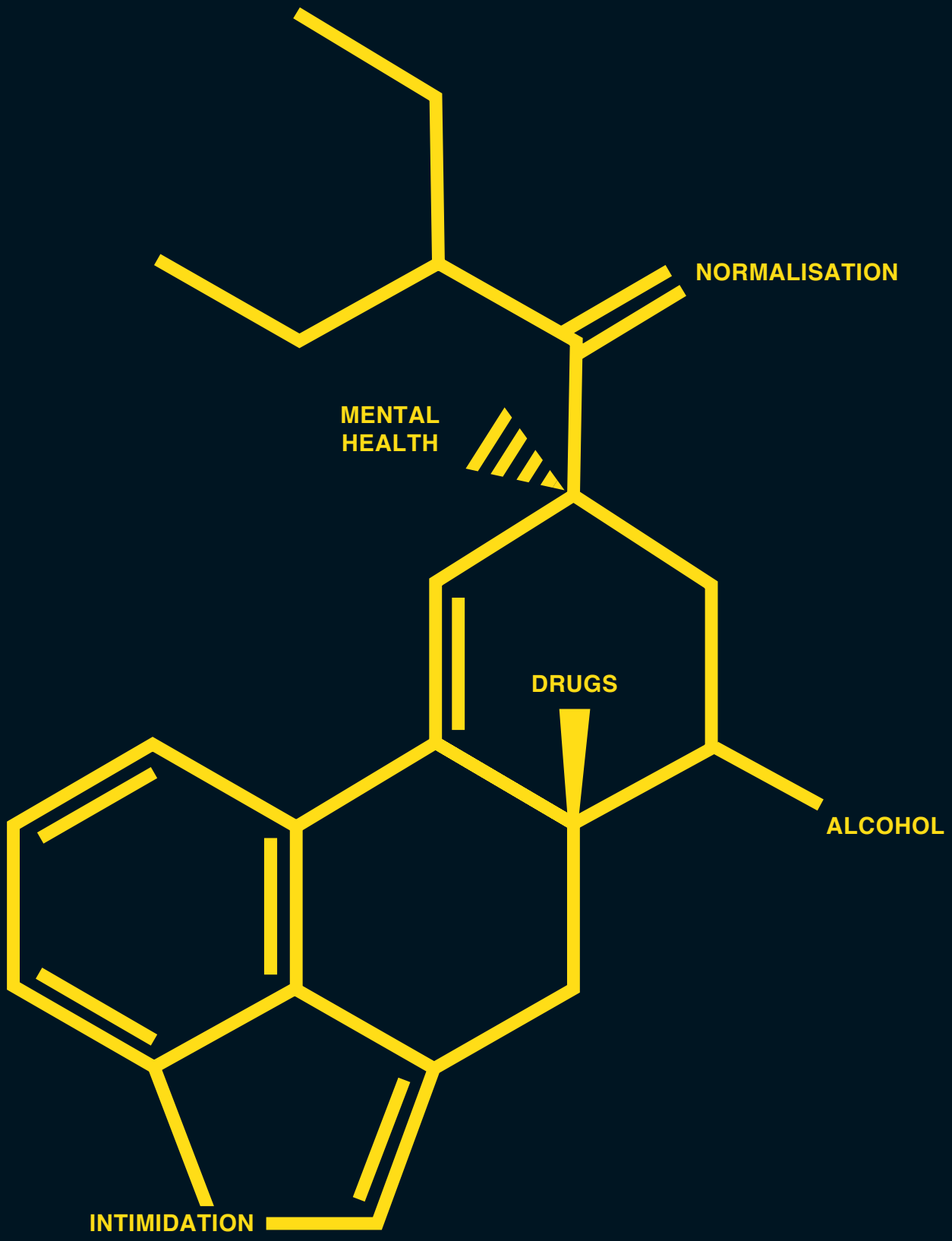
Blanchardstown Local Drug and Alcohol Task Force

Drug and Alcohol Trends Monitoring System (DATMS) 2020: Year 5



NORMALISATION
MENTAL
HEALTH
DRUGS
ALCOHOL
INTIMIDATION

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Researchers

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INTRODUCTION

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

Since 1997, Blanchardstown has greatly developed and grown as an area. Many different services and interventions have been developed by the BLDATF to help the people living in Dublin 15 over that time. Unfortunately, the problems caused by drugs and alcohol have also grown and changed in many ways. Therefore, the interventions that are put in place to ameliorate these problems must also be capable of adapting to this change. A prerequisite for being able to adapt and change services is a thorough, comprehensive and deep knowledge of the problems of the area. We started the Drug & Alcohol Trend Monitoring System (DATMS) in 2015 to provide us with such an analysis. It is our intention to produce a new report every year to ensure that we will always have a strong, local evidence base for everything that we do.

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

1. EXECUTIVE SUMMARY

RESEARCH OBJECTIVES & METHOD

In 2015 we developed our DATMS in Dublin 15. The objective was to establish an evidence base for drug use in Dublin 15 and use this data to inform local service provision. To always have current information and to monitor changes over time the study is repeated annually. This report documents the fifth year of our DATMS. Year 1 reporting period began June 2014, Year 2 began June 2015, Year 3 relates to 2017, Year 4 to 2018 and Year 5 to 2019. The DATMS employs a mixed-method design comprised of primary and secondary data sources.

TREND ANALYSIS

As we now have five years of data, it is evident that there are three recurring themes emerging from different data sources over these years. These themes provide us with a deeper understanding of the nature and consequences of drug and alcohol use in Dublin 15. As these themes have been produced by a range of data sources, the validity of the research findings has been strengthened.

THEME 1: DRUG USE IN DUBLIN 15 IS A COMMUNITY WIDE ISSUE THAT CROSSES ALL SOCIO-ECONOMIC BOUNDARIES

This theme profiles drug use in Dublin 15 as a community wide issue that crosses all socio-economic boundaries. It has been identified by the following data sources: treatment demand, untreated drug use, factors contributing to drug use, consequences of drug and alcohol use, and drug-related litter. The evidence is as follows:

1. Mapping treatment demand for treated drug users and family members affected by drug and alcohol use has identified that clients were from every community in Dublin 15, from the affluent to the socio-economically deprived; mapping drug litter has identified a large geographical spread of drug litter throughout Dublin 15.
2. Year 1 to 5 reported treated drug users aged under 18 attended secondary schools with and without DEIS status. Since Year 3, the evidence reports that these schools were a mixture of affluent and socio-economically deprived.
3. All five years of the DATMS reported untreated drug use among all socio-economic groups, ethnicities and in all areas of Dublin 15.
4. Since Year 1 drug dealing was reported in local secondary schools. From Year 3 there has been an increase in the number of secondary schools with evidence of drug dealing, with Year 5 reporting drug dealing in all local

secondary schools. Since Year 2, the evidence reports that these schools were a mixture of affluent and socio-economically deprived and included those with and without DEIS status.

5. All five years of the DATMS reported drug use before and during school time in local secondary schools. Since Year 2, the evidence reports that these schools were a mixture of affluent and socio-economically deprived and included those with and without DEIS status. Year 5 was the first year participants reported drug use in all local secondary schools.
6. Year 1 to 5 reported that some secondary school student's education was compromised due to drug use before and during school time. Since Year 2, participants reported that these schools were a mixture of affluent and socio-economically deprived and included those with and without DEIS status.
7. From Year 2 to 5, there was an increase in the number of hidden sites used for smoking drugs and drinking alcohol, and a decrease in the number of sites for injecting drug use in Dublin 15; these sites were located in both affluent and socio-economically deprived communities.

THEME 2: NORMALISATION OF DRUG AND ALCOHOL USE IN DUBLIN 15

In all five years of the DATMS the normalisation of drug use has featured prominently. The common perception was that alcohol and drugs were widely used, risk free and socially acceptable. This theme has been identified by the following data sources: treatment demand, untreated drug use, factors contributing to drug use and gaps in service provision. Alcohol was the most normalised drug in Dublin 15, followed by cannabis, cocaine powder, benzodiazepines and z drugs. Service providers and drug users reported the following consequences of normalisation:

1. Since Year 3, the normalisation of drug use was reported as a factor contributing to the increase in drug use in Dublin 15.
2. The normalisation of drug use may be a factor contributing to the reduction in the age of drug users in Dublin 15. Since Year 3, it has been reported that untreated drug users were getting younger.
3. Since Year 3, data concerning gaps in service provision has reported the need to improve treatment programmes for under 18s and young people aged 18 to 25 years. Research participants reported that these programmes need to pro-actively attract the most vulnerable and hard-to-reach as most young drug users do not perceive the need for treatment. The normalisation of drug and alcohol use may be a factor that hinders help-seeking.
4. Since Year 2, an increase in the number of under 18s dealing drugs has been reported. Year 5 reported that drug runners were getting younger.

The normalisation of drug use may influence a young person's decision to become involved in the drug market as they may not identify the negative consequences of such behaviour.

5. All five years of the DATMS reported the family context as a risk factor for the normalisation of drug and alcohol use and the development of inter-generational drug and alcohol dependence. Since Year 3, the majority of treated drug users who participated in the DATMS reported having family members who also had issues with drugs and/or alcohol.
6. Treatment demand data reports the main drugs used were those which were normalised, with the exception of heroin:
   - Treated drug users aged under 18: From Year 1 to 5, cannabis herb was the most commonly used drug followed by alcohol; since Year 2, an increase in the use of cannabis herb, cocaine powder and alcohol was reported
   - Treated adult drug users: From 2016 to 2019, the NDTRS reports the four main problem drugs were cocaine, alcohol, heroin and cannabis; over the reporting period, an increase in the number of cases treated for cocaine, alcohol and cannabis was reported, with cocaine becoming the most common main problem drug in 2019

THEME 3: INCREASE IN DRUG AND ALCOHOL USE IN DUBLIN 15

Since Year 2, an increase in the use of drugs and alcohol has been reported by treated and untreated drug users. The data identifies how an increase in the availability of drugs and alcohol, and the normalisation of drugs and alcohol contributes to this trend. The increase in drug and alcohol use has been identified by the following data sources: treated drug use, untreated drug use, factors contributing to drug use and drug-related litter.

1. Treatment demand data reported an increase in the number of cases treated for drug and/or alcohol use, this may be associated with an increase in drug use:
   - Treated cases aged under 18 increased by 129% from 51 in Year 1 to 117 in Year 5
   - NDTRS data reports treated adult cases increased by 70% from 292 in 2016 to 497 in 2019

2. Over the reporting period, treated and untreated drug users reported an increase in the use of the following drugs:

Drug type	Treated drug users		Untreated drug users	
	Young	Adult	Young	Adult
Alcohol	↑	↑	↑	↑
Cannabis herb	↑	↑	↑	↑
Cocaine powder	↑	↑	↑	↑
Benzodiazepines, z drugs	↑	↑	↑	↑
Cannabis concentrates (oil, wax)	↑	↑	↑	↑
Ketamine	↑		↑	↑
MDMA	↑		↑	↑
Amphetamines			↑	↑
Anabolic steroids			↑	↑
Pregabalin (Lyrica)		↑		
Crack cocaine		↑		
Prescribed opiates		↑		
OTC codeine		↑		
Nitrous oxide (laughing gas)			↑	
Lean (syrup)*			↑	

*Cough medicine mixed with carbonated drinks and sweets

3. Each year the DATMS has reported an increase in the availability of drugs in Dublin 15. This increase is associated with an increase in drug and alcohol use. It identifies how demand influences the local drug market. This increase in demand has also resulted in an increase in the number of drug distributors. All drugs that have increased in availability are the most commonly used, except for crack cocaine and cannabis wax:
   - Since Year 1, an increase in the availability of benzodiazepines and z drugs has been reported; since Year 4, synthetic (NPS) benzodiazepines and z drugs were reported to be more commonly available than authentic tablets
   - Since Year 1, with the exception of Year 4, an increase in the availability of alcohol, including low cost alcohol, has been reported
   - Since Year 3, an increase in the availability of cannabis herb, powder and crack cocaine has been reported
   - Year 5 reported an increase in the availability of cannabis wax
4. The increase in drug use is also associated with an increase in the types of drugs available, which identifies new trends in drug use. The chart below reports the new drugs that have entered the local market and the year they were first reported to the DATMS. These drugs are not commonly used though some are increasing in popularity.

DATMS Year	New drug
Year 1	Lean (syrup)
Year 2	GHB/GBL
Year 3	Cannabis concentrate (oil)
Year 4	Cannabis concentrate (wax)
	Nitrous oxide (laughing gas)
Year 5	Cannabis edibles (sweets, chocolates)
	Cannabis drinks

- In addition, with the use of cannabis cakes, the re-emergence of an old trend was reported by treated and untreated drug users in Year 5
- The use of alcohol-free drinks by untreated drug users was first reported to the DATMS in Year 5, and this was also the first year that alcohol-free litter was found in Dublin 15

5. Analysis of drug-related litter reported that from Year 2 to 5, there was an 82% increase in the amount of drug-related litter found in Dublin 15, which may identify an increase in drug and alcohol use.
6. As reported above, since Year 3, the normalisation of drug use was reported as a factor contributing to the increase in drug use in Dublin 15.

TREATED DRUG & ALCOHOL USE

TREATED DRUG USERS AGED UNDER 18

- Treated cases aged under 18 increased by 129% from 51 in Year 1 to 117 in Year 5
- From Year 1 to 5, the majority of cases were male, white Irish and aged from 15 years, and cannabis herb was the most commonly used drug followed by alcohol
- Changes in the profile of treated cases:
  - From Year 1 to 4, the majority of cases were polydrug users, in Year 5 the majority were non-polydrug users
  - From Year 3 to 5, the majority of cases were in education, though since Year 4 an increase in the number of cases not in education or employment has been reported
  - From Year 1 to 5, there has been an increase in the number of secondary schools and training centres attended by treated cases aged under 18; in Year 5, almost all secondary schools and training centres in Dublin 15 have students with drug and/or alcohol problems
  - Other changes are reported above in the trend analysis section

TREATED DRUG USERS AGED 18 AND OVER

- NDTRS data reports treated cases increased by 70% from 292 in 2016 to 497 in 2019. From 2016 to 2019:
  - The majority of treated cases were Irish, male and aged 35 to 44 years
  - A third of cases were in treatment for the first time
  - The four main problem drugs were cocaine, alcohol, heroin and cannabis
  - From 2016 to 2018, the majority of cases were treated for polydrug use, and in 2019, the majority were treated for non-polydrug use
  - Other changes are reported above in the trend analysis section
- In Year 5, a number of data sources reported a decrease in injecting drug use

UNTREATED DRUG & ALCOHOL USE

- All five years of the DATMS reported similar profiles of untreated drug use by young people and adults:
  - Alcohol, cannabis herb, MDMA and cocaine powder were the main drugs used
  - Polydrug use was the norm and alcohol was an integral part of it
  - Changes in the profile of untreated drug use included:
    - Untreated drug users were getting younger
    - Year 4 reported the availability of cannabis herb with higher amounts of THC; this trend continues in Year 5
    - Other changes are reported above in the trend analysis section
  - Prevalence rates estimated 24,630 (80%) of Dublin 15 residents aged 15 to 34 years used alcohol in the last year and 40,440 (80%) aged from 35 years; and 4,926 (16%) of Dublin 15 residents aged 15 to 34 years used illegal drugs in the last year and 2,022 (4%) aged from 35 years

FACTORS CONTRIBUTING TO DRUG USE

ACCESSIBILITY OF DRUGS AND ALCOHOL

- Factors contributing to the ease of access to drugs and alcohol included an increase in the number of people dealing drugs in Dublin 15, and the continued availability of low-price alcohol
- Other changes are reported above in the trend analysis section

NORMALISATION OF DRUG AND ALCOHOL USE

- As reported above in the trend analysis section

FAMILY CONTEXT

- All five years of the DATMS reported the family context as a risk factor for the normalisation of drug and alcohol use and the development of inter-generational drug and alcohol dependence
- Prevalence rates estimate up to 24% (7,852) of children were impacted by parental illicit drug use in Dublin 15, and up to 37% (12,105) were impacted by parental alcohol dependency in Dublin 15

MENTAL HEALTH

- Poor mental health is a risk factor for drug use which identifies the importance of early intervention
- From Year 1 to 5, service providers reported an increase in the incidence of mental health issues among children and young people
- The negative impact of inter-generational drug use and deprivation on young people's mental health was reported

CONSEQUENCES OF DRUG AND ALCOHOL USE

HEALTH CONSEQUENCES

- HIPE data from 2012 to 2019 reported the following:
  - Overall, the number of treatment episodes for mental health and behavioural disorders associated with drug and alcohol use increased by 99%
  - Overall, the number of treatment episodes for poisonings increased by 100%
- NDRDI data reports drug-related deaths due to poisoning (overdose) increased by 25% from 630 in 2008 to 786 in 2017
  - Benzodiazepines and z drugs were the main drug group associated with deaths, followed by opiates and alcohol
  - Polydrug poisonings increased from 50% (192) in 2008 to 58% (218) in 2017
  - Over the reporting period poisoning deaths among people who were injecting at the time of death decreased from 67 (11%) in 2008 to 34 (4%) in 2017

SOCIAL CONSEQUENCES

- All five DATMS years reported the negative impact drug use has on family relationships, employment, finances, housing and education
- From 2017 to 2019, an increase in the number of family members receiving support from services was reported:
    - Over the reporting period, there has been a significant increase in the number of family members who attended an evidence-based/informed programme

DRUG-RELATED CRIME

- All five years of the DATMS reported the existence of drug-related crime in Dublin 15
- Since Year 3, drug-debt intimidation was the most frequently occurring crime with an increase in its frequency also reported

DRUG-RELATED LITTER

- Largest concentrations of litter found in hidden sites used for drug consumption; many of these sites used for drug use in Year 5, were found in Year 1 or 2; thus, evidence that these sites have been used repeatedly over a five-year period
- Alcohol remains the most common type of drug-related litter
- Increase in smoking-related litter associated with the use of heroin and crack cocaine
- Benzodiazepines and z drugs were the most common prescribed drug-related litter

SCHOOL ATTENDANCE SUPPORTS

- One of the strongest protective factors for drug and alcohol misuse is school attendance
- One of the strongest factors that militated against school attendance is educational disability or inability
- As a long-term prevention intervention, the BLDATF facilitated access to psycho-educational and clinical assessments for the most socio-economically disadvantaged cohort of children in Dublin 15
- In Year 5, 17 children received support for psychological issues; interventions included occupational therapy and cognitive behavioural therapy

SERVICE PROVISION STRENGTHS & GAPS IDENTIFIED BY RESEARCH PARTICIPANTS

STRENGTHS OF ADDICTION SERVICES

- The Dublin 15 addiction services offer a continuum of care from low threshold to stabilisation, to drug free and rehabilitation programmes for young people and adults
- The service provision for family members affected by drug use has been improved with the development of BLDATF Family Support Service and D15 CAT
- Family support groups provide supportive and non-judgemental environments for family members affected by drug use
- The service provision of a methadone maintenance clinic has been improved with the ability to screen patients for cannabis use, and the use of suboxone for opiate dependence (codeine and heroin)
- Availability of naloxone for opiate users on early discharge from Coolmine Lodge and Ashleigh House

GAPS IN SERVICE PROVISION

Education & prevention

- Improve drug prevention programmes for under 18s
- Increase knowledge of local service provision on a local and targeted basis
- Training/apprenticeships required for early school leavers
- Increase access to skills-based parenting courses

Treatment

- Improve treatment programmes young people aged 18 to 25 years
- Improve accessibility of treatment programmes
- Improve access to naloxone, the antidote to an opioid overdose
- Integrate counselling and rehabilitation services into methadone maintenance treatment
- Improve access to detoxification programmes
- Increase access to mental health services for children, young people and adults

Rehabilitation

- Improve access to aftercare services
- Increase access to training, employment and apprenticeships
- Increase access to housing

2. DATMS RESEARCH OBJECTIVES & METHOD

RESEARCH OBJECTIVES

Establish evidence base for drug use in Dublin 15 to inform local service provision	• Profile drug use in Dublin 15 • Identify gaps in service provision
Repeat annually	• Always have current information • Monitor changes in drug use over time

RESEARCH MODEL

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

PRIMARY QUANTITATIVE DATA: DATMS YEAR 5 (2019)	
Drug treatment data	• Profile drug users treated in Dublin 15* • Treated drug users area of residence visually represented on Dublin 15 map^ • Changes in drug use and drug related issues~
Untreated drug use~	• Profile of untreated drug use • Changes in drug use and drug related issues • Factors contributing to drug use
Family members affected by drug use~	• Profile of family members attending local family support services and peer-led groups • Family members area of residence visually represented on Dublin 15 map∞ • Impact of drug use on families
Drug use indicator	• Drug litter survey of Dublin 15 • Drug litter data visually represented on Dublin 15 map✵

* For the profile of treated cases aged under 18, Year 1 to 5 collected treatment demand data from local services. For the profile of treated adult cases, this method was used for Year 1 and 2. From Year 3, treatment demand data has been provided by the National Drug Treatment Reporting System (NDTRS; see Secondary Data Sources). The reasons for this change included:

- The new NDTRS LINK System (online web-based reporting system) reduced

data reporting times: prior to this, NDTRS data was time lagged and DATMS data was used to produce current data

- To increase the quality of the data: DATMS data has no unique identifiers and treated drug users are counted more than once if they attend more than one local service; while the NDTRS data has no unique identifiers, the system has the capacity to remove duplicate cases thus providing more robust data
- To end duplication in data reporting i.e. local services reporting to the BLDATF and NDTRS

^ Since Year 2 we have mapped treatment demand data in Dublin 15 for two reasons. Firstly, to identify the area of residence for treated drug users. Secondly, to find out the extent of the drug and alcohol dependence throughout Dublin 15. We repeat this mapping each year to identify any changes in the extent of drug and alcohol dependence throughout Dublin 15. For mapping purposes, the map of Dublin 15 was divided into quadrants that were 0.45 kilometres square. This unit of measurement was chosen as it is small enough to allow accurate mapping but large enough to protect client anonymity.

~ Year 1 and 2 used qualitative methods to collect data concerning treated and untreated drug use and the impact of drug use on families. This method is more resource hungry than quantitative methodologies. Due to limited resources, from Year 3, quantitative methods have been used to collect and analyse this data. A questionnaire was devised to collect data and descriptive statistics were used to analyse it.

∞ In 2018 we developed the BLDATF Family Support Service and mapped treatment demand for these family members. In Year 5 we included treatment demand data from local family support services and peer-led groups.

⁑ Since the first DATMS we have focused on drug-related litter as a way of evaluating the real levels of drug use within Dublin 15. In Year 1 we examined the visibility of drug use in six local communities. We did this by walking throughout these neighbourhoods and photographing what we found. Each photo was geo-tagged. In Year 2 and 5, we mapped this litter and extended the survey to the whole of Dublin 15.

RESEARCH PARTICIPANTS

The number and type of participants that participated in Year 5 is reported in the table below; participant numbers for Year 4 have been included for comparison purposes (Table 2.1).

Table 2.1: Number and type of participants, DATMS Year 4 and 5 (2018 & 2019)

Participant type	Number of participants	
	Year 4	Year 5
Service providers	36	26
Treated drug users*~	27	31
Untreated drug users*~	19	13
Young people*~	8	0✡
Family members affected by drug use~	22	14
Community member	0	1
Total	112	85

* Includes participants aged 16+ years

~ Includes participants from the following ethnic backgrounds: White Irish, Irish Traveller, Irish African, Irish Eastern European

✡ While no young people took part in Year 5, 22 treated and untreated drug users aged from 16 to 24 years provided data concerning drug use by young people in Dublin 15

Year 5 data collection began in January 2020 and due to covid-19 ended prematurely on 13 March 2020. This explains the reduction in participant numbers from Year 4 to 5. Data saturation was reached for the majority of the data presented in this report. Data saturation was not reached for the following data:

- Year 5 produced no data concerning chemsex in Dublin 15. Chemsex is a form of drug use that involves the use of specific drugs to facilitate or enhance sex. The most commonly used drugs are methamphetamine, mephedrone and GHB/GBL, with one or more of these drugs used during a session. Chemsex can be a high-risk activity involving overdose, injecting drug use, unsafe sexual practices, sexual assault and drug dependence. Chemsex usually refers to sex by men who have sex with men. Since Year 2, data has suggested that chemsex was hidden and/or not prevalent in Dublin 15. Year 2 and 3 reported that people engaged in this behaviour were male treated drug users who were homosexual. In Year 4, the profile of people engaged in this behaviour expanded to include male and female untreated drug users who were heterosexual which suggested that the prevalence of chemsex had increased.
- The profile of untreated adult drug users may be incomplete: Year 1 to 4 reported the use of crack cocaine by untreated adult drug users, but Year 5 did not report the use of this drug by these drug users

SECONDARY DATA SOURCES: DATMS YEAR 5 (2019)	
Drug prevalence indicator	• All-Ireland Drug Prevalence Survey (National Advisory Committee on Drugs and Alcohol): prevalence of drug use among general population aged 15+ years
Drug treatment indicator	• National Drug Treatment Reporting System (Health Research Board): treated drug and alcohol use in Ireland
Other drug-related indicators	• Hospital In-Patient Enquiry Scheme (Healthcare Pricing Office): drug and alcohol related morbidity from in-patient discharges from national acute hospitals • National Drug-Related Deaths Index (Health Research Board): census of drug-related deaths in Ireland
Mental health	• Profile of under 18 and adult treatment demand for mental health services

See Year 1 for more detailed information concerning the rationale for the development of the DATMS, its methodology and ethical considerations.

METHODOLOGICAL LIMITATIONS & GAPS IN EVIDENCE BASE

Each year we strive to improve the quality of the data produced for our DATMS. It is a continuous challenge to ensure that the primary and secondary data sources are complete.

In relation to the primary data sources, local services and community members work hard to assist us with the recruitment of research participants. In all five years of the DATMS, the recruitment of some target groups has been difficult. The table below identifies the target groups that are under-represented and those that have increased or decreased in representation (Table 2.2).

Table 2.2: Representation of participant target groups, DATMS Year 1 to 5

Target Group		Year 1	Year 2	Year 3	Year 4	Year 5
Untreated drug users	Aged 25 years & over	*	*	*	*	*
	Females	*	*	*	*	↑
	Ethnic diversity	*	*	↑	↑	↑
Treated drug users	Aged 18 to 24 years	*	*	*	↑	*
	Females	*	*	*	*	↑
	Ethnic diversity	*	*	*	*	↓
Family members affected by drug use	Males	*	*	*	*	*
	Ethnic diversity	*	*	*	*	*

* Target group under-represented

↑ Increase in representation of target group

↓ Decrease in representation of target group

PARTICIPANT TARGET GROUPS: ETHNIC DIVERSITY

While Year 5 has made progress in relation to the representation of all ethnic backgrounds among some target groups, it is evident that it remains a challenge to ensure all participating target groups are ethnically diverse.

Year 5 has produced a more comprehensive profile of untreated drug use by people from all ethnic backgrounds in Dublin 15. The Year 1 and 2 profile of untreated young drug users predominately reported drug use by the White Irish community, with limited data concerning Irish Traveller, Irish African and Eastern European communities. Since Year 3, there has been an increase in data concerning untreated drug use by these communities. Year 3 was the first time data was provided about untreated drug use among young people from an Irish Asian background; Year 5 produced a more comprehensive profile of drug use by this ethnicity. From Year 1 to 3, untreated drug users aged 25 years and over were under-represented in the DATMS. This resulted in the production of limited data concerning drug use among Irish and Irish Traveller ethnicities. Since Year 4, this issue has been addressed with more comprehensive data provided for all ethnicities except Irish Asians.

In Year 5 there was a decrease in the ethnic diversity of treated drug users participating in the DATMS. Year 4 participants included people from the White Irish, Irish African, Irish Eastern European and Irish Traveller communities. Year 5 included treated drug users from all of these ethnic backgrounds excluding the Irish Traveller community. Treated drug users from the Irish Asian community have not participated in any DATMS reports.

Since Year 1, family members participating in the DATMS were from White Irish community. Family members from all other ethnicities have not participated in the DATMS.

GAPS IN EVIDENCE BASES

In relation to the secondary data sources, the table below identifies gaps in evidence bases and the need to improve the quality of data (Table 2.3).

Table 2.3: Gaps in local evidence base, DATMS Year 5 (2019)

Data type	
Treated drug use	To create a more robust profile of treated drug use the quality of data returns to the NDTRS needs to be improved.
	Since 2017, data from the Central Treatment List has not been available. This data quantifies the number of people in receipt of methadone maintenance treatment.
At-risk youth population	Two services were approached to provide a profile of Dublin 15 at-risk youth population. These services were the Blanchardstown Youth Service and Tusla Education Welfare Service. Unfortunately, these services were unable or unwilling to comply.
Mental health	Several mental health services were contacted to provide a profile of treatment demand for children, youth and adult mental health and addiction services. These services were the Genesis Psychotherapy & Family Therapy Service, Jigsaw Dublin 15, HSE Substance Abuse Service Specific to Youth (SASSY), HSE Addiction Psychiatry Service and HSE Addiction Counselling Service. Unfortunately, not all of these services were able or willing to comply, resulting in the production of an incomplete dataset. Section 4 in the chapter 'Factors contributing to drug & alcohol use' and section 1 in the chapter 'Consequences of drug & alcohol use' report the data provided.

3. SOCIO-DEMOGRAPHIC PROFILE OF DUBLIN 15, 2006-2016

Year 3 provided a trend analysis of the socio-economic profile of the Dublin 15 population from 2006 to 2016 (Central Statistics Office (CSO), 2006, 2011, 2016). A summary of this data has been provided below; see Year 3 for the full analysis.

- Dublin 15 population increased by 20% from 90,974 in 2006 to 109,895 in 2016
- Population has become younger and more ethnically diverse
- Stabilisation of unemployment levels after an increase during the economic downturn
- Increase in educational attainment of population
- Increase in privately rented housing and decrease in owner occupied housing
- Dublin 15 remains categorised as marginally above average and the socio-economically deprived population decreased from 31% in 2006 to 24% in 2016

The following charts report the socio-demographic profile of the Dublin 15 population from 2006 to 2016 (Charts 3.1 to 3.5).

Chart 3.1: Dublin 15 population, CSO 2006 to 2016

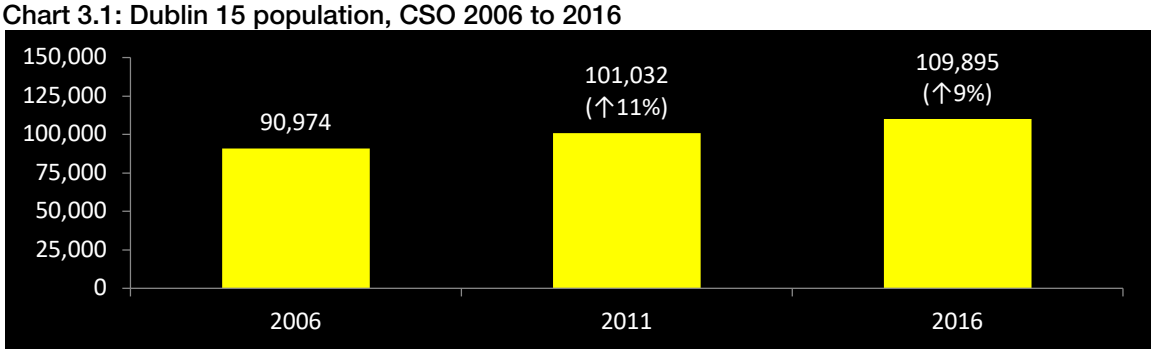


Chart 3.2: Dublin 15 population by age range, CSO 2006 to 2016

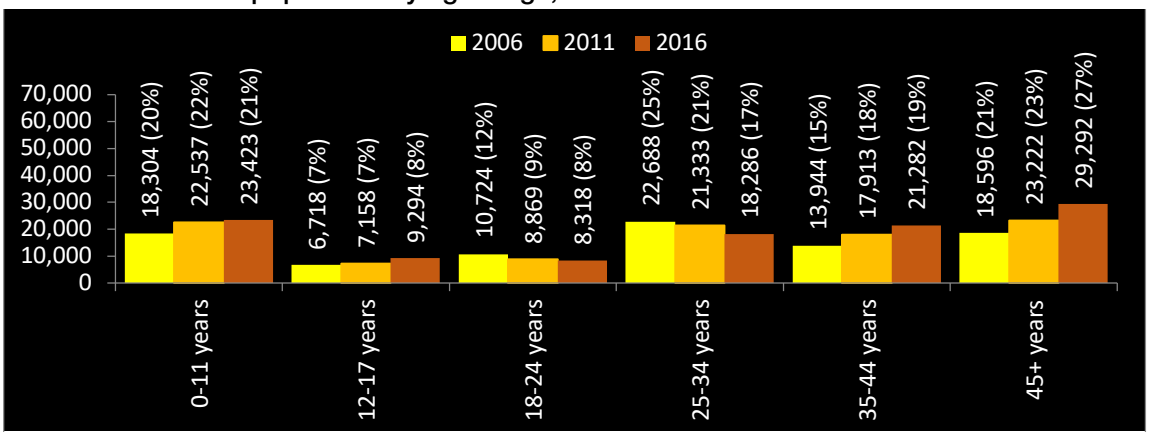
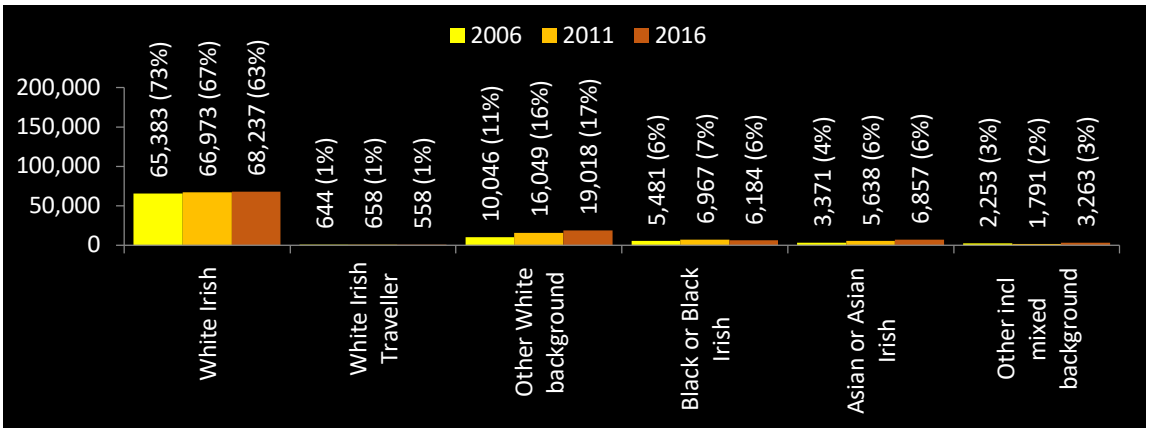
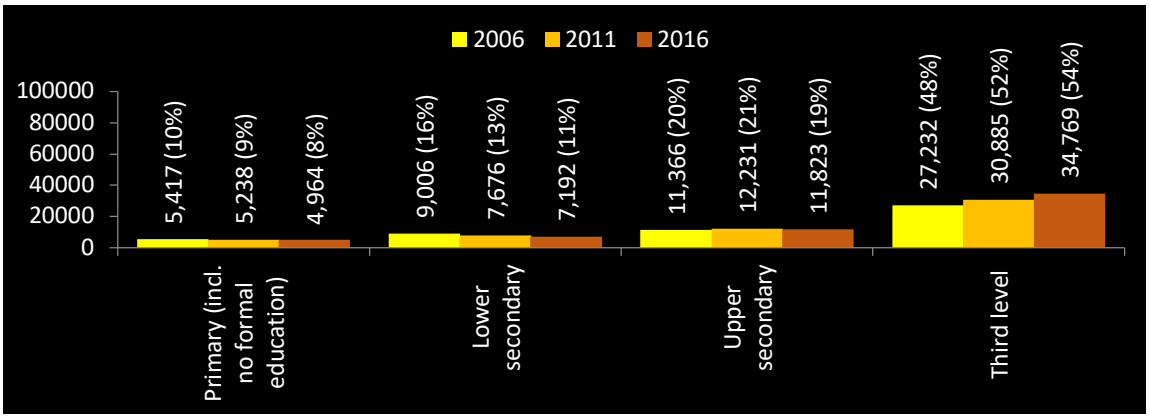


Chart 3.3: Dublin 15 population by ethnicity, CSO 2006 to 2016



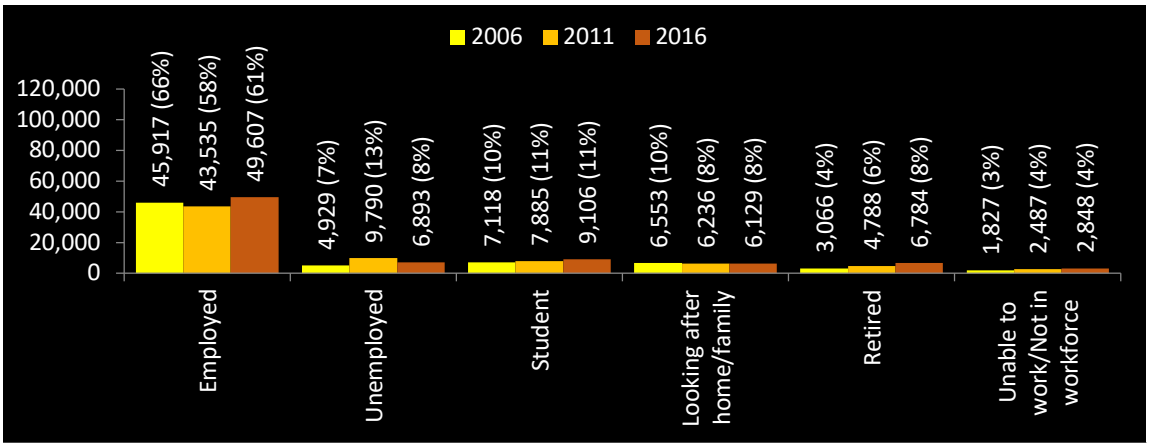
Category totals less than population totals as category 'unknown' not included

Chart 3.4: Educational attainment of Dublin 15 population aged 15 years and over, CSO 2006 to 2016



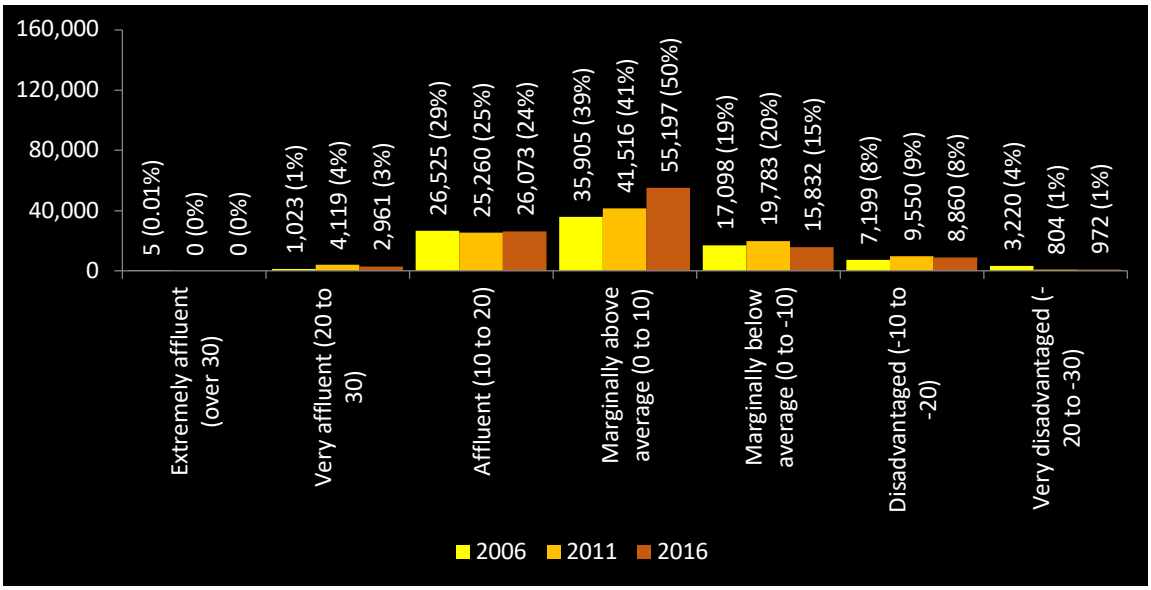
Category totals less than population totals as category 'unknown' not included

Chart 3.5: Economic status of Dublin 15 population aged 15 years and over, CSO 2006 to 2016



The Pobal HP Deprivation Index identifies the geographical distribution of affluence and deprivation in Ireland (Central Statistics Office, 2006, 2011, 2016). The Small Area Population Statistics (SAPS) analysis has been used to calculate the population of Dublin 15 living within different levels of affluence and deprivation. The majority of the population is classified as marginally above the average (Chart 3.6).

Chart 3.6: Dublin 15 population by Deprivation Index Scores, 2006 to 2016



From 2006 to 2016, there was a 7% decrease in the proportion of Dublin 15 population classified as socio-economically deprived (Charts 3.7 and 3.8).

Chart 3.7: Dublin 15 socio-economically deprived population, Deprivation Index 2006 to 2016

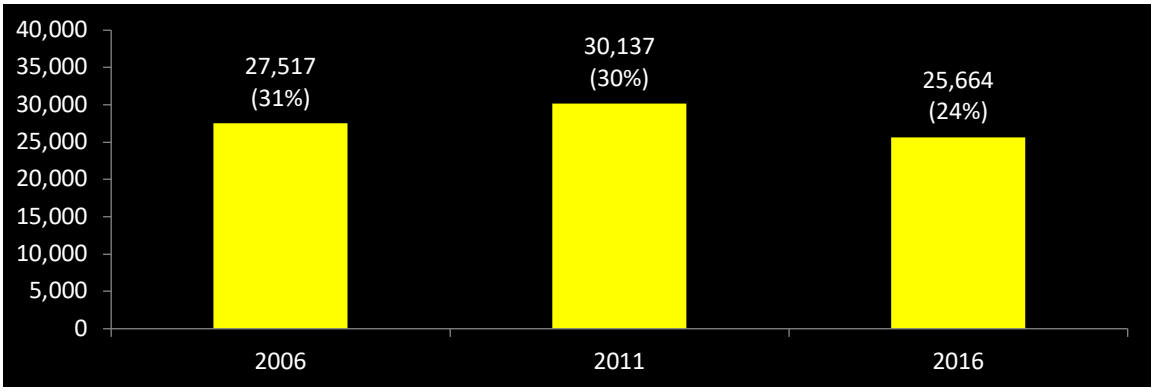
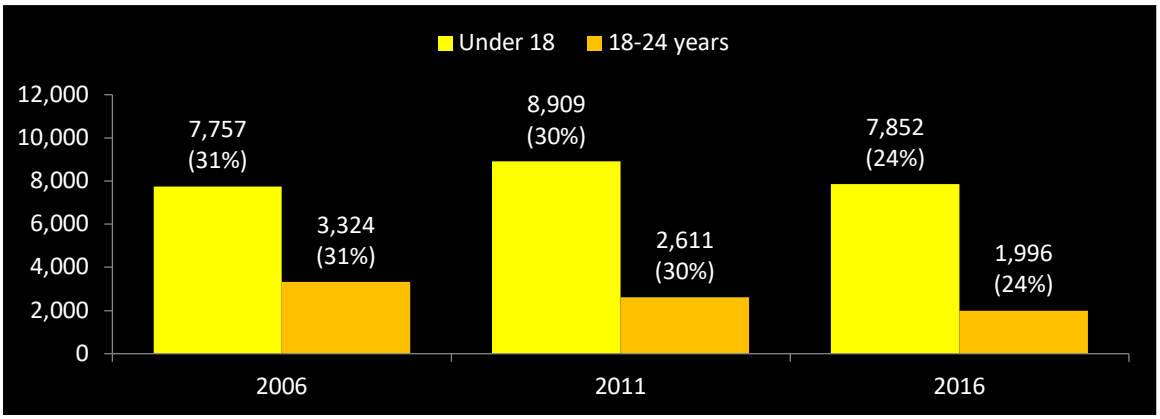
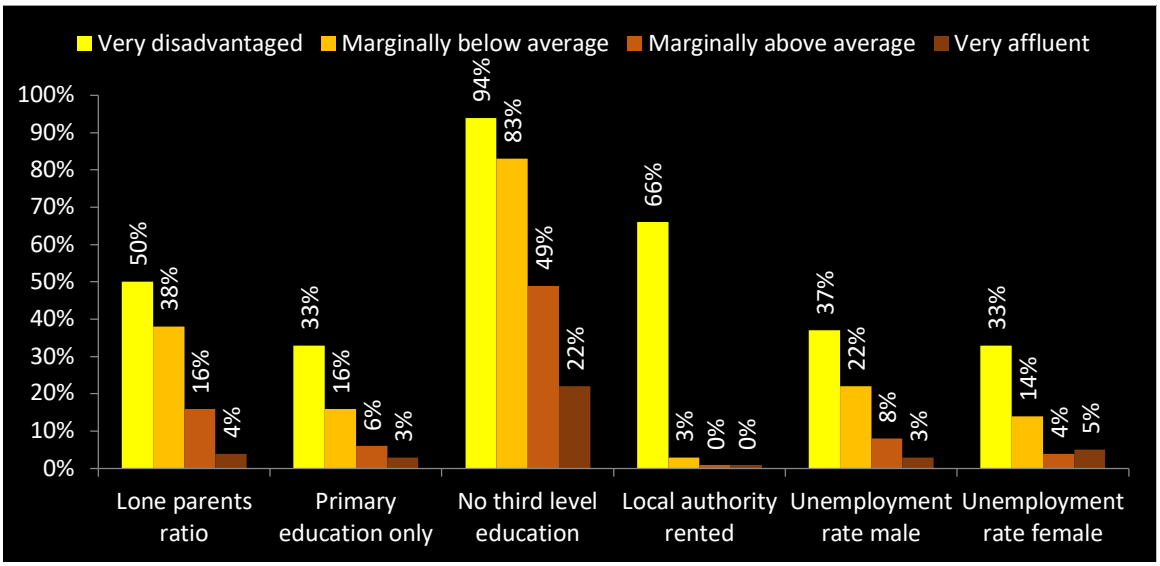


Chart 3.8: Dublin 15 socio-economically deprived youth population, Deprivation Index 2006 to 2016



The following chart describes the socio-demographic and economic characteristics associated with different levels of deprivation and affluence (Chart 3.9). It identifies that the most disadvantaged have the lowest levels of educational attainment and the highest rates of lone parents, unemployment and local authority housing; as affluence increases the converse is reported.

Chart 3.9: Socio-demographic and economic characteristics of four Small Area deprivation and affluence categories in Dublin 15, Deprivation Index 2016



4. TREATED DRUG AND ALCOHOL USE

Treatment demand data contains no unique identifiers and treated drug users may be counted more than once if they attend more than one service. Thus, the Year 5 profile of treated drug use reports the number of treatment episodes (cases) rather than the number of people treated.

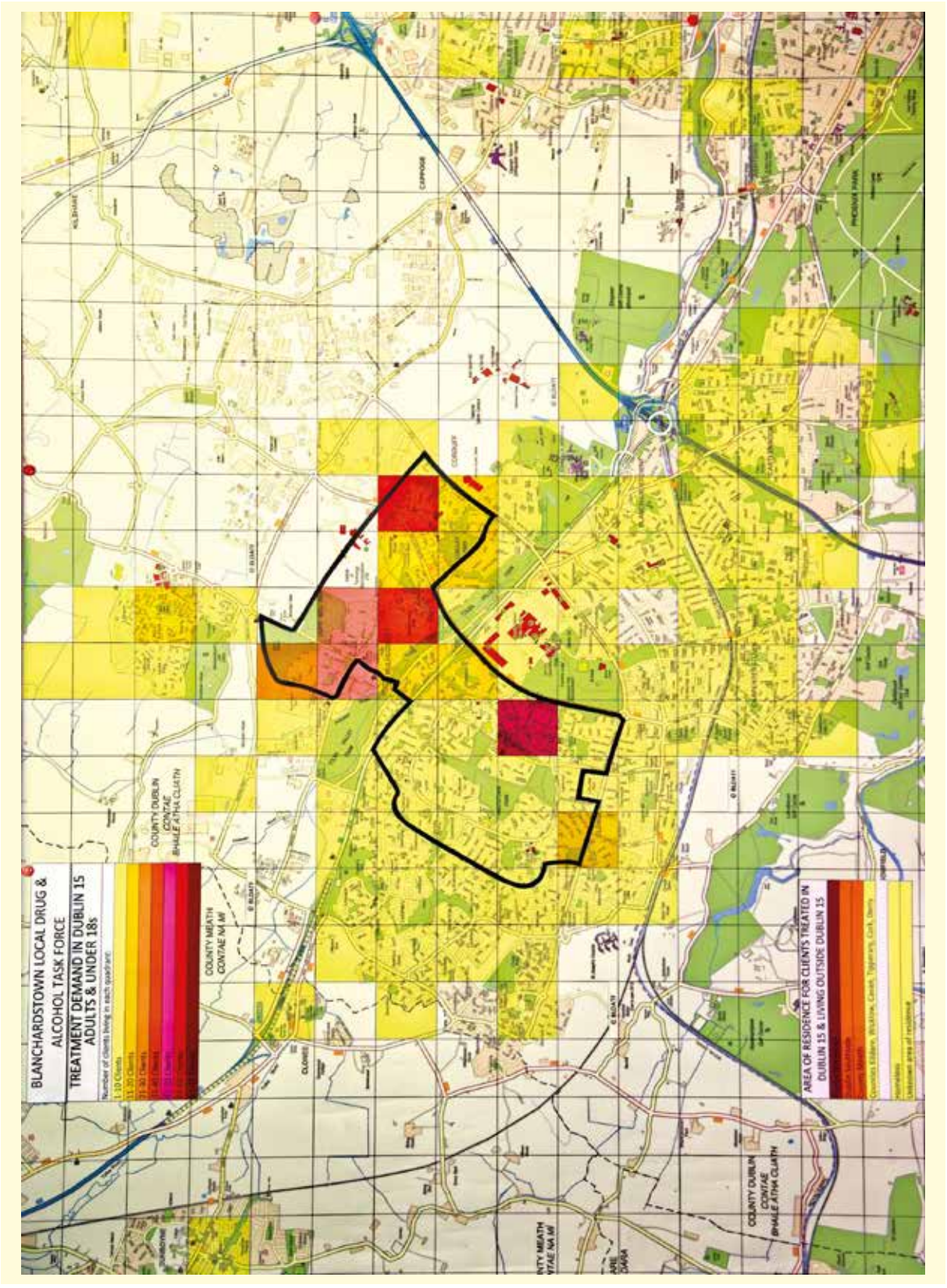
MAPPING TREATMENT DEMAND

Mapping data was provided by the following local services: D15 CAT, the Health Service Executive's Substance Abuse Service Specific to Youth (SASSY), Blanchardstown Youth Service Drug Education Prevention programme, Mulhuddart/Corduff Community Drug and Alcohol Team, Tolka River Project, Coolmine Therapeutic Community (Coolmine Lodge and Ashleigh House) and Genesis Psychotherapy & Family Therapy Service.

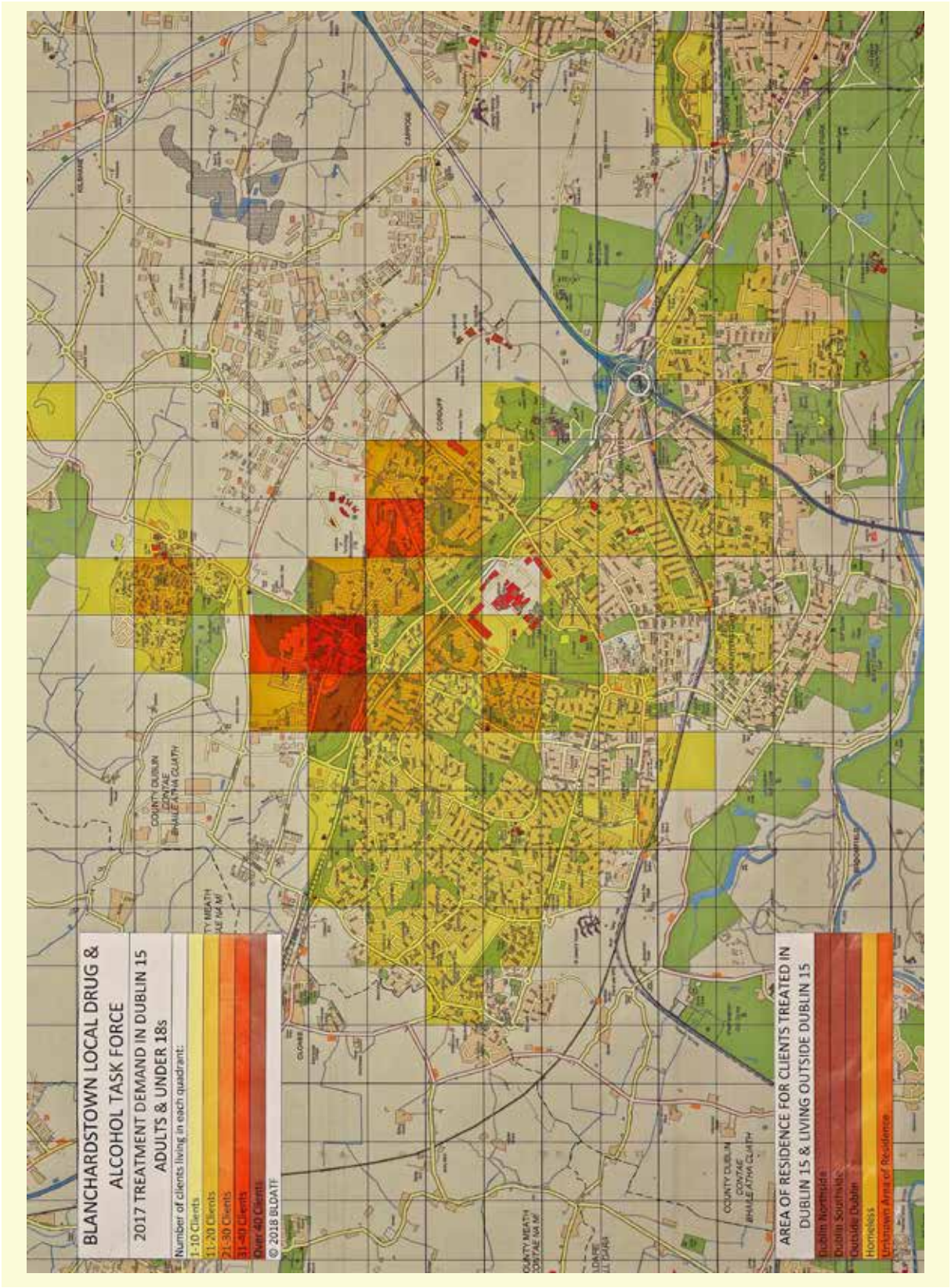
Mapping treatment demand in Year 5 identified the following:

- In 2019, treated cases were from Dublin 15, outside Dublin 15 and homeless (see maps overleaf)
- The majority of treated cases were from Dublin 15:
    - Treated drug users were from every community in Dublin 15, though most lived in socio-economically deprived areas
    - Drug and alcohol dependence is a community wide issue crossing all socio-economic boundaries
- Year 2 to 4 mapping data reported similar findings

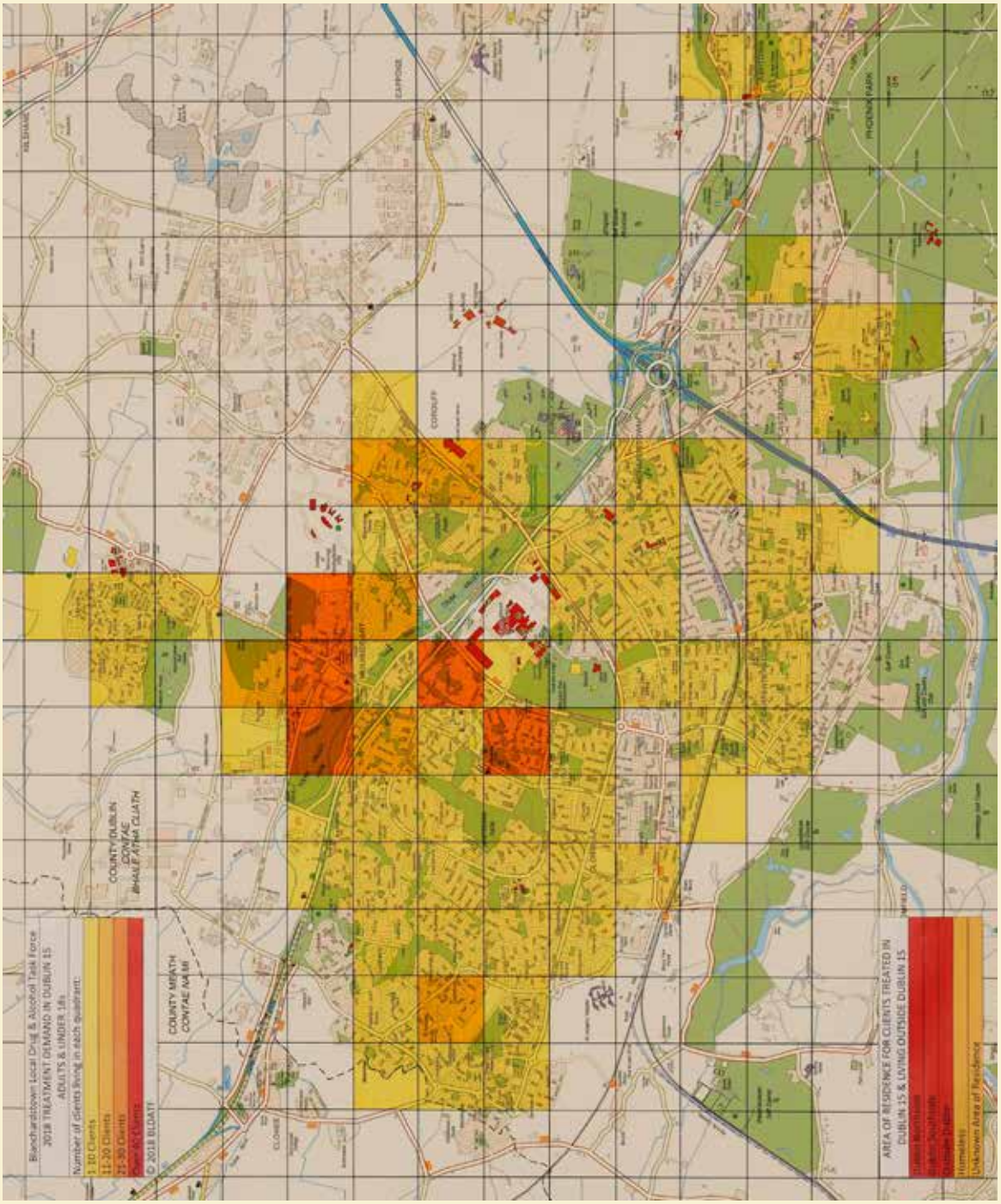
YEAR 2 Treatment demand in Dublin 15
Adults & Under 18s



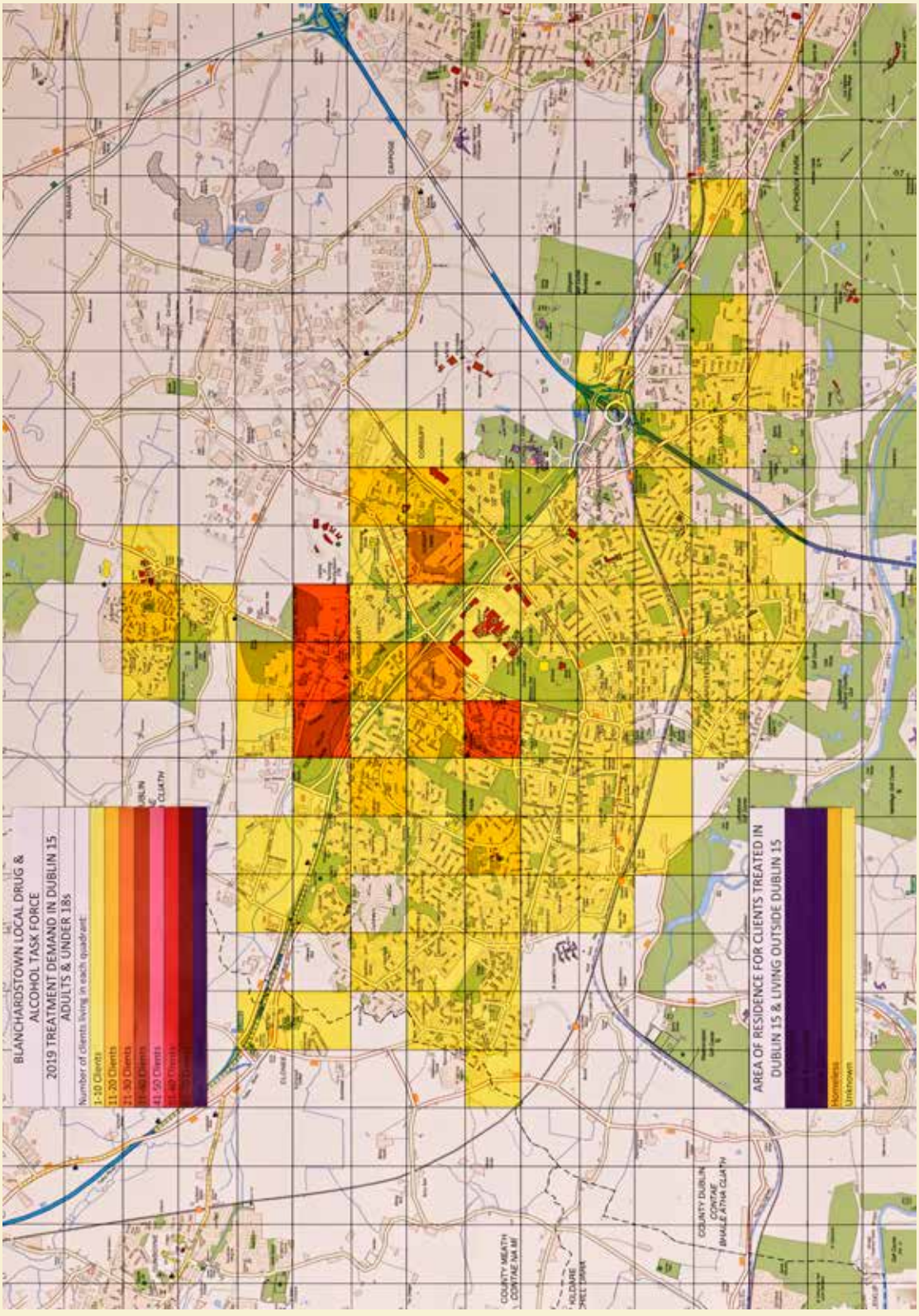
YEAR 3 Treatment demand in Dublin 15 Adults & Under 18s



YEAR 4 Treatment demand in Dublin 15
Adults & Under 18s



YEAR 5 Treatment demand in Dublin 15 Adults & Under 18s

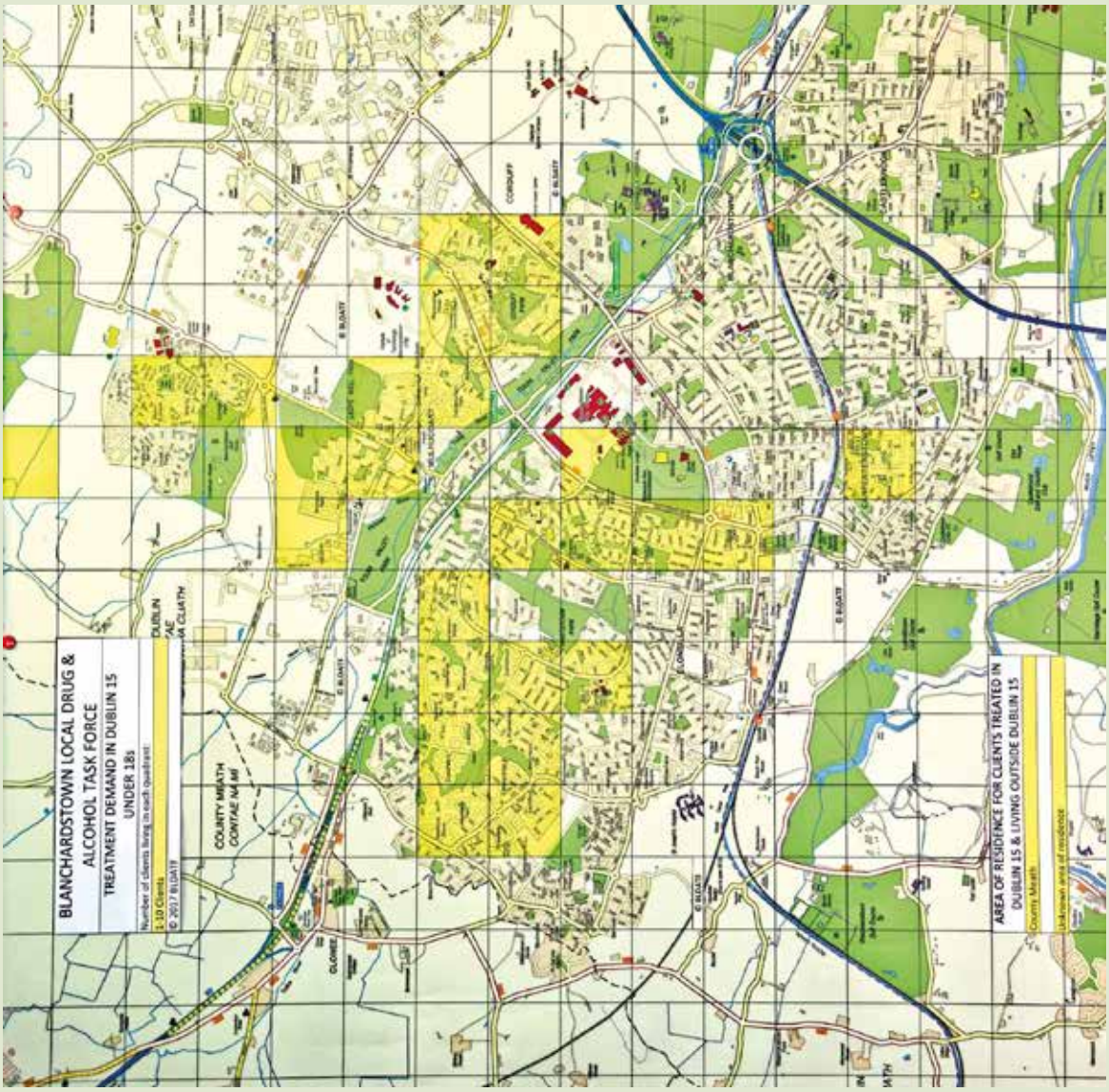


YEAR 5 (2019)

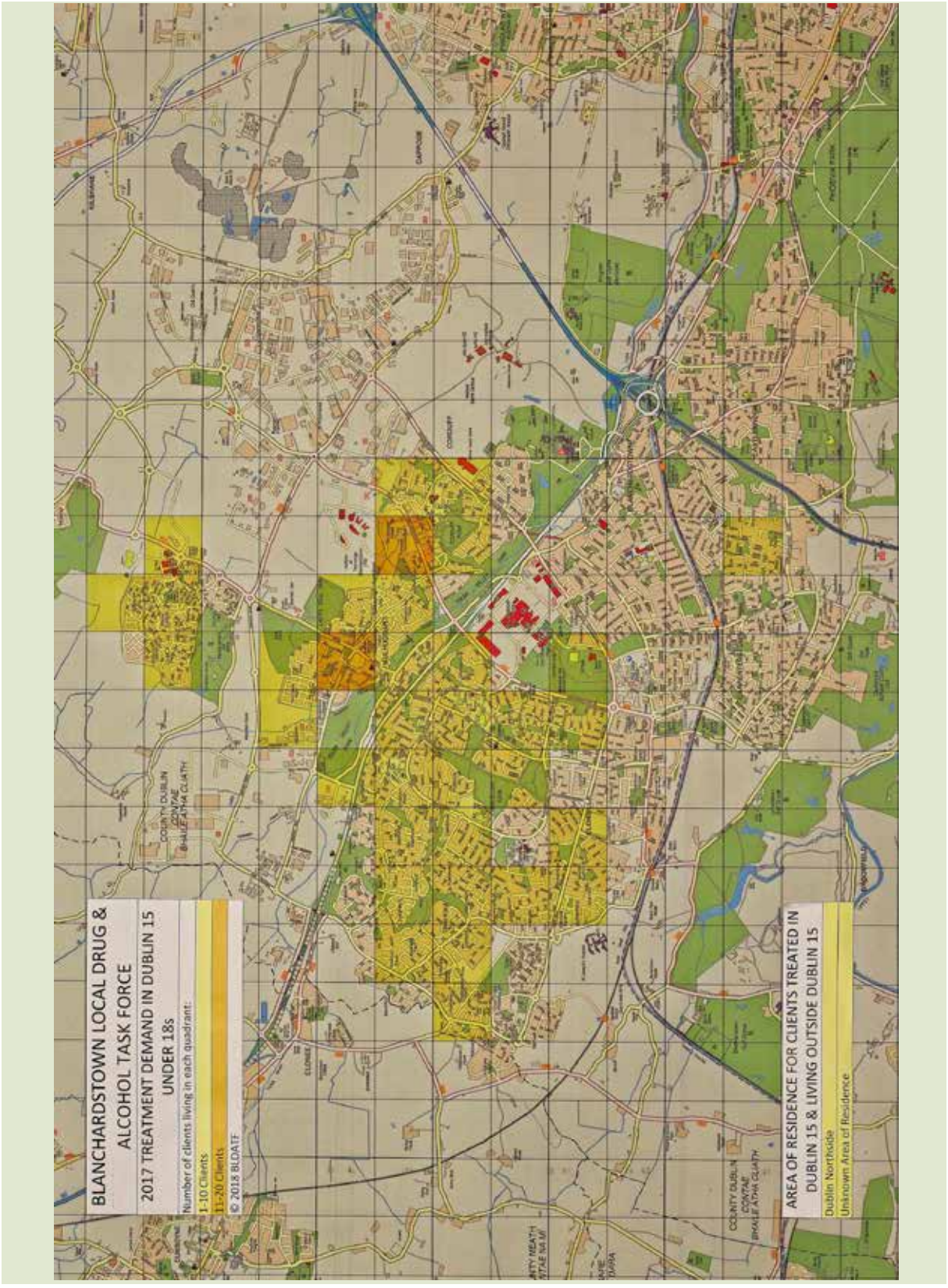
TREATMENT DEMAND IN DUBLIN 15

ADULTS & UNDER 18s

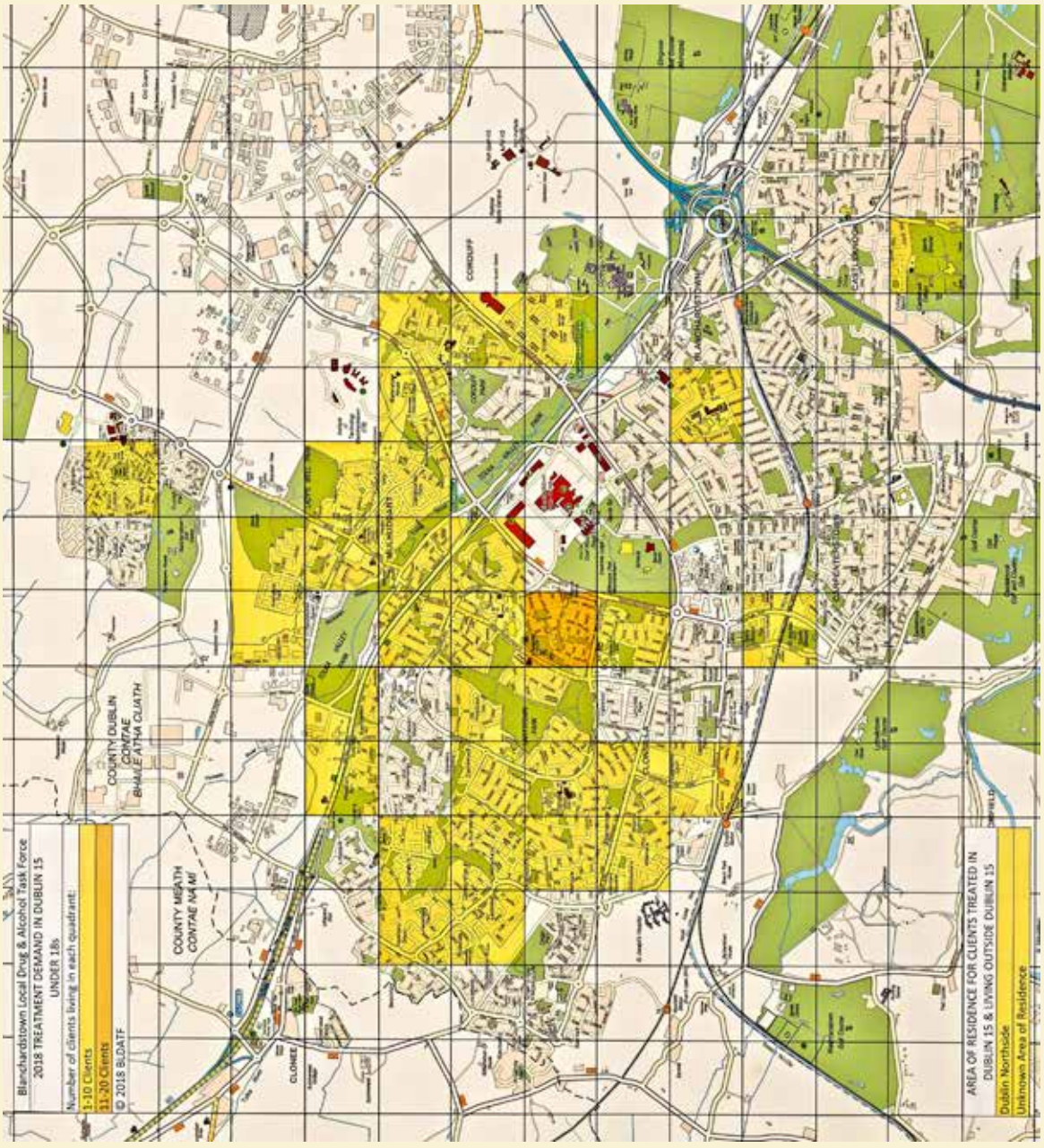
YEAR 2 Treatment demand in Dublin 15 Under 18s



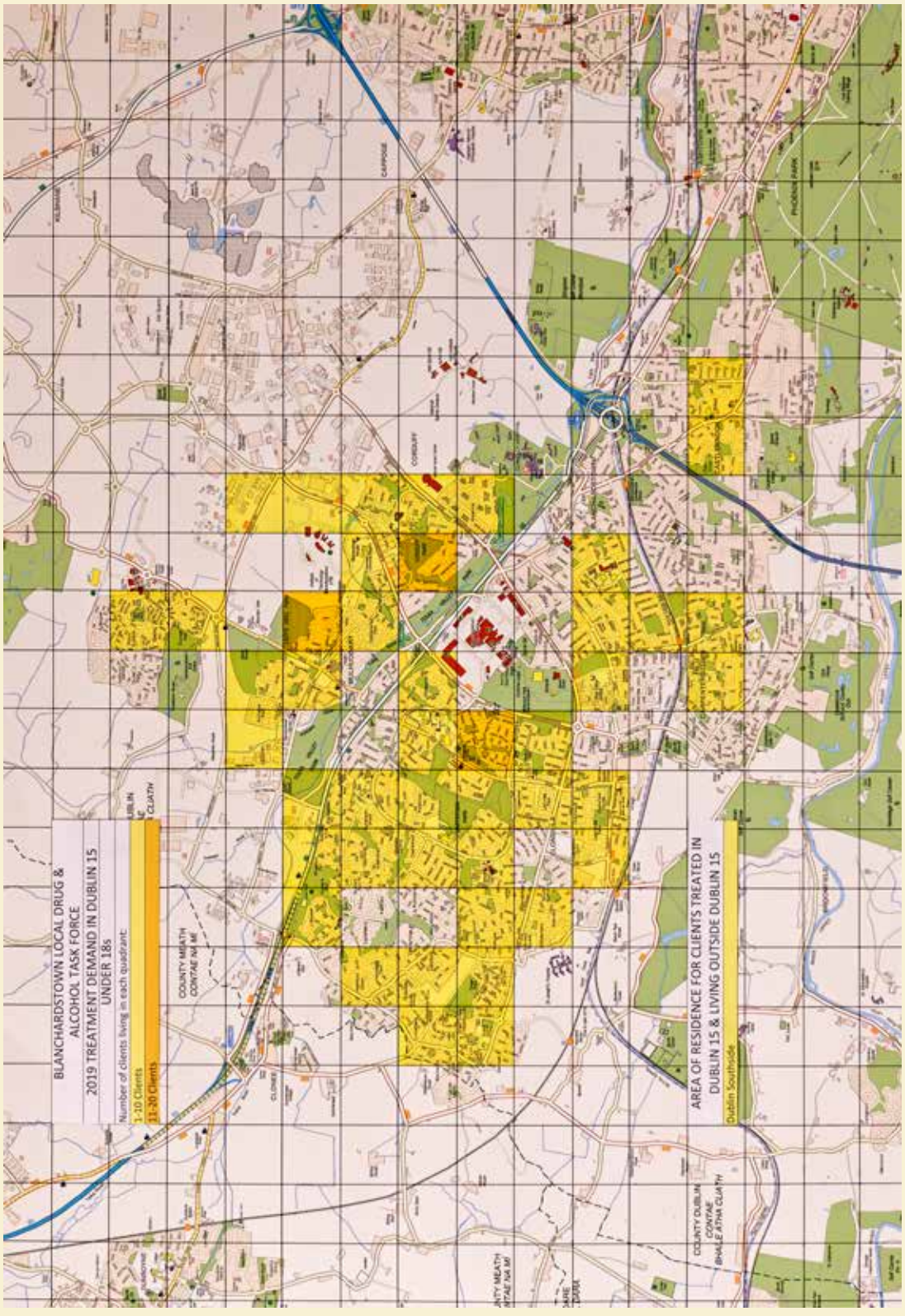
YEAR 3 Treatment demand in Dublin 15
Under 18s



YEAR 4 Treatment demand in Dublin 15 Under 18s



YEAR 5 Treatment demand in Dublin 15
Under 18s



YEAR 5 (2019)

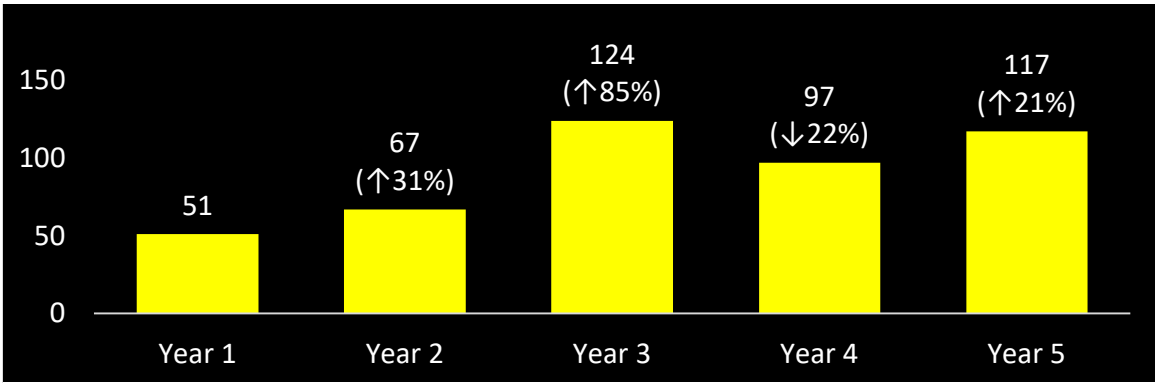
TREATMENT DEMAND IN DUBLIN 15

UNDER 18s

TREATED DRUG & ALCOHOL USERS AGED UNDER 18

The profile of treated drug use reports five years of data. Year 1 reporting period began June 2014, Year 2 began June 2015, Year 3 to 5 relates to 2017 to 2019. Data was provided by the Blanchardstown Youth Service Drug Education Prevention programme and SASSY. Overall, the number of treated cases aged under 18 increased by 129% from 51 in Year 1 to 117 in Year 5, though fluctuations in this upward trend were reported during this period (Chart 4.1). This increase may be related to an increase in drug use in Dublin 15, though it could also be related to an increase in data returns.

Chart 4.1: Treated cases aged under 18, DATMS Year 1 to 5



From Year 1 to 5, an estimate of 1% of the Dublin 15 population aged 12 to 17 years has attended treatment for drug and/or alcohol use (Table 4.1). It is probable that this is an underestimate of treatment demand as it does not include young people treated outside Dublin 15, privately or those not accessing any services. As CSO data relates to individuals and treatment demand data relates to cases, this estimate is not without its flaws. However, it has been included service planning purposes.

Table 4.1: Percentage of Dublin 15 population aged 12 to 17 years treated in local community and statutory services, DATMS Year 1 to 5

DATMS Year	D15 population aged 12 to 17 (CSO)	% of D15 population aged 12 to 17 in treatment
Year 1	7,158*	1%
Year 2	7,158*	1%
Year 3	9,294^	1%
Year 4	9,294^	1%
Year 5	9,294^	1%

* CSO 2011

^ CSO 2016

SOCIO-DEMOGRAPHIC PROFILE

Over the reporting period, the majority of treated cases aged under 18 were male and white Irish (Charts 4.2 and 4.3).

Chart 4.2: Treated cases aged under 18 by gender, DATMS Year 1 to 5

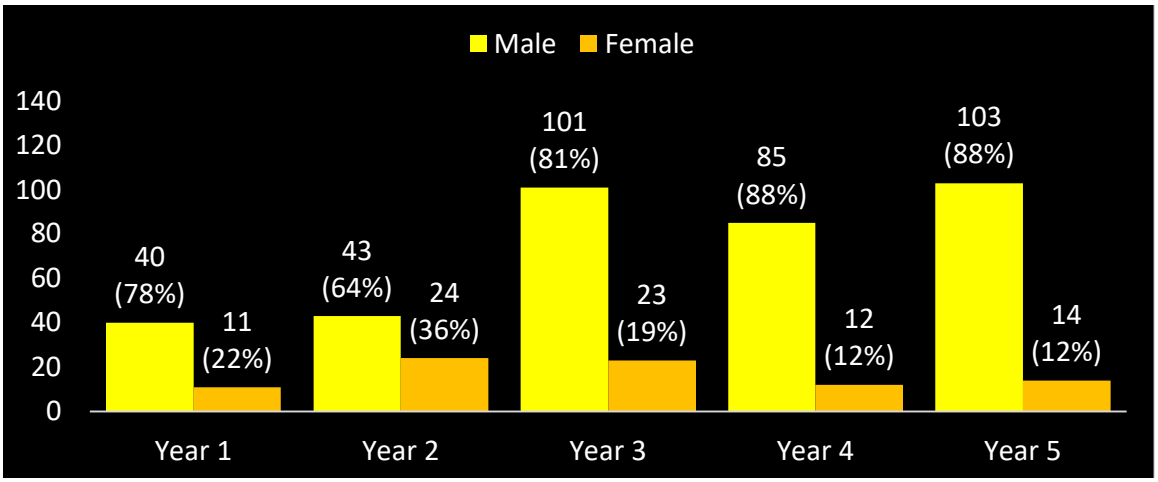
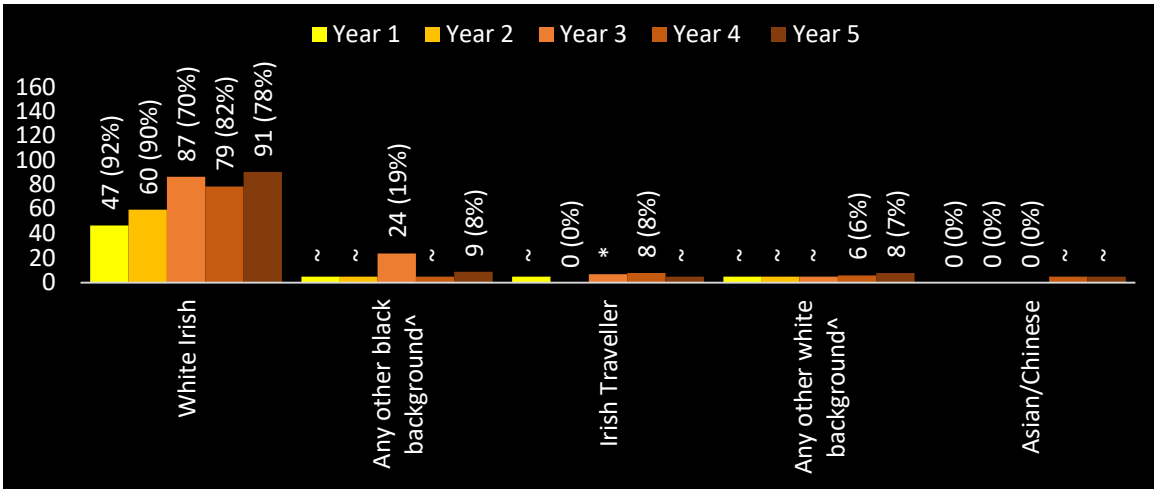


Chart 4.3: Treated cases aged under 18 by ethnicity, DATMS Year 1 to 5



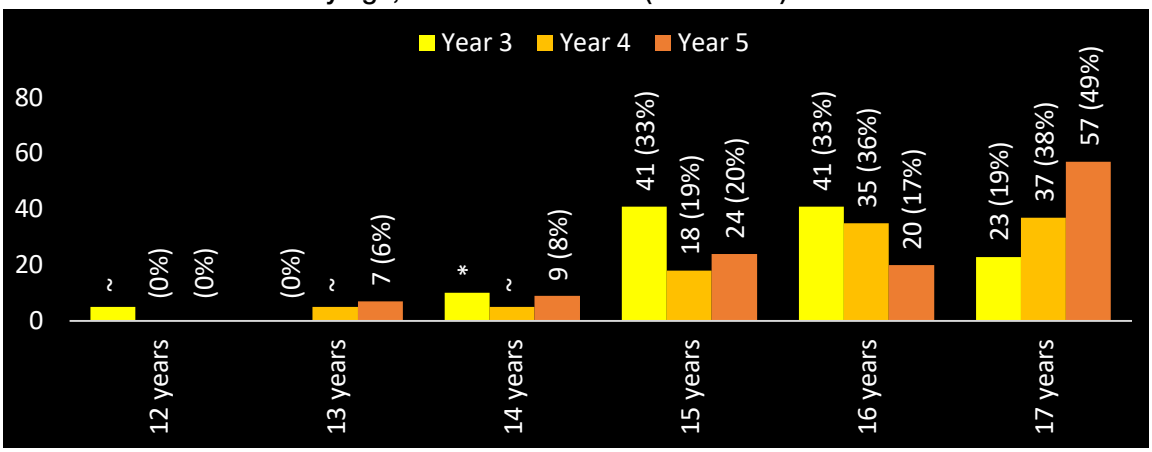
~ Number of cases too small to be reported (5 or less)

* Number of cases greater than 5 not reported to ensure cases with 5 or less are not disclosed

^ Ethnic category 'Any other black background' includes African Irish and the category 'Any other white background' includes Eastern European Irish

From Year 3, the quality of the data increased producing a more comprehensive profile of treated drug users in Dublin 15. Thus, for some of the following profile there was limited data available for Year 1 and 2. From Year 3 to 5, the majority of treated cases were aged from 15 years (Chart 4.4).

Chart 4.4: Treated cases by age, DATMS Year 3 to 5 (2017-2019)

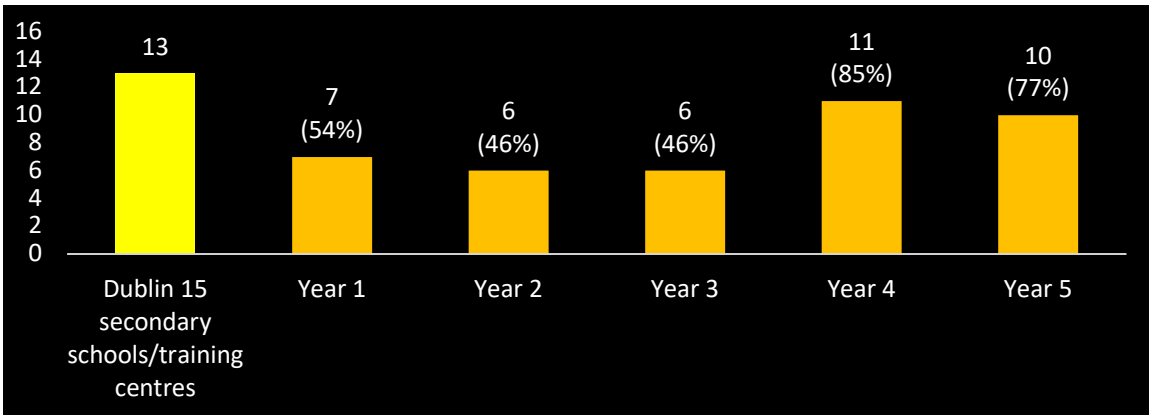


~ Number of cases too small to be reported (5 or less)

* Number of cases greater than 5 not reported to ensure cases with 5 or less are not disclosed

There are ten mainstream secondary schools and three training centres in Dublin 15[1]. From Year 1 to 5, there has been an increase in the number of secondary schools and training centres attended by treated cases aged under 18 (Chart 4.5). Since Year 4, almost all secondary schools and training centres in Dublin 15 have students with drug and/or alcohol problems. This indicates that drug use is a community wide issue crossing all socio-economic boundaries.

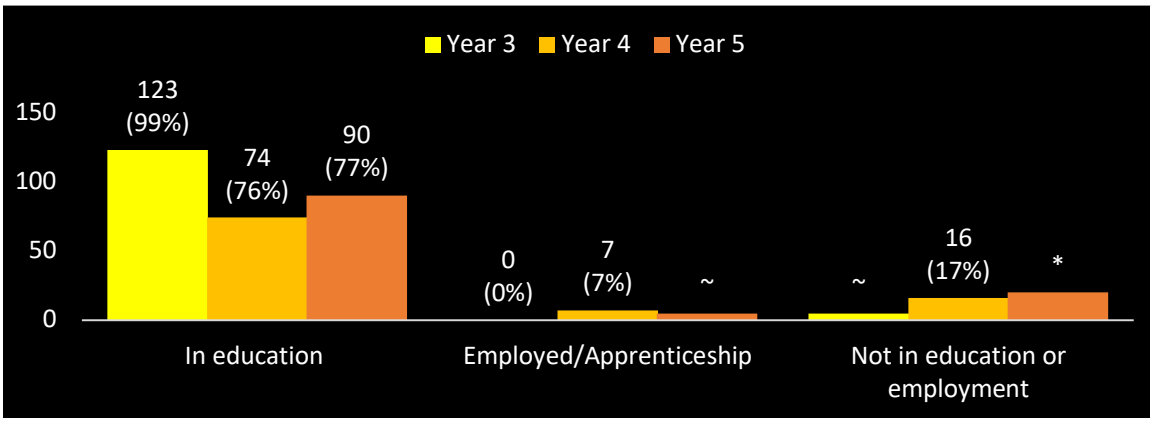
Chart 4.5: Secondary schools/training centres in Dublin 15 attended by treated cases aged under 18, DATMS Year 1 to 5



From Year 3 to 5, there was a change in the education and employment profile of treated drug users aged under 18. While the majority of treated cases were in education, since Year 4 an increase in the number not in education or employment has been reported (Chart 4.6).

[1]Training centres include Blanchardstown Community Training Centre, Blanchardstown Youthreach, Blanchardstown Youth Service Early School Leavers Programme

Chart 4.6: Treated cases aged under 18 by education and employment status, DATMS Year 3 to 5 (2017-2019)

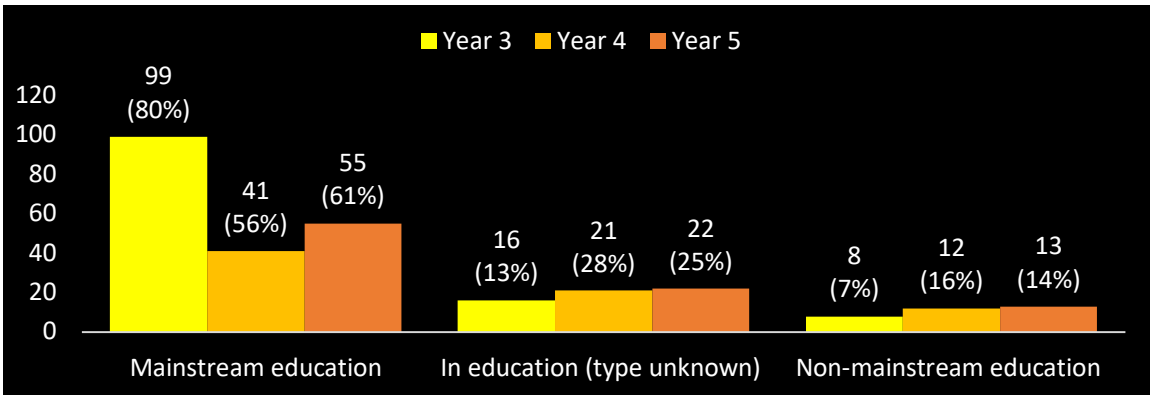


~ Number of cases too small to be reported (5 or less)

* Number of cases greater than 5 not reported to ensure cases with 5 or less are not disclosed

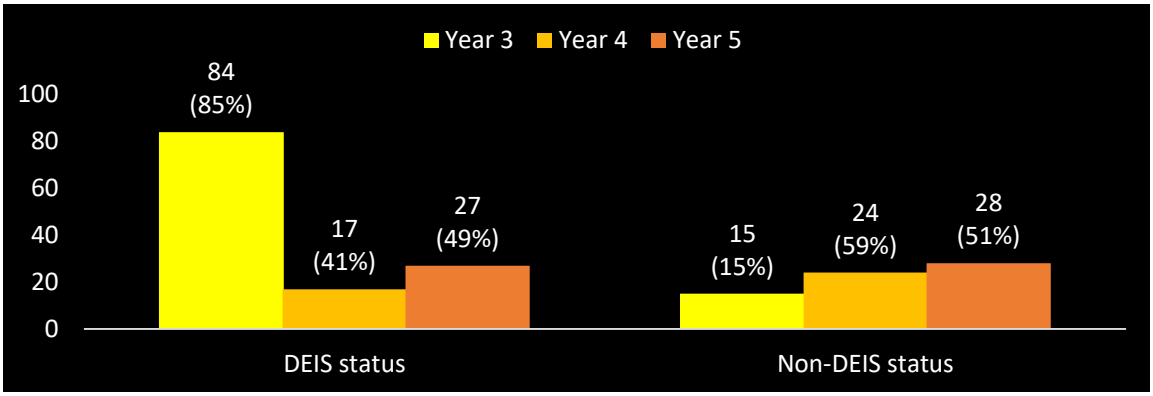
From Year 3 to 5, the majority of treated cases aged under 18 were in mainstream education (Chart 4.7).

Chart 4.7: Treated cases aged under 18 by education status, DATMS Year 3 to 5 (2017-2019)



In Year 3, treated cases aged under 18 were from all socio-economic groups though the majority attended local secondary schools with DEIS status. This identified the relationship between social deprivation and drug use. In Year 4, the opposite was reported, with the majority of treated cases in non-DEIS schools. Year 5 reports an almost equal distribution of treated cases from all socio-economic groups (Chart 4.8).

Chart 4.8: Treated cases aged under 18 by DEIS status of mainstream education, DATMS Year 3 to 5 (2017-2019)



PROFILE OF DRUG & ALCOHOL USE

The main problem drugs used by treated cases aged under 18 were similar for all reporting periods, with cannabis herb the most commonly used, followed by alcohol (Chart 4.9).

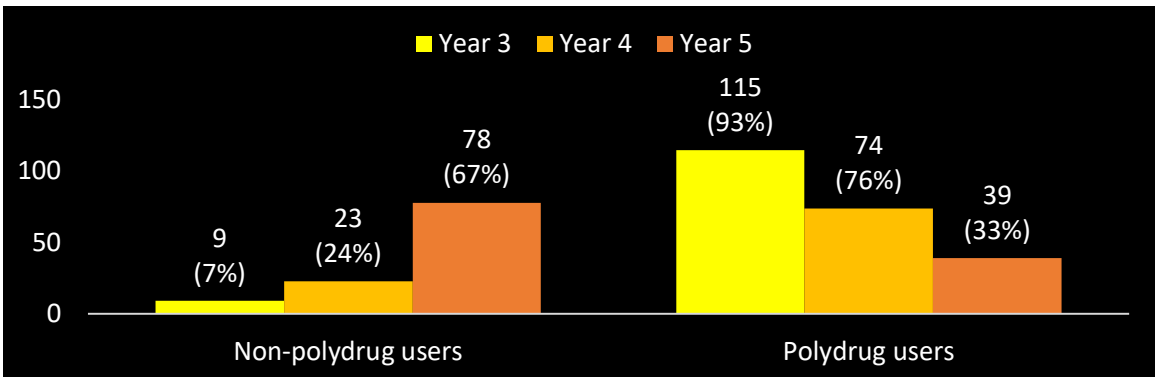
Chart 4.9: Treated cases aged under 18 by main problem drug, DATMS Year 1 to 5

~ Number of cases too small to be reported (5 or less)

* Number of cases greater than 5 not reported to ensure cases with 5 or less are not disclosed

From Year 3 to 5, a change in the profile of drug use among treated cases aged under 18 was reported. In Year 3 and 4, the majority of treated cases were polydrug users, and in Year 5 the majority were non-polydrug users (Chart 4.10). Over the reporting period, cannabis and alcohol were the most common form of polydrug use.

Chart 4.10: Treated cases aged under 18 by polydrug use, DATMS Year 3 to 5 (2017-2019)



The use of synthetic drugs (New Psychoactive Substances/NPS) was not reported by treated young drug users. Synthetic drug types include cannabinoids, opioids, benzodiazepines, and stimulants including cocaine and MDMA. As drugs are generally used without completing an analysis of their composition it is probable that synthetic types are used without users' knowledge[2]. The EMCDDA reported that new psychoactive substances have become a more persistent problem in Europe (EMCDDA, 2020). At the end of 2019, the EMCDDA was monitoring around 790 new psychoactive substances, 53 of which were reported for the first time in 2019. These substances are not controlled by international drug laws.

[2] The use of NPS also applies to treated adult drug users and untreated drug users

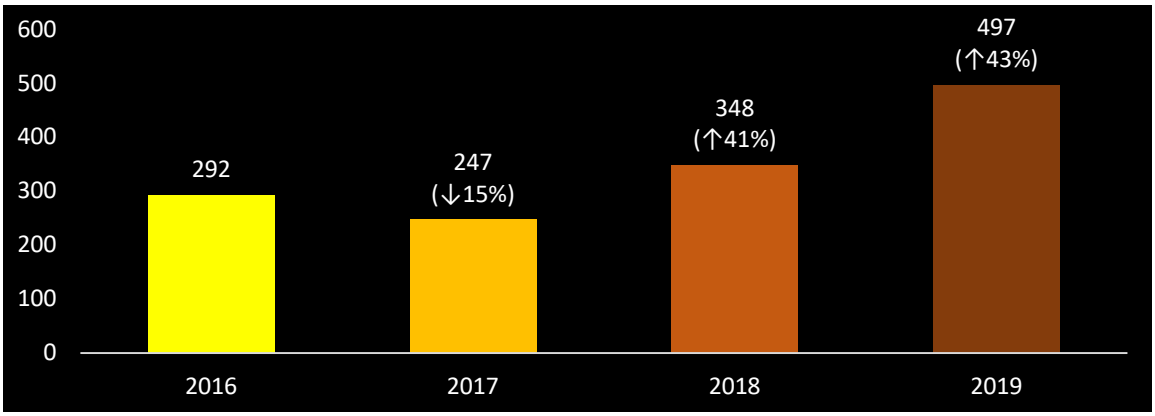
ADULT TREATED DRUG & ALCOHOL USERS

The National Drug Treatment Reporting System (NDTRS) is an epidemiological database on treated drug and alcohol misuse in Ireland. Analysis of NDTRS data from 2016 to 2019 provides the profile of adult treated drug use for Year 5. This data will report a profile of all cases living in the BLDATF area who accessed community and statutory services inside and outside the BLDATF area. As this data is based on the BLDATF area it does not include cases from Tyrrelstown, Carpenterstown and Castleknock. Our mapping data (reported above) identified treated cases from these areas were accessing the local community services.

TREATMENT DEMAND

From 2016 to 2019, there has been a 70% increase in the number of cases assessed and/or treated (Chart 4.11). This increase may be related to an increase in drug use in Dublin 15, though it could also be related to an increase in data returns to the NDTRS.

Chart 4.11: All cases living in BLDATF area, NDTRS 2016 to 2019



From Year 1 to 5, an estimate of less than 1% of the Dublin 15 population aged 18 to 64 years has attended treatment for drug and/or alcohol use (Table 4.2). It is probable that this is an underestimate of treatment demand as it does not include adults treated privately or those not accessing any services. As CSO data relates to individuals and treatment demand data relates to cases, this estimate is not without its flaws. However, it has been completed for service planning purposes.

Table 4.2: Percentage of Dublin 15 population aged 18 to 64 years treated in local community and statutory services, DATMS Year 1 to 5

DATMS Year	D15 population aged 18 to 64 (CSO)	% of D15 population aged 18 to 64 in treatment
Year 1	66,480*	0.5%~
Year 2	66,480*	0.4%
Year 3	69,807^	0.4%
Year 4	69,807^	0.5%
Year 5	69,807^	0.7%

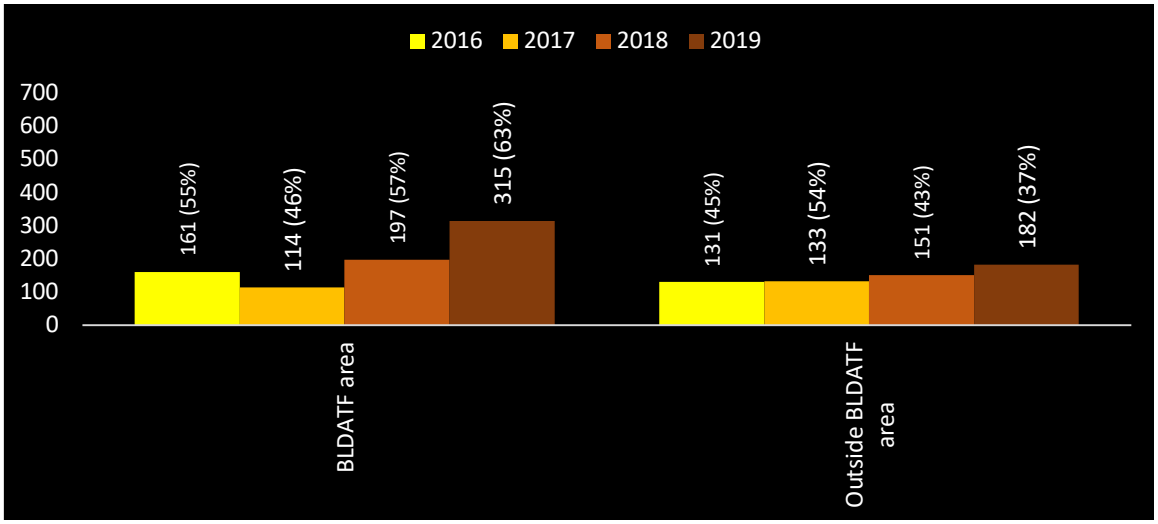
* CSO 2011

^ CSO 2016

~ Based on 315 treated cases, NDTRS 2015

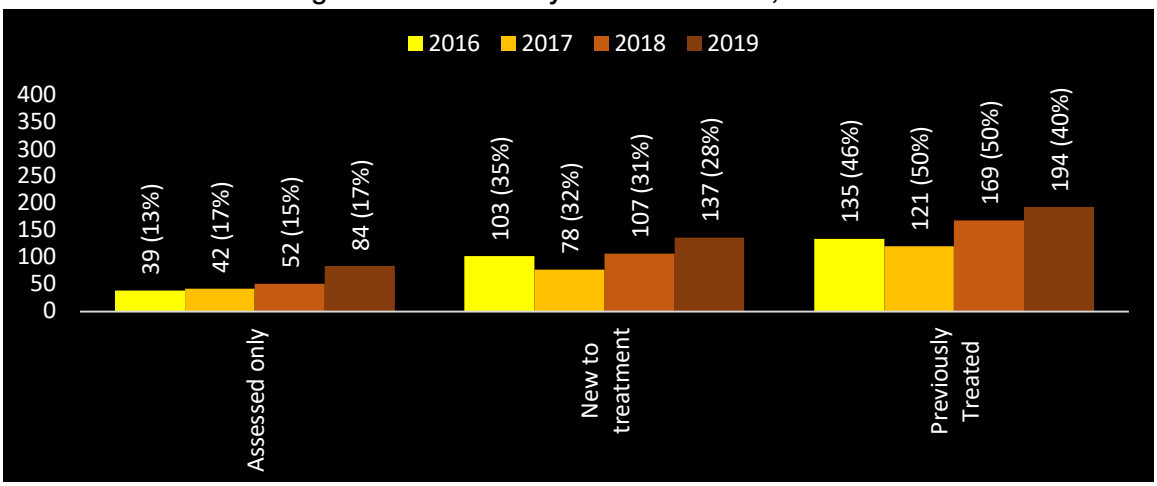
The NDTRS data identified that cases who lived in the BLDATF area were assessed and/or treated in services within and outside the BLDATF area (Chart 4.12).

Chart 4.12: All cases living in BLDATF area, assessed and/or treated in or outside BLDATF area, NDTRS 2016 to 2019



The data reported that the majority of cases were in treatment for more than one year and about a third were new to treatment (Chart 4.13).

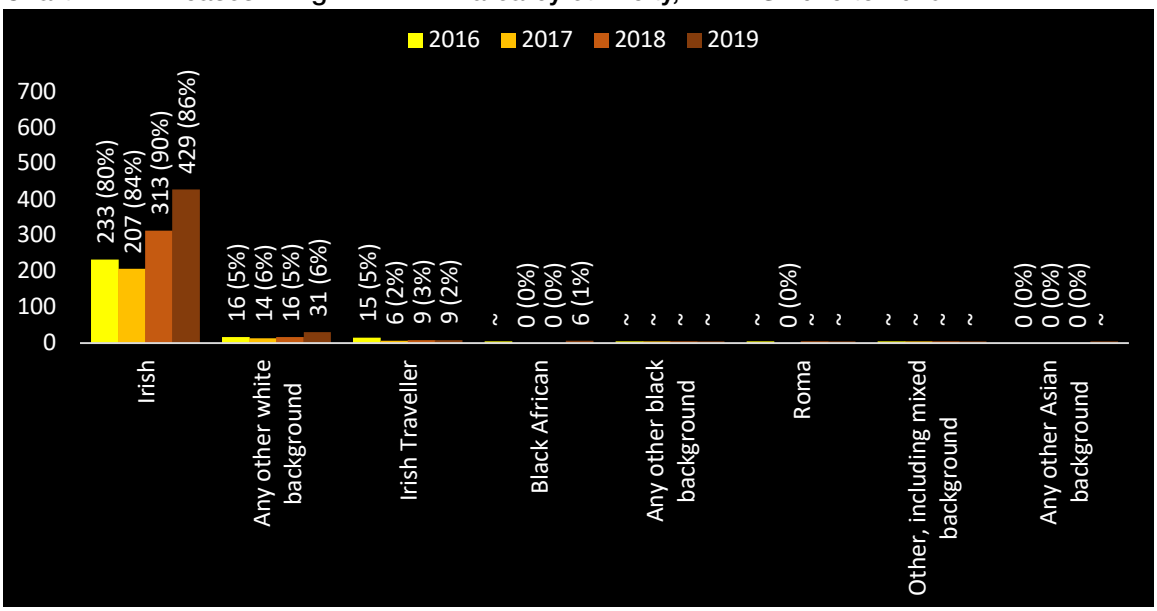
Chart 4.13: All cases living in BLDATF area by treatment status, NDTRS 2016 to 2019



Annual totals less than 100% as unknown cases removed

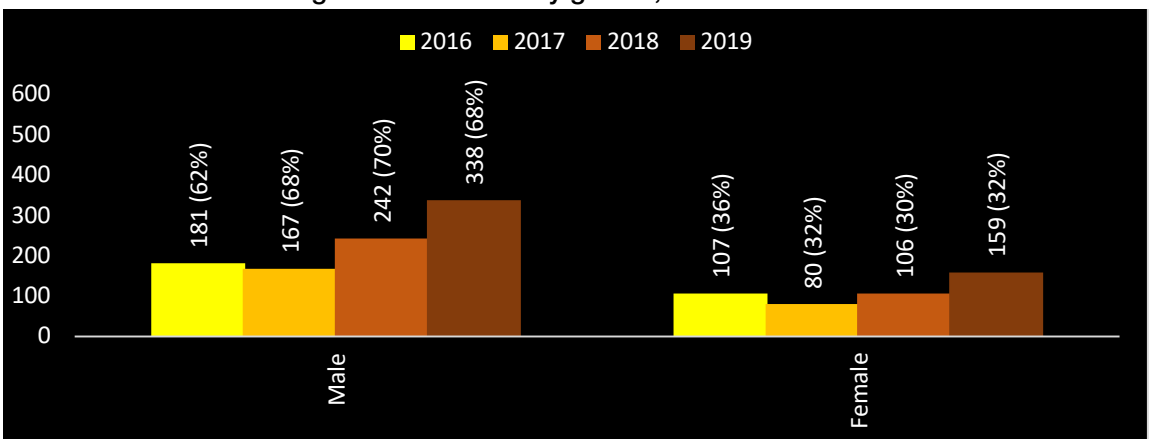
A demographic profile of all cases reports that the majority of cases were Irish, male and aged 35 to 44 years (Charts 4.14 to 4.16).

Chart 4.14: All cases living in BLDATF area by ethnicity, NDTRS 2016 to 2019



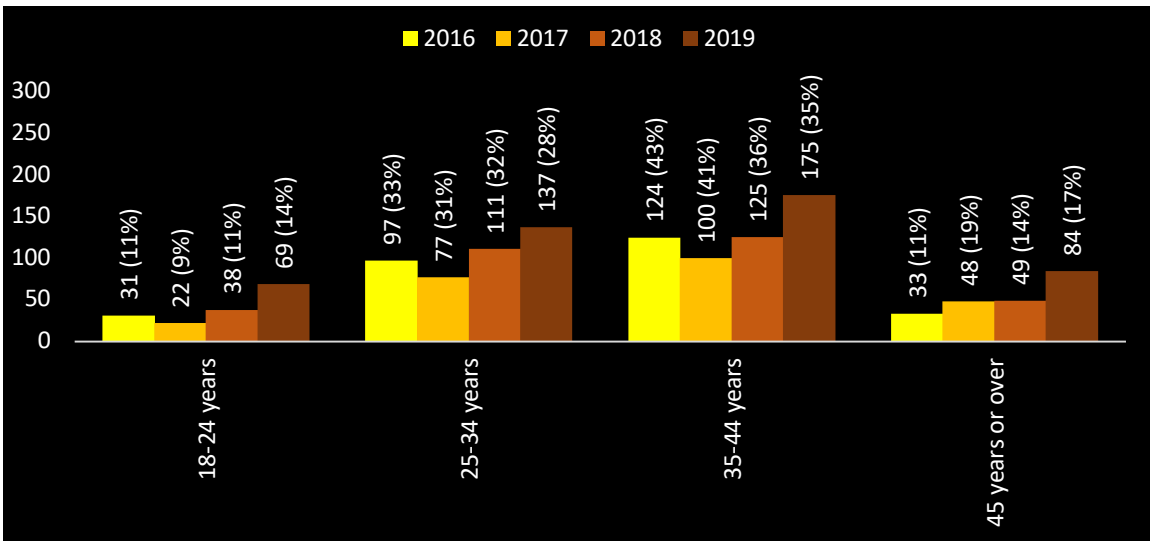
~ Number of cases too small to be reported (5 or less)

Chart 4.15: All cases living in BLDATF area by gender, NDTRS 2016 to 2019



2016 total less than 100% as unknown cases removed

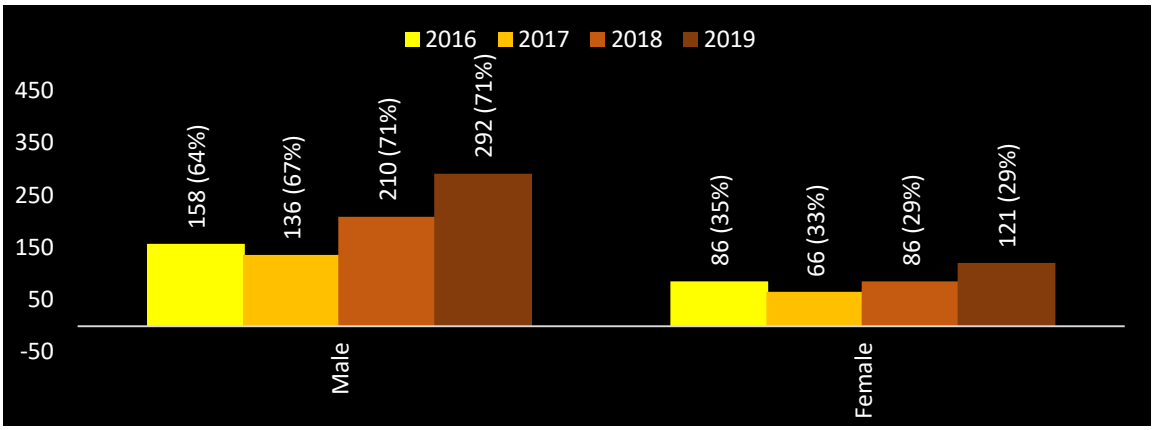
Chart 4.16: All cases living in BLDATF area by age, NDTRS 2016 to 2019



2018 & 2019 totals less than 100% as unknown cases removed

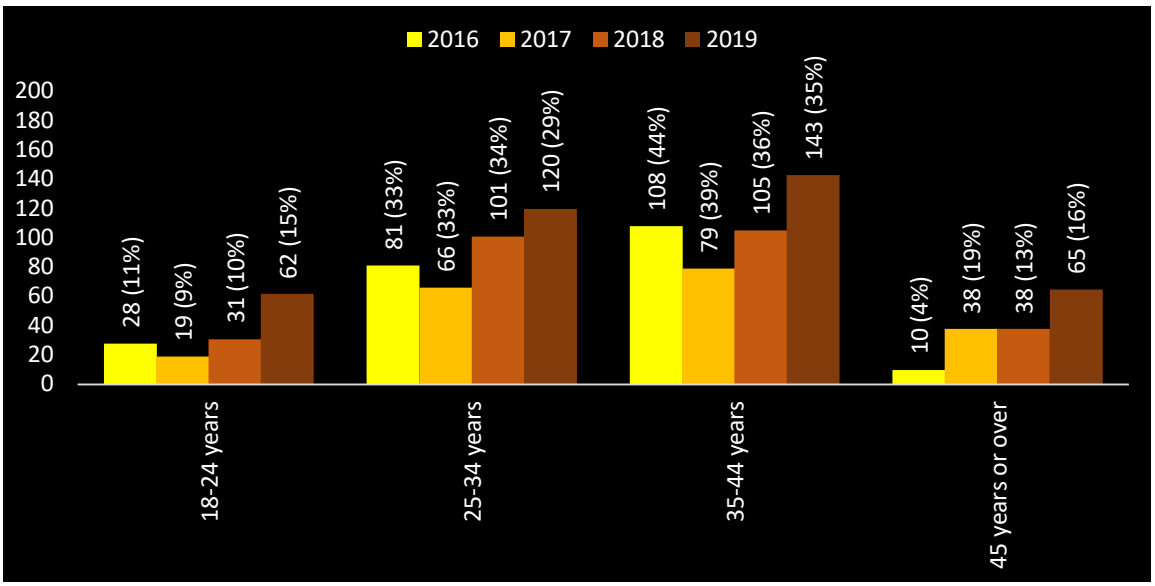
The remaining NDTRS analysis relates to cases living in the BLDATF area who were treated in services in and outside Dublin 15. From 2016 to 2019, the majority of treated cases were male and aged 35 to 44 years (Charts 4.17 and 4.18).

Chart 4.17: Treated cases living in BLDATF area by gender, NDTRS 2016 to 2019



2016 total less than 100% as unknown cases removed

Chart 4.18: Treated cases living in BLDATF area by age, NDTRS 2016 to 2019

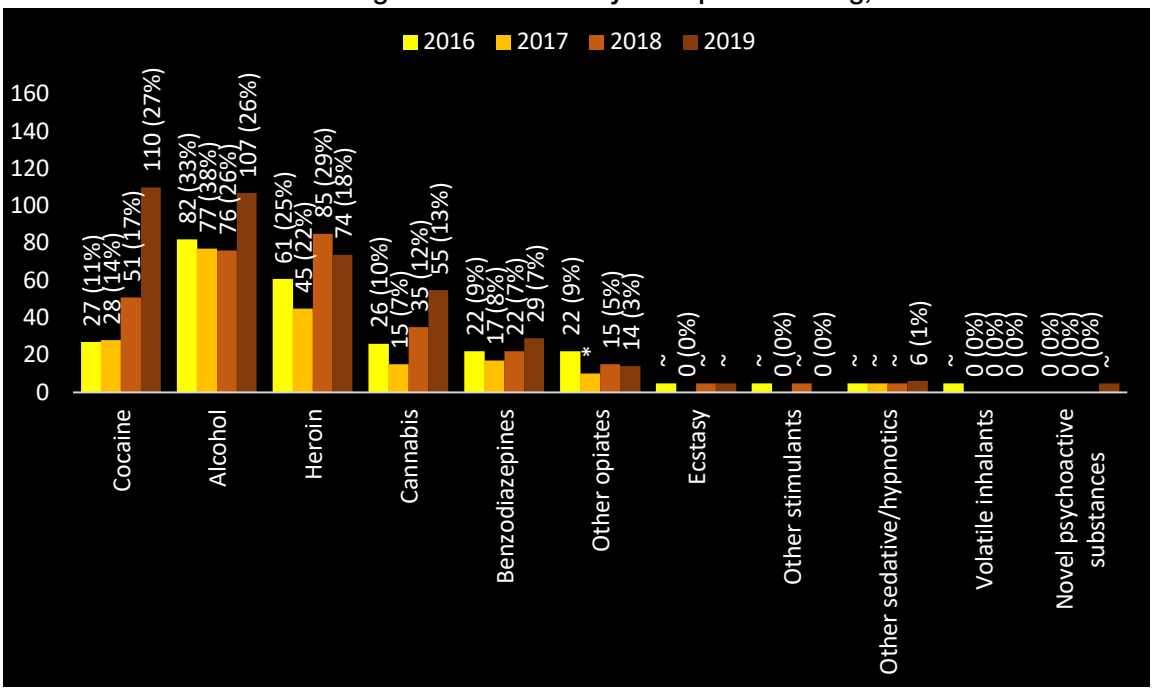


2018 & 2019 totals less than 100% as unknown cases removed

PROFILE OF DRUG & ALCOHOL USE

Over the reporting period, the four main problem drugs used by treated cases were cocaine, alcohol, heroin and cannabis (Chart 4.19). From 2016 to 2019, there has been an increase in the number of cases treated for cocaine, with this drug becoming the most common main problem drug in 2019. In 2017 and 2018, the majority of cases were powder cocaine, with 5 or less treated for the use of crack cocaine. However, the NDTRS stated that nationally crack cocaine use was under-reported or mis-reported. In 2019, 98 cases were treated for powder cocaine and 12 cases for crack cocaine. Over the reporting period, there has also been an increase in the number of cases treated for alcohol and cannabis. From 2018 to 2019, a decrease in the number of cases treated for heroin was reported.

Chart 4.19: Treated cases living in BLDATF area by main problem drug, NDTRS 2016 to 2019



~ Number of cases too small to be reported (5 or less)

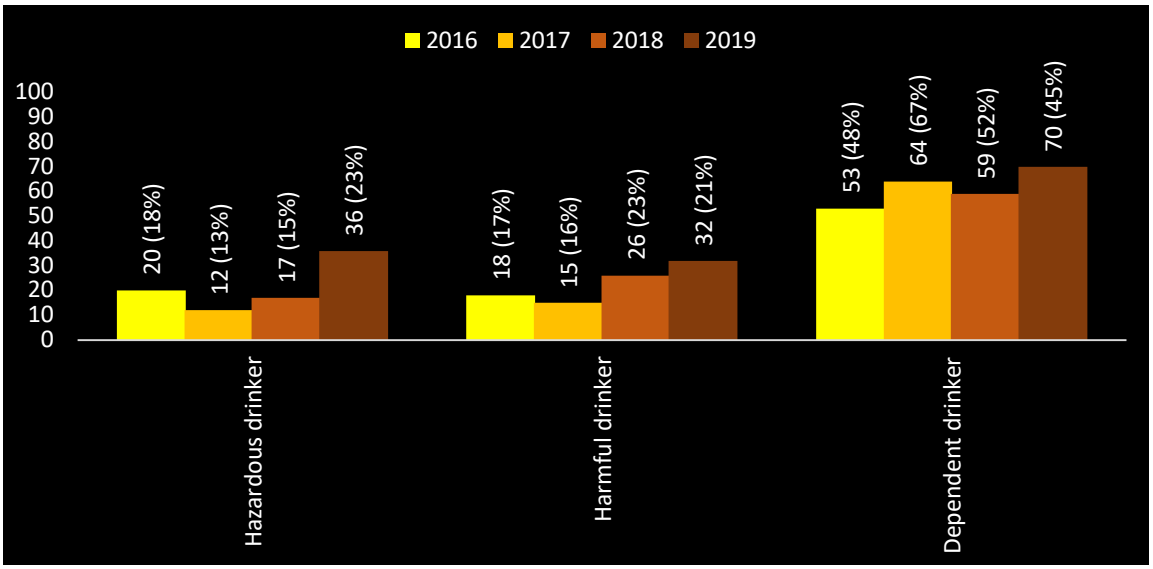
* Number of cases greater than 5 and suppressed to ensure cases with 5 or less are not disclosed

NDTRS cases treated for alcohol are categorised by the extent of the problem, from hazardous to harmful or dependent drinking. The Health Research Board's definition of these categories is as follows (Health Research Board, 2016):

- ***Hazardous drinking*** *increases the risk of harmful consequences for the user; it describes drinking over the recommended limits by a person who has no apparent alcohol-related health problems*
- ***Harmful drinking*** *is a pattern of use that results in damage to physical or mental health; some would also consider social consequences among the harms caused by alcohol*
- ***Dependent drinking:*** *includes a strong desire to consume alcohol, impaired control over its use, persistent drinking despite harmful consequences, a higher priority given to drinking than to other activities and obligations, increased alcohol tolerance; also, notably a physical withdrawal reaction when alcohol use is discontinued*

Out of all cases treated for alcohol, the extent of the problem for the majority was categorised at the highest level as dependent drinking (Chart 4.20).

Chart 4.20: Treated cases living in BLDATF area by extent of alcohol problem, NDTRS 2016 to 2019



Annual totals less than 100% as unknown cases removed

Includes all cases treated for alcohol use, those treated for alcohol as a main problem drug and also as an additional problem drug

From 2016 to 2018, the majority of cases were treated for polydrug use, and in 2019, the majority were treated for non-polydrug use (Charts 4.21 and 4.22).

Chart 4.21: Treated cases living in BLDATF area by polydrug use, NDTRS 2016 to 2019

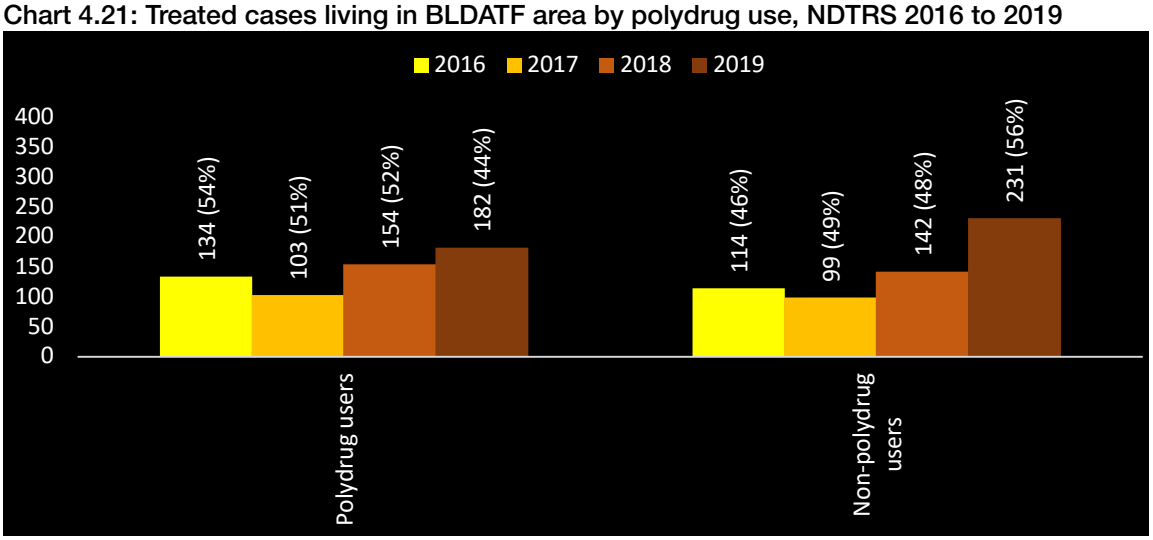
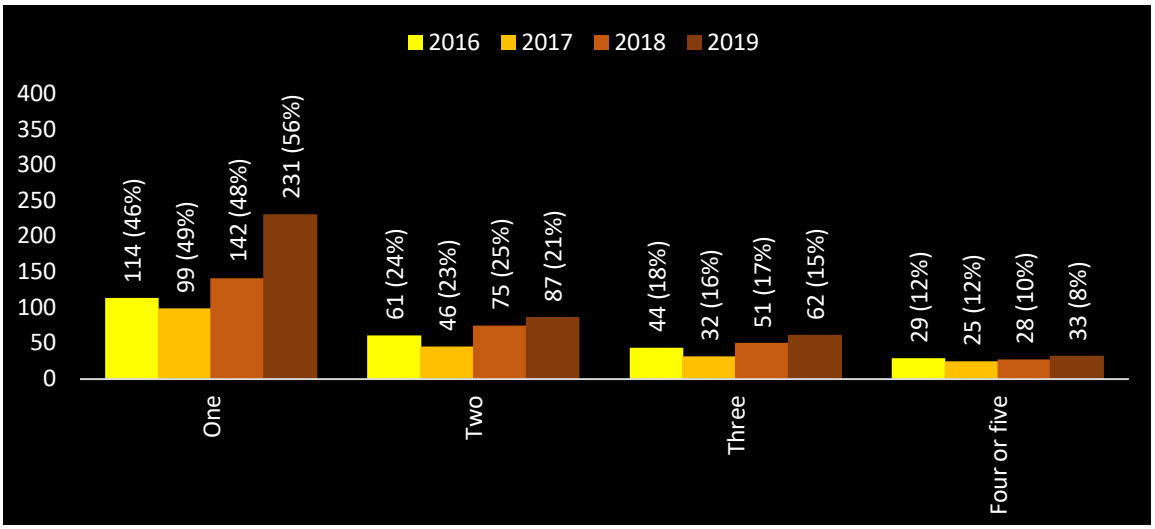


Chart 4.22: Treated cases living in BLDATF area by number of problem drugs, NDTRS 2016 to 2019



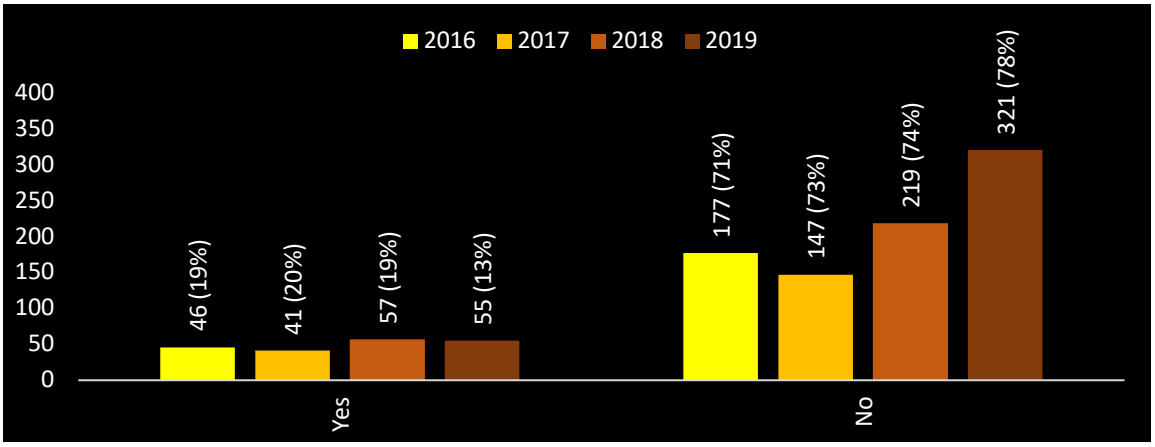
Methadone maintenance treatment

The Central Treatment List (CTL) reports the number of people in receipt of methadone maintenance treatment for opiate dependence in Ireland. No current data was available to quantify the treatment demand for this service. The following data was reported in Year 3. In 2015, the CTL reported that 270 patients in Dublin 15 were prescribed methadone and 95% were aged over 30. In 2016, the CTL reported a slight increase in the number of patients prescribed this drug, though the actual number was not provided.

HIGH-RISK DRUG USE

High-risk drug use includes injecting drug use, sharing injecting equipment and other drug paraphernalia. The profile of high-risk drug use in Dublin 15 is incomplete as the quality of the data returned to the NDTRS is poor. Despite this, NDTRS data has been presented to provide some insight into high risk drug use in the community. From 2016 to 2018, a fifth of treated cases reported injecting drugs in their lifetime, this decreased to 13% in 2019 (Chart 4.23).

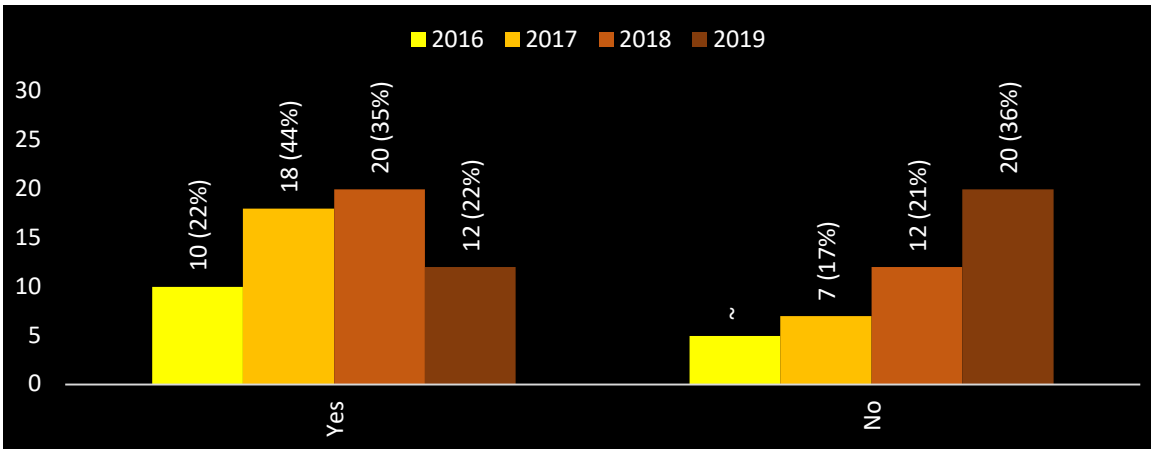
Chart 4.23: Treated cases living in BLDATF area by lifetime injecting drug use, NDTRS 2016 to 2019



Annual totals less than 100% as unknown cases removed

The extent of current injecting in the BLDATF area is unclear as the current injecting status of the majority of cases was not reported to the NDTRS (Chart 4.24). However, the data suggests a decrease in injecting drug use, and this is validated by other DATMS data sources[3].

Chart 4.24: Treated cases living in BLDATF area by current injecting status, NDTRS 2016 to 2019



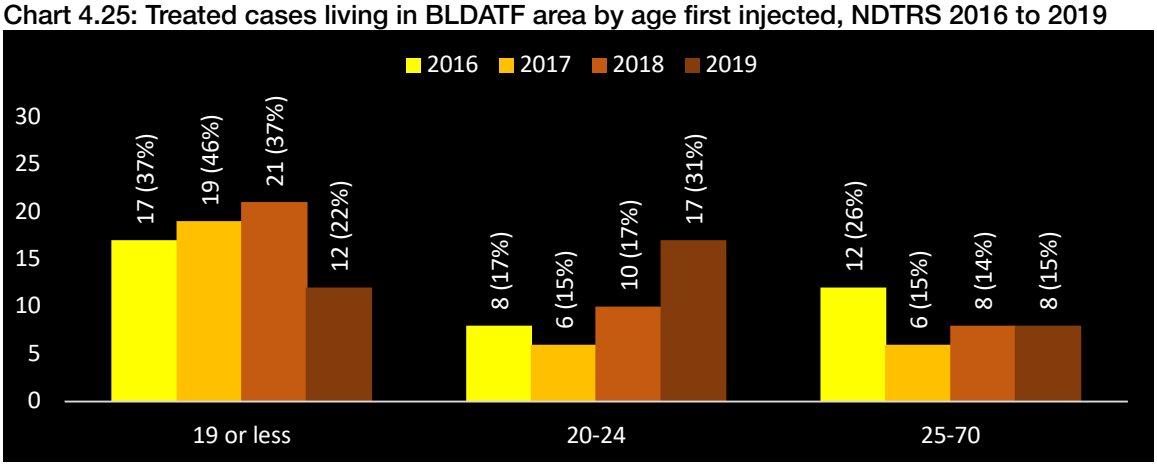
Annual totals less than 100% as unknown cases removed

~ Number of cases too small to be reported (5 or less)

From 2016 to 2018, the majority of treated cases began injecting aged 19 or less, in 2019 the majority were aged 20 to 24 years (Chart 4.25).

[3] These data sources are reported in the following section 'Changes in treated drug & alcohol use'

Chart 4.25: Treated cases living in BLDATF area by age first injected, NDTRS 2016 to 2019



Annual totals less than 100% as unknown cases removed

NDTRS data reports the extent of harm reduction practices by injectors. In particular, whether cases ever shared injecting equipment or other drug paraphernalia. It also reports the history of viral screening for HIV and Hepatitis B and C. Incomplete NDTRS data returns has resulted in a lack of data concerning these practices and services.

From Year 1 to 5, treated drug users and service providers reported the types of drugs injected by treated adult drug users (Table 4.3). During this period, there were no reports of treated young drug users injecting drugs.

Table 4.3: Drugs injecting by treated adult drug users in Dublin 15, DATMS Year 1 to 5

Drug type	Year 1 2014/2015	Year 2 2015/2016	Year 3 2017	Year 4 2018	Year 5 2019
Heroin	√	√	√	√	√
Cocaine powder	√	√	√	√	√
Crack cocaine	√	√	√	√	√
Benzodiazepines, Z drugs	√	√	√	√	√
Amphetamines~	√	√	√	√	**
Opioid (Oxycodone)	^	√	√	√	**
Opioid (Fentanyl)	*	*	*	√	**

√ Drugs injected

~ Includes New Psychoactive Substances, Mephedrone and Methamphetamine

** Injecting of drug not reported in Year 5

^ Injecting of drug first reported in Year 2

* Injecting of drug first reported in Year 4

From Year 1 to 5, participants reported that injecting of crack cocaine was not common, smoking was the most commonly used method for taking this drug. From Year 1 to 3, treated drug users reported injecting anabolic steroids and skin tanning drugs. In Year 4 and 5, there was little evidence of the injection of these drugs by treated drug users[4].

[4] Further data concerning injecting use of non-psychoactive drugs by untreated drug users is reported in the chapter 'Untreated drug & alcohol use'

CHANGES IN TREATED DRUG & ALCOHOL USE

Since Year 1, treated drug users and service providers have reported perceptions concerning changes in drug use.

TREATED YOUNG DRUG USERS (UNDER 18s)

From Year 1 to 5, an increase in the use of cannabis herb, cocaine powder and alcohol were reported among treated young drug users. Year 5 also reported an increase in the use of other drugs (Table 4.4). The use of cannabis wax by treated young drug users was first reported in Year 5 (use of this drug by treated adult drug users first reported in Year 4). Identifying a new emerging trend, the use of cannabis edibles (sweets and chocolates) and drinks by treated young drug users were first reported in Year 5.

Table 4.4: Changes in drug use by treated young drug users in Dublin 15, DATMS Year 1 to 5

Drug type	Year 2 2015/2016	Year 3 2017	Year 4 2018	Year 5 2019
Cannabis herb	↑	↑	↑	↑
Cocaine powder	↑	↑	↑	↑
Alcohol	↑	↑	↑	↑
Benzodiazepines, Z drugs	↑	*	↑	↑
Ketamine	*	*	↑	↑
MDMA	*	*	↑	↑
Cannabis oil	^	^	↑	↑
Lean (syrup)~	*	*	↑	*
Nitrous oxide (laughing gas)"	*	*	↑	*
Cannabis wax	¤	¤	¤	¤
Cannabis edibles (sweets/chocolates)	×	×	×	×
Cannabis drinks	×	×	×	×

↑ Increase in use of drug

* No change in use of drug

^ Use of drug first reported in Year 3

~ Cough medicine mixed with carbonated drink and sweets

" Use of drug first reported in Year 4

¤ Use of drug first reported in Year 5

× Use of drug first reported in Year 5

TREATED ADULT DRUG USERS

From Year 1 to 5, treated adult drug users reported an increase in the use of cannabis herb, alcohol, powder and crack cocaine, benzodiazepines and z drugs. Year 5 also reported an increase in the use of other drugs (Table 4.5). The new emerging trend identified by treated young drug users, the use of cannabis edibles and drinks, was also reported by treated adult drug users. In addition, with the use of cannabis cakes, the re-emergence of an old trend was reported by treated adult drug users.

Table 4.5: Changes in drug use by treated adult drug users in Dublin 15, DATMS Year 1 to 5

Drug type	Year 2 2015/2016	Year 3 2017	Year 4 2018	Year 5 2019
Cannabis herb	↑	↑	↑	↑
Alcohol	↑	↑	↑	↑
Cocaine powder	↑	↑	↑	↑
Crack cocaine	↑	↑	↑	↑
Benzodiazepines, Z drugs	↑	↑	↑	↑
Pregabalin (Lyrica)	↑	*	↑	↑
Prescribed opiates~	↑	↑	*	↑
Cannabis oil	^	^	↑	↑
OTC codeine**	*	*	*	↑
Cannabis wax	¤	¤	¤	↑
Heroin	*	↓	↑	↓
Methamphetamine	*	↑	*	^^
Methadone	*	*	*	*
Cannabis resin	↓	↑	*	*
Amphetamines	*	*	*	*
Cannabis edibles (cakes)	×	×	×	×
Cannabis edibles (sweets/chocolates)	×	×	×	×
Cannabis drink	×	×	×	×

↑ Increase in use of drug

* No change in use of drug

~ Year 2 Oxycodone; Year 3 Oxycodone, Tramadol, Tylex, Kapake; Year 4 Oxycodone, Tramadol, Tylex; Year 5 Oxycodone, Tramadol, Tylex

^ Use of drug first reported in Year 3

** Solpadine, Nurofen Plus

¤ Use of drug first reported in Year 4

↓ Decrease in use of drug

^^ Use of drug not reported in Year 5

× Use of drug first reported in Year 5

Cannabis

Year 5 continues to report changes in the type of cannabis products available in Dublin 15. This change in the cannabis market is also occurring within the rest of Europe (EMCDDA, 2020).

Cannabis concentrates

Cannabis concentrates include cannabis oil and wax[5]. Cannabis oil is available with and without THC (the psychoactive component), the former for intoxication, the latter for medicinal purposes. Treated drug users reported the following perceptions concerning these drugs:

- Cannabis oil was a healthier alternative to smoking cannabis herb
- Cannabis wax was not prevalent as it is expensive and hard to access
- Cannabis concentrates contain higher THC content compared with cannabis herb or resin

New emerging trend: cannabis edibles and drinks

Treated drug users reported the following perceptions concerning cannabis edibles (cakes, sweets, chocolates) and drinks[6]:

- Cannabis edibles were a healthier alternative to smoking cannabis herb and were more prevalent among people who do not smoke
- Cannabis sweets and chocolates were not prevalent as they were expensive and hard to access
- Cannabis drinks were available but not commonly used
- Cannabis cakes tended to have high THC content

Powder and crack cocaine

Treated drug users reported an increase in the purity of powder and crack cocaine in Dublin 15. They associated this with an increase in demand and in the number of cocaine distributors which has created a competitive market for these drugs. Over the past decade, the purity of cocaine in Europe has been on an upward trend (EMCDDA, 2020).

Benzodiazepines and z drugs

In Year 4, treated drug users reported that authentic benzodiazepines and z drugs were rare and counterfeit tablets had become more commonly available[7].

[5] Data concerning the use of cannabis concentrates by untreated drug users is reported in the chapter 'Untreated drug and alcohol use'; data concerning the availability of these drugs is reported in the chapter 'Factors contributing to drug and alcohol use'

[6] Data concerning the use of cannabis edibles and drinks by untreated drug users is reported in the chapter 'Untreated drug and alcohol use'; data concerning the availability of these drugs is reported in the chapter 'Factors contributing to drug and alcohol use'

[7] Further data concerning the accessibility of benzodiazepines and z drugs is reported in the chapter 'Factors contributing to drug use'

This trend continues in Year 5. This is also reported at a European level, with the EMCDDA stating that over the last few years there has been an increase in the number, type and availability of NPSs belonging to the benzodiazepine class (EMCDDA, 2020).

Injecting drug use

In relation to injecting drug use, in Year 5 there were a number of data sources that reported a reduction in this mode of drug administration:

- Data from the National Drug-Related Deaths Index reported poisoning deaths among people who were injecting at the time of death decreased from 67 (11%) in 2008 to 34 (4%) in 2017[8]
- From Year 2 to 5, there was a decrease in the number of hidden sites used for injecting drug use, and a decrease in the amount of injecting-related litter in Dublin 15[9]
- As reported above, treated adult drug users reported a decrease in the use of heroin; this may infer a reduction in injecting drug use
- From 2018 to 2019, the NDTRS data reported a decrease in injecting drug use by treated drug users

[8] Reported in the chapter 'Consequences of drug & alcohol use'

[9] Reported in the chapter 'Drug-related litter'

5. UNTREATED DRUG & ALCOHOL USE

All five years of the DATMS reported untreated drug use among all socio-economic groups, ethnicities and in all areas of Dublin 15. From Year 1 to 5, similar profiles of untreated drug use by young people and adults were reported, whereby alcohol, cannabis herb, MDMA and cocaine powder were the main drugs used. This profile of drug use was also reported nationally (NACDA, 2016) and at a European and global level (EMCDDA, 2020; Winstock *et al.* 2019).

UNTREATED DRUG & ALCOHOL USE BY YOUNG PEOPLE

The following reports the drugs used by untreated young drug users (aged up to 24 years) in Dublin 15 in 2019:

DRUGS USED BY UNTREATED YOUNG DRUG USERS (aged up to 24 years)						
	Drug type	**White Irish**	**Irish Traveller**	**Irish African**	**Irish Eastern European**	**Irish Asian**
Most common	Alcohol	√	√		√	√
	Cannabis herb	√	√	√	√	√
	MDMA (pills, powder)	√	√	√	√	√
	Cocaine powder	√	√	√	√	
	Ketamine	√	√			
	Benzodiazepines, Z drugs~	√	√			
Least common	Alcohol			√		
	Cannabis resin	√	√			
	Cannabis oil	√	√	√	√	
	Lean (syrup)*	√	√	√	√	
	Amphetamines	√	√	√	√	√
	Crack cocaine	√				
	Magic mushrooms	√				
	LSD	√				
	Nitrous oxide (laughing gas)	√	√	√	√	
	Cannabis wax	√	√	√	√	√
	Cannabis edibles^	√	√	√	√	√
	Cannabis drinks	√				√
Other drugs used	Anabolic steroids	√			√	
	Injected skin tan	√	√			
	Slimming drugs	√	√			

~ Includes New Psychoactive Substances

* Cough medicine mixed with carbonated drink and sweets

^ Cannabis cakes, sweets, chocolates

Year 5 has produced a more comprehensive profile of untreated drug use by young people from an Irish Asian background. Year 4 reported the use of cannabis herb by this ethnic group and Year 5 has reported the use of a range of other drugs. This change may be due to an increase in the quality of the data rather than an increase in drug use among Irish Asian young people.

UNTREATED DRUG & ALCOHOL USE BY ADULTS

The following reports the drugs used by untreated adult drug users (aged 25 years and over) in Dublin 15 in 2019:

DRUGS USED BY UNTREATED ADULT DRUG USERS (aged 25 years and over)						
	Drug type	**White Irish**	**Irish Traveller**	**Irish African**	**Irish Eastern European**	**Irish Asian**
Most common	Alcohol	√	√		√	
	Cannabis herb	√	√	√	√	√
	MDMA (pills, powder)	√	√			
	Cocaine powder	√	√	√	√	
	Benzodiazepines, Z drugs*	√	√			
Least common	Cannabis resin	√	√			
	Alcohol			√		
	Cannabis oil	√	√			
	Cocaine powder			√		
	Ketamine	√	√			
	MDMA		√		√	
	Heroin	√				
	GHB/GBL	√				
	Khat			√		
	Amphetamines				√	
	Cannabis wax	√	√			
	Cannabis edibles^	√	√			
Other drugs used	Anabolic steroids	√	√		√	
	Injected skin tan	√	√			
	Slimming drugs	√	√			

* Includes New Psychoactive Substances

^ Cannabis cakes, sweets, chocolates

From Year 1 to 3, untreated drug users aged 25 years and over were under-represented in the DATMS. This resulted in the production of limited data concerning drug use among white Irish and Irish Traveller ethnicities. Since Year

4, this issue has been addressed with more comprehensive data provided for all ethnicities except Irish Asians.

The use of synthetic drugs (New Psychoactive Substances/NPS) were not reported by untreated young or adult drug users. As drugs are generally used without completing an analysis of their composition it is probable that synthetic types are used without users' knowledge.

UNTREATED POLYDRUG USE

From Year 1 to 5, the profile of untreated drug use has been similar. Polydrug use was the norm and alcohol was an integral part of it. The most common forms of polydrug use were similar among untreated young and adult drug users.

MOST COMMON FORMS OF UNTREATED POLYDRUG USE	
Untreated young & adult drug users	• 1st: Alcohol & cannabis herb • 2nd: Alcohol & cocaine powder &/MDMA • 3rd: Cannabis herb, benzodiazepines, z drugs
Untreated young drug users	• 4th: Alcohol & ketamine

PATTERN OF UNTREATED DRUG & ALCOHOL USE

From Year 1 to 5, the pattern of untreated drug use was the same. Alcohol and cannabis herb were used throughout the week, and other drugs were mainly used at the weekend. The frequency of drug use varied from daily, weekly to less regular use. For some young people drug use occurred before and during school time[10]. The frequency of drug use was age dependent, with those aged 18 and over reporting more regular use.

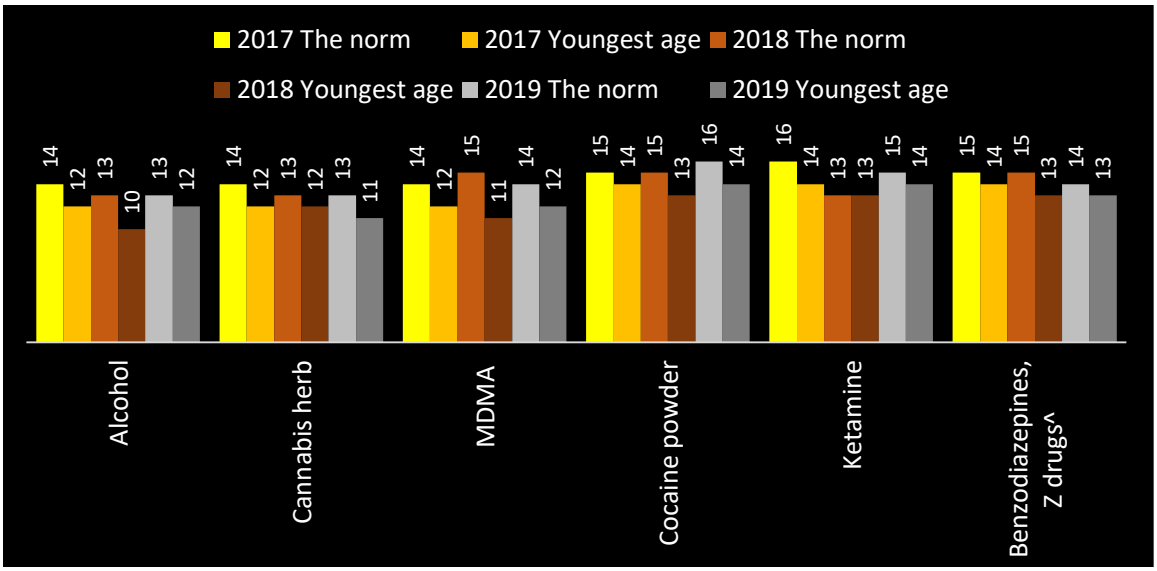
CHANGES IN UNTREATED DRUG & ALCOHOL USE

DRUG TYPE BY AGE OF FIRST USE

The following reports the age that people in Dublin 15 began using drugs. The norm is reported for all drug types and for some, the norm plus youngest age is reported. From Year 3 to 5, a change was reported whereby untreated drug users were getting younger (Chart 5.1).

[10] The use of drugs during school time is discussed further in the chapter 'Consequences of drug and alcohol use'

Chart 5.1: Most commonly used drugs by age of first use, DATMS Year 3 to 5 (2017-2019)

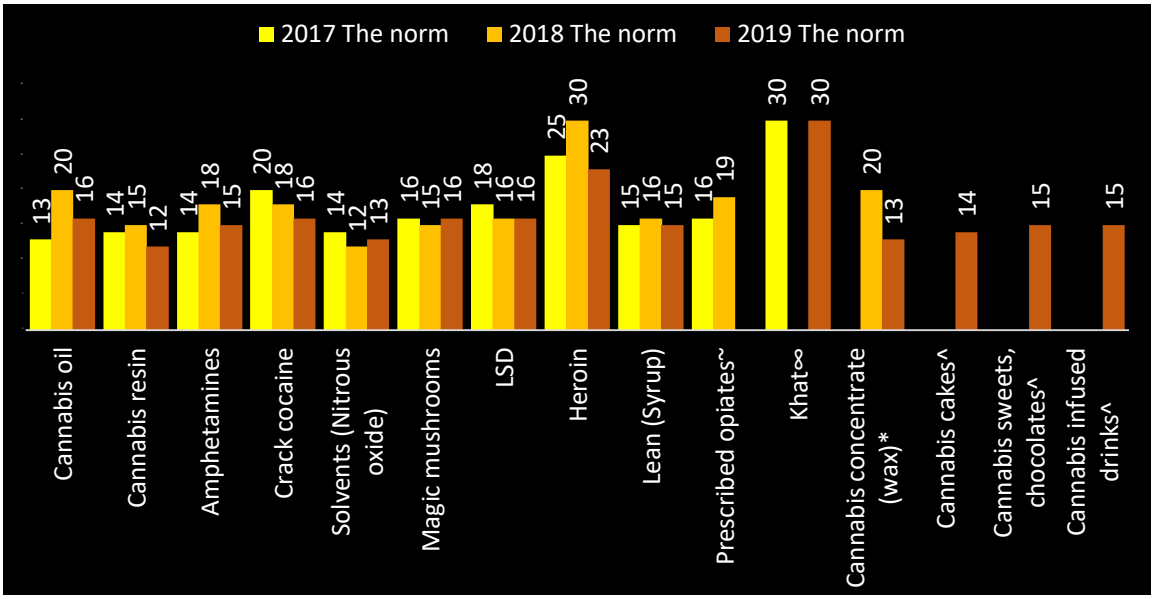


^ Includes New Psychoactive Substances

- The norm age of first use of MDMA, benzodiazepines and z drugs are getting younger
- The norm age of first use of cocaine powder and ketamine are getting older
- The norm age of first use of alcohol and cannabis herb remains stable

From Year 3 to 5, changes in the age of first use of other drugs were also reported (Charts 5.2 and 5.3).

Chart 5.2: Least commonly used drugs by age of first use, DATMS Year 3 to 5 (2017-2019)



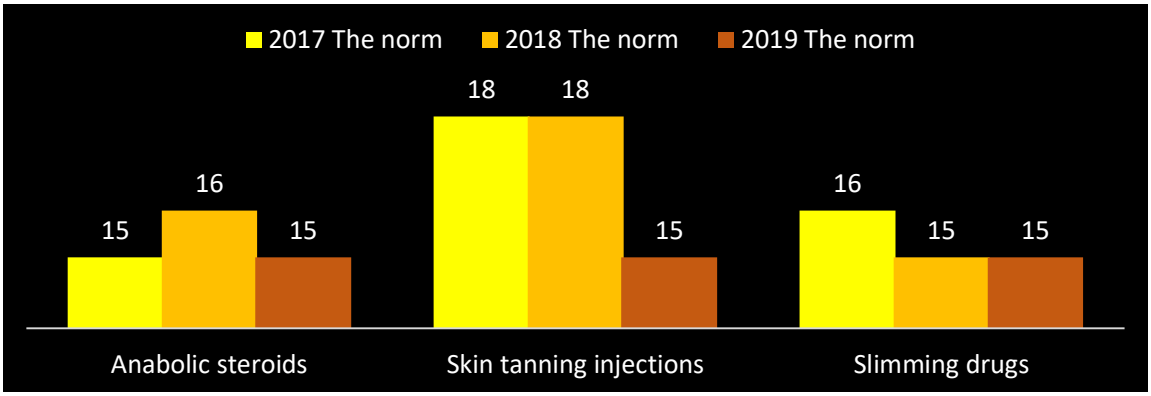
~ Use of drug not reported in Year 5

∞ Use of drug not reported in Year 4

* Use of drug first reported in Year 4

^ Use of drug first reported in Year 5

Chart 5.3: Other drugs used by age of first use, DATMS Year 3 to 5 (2017-2019)



PREVALENCE OF UNTREATED DRUG & ALCOHOL USE

From Year 1 to 5, untreated young and adult drug users have continued to report an increase in the use of alcohol, cannabis herb, cocaine powder and ketamine. Year 5 also reported an increase in the use of other drugs. The use of alcohol-free drinks, cannabis edibles and drinks were first reported to the DATMS in Year 5. All changes in the prevalence of drug use are reported in the table below (Table 5.1).

Table 5.1: Changes in prevalence of untreated drug use in Dublin 15, DATMS Year 1 to 5

Drug type	Year 2	Year 3	Year 4	Year 5
	2015/2016	2017	2018	2019
Alcohol	↑	↑	↑	↑
Cannabis herb	↑	↑	↑	↑
Cocaine powder	↑	↑	↑	↑
Ketamine	↑	↑	↑	↑
Benzodiazepines, z drugs	*	↑	↑	↑
Cannabis oil	^	^	↑	↑
Lean (syrup)	*	*	↑	↑
MDMA	*	↑	↓	↑
Nitrous oxide (laughing gas)	~	~	~	↑
Amphetamines	*	↓	*	↑
Cannabis wax	~	~	~	↑
Anabolic steroids	*	↑	*	↑
Crack cocaine	*	*	↑	*
Cannabis resin	↑	↓	↓	*
Prescribed opiates	*	↓	↓	∞
OTC codeine✡	*	↓	↓	∞
GHB/GBL	~	~	~	*
Cannabis edibles**	×	×	×	×
Cannabis drinks	×	×	×	×
Alcohol-free drinks	×	×	×	×

↑ Increase in use of drug

* No change in use of drug

^ Use of drug first reported in Year 3

↓ Decrease in use of drug

~ Use of drug first reported in Year 4

∞ Use of drug not reported in Year 5

✡ Solpadeine, nurofen plus

** Cannabis cakes, sweets, chocolates

× Use of drug first reported in Year 5

Alcohol

- The increase in the use of alcohol by untreated young and adult drug users was in part associated with an increase in use of spirits; the availability of low-price spirits in supermarkets contributed to this trend.
- An increase in use of alcohol-free drinks was reported among White Irish and Irish Traveller communities[11].

[11] Further data concerning the use of alcohol-free drinks is reported in the chapter 'Drug-related litter'

Cannabis

- Year 4 reported the availability of cannabis herb with higher amounts of THC. This trend continues in Year 5. The EMCDDA reported cannabis herb now contains on average about twice as much THC compared to a decade ago (EMCDDA, 2020).
- Further data concerning new cannabis products such as cannabis edibles, drinks, oil and wax is reported in the chapters 'Treated drug and alcohol use' and 'Factors contributing to drug and alcohol use'.

Solvents

- The solvent nitrous oxide (laughing gas) is not a controlled substance. Young people reported that as it can be purchased in local shops, there is the perception that the use of this drug was not associated with any health risks.

Crack cocaine

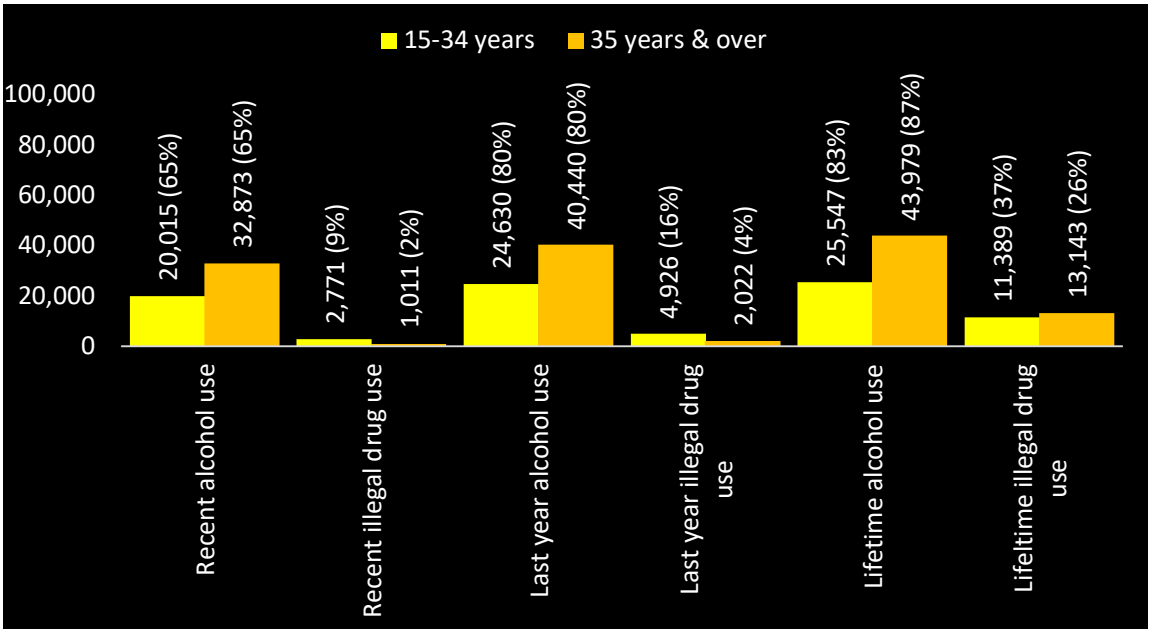
- In Year 5, the use of crack cocaine by untreated adult drug users was not reported; its use was previously reported by these drug users. This finding may be due to methodological limitations, see chapter 'DATMS Research Objectives & Method' for further information.

PREVALENCE RATES OF DRUG & ALCOHOL USE IN DUBLIN 15

Year 3 provided a trend analysis of the prevalence of drug use in the general Irish population from 2006/07 to 2014/15 (NACDA, 2016). No new data was available for Year 5, though to contextualise the prevalence of drug use in Dublin 15, a summary of this analysis has been provided. The findings suggest illegal drug use has increased and alcohol use has decreased. However, the proportion of the population using alcohol remains high and it remains the most commonly used drug[12]. 2014/15 prevalence rates of drug use and the 2016 CSO population statistics were used to estimate the number of drug users in Dublin 15 (Chart 5.4). The data identified that the most commonly used drug in Dublin 15 is alcohol.

[12] Any illegal drug refers to cannabis, MDMA, cocaine powder, magic mushrooms, amphetamines, poppers, LSD, new psychoactive substances, mephedrone, solvents, crack cocaine, heroin

Chart 5.4: Recent, last year and lifetime prevalence rates of drug use among Dublin 15 population, NACDA drug prevalence rates 2014/2015 and CSO 2016



Lifetime prevalence rates of drug use in Dublin 15 and nationally are higher than lifetime prevalence rates in Europe. The EMCDDA estimated 29% of European adults aged 15 to 64 years have used illegal drugs during their lives (EMCDDA, 2020).

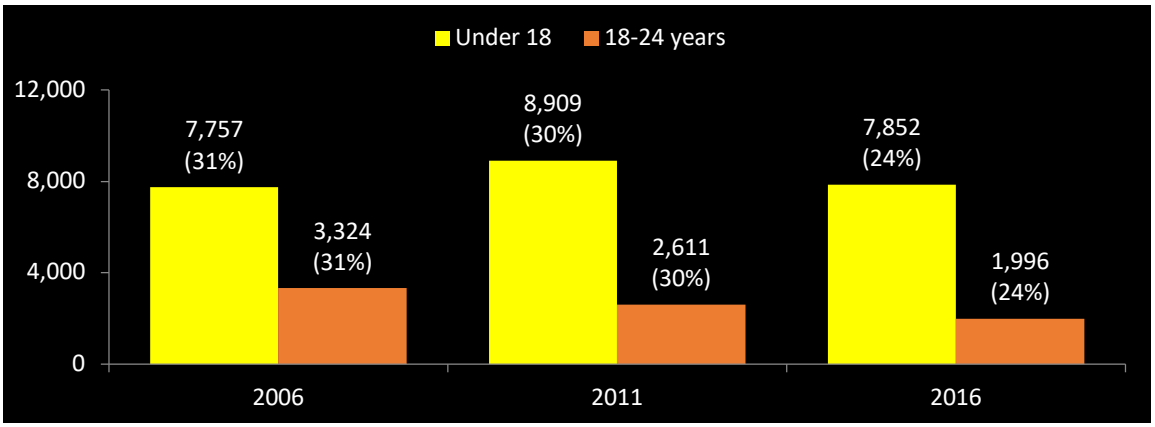
DUBLIN 15 AT-RISK YOUTH POPULATION

It is important to quantify socio-economically deprived youth populations as they have higher risk factors for drug use compared with non-socio-economically deprived youths. This data can then be used for service planning. Year 2 mapped at-risk under 18 year olds in Dublin 15 to identify where these young people lived. The map showed that the highest concentration of at-risk youths lived in areas traditionally associated with disadvantage. This data was not provided for Year 3 to 5[13]. Thus, the Deprivation Index has been used to quantify the at-risk youth population of Dublin 15 (Chart 5.5)[14]. The areas where these young people lived were similar to the areas reported in Year 2.

[13] Further information reported in the chapter 'DATMS research objectives & method'

[14] Previously reported in chapter 'Socio-demographic profile of Dublin 15'

Chart 5.5: Dublin 15 socio-economically deprived youth population, CSO 2006 to 2016



6. FACTORS CONTRIBUTING TO DRUG & ALCOHOL USE

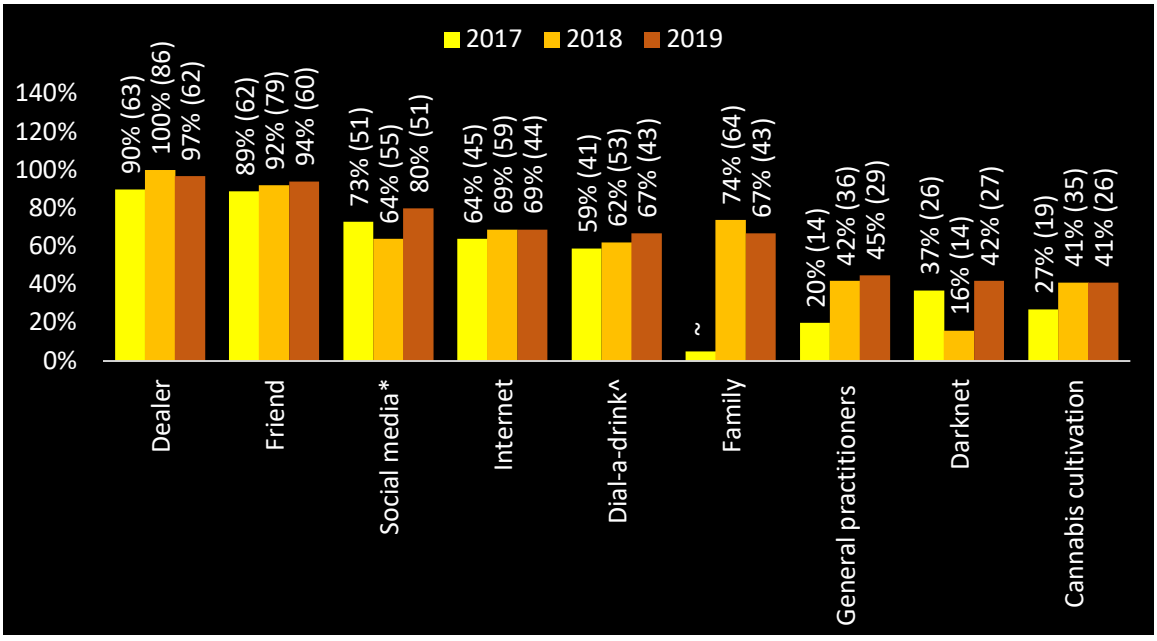
A range of factors contribute to drug and alcohol use in Dublin 15. They include easy access to drugs and alcohol, the normalisation of drug and alcohol use, the family context and mental ill-health.

1) ACCESSIBILITY OF DRUGS & ALCOHOL

METHODS FOR OBTAINING DRUGS

From Year 1 to 5, the main method for obtaining drugs was through local dealers. Year 1 and 2 reported the internet was the second most commonly used method, while Year 3 to 5 reported it was friends. Chart 6.1 reports the methods used to obtain drugs since Year 3; all of these methods were also reported in Year 1 and 2.

Chart 6.1: Methods for obtaining drugs, DATMS Year 3 to 5 (2017-2019)



* Includes Facebook, Snapchat, Instagram

^ Includes delivery of alcohol and illegal drugs

~ Number too small to be reported (5 or less)

Treated drug users continue to report that some General Practitioners services were misused to obtain access to controlled drugs. However, since Year 4, they have also reported that it has become more challenging to access benzodiazepines and z drugs using this method. Synthetic (NPS) benzodiazepines and z drugs have become more commonly available and authentic tablets were rare.

CHANGES IN DRUG AVAILABILITY

From Year 1 to 5, participants reported changes in the availability of drugs (Table 6.1). All drugs that have increased in availability are the most commonly used except for crack cocaine and cannabis wax. Each year of the DATMS has reported an increase in the availability of benzodiazepines and z drugs.

Table 6.1: Changes in drug availability in Dublin 15, DATMS Year 1 to 5

Drug type	Year 1 2014/2015	Year 2 2015/2016	Year 3 2017	Year 4 2018	Year 5 2019
Benzodiazepines, z drugs∞	↑	↑	↑	↑	↑
Cannabis herb	↑	*	↑	↑	↑
Crack cocaine	↑	*	↑	↑	↑
Cocaine powder	*	*	↑	↑	↑
Alcohol	↑	↑	↑	*	↑
Cannabis wax	×	×	×	×	↑
Heroin	*	*	↑	↑	*
Cannabis oil	^	^	^	↑	*
Pregabalin (Lyrica)	*	↑	↑	*	*
MDMA	*	*	↑	*	*
Ketamine	*	*	↑	*	*
Cannabis resin	↓	↑	↓	↓	*
Steroids	↑	*	*	*	*
Opiate (oxycodone)	*	↑	*	*	*
Cannabis cakes	¤	¤	¤	¤	¤
Cannabis sweets, chocolates	¤	¤	¤	¤	¤
Cannabis infused drinks	¤	¤	¤	¤	¤

∞ Includes synthetic types (NPS)

↑ Increase in drug availability

* No change in drug availability

× Availability of drug first reported in Year 4

^ Availability of drug first reported in Year 3

↓ Decrease in drug availability

¤ Availability of drug first reported in Year 5

While Year 5 reported an increase in the availability of cannabis wax, it also reported that the use of this drug was not prevalent as it is expensive and hard to access[15].

[15] Further data concerning the use of cannabis wax by drug users is reported in the chapters 'Treated drug and alcohol use' and 'Untreated drug and alcohol use'

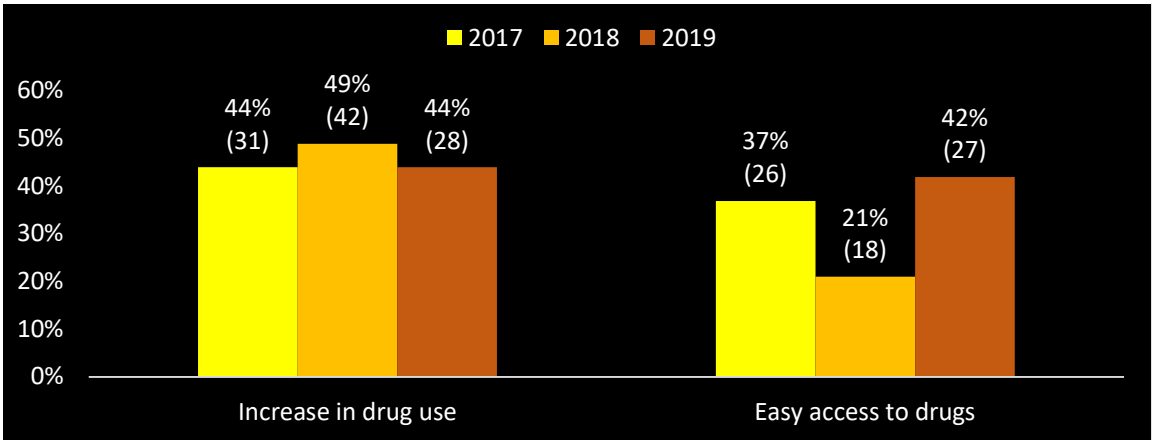
New emerging trends in drug use

Year 5 reported an increase in the type of drugs available in Dublin 15. The availability of cannabis edibles and drinks were first reported to the DATMS in Year 5, identifying new emerging trends in drug use. New cannabis products included cannabis sweets, chocolates and drinks; with the availability of cannabis cakes the re-emergence of an old trend was also reported[16]. Drug users reported the use of cannabis sweets and chocolates were not prevalent as they are expensive and hard to access. Year 5 reported cannabis cakes were available for sale in local and neighbouring communities, with easy access facilitating use.

Reasons for increase in drug and alcohol availability

Drug users reported the main reasons for the increase in drug availability was an increase in drug use and that they were easily accessed (Chart 6.2).

Chart 6.2: Rationale for increase in drug availability, DATMS Year 3 to 5 (2017-2019)



Since Year 2, treated and untreated drug users have reported an increase in the use of alcohol. The availability of low-price spirits in local supermarkets continues to contribute to this trend.

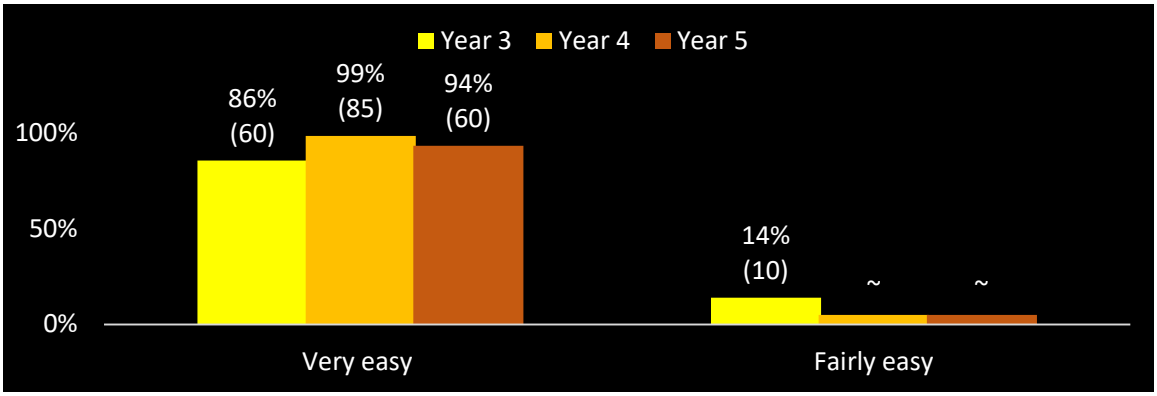
Since Year 3, the normalisation of drug use was reported as a factor contributing to the increase in drug use in Dublin 15[17]. In Year 5, drug users reported that the increase in drug use identified how demand influences the local drug market. They reported that this increase resulted in an increase in the number of drug distributors, as high demand means high profit for distributors. This resulted in the development of a competitive drug market, with dealers employing different tactics to increase market share. In relation to powder and crack cocaine, these tactics included a reduction in price and an increase in purity. An increase in the availability, use and purity of powder and crack cocaine has also been reported at a European level (EMCDDA, 2020).

[16] Further data concerning the use of cannabis edibles and drinks by drug users is reported in the chapters 'Treated drug and alcohol use' and 'Untreated drug and alcohol use'

[17] Further data concerning the normalisation of drug use is reported in the following section

Since Year 3, the majority of participants reported that access to drugs in Dublin 15 was very easy (Chart 6.3).

Chart 6.3: Ease of access to drugs in Dublin 15, DATMS Year 3 to 5 (2017-2019)



~ Number of cases too small to be reported (5 or less)

The following factors have contributed to the ease of access to drugs in Dublin 15 (Table 6.2).

Table 6.2: Factors contributing to ease of access to drugs, DATMS Year 1 to 5

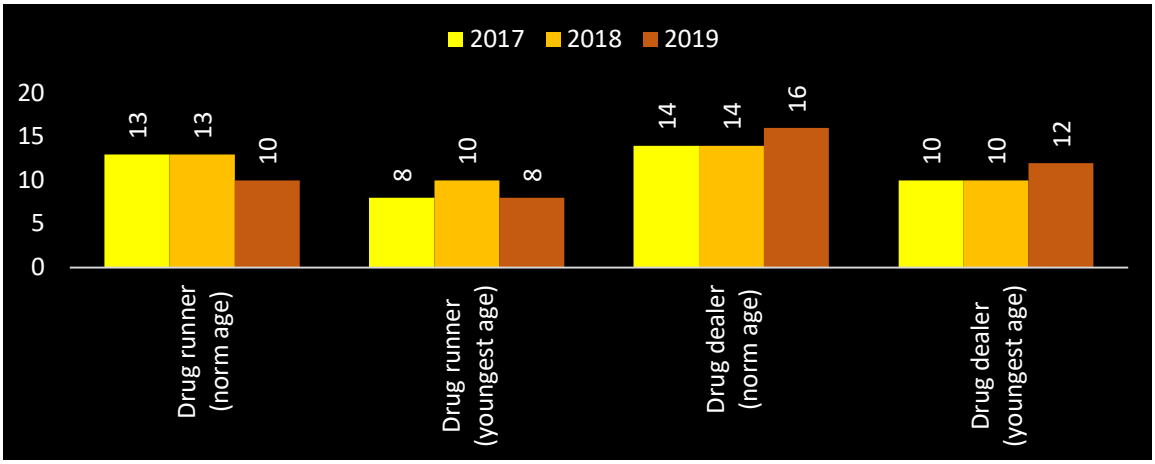
Factors contributing to ease of access to drugs	Year 1 2014/2015	Year 2 2015/2016	Year 3 2017	Year 4 2018	Year 5 2019
Increase in number of dealers			√	√	√
Increase in number of under 18s dealing		√	√	√	√
Dealers making home deliveries^	√	√	√		√
Obtaining drugs from the internet	√	√	√		
Obtaining drugs from General Practitioners	√	√	√		

^ Includes Dial-A-Drink

Under 18 drug runners and dealers

Since Year 2 of the DATMS, an increase in the number of under 18s dealing drugs has been reported. Year 3 to 5 reported the age of drug runners and dealers in Dublin 15 (Chart 6.4); the norm plus the youngest age has been reported. Year 5 has reported that drug runners were getting younger, while drug dealers were getting older.

Chart 6.4: Drug runners and dealers in Dublin 15 aged under 18, DATMS Year 3 to 5 (2017-2019)



Since Year 3, the profile of under 18 drug runners and dealers was similar. They were predominately male, though females aged from 12 years also engaged in these activities.

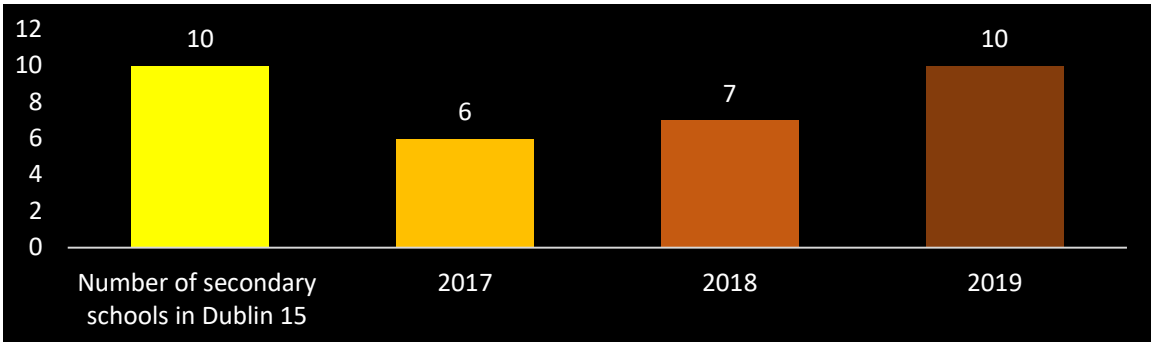
The reasons that children and young people become involved in this criminal activity are multi-faceted and incorporate personal, family and environmental factors. The desire to increase social status is an important driver of drug dealing behaviour and to make 'easy money'. Within a family context, participants reported that older family members were drug dealers. Three environmental factors were reported. Firstly, since Year 2, participants reported that drug debt intimidation is increasing in Dublin 15. It is likely that there is a link between the increasing levels of drug debt intimidation and under 18s drug running and dealing, whereby young people are forced to hold and sell drugs to pay off debts. Secondly, in all four years of the DATMS, the normalisation of drug use has featured prominently whereby drugs are perceived to be socially acceptable[18]. This normalisation may influence a young person's decision to become involved in drug running and dealing as they may not identify the negative consequences of such behaviour. Thirdly, the use of minors for drug distribution has been a long-standing method used by older, larger scale dealers, as due to their age there are fewer criminal consequences. This also has the consequence of easy access to customers, whereby young people distribute drugs to their peers and friends.

Drug dealing in local secondary schools

All five years of the DATMS reported that drug dealing occurred in local secondary schools. Since Year 3 there has been an increase in the number of secondary schools with evidence of drug dealing, with Year 5 reporting drug dealing in all local secondary schools (Chart 6.5). Since Year 3, these schools were a mixture of affluent and socio-economically deprived and included those with and without DEIS status. This indicates that drug use is a community wide issue that crosses all socio-economic boundaries.

[18] Further data concerning the normalisation of drug and alcohol use is reported in the following section

Chart 6.5: Number of secondary schools in Dublin 15 with evidence of drug dealing, DATMS Year 3 to 5 (2017-2019)



DRUGS MANUFACTURED IN DUBLIN 15

Year 1 to 5 reported that drugs were manufactured in Dublin 15. Table 6.3 reports the types of drugs manufactured. In Year 3, 27% (19) of participants reported that drugs were manufactured in Dublin 15, this increased to 50% (32) in Year 5.

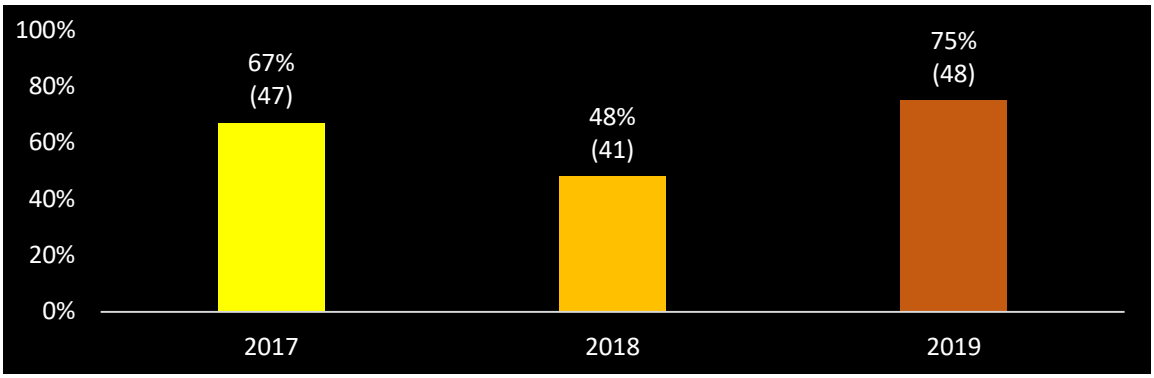
Table 6.3: Types of drugs manufactured in Dublin 15, DATMS Year 1 to 5

Drug type	Year 1 2014/2015	Year 2 2015/2016	Year 3 2017	Year 4 2018	Year 5 2019
Cannabis herb	√	√	√	√	√
Crack cocaine			√	√	√
Cannabis oil			√	√	√
Benzodiazepines	√	√	√		
Z drugs			√		
MDMA			√	√	√
Cannabis edibles (cakes)					√
Synthetic stimulants (NPS)					√

DRUGS SOURCED FROM OUTSIDE DUBLIN 15

In Year 5, drug users continued to report that people travelled outside Dublin 15 to obtain drugs (Chart 6.6). Areas travelled to included Dublin City Centre, Finglas and Ballymun. However, drug users reported that this was not the norm as drugs were always available in the area. Drug users reported travelling outside Dublin 15 to get larger quantities, better quality and price. Other motivations included keeping drug use private and avoiding local dealers due to drug debts.

Chart 6.6: Drugs sourced from outside Dublin 15, DATMS Year 3 to 5 (2017-2019)



2) NORMALISATION OF DRUG AND ALCOHOL USE

In all five years of the DATMS the normalisation of drug use featured prominently as a factor contributing to drug use. The common perception was that alcohol and drugs were widely used, risk free and socially acceptable. This normalisation was reported among peer groups and family units.

The drugs normalised included alcohol, cannabis, cocaine powder, benzodiazepines and z drugs. Since Year 1, this normalisation has been identified by the following participant perceptions:

- When participants were asked to report the five most frequently used drugs, they had to be prompted to include alcohol in their answer; they did not view alcohol as a drug and drinking to excess was the norm; this identifies that alcohol was the most normalised of all drugs in Dublin 15
- The use of cannabis was perceived to be similar to the use of cigarettes
- Benzodiazepines and z drugs are perceived to be risk free as they are prescribed drugs

Since Year 1, participants have reported that not all drugs were normalised, and the use of some drugs was associated with health risks including dependence, overdoses and death. These drugs included opiates, crack cocaine, synthetic benzodiazepines and z drugs.

Year 4 reported that the normalisation of drug use provided a deeper understanding of the nature and consequences of drug use. Over the lifetime of the DATMS the normalisation of alcohol and drug use has been associated with the following:

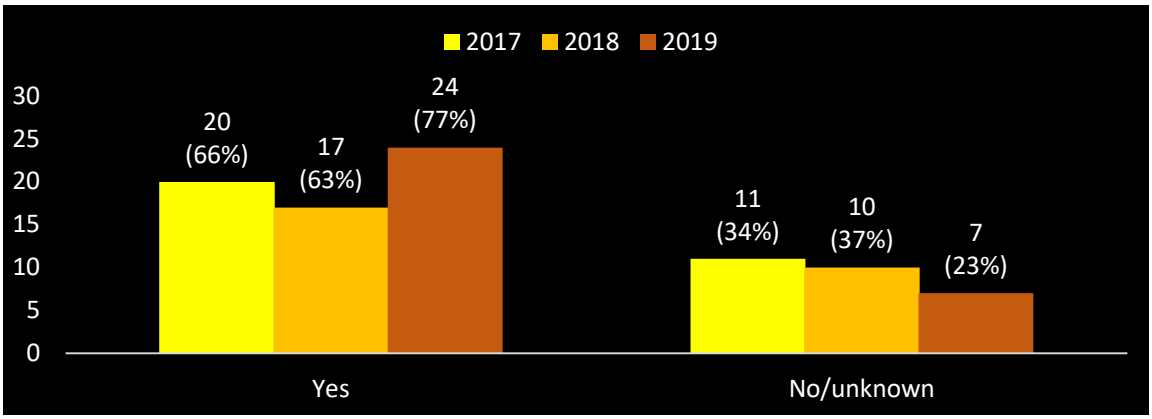
- Increase in drug use among young people
- Untreated drug users getting younger
- Hindering help-seeking for alcohol and drug use among young people
- Increase in the number of under 18s dealing drugs, thus, contributing to the ease of access to drugs
- Development of inter-generational drug and alcohol dependence
- Main drugs used by treated drug users were those which were normalised[19]

[19] Further data concerning the normalisation of drug and alcohol use is reported in the previous section 'Accessibility of drugs' and the next section 'Family context'

3) FAMILY CONTEXT

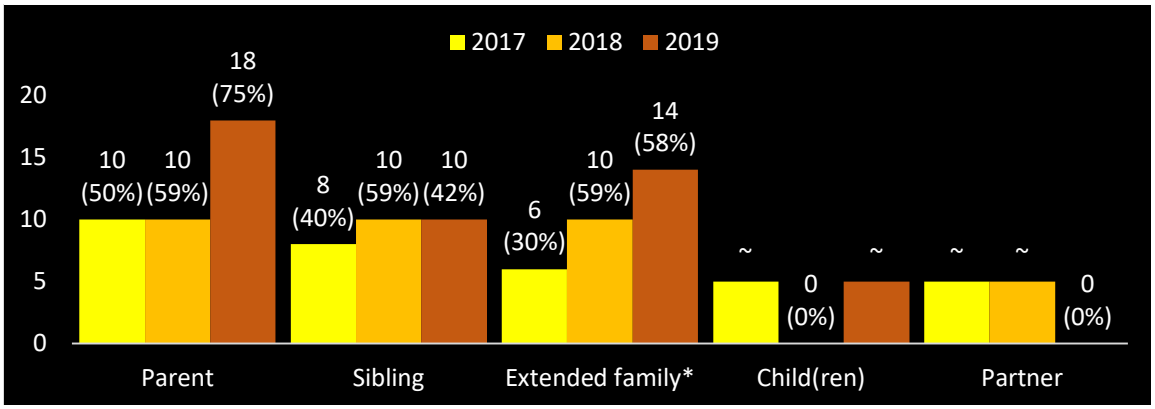
All five years of the DATMS reported the negative impact of drug and alcohol dependence within the family. The data reported the family context as a risk factor for the normalisation of drug and alcohol use, and the development of inter-generational drug and alcohol dependence[20]. Since Year 3, the majority of treated drug users who participated in the DATMS reported having family members who also had problems with drugs and/or alcohol (Chart 6.7).

Chart 6.7: Drug and/or alcohol issues among treated drug users family members, DATMS Year 3 to 5 (2017-2019)



In Year 3 and 4, inter-generational drug and alcohol use spanning up to three generations was reported by 48% of treated drug users. In Year 5 this increased to 65% of treated drug users. Chart 6.8 reports the type of treated drug users' family members with drug and/or alcohol issues.

Chart 6.8: Type of treated drug users family members with drug and/or alcohol issues, DATMS Year 3 to 5 (2017-2019)



Category totals exceed total number of participants as some treated drug users had more than one drug and/or alcohol dependent family member

~ Number of cases too small to be reported (5 or less)

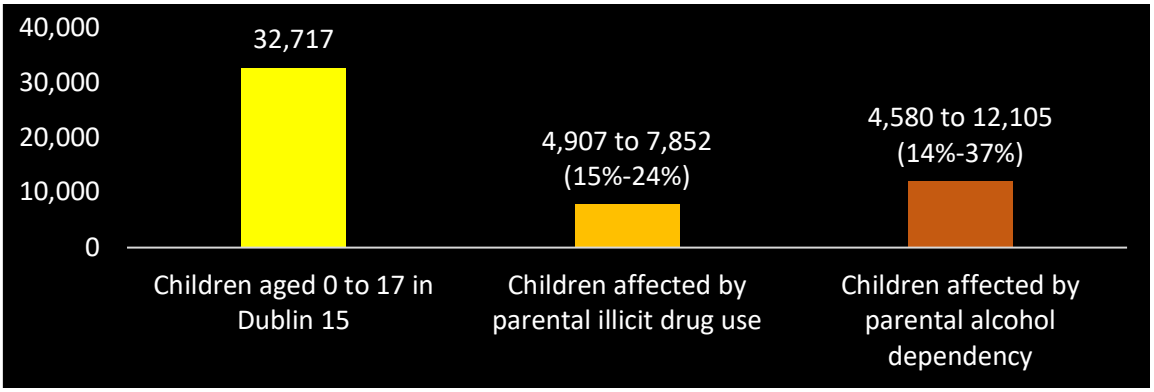
* Grandparent, uncle/aunt, cousin, niece/nephew

[20] Further data concerning the impact of drug dependence within the family is reported in the chapter 'Consequences of drug and alcohol use'

PREVALENCE OF CHILDREN AFFECTED BY PARENTAL SUBSTANCE MISUSE

A methodological framework for estimating the prevalence of children whose parents misuse substances has been developed in the Irish context (Galligan & Comiskey, 2019). These estimates and the 2016 CSO population statistics[21] have been used to estimate the number of children affected by parental drug and alcohol use in Dublin 15. Up to a quarter of children are affected by parental illicit drug use and up to 37% are affected by parental alcohol dependency (Chart 6.9). This research assists with quantifying the hidden harm associated with parental drug and alcohol misuse which is important for planning service provision.

Chart 6.9: Prevalence of children affected by parental illicit drug use and alcohol dependency in Dublin 15 by CSO 2016



[21] Most recent CSO population census

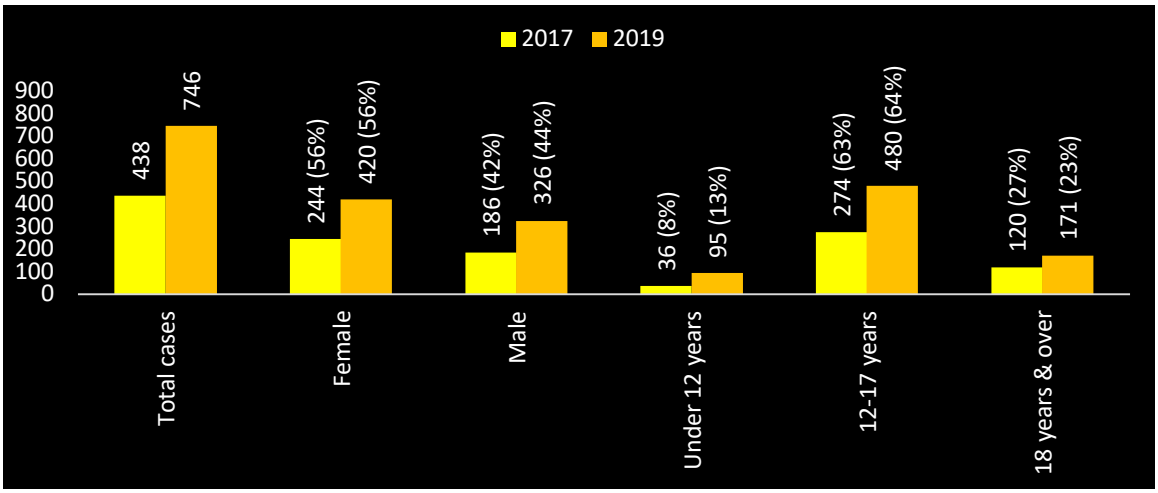
4) MENTAL HEALTH

Poor mental health is a risk factor for drug and alcohol use which identifies the importance of early intervention. The following data reports youth and adult mental health treatment demand in Dublin 15. Treatment demand for these services is higher than reported, as data from some statutory and private services is not included.

YOUTH MENTAL HEALTH TREATMENT DEMAND

Jigsaw Dublin 15, HSE Substance Abuse Service Specific to Youth (SASSY) and Genesis Psychotherapy and Family Therapy Services (Genesis) provided treatment demand statistics for 2017 and 2019[22]. These are counselling services for under 18s and young adults, with one also providing treatment for substance use. As there are no unique identifiers the number of cases will be reported rather than the number of individuals treated; thus, individuals may be counted more than once if they attend more than one service. From 2017 to 2019, there was a 70% increase in the number of under 18s and young people treated for mental health issues (Chart 6.10). Over the reporting period, the majority of cases were female and aged 12 to 17 years (Chart 6.10). In 2017 and 2019, some cases were treated for more than one mental health issue (Chart 6.11).

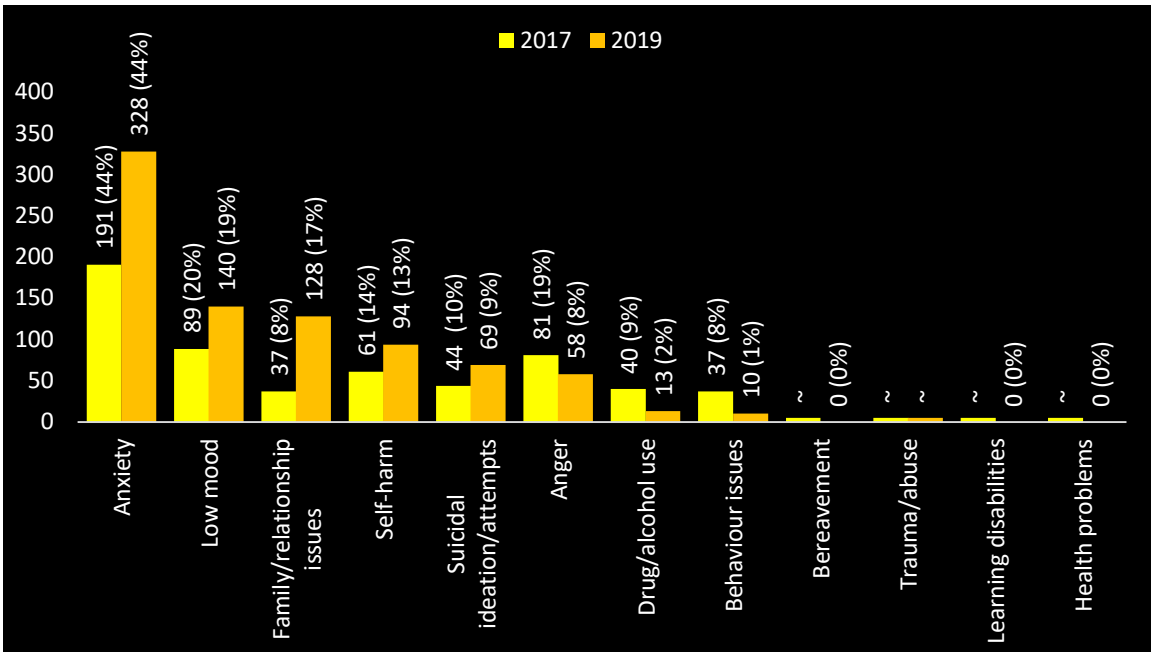
Chart 6.10: Total cases, gender and age range of young people, SASSY, Jigsaw Dublin 15 and Genesis, 2017 and 2019



Category totals less than total number of cases as unknown cases not included

[22] Jigsaw Dublin 15 was the only service in 2018 to provide treatment demand data; due to the incomplete dataset, 2018 data has not been reported

Chart 6.11: Mental health issues among young people, SASSY, Jigsaw Dublin 15 and Genesis, 2017 and 2019

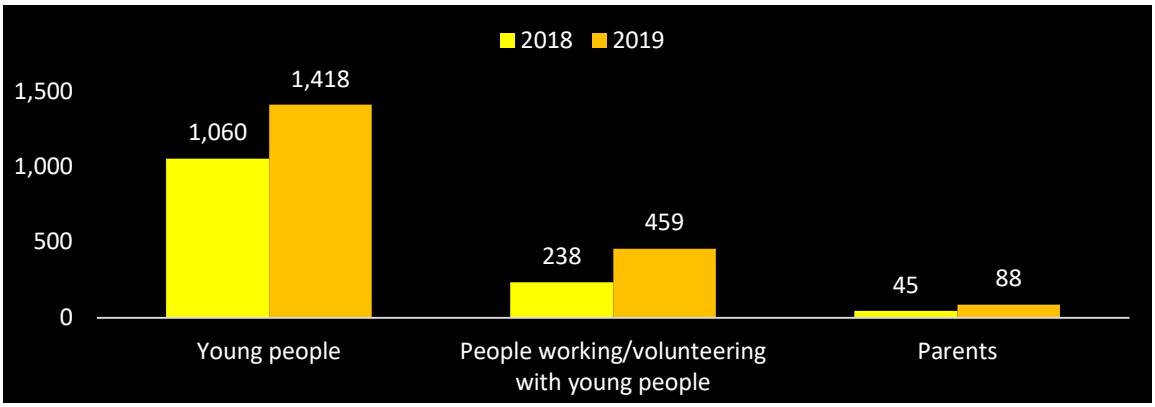


~ Number of cases too small to be reported (5 or less)

Category totals exceed total number of cases as some cases experienced more than one mental health issue

In 2018 and 2019, Jigsaw Dublin 15 operated youth mental health promotion workshops in Dublin 15 (Chart 6.12). These workshops included Jigsaw's One Good School™ framework. This is a comprehensive initiative which supports the mental health and wellbeing of young people by developing a shared responsibility for mental health across the whole school community.

Chart 6.12: Number and type of people who attended youth mental health workshops, Jigsaw Dublin 15, 2018 and 2019



From Year 1 to 5, service providers reported an increase in the incidence of mental health issues (anxiety and mood related issues) among children and young people.

Service providers reported the following personal, familial and environmental factors that compromised youth mental health:

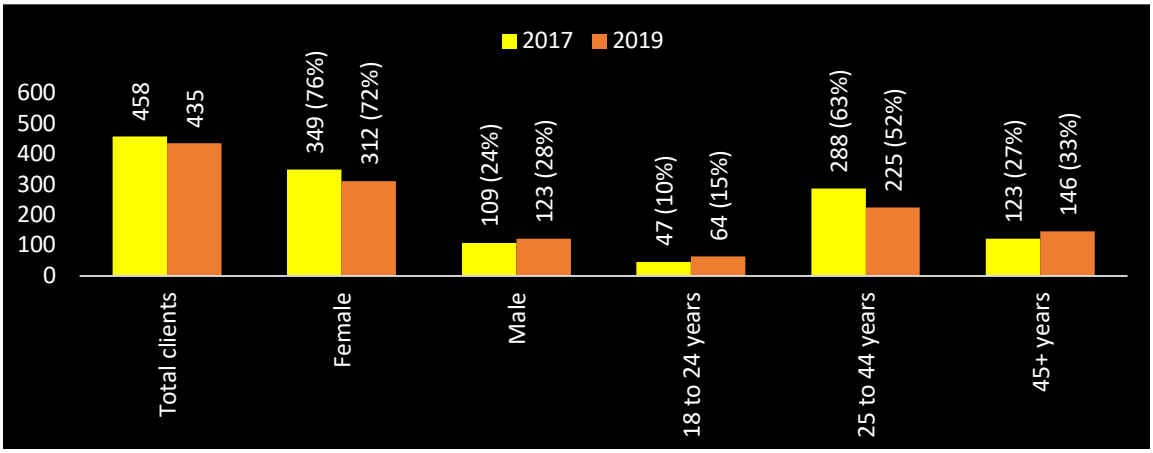
- Drug and/or alcohol use
- Lack of mental health protective factors such as resilience skills
- Parental mental health and/or drug and alcohol issues
- Child neglect
- Poverty
- Homelessness

These factors affected children's educational attendance and attainment. Service providers reported the need to increase access to youth mental health services[23]. The negative impact of inter-generational drug use and deprivation on young people's mental health was apparent[24].

ADULT MENTAL HEALTH TREATMENT DEMAND

Genesis Psychotherapy and Family Therapy Services provided treatment demand statistics for adults attending their service in 2017 and 2019. Over the reporting period, there was a 5% decrease in the number of adults treated (Chart 6.13). The majority of cases were female, and some cases were treated for more than one mental health issue (Chart 6.13 & 6.14).

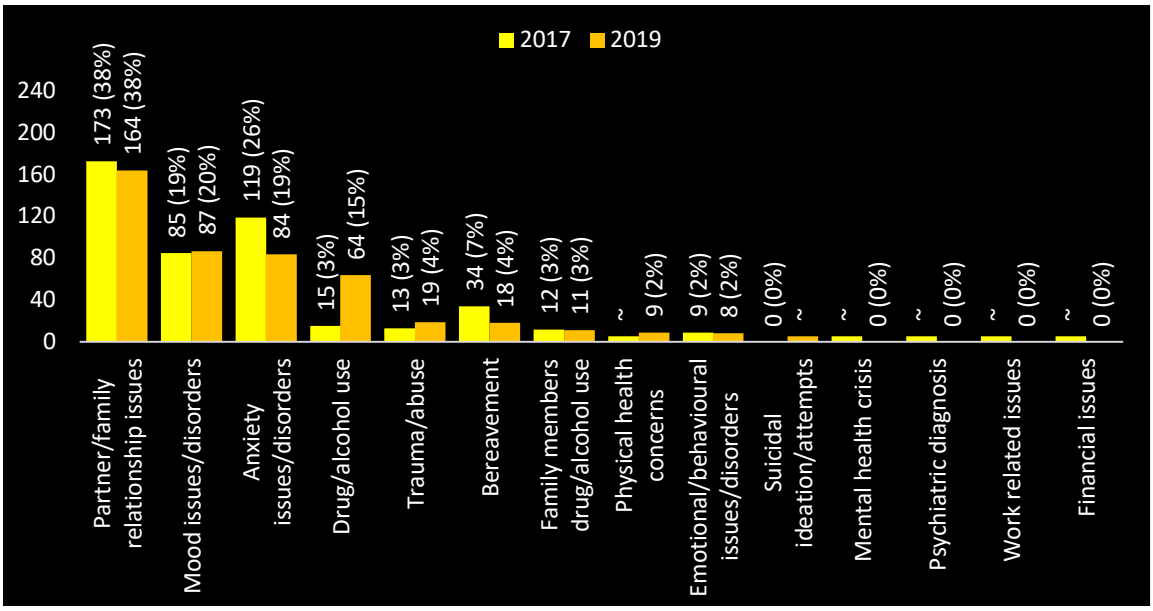
Chart 6.13: Total clients, gender and age range of adults, Genesis 2017 and 2019



[23] The type of mental health services required are reported in the chapter 'Service provision'

[24] Further data concerning the impact drug use has on education is reported in chapter 'Consequences of drug use'

Chart 6.14: Mental health issues among adults, Genesis 2017 and 2019



~ Number of clients too small to be reported (5 or less)

2019 category total exceeds total number of clients as some clients experienced more than one mental health issue/disorder

7. CONSEQUENCES OF DRUG & ALCOHOL USE

1) PHYSICAL AND MENTAL HEALTH CONSEQUENCES OF DRUG USE

There was limited data concerning the health-related consequences of drug use for Year 1 to 5. Table 7.1 reports the main physical and mental health issues reported by treated adult drug users in Year 5; similar issues were reported from Year 1 to 4.

Table 7.1: Main physical and mental health issues experienced by treated adult drug users, DATMS Year 5 (2019)

Physical health	Respiratory issues/diseases associated with smoking drugs
	Problems associated with injecting drug use (blood borne viruses, vein damage)
	Liver diseases due to injecting drug use and alcohol use
	Non-fatal overdoses and drug-related deaths
Mental health	Mood issues/disorders (depression)
	Anxiety issues/disorders
	Behavioural issues/disorders
	Psychotic symptoms (paranoia, psychosis)
	Self-harm
	Suicide ideation/attempt

Since Year 4, service providers have reported an increase in mental health issues among treated adult drug users.

The following data reports youth and adult treatment demand for substance use and mental health issues in Dublin 15. Treatment demand for these services is higher than reported, as limited data was provided to the DATMS. Table 7.2 reports the youth and adult services that provided data.

Table 7.2: Local mental health services by data returns, DATMS Year 3 to 5 (2017-2019)

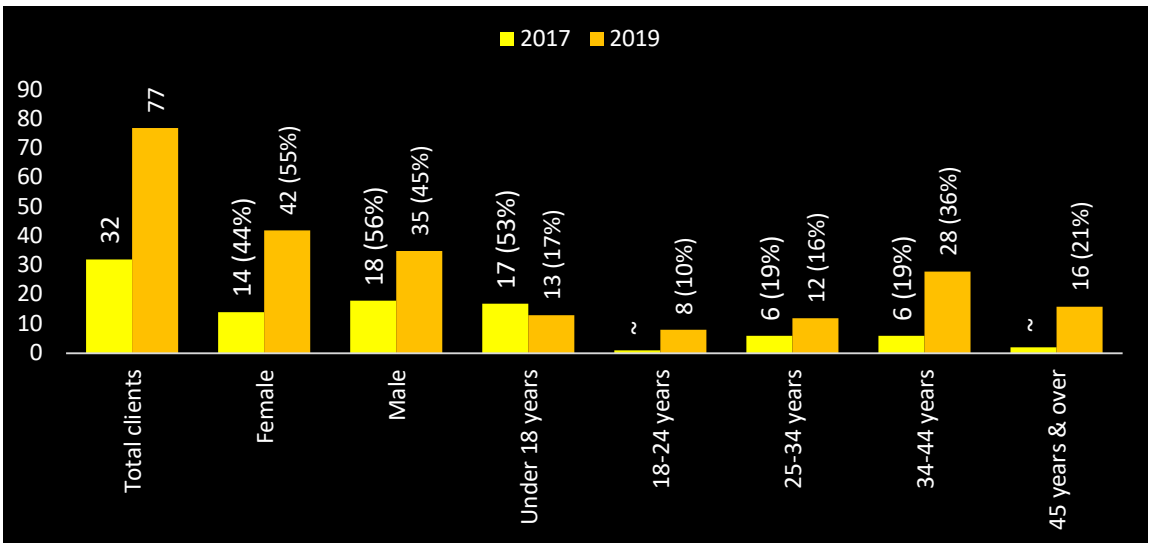
Community/statutory service	Year 3 2017	Year 4 2018	Year 5 2019
Genesis Psychotherapy & Family Support Service (Genesis)	√	X	√
HSE Substance Abuse Service Specific to Youth (SASSY)	√	√	√
HSE Addiction Psychiatry Service	X	X	X
HSE Addiction Counselling Service	X	X	X

√ Data provided

X No data provided

In 2019, a total of 77 clients were treated for drug or alcohol use in local mental health services (Chart 7.1)[25].

Chart 7.1: Treated clients by gender and age, SASSY and Genesis, 2017 and 2019



~ Number of clients too small to be reported (5 or less)

From January 2020, addiction services can record mental health problems as an additional problem within the NDTRS. This has the potential to provide more meaningful data concerning treated drug users with mental health issues.

HOSPITAL IN-PATIENT ENQUIRY SCHEME (HIPE)

HIPE is a health information system that reports day and in-patient discharges from acute public hospitals. Each HIPE discharge record represents one episode of treatment rather than an individual patient; a patient may be admitted to hospital more than once in any given time period with the same or different diagnoses. From 2012 to 2019 there were 2,198 treatment episodes for mental health and behavioural disorders[26] associated with drug and alcohol use among Dublin 15 residents (Charts 7.2 to 7.4).

- Overall, from 2012 to 2019, the number of treatment episodes for mental health and behavioural disorders associated with drug and alcohol use increased by 99%; fluctuations in this upward trend were reported during this period
- The drugs implicated included alcohol, opioids, cannabis, benzodiazepines, z drugs, cocaine, other stimulants, hallucinogens, solvents and polydrug use

[25] Further data concerning the profile of clients treated for mental health issues/disorders is reported in the chapter 'Factors contributing to drug and alcohol use'

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

- From 2012 to 2019, the majority of cases were male and aged over 30 years
- Over the reporting period, treatment episodes increased from 1% to 2% of national treatment episodes

Chart 7.2: Treatment episodes for mental health and behavioural disorders due to drug and alcohol use among Dublin 15 residents, HIPE 2012 to 2019

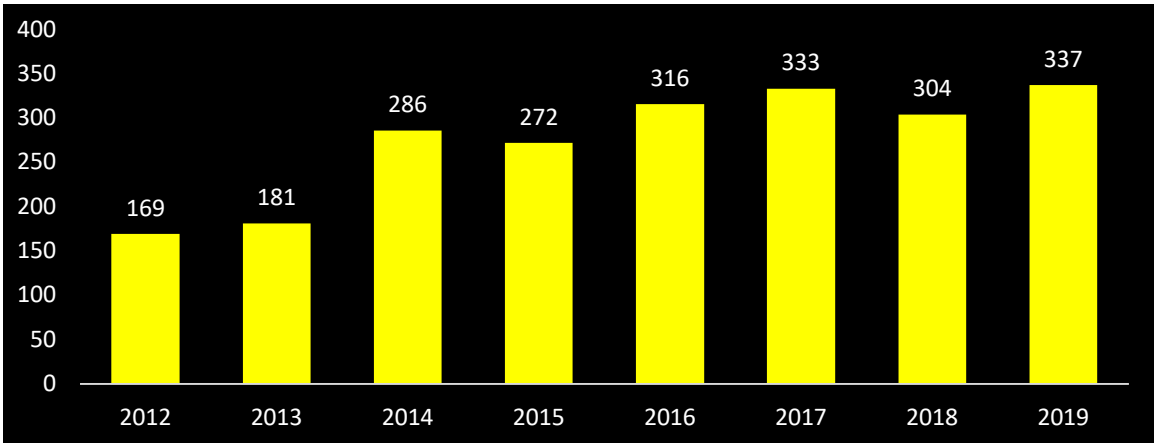


Chart 7.3: Treatment episodes for mental health and behavioural disorders due to drug and alcohol use among Dublin 15 residents by gender, HIPE 2012 to 2019

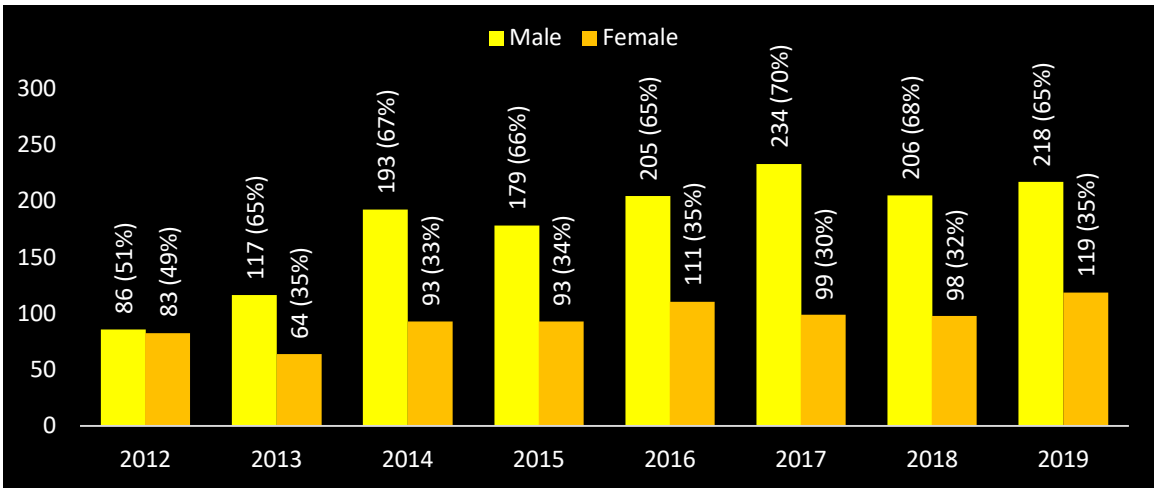
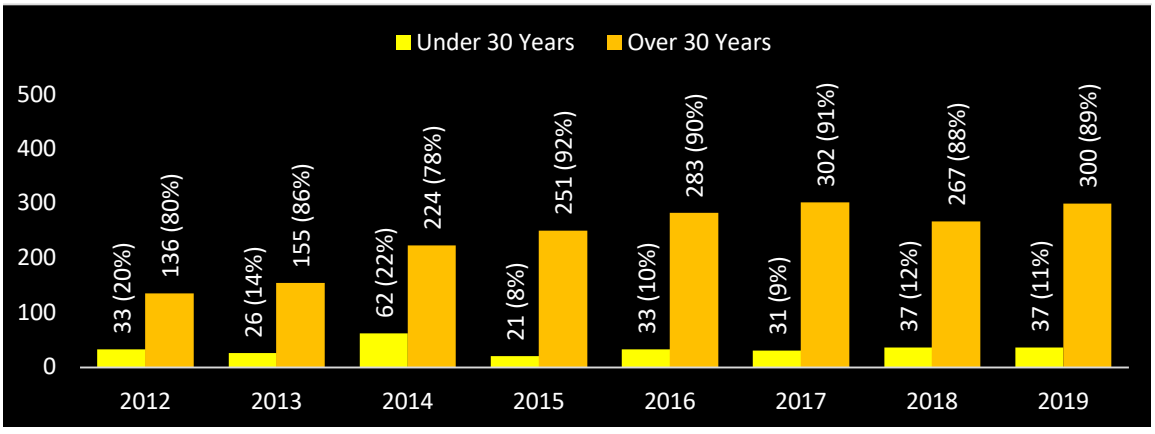


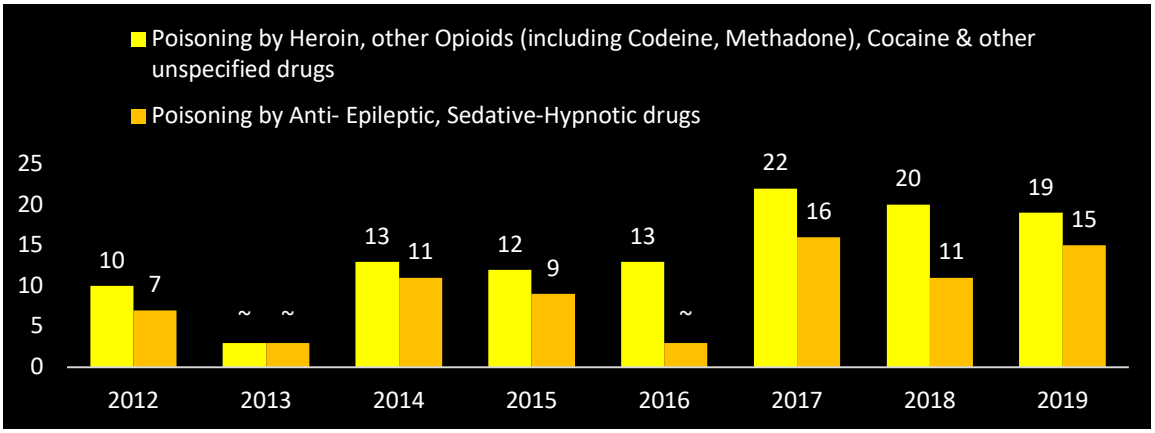
Chart 7.4: Treatment episodes for mental health and behavioural disorders due to drug and alcohol use among Dublin 15 residents by age, HIPE 2012 to 2019



From 2012 to 2019, there were 187 treatment episodes for drug-related poisonings (overdoses) among Dublin 15 residents (Chart 7.5). The poisonings may not have resulted in death.

- Overall, from 2012 to 2019, the number of treatment episodes for poisonings increased by 100%; fluctuations in this upward trend were reported during this period
- From 2012 to 2017, the number of treatment episodes for poisonings associated with opioids, cocaine and other drugs increased from 2% to 3% of national treatment episodes, decreasing to 2% for 2018 and 2019
- From 2012 to 2019, the number of treatment episodes for poisonings associated with anti-epileptic and sedative-hypnotic drugs increased from 1% to 2% of national treatment episodes

Chart 7.5: Treatment episodes for drug-related poisonings by drug type among Dublin 15 residents, HIPE 2012 to 2019



~ Number of poisonings too small to be reported (5 or less)

NATIONAL DRUG-RELATED DEATHS INDEX (NDRDI)

The NDRDI provides a census of drug-related deaths in Ireland. From 2008 to 2017, there were 6,933 drug-related deaths (Health Research Board, 2019):

- 3,715 (54%) were due to poisoning (overdose)
- 3,218 (46%) were due to non-poisoning (trauma or medical causes)
- Drug-related deaths increased by 25% from 630 in 2008 to 786 in 2017
- From 2008 to 2017, the majority of people who died were male

Key findings poisoning deaths

- From 2008 to 2017, poisoning deaths fluctuated on an annual basis (Chart 7.6)
- Over the reporting period, the number of people who died and were living in the BLDATF area decreased from five to less than five (Chart 7.7)

Chart 7.6: Poisoning deaths by year, NDRDI 2008 to 2017

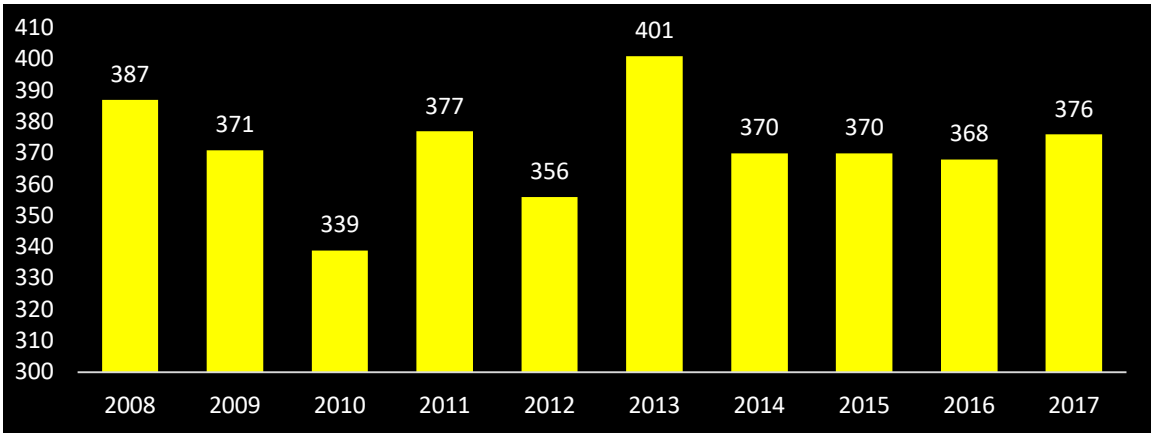
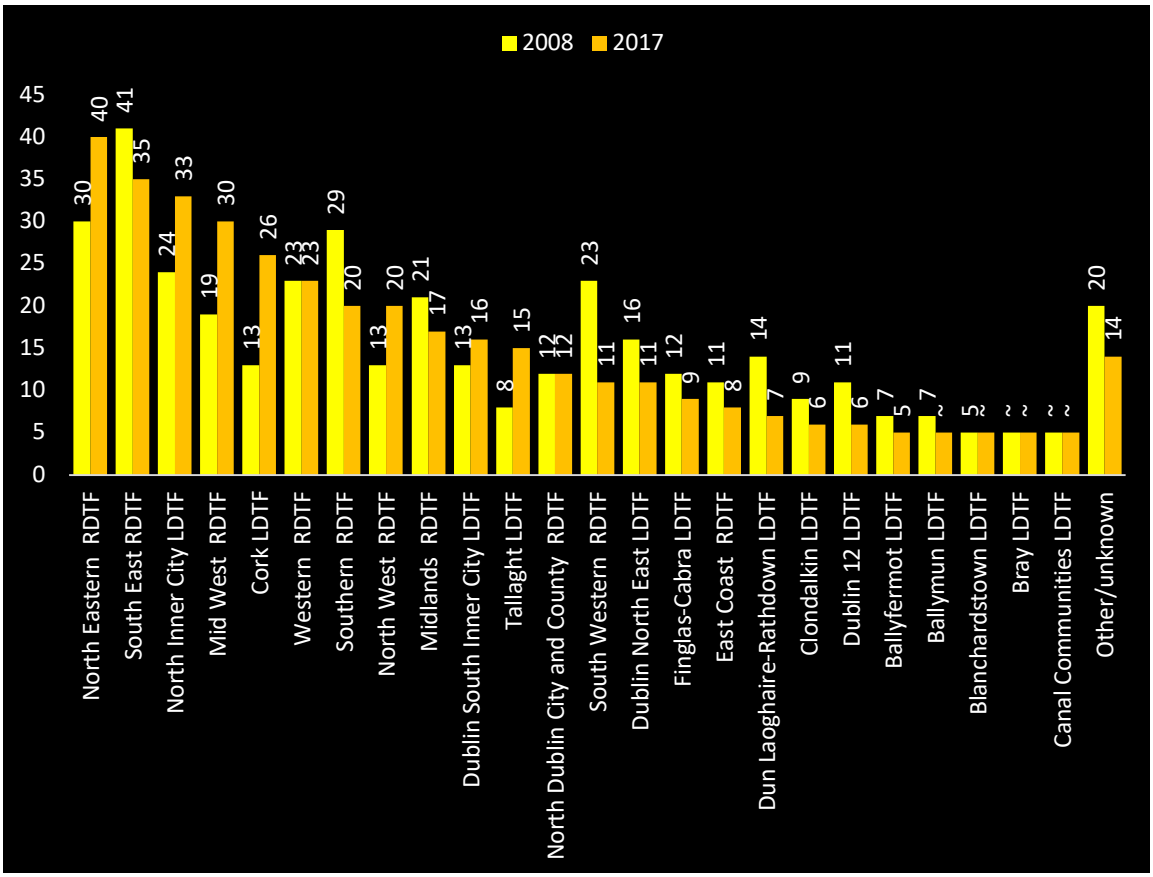


Chart 7.7: Poisoning deaths by Regional & Local Drug & Alcohol Task Force areas, NDRDI 2008 and 2017



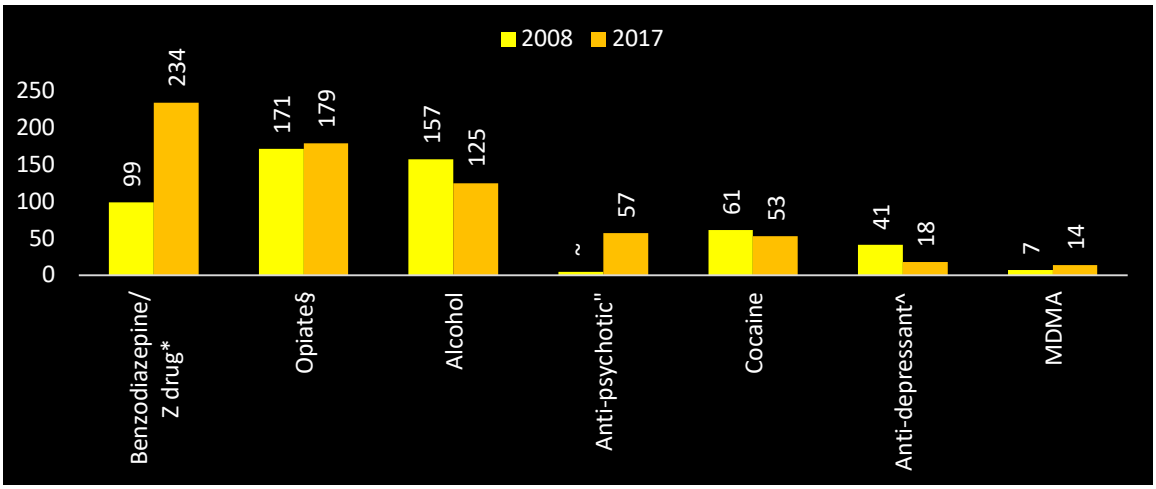
~ Less than 5 deaths

- Benzodiazepines and z drugs were the main drug group associated with deaths, followed by opiates and alcohol (Charts 7.8 and 7.9)
- Polydrug poisonings increased from 50% (192) in 2008 to 58% (218) in 2017
- In 2008, 3% (12) of all poisoning deaths had four or more drugs involved, this increased to 18% (67) in 2017
- Over the reporting period, poisoning deaths among people who were injecting at the time of death decreased from 67 (11%) in 2008 to 34 (4%) in

2017 (Chart 7.10)[27]

- Almost 1 in 10 of 2017 poisoning deaths were among people who were injecting at the time of death

Chart 7.8: Poisoning deaths by drug group, NDRDI 2008 and 2017



Category totals exceed total number of poisoning deaths, as individual cases may have more than one drug implicated in their death

* Includes diazepam, alprazalam, zopiclone, flurazepam, etizolam

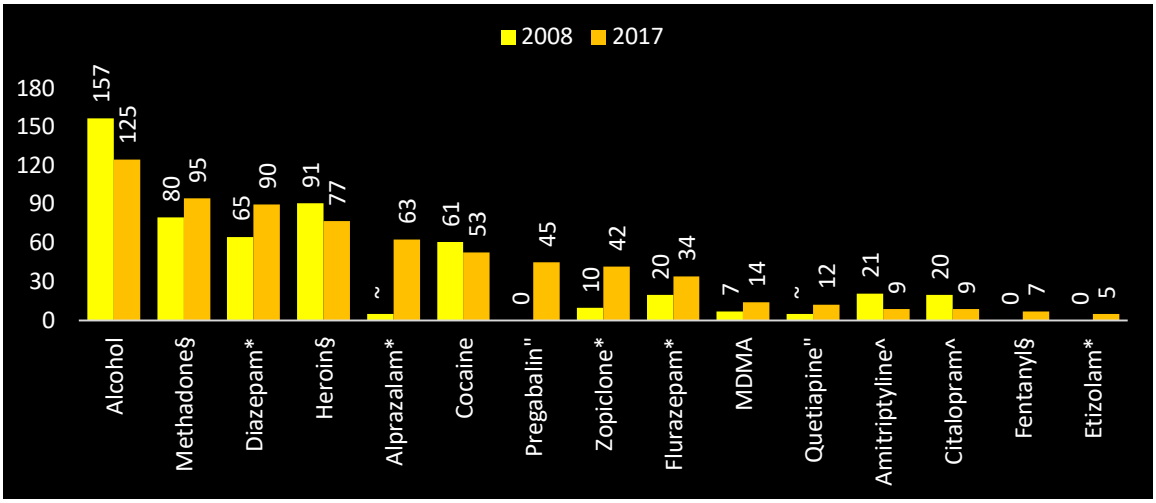
§ Includes methadone, heroin and fentanyl

“ Includes pregabalin, quetiapine

~ Less than 5 deaths

^ Includes amitriptyline, citalopram

Chart 7.9: Poisoning deaths by specific drug, NDRDI 2008 and 2017



Category totals exceed total number of poisoning deaths, as individual cases may have more than one drug implicated in their death

§ Opiate

* Benzodiazepine/Z drug

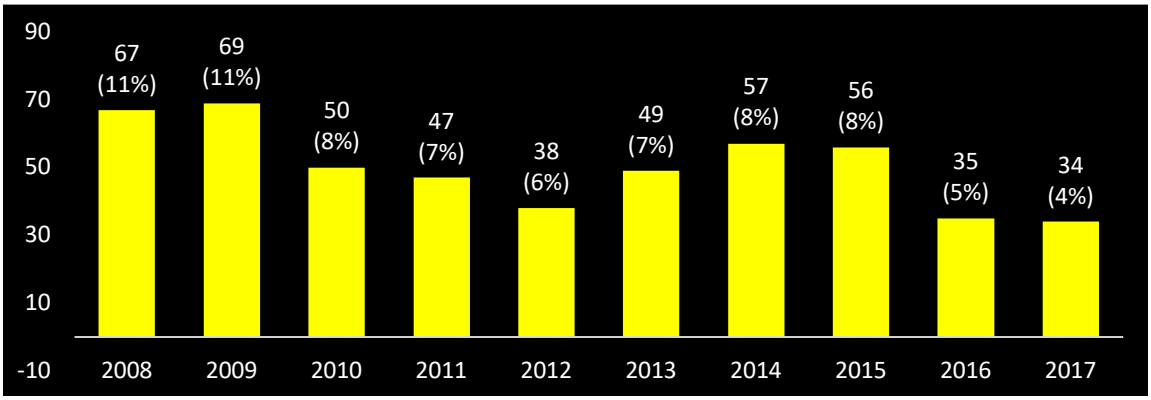
“ Anti-psychotic

^ Anti-depressant

~ Less than 5 deaths

[27] Further data reporting a reduction in injecting drug use is reported is the chapter ‘Treated drug & alcohol use’

Chart 7.10: Poisoning deaths among people who were injecting at time of death (% of all poisoning deaths), NDRDI 2008 to 2017



Key findings non-poisoning deaths

- The number of non-poisoning deaths increased by 69% from 243 in 2008 to 410 in 2017 (Chart 7.11)
- The number of people who died and were living in the BLDATF area remains low compared with other Task Force areas (Chart 7.12)
- In 2017, 196 (48%) deaths were due to trauma; 114 (28%) of these deaths were due to hanging, and 63% of these people had a history of mental health issues
- In 2017, 214 (52%) were due to medical causes, with 56 (14%) due to cardiac events

Chart 7.11: Non-poisoning deaths by year, NDRDI 2008 to 2017

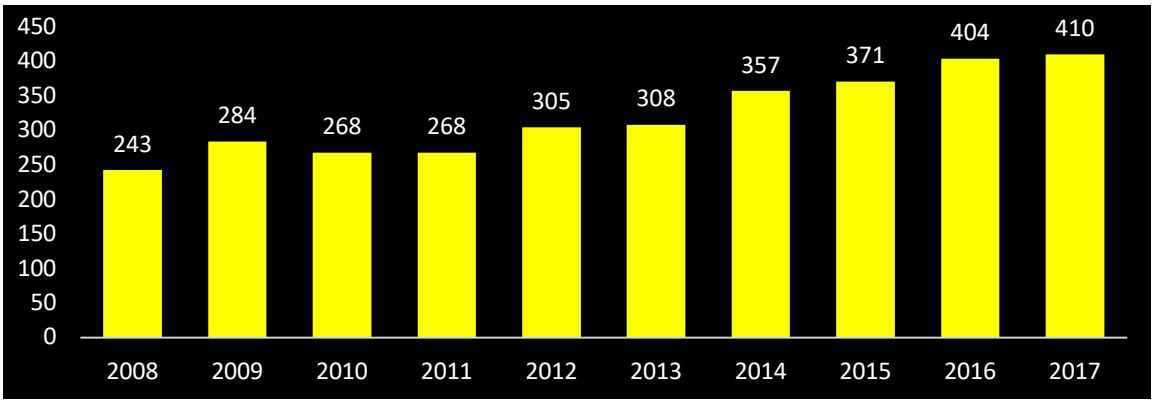
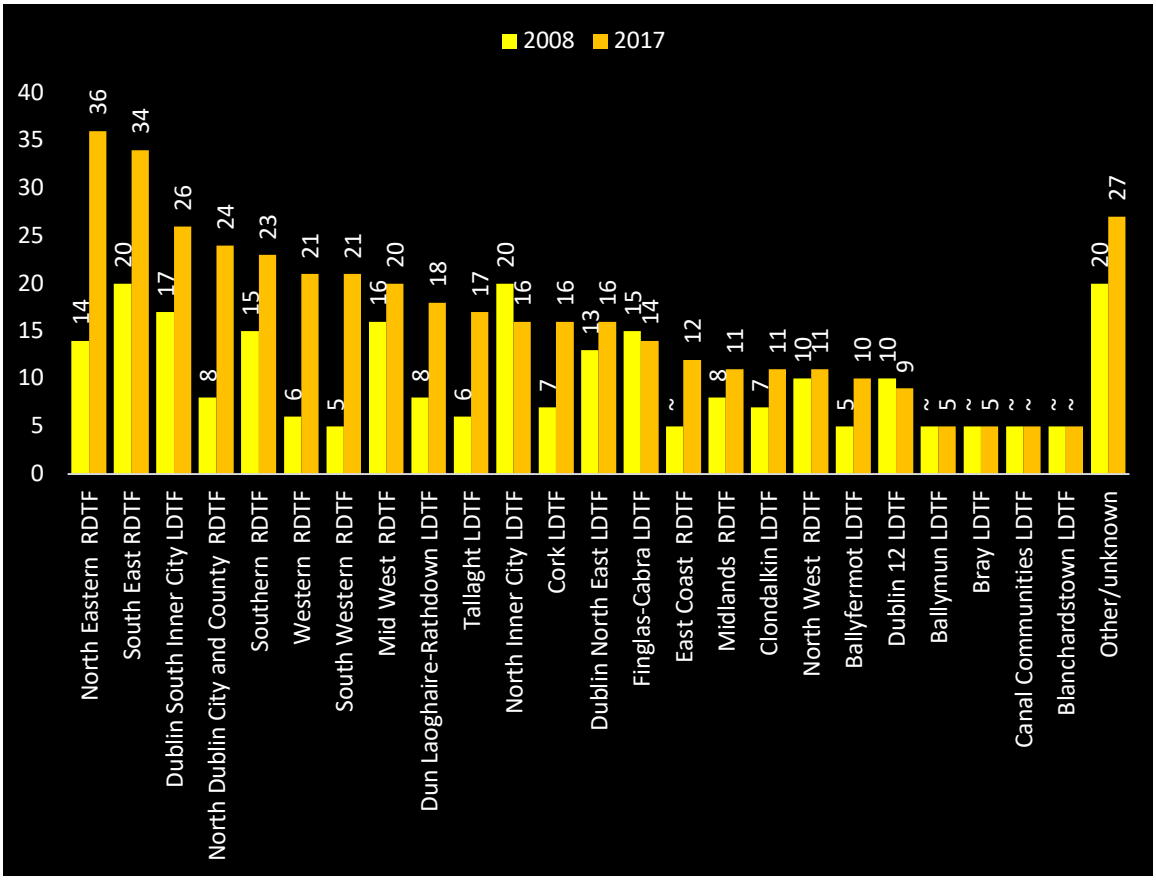


Chart 7.12: Non-poisoning deaths by Regional & Local Drug & Alcohol Task Force areas, NDRDI 2008 and 2017

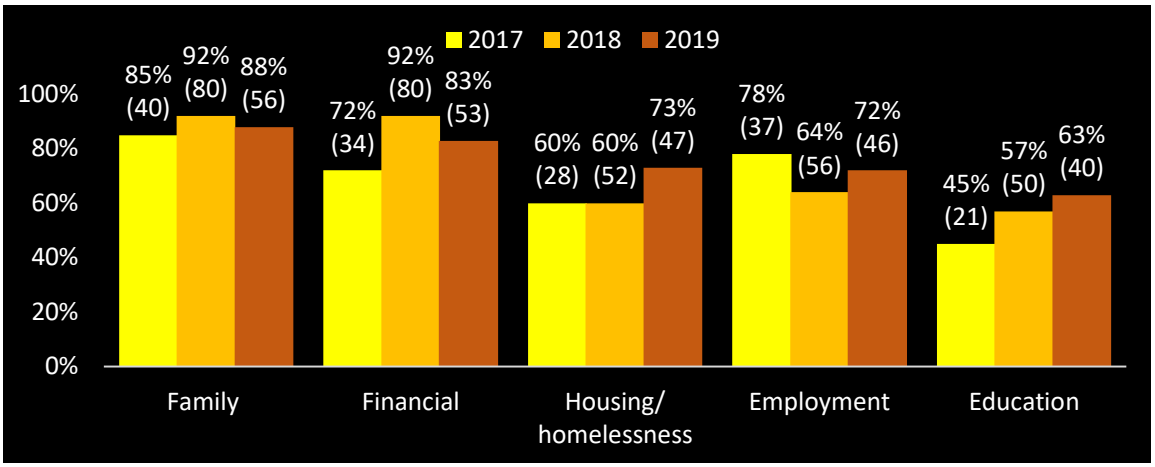


~ Less than 5 deaths

2) SOCIAL CONSEQUENCES OF DRUG AND ALCOHOL USE

The social consequences of drug and alcohol use were reported to be a barrier to rehabilitation for treated drug users. They include issues with family, employment, finances, housing and education. These consequences have been reported in all five years of the DATMS, with many treated drug users and their families experiencing more than one, as they are inextricably linked. Year 5 reported that fractured family relationships and financial issues were the most common (Chart 7.13).

Chart 7.13: Social issues experienced by treated drug users, DATMS Year 3 to 5 (2017-2019)



FAMILY

All five years of the DATMS reported the negative impact of drug and alcohol dependence within the family. Family members reported that addiction within the family caused conflict, turmoil and led to the breakdown of relationships and family units[28]. Family members reported having to deal with the fear, violence and financial implications associated with drug debt intimidation. As a consequence, their physical and mental health was compromised. Family members reported attending family support services, counselling services and peer-led groups. They stated that these services and groups provided supportive and non-judgemental environments that helped them deal with their family circumstances.

FAMILY SUPPORT SERVICES & PEER-LED GROUPS

Local community services provide family support through one-to-one and group interventions for children, young people and adults. Table 7.3 reports the services and peer-led groups that provided data; 2019 is the first year that all support services and peer-led groups provided data.

[28] Data concerning the family context as a risk factor for the normalisation of drug use and the development of inter-generational drug dependence is reported in the chapter 'Factors contributing to drug use'

Table 7.3: Local family support services and peer-led groups by data returns, DATMS Year 3 to 5 (2017-2019)

Local Community Service/Peer-Led Group	2017	2018	2019
BLDATF Family Support Service (BLDATF)	~	√	√
Blakestown Mountview Youth Initiative (BMYI)	√	√	√
Mulhuddart/Corduff Community Drug & Alcohol Team (M/C CDAT)	√	√	√
Genesis Psychotherapy & Family Support Service (Genesis)	√	X	√
Neighbourhood Youth Project (NYP)	√	√	√
D15 CAT	*	√	√
Blanchardstown Youth Service, Working to Enhance Blanchardstown (WEB)	X	√	√
Peer-Led Groups (P2P, Craft, Cri Croiga 1 & 2, Dove)	X	√	√

~ Service opened in January 2018

√ Data provided

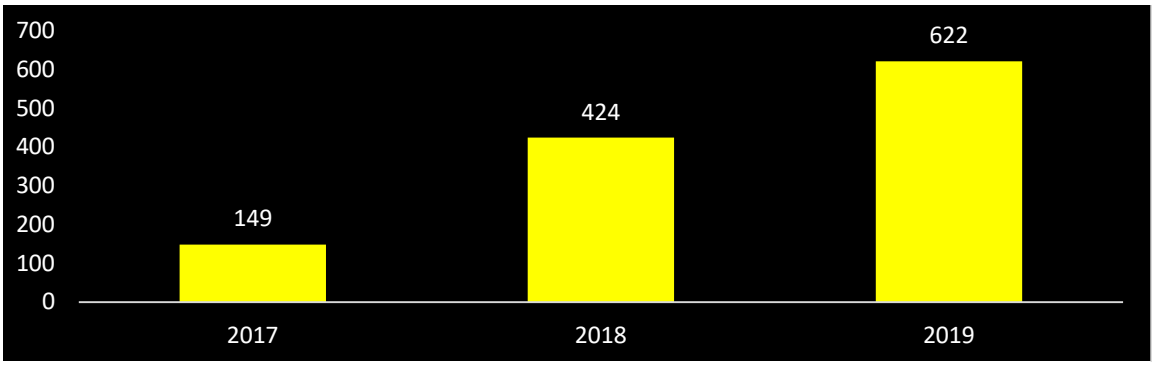
X No data provided

* Service opened in October 2018

Treatment demand

The following data reports a profile of family members who received support from local community services and peer-led groups from 2017 to 2019. Treatment demand data contains no unique identifiers and clients are counted more than once if they attend more than one service or peer-led group. Thus, this profile reports the number of cases rather than the number of clients. A total of 149 cases received family support services in 2017 and this increased to 622 in 2019 (Chart 7.14). For 2017 and 2018, the actual number of family members receiving support was higher due to some services and peer-led groups not providing data.

Chart 7.14: Family support cases, Local Family Support Community Services & Peer-Led Groups, DATMS Year 3 to 5 (2017-2019)



Over the reporting period, the majority of cases were female (Chart 7.15).

Chart 7.15: Family support cases by gender, Local Family Support Community Services & Peer-Led Groups, DATMS Year 3 to 5 (2017-2019)

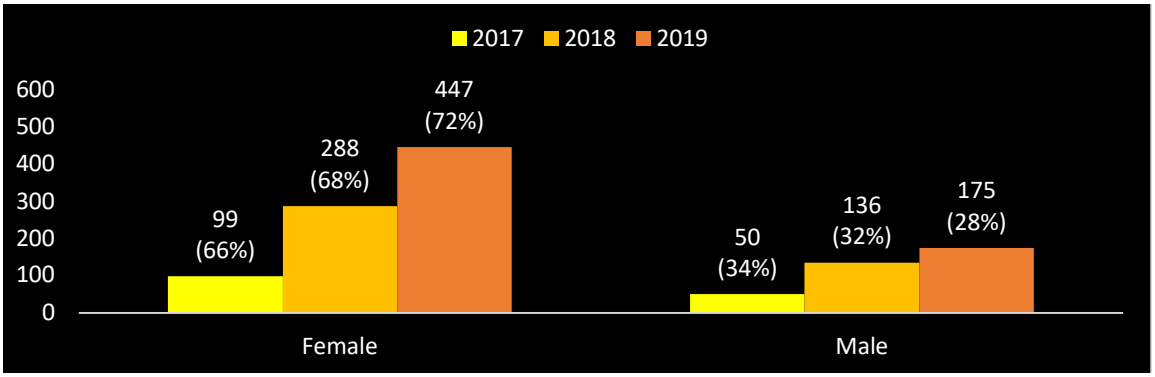
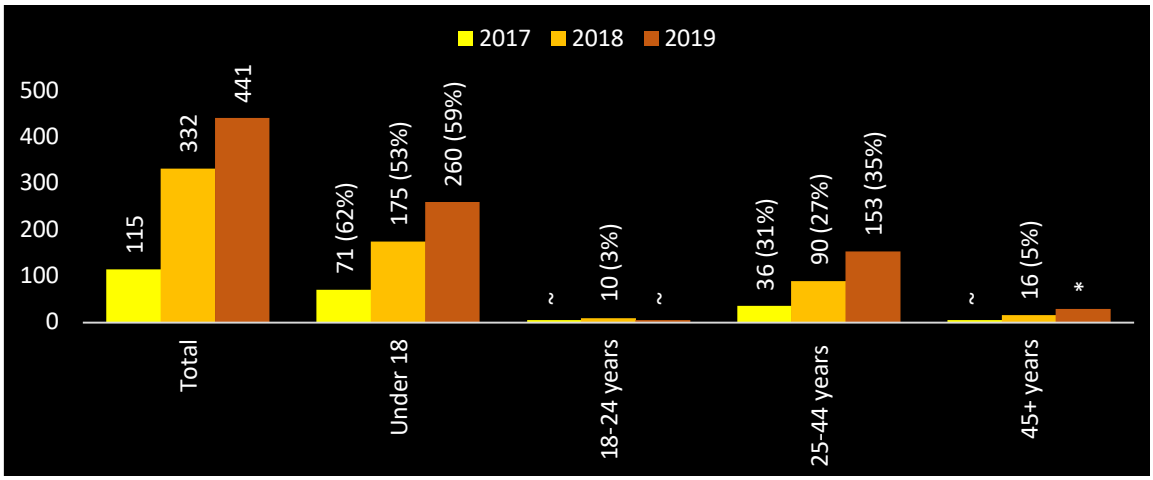


Chart 7.16 reports the age range of cases that attended services that provide family support services to young people and adults. Chart 7.17 reports the age range of cases that attended services that provide family support services to adults only.

Chart 7.16: Family support cases by age, BMYI, NYP & WEB, DATMS Year 3 to 5 (2017-2019)

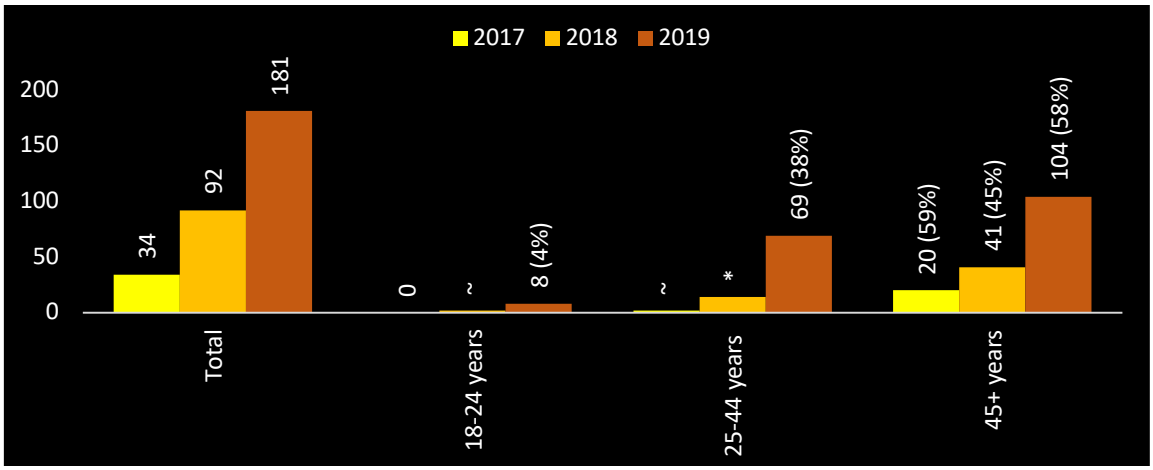


~ Number of cases too small to be reported (5 or less)

* Number of cases greater than 5 and suppressed to ensure cases with 5 or less are not disclosed

Totals less than 100% as unknown cases removed

Chart 7.17: Family support cases by age, BLDATF, M/C CDAT, Genesis, D15 CAT & Peer-Led Groups, DATMS Year 3 to 5 (2017-2019)



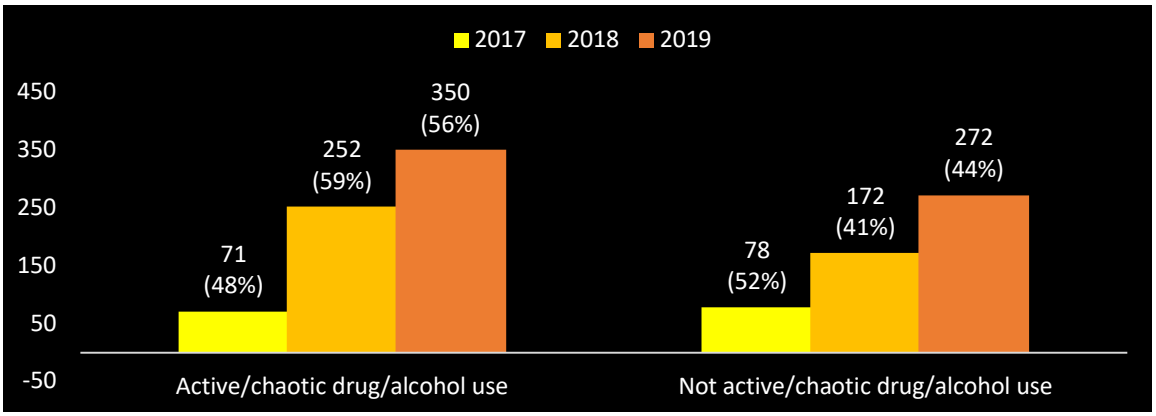
~ Number of cases too small to be reported (5 or less)

* Number of cases greater than 5 and suppressed to ensure cases with 5 or less are not disclosed

Totals less than 100% as unknown cases removed

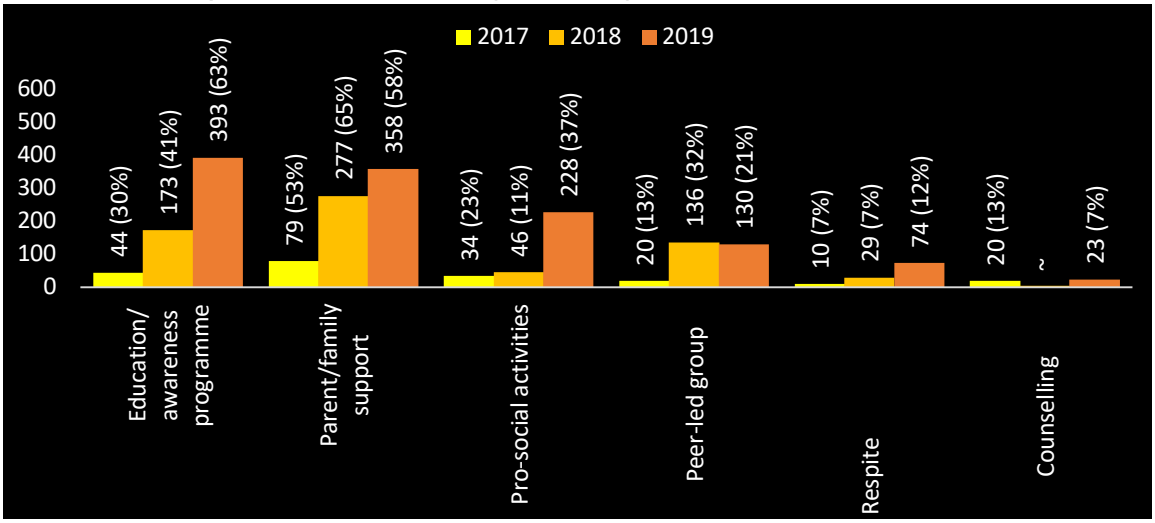
In 2017, 71 cases experienced active or chaotic drug use by another family member, and this increased to 350 in 2019 (Chart 7.18).

Chart 7.18: Family support cases experiencing active/chaotic drug use by a family member, Local Family Support Community Services & Peer-Led Groups, DATMS Year 3 to 5 (2017-2019)



The services received by family members is reported in the chart below (Chart 7.19).

Chart 7.19: Family support cases by service type, Local Family Support Community Services & Peer-Led Groups, DATMS Year 3 to 5 (2017-2019)

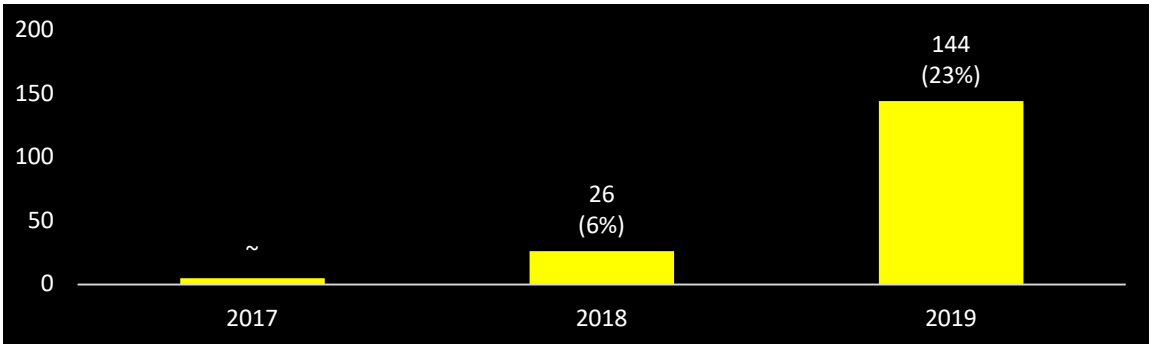


Category totals exceed total number of cases, as some cases received more than one intervention

~ Number of cases too small to be reported (5 or less)

Over the reporting period, there has been a significant increase in the number of family members who attended an evidence-based/informed programme (Chart 7.20). This increase is predominantly associated with the development of the BLDATF Family Support Service in 2018.

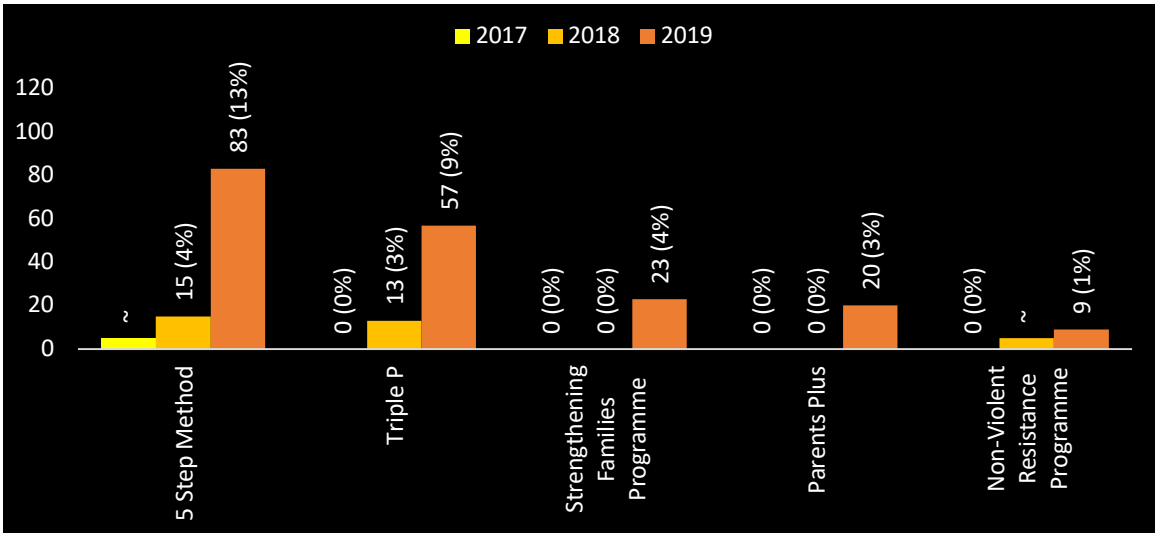
Chart 7.20: Family support cases who attended an evidence-based/informed programme, Local Family Support Community Services & Peer-Led Groups, DATMS Year 3 to 5 (2017-2019)



~ Number of cases too small to be reported (5 or less)

The most commonly used evidence-based programmes were the 5 Step Method and the Triple P Programme (Chart 7.21).

Chart 7.21: Family support cases by evidence-based/informed programme, Local Family Support Community Services & Peer-Led Groups, DATMS Year 3 to 5 (2017-2019)

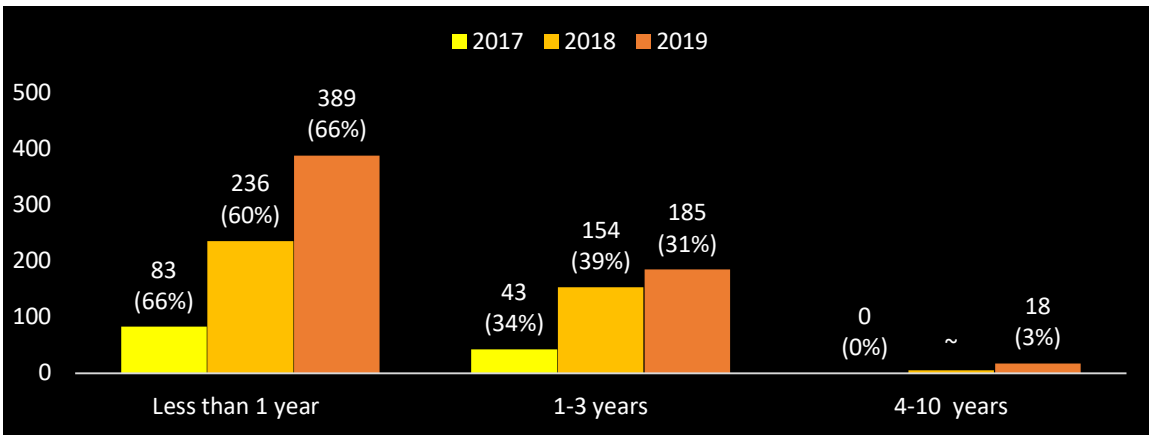


~ Number of cases too small to be reported (5 or less)

2019 total exceeds total number of cases, as some cases received more than one intervention

Over the reporting period, the majority of cases attended local family support services for less than a year (Chart 7.22).

Chart 7.22: Family support cases by length of time in attendance at Local Family Support Community Services, DATMS Year 3 to 5 (2017-2019)



~ Number of cases too small to be reported (5 or less)

Due to the small numbers attending peer-led groups, it is not possible to quantify the length of time in attendance. However, the majority of cases attended these groups for over 10 years. This identifies the chronic nature of drug and alcohol use and the need for enduring support for families.

MAPPING TREATMENT DEMAND

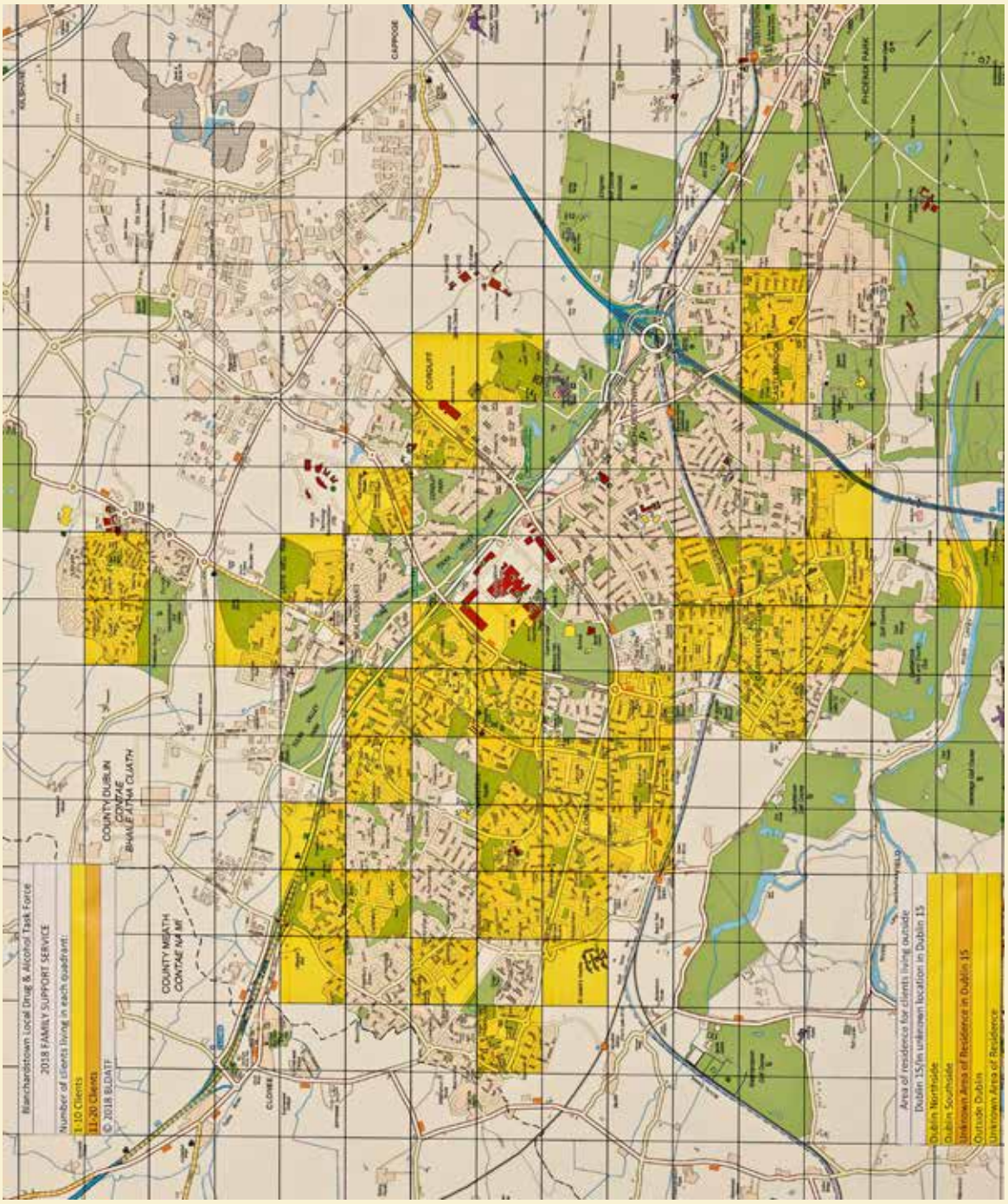
Mapping treatment demand data for family support services and peer-led groups reports where family members affected by drug or alcohol use live. Year 4 collected mapping data from the BLDATF Family Support Service. Year 5 collected mapping data from all local family support services and peer-led groups. Thus, Year 5 has produced two maps. The first maps the BLDATF Family Support Service and the second maps all family support services (including the BLDATF Family Support Service) and peer-led groups in Dublin 15.

Year 4 and 5 mapping data for the BLDATF Family Support Service identifies the following:

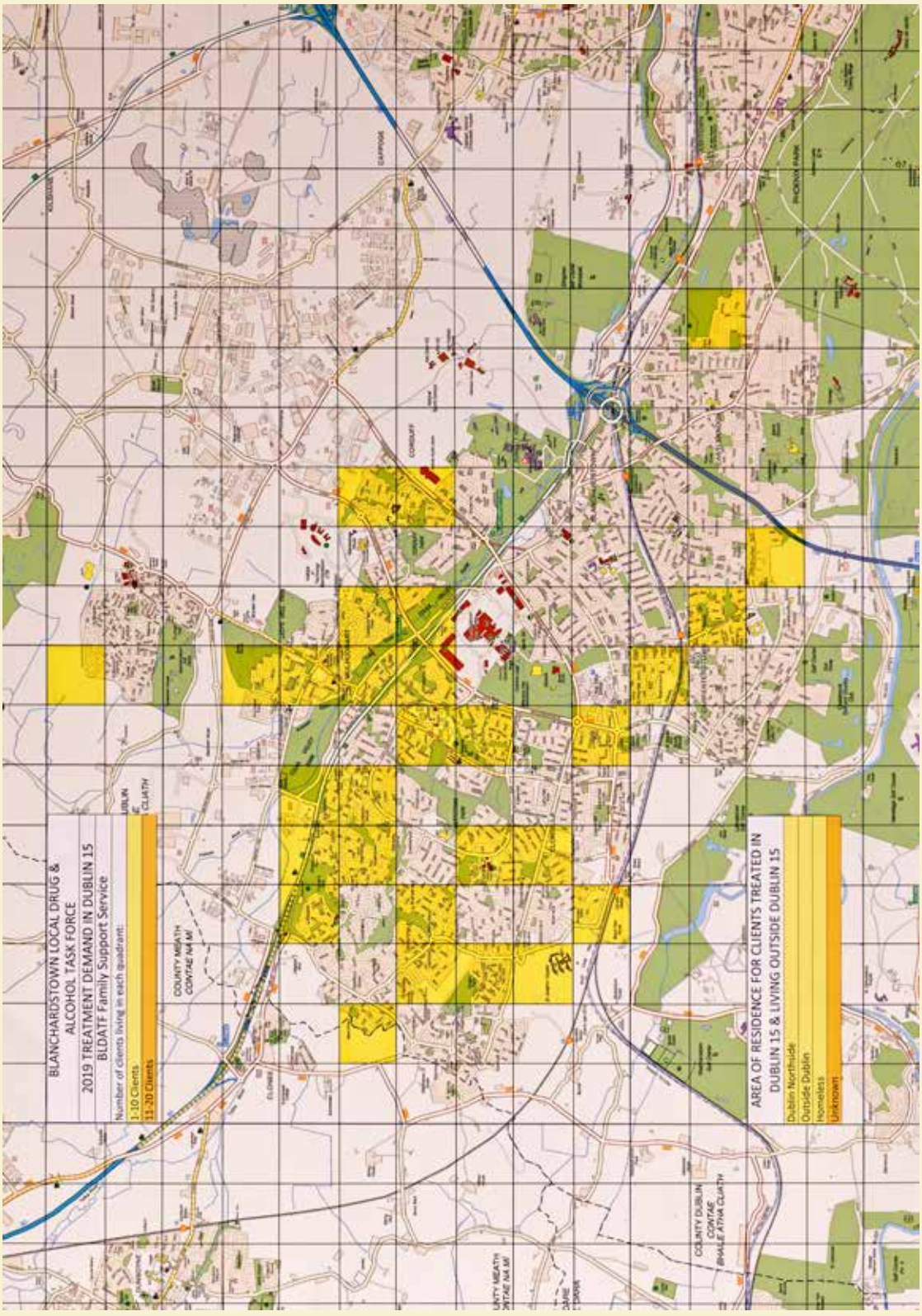
- Clients attending the service were from Dublin 15 and outside Dublin 15
- The majority of clients were from Dublin 15:
  - The data identifies that clients were from every community in Dublin 15, from the affluent to the socio-economically deprived
  - Drug and alcohol dependence is a community wide issue crossing all socio-economic boundaries

Similar conclusions were drawn from the Year 5 mapping data for all family support services (including the BLDATF Family Support Service) and peer-led groups in Dublin 15. The only difference was larger concentrations of clients lived in socio-economically deprived areas.

YEAR 4 BLDATF Family Support Service 2018



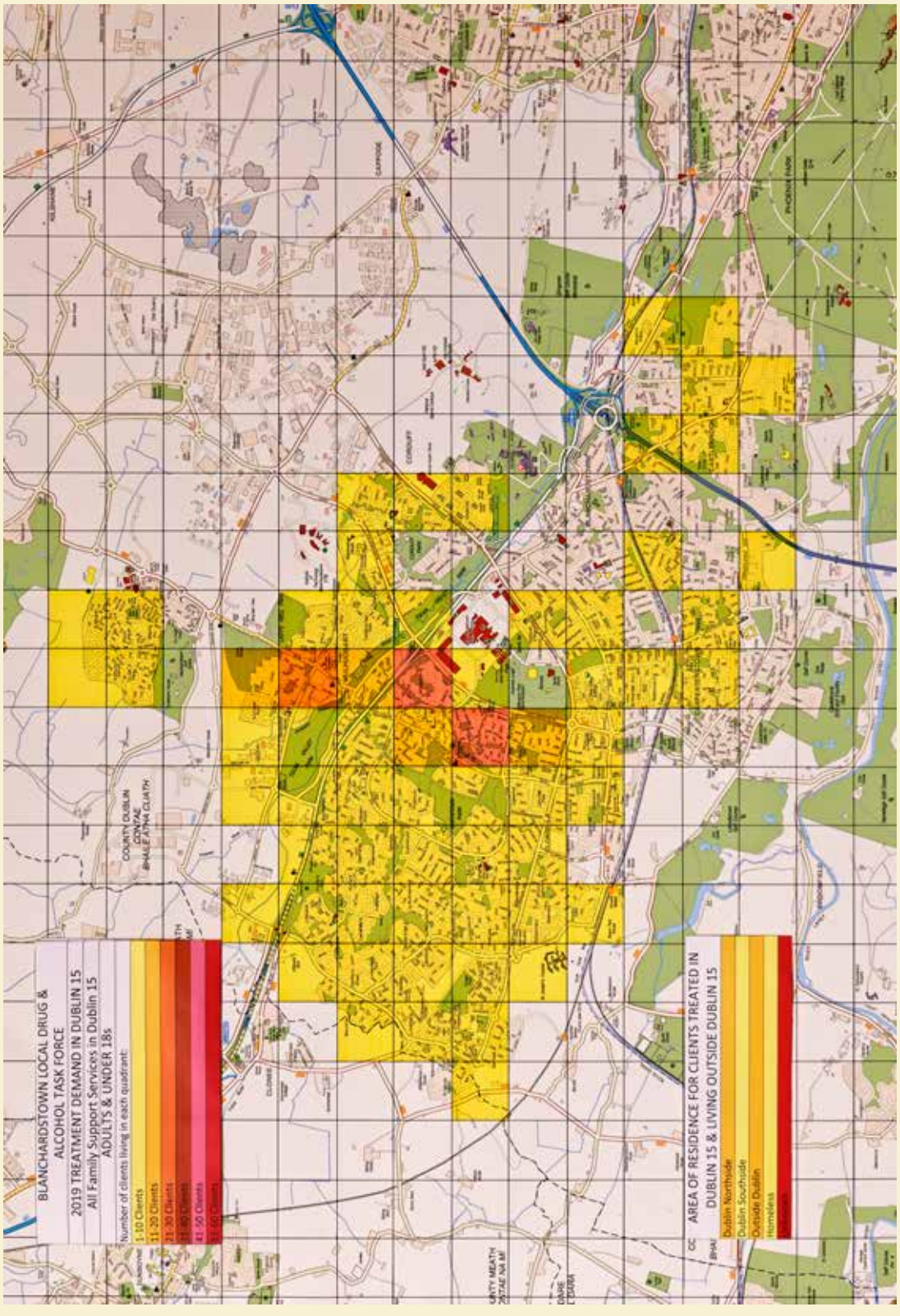
YEAR 5 BLDATF Family Support Service 2019



YEAR 5 (2019)

BLDATF FAMILY SUPPORT SERVICE

YEAR 5 All Family Support Services in Dublin 15 2019



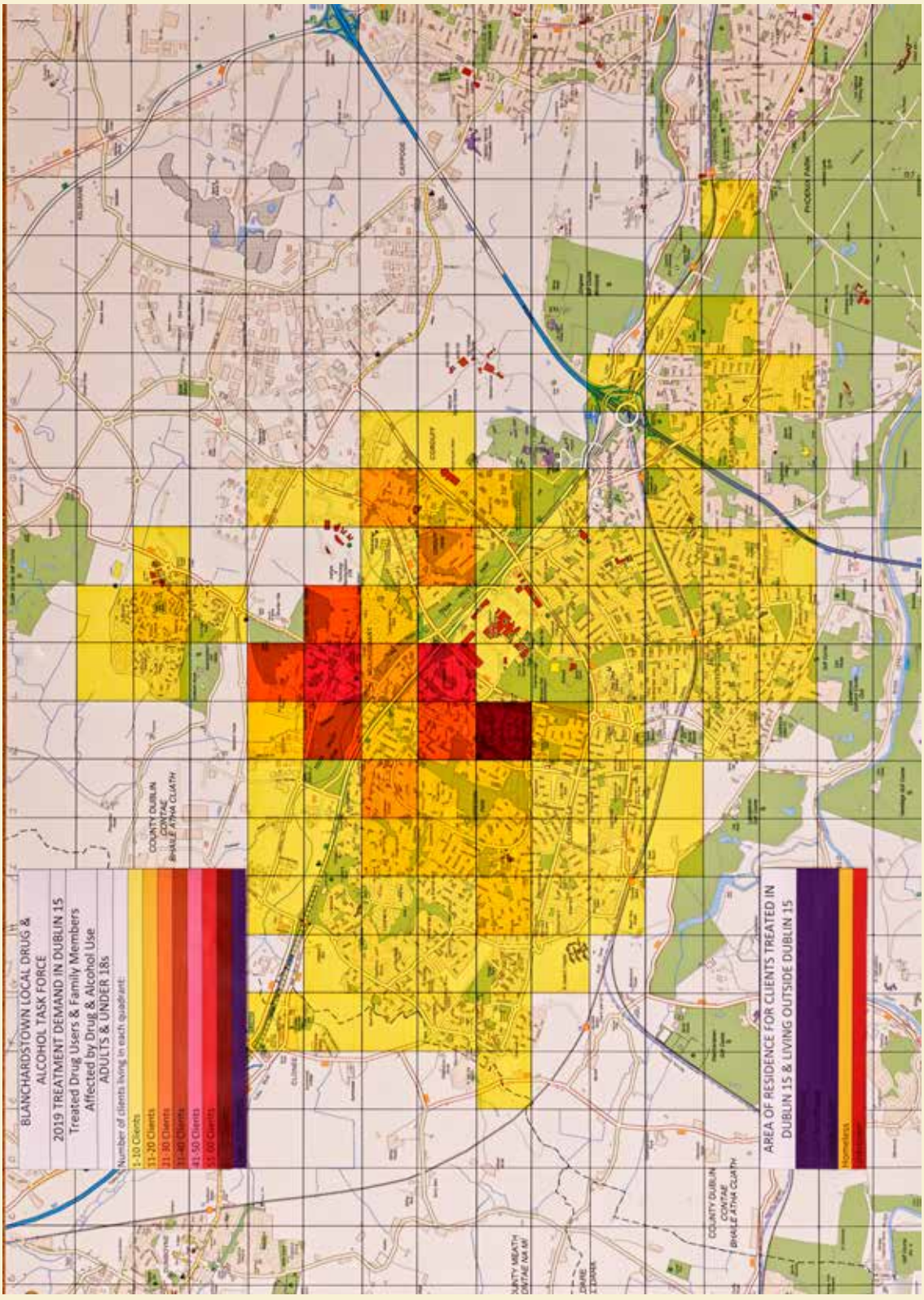
YEAR 5 (2019)

ALL FAMILY SUPPORT SERVICES IN DUBLIN 15

Treatment demand for alcohol and drug users and family members

Year 5 is the first time that we mapped treatment demand for alcohol and drug users, and family members together. This has identified that while drug and alcohol use affects people from every community, it impacts people from socio-economically deprived communities more significantly. This was highlighted in the maps 'YEAR 5 All Family Support Services in Dublin 15' and 'YEAR 5 Treatment demand in Dublin 15 Adults & Under 18s'. When this data is amalgamated the concentration of clients from socio-economically deprived communities is more pronounced.

YEAR 5 Treatment Demand in Dublin 15
Treated Drug Users & Family Members affected by Drug & Alcohol Use 2019



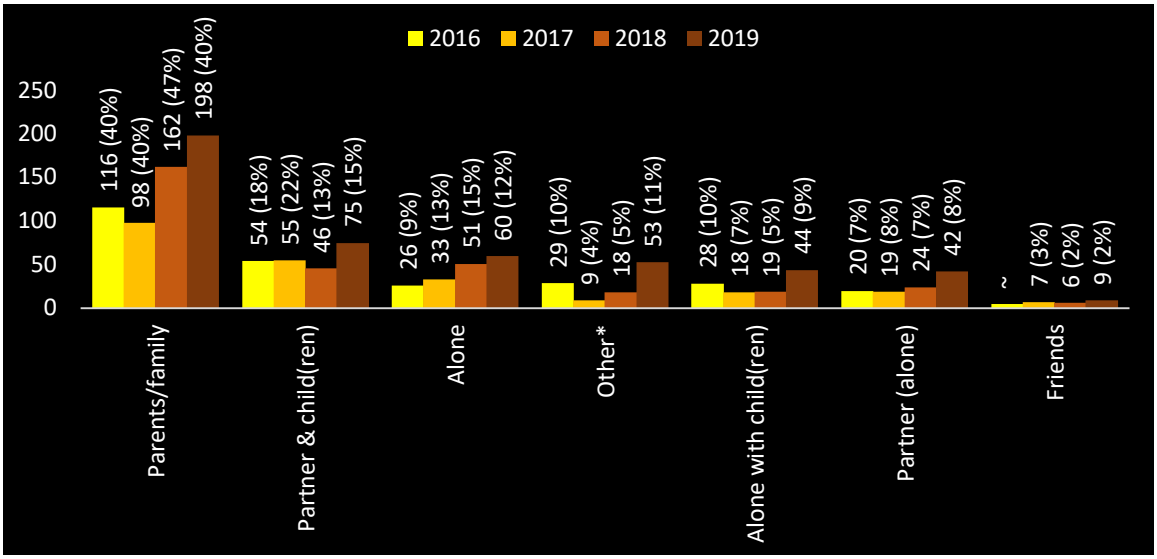
YEAR 5 (2019)

TREATMENT DEMAND IN DUBLIN 15

TREATED DRUG USERS & FAMILY MEMBERS AFFECTED BY DRUG & ALCOHOL USE

NDTRS data reports the accommodation status of assessed and treated cases. It identifies that from 2016 to 2019 the majority of cases were living with family (Charts 7.23 and 7.24). This data identifies the need for family support services.

Chart 7.23: All cases living in BLDATF area by accommodation status, NDTRS 2016 to 2019

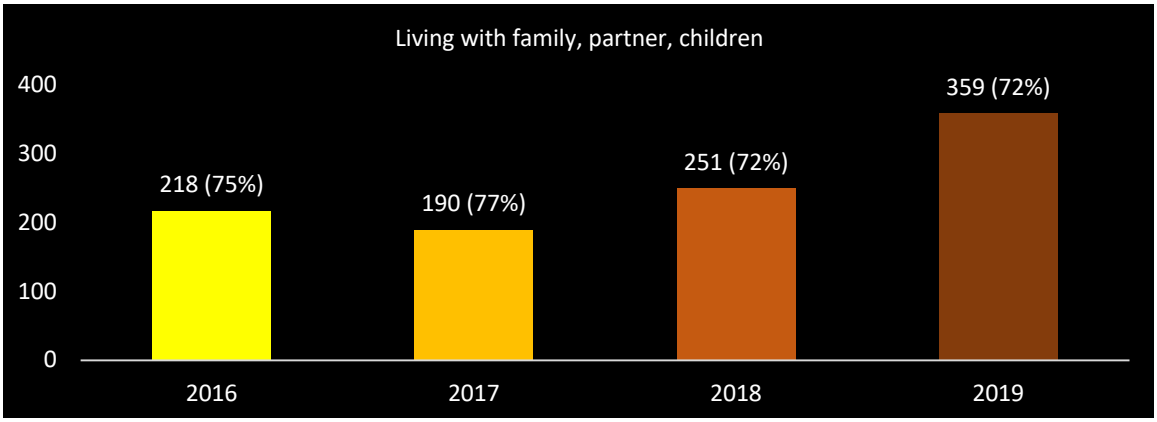


Annual totals less than 100% as unknown cases removed

* Includes cases living in institutions, residential care, halfway houses or prisons

~ Number of cases too small to be reported (5 or less)

Chart 7.24: All cases living in BLDATF area with family, NDTRS 2016 to 2019



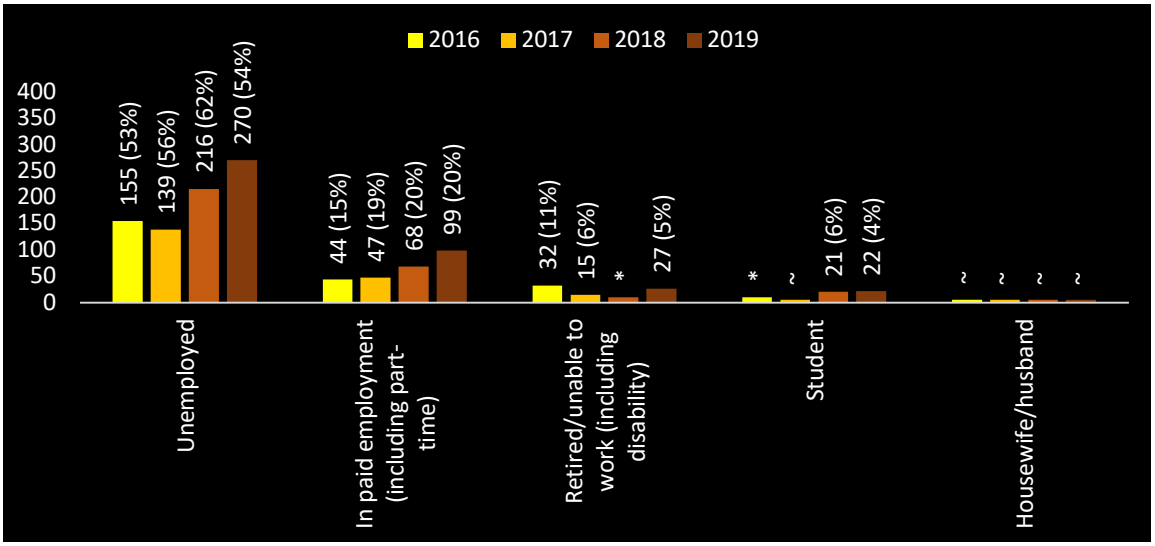
FINANCIAL

From Year 1 to 5, service providers and treated drug users reported high levels of drug-related poverty. Drug use was prioritised over living expenses and some reported using moneylenders. Increasing housing costs, unemployment and drug debts added further to levels of poverty.

EMPLOYMENT

From Year 1 to 5, treated drug users reported difficulties maintaining employment due to drug use, with many unemployed. They also reported leaving employment to enter treatment. For those in recovery, getting back into the workforce after being out for a length of time proved challenging. NDTRS data reports that the majority of treated cases from 2016 to 2019 were unemployed (Chart 7.25).

Chart 7.25: All cases living in BLDATF area by employment status, NDTRS 2016 to 2019



Annual totals less than 100% as unknown cases removed

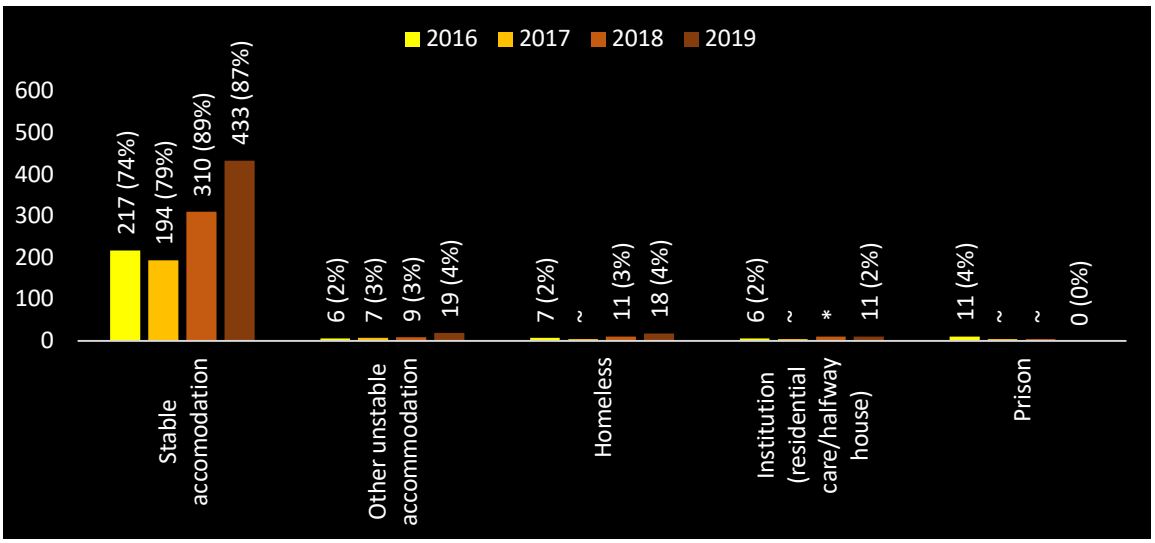
~ Number of cases too small to be reported (5 or less)

* Number of cases greater than 5 and suppressed to ensure cases with 5 or less are not disclosed

HOUSING

In all five years of the DATMS, participants reported that housing was compromised due to drug use and anti-social behaviour, including drug dealing and drug debt intimidation. These anti-social behaviours also impacted negatively on drug users' families and communities. The financial difficulties reported above further compromised housing. The consequences for treated drug users included exclusion from the family home and homelessness. Despite this, NDTRS data from 2016 to 2019 reports the majority of cases assessed or treated were in stable accommodation (Chart 7.26).

Chart 7.26: All cases living in BLDATF area by accommodation status, NDTRS 2016 to 2019



Annual totals less than 100% as unknown cases removed

~ Number of cases too small to be reported (5 or less)

* Number of cases greater than 5 and suppressed to ensure cases with 5 or less are not disclosed

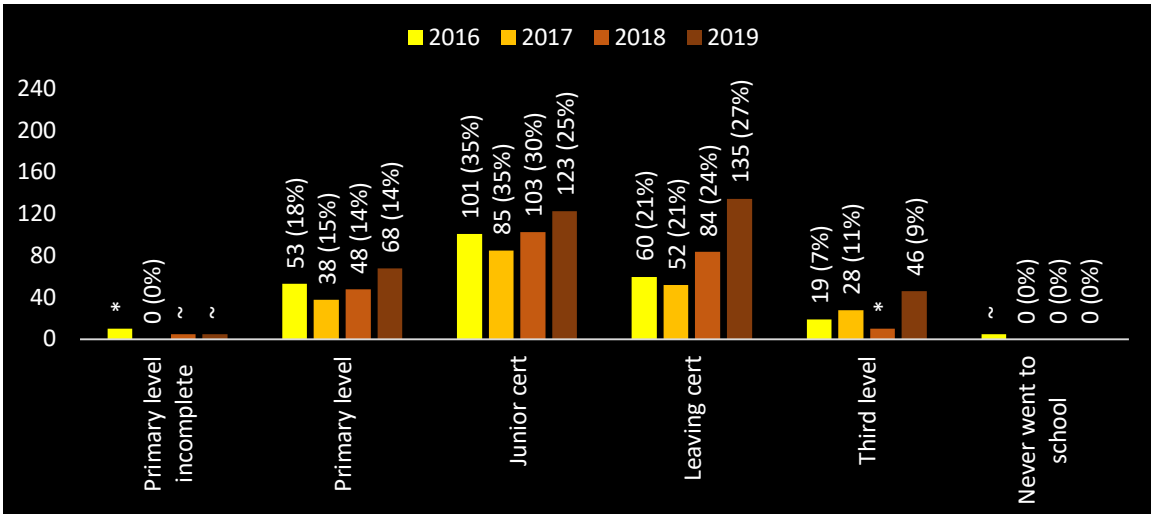
EDUCATION

From Year 1 to 5, service providers reported that drug use by parents and young people affected school attendance, performance and educational attainment, and in some cases resulted in early school leaving or expulsions.

Under performance in education was also reported by the NDTRS data. Charts 7.27 and 7.28 report cases assessed and treated by highest level of education completed, and the age cases left school from 2016 to 2019. These cases have lower educational attainment when compared with the general population of Dublin 15[29].

[29] Educational attainment of Dublin 15 population reported in chapter 'Socio-demographic profile of Dublin 15'

Chart 7.27: All cases living in BLDATF area by highest level of education completed, NDTRS 2016 to 2019

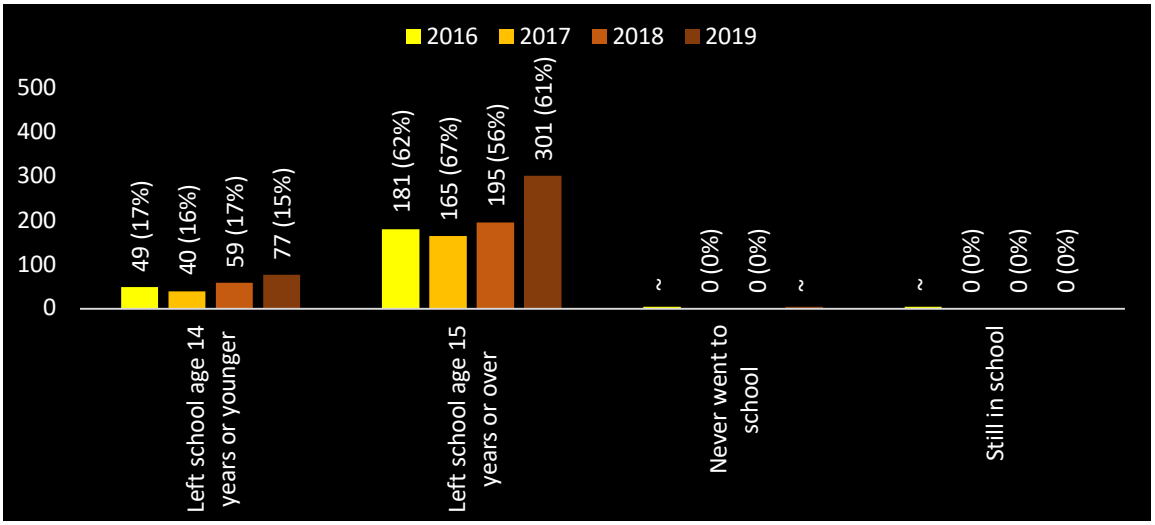


Annual totals less than 100% as unknown cases removed

~ Number of cases too small to be reported (5 or less)

* Number of cases greater than 5 and suppressed to ensure cases with 5 or less are not disclosed

Chart 7.28: All cases living in BLDATF area by age left school, NDTRS 2016 to 2019



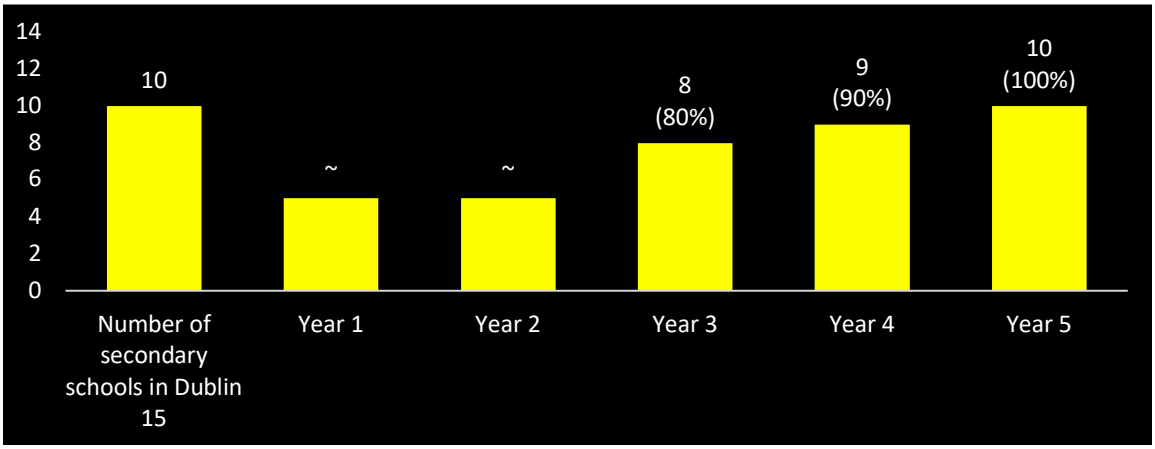
Annual totals less than 100% as unknown cases removed

~ Number of cases too small to be reported (5 or less)

Drug use in Dublin 15 secondary schools

Year 1 to 5 reported that some secondary school student's education was compromised due to drug use before and during school time. Year 5 participants reported evidence of drug use in all local secondary schools (Chart 7.29). Since Year 2, participants reported that these schools were a mixture of affluent and socio-economically deprived and included those with and without DEIS status. This indicates that drug use is a community wide issue that crosses all socio-economic boundaries.

Chart 7.29: Number of Dublin 15 secondary schools with evidence of drug use before and during school time, DATMS Year 1 to 5



~ Number of schools too small to be reported (5 or less)

Profile of school-based drug users

From Year 1 to 5, changes in the profile of school-based drug users have been reported (Table 7.4). These changes include the following:

- Year 1 to 4 reported drug users were getting younger, with the norm age decreasing from 14 to 13 years; Year 5 continues to report the use of drugs by 13 year olds, though also reports an increase in the age of drug users with most drugs users aged 14 or 15 years old
- Year 1 and 2 reported school-based drug users were White Irish, from Year 3 these drug users were reported to be from all ethnic groups
- Year 3 to 4 reported an increase in the types of drugs used during school time and this increase continues in Year 5

Table 7.4: Profile of school-based drug users, DATMS Year 1 to 5

Year	Drug type	Norm age	Young-est age	Gender	White Irish	Irish Traveller	Irish African	Irish Eastern European	Irish Asian
1	Cannabis herb	14	12	M & F*	√				
2		14	12	M & F*	√				
3		14	12	M & F*	√		√	√	√
4		13	12	M & F*	√	√	√	√	√
5		15	12	M & F*	√	√	√	√	√
1	Cocaine powder	^	^	^	^	^	^	^	^
2		^	^	^	^	^	^	^	^
3		14	14	M & F*	√				
4		15	14	M & F*	√				
5		15	15	M & F*	√		√	√	√
1	MDMA (pills)	^	^	^	^	^	^	^	^
2		^	^	^	^	^	^	^	^
3		14	14	M & F*	√				
4		14	14	M & F*	√				
5		14	14	M & F*	√				
1	Benzodi-azepines Z drugs	~	~	~	~	~	~	~	~
2		~	~	~	~	~	~	~	~
3		~	~	~	~	~	~	~	~
4		13	13	M & F*	√				
5		13	13	M & F*	√				
1	Cannabis oil	×	×	×	×	×	×	×	×
2		×	×	×	×	×	×	×	×
3		×	×	×	×	×	×	×	×
4		×	×	×	×	×	×	×	×
5		14	12	M & F*	√	√	√	√	√
1	Alcohol	×	×	×	×	×	×	×	×
2		×	×	×	×	×	×	×	×
3		×	×	×	×	×	×	×	×
4		×	×	×	×	×	×	×	×
5		14	14	Males	√			√	

* Male & female, though predominately males

^ Use of drug during school time first reported in Year 3

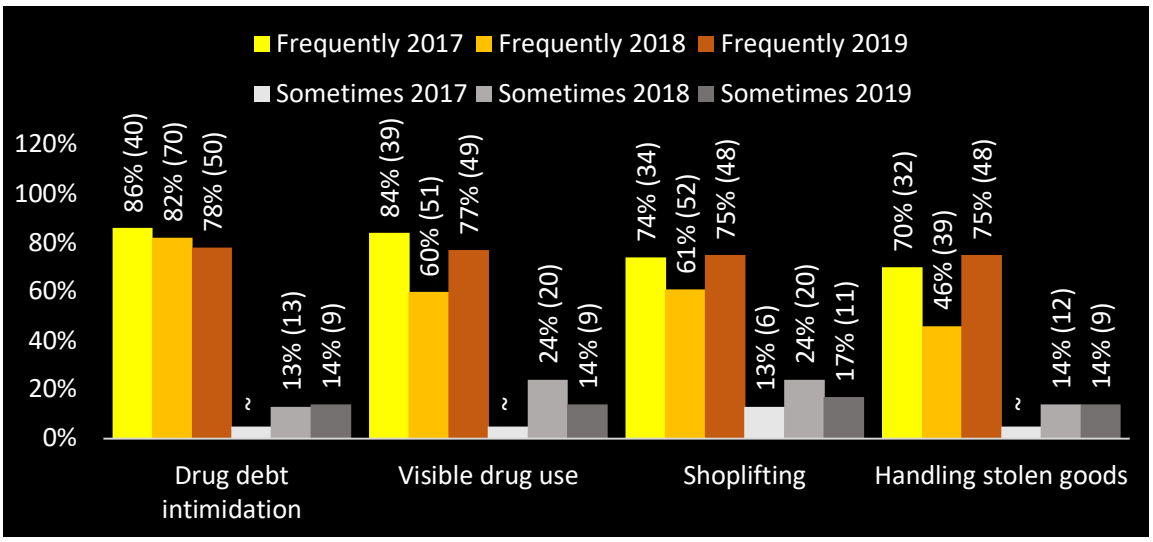
~ Use of drug during school time first reported in Year 4

× Use of drug during school time first reported in Year 5

3) DRUG AND ALCOHOL-RELATED CRIME

All five years of the DATMS reported the existence of drug-related crime in Dublin 15. From 2017 to 2019, participants reported perceptions concerning the frequency with which drug-related crime occurred (Charts 7.30 to 7.33). Since Year 3, drug debt intimidation has been the most frequently reported drug-related crime.

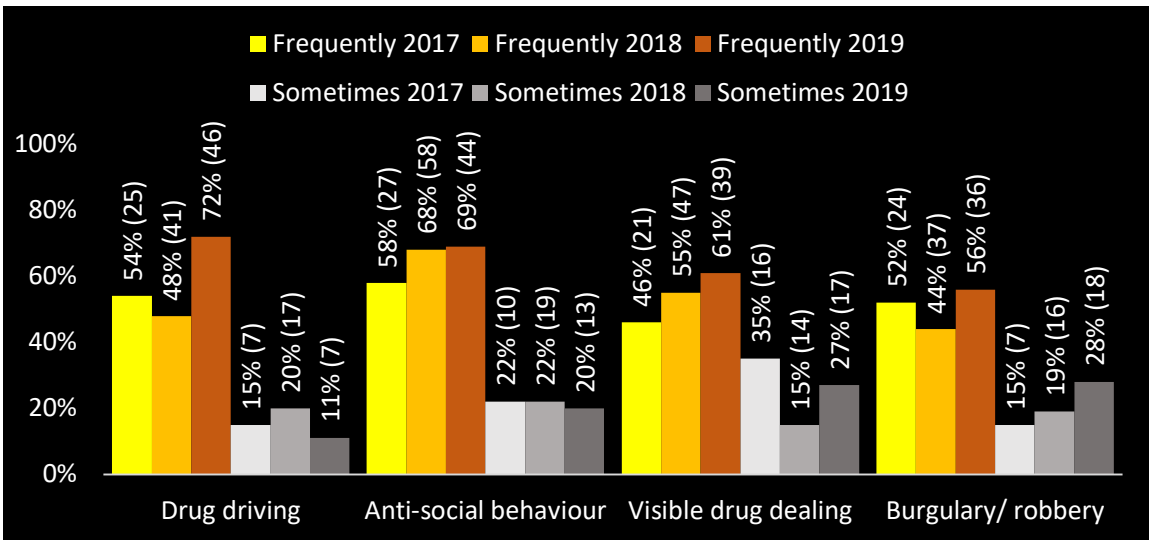
Chart 7.30: Frequency of drug-related crime in Dublin 15, DATMS Year 3 to 5 (2017-2019)



~ Number too small to be reported (5 or less)

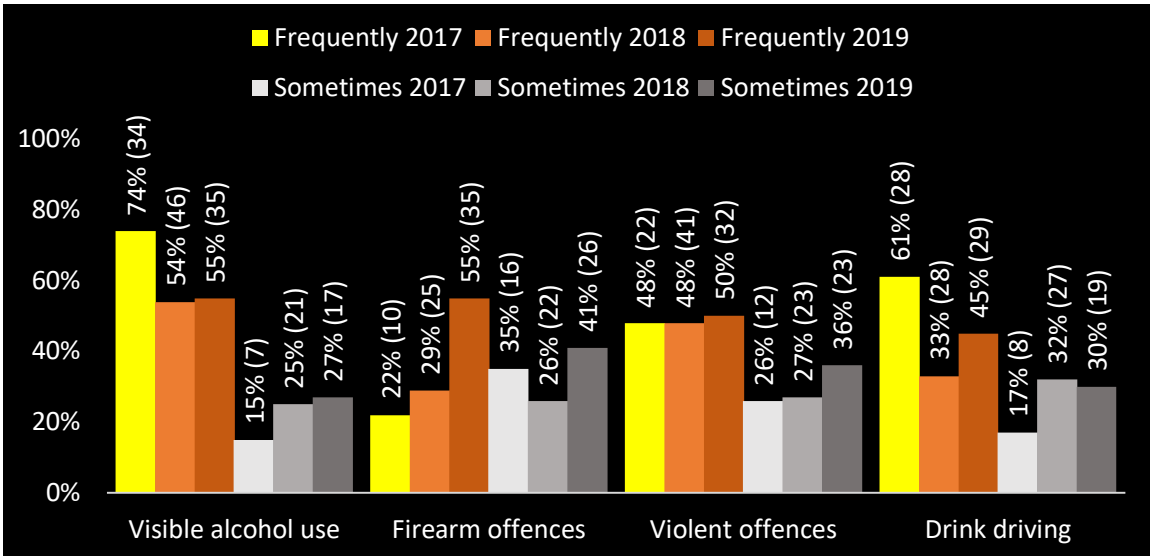
Category totals less than 100% as category 'unknown' removed

Chart 7.31: Frequency of drug-related crime in Dublin 15, DATMS Year 3 to 5 (2017-2019)



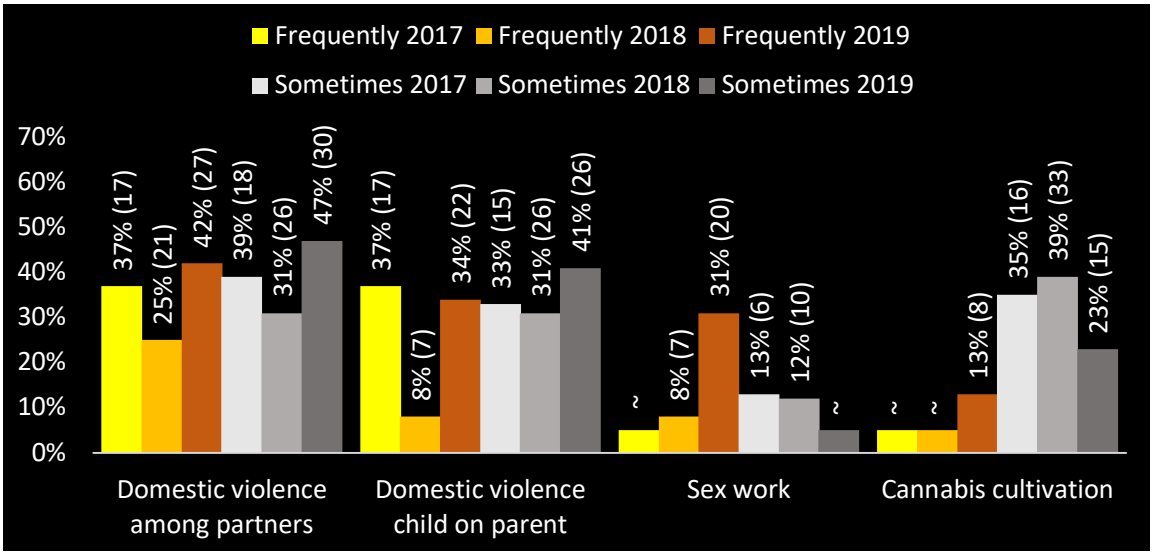
Category totals less than 100% as category 'unknown' removed

Chart 7.32: Frequency of drug-related crime in Dublin 15, DATMS Year 3 to 5 (2017-2019)



Category totals less than 100% as category 'unknown' removed

Chart 7.33: Frequency of drug-related crime in Dublin 15, DATMS Year 3 to 5 (2017-2019)

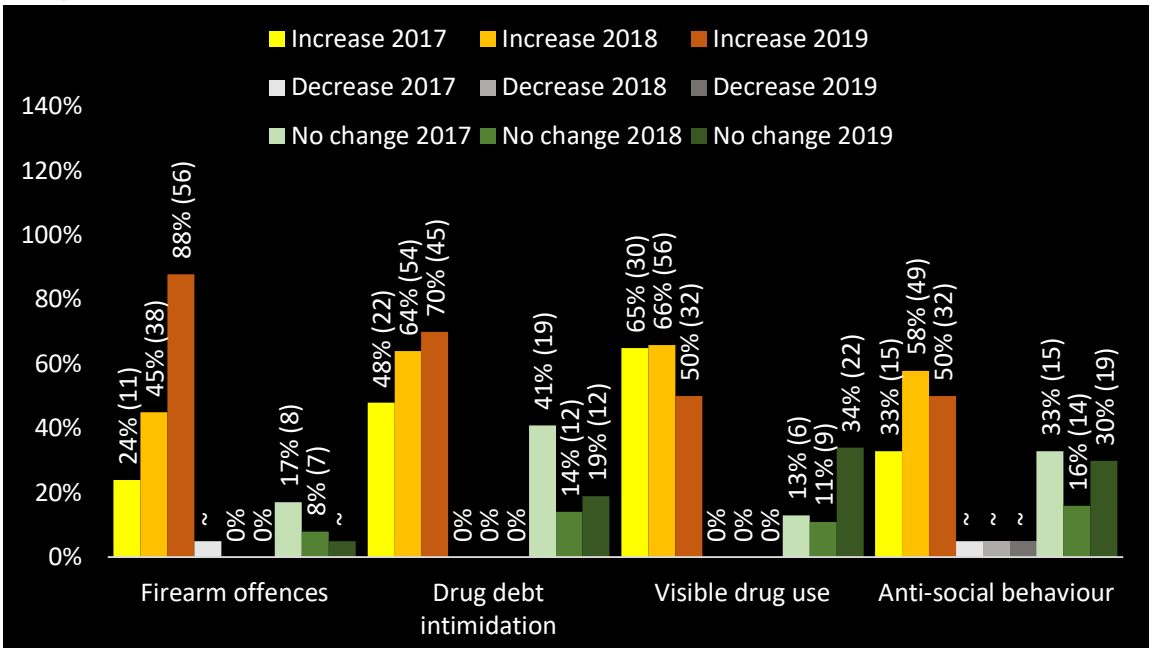


~ Number too small to be reported (5 or less)

Category totals less than 100% as category 'unknown' removed

Participants reported perceived changes in the frequency of drug-related crime from Year 3 to 5 (Charts 7.34 and 7.37). Since Year 3, an increase in the frequency of drug debt intimidation has been reported. Year 5 reported an increase in firearm offences due to feuding between local drug gangs.

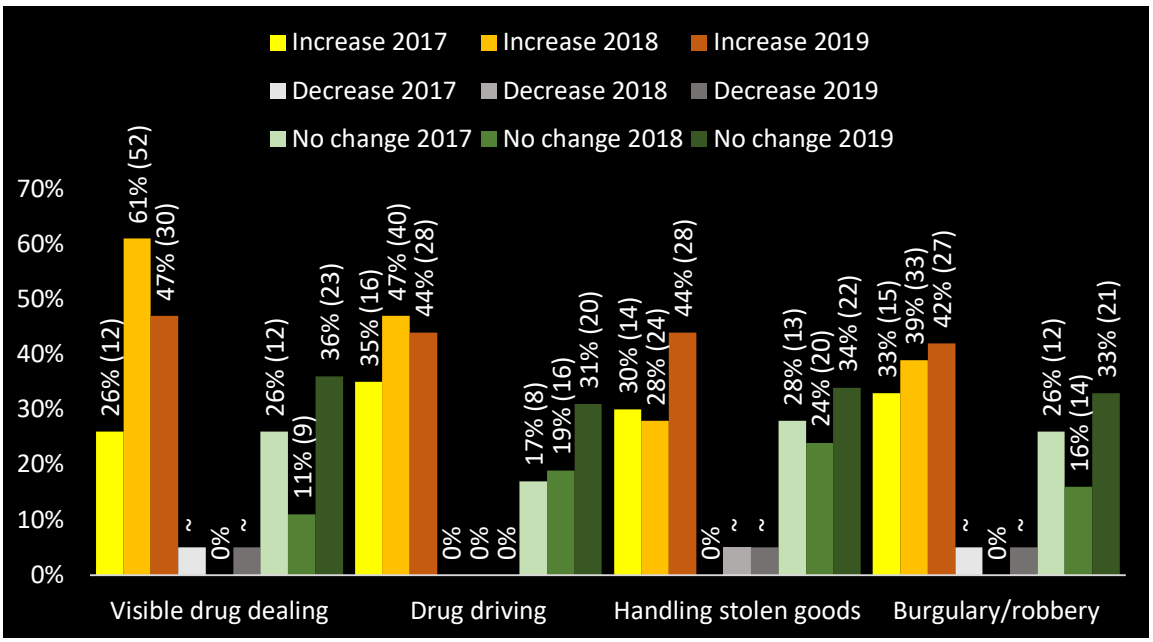
Chart 7.34: Changes in frequency of drug-related crimes in Dublin 15, DATMS Year 3 to 5 (2017-2019)



~ Number too small to be reported (5 or less)

Category totals less than 100% as category 'unknown' removed

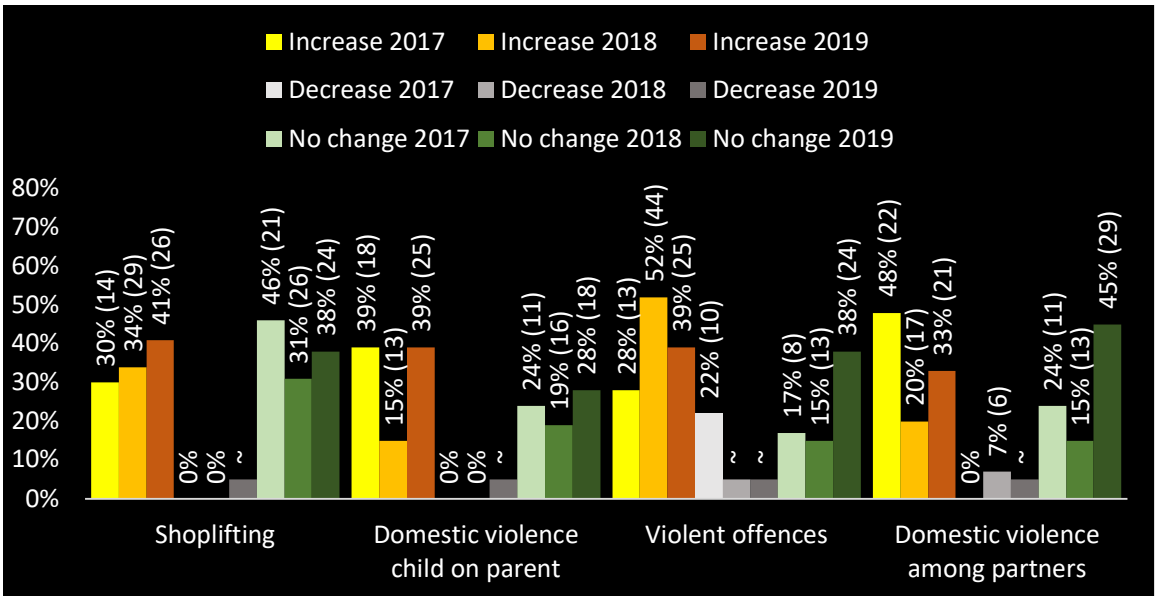
Chart 7.35: Changes in frequency of drug-related crimes in Dublin 15, DATMS Year 3 to 5 (2017-2019)



~ Number too small to be reported (5 or less)

Category totals less than 100% as category 'unknown' removed

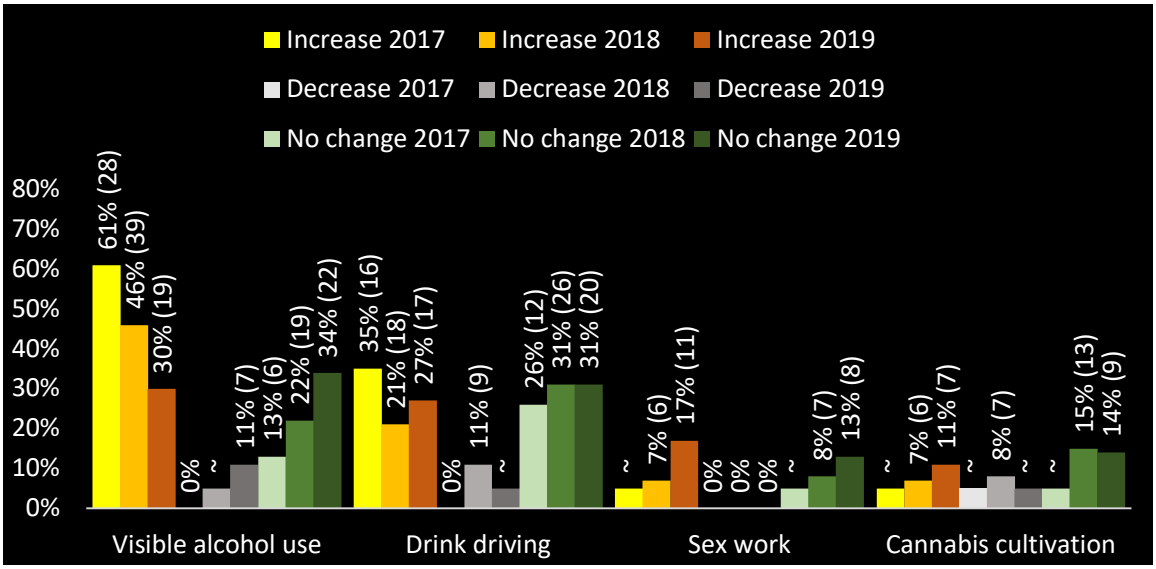
Chart 7.36: Changes in frequency of drug-related crimes in Dublin 15, DATMS Year 3 to 5 (2017-2019)



~ Number too small to be reported (5 or less)

Category totals less than 100% as category 'unknown' removed

Chart 7.37: Changes in frequency of drug-related crimes in Dublin 15, DATMS Year 3 to 5 (2017-2019)



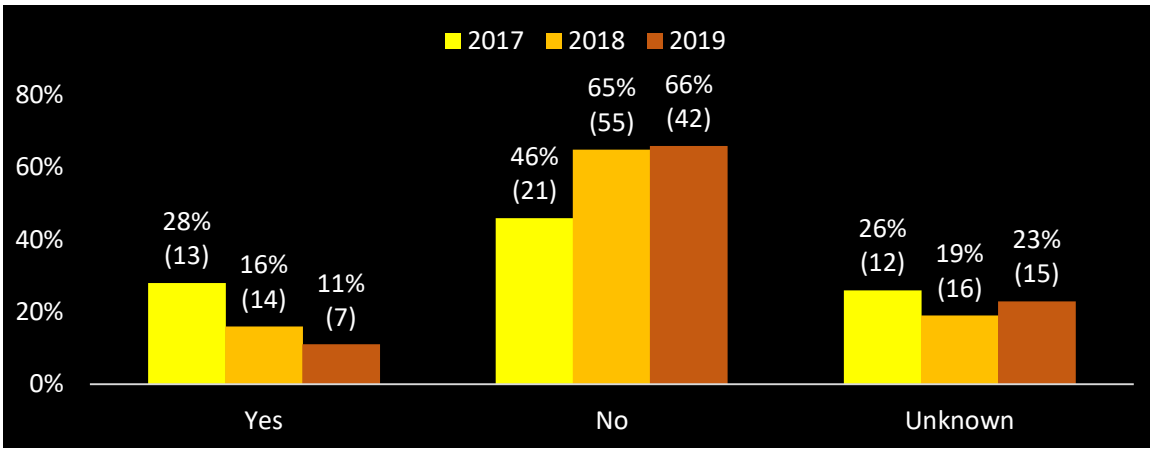
~ Number too small to be reported (5 or less)

Category totals less than 100% as category 'unknown' removed

Drug debt intimidation

Similar to previous DATMS reports, drug debt intimidation takes many forms including forcing victims to hold or deal drugs or hold firearms to pay off debts. This could partly explain the perceived increase in the number of people dealing drugs since Year 2[30]. Gardai intervention was rarely sought (Chart 7.38), with victims and families paying debts to protect their families.

Chart 7.38: Reporting of drug debt intimidation to Gardai, DATMS Year 3 to 5 (2017-2019)



From Year 3 to 5, participants reported that drug debt intimidation was rarely reported to the Gardai because:

- Victims were fearful the intimidation would escalate
- Victims were fearful of highlighting their criminal activity
- Perception that Gardai did not have the capacity to eradicate the intimidation

Gardai data for Year 1 and 2 stated that the number of families reporting drug debt intimidation to Gardai were too small to be reported (to protect anonymity). In Year 3 and 4, An Garda Síochána reported that drug debt intimidation remains an issue in Dublin 15, though due to the confidentiality of the Drug Related Intimidation Reporting Programme no data concerning these drug-related offences could be provided. Year 5 reported an increase in the number of drug debt intimidation cases reported to the Drug Related Intimidation Reporting Programme. An Garda Síochána reported that this increase was more likely due to an increase in awareness about the service rather than an increase in the incidence of this crime. While it is difficult to quantify the extent of drug debt intimidation in Dublin 15, as reported above, since Year 3 participants continue to report an increase in the incidence of this drug-related crime.

[30] Reported in the chapter 'Factors contributing to drug use'

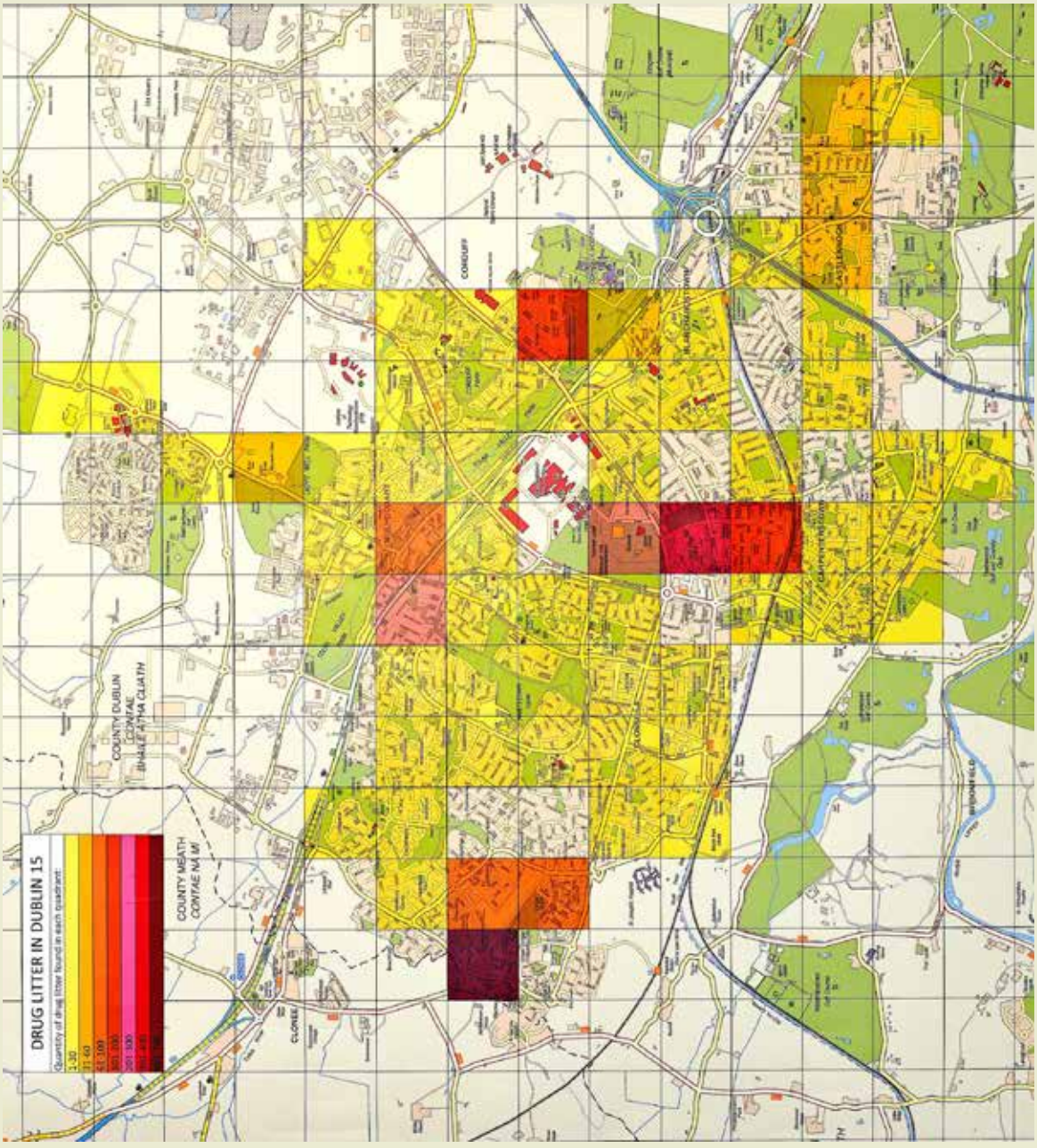
8. DRUG-RELATED LITTER

Since the first DATMS we have focused on drug-related litter as a way of evaluating the real levels of drug use within Dublin 15. Drug-related litter is defined as drug paraphernalia that has been improperly discarded. It provides a way to add to existing information sources about local drug use. Drug-related litter is tangible, incontrovertible proof of drug use in the area in which it is found. It is a current indicator of the type of drugs being consumed and the methods of use.

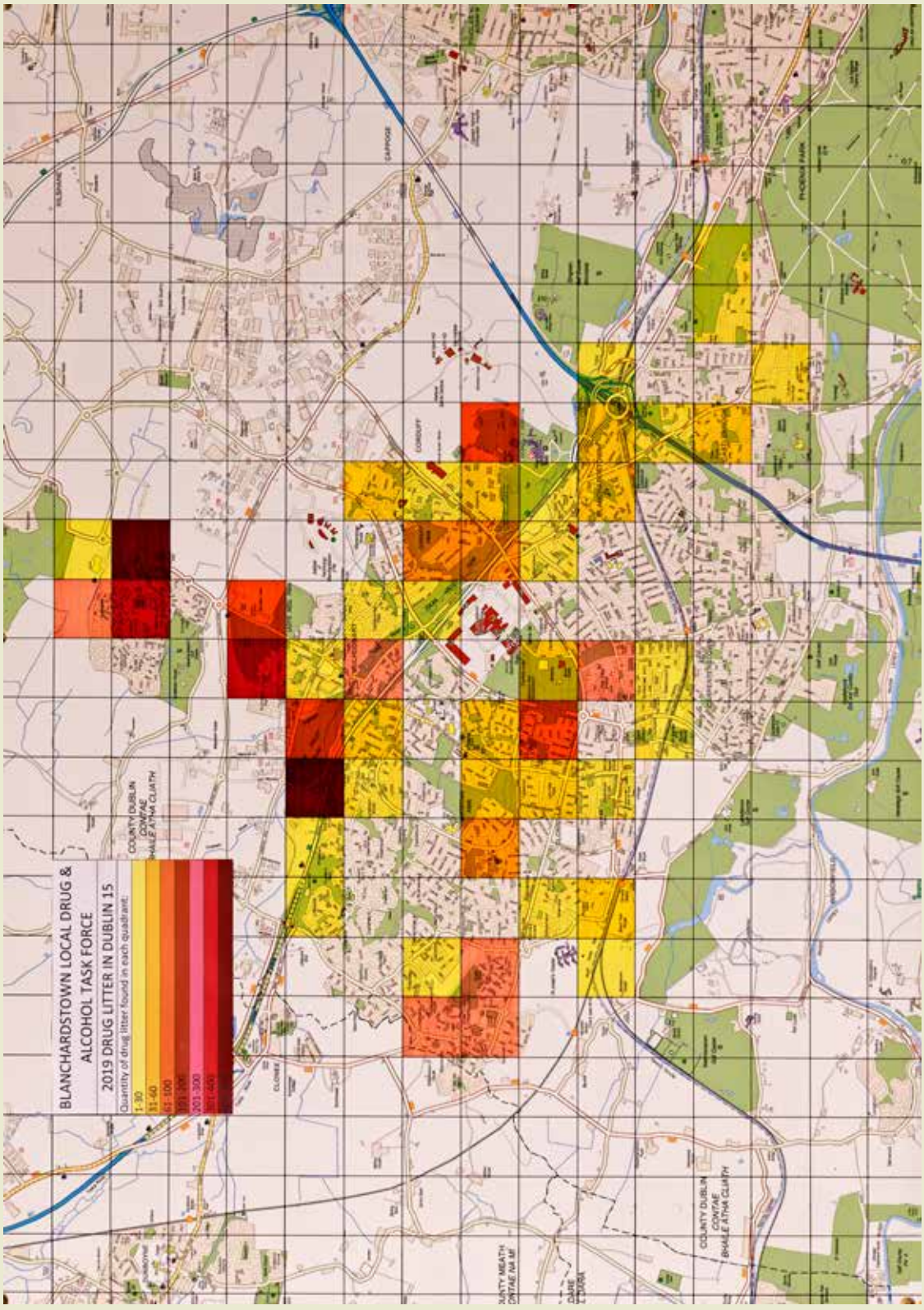
In Year 1 we examined the visibility of drug use in six local communities. We did this by walking throughout these neighbourhoods and photographing what we found. Each photo was geo-tagged. In Year 2 and 5, we mapped this litter and extended the survey to the whole of Dublin 15. In Year 2 we reached some conclusions that were also evident in Year 5:

- Year 2 and 5 identified a large geographical spread of drug litter throughout Dublin 15, identifying drug and alcohol use is a community wide issue crossing all socio-economic boundaries
- In Year 2, the largest concentrations of drug litter were found outside areas more traditionally associated with drug use; in Year 5, the largest concentrations of drug litter were found throughout Dublin 15, in areas associated with both affluence and socio-economic deprivation
- Concentrations of drug litter did not always correlate with the distribution of existing service users indicating the presence of drug user who have not engaged with services
- Concentrations of drug litter in close proximity to schools

YEAR 2 Drug Litter in Dublin 15



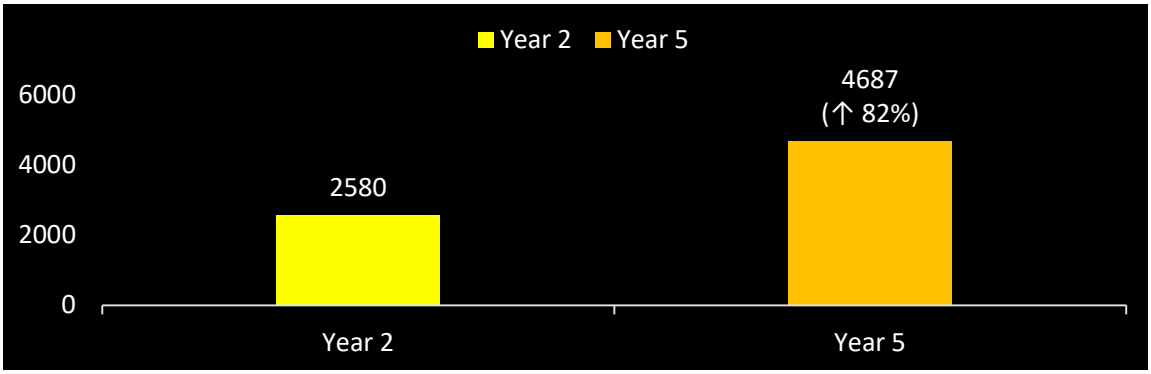
YEAR 5 Drug Litter in Dublin 15



YEAR 5 (2019)
DRUG LITTER IN DUBLIN 15

The following analysis involves a comparison of drug-related litter found in Year 2 and 5. From Year 2 to 5, there was an 82% increase in the amount of drug-related litter found in Dublin 15 (Chart 8.1). This may be due to an increase in the use of alcohol and drugs within the community. In several areas throughout Dublin 15, residents and community groups remove drug-related litter on a regular basis. It is interesting to note that if this activity was not in place more drug-related litter would have been reported in Year 2 and 5.

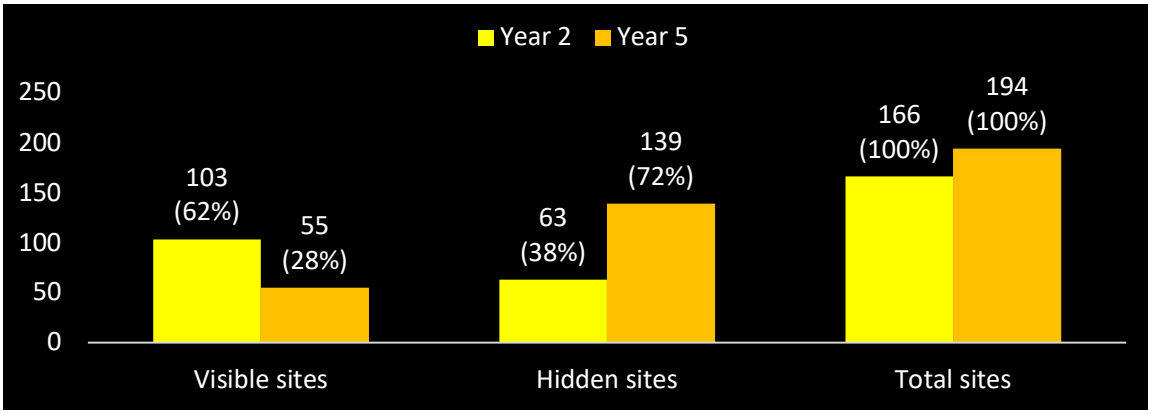
Chart 8.1: Amount of drug-related litter, DATMS Year 2 and 5 (2016 & 2019)



VISIBLE AND HIDDEN DRUG LITTER SITES

Drug-related litter was found in visible and hidden locations throughout Dublin 15. Hidden sites included areas where the environment provided privacy for the use of drugs. These areas are places that are covered by trees, in parks, behind walls or in derelict buildings. Visible sites included a range of locations such as housing estates, on roads, at shops or in parks. From Year 2 to Year 5, drug-related litter has become less visible in Dublin 15 (Chart 8.2).

Chart 8.2: Number of drug litter sites by type, DATMS Year 2 and 5 (2016 & 2019)

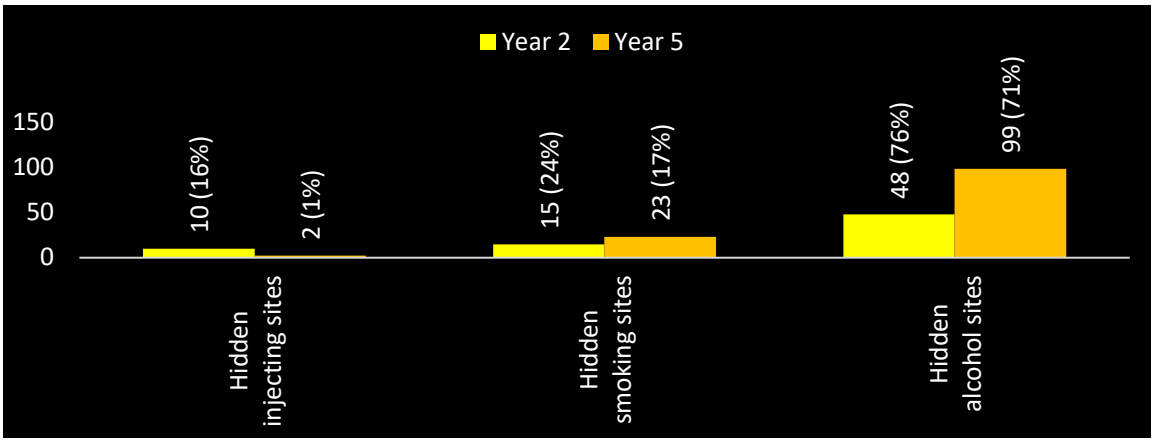


- In Year 2 and 5, the highest concentrations of drug-related litter were at the hidden sites, suggesting these sites were used for drug consumption
- From Year 2 to 5, there was an increase in the number of hidden sites used

for smoking drugs and drinking alcohol, and a decrease in the number of sites for injecting drug use (Chart 8.3); these sites were located in both affluent and socio-economically deprived communities[31]

- 63 (45%) of the hidden sites used for alcohol and/or drug consumption in Year 5, were found in Year 1 or 2; thus, evidence that these sites have been used repeatedly over a five-year period

Chart 8.3: Number of hidden drug litter sites by type, DATMS Year 2 and 5 (2016 & 2019)



The following photos show a number of hidden sites found in Dublin 15. Some of these sites were found in Year 1 or 2 and continue to be used for alcohol and drug consumption. These sites highlight how the environment supports the use of alcohol and drugs.

This first hidden site was well prepared, and the evidence suggested it was frequently used (Photos 1 to 2). This was a hidden site found in Year 1 that continues to be used for alcohol and drug consumption. The site is set within the ruins of a building; a chair provides some comfort while using drugs, and a makeshift tray has been fashioned to facilitate the preparation of drugs for smoking and injecting. Smoking and injecting equipment included homemade pipes, tin foil with traces of heroin, used stericups and an empty cigarette related to smoking cannabis. Evidence of the use of alcohol and prescribed medication (empty bottle of methadone and packet of benzodiazepines) was also found at this site.

31 Further data concerning injecting drug use is reported is the chapter 'Treated drug & alcohol use'

Photo 1

Photo 2

Photo 3 shows a hidden site in a forest. It highlights how the environment provides seclusion for the use of alcohol and drugs. This hidden site was found in Year 2 and three years later it continues to be used for alcohol consumption.

Photo 3

Photo 4 shows another hidden site in a forest. This hidden site was found in Year 2 and it continues to be used for smoking drugs and alcohol consumption. The equipment for smoking cannabis was hidden under a plastic box suggesting the site was used repeatedly. The smoking equipment included a grinder for preparing cannabis herb. Other drug-related litter included empty bottles of alcohol and empty drug bags and containers.

Photo 4

Photo 5 shows a hidden site used for the consumption of alcohol and cannabis. This hidden site was found in Year 5. The equipment for smoking cannabis includes cigarette papers and empty drug bags. Other drug-related litter included empty bottles of alcohol.

Photo 5

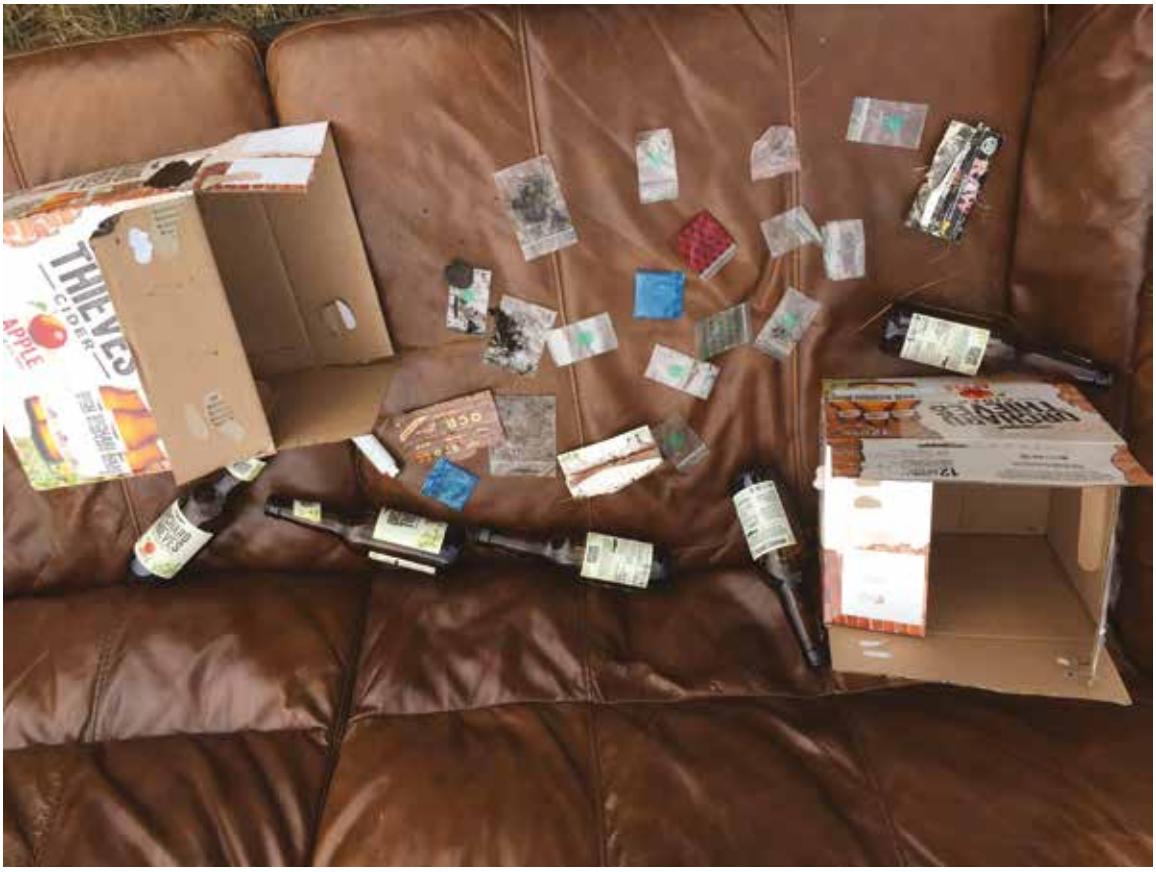


Photo 6 shows a hidden site in a park used for the consumption of heroin and crack cocaine. This hidden site was found in Year 5. The equipment for smoking crack cocaine included homemade pipes. The equipment for smoking heroin included tin foil with traces of heroin.

Photo 6

Photo 7 shows a hidden site in a forest used for alcohol and drug consumption including injecting drug use. This hidden site was found in Year 1. The equipment for injecting drugs included a syringe. Evidence of the use of alcohol and prescribed medication (empty methadone bottles and packet of zopiclone) was also found at this site.

Photo 7

ANALYSIS OF DRUG-RELATED LITTER BY TYPE

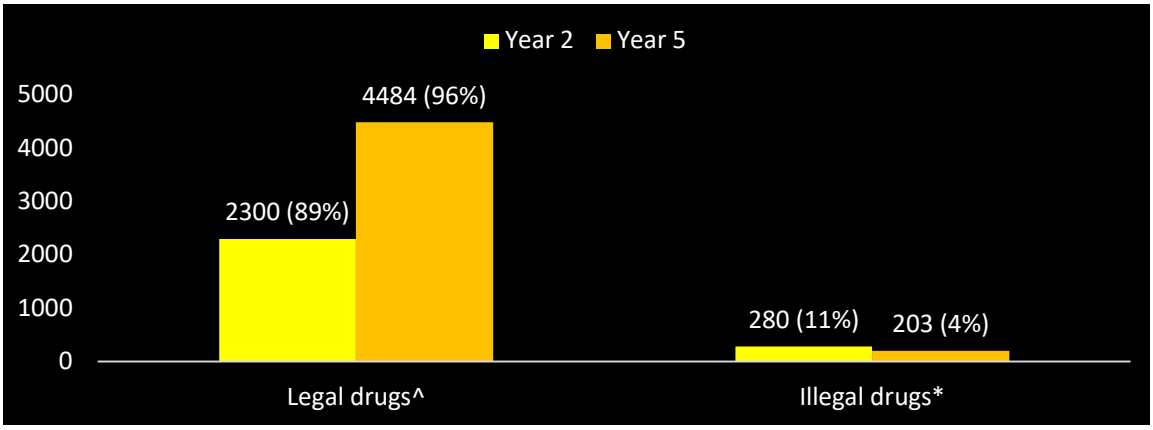
Analysis of drug-related litter found throughout Dublin 15 in Year 2 and 5 reports the following:

- Increase in amount of litter associated with legal drugs (Chart 8.4)
- Alcohol remains the most common type of drug-related litter (Chart 8.5)
- Alcohol-free-related litter was first reported in Year 5[32] (Chart 8.6)
- Increase in smoking-related litter associated with the use of heroin and crack cocaine (Chart 8.7)
- Decrease in the amount of injecting-related litter (Chart 8.8)[33]
- Benzodiazepines and z drugs were the most common prescribed drug-related litter (Chart 8.9)

[32] Further data concerning the use of alcohol-free drinks is reported in the chapter 'Untreated drug and alcohol use'

[33] Further data reporting a reduction in injecting drug use is reported is the chapter 'Treated drug & alcohol use'

Chart 8.4: Drug-related litter by legal status, DATMS Year 2 and 5 (2016 & 2019)



^ Alcohol, prescribed & over-the-counter drugs, aerosols

* Drug bags/containers, smoking and injecting equipment

Chart 8.5: Drug-related litter by type, DATMS Year 2 and 5 (2016 & 2019)

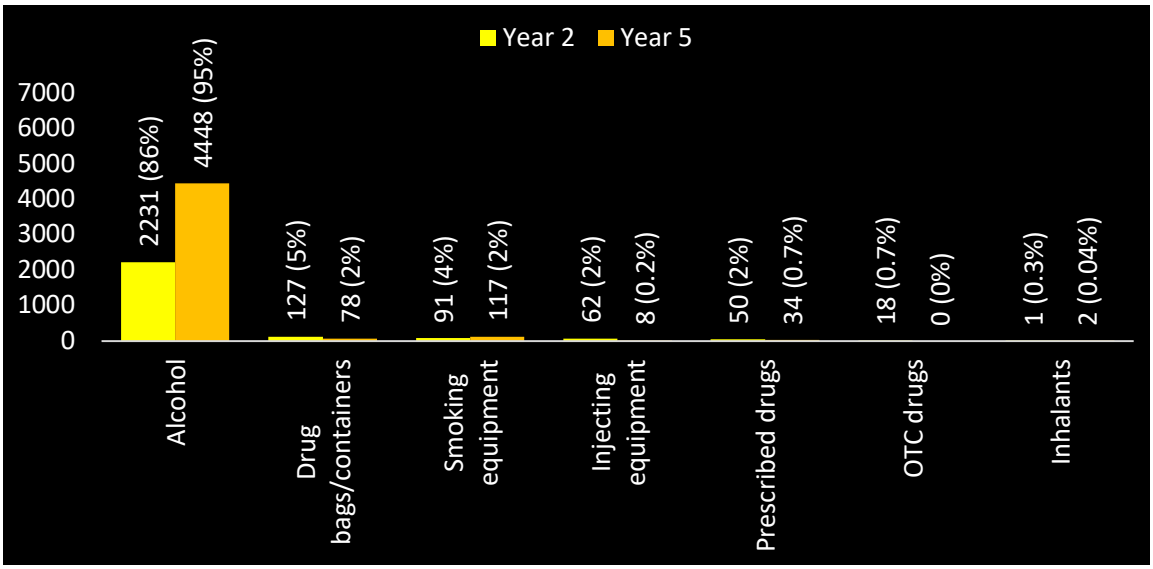


Chart 8.6: Alcohol-related litter by type, DATMS Year 2 and 5 (2016 & 2019)

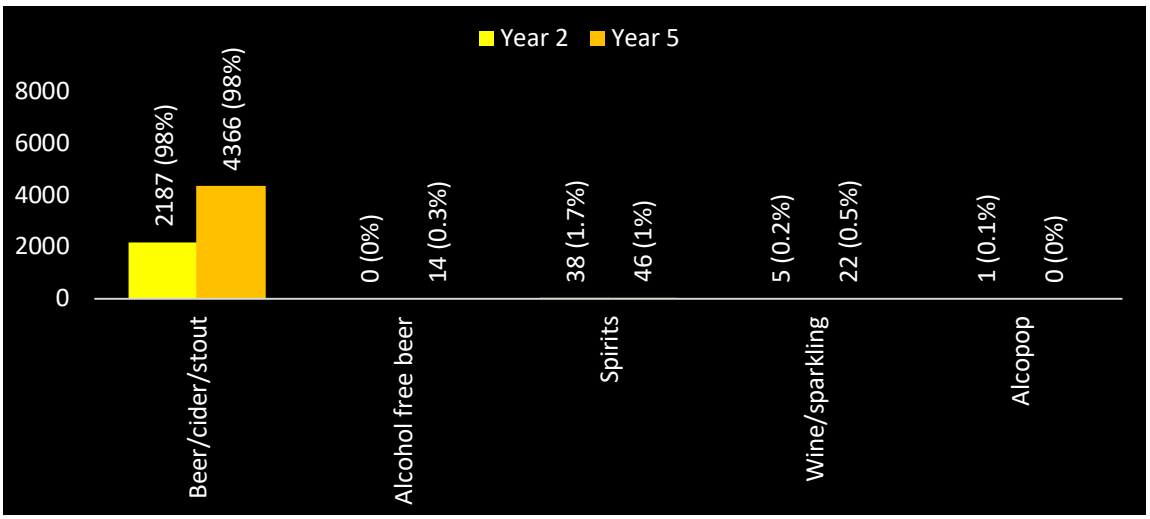


Chart 8.7: Smoking-related litter by type, DATMS Year 2 and 5 (2016 & 2019)

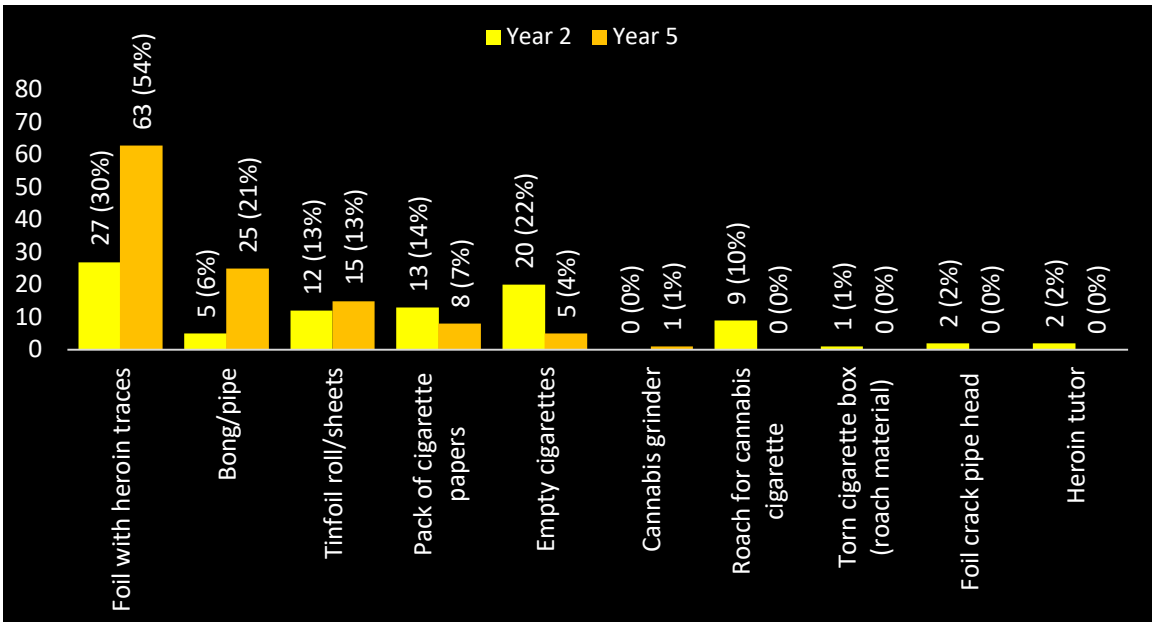


Chart 8.8: Injecting-related litter by type, DATMS Year 2 and 5 (2016 & 2019)

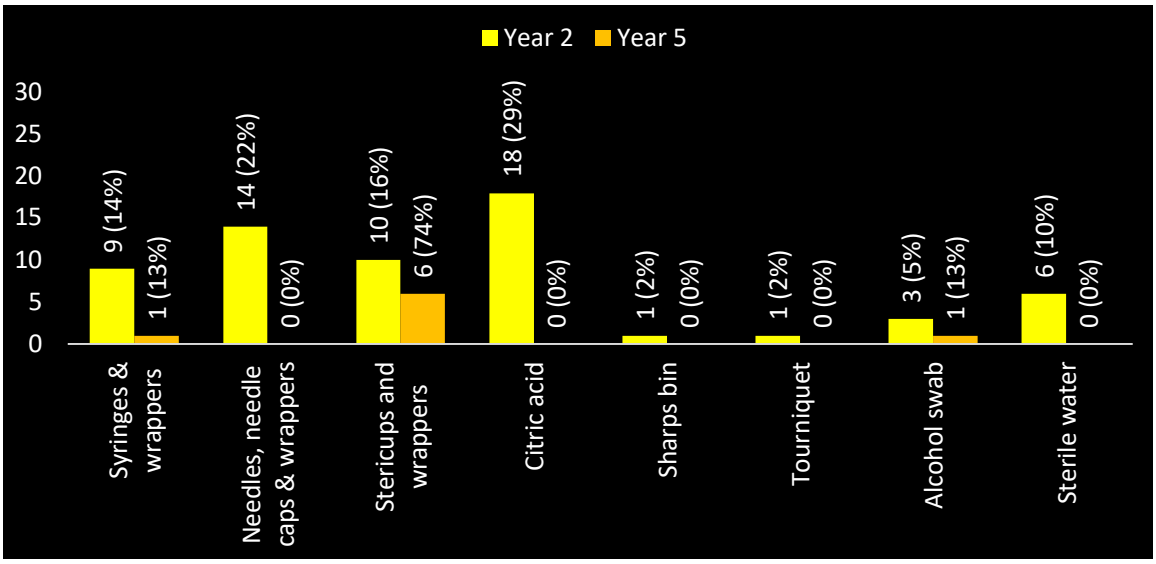
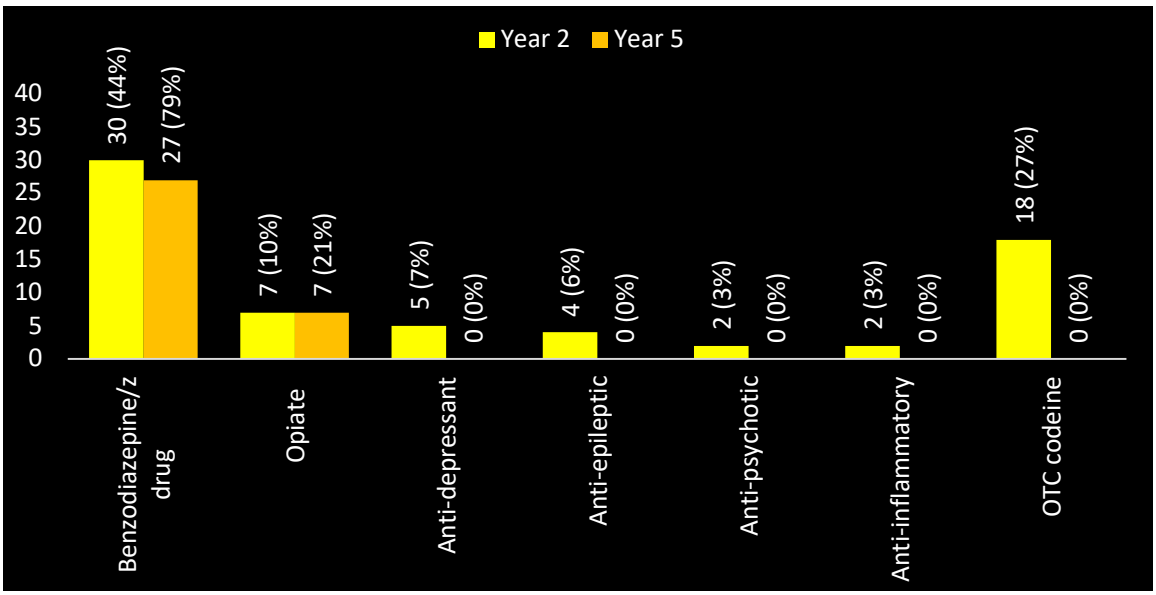


Chart 8.9: Prescribed and OTC drug-related litter by type, DATMS Year 2 and 5 (2016 & 2019)



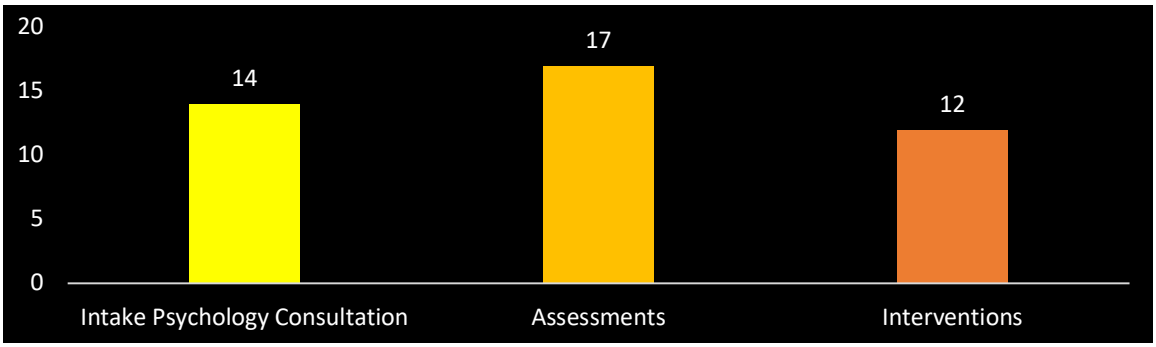
9. SCHOOL ATTENDANCE SUPPORTS

In 2017, the BLDATF determined, using research on risk factors for drug and alcohol misuse, that one of the strongest protective factors for children was school attendance. We then set about looking at factors that militated against school attendance.

One of the strongest factors is educational disability or inability. Children who need specialist services to allow them to fully participate in education face long waiting lists for such services and cannot access special educational assistance without psycho-educational and clinical assessments. As a long-term prevention intervention, the BLDATF intervened to facilitate this access for the most socio-economically disadvantaged cohort of children in the Dublin 15 area. Each year, we work in close partnership with schools to identify children in need, who are then funded to access educational and clinical assessments and concomitant therapies in a timely manner. These services are provided by a multi-disciplinary team. These services are funded by the BLDATF with support from Tusla, Child and Family Agency.

In Year 5, 17 children received support for psychological issues. This support took the form of intake psychology consultations, psychological assessments and interventions. Intake psychology consultations occurred between a parent and clinical psychologist. The aim was to establish any concerns in relation to the child's development and behaviour and assess whether the child required psychological assessment. Psychological assessments included speech and language, educational and cognitive, and teacher interviews. Teacher interviews reported an educational perspective concerning the child's progress and participation in class, and an emotional and behavioural perspective with their peers. Psychological interventions included occupational therapy and cognitive behavioural therapy. A breakdown of support received is reported in the chart below (Chart 9.1).

Chart 9.1: Psychological service provision, DATMS Year 5 (2019)



10. SERVICE PROVISION

This section reports strengths and gaps in local service provision identified by research participants in Year 5.

STRENGTHS OF ADDICTION SERVICES IN DUBLIN 15

Strengths **underlined** were also reported in previous DATMS reports.

- The Dublin 15 addiction services offer a continuum of care from low threshold to stabilisation, to drug free and rehabilitation programmes for young people and adults
- The service provision for family members affected by drug use has been improved with the operation of BLDATF Family Support Service and D15 CAT
- Family support groups (both peer and facilitated) provide supportive and non-judgemental environments for family members affected by drug use
- The service provision of a methadone maintenance clinic has been improved with the ability to screen patients for cannabis use and the use of suboxone for opiate dependence (codeine and heroin)
- Availability of naloxone for opiate users on early discharge from Coolmine Lodge and Ashleigh House due to high risk of overdose

GAPS IN SERVICE PROVISION IN DUBLIN 15

Gaps **underlined** were also reported in previous DATMS reports. Barriers to accessing treatment and to social rehabilitation are highlighted in ***italics***.

EDUCATION & PREVENTION

- Improve drug prevention programmes for under 18s; service provision to include:
  - Information about drug use, mental health and reducing the stigma associated with seeking help for drug or mental health issues
  - Drug education prevention training for secondary school guidance counsellors
- Increase knowledge of local service provision on a local and targeted basis; service provision to include:
  - Public awareness of service provision
  - Encourage help seeking behaviours and highlight confidentiality of service provision
- Training/apprenticeships required for early school leavers
- Increase access to skills-based parenting courses; service provision to include one-to-one support in the home setting

TREATMENT

- Improve treatment programmes young people aged 18 to 25 years; service provision to include:
  - Work experience/apprenticeships
  - Service provision to *pro-actively attract the most vulnerable and hard-to-reach as most young drug users do not perceive the need for treatment*
- Improve accessibility of treatment programmes; service provision to include:
  - *Part-time day programmes for women who have children*
  - *Improve access to childcare*
  - *Develop a stabilisation programme for non-opioid polydrug users; service provision to be provided on a one-to-one capacity in preparation for group work*
  - *Increase one-to-one keyworking capacity in D15 CAT; group programmes were reported to be a barrier to accessing treatment for alcohol and cannabis use*
  - *Improve access to D15 CAT cannabis programme; the service supports young people aged up to 25 years, there is the need for this service for people aged 25 years and over*
  - Out-of-hours treatment service including weekends
  - Drop-in service provision for drug users and family members; service provision to include homeless service providing food, showers, referrals to housing supports
  - Increase access to harm reduction services; service provision to include pipes for smoking crack cocaine
- Improve access to naloxone, the antidote to an opioid overdose
- *Integrate counselling and rehabilitation services into methadone maintenance treatment*
- Improve access to benzodiazepine and heroin detoxification programmes including community-based services
- Increase access to counselling, mental health clinical assessments and treatment services for children, young people and adults; service provision to include:
  - Out-of-hours services
  - A comprehensive dual diagnosis service for the treatment of all drug types involving partnerships with community, voluntary and statutory mental health and addiction services
  - *In-school counsellors in both primary and secondary schools that are free of charge*

REHABILITATION

- Improve access to aftercare services; service provision to include:
  - Drug-free social club
  - Facilitated support services
- *Increase access to training, employment and apprenticeships*
- *Increase access to housing*

REFERENCES

Central Statistics Office (2006, 2011, 2016) Electoral Division and Small Area Analysis Pobal Maps CSO Population Census 2006, 2011, 2016. Downloaded from www.census.cso.ie

European Monitoring Centre for Drugs and Drug Addiction (2020) *European Drug Report 2020: Trends and Developments.* Publications Office of the European Union, Luxembourg.

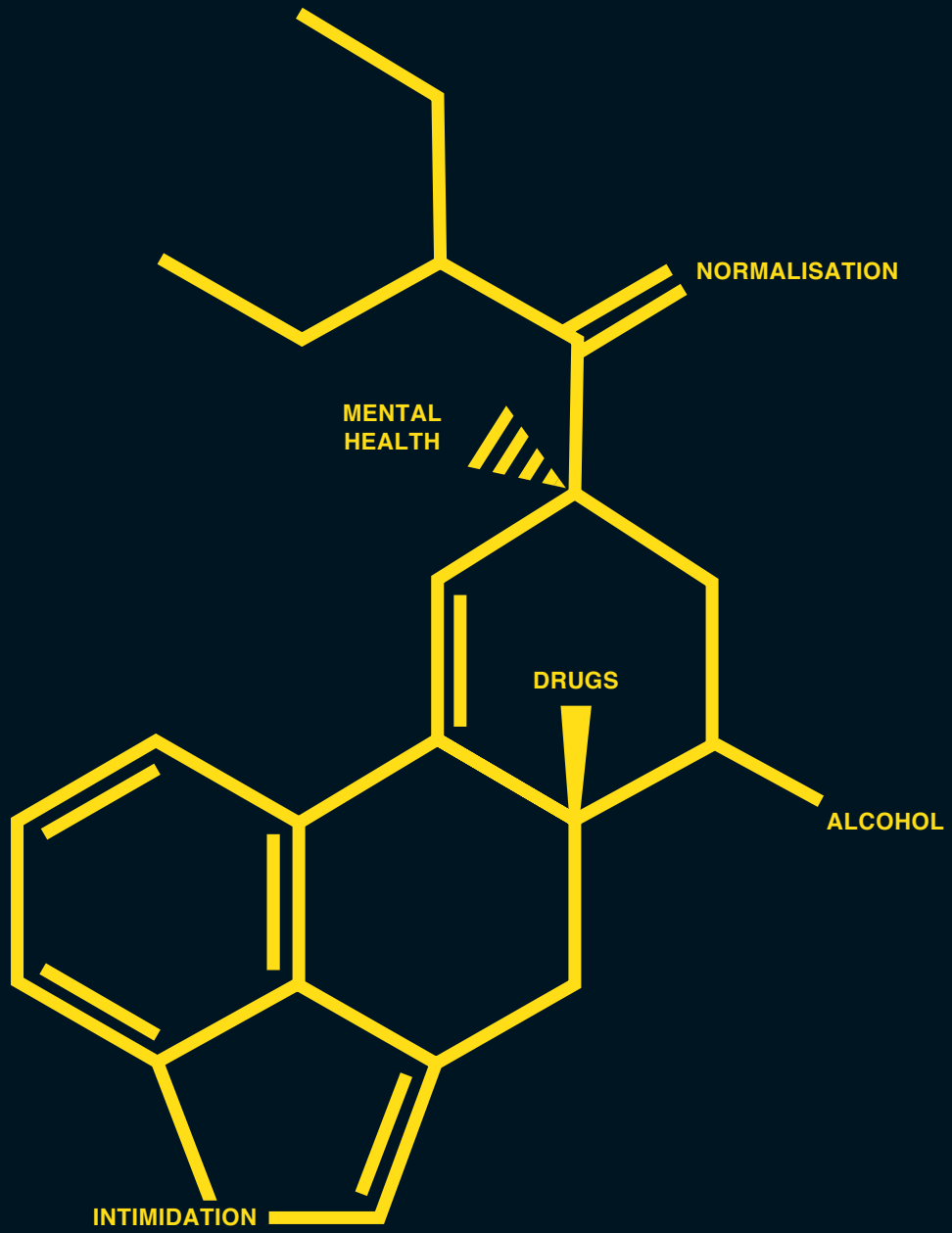
Galligan K & Comiskey C (2019) *Hidden harms and the number of children whose parents misuse substances: A stepwise methodological framework for estimating prevalence, substance use and misuse.* Substance Use & Misuse, Early online.

Health Research Board (2019) *National Drug-Related Deaths Index 2008 to 2017 data*. Available at: http:/www.drugsandalcohol.ie/31275 and at www.hrb.ie/publications

National Advisory Committee on Drugs and Alcohol (2016) *Prevalence of drug use and gambling in Ireland and drug use in Northern Ireland. Bulletin 1.* Dublin: National Advisory Committee on Drugs and Public Health Information and Research Branch, Dublin.

Winstock AR, Barratt MJ, Maier LJ, Aldridge A, Zhuparris A, Davies E, Hughes C, Johnson M, Kowalski M and Ferris JA (2019) *Global Drug Survey (GDS) 2019 Key Findings Report*. Available at: https://issuu.com/globaldrugsurvey/docs/gds2019_key_findings_report_may_16_

NORMALISATION
MENTAL
HEALTH
DRUGS
ALCOHOL
INTIMIDATION



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

BLANCHARDSTOWN
Local Drugs & Alcohol Task Force

An Roinn Sláinte
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