



Crack cocaine use in Ballymun: An evidence base for interventions

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Foreword

This report is a timely and very welcome insight into problems associated with crack cocaine. It is not for the first time that the Ballymun Youth Action Project have taken a lead in exploring the use and misuse of specific drugs in what is now acknowledged as an often fast changing terrain. While the report focuses on experiences in Ballymun its reach goes beyond those geographical boundaries as it gives an account of the impact of crack cocaine use on individuals, families and community.

I would like to commend Dr Laura O'Reilly and Criostóir Mac Cionnaith for their accessible account of important factual information on prevalence, health risk and treatment and interventions as well as setting the scene in relation to local drugs markets. This introduction is followed by an inclusive and collaborative research methodology which is a gold standard for community participative research. This involves hard work and dedication from not only the researchers but also from those who have taken the time to share their experiences and so contribute to our understanding and knowledge of the challenges faced in communities as they attempt to address what is a growing crack cocaine problem.

Findings in the research support the view that in many ways crack cocaine is proving to be a greater challenge than what communities experienced in the early days of the heroin epidemic. Indications are that crack cocaine is widely available and easily accessible in a way that does not appear to be exclusive to Ballymun. Perhaps one of the most worrying findings relate to the extent to which young people are engaged in the drugs market not just in terms of their own use but also as runners and dealers. The report discusses a wide range of issues that are inevitably connected to crack cocaine use including; health, mental health, housing, stigma. It also gives an insight into the lived experience of fear and intimidation associated with the crime and violence and with the work of communities, and community services to strengthen community resilience to deal with these issues.

The report also highlights the importance of collaborations within the community among service providers, community residents and An Garda Síochána in addressing these problems. The findings of the report will be invaluable in informing future policy and planning necessary to enhance such community collaboration. It also serves as a reminder that other underlying social issues cannot be neglected if the crack cocaine problem is to be successfully addressed. While adopting a health approach to drugs problem well-established in Ireland, this report recommends that future policy and planning in relation to crack cocaine needs to pay more attention to mental health, gender specific concerns and the impact on the broader community, especially with regard to new developments in the production, marketing and distribution of crack cocaine.

I welcome this report and hope it is given the consideration it deserves and that it will inform drug policy strategies at both local and national level.

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1. Introduction

Geographically Ballymun is located approximately five miles north of Dublin's City Centre, three miles south of Dublin Airport; it is also close to the M50 and Dublin City University (DCU). The area is divided by the main street, which is a dual carriageway. On the east are the areas known as Coultry and Shangan and on the west are Poppintree, Balcurris and Sillogue. The combined population of Ballymun's six Electoral Divisions (ED's) in 2016 was 21,626 (CSO 2017).



Ballymun was built in the 1960s as a response to Dublin's inner-city housing crisis. There were seven fifteen-storey towers, nineteen eight-storey 'spine blocks', ten four-storey blocks and 452 terraced two-storey houses on a 359-acre site; providing 3,068 dwellings in a parkland setting (McDonald, 2000). Through the 1970s and 1980s the area gained a negative image in the media as residents found themselves fighting for a shopping centre, a health centre and other facilities. Tenants with stable incomes began to leave and many others followed in the mid 1980s when the Government introduced a Surrender Grant Scheme. This brought about a radical change of the area's social composition

as tenant turnover reached an annual rate of 50% (Somerville-Woodward, 2002). So, by the mid-1980s the areas unemployment rate was 60% (McCann, 1991), compared to the national average for the same year of 17.1% (CSO, 2017). The social and economic status of the people living in the area was now one of the lowest in the state (McCann, 1991).

In the 1990s the government decided to demolish the Ballymun flats and replace them with a low rise public housing scheme. The purpose of the regeneration project was to bring about the physical, economic and social regeneration of the area (BLDATF 2017). The Ballymun regeneration programme started in 1997 and came to an end in 2013. According to the Pobal HP Deprivation index, as cited in Fitzpatrick & Lodge (2019), most areas within all six of Ballymun Electoral Divisions are either in the disadvantaged or very disadvantaged classification. The deprivation index collects data from a range of categories including unemployment and educational attainment and compares data from 2006, 2011 and 2016 censuses (cited in Fitzpatrick & Lodge, 2019). Since the 1980s Ballymun has been recognised as one of the areas in Dublin city having a serious drug problem and where both community and family life have been greatly affected as a result (BLDATF, 2017).

Policy context

Policy responses to problem drug and alcohol use in Ireland have evolved since the 1960s. Of important significance in the policy development process was the introduction of harm reduction strategies and also the growing recognition of the link between problem drug use and social disadvantage and exclusion (Butler, 1997). The recognition of this link is consistent with the social science drugs literature which has highlighted that drug use disproportionately harms people who experience challenging lives rooted in poverty and inequality (O'Gorman, Driscoll, Moore & Roantree, 2016). More than two decades ago Murphy (1996) argued that drug policies addressing socioeconomic factors such as poverty, unemployment,

educational disadvantage, social exclusion and housing problems are crucial given the now widely established links between problem drug use and such social factors (Buchanan, 2006; Butler, 1997; Murphy, 1996). The recognition of this link subsequently led in 1997, to the establishment of 12 Local Drugs Task Forces in designated areas experiencing high levels of problem drug use along with a range of other socioeconomic issues. This was later followed by the establishment of Regional Drugs and Alcohol Task Forces experiencing similar issues and with a similar remit.

O’Gorman et al. (2016) argue that individuals, groups and communities that experience poverty and social problems like problem drug use, unemployment and educational disadvantage are publicly presented in a way that sees these social problems as a consequence of individual or family dysfunction and instead argues for careful consideration of the role that government policies play in facilitating negative outcomes for the person. Ireland’s current national drug strategy ‘Reducing Harm, Supporting Recovery’ (2017-2025) (Department of Health, 2017) acknowledges the need to understand the underlying socioeconomic factors that are evidenced as contributing factors to problem drug use in some communities and recognises that “the consequences of substance misuse affect different communities disproportionately” (Department of Health, 2017, pg). Despite the current drug strategy’s recognition of the need for a partnership approach between statutory, community and voluntary sectors as key stakeholders; and the need for community development approaches in addressing the drug problem, austerity policies have resulted in cuts to funding to these sectors which support vulnerable groups within communities. Harvey & Youngballymun (2015) in conducting an area profile stated that following the financial crisis in 2008 several voluntary and community organisations closed, and others had to reduce the services they offered. In relation to the promised metro and shopping centre development, which were to have been part of the regeneration, these never got under way so the potential for new jobs coming into the area was further limited (Harvey & Youngballymun 2015). Ballymun continues as an area challenged by poverty, unemployment and social problems including substance use. Local agencies working with individuals, in 2016, reported that many service users are presenting with poly substance issues; these substances include cannabis, tablets, crack cocaine and alcohol (BLDATF 2017).

Research background

Crack cocaine has become increasingly problematic for some marginalised communities (Connolly, Foran, Donovan, Carew & Long, 2008) with the EMCDDA (2007) highlighting cocaine and crack cocaine use as a growing public health issue. The recent identification of particular sites in Ballymun associated with crack cocaine use has raised serious concerns of an emerging crack cocaine problem in the local area, similar to other communities including Clondalkin (O’Heaire, 2013) and Finglas Cabra (Bennett, 2015). Despite the increase in levels of use and treatment seeking for crack cocaine use, there is limited national and international research available on the nature and extent of crack cocaine use (Bennett, 2015; Connolly et al. 2008; O’Heaire, 2013). Local anecdotal evidence in Ballymun suggests that the problem is widespread and having a detrimental impact on the health and well-being of the person using this substance, their families and the wider community. While drug issues and related harms are not a new phenomenon in this community, this is the first time that Ballymun has faced a crack cocaine issue of such proportions. Given the local concerns and the lack of local research on the issue this research study is both warranted and timely.

Research aim

The primary aim of the research was to explore crack cocaine use experiences in the Ballymun community with a view to informing the establishment of a local policy and practice/intervention evidence base for crack cocaine in Ballymun.

Research objectives

The key objectives of this research were:

- To identify patterns of crack cocaine use in Ballymun.
- To examine motivations for current crack cocaine use.
- To explore the impact of crack cocaine use on individuals using crack.
- To ascertain health risks associated with crack cocaine use.
- To explore the impact of crack cocaine use on families and the wider community.
- To document current responses to crack cocaine use in the Ballymun area.

This section of the report has provided a policy context, a profile of Ballymun and a background to the research including the research aim and objectives. The following section of the report presents a review of the literature related to crack cocaine. The review of literature considers crack cocaine prevalence and treatment data; polydrug use; local drug markets; the impacts and consequences of crack cocaine use on the individual, family and the community; and interventions and responses to crack cocaine use. This is followed by an overview of the research methodology. Sections four to nine present the research findings and section 10 presents a discussion of the findings. The final section outlines the conclusions and recommendations arising from the research.

2. Literature Review

Crack cocaine

Since the early 1980s crack cocaine use has emerged as a serious public health issue in other jurisdictions such as the United States with a more recent emergence in Ireland (Bennett, 2015; Connolly et al, 2008; O'Heire, 2013). Crack cocaine is a smokeable form of cocaine made into small lumps or 'rocks'. It is usually smoked using containers such as glass pipes or plastic bottles. It gets its name from the crackling sound it makes when being burnt (Turning Point, 2006). As a stimulant, crack cocaine produces the same effects as cocaine but in a highly intensified form, exacerbating all its negative health and social consequences (Turning Point, 2006). According to Reynaud-Maurupt et al. (2011) smoking crack cocaine transforms the effects of the drug associated with strong cravings and often leads to compulsive patterns of use. Smoking crack cocaine is a highly efficient way of getting cocaine to the brain giving rise to a more intense experience than snorting powder cocaine. The 'high' occurs much more rapidly, and the impact wears off much more quickly than when cocaine powder is 'snorted'. It is this speed of delivery that is thought to put crack cocaine smokers at greater risk of psychological dependency than cocaine powder (Turning Point, 2006).

Prevalence and treatment data

The All Ireland Prevalence Survey 2014/15 (NACDA & PHIRB, 2016) reveals an increase in the level of recent and current use for all illegal substances. The overall prevalence rate for last year use of any illegal substance was 8.9% in 2014/15, an increase from 7% in 2010/11. Data has shown an upward trend in powder and crack cocaine use, as reflected by both national prevalence (NACDA & PHIRB, 2016) and national drug treatment data (Health Research Board, 2018). Prevalence data revealed that the third most commonly reported substance used nationally was cocaine including crack cocaine with 8% of respondents reporting using this substance, and use more prevalent amongst men than women (11% v's 5%). At a European level cocaine has been found to be the most commonly used illicit drug in Europe with an estimated 17.5 million European adults (aged 15-64 years) having experimented with cocaine at some time in their lives (EMCDDA, 2007). Ireland is recorded as one of the countries with the highest prevalence of cocaine use in Europe (EMCDDA, 2018). A difficulty in gathering crack cocaine specific data has been highlighted as reporting mechanisms collect data on cocaine as a generic category and do not distinguish between powder cocaine and crack cocaine (EMCDDA, 2018). However, with specific reference to Ireland's crack cocaine use, data revealed a lifetime use of cocaine use, including crack cocaine use at 6.6% of adults, with 1.3% of adults having used crack cocaine in the last 12 months (NACDA & PHIRB, 2016). This national upward trend is consistent with other jurisdictions such as the UK with an estimated 166,640 crack cocaine users, highlighting the use of crack cocaine as an increasing public health issue (EMCDDA, 2007). The EMCDDA (2018) describes the categorisation of powder cocaine and crack cocaine user groups as recreational users and nightlife settings; socially integrated regular users; users of crack cocaine; and people who inject powder cocaine and crack cocaine. However, as the use of crack cocaine has become more popular amongst marginalised and socially disadvantaged groups including the homeless and sex workers, it is important to consider the challenges this profile poses with respect to treatment seeking and provision (EMCDDA, 2007).

According to the most recent figures for the 2010-2016 time period from the National Drug Treatment Reporting System (NDTRS) released in 2018, a total of 63,187 cases were treated for problem drug use. Of these cases cocaine remains the third most common drug of use (12.3% in 2016) for which drug treatment

is sought. In 2016, national drug treatment data revealed that 11.3% of treatment cases reported crack cocaine as their main problem, an increase from 9.1% in 2010 (Health Research Board, 2018). These rates show an increase in crack cocaine use and therefore, becoming a substance for which treatment is required. According to the EMCDDA (2018), across Europe, the number of people seeking treatment for the first time for powder cocaine use has increased by 23% since 2014. Increases in the number of first time treatment entrants for crack cocaine between 2014 and 2016 were reported in Ireland along with Belgium, France, Italy and the UK (EMCDDA, 2018).

Polydrug use

For the purpose of NDTRS data, polydrug use is described as the 'problematic' use of two or more substances (Health Research Board, 2018). Polydrug use is associated with a number of negative consequences including physical ill-health, violence, aggression and a range of social and health problems (Kendall et al., 1995) and is more likely to result in overdose than the use of a single substance. There is evidence that polydrug use is common among people seeking treatment (Long, 2006). In 2016, national data revealed that the most common additional drugs used along with cocaine were alcohol followed by cannabis and benzodiazepines (Health Research Board, 2018). With specific reference to crack cocaine use and other drug use, research has shown the connection between crack cocaine use and opiate use (EMCDDA, 2018c; Hay, Rael dos Santos and Worsley, 2012). Recent European data revealed that 40% of all those seeking treatment for crack cocaine use report heroin as their secondary drug (EMCDDA, 2018c). This finding has been previously supported by Hay et al. (2012) who found that the majority of people using crack cocaine are also using opiates and therefore polydrug use centring on heroin and crack cocaine is a key consideration.

Routine drug testing by The Health Service Executive (HSE) National Drug Treatment Centre (NDTC) has shown that since 2012 there has been a yearly increase in the number of opiate substitution treatment patients testing positive for cocaine which has implication for treatment provision. The typical profile of those using crack cocaine in Dublin has been described as an opiate dependent polydrug user which might be due to the fact that methadone is the most common opiate substitution (Connolly et al., 2008). Alternatively, people receiving methadone treatment for heroin may turn to crack cocaine to give them a high without seeing their use as problematic. Patients on a substitute medication may not see their cocaine use as a problem but using methadone/buprenorphine and crack cocaine can have the added complication of combining a short acting drug with a long acting one. This is problematic as it increases the risk of overdose (Shapiro & Ford, 2004).

Gendered considerations

Previous research has identified three categories of women who use crack cocaine – those who are abstinent; those who attempted to control their crack cocaine use; and those identified as heavy or daily users (Daniulaityte, Carlson & Siegal, 2007). The importance of this categorisation has been argued as not all those who use crack cocaine are daily, heavy users as this has important implications for policy and practice interventions. According to Lejeuz et al. (2007) women who use substances are more likely than their male counterparts to be dependent on crack cocaine than any other drug, a gender based difference not found with any other substance. The female hormone estradiols activation of a particular receptor contributes to this gendered differential response to crack cocaine use (NIDA, 2017). According to the EMCDDA (2018c) every third person seeking treatment for crack cocaine related problems is a woman. This finding is noteworthy given the adverse consequences associated with the use of crack cocaine such

as involvement in crime, sex work, the drug economy and homelessness (Connolly et al., 2008). Women who use crack cocaine experience a multitude of health problems (Bungay, Johnson, Varcoe & Boyd, 2010). With respect to sex work, transactional sex for money or drugs is not uncommon amongst women who use illicit substances (Daniulaityte & Carlson, 2011) and tends to be more prevalent amongst women who have a history of crack cocaine use, homelessness, poverty, mental health issues, a history of sexual violence (Guimarães et al, 2016), traumatic childhood experiences (Daniulaityte, Carlson & Siegal, 2007), and early life sexual abuse (Freeman et al., 2002). "Transactional sex, defined as the exchange of sex for money, drugs, food, shelter, or other items, is a way for people who use drugs to earn an income to finance their high drug consumption" (Guimarães et al, 2016: 1). A study by Rash and colleagues (2016) found that 90% of women using crack cocaine reported involvement in the sex trade as a means to fund their use and dependence on crack cocaine with the dominant entry route into sex work through friendships and peer networks. Sex work has been considered to be a less risky source of income than other sources including drug dealing and shop lifting but is also associated with an escalation in the use of crack cocaine (Rash et al., 2016). Women involved in sex work who are also single mothers have been found to develop the most chaotic crack cocaine dependency (Connolly et al., 2008). These gender differentials in crack cocaine use require careful consideration in the development of effective interventions (Risser et al., 2006).

Local drug markets

The illicit drug market can be understood as incorporating three inter-related dimensions including the 'international market'; the 'middle market' and the 'local market' (Connolly, 2006). The international market refers to drug production and international trafficking; the middle market involves the importation and wholesale distribution of drugs within a country, and the local market involves retail distribution to drug users (Connolly 2005; Lupton et al. 2002; Pearson et al., 2001). Factors influencing the development of local drug markets have been identified and include a range of social issues including a lack of facilities for young people; high unemployment; boredom; poor parental supervision; and drug availability as important contextual factors in perpetuating crack cocaine use (Connolly & Donovan, 2014; Lejeuz, et al., 2007). The nature of local drug markets have been reported as ranging from highly structured and organised markets facilitating the distribution of drugs including cannabis, heroin, crack cocaine and prescription drugs to less structured allowing for easier detection and response from a law enforcement perspective (Connolly & Donovan, 2014). A recent study by Bowden (2019) described the organisation of the drug economy as layered comprising different levels described as main dealers; middle men; foot soldiers; enforcers; mules; holders and carriers. Along with playing a role in the distribution of drugs some of those involved were also consumers with a shift between the role of consumers and sellers at different times.

Another important feature of crack cocaine distribution is so-called 'crack houses'. Crack houses have been more commonly associated with crack cocaine markets in the UK having evolved in that jurisdiction since the early 1990s and have been described as residential, uninhabited or semi-derelict properties in which crack cocaine is bought and sold (Burgess, 2003; Connolly & Donovan, 2014). An important consideration where crack houses are concerned is the take-over of a home where the flat/house of a vulnerable tenant (often rental or social housing) is used as a selling base without their permission and under coercion, making the policing of crack houses particularly problematic (Burgess, 2003). Dealers will often use violence or intimidation to commandeer a person's home for the purposes of establishing a crack house (Burgess 2003). That person may be in a vulnerable position in that they are already addicted to drugs and dependent to some extent on the dealer. A review in the UK has found that people whose

houses have been taken over have at least one of the following attributes - crack or other drug problems, drink problems, mental health problems or learning difficulties; they are likely to be elderly, or young women, often single parents who have some dependency on the dealer, or sex workers (Burgess 2003). A dealer may also gain access to a person's home under the guise of friendship and a perception by the homeowner of benefits resulting from the use of the house (Connolly et al, 2008).

It has been argued that drug markets have become more complex due to the use of mobile phones (Loughran & McCann, 2006) and open drug dealing creating an enhanced level of volatile behaviours, violence and intimidation (Bowden, 2019; Loughran & McCann, 2006). The adverse impact of illicit local drug markets include local residents avoiding particular areas in their local communities due to visible drug taking and drug dealing; seeing discarded syringes; increase in visible violence associated with the drug trade such as unpaid drug debts. Acts of violence or threats might be seen as a type of symbolic domination as they are intended to create a sense of fear or affective insecurity (Bowden, 2019). This has been found to result in a lack of community action due to fear of reprisal but also to have a negative impact on people's sense of well-being in their community (Loughran & McCann, 2006).

Young people

Young people have been found to play a substantial role in local drug markets with one fifth of suspected supply offenders aged 18 or under (Connolly & Donovan, 2014). According to Bowden (2019) the drug economy is regarded as an alternative to labour market participation. This was noted in previous research whereby the storing or running of drugs was found to be a financially lucrative option for young people (Connolly & Donovan, 2014) and provides an alternative to the legitimate labour market (Bowden, 2019). Engagement in the drug economy is underpinned by other complex social factors including accessibility to the legitimate labour market; failures in the education system; poverty; and social exclusion (Bowden, 2019).

According to Hepburn et al. (2016) youths who use drugs have been found to become immersed in illicit drug markets to generate funds. Drug dealing initiation was found to be most commonly associated with male youths, and associated with other risk factors including homelessness, amphetamine and crack cocaine use. This indicates the need for evidenced based and youth focused stimulant addiction treatment. Research has shown that male youths are more likely to engage in drug dealing (Gaetz, 2004). The 'streets' where dealing can mainly take place have been defined as primarily a male space. It has been argued that for women to step into this 'male space' they must firstly adopt a subordinate role to men; but they are also more vulnerable to violence than their male counterparts. Both of these factors make dealing a less attractive prospect to women (Hepburn et al., 2016). Nevertheless, young women's involvement in the illegal drugs trade is an important consideration. According to Fast et al. (2017) gang affiliated street level dealing and crime had the potential to mediate young men's experience of social disadvantage and was seen to make the crack cocaine trade an attractive lifestyle and career track. Income from drug dealing has been found to encourage and perpetuate drug use (Hepburn et al., 2016), therefore addressing youth's overall economic vulnerability is another way to reduce initiation into drug dealing (Hepburn et al., 2016) as increasing economic security and young people's opportunities to legitimately earn income has been found to play a role in ceasing engagement in drug dealing (DeBeck et al., 2007). In addition, involvement in the illicit drugs trade also puts young people at risk of the following – increased likelihood of violent interactions (Casavant & Collins, 2001), increased risk of physically violent confrontations with police (Ti et al., 2011), more likely to be involved in the criminal justice system (Omura et al., 2013) and more likely to experience mental health problems and a loss of well-being into adulthood (Lambie & Randall, 2013).

Impacts

According to Werb et al. (2010) those who seek treatment for crack cocaine problems often present with a complex set of needs, with problems that are directly related to their use, and those associated with mode of use (such as blood-borne viral infection) along with problems associated with mental health, accommodation, finance, employment, childcare and relationships with families. With respect to the physical health consequences associated with crack cocaine use, Connolly (2008) argued that in Ireland, there are no routine data sources that collect information on the physical consequences of crack cocaine use. However, the many physical health impacts of crack cocaine have been identified and include ammonia poisoning which can lead to kidney, liver and nerve damage; the transmission of hepatitis C (HCV), HIV and other blood-borne diseases through sharing injecting equipment and sharing crack pipes and through engagement in risky sexual behaviour; and malnourishment due to a decreased appetite (Butler, Rehm & Fischer, 2017). Long-term cocaine use increases the risk of mortality among cocaine users as compared to non-cocaine using peers of the same age and gender (Colell et al., 2018).

Similar to the assessment of the physical consequences of crack cocaine use, there are no routine data sources that collect information on the mental health consequences of crack cocaine use, and therefore limits our knowledge in this area (Connolly et al., 2008). Despite these limitations, available literature has highlighted that crack cocaine use has been found to lead to a number of mental health problems and to exacerbate existing psychological conditions. There are considerable long-term psychological consequences of crack cocaine use, increased anxiety, agitation, depression, psychotic illness, eating disorders, and self-harm (Connolly et al., 2008). Use of crack cocaine has also been linked to suicide (Warner 1993). Insomnia may emerge as a problem, and may result in a turning to sedatives such as alcohol, benzodiazepines and opiates to recover sleeping patterns or to relax after using crack (Connolly et al., 2008). There is a lack of clarity in the literature as to whether crack cocaine use is causative, reactive or co-morbid to mental health issues (Butler, Rehm & Fischer, 2017). Whatever the pathway, the co-occurrence of drug use and mental health issues give rise to many challenges for the individual using crack cocaine but also for both mental health and drug treatment service providers with those who are using crack cocaine often falling through the 'gap' between the two services, resulting in a lack of diagnosis and timely and appropriate mental health and substance use interventions. The association between crack cocaine use and the many physical and mental health outcomes and their underlying pathways demands further consideration from both a preventative and a clinical intervention perspective (Butler, Rehm & Fischer, 2017).

Due to the compulsive nature of crack cocaine use, the financial costs associated with the use of crack cocaine can be substantial (Harocopos et al., 2003). Like with other drug use, many crack cocaine users commit acquisitive crimes (Connolly et al., 2008), sell drugs (de Carvalho & Seibel, 2009) or sell sex to fund their use (Rash et al., 2016). Literature also shows the connection between crack cocaine use and extreme forms of violence (de Carvalho & Seibel, 2009). Given the high cost of crack cocaine, users often acquire debts very quickly which, when left unpaid, leads to intimidation from crack cocaine dealers. This intimidation is often directed not only at the users themselves but also at their parents or other family members (Connolly & Buckley, 2016).

Extant literature shows that a relative's substance use can impact family members in many ways. According to Orford et al. (2010) substance use disorders can have a serious impact on the family of the individual who is using a substance. The impact on the wider family has been described as a set of experiences which

includes finding the person using the substance difficult to deal with; relationship breakdown; familial financial difficulties; concern for the health and safety of the person using the substance; fear for the family as a whole; and experiencing personal anxiety and depression (Orford et al., 2010; Orford et al., 1998). The available literature on the impact of crack cocaine use specifically on other family members is scant. However, similar to the use of other substances, the adverse impacts associated with crack cocaine have been found to be not solely confined to the individual using the substance but also on family members and the wider community (Werb et al., 2010). Research has shown that individuals using crack cocaine described the drug as having control over them with crack cocaine use becoming their priority over other important family priorities (Melhuish, 2011). Users of crack cocaine have described how their use resulted in the neglect of their children and parenting responsibilities with their awareness of such resulting in feelings of guilt and the over-compensation of material goods with their children (Tunnard, 2002). The use of crack cocaine and its impact on children and parenting has resulted in an emphasis on the deficits rather than competencies in parents (Tunnard, 2002).

Treatment responses & interventions

Comprehensive reviews of evidence-based prevention and/or treatment interventions specifically for crack cocaine use are limited (Fischer et al., 2015). It has been argued that traditional models of intervention do not work for individuals with problematic crack cocaine use (Robin & Jordan, 2007). Targeted treatment and harm reduction programmes for problematic cocaine and crack cocaine use remains limited in Europe (EMCDDA, 2018) with most drug treatment facilities continuing to be oriented towards the needs of opioid users. There is a widespread perception that the addiction services in Dublin are methadone prescribing or dispensing services only and therefore might prohibit treatment seeking (Haracopos et al., 2003). A range of studies have indicated that the strategies used to assist powder and crack cocaine users have been derived from opiate and alcohol based models of care and that treatment services have not adapted to the needs of the large pool of potential service users (Haracopos et al., 2003 and Gossop, 2002). In light of this, the EMCDDA (2007) argued that to encourage people using cocaine to avail of current treatment, services will require a more cocaine-specific focus. Nationally, there has been developments in this area with some adaptation to service provision meeting the needs of cocaine users e.g. out of hours services and cocaine and crack cocaine related harm reduction interventions (NACDA, 2007).

Challenges associated with the treatment of cocaine and crack cocaine dependence includes the high attrition and relapse rates (Dutra et al., 2008) believed to be primarily due to a lack of availability of an effective long term pharmacological intervention (Robin and Jordan, 2007). Despite the argued lack of availability, currently, the main treatment interventions for cocaine and crack cocaine use include pharmacotherapy, immunotherapy, psychosocial and harm reduction interventions (Pirona & Hedrich, 2009). Pharmacotherapies such as disulfiram (Pettinati et al., 2008) and central nervous system stimulant replacement treatment e.g. modafinil (Castells et al., 2007) have been identified as a response to crack cocaine dependence although the effectiveness of such pharmacotherapies are under researched and require further assessment (EMCDDA, 2018). Immunotherapy whereby a cocaine vaccine is administered inducing the production of cocaine antibodies have shown reductions in cocaine use and retention in treatment (Martell et al., 2005), but research is still ongoing into the effectiveness of such an intervention (EMCDDA, 2018; Fischer et al., 2015). Psychosocial interventions (including cognitive behavioural therapy, motivational interviewing and brief interventions); contingency management and management of psychiatric disorders are the most widely applied interventions in the treatment of cocaine and crack

cocaine dependence (EMCDDA, 2018). Cognitive behavioural therapy and contingency management interventions have yielded the best results for the treatment of stimulant dependence (Dutra et al., 2008; Fischer et al., 2015), however, these interventions can only be successful if the person using crack cocaine is attracted to and retained in treatment (Connolly et al., 2008). Harm reduction interventions play an important role in targeting risky cocaine related behaviours (Grund et al., 2010) such as crack cocaine smoking practices and promoting safer sexual behaviours. Distributing crack cocaine pipes and filters to encourage safer smoking practices (Cadet-Tairou and Pfau, 2018) are currently underway in Ireland.

Although it has been argued that there is no 'gold standard' prevention/treatment interventions for crack cocaine use (Fischer et al., 2015), along with direct treatment provision a combination of other approaches have been recommended including community development and law enforcement (Connolly et al., 2008). Three forms of response to crack cocaine problems have been identified. The first is to reduce supply and demand by deploying the criminal law against those who sell or use the drug. The second is to provide treatment for those who are dependent on crack cocaine. The third is to invest in primary prevention, providing individuals and communities with the resources needed to ensure that crack cocaine use does not become established within the community (Connolly et al., 2008). From a community perspective, effective links with regeneration partnerships and early investment in community development along with strategically planned, long-term funding is necessary (Connolly et al., 2008).

According to the EMCDDA (2018) a number of concerns have been highlighted by European treatment practitioners in the treatment of cocaine and crack cocaine. These concerns include the need for improved access to existing drug treatment services for people using cocaine and poly substance use; improved cooperation between drug services and mental health services; closer co-ordination with emergency departments; development of more targeted cocaine related harm reduction responses; and cocaine related training opportunities for practitioners as there is a perception of a skills deficit within the treatment workforce. Focusing on the skills of practitioners is key to intervening effectively with people using crack cocaine and argue that focusing on the practitioners' awareness primarily of themselves in their practice; focusing on their capacity to prioritise the engagement of the person using crack cocaine; and on the skill of being able to translate theory into practice is key to developing services that are accessible to people using crack cocaine (Robin & Jordan, 2007).

People who use crack cocaine have also been found to pose particular challenges for treatment services as users of crack cocaine tend to have a more marginalised social profile than users of cocaine powder (EMCDDA, 2007). These needs have been shown to be difficult to address in community based settings and are deemed to be more effective in residential treatment and self-help arenas (Gossop, 2002; Harocopos et al., 2003). The benefits of residential care for socially and/or economically marginalised users of powder and crack cocaine may lie in the temporary detachment from the highly detrimental environment that is often associated with crack cocaine use (e.g. violence and lack of healthcare) (NTA, 2007).

The literature indicates the increasing prevalence of crack cocaine use both nationally and internationally along with the impact of crack cocaine use on individuals, families and communities. The role of environmental factors has been highlighted with regard to illicit drug markets and the involvement of young people. The literature also indicates the increasing demand and need for crack cocaine interventions and the challenges presented in terms of access to and the provision of effective interventions.

3. Methodology

This chapter provides an account of the research design outlining the research aims, recruitment process, participant profile, and the approaches taken to both data collection and analysis. Ethical considerations that guided the research are presented.

Research design

The study used a qualitative design in an effort to provide a more concrete view of what life is like from the point of view of the person's concerned with the data acting as a source of well grounded, rich descriptions and explanations of processes in identifiable local contexts (Miles and Huberman, 1994). This qualitative study was designed to explore crack cocaine use experiences in the Ballymun community with a view to informing the establishment of a local policy and practice/intervention evidence base for crack cocaine in Ballymun. The main research objectives were to identify patterns of crack cocaine use in Ballymun and to explore the different impacts of use on individuals, families and communities. The research took place over a six month period, a partnership between Urrús/Ballymun Youth Action Project and a local outreach volunteer.

Recruitment and participant profile

Data was collected through 22 semi-structured interviews and four focus groups during the period September 2018 to February 2019. Data collection consisted of:

Table 1: Participant profile

Research Participant Profile	Individual Semi-Structured Interviews	Focus Groups
Former and current users of crack cocaine	17	
Family Support Members	1	1 (n=12)
Local Community Representatives	3	1 (n=9)
An Garda Síochána		1 (n=2)
Local treatment and rehabilitation service providers	1	1 (n=11)

In the presentation of findings the 17 people who self-identified as current and former users of crack cocaine and who participated in an individual semi-structured interview will be referred to as an 'interviewee' and all other data will be presented as 'research participants'.

Procedure

Ethical approval was granted from the Ballymun Youth Action Projects research ethics committee. The research process took place over a six month period (September 2018 to February 2019) and across three phases. Phase 1 involved the identification and recruitment of potential research participants using a purposive sampling method, followed up with research information sessions. A research information sheet was provided clearly explaining confidentiality and consent (verbal and written) and scheduling of individual interviews and focus groups. Phase two involved data collection across the five different sources and phase three involved data analysis and the writing up of the research findings. All participants signed

consent forms and were informed that their information would be anonymised and that they could leave the research at any time. A rapid assessment and response approach (WHO, 2004) was adopted to meet the objectives of this research. The rapid assessment approach represents a blend of different research traditions namely social interactionism, applied research and community development (Rhodes, Stimson, Fitch, Ball, & Renton, 1999). Rapid assessment approaches can draw on both quantitative and qualitative methods and essentially, aims to not only speed up social science research with rapid data collection but also explicitly links assessment to action and intervention (Rhodes et al., 1999). In addition conventional qualitative methods namely focus groups and semi-structured interviews were employed.

Data analysis

All interviews and focus groups were audio-taped and written notes were made during the course of the interviews and focus groups. Interviews and focus groups lasting 35-90 minutes were transcribed and all data collected was managed using a qualitative research procedure and analysed using a manual coding process namely thematic content analysis (Braun & Clarke, 2006). In the first step of the coding process, codes were established through both a deductive and an inductive approach. Based on a deductive approach, a list of pre-determined codes were generated with reference to existing literature and consistent with an inductive approach to qualitative analysis, codes outside of the pre-created list began to emerge, creating new additions to the list of codes which were defined and named. The next step in the coding process involved identifying themes through a process of pattern coding (Miles and Huberman, 1994) from the already coded data. Based on the themes, codes were clustered into categories and assigned a more abstract name. The final step involved the building of a conceptual framework and the development of a more theoretical analysis of the participants' experiences.

Ethical considerations guiding the research

Research regarding substance use and people who use substances can further our understanding and knowledge of substance use prevalence and practices. This knowledge can then be used to develop more effective policy and practice interventions to substance use and related problems. Despite this, it is important to consider both the positive and negative aspects of people who use substances participating in research. The positive aspects include the potential to provide true information about drug use; their capacity to improve drug related policies and practices; benefits for the drug using community and general awareness raising (Barratt, Norman and Fry, 2007). Negative aspects of research participation include discomfort, inconvenience, risk and a perceived lack of impact of research findings (Barratt, Norman and Fry, 2007). On this basis it was important to clearly communicate to potential research participants how participation in this particular research could influence local policies and interventions responding to local crack cocaine use that could therefore be beneficial to people using crack cocaine and the wider community. However, given that the research was qualitative in nature, and involved the exploration of substance use experiences, the potential negative impacts of participating in the research were considered and steps taken to ensure the protection of research participants through informed consent, anonymity and confidentiality.

An ethical issue of particular concern in qualitative drug use research directly relates to the ethics of informed consent. In drug use research there is the potential challenge regarding participant intoxication at the consent giving or interview stages of the research process (Aldridge & Charles, 2008). To ensure that consent was informed, a two-way consent giving process was implemented. Firstly, participants were asked to give consent to participate before the interview commenced. The time between consent

and the interview/focus group was extended. Secondly, when the interview commenced, the participant was asked to give consent again on tape. Research into illicit drug use has become increasingly more difficult to conduct primarily due to the issue of confidentiality and the extent to which confidentiality can really be assured to research participants (Fitzgerald and Hamilton, 1996) regarding disclosures of a particular nature. These disclosures include someone they know is at risk of harm or abuse; disclosure of a past offence they have knowledge of or have committed; disclosure of serious danger to unsuspecting third parties; and disclosure of the commission of a criminal offence. From a research perspective, issues of confidentiality were addressed in line with the Ballymun Youth Action Project's confidentiality policy. Confidentiality issues were dealt with by informing the research participants of the limits of confidentiality which were discussed as part of the informed consent process and again prior to the commencement of the interview and/or focus group. All research participants were assured of anonymity i.e. that any information that they shared would not be identifiable as something that they said. All research participants were assigned a unique identifier and all transcriptions and quotes are identified in this way. Participants were also informed and reminded that they could withdraw their consent up to the point where all data has been anonymised. To ensure that participants did not feel obliged to participate in the research they were assured that participation or non-participation would not impact on the service provided to them currently or in the future.

The study used a qualitative design to explore crack cocaine use experiences in the Ballymun community with a view to informing the establishment of a local policy and practice/intervention evidence base for crack cocaine in Ballymun. The main research objectives were to identify patterns of crack cocaine use in Ballymun and to explore the different impacts of use on individuals, families and communities. A rapid assessment and response approach (WHO, 2004) was adopted to meet the objectives of this research. In addition conventional qualitative methods namely focus groups and semi-structured interviews were employed. No ethical issues arose during the collection of the data used in this research.

4. Findings: Profile and Patterns

This section of the report outlines the profile of research participants who used crack cocaine in terms of age, gender, employment and housing status. This section of the report also outlines the patterns of use as described by the research participants including their use of crack cocaine and other drugs; motivations for crack cocaine use; and their frequency of crack cocaine use.

Table 2: Interviewee Profile

Interviewee Profile	Male	Female
Age (28-55 years)	12	5
Polydrug Use	12	5
Unemployed	12	5
Parent	8	4
DCC Housing	9	5
Emergency Accommodation	2	0
Rough Sleeping	1	0

Crack cocaine use and other drugs

All 17 interviewees were polydrug users, and identified the use of heroin, alcohol, benzodiazepines and Lyrica along with their use of crack cocaine. The most widely used substance alongside crack cocaine was methadone. Thirteen (76.5%) of those interviewed were prescribed methadone and two (11.8%) had previously been prescribed methadone, as described here by one interviewee:

It was, like I said someone had given it up into the flat. Someone had said "Here, here's a rock," to me ex. And he came up, he said "Look, I have this. Do you wanna try it?" And I tried it. Being an addict, I was an addict, I am a recovering addict. And I was strung out, I wasn't only smoking heroin at that time. I was taking tablets and methadone. It was just introduced into me at home and I took it. That was it. I wanted more. (Interviewee 10, female).

The pattern of other substance use along with crack cocaine was also echoed by local service providers:

I think well from the point of view of the people that are in treatment for heroin addiction, the substance used is methadone so they're picking up their methadone every day. They're probably on prescribed benzo's or other psychiatric type medication and then a lot of them will be smoking crack or some of them will be smoking crack and then they'll be buying obviously if they can't sleep when you're elated and high, they could be buying trays of Xanax, Zimovane, whatever's available. So there will be tablet use, cigarette use as well, there might be alcohol use as well so it is multi-substance abuse. (Service provider).

Motivations for use

Interviewees described several reasons for their use of crack cocaine and these reasons ranged from being introduced to it through their drug using peer networks to a more deliberate decision making process to

help them to forget about and to escape other difficult life issues, and to enhance self-confidence. Two interviewees stated:

I just tried it. I just was with my friends one day and he says, "Do you wanna pipe, like?" I tried it and I liked it and I just didn't stop, I just liked the high. You just forget everything that is going on. (Interviewee 6, male).

For confidence and to just escape, just to be happy. It's weird. Just to be happy for them few minutes that I don't have any worries and just happiness. (Interviewee 17, female)

Regardless of the reasons put forward, all interviewees described feeling immediately 'hooked' on the substance. Two interviewees stated:

I used to sniff cocaine. And then one day someone told me that you could smoke it, it was called crack cocaine. And so we tried it. And from the first smoke that I did, the first pipe I had of crack cocaine that was it. I was hooked. (Interviewee 1, male).

When I first tried crack it was like "Wow", you know what I mean. This was probably the highest I'd ever felt. (Interviewee 5, female).

Some interviewees described the way in which their initiation into and early use of crack was typically associated with other people from their peer groups. However, as their use of crack cocaine progressed to more frequent and problematic use, interviewees described their preference for lone use of the drug as they desired 'more' as illustrated by two interviewees:

At first I didn't want to be on me own smoking but after a while that changed. When you're alone, you have more. (Interviewee 2, male).

The problem with crack is that one of the side effects is greed. It's major greed. You start out wanting to share it, willing to give it to people, passing the pipe on. And now, you kind of smoke it on your own, you go in and make sure you have a couple of, at least six or seven bags for the night, so it will get you through the whole night, so you can start the cycle again the next morning. (Interviewee 8, male).

Regular and occasional users

In terms of finances, the range in financial outlay to support their crack cocaine use varied depending on the frequency of use. Twelve (70.6%) of those interviewed identified themselves as regular or daily users of crack cocaine while five (29.4%) identified themselves as occasional users of the drug. This had implications in terms of funding their usage of the substance as illustrated here by two interviewees:

I got €35,000 from my last job, redundancy money, and it was gone in three months. So I'd hand it to the dealer, literally. I couldn't stop using crack. Every time I smoked it, no matter what, I'd do anything to get it. And as much as I said I'd only get two, even though I'd have the money for 10, I'd only get two, because I'd only intend to do two. But you would end up using again, every 20 minutes or half an hour. You never have control over crack. Crack has control over you (Interviewee 11, male).

But when it comes to crack, you have no control over your mind. You have no control over your pocket, of what you're going to spend for it. It's a completely different drug. The more you do, the more you want. Years ago you could go out and spend 20 or 40 pound on a bit of heroin and that would do me for the day. So when you go out and spend 20 or 40 pound on crack, it just gives me a craving for more and more and more all the time. And you're doing whatever it takes to get that. (Interviewee 16, male).

The financial means to support their use of crack cocaine was typically acquired from within their weekly budget to obtaining money through other means such as shoplifting and begging, as highlighted by one interviewee and a service provider:

Our pre-entry drop-in is purposely put in on a Wednesday, mid-week and pay day. The ones coming to us are using just once or twice a week and are not at that chaotic stage so they can get into us. I hear the same thing over and over again someone will say I have done really well but I can't knock that last once or twice per week. They are at a point financially that it's not having the same impact and this is the point it would be good to have something to help them. (Service provider).

I did pick up charges with my crack use. You know, just shoplifting charges, nothing major. (Interviewee 10, female)

Some of those interviewed described how they acquired criminal charges due to their crack cocaine use:

Trying to get money for crack you pick up stupid charges that you wouldn't normally pick up. So yeah, I had charges, and when I actually came out of recovery I had to face them charges. I suppose if I wasn't on crack I wouldn't have needed as much money as I needed. I might not have picked up them charges. (Interviewee 1, male)

I didn't care, lines were crossed, and I just didn't care you know. And there's a part of me hated that because I had no control over my self-will. You know with other drugs, I had some control and I could deal with it. But not with the madness on crack. (Interviewee 8, male)

This chapter outlined the profile of research participants who used crack cocaine in terms of age, gender, socio-economic background, and housing status. It also outlined the patterns of use as described by the research participants including their use of crack cocaine and other drugs; motivations for use; and their frequency of use. The financial means to support their use of crack cocaine was typically acquired from within their weekly budget and/or obtaining money through other means such as shoplifting and begging. Some research participants had also acquired criminal charges due to their crack cocaine use.

5. Findings: Local Crack Cocaine Market

Across all the data groups, the local crack cocaine market in Ballymun was identified as being of a particular concern. Research participants expressed their concerns in terms of the availability and visibility of both crack cocaine usage and dealing; the accessibility of crack through aggressive targeting and overt dealing; young people's involvement in the crack cocaine market and the role of environmental factors influencing the local crack cocaine market.

Availability, visibility and accessibility

Research participants across the four data sources discussed and described the availability of crack cocaine in the community. Research interviewees highlighted that crack is a readily available substance within the community, stating:

Big time it [crack cocaine] is everywhere. I can tell you, one, two, three, four, five, six, seven spots for dealing between here and my gaff, and I don't even know them all. (Interviewee 4, male).

So, Jesus, when I'm walking home now I know I'm going to see at least five people that have crack [for sale]. So, it is too readily available. (Interviewee 17, female).

The perceived increased availability of crack cocaine in the community was also identified by local service providers, encountering and working with individuals who are using crack cocaine; by those engaged in broader community work; and by An Garda Síochána. The current availability of crack in the community now was believed to have increased over the past two years:

I was aware of the crack use in 2017 and particularly in early 2018 and now it seems to have increased significantly. It's kind of more visible, it's more seen, it's more talked about. (Service provider).

Crack is a massive, massive issue. Usage and selling of it in the area has increased phenomenally over the last 2 years. There are at least probably 500 transactions per day in the area. (An Garda Síochána representative).

The availability of crack in the community was seen to be somewhat different to the heroin and other drugs scene, as described by this research interviewee:

I'll put it this way, when I was on heroin all them years ago, there was a couple people selling heroin. You could get it here and there around the place. But with the crack, it's completely different. There's just so much of it around, it's everywhere, (Interviewee 16, male).

The visibility of crack usage and dealing was also identified as being particularly concerning within the community and by local community representatives, service providers and An Garda Síochána, as described by some research participants:

What I think has changed in recent times is that the crack is more prevalent in the community. But they [dealers] are nearly braver. They aren't doing these deals down a dark alley, they are doing it in front of your gate, talking very loudly about it. The local parks are completely destroyed from it. There is a new braveness that's come with it the crack and I think that is quite recent. (Community representative).

The selling of it [crack cocaine] is quite overt. It's quite brazen. A lot of the areas are quite conducive to drug dealing. Big open parks. A lot of them that are coming in to buy drugs, they come in with their money to buy and go. (An Garda Síochána representative).

The implications of the availability of crack cocaine for use, relapse and community functioning was discussed across the different data sources. One research interviewee described the impact of the increased availability of crack cocaine on relapse:

When I had my relapse, I didn't know that it [crack] was around that much and available that much. The fact that it was available that much and so easy to get, I just wanted more and more and more of it. There's a gang in the area and they're selling crack. So, it's so easy to get now. (Interviewee 16, male).

Ballymun was described as a hotspot for 'outsiders' to come in to the area to buy crack cocaine. The attractiveness of Ballymun as a crack cocaine market has been suggested as resulting from its proximity to and accessibility to the City Centre, and from further afield due to its close proximity to major roads including the M50. This was described by research participants from the different data sources:

There are a lot of people coming in from outside Ballymun you know buying crack because of the reputation that Ballymun has for the quality of the crack. It's kind of threatening because you don't know them and that has a big knock-on effect for people's safety. (Community representative).

We have people traveling from all over to come here to buy. Ballymun is particularly accessible, with transport and buses and what not. We do have the buses that are traveling from the airport. We have taxis in from the country, from you know what I mean, to buy batches of crack to bring back. (An Garda Síochána representative).

Aggressive targeting of those known to use crack cocaine and other substances by dealers was reported by interviewees who identified themselves as both current and former users of the substance. Targeting in this way primarily via mobile phones through text messages and phone calls has numerous implications for usage, relapse and recovery. One research interviewee stated:

It's in your face. I deleted all the numbers and blocked the numbers, because I was getting bombarded with texts, 7-10 times a day. (Interviewee 7, male).

The deliberate targeting of known individuals who are already using crack cocaine was also noticeable within the community and identified as a cause for concern:

I do feel that there was a very calculated approach by the dealers on who they targeted. I think that would be right in saying that it's been very calculated. And the people that were already in a low point in their lives were seen as opportunities to deal crack cocaine to. They, in turn, have the habit. So, yeah, we've seen some really good people just get addicted to this in a very short space of time. (Community representative).

Young people and the local drug economy

A key theme emerging from the research across the data sources was not just the extensive availability of crack cocaine but also the involvement of young people in the local crack cocaine market as runners,

intermediaries and dealers of the substance. This was highlighted as being of particular concern within the community, as described here by one research interviewee:

It's just in every estate in Ballymun now it's very available. You have these little kids selling it and the older people standing back using these little kids, like slaves, 11 and 12 year old-looking kids. But you see, obviously the older people are standing in the background. You know its modern-day slavery, that's what it is. These kids are being used and they're looking at the older people with money in their pocket, fancy cars. And these younger kids, some of them will be from broken homes, they have no direction. (Interviewee 16, male).

The visibility of young people involved in the drugs trade was also recognised by local service providers and An Garda Síochána as a cause for concern:

I am aware of very, very young kids who are still in primary school and I see them in the evening and they are caught up in the crack already as runners and holders and all sorts. (Service provider).

We're just a hot spot essentially at the minute, and we've found that the majority are 15, 16 year olds in the area are the ones who are selling (An Garda Síochána representative).

The local crack cocaine market was depicted as being lucrative and attractive to young people who are at times experiencing educational and employment disadvantage and family disruption. Local service providers and community representatives portrayed this in the following ways:

I suppose if you put yourself in the shoes of a teenager and their experience and if you are presented with the opportunity of a job selling crack as a teenager you are going to be easily groomed if you have food poverty and other poverty going on at home as a result. (Service provider).

For such a young group, it's amazing they are being groomed to deal in crack and you can kind of understand why when they have all that other stuff going on at home. (Community representative).

Some young people within the community were described as having been groomed, raising deep concern regarding safety and protection issues for young people as expressed by community representatives and service providers:

I think we need to look at the longer term as well that's related to this and that we need to be looking to change something very fundamental in terms of how we view those children. Those children need to be protected but yet they are involved in things that are very destructive to them and to the people around them so we need to protect other people from them as well. There has to be ways of doing it. (Service provider).

Young people were primarily portrayed as dealers of crack cocaine and not users of the substance, however, it was suggested that many young people are involved in dealing crack cocaine as a result of other substance use and related debt:

I think there are an awful lot of young people being pulled in to be used for selling crack and a lot of them would be using tablets and stuff like that but not necessarily using crack. (Community representative).

Community representatives and service providers referred to the crack cocaine market as a business economy, generating an income, for those involved in the market as described by this service provider:

It's actually an economy and it's a business and like any other good business it is organised properly, now it's not socially acceptable but it's organised to make money and it is making money, it's making a lot of money. (Service provider).

The current and local crack cocaine situation was likened by some research participants and interviewees to the heroin epidemic and seen to be as an ongoing result of the local experiences of disadvantage and poverty:

It's no accident that crack is coming into areas like this. These areas are being targeted, because people are repressed here. There are people who are struggling in these communities who are already disturbed in their lives. So crack cocaine will wipe down that for them in a few minutes, regardless if it's only a few minutes. Once you get a taste of that drug, and you're not right, like I wasn't, that takes it away for that time, for that period. You're just okay for that period. People are low enough in the community. Like, look, at the social aspect to it, there are no work opportunities. All of the opportunities that people are deprived of, that affects people and they're looking for something to numb that. (Interviewee 16, male)

The perceived association between crack cocaine use and wider social and economic issues as experienced by research participants was echoed by community representatives and service providers. One community representative stated:

What I do know is that whether it is crack cocaine, or heroin at the time, or even alcohol, or weed. They're symptoms of something and used for a reason. I would say here in Ballymun we have a higher use of drugs in relation to the socio economics and the disadvantages of the Ballymun area. We can't allow the disadvantage to continue. Because I think we will still be talking about a different drug in another ten years and another ten years after that. We need to empower people in the community and help people live their lives. (Community representative)

The ongoing social issues in the community such as poverty and unemployment and the gap in local resources was also identified as a contributing factor to the local crack cocaine market by local service providers and community representatives:

I would say it is also related to policing and environmental factors that were occurring. There were limited resources and a lot of changes and I think there was maybe a vacuum or a space that allowed an enhanced supply to come in to Ballymun particularly when other resources were going into other areas like the North Inner City. So I wonder if apart from the demand issue was there something else going on environmentally where it [crack cocaine market] was allowed to flourish a little bit more. (Service provider).

This chapter has outlined that across all the data groups, the local crack cocaine market in Ballymun was of particular concern. Research participants also expressed their disquiet and concern in terms of the availability and visibility of both crack cocaine usage and dealing; the accessibility of crack through aggressive targeting and overt dealing; young people's involvement in the crack cocaine market and the

role of environmental factors influencing the local crack cocaine market. Research participants highlighted that crack is a readily available substance within the community with the current availability of crack in the community now perceived as having increased over the past two years. The implications of the availability of crack cocaine for use, relapse and community functioning was highlighted.

6. Findings: Personal Consequences

This chapter considers the varied impacts of crack cocaine use on the individual using the substance. The key impacts identified in this research included physical health issues; mental health issues; relationship problems; housing difficulties and the negative aspects and consequences of the stigma directly related to crack cocaine use.

Physical health

The two main physical health issues associated with crack cocaine use and experienced by interviewees were breathing problems and weight loss due to a decrease in appetite and desire to eat. Interviewees described their physical deterioration as a result of their crack cocaine use as illustrated below by one interviewee:

Physically, I went down to nothing, I stopped eating. You stop eating on crack. You don't eat. You don't drink. You don't do anything. You're just doing crack. I forced food into me body, because I never felt like eating when I was doing it. (Interviewee 11, male)

Both current and former users of crack cocaine identified a lack of physical and psychological self-care and self-interest as accompanying their use of crack, stating:

I looked dreadful. I was in bits, I was really bad. Physically, I just didn't give a fuck about myself at all. I didn't give a fuck about anyone else. I didn't care about anything or anyone. I just wanted my next bit of crack. (Interviewee 17, female).

I've left myself with nothing in the fridge. I wouldn't eat for days. I could go for weeks [without eating]. Once I went for three weeks without eating, maybe four weeks. (Interviewee 4, female).

This evident lack of attention paid to self-care and well-being was also noted by service providers and identified as requiring a focused practice intervention:

The medical side of things for people using crack is very important. They don't care about their health and it takes a lot for them to go to see their GP so when they do, having rapid access to a doctor when they do is really important. Something like having a doctor to come to the drop in once a month just to check the clients would be good. (Service provider).

The inability to meet and sustain their basic needs around food, heat and housing was highlighted by some interviewees and for some this was identified as their breaking point and 'rock bottom':

I couldn't do it anymore. I came back to me flat one day. I walked in and I've no money for nothing. I've no food, no nothing. Nothing. I was selling everything. I was selling the furniture. And I just looked at the place and said I can't do this anymore. (Interviewee 15, male)

It was after wearing me down that much, I wasn't able to go out to make money for it anymore. I was that messed up, that I literally made pay day. I'd smoke crack all day. Sometimes, I didn't buy electricity. I went starving. I mean there was nothing in my presses, they were bare. There was nothing, no food. (Interviewee 5, female).

Mental health

An understanding of the negative impact that crack cocaine use had on interviewees' mental health and well-being was more easily identified and described by research participants than the physical health consequences. Interviewees described the mental health consequences they experienced in connection with their crack cocaine use as being far greater than and more consequential than the experienced physical health consequences, as illustrated by two interviewees:

About my head, it's worse than physical for me because I really feel my head is doing 90 miles an hour and saying 'Oh when am I gonna come down off this, when am I gonna come down off this?' The next day, I feel depressed and suicidal. I wanted to cry with tears but the tears wouldn't come out. Getting shame comes with that too. (Interviewee 7, female).

It's hard to describe what way it affects the mind. But it's living a delusion, and ways of behaving so erratically. My mind was destroyed. I'd say, I can only describe it as being very close to insanity. Insanity and depression and I don't know, a sickness. The high is so high that the low is, it's like that euphoria chart. The higher you go up, the lower you're gonna come down. And the lower I came down, my mind was just deteriorating. I felt like I was going off me trolley. I'd come down mad. (Interviewee 11, male).

Interviewees stated that they experienced confusion, depression, paranoia and anxiety while using crack cocaine. They also discussed the self-harm and suicidal thoughts they experienced and which they directly attributed to their use of crack cocaine, as described here by two interviewees:

I did suffer with a little bit of depression, but it was totally magnified by ten with the crack. By the end of my crack use, over the last two years, I had completely lost it. I had cut my arms a bit and I cut chunks out of my hair. The head was gone. (Interviewee 5, female).

Mentally I was paranoid to bits. But not only that, I was in a bad, bad depression. And nearly every time I took crack, near the end stages, I had suicidal thoughts, and stuff like that. And that's where it actually brought me to, trying to commit suicide. So it brought me to my rock bottom. (Interviewee 1, male)

Some interviewees described periods of time spent in mental health facilities as a direct consequence of the mental health issues they attributed to their use of crack cocaine:

I landed in the mental hospital several times last year because I was doing the crack and I didn't want to be doing it. You know what I mean? Last year there were seven times that I was in a mental hospital. For those seven times I knew that I didn't want to be taking crack. I was asking them to lock me up for it, I felt suicidal. I was talking to the psychiatrists and trying to solve my mental health problems and all that kind of stuff. (Interviewee 16, male).

So the stress I'm putting on me mother, and the stress I was putting on me kids, losing my son, losing my self-worth. I have no money robbing everything out of the house and selling it. My mental health and physical health was all over the place. I was exhausted. I was spending most of my time with psychiatrists, in and out of St. Vincent's regularly because I was trying to kill myself. (Interviewee, 10, female).

Interviewees described how they sought help and support in mental health facilities in the absence of crack cocaine specific support services as stated here:

There's nowhere to come down off crack. And you see a lot of people down at the hospital when they're coming down off crack cocaine. And a lot of people are suicidal. (Interviewee 16, male).

Some interviewees perceived mental health facilities as the most appropriate and needed facility to seek support in, as the impact on their mental health is centre stage. Some interviewees also believed there to be a lack of other crack cocaine specific supports. Treatment providers acknowledged and outlined the difficulties in accessing mental health facilities where the mental health issue is a consequence of crack cocaine use. One service provider stated:

There is a visible kind of crack user that you see in the street. You see them tapping, they have psychological problems, and they end up trying to get in to St. Vincent's. If they're lucky, they will get admitted but because they're drug users, they don't really always get admitted so there's that kind of cohort that you see. (Service provider).

Interviewees emphasised the impact that crack use had on their character, their identity and their physical, mental and emotional well-being, as described here by two interviewees:

With crack it just took away my whole being. It just stripped me of everything that made me. (Interviewee 8, male).

It [crack] destroyed me. With the heroin I was managing to kind of keep myself together and you know maintain a bit of dignity but as soon as I went on the crack that just went out the window. (Interviewee 15, male).

Interviewees also described how their use of crack cocaine affected their relationships with family and friends and access to children and grandchildren:

So, I hadn't got friends or family, my family didn't want to know me, they'd had enough of me and they washed their hands with me. Because they were saying to me for over 15, 20 years, "please get help." They couldn't do any more for me. Friends went out the window and family kind of distanced themselves, and I distanced myself from everybody. I isolated myself. (Interviewee 1, male).

My eldest daughter is talking to me now but the rest of the kids aren't talking to me still, even after being through treatment. And I can't blame them because they were terrified. The kids were worried sick that they were going to find me dead. I dragged them through it as well, I put them through hell. And for someone to watch their father killing themselves, it's horrendous, it's traumatising. (Interviewee 11, male).

Housing

Difficulties sustaining housing are not uncommon amongst people who are experiencing a problematic relationship with crack cocaine. Interviewees described how they lost their homes as they were not able to maintain their homes due to their chaotic lifestyles they attributed to their use of crack cocaine:

Yeah. I lost my home because of crack. (Interviewee 11, male).

Because of the crack our gaff went to bits. The door was broke, people were coming in, people were just walking in doing crack on our stairs. Crack took over our gaff. Our whole gaff was ruined so we got reported to the council and we lost our house. (Interviewee 6, female).

Further to this, some interviewees discussed their experiences of their homes being taken over 'hostile takeover' by other people for the purpose of bagging and selling crack cocaine. Interviewees who experienced a 'hostile takeover' described feeling intimidated, threatened and frightened by this experience as stated below:

It was horrendous. There are no words to put on it. It's very surreal when someone comes into your home and says "We're staying for a while". And they're threatening. They literally took over my home. So I didn't really have a say in the matter. I was trapped there. What could I do? You either go along with this or something's going to happen, something bad. And I knew that. (Interviewee 11, male).

If I went in to make a cup of tea, I wasn't even allowed to make a cup of tea. They took over my house. They owned it. They said "now we own this". They were threatening me, threatening my son. I was scared. (Interviewee 4, Female).

Some interviewees discussed how they received crack cocaine in return for their homes being used for the purpose of selling crack cocaine:

They gave me crack, trying to get me more involved where I didn't want to get involved. At least I was lucky that I had that. I had a little bit of awareness in that sense. I said "Look, you have my home, you're not getting me." So I knew not to get involved or get in debt or anything like that, because then I would've been owned. So I never asked or anything like that. It was just thrown to me. (Interviewee 11, male).

I wasn't paying anything for crack. They were just giving it to me because they were in my home. (Interviewee 4, female).

In light of the emerging issue of 'hostile takeovers' in the community, some houses have become known locally as crack houses as described by this service provider:

I would have been aware of possibly well definitely two, what they call crack houses and these would have been houses in the Ballymun area. (Service provider).

The concerning development of 'hostile takeovers' has called for a local response to support vulnerable individuals in the community to engage with Dublin City Council regarding their housing needs and difficulties as described here by two service providers:

That housing support piece is really important. If it is a crack house and people coming and going, people don't tend to be using in isolation, it is a group thing. That might be the attraction to it too because people are using with others they are not isolated. It is difficult then when someone wants to stop but others are using in their house. (Service provider).

I think there has been some pretty good work even quietly by people sitting around this table

[treatment and rehabilitation service providers] regarding negotiating hostile take overs, for want of a better description with the city council and that. There is probably a system to be drawn out of that and that could be used, on a wider city level about how you go about how you approach things like this. (Service provider).

Women and crack cocaine

Four of the five women who took part in the research were currently prescribed and taking methadone and one had recently completed a methadone treatment programme. Four of the five women interviewed were mothers and three of these had a child or children in some form of care. The increased use of crack cocaine amongst women was highlighted by and identified as being of particular concern to treatment providers and local community representatives:

We work with parents of young children mainly mums and we certainly see a big increase in mums using crack cocaine. (Service provider).

The impact on the children of women using crack cocaine was also of particular concern and to the forefront of discussions regarding necessary actions within the community as illustrated by a local service provider:

There is a fall out from crack cocaine affecting our children. Children are going hungry and I really want to reiterate the point that we have children in this community who are hungry and I feel the emerging issue of crack cocaine is a cause of that. (Service provider)

Of the five women interviewed, four had previously been involved in sex work as a result of their crack cocaine use. Some women described how they exchanged sex for money in order to buy crack for their own use and others directly exchanged sex for crack cocaine. One interviewee stated:

I would do anything I could to get crack. I've sold myself and everything to get the money for it, you know. My morals went out the window. Me self-respect went out the window. Any kind of dignity I had. And then later after that I'd be lying there thinking "What have I done?" I'd be crying me eyes out. You know, that kind of thing. (Interviewee 10, female).

The women described varying degrees of involvement in sex work as associated with their use of crack cocaine. They also described their involvement in sex work as emotionally challenging and something that they hadn't been involved in while using other substances:

No most of the time it was with crack dealers. And I mean it, oh my god it knocked me to the ground, you know what I mean. You hate yourself. I used to cry every time. I went completely numb on myself, I was dead inside. I had no feelings anymore. I really didn't. I became really hurt, really hurt, you know? And the only kind of emotions I ever had was either anger or being really sad. (Interviewee 5, female).

I used to go and sell myself, like go on the game. I did that most nights. I never had to do that for anything else, any other drug, it was the crack. (Interviewee 6, female).

Stigma

The stigma associated with the use of crack cocaine was discussed by interviewees as an important issue related to the use of crack cocaine. Interviewees described the stigma associated with crack cocaine and how they believed they were viewed in comparison to people using powder cocaine and/or people using other substances:

Crack users are viewed as the lowest of the low. But yet, they [powder cocaine users] can be the highest of the high. Those fellas that were in my house, they'd be snorting coke, but I was the scum bag. (Interviewee 4, female).

The word crack, it's just so much darker, that's people's perception. And even when I say crack it just reminds me that it's a dirty word. It's just a dirty word to me, but it doesn't mean that people that take it are. (Interviewee 5, female)

Some interviewees described the impact that the stigma associated with crack cocaine had on them. Crack was described as a dirty drug and therefore those who use crack were perceived as being dirty. Feelings of shame and embarrassment were described, as stated here:

I can live with my alcoholism. You know what I mean? I say look, that's the world we live in. You know what I mean? But this crack, it's just not acceptable. I bow my head in shame. (Interviewee 15, male).

If you're using crack it means you're dirty, you robbed this person, you robbed that person, but I never robbed anything in my life. Shops, yeah, but I never robbed on my father, never robbed any of my family. I can say that, never, that's one thing I never done. If I needed money I got my own. I just think it's a horrible, dirty fucking drug. Even the word crack head, you dirty crack head. It sounds horrible. No one wants to be known as a crack head. (Interviewee 17, female).

This chapter considered the personal impacts of crack cocaine use on the individual using the substance which included physical health issues; mental health issues; relationship problems; housing difficulties; women and sex work and the consequences of the stigma directly related to crack cocaine use. Issues of particular concern illustrated in this chapter included the emergence of 'hostile takeovers' and 'crack houses' in the community.

7. Findings: Family Impacts

This chapter outlines the impact of crack cocaine use as experienced by family members. The impacts described by family members included fear and intimidation; physical and mental health issues; and disruption within the family home.

Fear and intimidation

Family members described being frightened in their homes as they experienced aggression and intimidation from their adult children. This aggression and intimidation was attributed to their adult children's use of crack cocaine and their seeking of money for crack. This is described here by a family member:

Can I just say though, it's really life and death there. And other families have been very intimidated, very scared, just really frightened. People that were on heroin years and years ago, a lot of them were even doing really well in recovery, have gone back and they're using again. And it's the crack cocaine that they are using. (Family support member).

Some family members experienced not only a feeling of fear when in their homes but also feeling fearful about leaving their homes as described by one family member:

I'm getting now that I don't really want to go anywhere, I don't want to leave the house. It was a hard decision to come here tonight because I'm afraid to leave the house. I'm afraid to leave the house because when I go home the house is bedlam. (Family support member).

Family members gave accounts of the intimidation that they experienced as a result of family members, adult children in particular, seeking money for crack cocaine. Family members told of being afraid when they said no or when they didn't have the money to give, as outlined here by two family members:

I used to give money because I used to be afraid of what he would do if he didn't get enough. I kind of hate him to get into trouble. (Family support member).

I have a terrible fear. The fear is unbelievable. I am terrified of him [son] with drugs. So when you have fear, it is very difficult. I couldn't cope when he was living with me. So I'm better off really, he's in a better place right now, but I'm a better person. (Family support member).

Feelings of guilt and responsibility were expressed by family members regardless of whether they did or did not give money to their adult children:

When a person is like that, what chance have you got when they're mad for the stuff, and you can't control them? And you feel guilty not giving them €40, or when I haven't got it. I feel guilty, I can't sleep. But that €40 is back again in another five minutes. They have the same thing. He forgets he got it. He forgets sometimes he got it. (Family support member).

Health impacts

Family members explained about their own health issues related to the use of crack cocaine by an adult child. Stress and anxiety were the main health issues expressed as being experienced by family members particularly due to worry, fear and intimidation. Two family members gave account of their experiences:

The impact that's having on the parents is that they're stressed out. They really, really are experiencing high stress levels. It's not just the user themselves but everybody in the family is suffering. (Family support member).

Its god damn 12 o'clock in the morning, and he [son] is saying "ma, have you got, have you got, have you got money?" It's horrible. I certainly won't relax. (Family support member).

Family members spoke of seeking out their GP and other mental health supports to address the levels of stress and anxiety they experienced within their family home, as stated here:

I just wanted to go somewhere and not come back. Just to get help. You know what I mean? (Family support member)

It revolves around you all the time, the stress and anxiety consumes you. You go to the doctor, you're told its stress, stress, stress. I go out and think I could be dying of stress. (Family support member).

Family disruption

Local service providers and community representatives described the impact that crack cocaine use is also having on young people within the family home where there is crack cocaine use and the effect that crack cocaine use is having on parenting capacity. Service providers and community representatives outlined how the increase in crack cocaine use in the community is creating increased levels of chaos and disruption within the family, impacting on family functioning and children in particular, as illustrated here:

Crack is causing a huge amount of chaos for families and the structure in those families is breaking down. Very quickly the crack use becomes chaotic and it does not stay at a manageable level. When there is an increase in use, it impacts on families and it impacts on children. (Service provider).

It is very complex especially where the drugs really have a hold on maybe more than one individual in the family. Just the awareness that when you go into that home, just total chaos and the inability to manage. They literally have lost the ability to manage the day-to-day, so children aren't going to school, there's no food in the house, the place is filthy. But also, levels of violence, like worrying levels of violence. (Community representative).

Concerns were expressed particularly in relation to the perceived increase in women's use of crack cocaine, particularly amongst women who are also mothers. One service provider stated:

There is a concern in terms of mothers who are using crack and again it is the rapid shift of being able to function to really not being able to function in a very short space of time. That would be my concern there. (Service provider).

Research participants described the impact that they believed crack cocaine use was having on and within the family unit. These impacts referred to children being hungry, not attending school and being frightened due to a parent's aggressive behaviour resulting from crack cocaine use:

A lot of feedback has come back from the schools and a number of schools are dealing with the issues like the kids coming in hungry or sometimes coming and being completely unable to concentrate because of what's going on at home. (Community representative).

There's more and more children missing out on education and it's becoming an education welfare officer's duty to try and step in there. (Service provider).

Concerns were also expressed by some research participants around how to intervene and support these young children from a service provision and a community perspective:

What I find now here the last two years, I'm amazed at how insular people have become. That people want to just close out their door, and they don't want to know. That it's almost, "Just let me manage what I have here to manage and that's as much as I can do. But I can't take that on". (Community representative).

If you have 3 or 4 year olds they are not able to process that emotion, that fear that's coming on for them and they are starting to act out and very young children are getting excluded from crèche you know because they are not able to interact with other children because they are living in fear and anger and they cannot say it. (Service provider)

Stigma

The stigma associated with the use of cocaine was also experienced by family members of those using crack. Family members described their difficulty in accepting and acknowledging that a family member was using crack cocaine as they perceived this substance and its use to be far worse than any other substance. One family member described how the stigma attached to crack cocaine had influenced her own perceptions around her son's choice of substance:

My son was addicted to cocaine, I knew that and I was devastated, done everything to try and help. But then when he did progress onto crack cocaine, now to me the cocaine is all right once he's not on the crack. I think it's because there's so much about it in the media. People see people like a crack addict, they think they're dirty, they're scum, they're worse than a heroin addict. It's just weird the way you can accept your son on cocaine, because he's not on crack cocaine. (Family support member)

The stigma associated with crack cocaine and experienced by family members and concerned others was also portrayed as having implications for family support service provision as described here:

You see with family members it is different. So I would be listening to a family member talking about behaviours and it screams at me crack cocaine. I asked a woman yesterday is your daughter using crack cocaine and she responded I don't know. There is definitely a stigma and for family members they just can't quite get their head around, they just can't contemplate that their child might be using crack cocaine. I would be aware from the behaviours they are describing that it is crack but they won't allow themselves to admit it. (Service provider).

This chapter outlined the impact of crack cocaine use on family members. The impacts described by family members included fear and intimidation; physical and mental health; and disruption within the family home. Family members described being frightened in their homes as they experienced aggression and intimidation from their adult children seeking money for crack cocaine. Family members also described their own health issues including stress and anxiety due to worry, fear and intimidation. Local service providers and community representatives described the impact that crack cocaine use is also having on young people within the family home where there is crack cocaine use and the negative impact of crack cocaine use is having on parenting capacity.

8. Findings: Community Concerns

Community representatives and local service providers described the community's concerns in relation to crack cocaine use. The concerns highlighted related to crime and violence; fear and intimidation; law enforcement; and community awareness and action.

Fear and intimidation

Research participants described feeling frightened and intimidated by gangs, by the visible drug market, and by the evident crime and violence in the community. Overall a sense of feeling unsafe within the community was expressed by many interviewees and research participants along with a heightened sense of risk to personal safety. Crack cocaine was described as being at the root of this, as outlined by two community representatives:

There's a lot more fear in the area for people because of the crack and you just don't feel safe. (Community representative).

I wouldn't feel safe going to different areas recently, and that's an actual change, I wouldn't have felt like that before. (Community representative).

Due to the use of crack cocaine and the overt dealing of crack cocaine along with other associated issues such as violence and crime, the community was seen to have become what was described as a 'no go area' heightening feelings of fear within the community:

The people that I talk to are afraid to go into certain areas. Even in the day time they are afraid to go to certain areas. So people's lives are affected, and all those little things have a major effect on people living in this community. (Community representative).

Crime and violence associated with the increased levels of crack cocaine use and selling in the community was also identified as a primary concern for local community residents as stated here by two research participants:

If you're seeing that on a day to day basis, that violence is in your face, it's kind of like, that's not safe, and before the crack I thought the violence wasn't so blatant. (Community representative).

The desire for the drug is immense, it's causing these things to happen. Anybody can be mugged ya know on the street at any given time now because the desire for crack is so strong in that that they have to get it. Even the amount of house burglaries around the area has increased. It's that fear thing like their picking on vulnerable people. (Community representative).

Shoplifting, house break-ins and robberies were perceived to be on the increase locally, impacting on local resident's sense of safety and security within their homes and their community:

More violent robberies have escalated. Those exhibitions of people needing to get money for crack is very evident and those kinds of things were at a real peak about six months ago. I don't know if it was people coming from outside to score or our own locals but people were noticing those things. I don't know if it was panic or people just seeing this as being out of control plus the lack of policing resources and the poor response that people were getting added to that certainly (Service provider).

In turn, this has impacted on daily structure and routine and for many has called for and resulted in changes in their daily schedules as described by this community representative:

Locals now have to organise their lives differently because it's not safe in our own area and there's something really wrong with that. (Community representative).

Within the community there is a perception that those who are dealing crack cocaine in the local area are out of the reach of law enforcement, 'untouchable', and it is on this basis that some of the fear stems from. Residents described their views that the community is 'being held to ransom' as stated below:

There's that sort of intimidation factor so the threat of violence is there and you're concerned because there are big groups of people dealing and gangs and there's no sense that they are working under any sense of limitation. (Community representative).

This change in the community landscape was described as being associated with the more recent emerging crack cocaine issue and comparisons were made with the previous prevalence in the community of other substances like heroin, as described by one interviewee and a community representative:

Back in the 90's you couldn't knock at a drug dealer's door at any time. Because you'd be ran from the door. But these doors are open 24/7. You can knock at a door anytime you want to get crack. And that's in many areas around Ballymun at the moment. So you see the neighbours have every right to be afraid. Crack is a completely different drug. With heroin, you won't do that but with crack you won't think twice. (Interviewee 16, male).

One thing that came across to me clearly was the lawlessness that's here [Ballymun] at the moment that wasn't there 10 years ago. There was respect in the community and for family members and neighbours, respect for your community. That's all gone, gone completely because of what has been happening with the crack over the last 18 months. (Community representative).

In light of the crack cocaine and other illicit drug issues as experienced within the community, research participants described 'a right to be afraid' and expressed their sense that this community was once a place of pride, support and community action:

A lot of people local to me would have been very proud of the place [Ballymun]. People rallied around, people responded, there has always been that sense for people in Ballymun in some ways protect your own. (Community representative).

Restoring a sense of safety, security, pride and spirit within the community was highlighted by community representatives, however, it was also acknowledged that getting involved in responding to the crack cocaine issue as local people carried its own risk and fear as described by two community representatives:

I think the fear that a lot of people in the community are experiencing is something we need to address. People need to feel safe again in this community. (Community representative).

Community awareness and action

There was consensus among the research participants from the four data sources that the Ballymun community has been broken in many respects by the emergent crack cocaine issue and a view was clearly expressed that this needs to be addressed immediately:

We absolutely need to piece this community back together and we need to piece families and people back together who've been really seriously affected by this issue but first things first we need to do something about the criminal activity that's going on. (Service provider).

Research participants described the power of the people in Ballymun as its greatest asset along with the need for law enforcement and local services to work together to respond to this issue, as described here by one community representative:

I think Ballymun is fantastic as a community in responding to things. But I do feel that reports are written and strategies are provided and it does take a period of time but we do need to have the Government on board too. We need to challenge that time frame in relation to a response to something like crack cocaine. I think from a community and people point of view, we're really good. But just the policy makers and the organisations and the government departments that need to react quicker. (Community representative).

There is a sense that the community has become overly reliant on local services to respond to local community issues rather than a community response. It was generally agreed amongst the community representatives that there is a lack of leadership and community activists in the community and this was identified as a core issue in the community's capacity to formulate a response to the crack cocaine issue as described here:

We are short of leadership in Ballymun and we really do need leadership. The question for me is why our community activists, why are they not vocal anymore. I think we need to get out there and stop the traffic. We can talk all we want but we have to take action because if we don't do it now just wait and see what is coming after. (Community representative).

Despite the acknowledgement of a need for a community response and the lack of a community voice and activism at this time, some community representatives explained that this was due to an underlying fear in getting involved. Research participants also described feeling frightened to raise their voices about what is happening in the community and fearful of any repercussions of doing so, as stated by these community representatives:

There absolutely needs to be some kind of response but I feel like I would be terrified to get involved because you are targeted when you become vocal about these issues. Being targeted is what would prevent me from being really vocal. (Community representative).

I think collectively the fear might not be as great. Yes individually it's terrible, it really is horrible but if we are together if we stand as one we collectively we grow larger. (Community representative).

Despite the fear amongst people in the community being vocal and playing an active role in responding locally to the crack cocaine issue, there was still a feeling of optimism that the community could pull together and play an active and leading role in responding and creating change within the community:

I think you will find the community leaders coming back out again working collaboratively to try and address the crack issue. We need to do this from lots of different levels but it is the power of people in Ballymun to take back Ballymun. There is a community amongst us which is great for me to know that. (Community representative).

Law enforcement

Along with direct treatment and rehabilitation interventions, a combination of community development and law enforcement have been identified as an effective approach to responding to crack cocaine and associated issues (Fischer et al., 2015). The connections between the community and An Garda Síochána were seen to be central to effectively responding to crack cocaine use, crack cocaine selling and other related crime. Community representatives identified a perceived lack of law enforcement in the community relating both to the accessibility to crack cocaine and the visibility of dealing in the community as described here by one interviewee:

It would have been helpful to me if there was a Garda presence on the street. That would have prevented me from buying it. You know what I mean? Crack is too easy to get. If it wasn't so easy to obtain maybe things wouldn't be as bad. It needs to be clamped down on entirely. (Interviewee 15, male)

The lack of a visible Garda presence on the ground in Ballymun was identified as a major concern within the community. Community representatives believed that the role a visible Garda presence could play in preventing the selling and buying of crack as significant. Research participants also expressed a feeling that a space has been created for crack cocaine use and selling to become normalised within the community:

We're all paying the price of the cutbacks in Garda resources since 2008, 2009. The community is definitely paying for that as we see here now, today with the crack. This community has suffered because of those cutbacks, it's allowed the criminals to get organized and to have a free reign in the area of what they want to do. (Service provider).

Along with the lack of visibility of Gardaí on the streets, local Garda numbers and resources were described as a key issue in the emergent crack cocaine market, with an increase in Garda numbers being called for. The gap in Garda resources has been described as frustrating for locals impacting on local policing but also damaging and weakening the relationship between the An Garda Síochána and the community as described by one community representative:

The Gardaí I know are highly motivated and want to do a good job but it [Ballymun Garda Station] is completely under resourced and I think that's the issue. I think it's completely under resourced the police station. There isn't enough Gardaí. We used to have great Garda numbers and Gardaí that would have worked with locals but a lot of those have been moved out of the area. When new Gardaí come in you are only getting to know them and they are moved out again. (Community Representative).

An Garda Síochána acknowledged the local view regarding Garda resources and the community's concern that there are not sufficient number of Gardaí in Ballymun despite the fact that the numbers have increased in recent years:

With the new recruitment phase that you've had over the last couple years, we've seen massive numbers come in here. About three years ago we'd be lucky to have three or four people working on the shift. Now we have eight, nine, ten, because of all the recruits that have come in. The only other thing is we now have a very junior station party who are not familiar and they don't have senior people there to actually show them around the place or whatever. I suppose we lost a lot of experience, because there was no recruitment for so long, and then everyone's disappeared. (An Garda Síochána representative).

Community representatives also expressed their concerns about how they perceived An Garda Síochána to be limited in their responses as described here:

The guards are only going to do what they can do. I know a house just up the road, it was a crack den for the last two and a half years and this man is selling crack 24/7 out of his house for two and a half years. And the community, they just have to leave it. And the guards know who these people are and I know they probably have their hands tied and they're doing their best. But doing their best is not enough at the moment. They need more help. (Interviewee 16, male).

An Garda Síochána acknowledged the local community's perception regarding their capacity, resourcing and limitations as stated here:

It can be hard to do something about it. It does look like the guards are doing nothing, but the guards certainly are doing something. Just because of the way it is happening and the locations where it's happening, it's taken up a huge amount of resources, and a huge amount of time. (An Garda Síochána representative).

There might be only one person in the public office, and one person out the back at the custody suite. Every other day we have an arrest in the vicinity of the station. The patrol is out, but the patrol car is all over the district dealing with whatnot. (An Garda Síochána representative).

It was agreed that a visible and efficient An Garda Síochána response is of the utmost importance as the community feels like the issue is out of control, however, it was agreed there needs to be a joined up response from the community and the Gardaí, working together, although this was described as more challenging of late:

Certainly from the conversation in this room today and in other rooms I think that there will have to be significant policing response to the situation because it's out of our hands. Certain levels we can deal with and help and support but the other stuff is out of our control, it is out of our remit completely. (Community representative).

Community representatives and local service providers described the community's concerns in relation to crack cocaine use. These concerns referred to crime and violence; fear and intimidation; law enforcement; and community awareness and action. Crime and violence associated with the increased levels of crack cocaine use and dealing was identified as a primary concern amongst the community due to the use and overt dealing of crack cocaine along with other associated issues such as violence and crime, impacting on daily structure and routines. Research participants described the power of the people in Ballymun as its greatest asset along with the need for law enforcement and local services to work together and respond to this issue.

9. Findings: Responses and Interventions

This chapter will present and describe the current existing interventions responding to local crack cocaine use; and the gaps and challenges in providing an effective response to the range of issues experienced with crack cocaine use.

Available responses

Service providers outlined their experiences of responding to the increased crack cocaine use in the community and of working with current and former users of crack cocaine. There was general agreement among this cohort that crack cocaine is causing significant problems for those using crack cocaine and described the use and the consequences of crack cocaine as more problematic in its negative effects than what they had previously experienced responding to heroin:

I would say the crack cocaine problem is big, it's every day, it's grabbing more people, it seems to have a huge hold on people, it's their physical, and their mental issues that become affected and they become emaciated. It's a different drug to heroin and other drugs, so I would say if you can compare the devastation from drugs, I would say it's worse than heroin. And it's probably maybe a silly thing to say, but it seems to cause more catastrophe for people whether it's losing their family, ending up in prison, doing things to get money that they would never do, engaging in sex acts, doing jump overs, getting involved in dealing, ending up owing hundreds or thousands to people where they can't get out of the dealing. So to me it is a serious, serious problem. (Service provider).

Service providers described the responses available within current service provision along with the prevailing challenges encountered in working with and providing a service to individuals who are using crack cocaine. Drop in services; crack pipe distribution; outreach including street work and home visits; advocacy; 1-1 key working; and the distribution of food parcels were identified as core interventions and responses currently provided. Interviewees who had experience of ceasing their use of crack cocaine described what worked for them in this process:

I eventually asked the doctor in the clinic to increase my medication until I stabilised, and then I started decreasing. One particular doctor refused to deal with that, so I started doing it myself, reducing at home, I just kind of had enough. When you hit rock bottom, there's only one way back. So I put me hand out for support. I started using all the supports that I had within the community of Ballymun. I used every one of them like key working and counsellors and doctors. And I just kind of let them all know that I wanted to make change for the better for my life. (Interviewee 1, male).

From their interactions with individuals who have both current and former experiences of using crack cocaine, not all those receiving treatment and supports felt it was necessarily a good thing to disclose to doctors and clinics, as described here by a local service provider:

Certainly there can be a reluctance to let people know you are using crack because you will get kicked off certain clinics, stuff like that, cos you would be seen as a risk in terms of violence and gun crime coming in on top of the clinic. People are being put off not for disclosing they are on crack but it becoming known that they are using crack. So there is a view out there that whatever you do say nothing. (Service provider).

Crack pipe distribution was identified as a key intervention as both a tool for engagement and a harm reduction response. This intervention was implemented on foot of inter-agency discussions and the agreed need for an inter-agency approach to crack cocaine use in the community. Crack pipes are distributed on site in the Ballymun Youth Action Project and by the HSE Addiction Service:

When they go from once or twice a week up to seven days we do see them drop off for a while then they might come back in again. But when we got the crack pipe exchange word was getting around that we had them people were popping in again. It is brief interventions so the contact might be short and irregular but still brief interventions. You are not going to sit down with someone for an hour so it is about using the time you do have with somebody. (Service provider).

Drop in services, delivered by different service providers in the community and outreach work were also believed to be an important response to crack cocaine. This view is illustrated below:

I think home visits are important, yeah. Like if we haven't seen people even in the drop in in a while we will go and visit them at home. That is the way we make the service accessible if they aren't coming to us we take the service to them. Even on outreach out on the street we bump into people on the street and encourage them to come over. We also have open access five days per week. People have often come in for a cup of tea, a toastie and a chat. That is the opportunity to engage with them and have a chat with them. (Service provider).

Service providers described how basic needs such as food are being neglected and unmet impacting on the physical health and well-being of those using crack cocaine prompting a 'home pack' response which includes the provision of basic necessities such as food and hygiene products. This was seen to be an important response not just in terms of ensuring basic needs are met but also acting as a tool for engagement either within the service, giving service users a food pack when leaving or delivering packs to people's homes, as described here:

The food packs are structured and regular enough probably once every two weeks. But certainly going to where people are at it does have an impact in terms of engagement, it does allow us to see where people are at, see their environment and engage with them it is a hook or an entry point for building the relationship and trust as a first step to engagement. (Service provider).

Despite the availability of responses and interventions previously outlined, interviewees described their belief that there is a lack of available supports and responses to those who are using crack cocaine:

They don't give as much support to people using crack and there should be more for them. People seen how bad I went in a few years and not one doctor asked to see me in them years. I think people are just sitting back a bit too much, they don't really care, we're just a number to them. They don't care about us, it's like the system just doesn't care about all of those people just out there and nobody there to turn to and look for help so you've nobody. So that's why my head is so fucked. There should be more centres open for people to go to. Something for them to do in their day. If I had something to fill the void, it probably wouldn't be as bad (Interviewee 6, female).

Challenges and gaps

A number of challenges were identified by current and former users of crack and service providers in terms of working with individuals who are using crack cocaine and providing responses to the range of issues associated with the use of crack cocaine. These challenges were identified as the threshold for access into services; the lack of respite beds; housing support; engagement and relationship building; the use of other substances along with crack cocaine and health and safety issues related to delivering an outreach response. The threshold required to access and receive services was identified as particularly challenging for some, as expressed here:

A lot of people that are on crack, they're curled up in their own head. They're riddled with fear, anxiety, depression, everything, paranoia. I think going out and approaching families, or going out and approaching individuals, rather than waiting for them to come to the services. It would be great if services could go out and approach them. I think they'd have more of a higher impact, a greater success rate. I know services in Ballymun and what they do is great, and they have an open door. But a lot of people struggle to get to that open door. And I think if they could bring that to them, it'd make a big impact. (Interviewee 1, male).

Delivering a focused outreach response was identified as crucial when intervening in crack cocaine use. The challenges facing individuals using crack and their families in accessing a service was acknowledged, reinforcing the importance of bringing a service to individuals and families as described by one service provider:

There are concerns for people going out working on an outreach capacity, and that's something that has never been there before. The work that the outreach services are doing with the most fragile and the most vulnerable members of the community is being affected, they are stopped from doing that and there is just a huge impact both on the person that needs the support and the broader community. (Service provider).

Current and former users of crack cocaine described the need to get out of the environment they are living in particularly due to the increased visibility of and accessibility to crack cocaine through the provision of residential interventions outside of Ballymun. Both service users and providers identified the lack of residential and respite beds for those who are using crack cocaine as particularly challenging and a gap in the current local response as described by two service providers:

With the people we work with, the seven day a week users, the lack of those respite beds and stabilisation beds is really important. (Service provider).

Sometimes people just need that stabilisation of an inpatient bed where they can become well enough again to deal with their lives without being discharged and being very, very unwell. (Service provider).

Engagement with and building and sustaining a professional relationship with those who are using crack cocaine daily was described as challenging due to the nature of crack cocaine use. Engaging with and retaining crack cocaine users were described as difficult due to the intensity of craving and a level of unpredictability where crack cocaine is concerned. Service providers agreed that they are often working within a short window of opportunity:

I found that trying to work with active repeat daily crack users is extremely difficult because you don't really get buy in from them because they're just so consumed with the drug. If they're not trying to get money somehow to buy it, they're using it, they're dealing, they're selling, so kind of getting them to sit down with a councillor for a half an hour next Tuesday at 4pm it really doesn't happen. (Service provider).

Local service providers also identified the importance of intervening as early as possible with the cohort identified as those who are using crack cocaine less frequently:

I think there is something for us to make the distinction between those infrequent users and the seven day users. Is there a tipping point like getting people before they tip over? Is there something about having conversations about losing control before they tip over? Something about those transition points because they have tipped over to another level of use. (Service provider).

Service providers discussed the mental health issues that they see service users experiencing related to their use of crack cocaine, issues such as depression, anxiety and paranoia. Responding to the dual issues of mental health and crack cocaine use was identified as an ever increasing issue and challenge having specific implications for individuals using crack cocaine and the service providers responding to the range of issues:

I think the whole mental health area is really serious, I don't know if I'd call it a gap, maybe they're overstretched. But I've been in situations up in A&Es with people who really, because of their drug use are, I'm not a professional psychiatrist, but you'd know that they're really actively psychotic. You know this thing of, in hospitals they say, "Oh well, this is all drug induced, so we discharge it back to the community services. (Service provider).

Despite the challenges experienced by service providers and the gaps in responses, service providers were clear in their beliefs that people can be helped and that positive change for individuals, families and communities is possible:

The important thing is to never give up hope because if it becomes hopeless, well then what can we offer people who are struggling? If we don't lose hope and we say, "Of course there's a way through it" and we get them to the services. (Service provider).

Inter-agency work and rapid or at least earlier responses to crack cocaine use and related issues were identified as crucial areas for policy and practice development:

I'd love to be able to say we have a rapid intense response rather than waiting lists because of that small window of opportunity. (Service provider).

Service providers also described the need to challenge the stigma attached to crack cocaine use and creating ways to make accessing services less challenging due to this stigma:

Around entry and access points I remember we had the same a few years ago when talking about a community response to alcohol use. When we were talking about alcohol use they [Primary Health Care] would say that people would come in for other issues because of the stigma that

is attached to alcohol use and they would come in and talk about not sleeping or getting a note for welfare or something from their General Practitioner but underlying that when explored it was problematic alcohol use or something else going on. (Service provider).

There is already a hierarchy within the substance use population but if we are reinforcing that as service providers we are actually doing double damage we do need to look at our own language. But there is something about the message we are giving to somebody. So when they say I'm using so many rocks I say so you are using a lot of cocaine. It takes the myth away and changes the language and reduces stigma. (Service provider).

This chapter has outlined local service provider's experiences of responding to the increased crack cocaine use in the community and of working with current and former users of crack cocaine. There was general agreement among this group that crack cocaine is causing significant problems for those using crack and described the use and the consequences of crack as more problematic in its negative effects than what they had previously experienced responding to heroin. Service providers described the responses available within current service provision along with the prevailing challenges encountered in working with and providing a service to individuals who are using crack cocaine.

10. Discussion

From the research, core themes emerged as significant in terms of how we understand and respond to the crack cocaine issue as experienced within Ballymun. The emerging themes included the negative impact of crack cocaine on those who are current and former users of cocaine; young people and the local crack cocaine market; the negative impact of crack cocaine use on family members and the wider community. These core issues shed some light on the existing issue and indicate the need for particular interventions and responses.

Profile and patterns

Ireland is recorded as one of the countries with the highest prevalence of crack cocaine use in Europe (EMCDDA, 2018). National prevalence and drug treatment data have also shown an upward trend in both powder and crack cocaine use (Heath Research Board, 2018; NACD & PHIRB, 2015). Powder cocaine and crack cocaine user groups have been categorised as recreational users in nightlife settings; socially integrated regular users; users of crack cocaine and people who inject powder cocaine and crack cocaine (EMCDDA, 2018). This research specifically sought to target and collect data from those who were categorised as using crack cocaine and not powder cocaine. Within this category, the profile of those using crack cocaine has been further categorised as those who are abstinent, those who attempt to control their crack cocaine use and those identified as heavy or daily users (Daniulaityte, Carlson, and Siegel, 2007). In this research 12 (70.6%) of those interviewed self-identified as regular/daily users of crack cocaine while 5 (29.4%) identified as occasional users of crack cocaine. This finding highlights that there are people within the community who are attempting to reduce and cease their use of crack cocaine despite the challenges they face, firstly to achieve this status and secondly to maintain this position over time. Furthering our understanding of how those who formerly used crack cocaine achieved abstinence even for short term periods is important, given how it was reported that abstinence from crack cocaine is widely believed to be unattainable given the lack of a pharmacological substitution treatment like methadone for opiate dependency. Gaining greater insights from those who have achieved abstinence could play a significant role in challenging the prevailing attitude about crack cocaine recovery and help to encourage those currently using crack cocaine to access existing services.

Recognition of the different categorisations and profiles of individuals using crack cocaine and how to effectively respond was also highlighted as important by local service providers in this study. Engaging with those who use crack cocaine frequently and/or daily was described as challenging given the chaotic nature of daily crack cocaine use which creates difficulties in terms of access and engagement; and with respect to the building and sustaining of a professional relationship. Service providers described their difficulties in retaining those who are frequent and daily users of crack cocaine in services due to the chaos and intensity of cravings. Due to the more complex issues associated with frequent crack cocaine use and the extensive needs of those who fit this category, the predominant focus is often about how to engage and retain this profile of service user in services. However, the importance of intervening with those categorised as less frequent and controlled users was also identified as significant for two reasons. Firstly, to further our understanding and knowledge base of the differences between those who have some control over their use and those who are daily users of crack cocaine. Secondly, service providers believed that if they can work with the less frequent and occasional users before they 'tip over' to more frequent and daily use there is greater opportunities to support service users to address their use before

it becomes unmanageable leading to an array of health and social issues.

Crack cocaine and other substance use

Polydrug use is a common feature of the current drug using landscape (NACDA & PHIRB) with local agencies in Ballymun reporting that many service users are presenting with poly substance issues. These substances were reported as cannabis, benzodiazepines, crack cocaine and alcohol (BLDATF 2017). Similarly, this research found that all 17 (100%) research interviewees using crack cocaine were also using one or more other substances including heroin, alcohol, methadone, benzodiazepines and Lyrica. The use of methadone along with crack cocaine warrants specific consideration. Recent European data (EMCDDA, 2018) revealed that 40% of all those seeking treatment for crack cocaine report heroin as their secondary drug. The NDTC has reported a yearly increase, since 2012, in the number of opiate substitution treatment patients testing positive for cocaine. This research found that 76.5% of those individuals currently using crack cocaine were also methadone treatment patients. Research participants described a lack of disclosure to methadone treatment providers in an effort to keep their use of crack cocaine hidden. This was described as being due to fear of being 'put off' the clinic but also because of the stigma attached to the use of crack cocaine. Polydrug use itself and the lack of disclosure regarding the use of crack cocaine and other substances like methadone warrants further consideration and responses given the adverse consequences including physical ill health, violence, aggression (Kendal et al., 1995) and the increased risk of overdose (Long, 2005; Shapiro & Ford, 2004). Consistent with previous research, this research has shown that those who use crack cocaine and other substances have experienced similar social and health problems. This has implications for local service provision with respect to the range of social and health interventions required to respond to crack and other substance use effectively.

The local drug economy

Ballymun continues to be characterised as an area challenged by poverty, unemployment and social problems including substance use (BLDATF, 2017). The continued exacerbation of these social issues has been identified as factors influencing the development of local drug markets (Connolly & Donovan, 2014). The adverse consequences associated with the availability of and accessibility to crack cocaine locally emerged as a core area of concern in this study. Previous literature (Copello, Templeton, Orford & Velleman, 2010; Loughran & McCann, 2006) has long shown the negative impact that substance use can have on families and communities. Feelings of fear and a lack of safety have been shown to exist in communities where drinking and drug using and congregating of young people is visible, adversely impacting on local quality of life and the carrying out of daily activities (Loughran & McCann, 2006). A key finding to emerge from this research reiterates these previous findings, showing the heightened feelings of fear and intimidation experienced by family and community members. The feelings of fear and intimidation experienced within the community, attributed to increased crack cocaine visibility, availability and accessibility within the community has contributed, not only to a heightened sense of fear and intimidation, but also to a poorer quality of life locally. This has implications for community engagement and service provision as the research participants described withdrawing from public places and daily routines. This has negative consequences in terms of both community engagement and community action, something that has historically been a positive feature of the Ballymun community. But also, the adverse effect of withdrawing from public and community spaces perpetuates further the challenges facing service providers in reaching and accessing those most in need of support.

Concerns for young people and their involvement in the local crack cocaine market emerged from this

research. Young people have been found to play a significant role in local drug markets with one fifth of suspected supply offenders aged 18 years or under (Connolly & Donovan, 2014). In this research young people were described as being involved in the drugs trade in terms of the selling of crack cocaine but they were not described as using crack cocaine. Previous research has found that young people's involvement in the drugs trade is more common amongst those who are using stimulant type drugs such as crack cocaine but also as drug dealing is thought to contribute to and perpetuate increased drug consumption due to the availability of illegal substances (Bretteville-Jensen & Sutton 1996). Involvement in the illicit drugs trade also puts young people at risk of increased likelihood of violent interactions (Casavant & Collins, 2001); involvement in the criminal justice system (Omura et al., 2014) and more likely to experience mental health problems and a loss of well-being into adulthood (Lambie & Randall, 2013). Understanding the potential adverse outcomes for young people involved in local drug markets is important but so too is our understanding of what makes the illegal drugs trade attractive to young people. This research highlighted that the local crack cocaine market is perceived as an actual economy, an organised business generating a substantial income for those involved. Recent literature shows that young people's involvement in the local drug economy continues to be seen to be an accepted alternative to the legitimate labour market (Bowden, 2019; Connolly & Donovan, 2014) and is underpinned by other complex social factors. A range of social and economic issues such as poverty, unemployment, educational opportunities provide fertile ground for the establishment of an attractive drug market to young people. In this research the local crack cocaine market was depicted as being lucrative and attractive to young people in the absence of real educational and employment opportunities and other social factors (Fitzpatrick & Lodge, 2019). This further highlights the role that wider social and economic issues play with regard to problem drug use and community safety issues

Health consequences and gender

Previous literature has reported on the mental health consequences of crack cocaine use (Connolly et al., 2008) although there is a lack of clarity as to whether crack cocaine use is causative, reactive or co-morbid to mental health issues (Butler, Rehm, & Fischer, 2017). In this study research participants identified and described a strong connection between their use of crack cocaine and its negative impact on their mental health. The mental health issues reported included depression, anxiety, paranoia, self-harm and suicidal thoughts and attempts. Interviewees described the mental health consequences they experienced as being far greater and more consequential than the experienced physical health consequences. The majority of interviewees had spent time in mental health facilities and received in-patient psychiatric care. It is noteworthy that some research participants described seeking help and support in such facilities in the absence of cocaine specific support services. The need for both an early cocaine specific response through the designation of residential respite beds and a more effective and rapid dual diagnosis response is required from both policy and practice perspectives.

The gendered differences that emerged in this research are important to consider given the adverse health and social consequences of crack cocaine use. These differences were particularly evident with respect to understanding the health consequences associated with the use of crack cocaine. A variety of physical health impacts are documented to coincide with the use of crack cocaine and include ammonia poisoning, transmission of blood borne viruses and malnourishment (Butler, 2017; NACD, 2007; Werb et al., 2010) and an increased risk of mortality (Colell et al., 2018). Although an exploration of the health impacts associated with crack cocaine use was a key objective of this research, it is interesting to note that some

of the research participants found it difficult to consider and articulate the physical health impacts that occurred as a result of their crack cocaine use. It is also noteworthy that the women who participated in the research seemed to have a greater awareness of or were better able to articulate the physical health consequences associated with their crack cocaine use. This could be related to women's heightened awareness of body image as the women in this research described feeling embarrassed by their evident and visible physical deterioration and weight loss attributed to their use of crack cocaine. The findings in this study are consistent with previous findings highlighting that sex work tends to be more prevalent amongst women who have used crack cocaine (Guimaraes et al., 2010) and therefore it could also be suggested that women's heightened awareness of the physical effect of their crack cocaine use is possibly due to the fact the majority (80%) of the women in this study were engaged in transactional sex either for crack cocaine or for money to buy crack cocaine and therefore were more aware of the impact of crack cocaine on their physicality. It is interesting that the women who participated in this research and had engaged in sex work, described this as being related to their crack cocaine use and not the use of any other substances used previously. The role of sex work in the sustaining of crack cocaine use is important to consider due to the negative impact on health and well-being. Not only are there adverse health and social consequences for women engaging in sex work but sex work as a source of income to fund crack cocaine use is also associated with a greater likelihood of increased crack cocaine use (Rash et al., 2016). The gendered dimension to crack cocaine use must be considered further given the adverse health and other consequences for women associated with crack cocaine use (Bungay et al., 2010).

A number of gender differences emerged throughout the research with respect to patterns of use and the profile of those using crack cocaine. According to the literature, women who use substances are more likely to be dependent on crack cocaine than any other drug, a gender based difference not found with any other substance (Lejeuz et al., 2007). European treatment data also shows that one in three people seeking treatment for crack cocaine use are women. Of the 17 participants that engaged in this research, less than one third (29.4%) of the sample were women. This is important for a number of reasons. Firstly, although not intended to be a representative sample, it is noteworthy that access to women through local services as potential research participants was difficult. The challenge in accessing women for research and for women accessing service provision has been highlighted in previous literature (Stone, 2015). The factors that play a role in blocking women from seeking treatment have been identified as stigma, childcare, fear of social services, intimate partner relationships (EMCDDA, 2006). Further research is suggested to further explore the routes into services and supports for women using crack cocaine.

Housing issues and supports

In this research the majority 14 (82.3%) of research participants were housed in Dublin City Council (DCC) housing while two (17.7%) were in emergency accommodation and one (5.9%) self-identified as a 'rough sleeper' in the city centre. A key issue to emerge in the research was that of housing and the recent emergence of what have been termed 'hostile takeover' and 'crack house' within the community. A hostile takeover refers to when the home of a vulnerable tenant is taken over against their will, often using violence and intimidation, for the purpose of bagging and selling crack cocaine (Burgess, 2003). Hostile takeovers have been a particular concern in the community as those identified as experiencing a hostile takeover are deemed vulnerable in terms of their drug use and their mental health status and more frequently occurs with women. In this study, research participants described feeling frightened, intimidated and threatened through their experiences of a hostile takeover. The literature has reported that crack houses have become

commonly associated with crack cocaine markets in other jurisdictions like the UK and have become increasingly problematic for the communities in which they are situated (Burgess, 2003). Consistent with previous research and the landscape in other jurisdictions, this community has witnessed a change in the presence of crack houses in the local community. Both these housing related issues have implications for housing policy but also treatment and rehabilitation service provision and community participation and engagement. Locally these issues have already begun to be addressed through a concerted inter-agency approach requiring a continued response to ensure that vulnerable people exposed to hostile takeovers are adequately supported while also responding to wider community concerns as identified by local residents, community representatives and service providers.

Responses and interventions

This study identified the responses and interventions that are locally available and responding to the emergent crack cocaine issue within the community. Although services have identified the ways in which they have responded to the needs of those using crack cocaine, family members and the wider community, a number of gaps were identified, not only by service providers, but also by those experiencing crack cocaine related issues themselves. The literature has shown that substance use treatment is predominantly oriented towards the needs of opioid users and has called for the development and delivery of more cocaine specific services (EMCDDA, 2018; Robin et al., 2007). The need for improved access to existing drug treatment and rehabilitation services for those using cocaine and other substances simultaneously; and the need for a more targeted cocaine related harm reduction response, has been identified through this research.

The research findings regarding responses and interventions are consistent with previous literature, highlighting a number of existing challenges and gaps with respect to local interventions and responses (EMCDDA, 2018). The extant literature has identified a number of challenges facing service providers with respect to the development and delivery of cocaine specific services. The profile of people using crack cocaine is an important consideration for treatment and intervention providers. Individuals using crack cocaine have been found to pose particular challenges for treatment services as they tend to have a more marginalised social profile than powder cocaine users. The use of crack cocaine has become more prevalent amongst marginalised and socially disadvantaged groups including those who are homeless and those engaging in sex work. It is important to consider the challenges this profile poses with respect to treatment seeking and provision (EMCDDA, 2007). These needs have been shown to be difficult to address in community based settings and are considered more effective in residential treatment settings. Similarly, research participants in this study identified the need and/or the desire to receive treatment out of their current environments where crack cocaine is visible and available. Despite this need, nationally there exists a lack of respite and stabilisation beds for this cohort in residential settings, a gap raised by individuals using crack cocaine and local treatment and rehabilitation providers. Finally, the literature identified cocaine related training opportunities for practitioners as key to effective service delivery (EMCDDA, 2018). The ongoing enhancement of practitioners' skills and knowledge base is required to ensure the needs of those using crack cocaine are responded to in an adequate and timely manner.

11. Conclusion and Recommendations

This report has illustrated the patterns of crack cocaine use in Ballymun along with the adverse impacts of crack cocaine use as experienced by individuals using crack cocaine, family members and the wider community. Added to this, this report has outlined the existing interventions available within the community along with the challenges and gaps in responding to crack cocaine use and its impacts. Since beginning this research project there have been a number of initiatives and interventions put in place from different services and organisations responding to the use of crack cocaine in the Ballymun area. These have included a crack pipe harm reduction initiative by both the Ballymun Youth Action Project and the HSE Addiction Service and the provision of funding from the HSE Addiction Service (CHOg) for the training and upskilling of practitioners. Approximately 90 trainees from a range of local organisations in the community have completed this training. Although these initiatives and interventions are welcomed, crack cocaine remains a serious and challenging issue. The aim of this research was to explore crack cocaine use experiences in the Ballymun community with a view to informing the establishment of a local policy and practice/intervention evidence base for crack cocaine in Ballymun. The recommendations below emanate directly from the research and aim to directly support local crack cocaine policy and practice development.

1. Establish a local crack cocaine specific working group

The establishment of a multi-agency working group including community representation to develop and implement an action plan arising from the issues and needs emanating from the research is recommended. Priorities should be given to the following actions at both a local and national level:

- Accessible interventions – the lack of accessible crack cocaine specific interventions emerged in the research. The need for early access to adequate crack cocaine services including the provision of residential respite and stabilisation beds is recommended.
- Mental health - given the mental health consequences experienced by individuals using crack cocaine in this study and has been evidenced in previous studies the need for improved co-operation between drug services and mental health services is required. A local strategy responding to the dual diagnosis needs of individuals using crack cocaine is recommended.
- Outreach – due to the chaotic nature of some crack cocaine use, the importance of outreach to individuals using crack cocaine is reinforced in this research. Building on existing local outreach services the need for a more targeted and crack cocaine specific outreach is recommended. This would include out of hours outreach and signposting to existing services.
- Basic needs – given the personal adverse consequences experienced with crack cocaine use, the provision of services and interventions responding to the physical and psychological well-being of individuals using crack cocaine thus ensuring that basic needs such as food, light, heat, and primary healthcare needs are being met. The potential role of contingency management should be considered further.
- Accommodation – housing issues and hostile takeovers emerged as a key issue for individuals using crack cocaine. It is recommended to build further on the existing inter-agency work that has taken place with regard to accommodation related issues.
- Policing – given the issues of fear, safety and security which emerged in the research along with the increased availability of crack cocaine in the community continued cross agency and community engagement with An Garda Síochána is recommended.

2. Practitioner training

In light of the existing research which strongly suggests the importance of practitioner knowledge and skills in relation to crack cocaine interventions, it is recommended to continue to build on the training that has been provided locally. The need to assess and develop on an ongoing basis the knowledge base and skill set of practitioners is recommended along with an audit of other training needs in the areas of psychosocial interventions and contingency management.

3. Young people and the local drug market

Concerns for young people and their involvement in the local crack cocaine market emerged from this research. Given the seriousness of this issue it is recommended that this is an area that requires further exploration through a more specific local research project.

4. Women and crack cocaine

The gendered dimensions to crack cocaine use were examined in this research, highlighting specific concerns around women and crack cocaine use. Given the complexity of these issues two key actions are recommended. Firstly, further local research to explore in greater depth women's use of crack cocaine and associated consequences and implications. Secondly, targeted outreach intervention to women around the core issues of sex work and accommodation supports.

5. Supporting families

Given some of the key issues raised by family in relation to the negative impact of crack cocaine use within the family, it is recommended to build on existing family supports and interventions and to prioritise respite, education/awareness, and child and family welfare issues.

6. Community awareness

Given the number of issues and concerns raised by community members in relation to crack cocaine use in the community, a community education strategy is recommended where it is envisaged that the development of innovative and creative ways to impart information and to raise community awareness could be developed.

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Appendices

Appendix 1: Interview Themes

- Individual and Family Background Information.
- Historic and current substance use.
- Pathways into and motivations for crack use.
- Impact and consequences of crack use – physical and mental health, legal issues, financial, relationships and family.
- Previous treatment/intervention experiences.

Appendix 2: Community Focus Group Themes

- Please describe your involvement in the community?
- How would you describe your experience of the crack cocaine issue in Ballymun?
- What do you know about crack cocaine?
- What do you believe has been the impact of crack use and availability on this community? (Explore issues of availability, visibility, accessibility, impact on young people, violence)
- Do you think there is sufficient knowledge of the issue in the community? What is the impact of this?
- What would you like to know? What do you think the community needs to know?
- How do you think we are responding as a community to this issue?
- What do you see as the gaps in local community response to this issue?
- How do you think we need to respond to these gaps as a community rep/group?
- Is this community in a panic about crack?
- As a community do you think we need to respond differently to crack than we do with any other substance. If so, why?

Appendix 3: Service Provider Focus Group Themes

- How many people accessing your service are using crack cocaine?
- Is it poly use?
- How does your service respond to crack use?
- What other issues go alongside crack? How are you responding?
- Crack seemed to emerge about a year ago. What do you think has facilitated the entry of and embedding of crack into Ballymun?
- As a service have you experienced difficulty in attracting people using crack cocaine into your service. If so, why do you think this is? How can we respond to this?
- As a service have you experienced difficulty in retaining people using crack cocaine into your service. If so, why do you think this is? How can we respond to this?
- What do you see as the gaps in service provision locally?
- How do you think we need to respond to these gaps?
- What do services need to respond to the issue of crack effectively?

