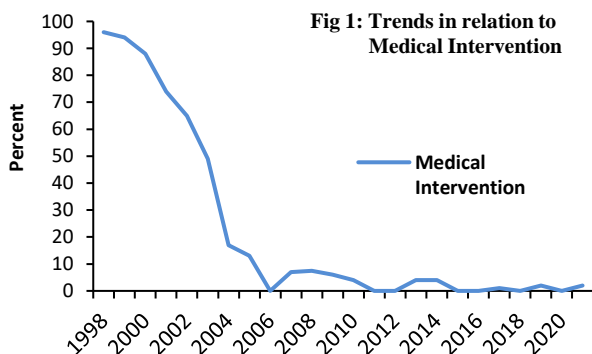


Adolescent Addiction Service Report 2022

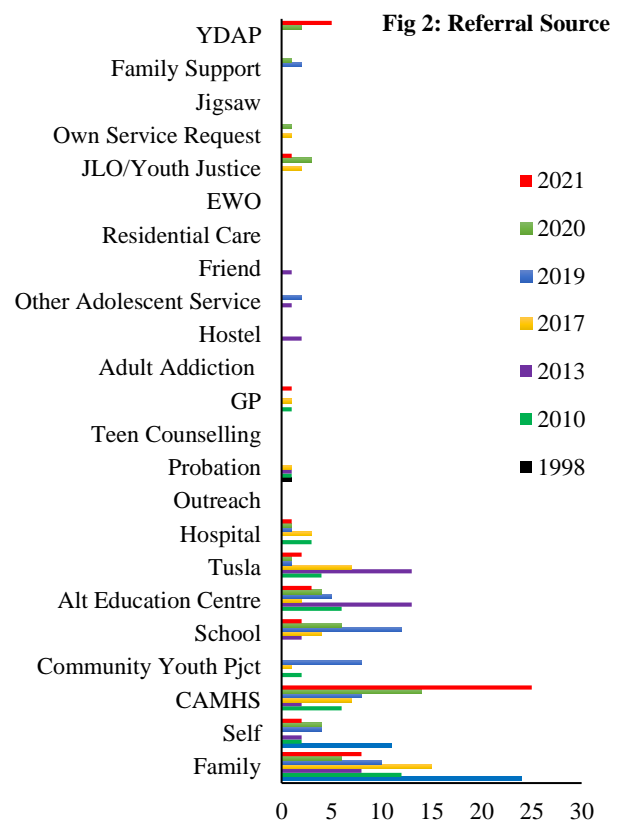
This year marks the twenty fifth anniversary of the establishment of service in response to heroin crisis in 1990s. The service was set up initially within a clinic setting (Fortune House) where methadone (opiate substitute) was prescribed and was the primary intervention provided to young people up to 2003 in addition to Family Therapy until a point was reached after which the service was treating less than 50% of clients outside of structured programme and without medication. As a result the medical and therapeutic components of programme were separated in January 2004 due to the fact that decreasing numbers of young people were presenting with problems in relation to heroin use or at a point where they required medical intervention (see fig.1). Additionally, parents' reported feeling uncomfortable about attending a clinic where adults also attended for methadone.



In 2021 the Adolescent Addiction Service worked with 50 young people and their families with a mean age of 15.5 years (range 13-18 years). In comparison to 2020 referrals were up by 25%. However 10% were from outside of catchment area and as a result 6% were referred to services within their own area. The majority of referrals (70%) were male, which reflects a reduction on 2020 when 82% were male and 6% were Non-Irish nationals, reflecting a decrease of 7% compared to 2020. Similar to previous year's referrals were received from a broad range of services. See Fig.2 for a comparison with previous years. Of note is 80% increase in

referrals from CAMHS which reflects the extent of dual diagnosis among young people who access service.

Similar to 2020 the service continued to meet with young people and families face to face while complying with all Covid-19 procedures in order for service users and their families to be able to access service safely. In accordance with Covid-19 guidelines service users were advised not to attend if they had covid-19 symptoms and masks were worn at times when proximity was less than two meters. It was requested that service users phone when they arrived at complex so as to avoid having to wait around in reception area.



In addition to direct work with young people and families the service engaged in consultations with professionals and services about young people for whom there were concerns in relation to substance misuse and participated in meetings and research with Ballyfermot and Clondalkin communities and research commissioned by Mental Health Reform into Dual Diagnosis. The service gave presentations to South Dublin Children and Young Persons Services Committee (CYPSC), South/West Dublin JIGSAW staff team as well as to Irish Narrative Inquiry Conference. Additionally, the service contributed

to teaching module on Masters Programme in Addiction Recovery, Trinity College Dublin.

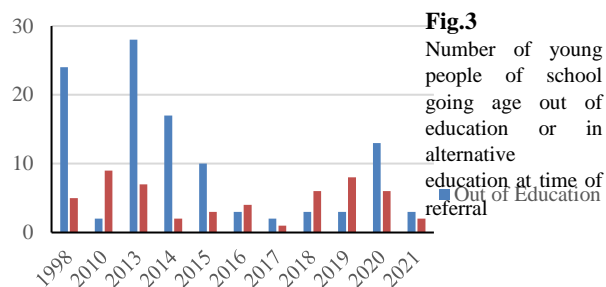
The numbers of young people attending the service of school going age, who were out of education/training at time of referral was difficult to ascertain due to schools closures from January to April. As such numbers are recorded on the basis of referral information, see Fig.3 for comparison with other years. For some young people participation in remote learning was an issue due to absence of technology.

The extent to which young people had previous/current contact with CAMHS was 72% compared to 59% in 2020. All attendees were known to a number of agencies and on average the service had contact with three other agencies on behalf of young people (range: 1-5) in addition to other concerned persons.

The extent to which substance misuse featured within families was slightly higher at 42% compared to 41% in 2020. The incidence of parental separation was lower at 28% compared to 34% in 2020 and 4% had one parent deceased. In terms of referral areas, the greatest numbers of referrals were from Clondalkin, followed by Lucan and Ballyfermot. While five referrals were received from outside of catchment area three of these referrals were directed to services in their own area. See Fig.4 for comparison with previous years.

Cannabis/Weed continues to be the primary substance of use with an overall use rate of 96% while Alcohol featured among 54% of attendees, which reflects a reduction of 15% compared to 2020. Other substances of use included Cocaine 16% reflecting a 10% reduction on 2020 and Benzodiazepines featured among 16% of referrals reflecting a reduction of 8% on 2020. Ketamine featured among 8% of referrals and Amphetamines use was at 6%, with edibles such as cookies, muffins or jellies at 4%. Solvents or Head Shop type products did not feature among young people's substance use but 8% admitted to taking Nitrous Oxide on occasion. Opiates did not feature except as a result of use of over the counter medication and was ceased upon advice. Other issues presented related to increased incidents of self-harm, suicide ideation, depression, dissociation and anxiety compounded by school and other service closures resulting in absence of

structure and routine. Additionally, absconding, indebtedness, holding distributing or dealing drugs as well as being inveigled into money laundering were also issues in some instances. Tusla Social Work or Family Support Service was involved in some cases and 34% had a Juvenile Liaison Officer. The service also submitted Child Protection Notifications and participated in a number of Tusla Meitheal meetings which were convened over Microsoft Teams in order to comply with Covid-19 restrictions.



The majority of young people 90% were seen by Family Therapist only, with 10% having Psychiatric Assessment and 4% received short term prescription intervention with referral to CAMHS where indicated. As in previous years most young people had established patterns of substance use prior to referral with an average of 17 months (range: 1-60 months). As a consequence some young people struggle to maintain drug free status but most reach stability and many achieve drug free status and maintain abstinence. As always the challenge within community is for parents and non-parental adults to identify young people within risk groups at early stage and to elevate concern for them by making referrals in a timely manner. But, given the level of tolerance for substance use within community and petitions for the legalization of all drugs, young people are being given mixed messages with some adults not fully appreciating the consequences of substance use for young people.

