at break*

**Participants 18-19, Untreated young drug users**

*One of my colleagues...was saying that he did have students in the last year who presented stoned...They were smoking weed*

**Participant 75, Service provider**

## **DRUG AND ALCOHOL TRENDS MONITORING SYSTEM YEAR 2**

Similar to Year 1, Year 2 reported a number of expulsions from local secondary schools that were drug-related. The number was too small to be reported. Some local secondary schools have policies that have a holistic and pastoral approach towards students who use drugs, rather than an expulsion policy.

## 8. DRUG LITTER

Since the advent of the first DATMS report we have focused on drug litter as a way of evaluating the real levels of drug use within Dublin 15. Drug Litter is defined as drug paraphernalia that has been improperly discarded. Existing methods of surveying drug use concentrate on people who are already in treatment or who have presented to services seeking help. While this is a very important part of the overall picture of drug use within an area it is incomplete. The missing parts of the picture can be partially filled in by surveying people who use ancillary services such as youth services and family support. However, there remains a group of drug using individuals who are not being surveyed anywhere.

Drug litter provides a way to add to existing information sources about local drug use. Drug litter is tangible, undeniable proof of drug use in the area in which it is found. It is also an invaluable source of information on the type of drugs used and methods of use. It is a current indicator; it provides information on what is being consumed right now and can offer insights into trends in types of drugs used and methods of use. It offers information about sources of drugs and it also provides geo-spatial analysis of drug use.

In the DATMS Year 1 report we examined the visibility of drug use in a number of communities. We did this by walking throughout 6 neighbourhoods and photographing what we found. Each photograph was geo-tagged. For the DATMS Year 2 report we decided to map this litter. We repeated the survey again using geo-tagging and have included the map in this report. Some of the conclusions we have reached are:

- Large geographical spread of drug litter throughout the area.
- Largest concentrations of drug litter outside the confines of areas more traditionally associated with drug use.
- Concentrations of drug litter did not always correlate with the distribution of existing service users indicating the presence of drug users who have not engaged with services.
- Concentrations of drug litter in close proximity to schools.
- Largest amount and highest concentrations of drug litter was alcohol-related.
- The greatest part of the illegal drug litter found is caused by drugs typically associated with untreated or non-addictive patterns of use. Litter relating to cannabis, MDMA, powders and prescription medication comprised approximately 70% of litter observed.
- A significant amount of evidence of heroin use with several injecting and smoking sites found which had been well prepared.
- Evidence of crack cocaine use and a number of homemade pipes.

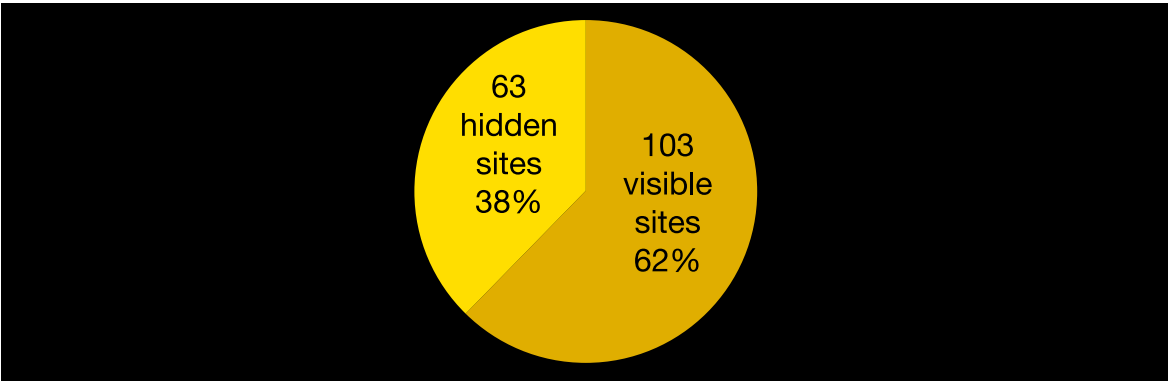
# DRUG AND ALCOHOL TRENDS MONITORING SYSTEM YEAR 2

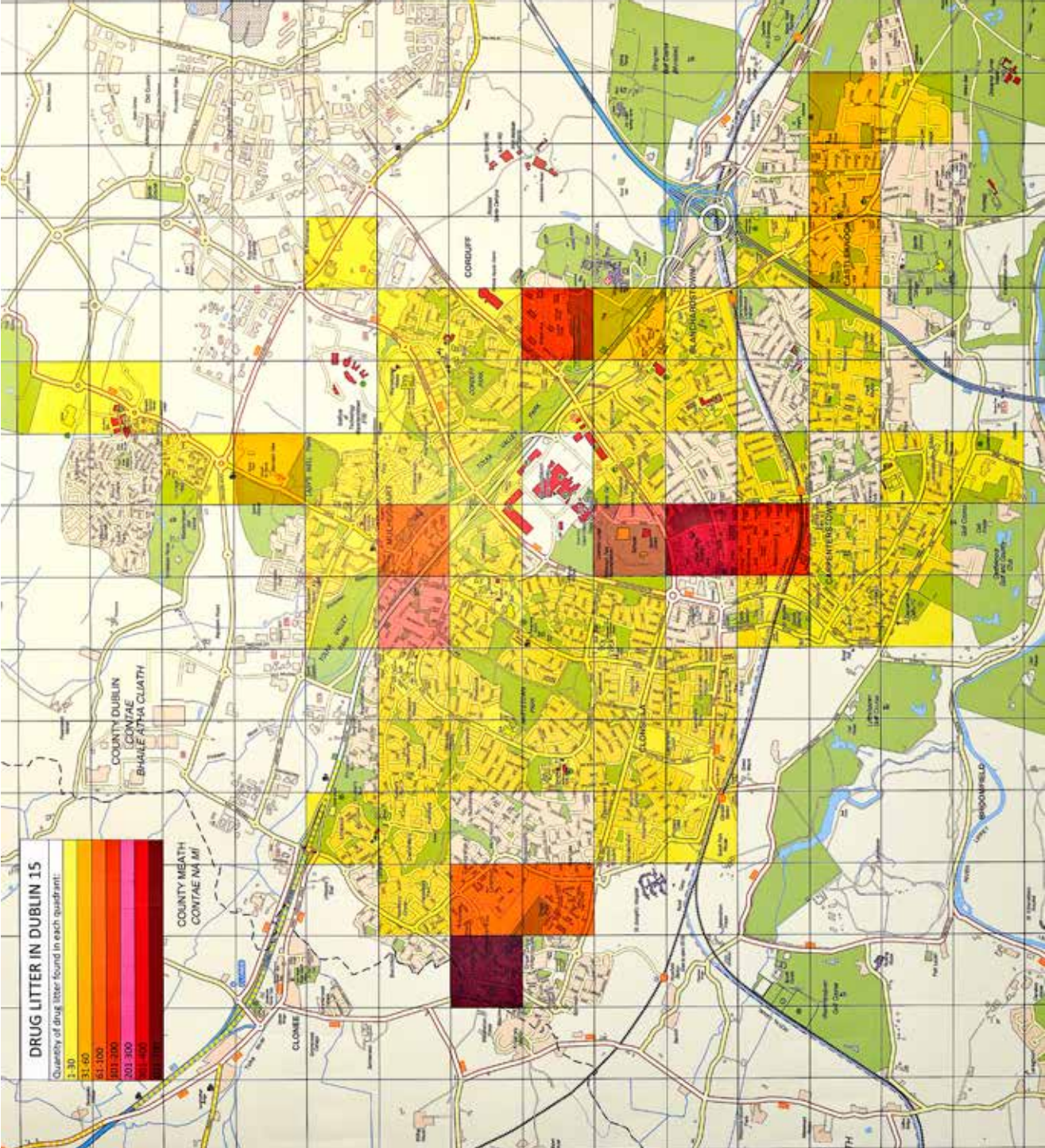
- A considerable amount of abuse of prescription medications. We are working to establish ways that we can track the origin of these medications. At present there is a deficiency in the labelling of such medication meaning that once separated from their original packaging, trays of tablets cannot have their origin identified.
- Many sites of drug use are hidden and often very inaccessible to emergency services compounding the risk of serious incident.
- A considerable level of sophistication in packaging for illicit drugs giving the impression of well-organised supply rings.

## HIDDEN AND VISIBLE DRUG USING SITES

The hidden sites included areas where the environment provided privacy for the use of drugs. These areas are places that are covered by trees or bushes, in parks, behind walls, or in derelict buildings. Many of the sites were in visible locations throughout Dublin 15. The visible sites included a range of locations such as housing estates, on roads, at shops or in parks. The following chart represents the number of visible and hidden sites that were located in Year 2 (Chart 8.1).

Chart 8.1 Number and % of hidden and visible drug using sites in Dublin 15





## **DRUG AND ALCOHOL TRENDS MONITORING SYSTEM YEAR 2**

The highest concentrations of drug litter were at the hidden sites, suggesting these sites were used for the consumption of drugs. The low concentrations of litter discarded at visible sites suggested these locations were not used for the consumption of drugs. The following reports a number of hidden drug using sites that were located in different areas in Dublin 15. There was evidence that different drugs were being used and different methods of drug consumption were taking place at these sites.

The first hidden site was well prepared and the evidence suggested it was frequently used for drug use (Photos 1 to 4). The site was sheltered by trees and a wall with an umbrella placed at one end to provide extra shelter. This site was used for the consumption of heroin, crack cocaine, alcohol and methadone. There was evidence that this site was used for smoking drugs. A homemade pipe was found hidden under a bucket and a roll of tinfoil was placed on a tree branch, with used pieces of tinfoil with heroin traces strewn around the site. An empty methadone bottle and empty alcohol litter were also found at the site.



*Photo 1: Hidden site with a roll of tinfoil placed on a tree branch and used pieces of tinfoil with heroin traces*



*Photo 2: Used pieces of tinfoil with heroin traces*



*Photo 3: Homemade pipe and used piece of tinfoil with heroin traces along with the bucket that was used to hide the pipe*





*Photo 4: Litter includes a homemade pipe, an empty methadone bottle and tinfoil; the photo also shows the umbrella used to add shelter to the site*

The second hidden site was in a semi-secluded location in Dublin 15 (Photos 5 to 8). It did not show the same level of preparation as the first site probably because it was not fully hidden from public view. The evidence suggested that this site was used for alcohol and injecting drug use. The range of injecting equipment found included the following: needles and a syringe, used stericups, citric acid and a sharps bin that was full. A number of empty drug bags and alcohol-related litter was also found at this location.



*Photo 5: Used stericup for injecting drug use*



*Photo 6: Used syringe for injecting drug use*



*Photo 7: Needle and needle cap for injecting drug use*



*Photo 8: Empty alcohol-related litter and a sharps bin*

**DRUG AND ALCOHOL TRENDS  
MONITORING SYSTEM YEAR 2**

In one area of Dublin 15, ten secluded drinking sites were identified. This area was the location of the highest concentration of drug litter in Dublin 15 (Photos 9 to 11). The majority of the litter was alcohol-related. Other litter found included a homemade pipe for smoking drugs, empty drug bags and empty packets of the OTC drug nurofen plus. The homemade pipe was hidden in a tree trunk suggesting it has been used on a number of occasions and may be used again in the future. At some of these sites there were remnants of camp fires.



*Photo 9: Hidden site with alcohol-related litter*



*Photo 10: Hidden site with alcohol-related litter*



*Photo 11: Homemade pipe that was hidden in a tree trunk*

One hidden site had evidence of drug use due to the amount of empty drug bags strewn around the site (Photo 12). These drug bags have different logos suggesting they were used to contain different drug types, which included cannabis, powders and tablets.

**DRUG AND ALCOHOL TRENDS  
MONITORING SYSTEM YEAR 2**



*Photo 12: Empty drug bags and tobacco found strewn around a hidden site*

Evidence of cannabis use was also been found at visible sites throughout Dublin 15. The following photo shows unused cigarettes with the tobacco removed along with cigarette papers, both of which are used to make cannabis joints (Photo 13).



*Photo 13: Empty cigarettes and cigarette papers for production of cannabis joints*

A range of discarded empty prescribed medication packets were also found throughout Dublin 15. This medication originated from Ireland and also from abroad. This identifies that the medication is sourced from Irish General Practitioners and also from the internet. The following photos show prescription drug litter found in visible sites (Photos 14 to 17).



*Photo 14: Empty pack of limovan, a foreign type of z drug (zopiclone)*



*Photo 15: Empty pack of diazepam, a benzodiazepine*



*Photo 16: Empty pack of lyrica, an anti-epileptic*



*Photo 17: Empty pack of tylox, a codeine based opioid*



A total of 2580 pieces of drug-related litter was found throughout Dublin 15. The following charts quantify the type and percentage of drug litter found throughout the community (Charts 8.2 to 8.8).

Chart 8.2: Type and percentage of all drug litter found in Dublin 15

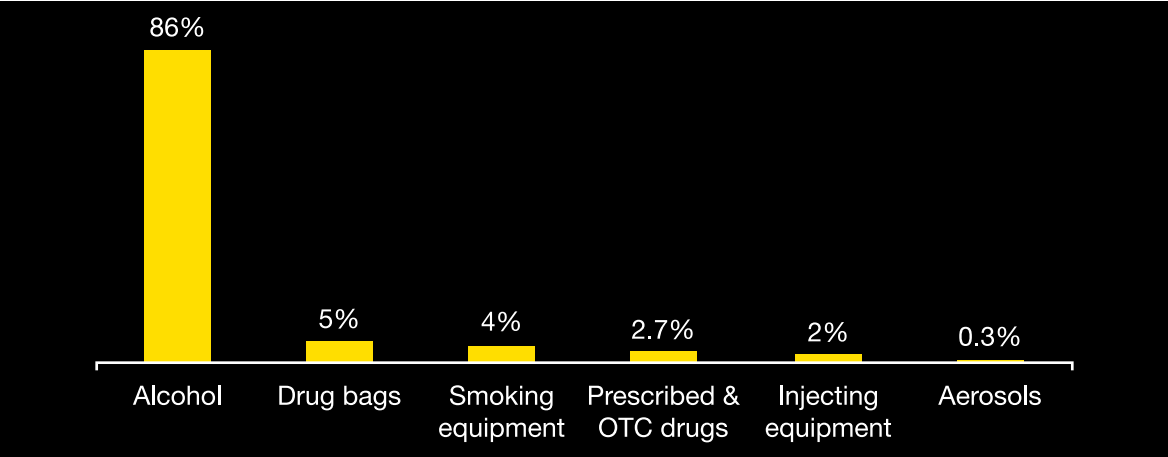


Chart 8.3: Type and percentage of alcohol-related litter

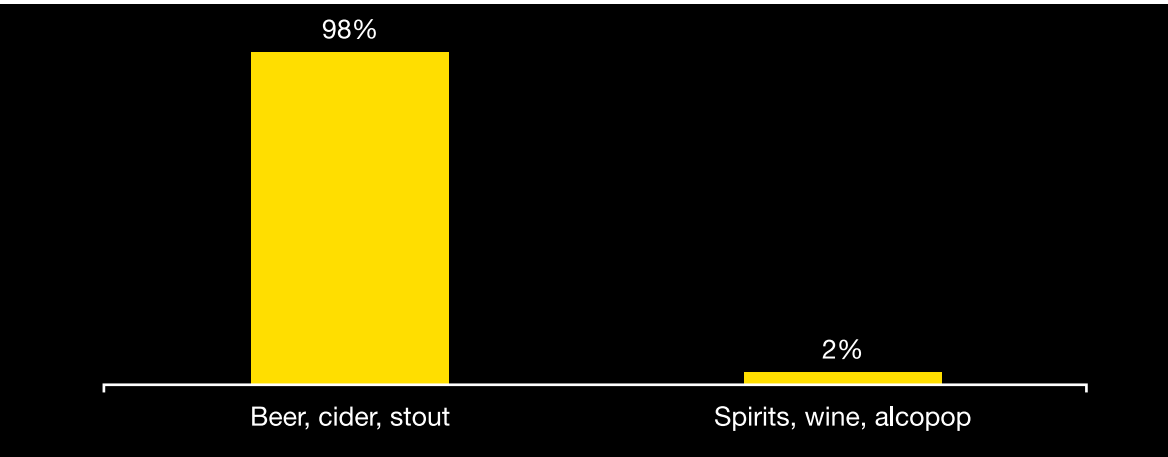
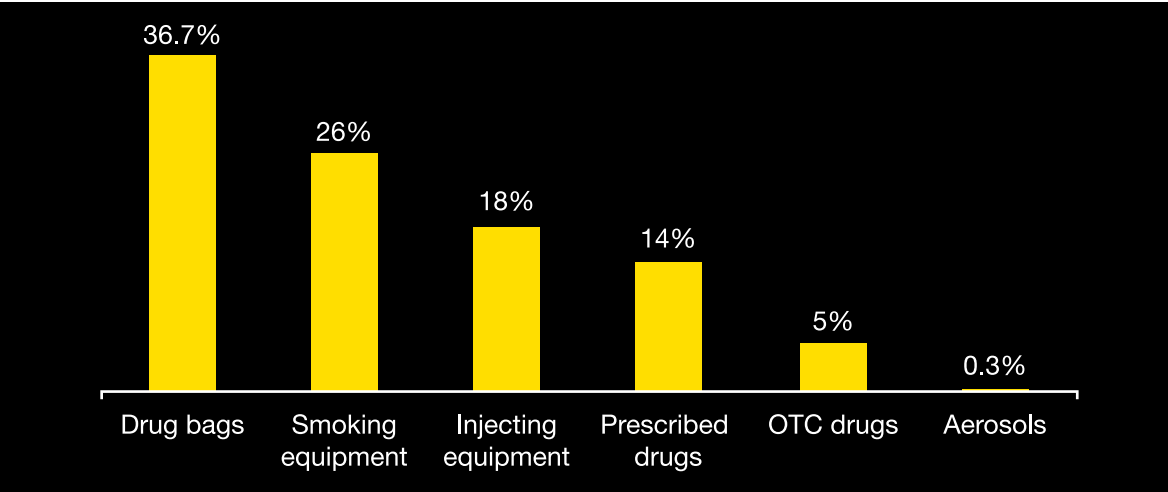


Chart 8.4: Type and percentage of illegal, prescribed and OTC drug litter



# DRUG AND ALCOHOL TRENDS MONITORING SYSTEM YEAR 2

Chart 8.5: Type and percentage of smoking equipment by drug type

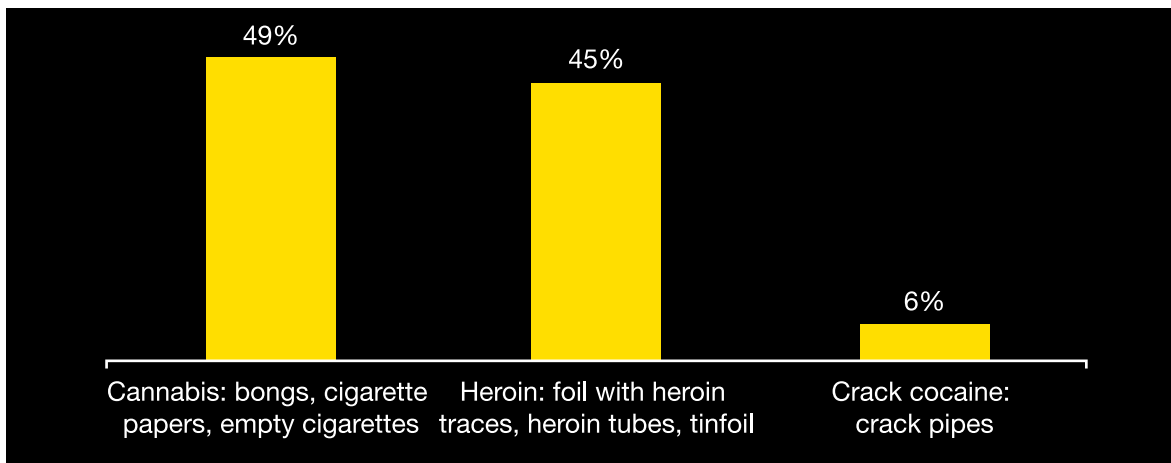


Chart 8.6: Type and percentage of injecting equipment

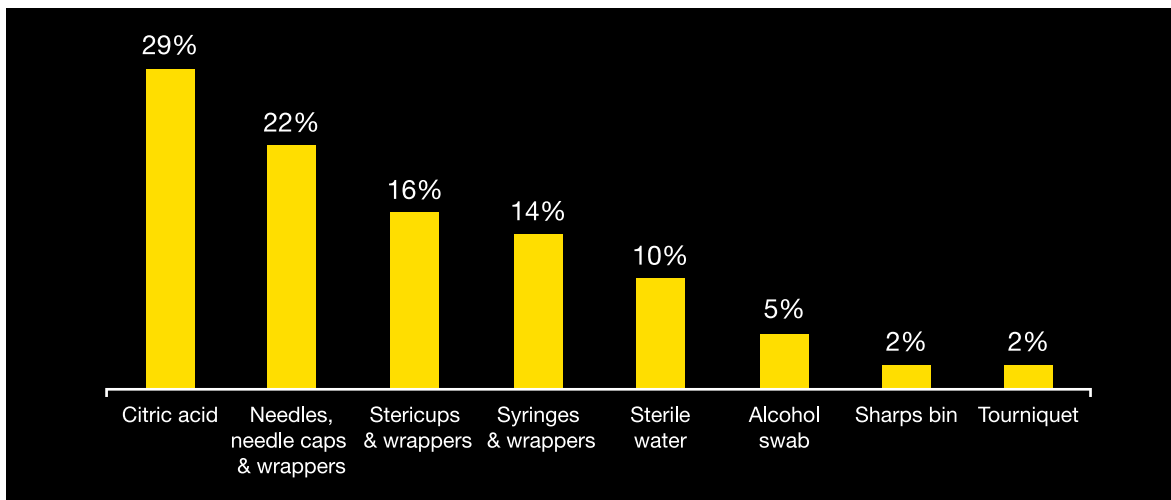


Chart 8.7: Type and percentage of prescribed and OTC drug litter

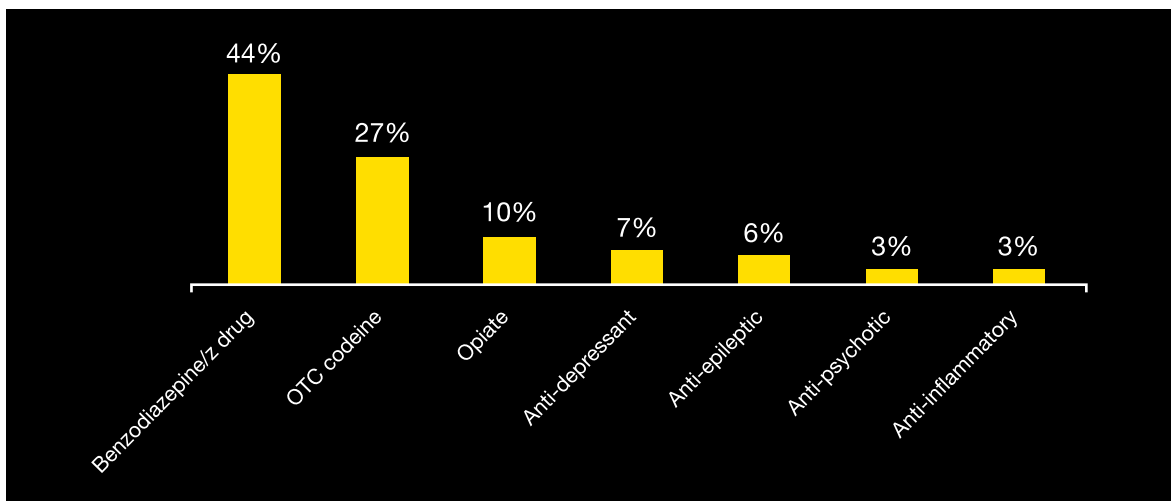
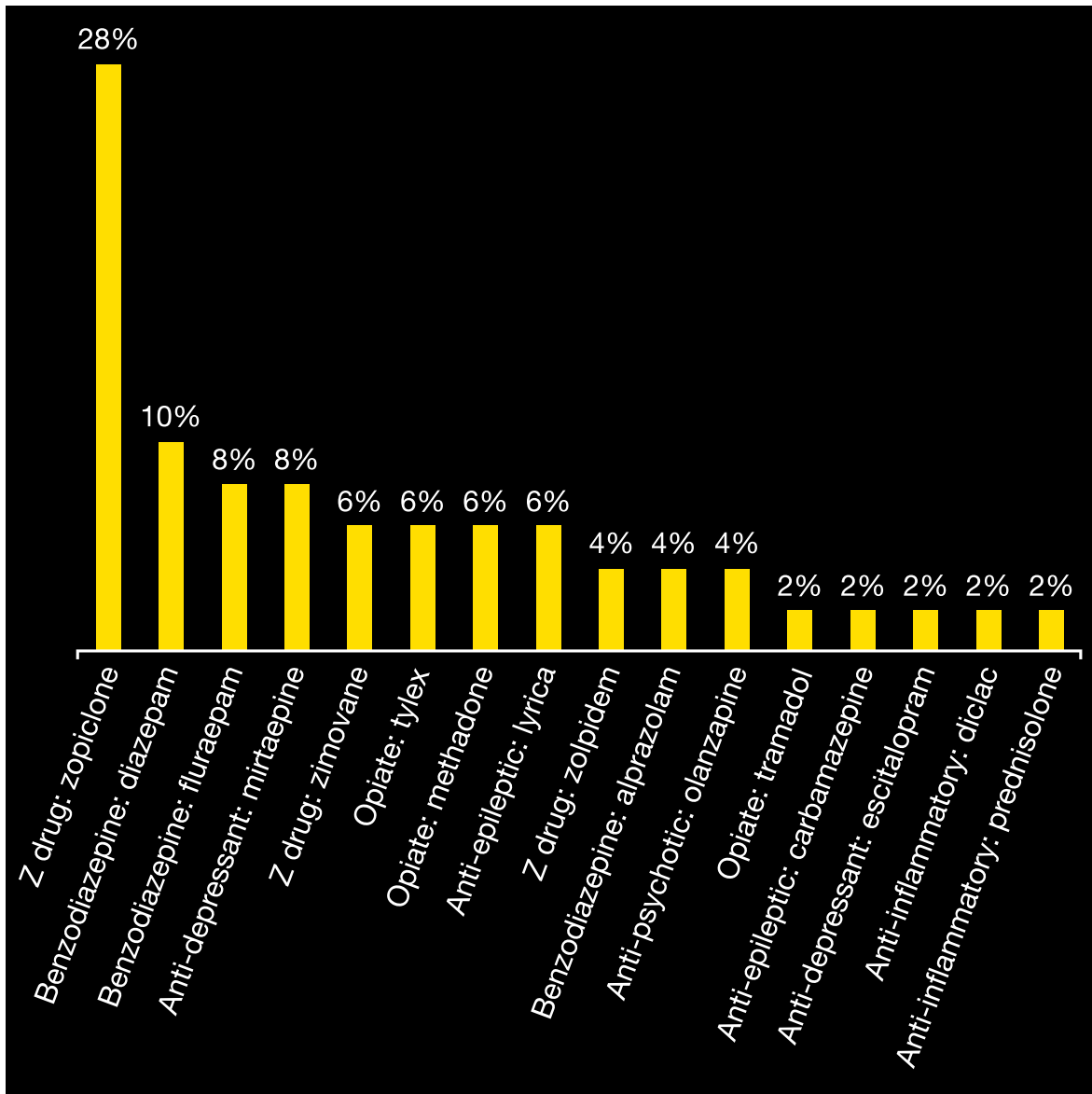


Chart 8.8: Type and percentage of prescribed drug litter



## **9. GAPS IN SERVICE PROVISION**

This section reports the gaps in service provision identified by research participants in Year 2. It also reports our response to gaps identified in Year 1.

### **YEAR 2 GAPS IN SERVICE PROVISION IDENTIFIED BY RESEARCH PARTICIPANTS**

#### **MENTAL HEALTH SERVICES**

Year 1 reported that access to mental health services for treated drug users was an issue and this continues to be an issue in Year 2. Access to services is even more limited where problem drugs include alcohol, cannabis, benzodiazepines and z-drugs.

Year 2 reports an increase in mental health disorders among young people in the 'Health' section. Service providers also report poor access to statutory and community based mental health services for young people aged under 18, with waiting lists for all services. Access to services is even more problematic for children aged under-12. Service providers report the need for access to more counselling services. These services need to be free of charge to accommodate people who cannot afford private treatment.

*Our problem is waiting lists...especially for...mental health services*  
**Participant 92, Service provider**

*Getting help is almost impossible for children with mental health issues...there's a lack of services for children...We have a couple of kids that we're really worried about and we're trying to get them help and...there's just waiting lists for everything...and nobody around here can afford to pay privately...they're just existing in poverty*

**Participant 83, Service provider**

#### **LACK OF REGULATION AND TRAINING CONCERNING PRESCRIPTION OF ADDICTIVE DRUGS**

A service provider reports the need to regulate the prescription of addictive drugs to reduce the supply of these drugs into the community. This regulation would include training doctors that do not work in the addiction sector about the types of drugs that have addictive potential. These drugs include benzodiazepines/z drugs, lyrica and opioids.

*I would feel very strongly that there is not nearly enough regulation of doctors prescribing tablets and I feel that that's something that the drugs task force should be pushing for...we do get feedback from the HSE around benzodiazepine prescribing. If we prescribe them, we get info [about]...where we are in relation to the national average...This practice has a very low average for benzodiazepine prescriptions but there are many that don't and actually the doctors who prescribe benzodiazepines are largely not involved in the addiction service...Its lack of training...that has those doctors doing that*

**Participant 80, Service provider**

*Lyrica has become a big problem...when it came out it was very much sold to us as a non-addictive drug. It's now been recognised that it has very serious abuse potential...We would be very conscious of their addictive potential but doctors not involved in addiction services may not be aware of that*

**Participant 80, Service provider**

As reported in the 'Accessibility of Drugs' section, the increase in the use of prescription drugs among treated drug users is associated with the increased accessibility to these drugs from General Practitioners.

### LACK OF SUPERVISION FOR SERVICE PROVIDERS

A service provider reports the need to provide adequate supervision to service providers working in addiction services. This is of particular importance for drug treatment service providers who are in recovery, as a number of these workers have relapsed back into drug misuse. This has occurred in Dublin 15 and also in other areas of Dublin.

*What concerns me within the services, are ex drug users in recovery and working in services and who have relapsed and I think that's a particular problem that needs to be addressed*

*How do you think it can be addressed?*

*Awareness on the part of management of services that these people need adequate supervision...which is practically not provided at all...I think they're creating a real problem if they're not mindful of that*

*How many service providers from Dublin 15 would have relapsed? About 4 or 5...maybe more in Dublin 15...but also elsewhere in a variety of services*

**Participant 1, Service provider**

### BUPRENORPHINE TREATMENT FOR OPIATE DEPENDENCE

Buprenorphine treatment is available at one treatment clinic in Dublin 15. It is used as an alternative to methadone to treat opiate dependence and also to treat codeine dependence. There is limited access to buprenorphine treatment in Dublin 15. Service providers report it is a gap in service provision, especially for the treatment of codeine dependence.

*Because of the lack of availability of suboxone...suboxone would be what I'd consider the preferred substitution treatment for codeine addiction but it because it's so hard to get hold of is the reason I've put some of them on methadone*

**Participant 1, Service provider**

### DRUG PREVENTION

A lack of access to educational psychological assessments was reported for all children aged from pre-school to secondary school. This resulted in a lack of support for children who have suspected/undiagnosed educational and behavioural issues. This issue particularly affected young people and families from disadvantaged backgrounds with no resources to fund private assessments.

*Lack of funding for educational psychological assessments...We only get a few of these each year...So we're trying to prioritise all the time because we always have a list of children that need assessments...we try to prioritise children moving to secondary school...we want to have them assessed so that they have resource hours or SNA support that they need...But then we also have children who are younger, who are presenting with a huge range of issues...so we need to help them now as well so that they can go through primary school with the resource hours and SNA support that they need*

**Participant 83, Service provider**

Early intervention was reported to be necessary to assist educational attainment and engagement with school. A risk factor for drug use is poor educational attainment and early school leaving.

*The earlier we get the resources for the kids the better the outcome... Over the years...we've had experiences where we haven't been able to get the interventions for the kids and we've had kids put out of school at 4 and 5...because they weren't assessed, so their needs were not being met or it can be down to behaviour and again not assessed...If you start off at 4 or 5 like that it's just going to have a knock on effect all the way up...The interventions are not being put in early enough...There's massive issues around early intervention*

**Participant 82, Service provider**

The poor access to assessments and the benefit of these assessments is highlighted in the following quote:

*My da had to fight for my sister to be assessed for her behaviour because she kept getting suspended...So then...[she got] educationally assessed and it came back that she...has got severe ADHD...so they can't suspend her now and they have to...work with her and at her pace*

**Participant 85, Young person**

### **LACK OF AWARENESS ABOUT ADDICTION SERVICES IN DUBLIN 15**

A number of service providers reported a lack of awareness about addiction services in Dublin 15. They stated the need to inform people living and working in Dublin 15 about the type of addiction services available in the area, for both drug users and their family members.

## **GAPS IN SERVICE PROVISION IDENTIFIED BY RESEARCH PARTICIPANTS IN YEAR 1 & BLDATF RESPONSES**

The following reports our responses to gaps in service provision identified by research participants in Year 1.

<b>GAP: Current harm reduction programmes for young people need to be expanded</b>	Funding provided to the Blanchardstown Youth Service to employ a youth worker for the Drug Education/Prevention programme. Two youth workers are now funded by the BLDATF to complete this role in Dublin 15.
<b>GAP: Counselling and rehabilitation services need to be an integral part of methadone maintenance treatment</b>	Funding provided to the Mulhuddart/Corduff Community Drug and Alcohol Team for the Arising rehabilitation programme. Prior to this funding the programme operated once a year. It now operates twice a year, all funded by the BLDATF.
<b>GAP: Improve the level of support provided to young people affected by familial substance use</b>	A BLDATF family support coordinator has been employed who will link with all statutory, community and voluntary family support services in Dublin 15. This role is for one day a week.
<b>GAP: Limited access to detoxification services for benzodiazepines and z-drugs, alcohol, heroin and polydrug use</b>	In 2017, the BLDATF Treatment and Rehabilitation sub-group will examine the feasibility of developing a community detoxification programme in Dublin 15.
<b>GAP: Improve access to rehabilitation services</b>	Tolka River Project is a special status Community Education rehabilitation programme. BLDATF funding for two part-time project workers was increased to full-time funding for both posts.

In addition, as reported Year 2 identifies a lack of access to educational psychological assessments for all children aged from pre-school to secondary school. Funding has already been provided to address this gap in service provision. This initiative is a long-term measure in a drug prevention capacity.



The following gaps in service provision were identified by research participants in Year 1.

- The need for a cannabis treatment service for both young people and adults was reported.
- An increase in the 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.

These gaps in service provision together with the Year 2 gaps will be explored. They will provide the basis for future discussions about how to respond to the issues identified through the DATMS.

### **GAP IN DATMS EVIDENCE BASE**

There is currently no quantitative data available concerning family members affected by drug and/or alcohol use and attending local family support services. No data has been provided by the Blanchardstown Family Support Network. In Year 3, it is hoped that this data will be provided in order to profile family members, document support received and identify gaps in service provision.

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*be a link in the chain*





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