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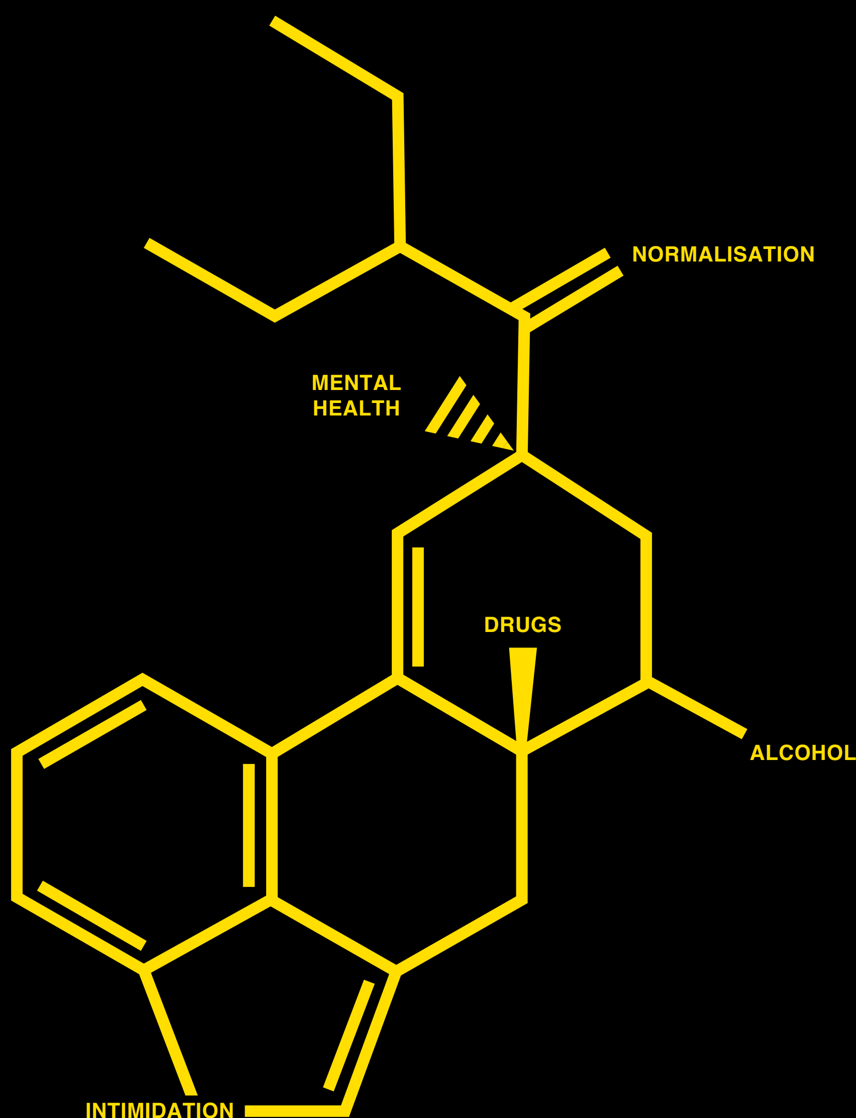
Blanchardstown Local Drug and Alcohol Task Force

Drug and Alcohol Trends Monitoring System (DATMS) 2021: Year 6

The value of community-based addiction services: I know I'd still be drinking if it wasn't for this service… I'd be dead without it



NORMALISATION

MENTAL
HEALTH

DRUGS

ALCOHOL

INTIMIDATION

Janet Robinson and Jim Doherty
Researchers

NORMALISATION

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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.

1. EXECUTIVE SUMMARY

RESEARCH OBJECTIVES AND 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 sixth year of our DATMS, and it deviates from the trend reports previously produced. A longitudinal qualitative study has been completed to increase understanding of the subjective experience of clients attending local services, and the impact of drug and alcohol use on the individual and their families. The impact local service provision has in supporting people was also explored. Since March 2020, Covid-19 has influenced programme participation and implementation. Thus, the impact of Covid-19 on local community services has also been explored. Drug-related litter has been included to record any changes in the amount of litter found during the pandemic with the amount found previously. Treatment demand data has been presented to ensure the continuity of the trend monitoring system.

THE IMPACT OF COVID-19 ON SERVICE PROVISION

In 2020 and 2021, the implementation of Covid-19 health and safety policies led to fluctuations in demand for services. A decrease in demand was associated with staff redeployment. An increase in demand was associated with an increase in drug consumption as a coping strategy for the social isolation connected with Covid-19 health and safety policies.

The implementation of Covid-19 health and safety policies led to changes to service delivery, with some services changing from face-to-face to online or phone contact. Service providers reported challenges associated with online and phone contact, including a lack of privacy and technology to engage with services. For some, online service provision resulted in a reduction in client engagement. The importance of face-to-face meetings for the development of interpersonal relationships between clients and service providers was highlighted. In response to the impact of the pandemic and the needs of the client, some programmes could not be operated, and others were developed.

LOSING AND REGAINING CONTROL: THE CYCLICAL NATURE OF ADDICTION & RECOVERY

Four people shared their experiences of attending local treatment and rehabilitation services. The themes of control and change are central to their experiences of addiction and recovery. They reported that when they started treatment their lives were chaotic and their drug use was out of control. The factors that contributed to their alcohol and drug dependence included mental health, trauma, relationships, and Covid-19 health and safety policies. As these people progressed through treatment, they became empowered to change and gain control of their addiction. They reported the positive impact of identifying and implementing protective factors to reach and maintain their drug free status. Each person reported the integral role treatment services played in their recovery. Once again, the importance of the interpersonal relationship between client and service provider for client engagement was highlighted. The people reported that the shared experience of peer support improved their wellbeing. By completion of the research process, each person was drug free. They had regained control over their lives and begun the process of reintegration into their families and society. This analysis identifies how engagement with treatment and rehabilitation programmes can empower people to gain control of their addiction. The analysis highlights the value of and need for evidence-led community-based treatment and rehabilitation services.

LOSING AND REGAINING CONTROL: THE NATURE OF ADDICTION WITHIN THE FAMILY

Five people affected by drug and/or alcohol use shared their experiences of attending local family support services. They reported the negative impact of drug use on their mental health and family relationships. Through implementation of the evidence-based 5-Step Method parenting programme, these people were encouraged to reflect on their situation. Through this self-reflection, they developed new levels of understanding and awareness which empowered them to improve their coping strategies. These changes positively impacted their wellbeing. Once again, the importance of the interpersonal relationship between client and service provider for client engagement was highlighted. Like the people in treatment, these people reported that the shared experience of peer support improves wellbeing. They also reported that the themes of change and control were central to their experiences. When the people first presented to services, they reported feelings of helplessness and a lack of control over their situation. As they progressed through the programme, they were empowered to change, to prioritise their wellbeing and regain control over their lives. The effectiveness of the 5-Step Method for supporting positive progression is evident. The data highlights the value of and need for evidence-led community-based family support services.

In addition, a person shared their experience of completing the evidence-based Parents Plus programme. This case study highlights how learning and implementing this programme can have a positive impact on parent-child communication and relationships. Just like the other people who participated in the research, the themes of control and change are evident throughout this data. When the person first attended the service, they reported feeling a lack of control over their situation, including their parenting ability. By completion of the programme, it was clear that the person had regained control and confidence in their abilities.

DRUG-RELATED LITTER

- Large geographical spread of drug litter throughout Dublin 15, identifying drug and alcohol use is a community wide issue crossing all socio-economic boundaries.
- From DATMS Year 2 to 6, there was a 123% increase in the amount of drug-related litter found in Dublin 15. This may be associated with the Covid-19 health and safety policies, whereby the closure of alcohol-related establishments may have increased outdoor consumption of alcohol.
- Largest concentrations of litter found in hidden sites used for drug consumption. Many of these sites used for drug use in Year 6, were found in Year 1 or 2. Thus, evidence that these sites have been used repeatedly over a six-year period.
- Alcohol remains the most common type of drug-related litter.
- Increase in smoking-related litter associated with the use of heroin, crack cocaine and cannabis.
- Benzodiazepines and z drugs were the most common prescribed drug-related litter; an increase in the amount of this litter was reported.

2. DATMS RESEARCH OBJECTIVES AND METHOD

RESEARCH OBJECTIVES

In Year 6, we chose to use a qualitative methodology to add another dimension to the quantitative data produced over the last five years. The aims of this study are as follows:

- To explore clients experiences of attending a service over a period of time
- To record service managers experiences of the impact of Covid-19 on service delivery

The research aims to increase understanding of the subjective experience of clients attending local services, and the impact of drug and alcohol use on the individual and their families. By completing a longitudinal study, the impact local service provision has in supporting people was also explored. Since March 2020, Covid-19 has influenced programme participation and implementation. Thus, it is important to record the impact of Covid-19 on local community services.

RESEARCH METHOD

A qualitative longitudinal design was employed to explore clients experiences of attending a service in Dublin 15. The following harm reduction, drug treatment, family support and youth services were included in the recruitment drive:

- Blakestown Mountview Youth Initiative (BMYI)
- Blanchardstown Local Drug & Alcohol Task Force (BLDATF):
    - Family Health Worker Service (BLDATF FHWS)
    - Dublin 15 Family Support (BLDATF D15 FS)
- Blanchardstown Youth Service (BYS):
    - Blanchardstown Drug Prevention Education Project (BYS BDPEP)
    - Working to Enhance Blanchardstown (BYS WEB)
- D15 Community Addiction Team (D15 CAT)
    - Community Alcohol Programme (D15 CAT CAP)
    - Young Person's Programme (D15 CAT YPP)
- Mulhuddart/Corduff Community Drug & Alcohol Team (M/C CDAT)
- Neighbourhood Youth Project (NYP)
- Tolka River Project (TRP)

A purposive sampling technique was used to provide access to people who could address the research objectives. Research participants included:

- Treated drug users (includes alcohol, legal and illegal drugs)
- Family members affected by their relatives drug and alcohol use
- Service providers from the community and voluntary sectors

Semi-structured interviews were completed with the clients once a month for up to six months. One semi-structed interview was completed with service managers or staff of the aforementioned services. Due to Covid-19 health and safety policies, interviews took place by phone and were completed in person when restrictions improved. All interviews were audio-recorded to assist analysis and confidentiality was assured. To analyse the data, a thematic analysis was employed which facilitated the emergence of shared patterns of meaning within the datasets. Research participants (excluding service providers) were compensated for each interview with a €10 voucher for the Blanchardstown Shopping Centre or Lidl.

In addition to the qualitative study, treatment demand data has been presented to ensure the continuity of the trend monitoring system. Drug-related litter has also been included to record any changes in the amount of litter found during the pandemic with the amount found previously.

PARTICIPANTS AND METHODOLOGICAL ISSUES

A longitudinal study can be challenged by participant disengagement. To protect against disengagement, services were asked to recruit two or three participants for each target group. Table 2.1 reports the number of clients recruited, the number that participated in the research and the number that disengaged from the research process.

Table 2.1: Participant recruitment, participation and disengagement

Participant type	Service	Number of clients recruited	Number of clients who participated	Number of clients who disengaged
Treated drug user	TRP	2	2	0
	D15 CAT CAP	2	2	1
	M/C CDAT	1	0	
	D15 CAT YPP	4	3	2
	BYS BDPEP	1	0	
	BLDATF FHWS	3	1	1
Family member	BLDATF D15 FS	2	2	0
	M/C CDAT	0		
	D15 CAT	2	2	0
	NYP	2	0	
	BYS WEB	5	3	1
	BMYI	2	2	1
Young person	BMYI	0		
Number of participants		**26**	**17**	**6**

Participant recruitment

The research criteria set at the beginning of the study necessitated clients to be new to the service, which meant attending it for up to two months. This was required to explore clients experiences on entry to a service and compare this with how they felt after engaging with the service for a while. People who access services for issues related to drugs and alcohol can be vulnerable and in crisis. Due to this vulnerability, service providers needed to develop working relationships with clients before recruiting them for the DATMS.

Table 2.1 reports that 26 clients were recruited by service providers and that 17 of these clients went on to participate in the research. Thus, nine clients were recruited but did not participate in the research. The BLDATF Research & Training Officer contacted all nine, some did not respond, others failed to attend scheduled interviews, and a few were excluded as they did not meet the research criteria (service engagement for a number of years).

Data collection began in February 2020 and was scheduled to run until the end of August 2020. For some services, participant recruitment was challenging and as data collection progressed, they were not represented in the research. In July, in an effort to increase participation, the research criteria was amended to include clients new to services in the last 12 months. In addition, data collection was extended by a month, and the frequency of interviews was reduced to every three weeks. This change facilitated the recruitment and participation of new clients for some services. However, by the end of data collection, there were no participants from BMYI (young people), BYS BDPEP, NYP and M/C CDAT.

Participant engagement and disengagement

Table 2.1 reports that 17 clients participated in the research but that six of these participants disengaged from the research process. Out of the eleven clients that participated, one was excluded from the analysis because the quality of the data was poor. Thus, the analysis presented in the following chapters is based on ten in-depth explorations of clients attending treatment, rehabilitation and family support services. In relation to the clients who disengaged, four disengaged after one interview and two disengaged after two interviews. There can be no certainty as to why these clients disengaged but it could be because they were more vulnerable than the clients who continued to engage. This potentially shows the difficulty associated with capturing the experiences of the most vulnerable.

3. THE IMPACT OF COVID-19 ON SERVICE PROVISION

In 2021, a qualitative exploration of the impact of Covid-19 on service provision was completed with the following services:

- Blakestown Mountview Youth Initiative (BMYI)
- Blanchardstown Local Drug and Alcohol Task Force (BLDATF)
- Blanchardstown Youth Service (BYS)
- D15 Community Addiction Team (D15 CAT)
- Mulhuddart/Corduff Community Drug & Alcohol Team (M/C CDAT)
- Neighbourhood Youth Project (NYP)
- Tolka River Project (TRP)

To begin this analysis, the mission statement and a brief description of the service provision provided by each service is presented.

MISSION STATEMENTS AND SERVICE PROVISION

1. BMYI

Mission Statement: BMYI is dedicated to the intensive, holistic support of young people and their families who may be at risk or affected by substance misuse, poverty, educational disadvantage, crime and poor mental health.

Service provision includes the following:

- Youth development programmes with young people aged 13 to 18 years:
  - Education support programmes
  - Drug prevention and awareness programmes
  - Personal development programmes
- Family support service including parenting programmes

2. BYS

Mission Statement: Our vision is an Ireland that believes in all young people. To give to Foróige is to change a young person's life for the better. To support Foróige is to create stronger communities. To invest in Foróige is to build a better Ireland.

- Blanchardstown Drug Prevention Education Project (BYS BDPEP) provides youth work for young people aged between 12-24, who are at risk of or currently using drugs and/or alcohol. Service provision includes the following:
    - Drug prevention and awareness programmes
    - Youth work and personal development interventions
    - Harm reduction and pro-social activities
- Working to Enhance Blanchardstown (BYS WEB) family support service was developed because family is one of the main protective factors for young people engaged in drug use and offending behaviour. Through engagement with families, BYS WEB works to improve parenting skills and family relationships resulting in better outcomes for young people and their families. Service provision includes the following:
    - Practical parenting and family support programmes

3. BLDATF

Mission Statement, Family Health Worker Service: The Family Health Worker service supports pregnant women and new mothers affected by drug and/or alcohol use. It is a harm reduction service that provides practical support concerning health, drug use and parenting through an individually tailored strengths-based approach.

Service provision includes the following:

- Pregnancy and parenting support
- Addiction/substance use support
- Health and wellbeing support

Mission Statement, Dublin 15 Family Support: To meet the needs of family members affected by drug and alcohol use in Dublin 15. To respond to gaps, barriers, trends and key issues in family support service provision with supports tailored to where families are at in their journey. To provide a wraparound service, taking a ‘whole family’ approach which strives to support all relatives within a family affected by drug and alcohol use. To provide a service which proactively engages with new communities, promotes diversity and ensures equality of access to supports for all.

Service provision includes the following:

- 5 Step Model 'Stress Strain Coping Supports' evidence-based programme
- Suite of additional evidence-based programmes for working with families

4. D15 CAT

Mission Statement: D15 CAT believes that everyone should have the opportunity to overcome addiction and lead a fulfilled and productive life. We provide a range of quality community services to empower people and their families to overcome addiction and support long term recovery.

Service provision includes the following:

- The Community Alcohol Programme (D15 CAT CAP) offers support to adults affected by problematic alcohol use, whose persistent drinking interferes with their health, relationships, employment, or other key aspects of their lives.
- The Young Person's Programme (D15 CAT YPP) supports young people aged 16-24 impacted by addiction. It adopts a harm reduction philosophy aimed at reducing the young person's addiction while educating them on issues relating to addiction.
- The Family Support Group offers support to adults affected by their relatives drug and/or alcohol use. The group provides a confidential forum where family members can share experiences and receive support and guidance on how to manage the challenges they face.

5. M/C CDAT

Mission Statement: To provide a direct response to the opiate and polydrug use problem by working in an integrated manner with substance misusers, their families, those at risk and the communities within Dublin 15.

M/C CDAT is a low threshold service. Service provision includes the following:

- The Arising Stabilisation Programme is for people who are looking for support to address and stabilise their problematic opiate and polydrug use. Graduates of the Arising programme can progress to the Peer Health Advocates Training programme.

- A support group for family members and significant others of those struggling with the effect of the family member's drug and/or alcohol use.

6. NYP

Mission Statement: NYP is a community-based, child, youth and family project delivering targeted, inclusive, integrated high quality services including family support, project work and early years, catering for children from 2 to 14 years, their parents and extended families, nurturing and empowering all who engage to reach their full potential.

Service provision includes the following:

- Family support and parenting programmes
- Early Years Community Service Creche
- Personal development programmes
- Education support programmes
- Youth work and pro-social activities

7. TRP

Mission Statement: TRP is a community-based rehabilitation centre, providing quality and accredited education, training and development. We use evidence-based therapeutic models of care which aim to facilitate people in their recovery from substance misuse.

Service provision includes the following:

- Programmes provide a clear progression pathway that promotes a continuum of care model, starting with a medication assisted recovery or drug free programme, progressing to a fully abstinent programme, and finishing with an aftercare programme.
- Employment and training programme through a CE scheme.

IMPACT OF COVID-19 ON SERVICE PROVISION

The following analysis reports service managers experiences of how Covid-19 impacted service delivery. Most of the interviews took place in February 2021, with one occurring in June 2021. All service providers reported Covid-19 as a factor that affected service demand and challenged service delivery. Service providers also reported the impact of the pandemic on clients drug use and mental health.

SERVICE DEMAND

Service providers reported that demand for their services was impacted due to the pandemic. Covid-19 health and safety policies led to changes in service delivery which reduced demand for services.

> *Initially, when the first lockdown happened client numbers reduced because the service predominantly runs group programmes and due to lockdown, there were more one-to-one's taking place, in person, outside our building*
> [BMYI Manager]

Services reported the challenge associated with maintaining service provision due to staff redeployment.

> *When the four lads were redeployed, there was two of us left to manage 55 clients for a number of weeks…We were open and running the online groups, the one-to-one's…the whole lot. So, it was really difficult to manage that change*
> [TRP Manager]

Services reported that due to staff redeployment, there were fluctuations in demand for services.

> *The [Drug Education Prevention Worker] was redeployed for a period of time and that affected the demand for the service…because he redirected a lot of his young people to our other projects…When we got to about two months into the pandemic, we started back doing outreach on the ground, that's when the demand went up again because they were meeting young people*
> [BYS Manager]

Some service providers reported an increase in demand for their services that was led by clients preference for face-to-face service delivery.

We've doubled demand…Our average is 60 to 70 referrals per year. For the whole of 2020 we've had 141…I think the increase is because very few other projects have been open
[TRP Manager]

The social isolation experienced due to Covid-19 health and safety policies, produced a psychological burden that increased drug consumption and challenged sobriety. This increased demand for local services.

More than ever in the last few years, I've…seen people return to the service because their situation has worsened or there has been a relapse…Things have escalated because of the pandemic…and clients are reporting a wide range of drug profiles…but alcohol would be the most common
[BLDATF D15 FS Coordinator]

An increase in economic resources due to the Covid-19 PUP social welfare payment, also contributed to an increase in drug use.

There were some young people that were put onto the Covid payment, and they were getting more money than they ever got before because they never worked enough hours…They had more money than they knew what to do with so they spent it on cannabis and alcohol…So the use of cannabis did increase as a consequence
[BYS Manager]

Some services reported an increase in parental participation due to the pandemic.

The demand for the Parents Plus programme went up because people had more time on their hands to participate
[*BYS Manager*]

This increase in participation led to an increase in parents seeking support for drug use, domestic violence and poverty.

After the schools shut, in March 2020…we were doing more work with the parents than we had ever done before because previously, we'd be doing face-to-face work with the children, so you wouldn't be contacting the parents on a weekly basis…So, when we started talking with the parents more…There was an increase in them confiding in us…telling us that…things were so difficult in the home…heavy drinking in the house and then domestic violence…So that's a big move, for people to verbalize it…During Covid, there was also an increase in people losing jobs…and there were a lot of families struggling…financially. There was a big issue around food poverty and we provided families with food hampers
[NYP Manager]

SERVICE DELIVERY

Phone and online service provision

To adhere to Covid-19 restrictions, some services had to change their methods of service delivery. Service providers reported challenges associated with this, including the impact on client engagement.

Some services changed from face-to-face client contact to phone or online contact. The target group for one service is older chronic drug users. As these people would be more vulnerable to Covid-19, the service was provided by phone rather than in person.

> *I suppose one of the things that I had uppermost in my mind…is that our client group are older, chronic drug users, and their health would be seriously compromised. So based on a risk assessment, we didn't bring people out of their homes…They would be very susceptible. So, we set up as much as we could over the phone*
> [M/C CDAT Manager]

For some services, it was a challenge to set up remote and online service provision.

> *When we did get our zoom groups up and running which was the last week in March…It was a large learning curve. The staff in NYP didn't even have a work mobile phone previous to this. There was no facility to work remotely at all… we had to set it up really quickly*
> [NYP Manager]

Other services already had the IT infrastructure in place to facilitate remote working.

> *I think as an organization we were lucky in that we were ready to transition online immediately. Our IT department had done a lot of work over the last few years to get everybody remotely working. So, we all had our laptops, we were all on google meets straight away, everything was in the cloud. So, there was no issue there. You're going home with your laptop and you're still connected. So that made it much easier*
> [BYS Manager]

Impact of phone and online service delivery

Service providers reported client engagement was challenged by phone and online service delivery. Service providers reported that both staff and clients preferred to meet face-to-face, as this environment was better for supporting clients.

> *Staff really missed having the groups in onsite and the clients were delighted when they were back onsite…They found it kind of isolating…sitting on their own on zoom, and you have to be very careful about what comes up because at the end of it they're hanging up and they're on their own…You can support them more if they're onsite*
> [D15 CAT Team Leader]

The interpersonal relationship between client and service provider is of paramount importance to foster client engagement and progression through services. Service providers reported the consideration for this relationship when developing Covid-19 operation policies.

> *Initially, I was thinking how can we build rapport with a client because it does take time to build up a relationship…So, I developed an operations and procedures manual based around Covid to outline what we were allowed do. So, because we were addiction and treatment, we were able to see clients on a face-to-face basis. So, when we had new referrals in, our policies stated that they needed to be seen face-to-face, and once a relationship was established we would switch to zoom or phone to deliver the service*
> [BLDATF D15 FS Coordinator]

Despite this consideration, some service providers reported challenges associated with operating programmes by phone or online methods. In particular, this mode of delivery had an impact on communication and the efficacy of the programmes were questioned.

> *It's not impossible to provide the 5-Step Method by phone or zoom but it's more difficult because the level of engagement is definitely limited. So…there's less of the two-way conversation and it's more of me as a practitioner doing a lot of the talking. Now obviously I've developed slides that I share on screen. Also, I post out assessment forms and the family member self-help manual prior to the sessions taking place…So, there are challenges, people do not engage the same way that they do when it's face-to-face and therefore, the process is longer. Also, I feel like we're just holding people. I don't feel it's as effective because you're missing the interpersonal piece*
> [BLDATF D15 FS Coordinator]

Clients also reported the importance of face-to-face meetings for the development of an interpersonal relationship with service providers.

> *It started with phone calls and then quickly it became in person…I was lucky because I missed that contact…It was great to have human interaction. You'd just come in and have a cup of tea and that's so nice…Over the phone, it can*

> *be quite intense because you're just talking…In person is better...I was able to open up more in person*
> [Nora[1]]

Service providers reported that young people favoured face-to-face meetings. Due to a lack of privacy, they found it challenging to engage young people through online methods.

> *We were faced with a situation where young people initially…were engaging online and were quite happy to do it but that wore off very quickly, and zoom didn't really last long…A lot of those young people are coming from chaos. So, they may not have had access to a quiet place to engage…You're talking with them about their addiction, what they want to do and how they want to change, and they really need a secure space, where they can talk…So that was challenging because it's quite sensitive information that comes up…So, what happened in that May [2020]…was the opportunity for the staff to meet the young people in their front gardens or go for a socially distanced walk to allow those discussions to happen and that worked quite well…because young people really need that face-to-face*
> [BYS Manager]

In addition, service providers reported that client engagement was hampered by a lack of technology.

> *What we found was that an awful lot of our families did not have the technology to engage…So that made it difficult from the point of view of zoom*
> [NYP Manager]

For some clients, online service provision led to a reduction in engagement with support services for people in recovery which impacted the development of recovery capital.

> *There's no local capital now to engage people with an early recovery…because there's a lack of resources. They struggle to get to AA and CA meetings because now there's only 14 or 15 people allowed in meetings…There's no education, training, employment…no recreational activities…You're left with online classes…giving these flimsy interventions to somebody who needs social support…So you're seeing this marginalization increase because of the lack of community supports that are available*
> [TRP Manager]

1 Nora participated in the qualitative longitudinal study; her information is reported in Chapter 5 'Losing and regaining control: The nature of addiction within the family'

> *I have a few clients, new mums, that I would want to move into general community services, mother and baby and mother and toddler groups…baby massage, parenting courses…but none of those have been able to run. So, they've been impacted…You'd like the women to be developing healthy social relationships and a network of community support because for a lot of the people I'm working with the family relationship has broken down*
> [BLDATF Family Health Worker]

The importance of recovery capital became apparent when social resources were removed, and clients relapsed.

> *In our aftercare…there was this massive resilience early in the first lockdown where their recovery was really solid…They set up their own meetings with each other…But once it came to the tail end of the first lockdown…the relapses started to show…I think it was due to the lack of social resources and community capital…for people to resource themselves in recovery…So much of how they were maintaining their recovery was going to meetings, going out for dinners, doing things they'd never done before…going away for weekends. They'd built up so much of this recovery capital…but overnight it was gone… You quickly see how fragile recovery truly is*
> [TRP Manager]

Some services added to their service provision, by developing programmes to engage treated drug users. They reported utilising online methods to deliver programmes that developed recovery capital.

> *We developed an online programme and provided it live on Facebook and Instagram …especially during lockdown 1 because there was a much bigger fear and panic about everybody…We used the community reinforcement approach, smart recovery, food and mood stuff…It was all about building recovery capital… Then we did some emotional regulation…mindfulness…and then we let people know that we've all this stuff in recovery packs 'drop us in a Facebook or Instagram message and we'll mail or deliver it to you'…So for anyone in Dublin 15, we hand delivered it, and so, we could have that chat at the end of the garden…So, we got to see people…It was quite time consuming but we got a lot back from it*
> [TRP Manager]

During the pandemic, most referral services delivered online services. Service providers reported the impact this had on the most marginalized clients.

> *Well locally during lockdown, there's nothing open bar Tolka River…and Genesis for counselling…There's no community capital…Some of our women have kids…So we've a couple of referrals going into [BLDATF Family Health Worker].*

So, hopefully she can help, as many people are already involved with Tusla but Tusla aren't doing house visits at the moment…So, for the most marginalized there's less services available…Fingal have closed their community buildings… So there's nowhere for the people to go…and meet and get involved with stuff in the community…Parslickstown House has been closed because it's a Fingal building…So, the local CDT has been shut…but they're working over the phone
[TRP Manager]

Some of the residentials weren't taking people in for a while but it's ok at the moment. All the community-based projects were working ok, if they weren't on site they were working remotely so they were taking referrals
[D15 CAT Team Leader]

When programmes that had been disrupted were back on site, service providers reported that clients were happy to have them back in place.

We had no groups for a little while and then we had them up and running again on site…and clients were delighted…they liked the routine of coming in
[D15 CAT Team Leader]

Some services reported that the length and frequency of sessions with clients changed due to the service being provided through online methods. For some, this was also associated with clients presenting in crisis.

The sessions were shorter and with more regular contact. When they're in the office and it's normal, no pandemic, they're every two weeks, and that's just so the family member can go off and implement some of the stuff that we've done in the sessions…But I'm doing an awful lot of fire fighting over the last six to eight months because we would have a lot of people that would be crisis management
[BLDATF D15 FS Coordinator]

Pre-Covid you might have seen some children more frequently…because they could be attending three groups whereas now, with the zoom programmes, it's only one group a week
[NYP Manager]

Some services were unable to continue to provide programmes though one-to-one service provision continued.

We had the Arising programme, so that's had to cease because its group work, but our one-to-one work continued by phone
[M/C CDAT Manager]

The social isolation due to Covid-19 health and safety policies, resulted in an increase in mental health issues.

> *There was a change in clients their mental health…due to the isolation, the anxiety…the fear, loneliness…They would have all expressed all of those things around their mental health…No support from their peers, lack of the drop-in services, no structure in their daily lives…Coming up to the project was good engagement for a lot of the clients*
> [M/C CDAT Manager]

In person service provision

During the pandemic, some services had the capacity to remain open and continued to provide services in person. To adhere to social distancing programmes were restructured and infection-control policies were implemented. Positive outcomes of services remaining open included the increase in inter-agency collaboration, and for treated drug users, the increase in protective factors for drug use.

The services that remained open and operated group programmes, restructured programmes by increasing the number of groups and reducing the number of clients in each group. However, as pro-social and rehabilitation programmes could not take place during Level 5 Covid-19 restrictions, the development of clients recovery capital was potentially compromised.

> *Everything is onsite…there's a tight conveyor belt system…where everybody is managed tightly in pods and with time spaces between each pod…Now the two key programmes are broken down into four…cos we're in the bubbles of seven clients and one staff whereas it used to be twelve clients and two staff…It doesn't feel right because there's so much disconnection because you've now four programmes instead of two and you can't have a meal together…and clients aren't experiencing the full five day programme, the access to training and education, the adventure and recreation supports…My worry for this group is when they move on…there's nowhere for any of them to go…What we're going to have to do…is set up a separate aftercare for them…and try and manage them in the community*
> [TRP Manager]

For some, the restructuring of programmes led to a reduction in their frequency.

> *I attend [D15 CAT Family Support Group] every second Tuesday. It was every Tuesday before Covid, then obviously it stopped and then restarted again*
> [Ben[2]]

[2] Ben participated in the qualitative longitudinal study; his information is reported in Chapter 5 'Losing and regaining control: The nature of addiction within the family'

Some service providers had to develop new services in response to the impact of the pandemic and the needs of the client. As a consequence of Covid-19 health and safety policies, some local services were reduced or stopped. This impacted treated drug users ability to attend day programmes due to a lack of childcare. Thus, a service introduced a one-to-one service to accommodate these clients. However, due to a lack of recovery capital, the challenge of engaging and maintaining recovery was reported.

> *What we've had to do…is establish a one-to-one service as a direct result of the impact of Covid…because we've seen a big decrease in female referrals to access the day programmes…Due to childcare issues…women can't attend the day programme…So, if they're only coming here for a one hour session each week to manage their drug and alcohol use…it's very hard to build a momentum in a recovery…These women are so marginalized…and its harder to keep them engaged because of that lack of local capital to engage and maintain recovery*
> [TRP Manager]

Another service reported the need to provide services on a one-to-one basis for clients who could not access the day programme due to employment.

> *We are seeing a different cohort, with the alcohol programme the majority of people weren't in employment but we're now seeing a lot of people that are in employment that are presenting to the service and can't fit into the groups because they're working during the day. So, we have people coming up during their lunch breaks to get support…that's also for the cannabis programme… we do one-to-one's with them*
> [D15 CAT Team Leader]

Services reported the challenges associated with ensuring premises could support Covid-19 health and safety guidelines.

> *It was a huge piece of work getting the building set up, so it would be infection free as far as possible. So that was training up the staff. It was making sure we were on top of what the best practices were, even simple things such as buying in various forms of hand sanitizers. We had to kit the whole place out… and even the logistics of that was very difficult…putting in perspex barriers… They were the time-consuming things*
> [NYP Manager]

Services reported the logistics of operating a service with Covid-19 health and safety policies in place.

When the lockdown went to level 3, we opened up within all of the protocols… We had a great system…three staff had an office each, a huge office, where they could work with two people if they had to and then we had one staff member in a smaller office who was the runner…So, they were answering the phones, the front door, bringing people up to their appointment, taking temperatures, masking them up
[M/C CDAT Manager]

Services reported the additional workload involved with ensuring Covid-19 health and safety guidelines are adhered to.

Cleaning down furniture, disinfecting…a lot more cleaning has to be done obviously. Everybody has their allocated room and they're responsible to clean and wipe down all the chairs afterwards, the floors too. So that's all added to your workload as well
[D15 CAT Team Leader]

A positive outcome of the pandemic included an increase in inter-agency collaboration which resulted in an increase in service demand.

There's been some really positive pieces of work on an inter-agency basis… Just being able to pick up the phone to say TRP to ask for advice…and that has grown our professional relationships…There's been more of how can we help each other…There's been a collaboration…and at the very early stages of Covid, TRP gave us a space to meet one-to-one's…and if we hadn't of had the space I wouldn't of been able to do them. So, that's been brilliant…and from this referrals have grown
[BLDATF D15 FS Educational Family Support Worker]

A treated drug user reported the value of having services open during the pandemic. The accessibility of services was a protective factor for drug use.

If you keep things bottled up, you're just going to explode. That's why I come to [D15 CAT]…cos basically every single day I've nothing to do cos of this Covid stuff. So, if I stay at home doing nothing…all I'd think about is drinking and then going on [cocaine], and that's just not something I want to do
[Tony[3]]

[3] Tony participated in the qualitative longitudinal study; his information is reported in Chapter 4 'Losing and regaining control: The cyclical nature of addiction and recovery'

4. LOSING AND REGAINING CONTROL: THE CYCLICAL NATURE OF ADDICTION AND RECOVERY

This chapter reports people's experiences of attending addiction services, and the impact of their drug and alcohol use. The following five services operate harm reduction, treatment and rehabilitation programmes in Dublin 15:

1. Blanchardstown Youth Service, Blanchardstown Drug Prevention Education Project (BYS BDPEP)
2. BLDATF Family Health Worker Service (BLDATF FHWS)
3. D15 Community Addiction Team (D15 CAT)
4. Mulhuddart/Corduff Community Drug & Alcohol Team (M/C CDAT)
5. Tolka River Project (TRP)

Four people participated in the research, three were women and one was a man. They attended D15 CAT and TRP. As reported in Chapter 3, TRP operates a community-based rehabilitation day programme, and D15 CAT operates a community alcohol programme for adults, and a programme for young people. These programmes are underpinned by evidence-based models of care, including the Community Reinforcement Approach (CRA) and mindfulness-based interventions. CRA is a behavioural programme for treating drug use which aims to make a sober lifestyle more rewarding than the use of drugs. CRA is designed to make changes in the treated drug users environment, to reduce drug use, and to promote a healthier lifestyle. The CRA programme focuses on improving communication skills, problem solving abilities and drug refusal strategies. Mindfulness involves a range of techniques including meditation that fosters more awareness and management over thoughts and feelings, instead of being overwhelmed by them.

The data from these people has been reported together. A biography of each person is provided to contextualise the following analysis. To uphold confidentiality, details concerning each person, including their names, have been changed.

Amy (aged 38)

Amy began attending D15 CAT Community Alcohol Programme in February 2021. Her account was produced from seven interviews completed from March to September 2021.

Amy is a mother to two teenagers, and she shares custody of them with their father. Amy began drinking aged 12 to deal with the emotional and physical abuse she experienced from her parents. From the start, she was a binge drinker and drank to get intoxicated. The frequency of Amy's drinking increased the older she got. Initially, she drank occasionally and by age 14 she was drinking every weekend, this increased to daily drinking by age 18. For the following twelve years, Amy's alcohol use fluctuated from periods of controlled use to less controlled use. When Amy was 30, she separated from her children's father and her alcohol use progressed to daily dependent use. Her alcohol dependence increased due to Covid-19 health and safety policies, whereby, lockdowns provided the opportunity to increase alcohol consumption.

Amy highlights how childhood trauma can lead to the development of an addiction as a coping strategy. Her account reports the cyclical nature of addiction and how relapses can feature on the road to recovery. Amy highlights how recovery empowers, bringing hope for the future and improving family relationships. She reports the necessity for treatment services to assist people to change their lives and become drug free. The importance of peer support in supporting recovery was highlighted throughout Amy's account.

By the end of the research process, Amy was two months alcohol free.

Patricia (aged 47)

Patricia began attending the Tolka River Project in February 2021. Her account was produced from six interviews completed from April to September 2021.

Patricia is a mother to three children, aged from 12 to 28 years, all children live with her. Patricia began drinking aged 18 and did not drink to excess until her early 40s. She reported that her alcohol use increased when she began a relationship with a man who was alcohol dependent. As the relationship progressed, the frequency of her drinking progressed to daily dependent use. This relationship was compounded by domestic violence. During this time, Patricia also experienced depression due to living with a chronic physical condition, and this increased her

alcohol consumption. As well as experiencing these traumas, in childhood Patricia experienced physical and sexual abuse, and parental alcohol dependence. It is evident that these traumas contributed to her alcohol dependence.

Patricia reported how attending TRP empowered her to deal with her trauma, take control of her addiction, and regain her life. Her story is about gaining personal strength and how this is driving her recovery. Like Amy, Patricia highlights how recovery brings hope for the future and improves family relationships. The importance of treatment services and peer support for facilitating and supporting recovery was also highlighted by Patricia.

By the end of the research process, Patricia was seven months alcohol free.

Sarah (aged 33)

Sarah began attending the Tolka River Project in January 2021. Her account was produced from five interviews completed from April to September 2021.

Sarah is a mother to one teenager, and she shares custody of him with his father. Sarah began drinking when she was aged 15, and started using cannabis and ecstasy when she was aged 16. She used these drugs at the weekends on an infrequent basis. Sarah started using cocaine powder with alcohol when she was aged 22, and the frequency of this use was also sporadic. As she got older, she used cocaine and alcohol more regularly. When Sarah was 30 years, her consumption of cocaine powder increased, and she started using benzodiazepines and z drugs. This is when her dependence on these drugs developed. Sarah's drug dependence consisted of cocaine powder binges followed by benzodiazepine and z drug use. Her daily drug use lasted for three years.

Sarah reported that she experienced depression due to a family members illness and subsequent death. Her drug dependence was a coping strategy to deal with this trauma. Sarah became drug free in December 2020 and started in TRP to support her recovery. Her engagement with TRP empowered her to overcome her mental health issues and gain control over her drug use. Like Amy and Patricia, Sarah highlights how recovery brings hope for the future and improves family relationships. The importance of treatment services and peer support for facilitating and supporting recovery was also highlighted by Sarah.

By the end of the research process, Sarah was nine months drug free.

Tony (aged 20)

Tony began attending D15 CAT Young Person's Programme in February 2021. His account was produced from five interviews completed from February to July 2021.

Tony began drinking when he was aged 15 years and started cannabis use when he was aged 17. He used these drugs at the weekends on an infrequent basis. Tony first used cocaine powder with alcohol when he was aged 18, and the frequency of use was also sporadic. In March 2020, aged 19, his consumption of cocaine powder increased and his dependence on this drug developed. Tony began binge using cocaine powder and alcohol at the weekend.

Tony reports that the main factor that contributed to the increase in his cocaine consumption, and the development of his dependence, was Covid-19 health and safety policies. In particular, the loss of employment, and the increase in economic resources due to the PUP payment facilitated his drug use. Tony's mental health was also negatively affected, and drug use was a coping strategy to deal with the fear and isolation associated with the pandemic. His dependence on cocaine powder lasted for almost a year. When he started in D15 CAT he was drug free.

Like Amy, Tony highlights that recovery can be cyclical and that relapses can feature on the road to recovery. His experience shows the challenge associated with maintaining a drug free status, and how regaining employment can be a protective factor. Like the other participants, the importance of treatment services and peer support for facilitating and supporting recovery was highlighted by Tony.

By the end of the research process, Tony was three months drug free.

NATURE OF CONTROL AND CHANGE IN ADDICTION AND RECOVERY

The people who participated in the research reported that the themes of control and change are central to their experiences of addiction and recovery. They reported that when they began in TRP and D15 CAT their lives were in turmoil. Their alcohol or drug dependence negatively affected every aspect of their lives including their mental health and their families. The people reported a lack of control over their drug use. They had reached a point in their addiction whereby they wanted to change. As the people progressed through treatment, they became empowered to change and gain control of their addiction. By completion of the research process, they were drug and alcohol free and their mental health had improved. They had regained control over their lives and were positive about their futures, they had regained hope. Their lives were no longer in turmoil, and they had begun the process of reintegration into their families and society. Each person reported the integral role TRP and D15 CAT played in their treatment and recovery.

FACTORS CONTRIBUTING TO DRUG AND ALCOHOL USE: LOSS OF CONTROL

The people reported the factors that contributed to their alcohol and drug dependence. They included mental health, trauma, relationships, and Covid-19 health and safety policies. Each person experienced most of these factors. They reported that these factors were associated with a loss of control over alcohol and drug use.

• MENTAL AND PHYSICAL HEALTH

The people reported that when they started in treatment their lives were chaotic, and their mental health was compromised due to their dependence on drugs and/or alcohol. They reported feelings of anxiety, fear, depression, suicidal thoughts and a lack of control. The people reported using drugs and alcohol as a coping strategy to deal with these negative emotions.

> *I used to do drugs before, but it was nothing to the extent that I have been doing for the last few years. I lost my brother a few years ago…and I got depressed, I felt I needed tablets to help me get out of bed…and then I just started to drink by myself and then I started buying drugs for myself…Then, I started drinking with other people…at the weekend, and we'd end up getting coke…and then if I wasn't doing coke, I'd get tablets…Just before I stopped using…me kid was living with his Dad and I was just by meself in the house…I just stayed in bed taking tablets…and then I was getting suicidal thoughts…I didn't want to be here anymore…I just did tablets to block everything*
> [Sarah]

The people who participated in the research also reported the significant impact alcohol and drugs had on their physical health.

> *I nearly died…I went into a coma due to the drink and then I took tablets…They didn't think I was going to live…I had multiple seizures, my heart stopped…my kids were told basically there's really no hope*
> [Patricia]

• TRAUMA AND RELATIONSHIPS

The people reported that trauma and relationships were factors that contributed to their loss of control over their drug use. Childhood trauma they experienced included physical, emotional and sexual abuse, and parental alcohol dependence.

> *I did have a horrible childhood…There was a lot of abuse…My brother used to beat the crap out of me, and there was a lot of sexual abuse by someone else…I've been through the mill*
> [Patricia]

The people reported using drugs as a coping strategy, to deal with the abuse they experienced.

> *I've been drinking since the age of 12. As soon as I could get my hands on a drink…because my father was very violent and then my mother was as well…I used to wish I wasn't born into them…These two should have never of had children…My Dad was quite clever, he used to hit us where you couldn't see bruises…My mother on the other hand was a bit foolish…her thing was to smack our heads off doors or door frames and sometimes we'd get busted eye areas and my Dad would go mad and say 'you be careful when you hit them'*
> [Amy]

Trauma experienced during adulthood was also a risk factor for drug and alcohol dependence. For some of the people, relationships with drug dependent people were compounded by domestic violence.

> *Well, I was only a social drinker…but in the last few years it just got heavier and heavier because I was in a very bad, toxic relationship and he was a chronic alcoholic and abusive too…He put me through psychological hell… He did not like me leaving the house and if I left the house there was a big row that night… He was very controlling…constantly putting me down, telling me I was stupid*
> [Patricia]

Family relationships and in particular, inter-generational drug or alcohol use, was reported as a factor that contributed to dependence.

My Dad's an alcoholic too…and he will drink every night…and me Ma died from the drink
[Patricia]

The people also reported that peer groups were a risk factor for drug use. They highlighted that to get drug use under control, it is necessary to change one's behaviours and relationships.

My friends are all doing drugs too…So, I've separated myself from them cos… they just want to keep partying
[Tony]

• COVID-19 HEALTH AND SAFETY POLICIES

The people reported how the environmental factor, Covid-19 health and safety policies, facilitated an increase in drug use and dependence. The loss of employment and the increase in economic resources due to the PUP social welfare payment, were reported to contribute to drug and alcohol dependence.

I was using coke every few months at a party…but when corona happened, that's when I started doing coke pretty much every weekend because I was getting the Covid payment…It's a big cycle you can't get out of and not working didn't help
[Tony]

The people also reported that the lockdowns implemented as part of the response to Covid-19 provided the opportunity to increase alcohol and drug consumption.

Researcher: Do you think Covid impacted your drinking?

Amy: Yes, it definitely did because although I still drank every day, I would drink in the night time but with Covid I started to drink in the daytime because there was nowhere to go, nothing to do…So, I started drinking earlier which meant that I drank more

The people also reported that Covid-19 health and safety restrictions had a negative impact on mental health. They reported using drugs as a coping strategy to soothe feelings of fear and isolation associated with lockdowns.

Researcher: You said that when Covid hit you started using coke a lot. Why was that?

Tony: I was trying to escape reality because it was a pandemic and it was

scary…and cos of lockdown you're by yourself half the time…Then I had a bit of a scare over Covid and that made me worry a lot…Then a few days ago, I didn't want to do anything, I stayed in bed all day, literally did not leave the room. I just couldn't stand the fact of everything that was going on with corona virus, thinking I had it, and then, when things get tough, that's when we turn to drugs to try to change reality…So, the temptations were very high

PROTECTIVE FACTORS FOR DRUG AND ALCOHOL USE: CHANGING TO REGAIN CONTROL

The following analysis reports the steps taken by the people to change and regain control of their lives. The importance of services for guiding and supporting them through this process is evident. They reported the positive impact of identifying and implementing protective factors to reach and maintain their alcohol and drug free status. Protective factors included professional support and learning relapse prevention tools. As a consequence of these factors, the people reported that their mental health improved, they re-built relationships and regained employment. These positive outcomes were reported as additional protective factors. Throughout the following analysis, the people report how fostering these protective factors facilitated their positive progression and re-integration into life.

- **PROFESSIONAL SUPPORT**

The people reported the challenge they faced by acknowledging their drug dependence and accessing a treatment service for the first time.

> *When I first came through the door, I was very nervous…because it was me admitting that I had a problem…It was definite acceptance that yes, I definitely have a problem…So, it was hard…I couldn't believe I was actually sat in an addiction clinic talking about my drinking problem and it was scary, it was shocking…it was surreal*
>
> [Amy]

Due to this challenge, the people reported that the nature of support received from service providers is of paramount importance. In order for these services to engage people, they have to create the right environment. They reported that the adoption of a non-judgemental approach is required to foster the development of a trusting relationship between them and service providers. The people reported that this relationship was a protective factor.

> *When I first came up to [D15 CAT], I didn't know what to expect cos everything was new…I was thinking, 'what are they going to think of me, what if they're not nice, what if I don't like it'. So, everyone in [D15 CAT] was helpful, always smiling…which made me feel safe…So, that's why I keep coming*
>
> [Tony]

Once this relationship is established, service providers can then support people to address the factors that contributed to their addiction.

> *I have no problem coming into [D15 CAT] now…I feel like it's my little family now…because [D15 CAT Project Workers] have helped so much. I don't think*

I'd be where I am now if it wasn't for them…The person who has gotten the furthest with me with my childhood issues is [D15 CAT Project Worker]
[Amy]

Providing the right environment is crucial for eradicating feelings of stigma that can be associated with accessing treatment services. The people reported how the social construction of gender in addiction can exacerbate feelings associated with stigma. Therefore, the perception is that the role of women as mothers does not correlate with women as drug users. As a consequence, women who are drug users receive more social disapproval than men, which can be a barrier to help seeking.

At first, when I started coming here, I was very emotional, I thought, 'look at the age of me and look where I ended up, having to get help for alcohol, I'm ashamed of meself…what if they judge me?'…They say it's harder for women to go into recovery cos we're trying to balance home life and a lot of women are embarrassed to do it cos of the stigma…But now I feel like this is my safe space. When I walk through the door, I know I'm safe in that whatever I say in here I don't get judged
[Patricia]

• RELAPSE PREVENTION TOOLS

The people reported being supported to replace negative coping strategies, drug and alcohol use, with positive ones. These relapse prevention tools included peer support, urine screening, drug refusal strategies and the development of self-awareness.

After overcoming the challenge of accessing a treatment service, the people highlighted the importance of peer support. They reported how the shared experience improves wellbeing and decreases feelings of isolation.

I was a little bit nervous about going into the group at first…but it was like a revelation to hear that other people were so similar to me…It was a bit of a relief and a comfort that they had the same problems, and I wasn't alone because I did feel like I was the only one who had done nasty things or was full of regrets…All of the problems, I thought it was just me but it wasn't and it was really good to hear that. It was a comfort and…a little reminder that you're not alone. So, the loneliness I'd been feeling kind of fizzled away a bit…and I learnt that maybe I need to stop trying to deal with it on my own
[Amy]

The people reported the importance of peer support outside programme hours as a relapse prevention tool.

You get great encouragement from everybody…great support and we have a WhatsApp group, so that if somebody's not in we put up 'are you all right?' We always check in on each other and we meet up every Sunday and we'll go for a walk…and so we're making sure that nobody's had a slip over the weekend
[Patricia]

Other relapse prevention tools included urine screening and drug refusal strategies. The people reported the benefit of these tools:

In the group [New Beginnings] you have to get your urines done twice a week. It's a motivator…that stops you from touching anything because you need to have a clean urine
[Sarah]

Last week we covered drug refusal tactics. I feel like that helped a lot cos in the group…we can do role play, how to refuse a certain drug…say to them to stop asking because you're trying to get better…I got some good insights from it…that I'm not obliged to say yes to drugs
[Tony]

The people reported that learning skills that challenged their addiction was a protective factor. They reported that learning about what triggered them to use drugs and implementing strategies to deal with them has had a positive impact. The people used these relapse prevention tools to gain control over their drug use by changing their thoughts and behaviours. These tools work to challenge negativity and increase positivity. This process increased their self-awareness concerning their addiction which promoted personal growth and change.

[D15 CAT Project Workers] are brilliant…They get to the bottom of what's wrong…They make you see things, and then they teach you tools. For example, how to deal with your triggers…I love the three C's, 'catch, challenge and change'. So, if you're torturing yourself in your head and you're full of negative thoughts, you catch that thought, challenge it and just say 'no, hang on a second, I was like that but I'm not like that anymore'. Change it, think of the positive that I'm going to do, that's basically what you are aiming for…This work on triggers…is really amazing…because I wouldn't have been able to get this far if I didn't understand why I went for alcohol or why I reacted the way I did to certain things…I've learnt that these negative thoughts can drive you to drink…and I drink to numb all these thoughts…It makes you realise these things and how to manage your feelings. You've never dealt with your feelings when you're an alcoholic, you just drink to numb it. So, it's a realisation that you have to train yourself to live without reaching for the bottle, you have to deal with the feelings
[Amy]

The people reported that learning new skills such as mindfulness, meditation and anger management assisted them to gain control over their emotions.

> *Before if I was sad, I'd take tablets and get into bed, or I'd take coke…Now, if I get in a bad humour, I jump straight into bed and that's a behaviour of mine that [TRP Case Worker]'s been watching…So, I've to learn new coping skills instead of climbing into bed…So, the other week, I put on meditation and that relaxes me…and another time…I just went and sat in the sun…The other day I started to feel depression kicking in. I was in bits, I thought I was getting sick again…and then I just thought, I need to stick to my routine…like affirmations, meditate at night, have your bath…I have to get up out of bed and do these things…or else I'll just get depressed and use again…I think it's good that I'm aware of it now*
> [Sarah]

> *The anger management would have been a big thing for me and still is… because I grew up in quite a violent home, so anger and violence was basically the answer to everything and…I'm learning, it's a learnt behaviour for me. So, learning how to manage my anger and aggression is really good because I'm not getting as anxious or upset about things which as a result, I'm not craving alcohol to deal with the feelings…I can't believe it, it's amazing how far I've come but it's [D15 CAT] that has taught me how to deal with these emotions*
> [Amy]

The people reported the challenge associated with early recovery and remaining drug free. They reported how implementing relapse prevention strategies helped them to gain control over cravings.

> *It is very easy to go off and relapse. I never believed it until a few weeks ago when I got this urge to go and get myself a drink…I was passing the off licence and I could actually see myself going into it. So, I sat on the garage wall, and I said a prayer in me head and I was doing the deep breathing, and then I put it out into the group, 'I'm having a wobble, I'm outside the off licence', and with that one of them rang me straight away and was with me until that craving went away…I brought it into the group the next day. They were all like 'fair play to you, you reached out', and I was like 'I was scared'…and they asked 'what stopped you?' and I said 'I don't want to relapse, I've come so far and I've put so much into it, I do not want to go down that road again'…There was a little bit of shock in me and the realisation that you don't plan to relapse, you're not waking up and going 'today I'm going to become an alcoholic again'*
> [Patricia]

Some people highlighted the cyclical nature of recovery, and how they briefly lost control of their drug use. The challenge associated with regaining and maintaining control over drug use was also reported.

I had a slip…but I think it's a good thing because it gave me a bit of a wakeup call because I think I got a bit brave. I was thinking 'I'm alright, maybe I'm not an alcoholic because I've given up this long…What if I could handle having one bottle of wine and just stopped and see how I felt'…So, I definitely realised that I'm not able to drink, I can't just have one, it spirals out of control…I just needed that reminder…It took me weeks to recover, my energy levels were all over the place…I had to go through the nightmares again…the cold sweats in the night…the emotional rollercoaster, all of that stuff…I just thought this is just not worth it…But then its mad because…then there's a day when I'd still go 'I'd love a drink' and I'm planning it in my head…and I'm thinking 'are you crazy?' But it's so hard to tell yourself no…It's easy to forget and hard to say no
[Amy]

The people reported that as they progressed through the programmes their cravings for drugs decreased. By increasing their self-awareness concerning the factors that contributed to their drug use, they reported feeling empowered to remain drug free. They had regained control over their drug use.

Patricia: I'm 124 days sober…I don't miss drinking…Sometimes I do get a craving…but I definitely don't think about it as much as I used to…It could be once a week that it comes into me head…'I want a drink now'. It's not constant in the head anymore

Researcher: Why do you think that is the case?

Patricia: Being in Tolka you learn how to take back power over whatever it is you are addicted to and teach your mind to not be dependent on it anymore… and you learn things about yourself that you never even knew, like I never knew I loved the outdoors…It opens your mind to another world, one without having drugs in your body…[TRP Case Workers] are great, very compassionate… They really care about people…and it's great to know that I have that support

- **MENTAL HEALTH**

The people reported how control over their drug use has improved their mental health. This is a positive outcome of being drug free, and a protective factor for recovery. The following quote highlights this positive progression as they regain their sense of self.

I'm 62 days sober and this is the farthest I've gotten. So, I'm chuffed…so proud of myself…I feel like I can do it now, I'm on the way…I'm in a really good place now…When I started in [D15 CAT], I was lost, I couldn't figure out my head and now I'm looking forward and I'm happy…and everything is going to be ok…I'm proud of myself for what I've done and overcome
[Amy]

The necessity for a programme to empower people to build recovery capital is evident. Each person was challenged to address factors that contributed to their drug use. The value of this self-reflection is evidenced in the following quote:

> *Sarah: Before I started here, I used to never get out of bed. I was depressed, isolated and…for years I had that horrible anxious feeling, every day. I thought it would never go away but now it has*
>
> *Researcher: How did it go away?*
>
> *Sarah: Definitely from stopping taking drugs…It got worse when I was taking drugs cos they were just masking it…So, getting them out of my system and having to go through the feelings, the anxiety just melted away…I love [TRP], the people I've met and how the [TRP Case Workers] help you…I've learned how to live again…because I forgot how to live, I forgot how to smile…It was an absolute chore to do anything…I was going through so much emotional and physical pain. It was so hard and now it's gone…I was saying to [TRP Case Worker]…it's like I pushed myself out of my comfort zone in the prep group, then I started in New Beginnings and I got confidence in there, and in Discovery…through the meditations…I'm after finding the stillness in me…So, each group I'm finding something…Now I feel good and I am happy*

The people reported that empowerment not only builds recovery capital, it also builds hope for the future.

> *Patricia: There's days you feel mentally and emotionally drained but its good [because] instead of picking up a bottle or taking drugs, you're talking these issues out…I think I'd still be drinking if it wasn't for here. I know I'd still be drinking if it wasn't for here…This place [TRP] has saved my life and every month I'm here, I feel myself getting that little bit more confident…I'm going sailing and that'll be me getting over my fear of the water because I'm absolutely terrified of it…I'm just going to push myself through my fears*
>
> *Researcher: Why do you want to conquer your fears?*
>
> *Patricia: Cos I feel different, I feel brand new, I feel brave…It's to prove to meself, yeah, I've had a few bad years…but now I want to have a lot of good things cos when I push meself, that's when I achieve things*

- **RELATIONSHIPS**

The importance of relationships and peer support as a protective factor for drugs use has previously been reported. The people also reported how control over drug use has facilitated re-building family relationships and the development of friendships with non-drug using peers.

When I told my lass I was attending [TRP], she said 'I'm not going to say well done…I'll see what you're like in six month's time cos the last time you swore you'd never drink again, you did…A few weeks ago, she said 'are you still enjoying it up there?' and I said 'its my saviour, that place has saved my life and I'm making friends'…She said I know I said I'd wait six months but I'm very proud of you'…Well, I nearly started crying cos it's a long time since me kids said they were proud of me. I think they can see the work that I'm doing…and that what I've learned in [TRP] I'm bringing home with me. So, since I got into recovery…things have changed. I've built great relations back up with the kids… and I'm now physically and emotionally available for my kids and that feels great
[Patricia]

I feel like I'm being very wary about my friends and the kind of people I want to hang around with now…I'm gravitating to people who have a life that doesn't revolve around alcohol. My friends before would have done things that all ended up with going to the pub
[Amy]

- **EMPLOYMENT**

The people reported how control over their drug use has provided them with the opportunity to reintegrate into employment. The importance of having this focus and routine was reported as a protective factor for recovery.

Researcher: What's driving you to stay off drugs?

Tony: Work…It's good to get out and do some work instead of sitting home with nothing to do, a bit of normality…At this point, I'm trying to make my life, not ruin it. If I go back to drugs, that's damaging my health…and I don't want to be like that…I don't want to do something that could destroy my life

As previously reported, the people highlighted how gaining control over addiction brings hope for the future.

I'd love to do a business course because I would love to set up my own business…This time next year, I want to be going to the bank to get the ball rolling on getting a loan to set up my business…and leave alcohol and everything in the past…I've always thought about setting up my own business but I would have never done it because I'd be concentrating on getting drink or surviving the next hangover. I could hardly organise anything when I was in active drinking…but now there's nothing holding me back
[Amy]

This analysis has identified the positive impact attending TRP and D15 CAT can have for people. It identifies how engagement with the programmes can empower people to gain control of their addiction. The analysis highlights the value of and need for evidence-led community-based treatment and rehabilitation services.

5. LOSING AND REGAINING CONTROL: THE NATURE OF ADDICTION WITHIN THE FAMILY

This chapter reports people's experiences of attending family support services. Six services in Dublin 15 operate family support services for people affected by their relatives drug and/or alcohol use. These services are:

1. Blakestown Mountview Youth Initiative (BMYI)
2. Blanchardstown Youth Service, Working to Enhance Blanchardstown (BYS WEB)
3. BLDATF Dublin 15 Family Support (BLDATF D15 FS)
4. D15 Community Addiction Team (D15 CAT)
5. Mulhuddart/Corduff Community Drug & Alcohol Team (M/C CDAT)
6. Neighbourhood Youth Project (NYP)

The people who participated in this research attended the first four services. The first three services operate strengths-based evidence-based programmes, either the 5-Step Method or the Parents Plus Programme. The fourth service operates a strengths-based approach by utilizing the 5-Step Method, though it does not complete the programme in the prescribed manner. A brief description of these evidence-based programmes are as follows:

- **5-STEP METHOD**
  The 5-Step Method is a brief psycho-social intervention which works with family members affected by drug and alcohol use. It does not see family members solely as supporters for their loved one but as people needing support for themselves. The programme involves completion of the following steps:

  - Step 1: Reflect on how relative's behaviour affects the client and their family
  - Step 2: Increase knowledge and understanding about addiction
  - Step 3: Examine responses to relative's behaviour
  - Step 4: Increase social support network
  - Step 5: Identify additional support or services required

- **PARENTS PLUS ADOLESCENCE PROGRAMME**
  The Parents Plus Adolescence Programme adopts a positive approach to parenting. The objectives of the programme are to support parents of adolescents to:

- Improve parent-teenager relationships
- Communicate positively and effectively
- Manage and resolve conflict
- Negotiate rules and boundaries
- Reduce parental stress
- Build parental self-esteem and confidence

Six people participated in the research, four were women and two were men. Four of these people had children who were drug users, and one person's partner was a drug user. Three of these people completed the 5-Step Method and two people received strengths-based interventions. The data from these five people has been reported together. Alcohol and drugs were not an issue for the sixth person, but the data has been included as a case study because it shows how completion of the Parents Plus programme can have a positive impact on a family unit.

A biography of each person affected by drugs or alcohol is provided to contextualise the following analysis. To uphold confidentiality, details concerning each person, including their names, have been changed.

BEN (aged 49)

Ben began attending D15 CAT Family Support service in early 2020. This service operates a strengths-based approach. Ben's account was produced from three interviews completed from June to August 2021.

Ben is father to three teenagers, two daughters and a son. He attends the service due to his son's addiction. Ben highlights the negative impact of drug use on the family unit. He reports that his son's behaviour necessitated the involvement of the Gardai and securing a protection order. Ben reflects on the factors that contributed to his son's drug use, identifying how the family context can lead to the development of inter-generational drug use. Ben highlights the importance of peer support and how the shared experience can improve wellbeing. At the time of interview, Ben's son was drug free and re-integrating with the family. Ben reported that harmony had been reinstated in the family home.

HARRY (aged 57)

Harry began attending D15 CAT Family Support service in May 2021. This service operates a strengths-based approach. Harry's account was produced from three interviews completed from August to October 2021.

Harry is father to two teenagers, a son, and a daughter. He attends the service due to his daughter's addiction. Harry highlights the negative impact of drug use on mental health and family relationships. He reported a lack of knowledge about addiction and how this resulted in him feeling overwhelmed, lost and in need of expert guidance. Harry also reported the challenge associated with acknowledging addiction within the family and how feelings of stigma can be a barrier to seeking support. Harry highlighted the importance of peer support and how the shared experience can improve wellbeing.

JOANNE (aged 57)

Joanne began attending the BMYI Family Support service in 2018. She started the 5-Step Method in May 2021. Joanne's account of completing the 5-Step Method is retrospective and was produced from three interviews from July to August 2021.

Joanne's son is a drug user and has been homeless for several years. Consequently, she is guardian to her teenage grandson. Joanne began attended the service because her grandson was having issues in school. While she came to the service for support with her grandson, a lot of the work she completed while doing the 5-Step Method involved exploring her feelings concerning her son's addiction. Joanne reported that the impact of her son's addiction manifested in her blaming herself for not realising that her son was struggling with addiction. Through engagement with the 5-Step Method, Joanne overcame her feelings of blame and learned to forgive herself. Like Harry, she also reported the challenge associated with acknowledging addiction within the family and how feelings of stigma can be overcome. It is evident that completion of this evidence-based programme had a positive impact on her wellbeing.

LAURA (aged 61)

Laura began attending the BLDATF D15 FS service in February 2020. Her account of completing the 5-Step Method is retrospective and was produced from three interviews completed from August to September 2021.

Laura attends the service because her son has been in addiction for several years. As he is homeless, Laura has the additional worry of going through periods of not knowing where her son is. This has resulted in Laura putting herself in potentially dangerous situations to find him. When Laura came to the service, she had limited understanding about drug use and addiction, and reported how stressful it was to navigate her way through an area she had no knowledge of. Throughout her account, Laura's sense of loss is apparent, the loss of her son to addiction and the loss of the mother-son relationship. Her need for professional support was asserted repeatedly. Like Joanne, the positive impact of the 5-Step Method was evident. Through completion of this programme, Laura improved her coping strategies and prioritised her wellbeing.

NORA (aged 46)

Nora began attending BLDATF D15 FS service in October 2020. Her account of completing the 5-Step Method is retrospective and was produced from three interviews completed from August to September 2021.

Nora attends the service because her partner has been in addiction for a long time. She also has to cope with domestic violence. Nora and her partner have a teenage daughter, so she is parenting in challenging circumstances. Nora highlights how living with an abusive addict negatively impacts herself and her daughter. She reports the stress and strain of trying to cope with this situation, and how this has been compounded by isolation due to feelings of stigma. Nora reports how being supported through the 5-Step Method empowered her to prioritise her wellbeing and leave this abusive relationship. She highlights the importance of implementing an evidence-based programme.

NATURE OF CONTROL AND CHANGE FOR FAMILY MEMBERS

Each person reported the negative impact of drug use on their mental health and family relationships. Through implementation of the strengths-based interventions, they were encouraged to reflect on their situation. Through this self-reflection, they developed new levels of understanding and awareness which empowered them to improve their coping strategies. These changes positively impacted each person's wellbeing. The effectiveness of the 5-Step Method for supporting positive progression is evident. The data highlights the value of and need for evidence-led community-based family support services. Like the people in treatment, the themes of change and control are central to these people's experiences. When they first presented to services, they reported feelings of helplessness and a lack of control over their situation. As they progressed through the programmes, they were empowered to change and regain control over their lives.

IMPACT OF ADDICTION ON FAMILY MEMBERS MENTAL HEALTH

The aim of Step 1 of the 5-Step Method is to give clients the opportunity to reflect on how their relative's behaviour affects them and their family. Each person reported the negative impact on their mental health. They reported feelings of anxiety, fear, guilt and helplessness. The strain on their mental health and the fear for their children's lives is evident in the following quotes:

> *My son is a drug addict…and I was having severe issues tracking him down and I was in an area I knew nothing about, and I needed support and help for myself…I was in a very bad place in relation to his drug addiction. I had taken the decision the previous [year] to put him out of my home…That was just traumatic…I felt so guilty. So low at that stage…I had severe difficulties... insofar that I couldn't contact him. He had lost the…homes where friends had been putting him up...He'd lost his job and I was a total wreck with worry…I was at the stage of total confusion and disbelief. There's no words to describe how bad it was and there was no end to it*
> [Laura]

> *My wife thinks that [drugs] are the only thing our daughter has at the moment and if she didn't have them, she'd kill herself…Learning how hard it is to deal with your helplessness as a father, that's massive…I don't know what I would have done without D15 CAT*
> [Harry]

For some people, the strain of living with addiction was further exacerbated by having to cope with domestic violence. The following accounts report the emotional and physical violence experienced. For some, the threat to their safety was so great that they needed to get protection orders.

[My partner] was abusing his prescription drugs...being abusive to me too...I wasn't being physically hit…it was coercive behaviours and control…I was frazzled…always a layer of huge anxiety and stress…I had to get a protection order
[Nora]

It had havoc on us. There was murder in the house. He punched me there about a year ago, roaring and screaming…a lunatic, absolute lunatic…We got a protection order…against him
[Ben]

The value of Step 1 for facilitating new insights was reported. Blame was a common emotion felt by the people. For example, the impact of Joanne's son's addiction manifested in her blaming herself for not realising that her son was struggling with addiction. By completion of Step 1, Joanne realised that she wasn't responsible for her son's addiction, and that she had no control over it. She reported how this Step helped her to let go of the guilt associated with these feeling.

Researcher: Did Step 1 bring new insights into how your son's addiction affected you?

Joanne: Yeah, even though I had an understanding of drug issues…in a work environment, I'd no experience of it in my personal life…I had done addiction studies…I thought I knew the signs…and I couldn't understand how I didn't see the signs of his problems…I was consumed with guilt…Step 1 was a very interesting step for me because I kind of felt I was to blame for a lot of stuff and I was holding onto that blame. For me, that was one of my biggest frustrations… [I learned] that my son's addiction wasn't my responsibility

Another insight the people reported was the need to take care of their mental health. This account also highlights the need for professional support when in a vulnerable situation.

The last time I came to [BLDATF D15 FS Educational Family Support Worker] we were talking about stress, and how I deal with it...I was in the situation where I'd come home from work…and feel like going to bed. I had become introverted, and I hadn't been going out...I didn't recognise that this was stress

and could easily lead to depression…[BLDATF D15 FS Educational Family Support Worker] made me realise I didn't want to go down that path...of being depressed...Mental health is really important...It's just being self-aware but when you're caught up in a stressful situation, you don't see it yourself
[Nora]

IMPACT OF ADDICTION ON FAMILY RELATIONSHIPS

The people reported the negative impact of addiction on family relationships. They discussed how relationships changed due to their family members addiction. They reported the challenge associated with acknowledging this change, and how feelings of stigma needed to be negotiated. Self-reflection produced realisations concerning control. In particular, the people reported a lack of control over their relative's drug use, and the need to gain control of themselves.

NATURE OF CHANGE IN RELATIONSHIPS

The nature of change in relationships included relationship breakdown, feelings of loss and stigma. The people highlighted that Step 1 and Step 2 of the 5-Step Method assisted them to reflect on the nature of their relationship with their relatives.

The divisive nature of addiction on family relationships is evident in the following quotes:

> *He didn't have a relationship with [our daughter]...and the older our daughter gets, the bigger the gap in the relationship…She came out to him but he was so out of it that he doesn't remember...So, that's really damaging*
> [Nora]

> *He has two sisters…and he had them brainwashed that we were the bad guys, and he was just smoking a bit of weed…It had a huge impact on his sisters… the screaming, the shouting, calling the guards…He caused a lot of trouble... Total turmoil in the home*
> [Ben]

For each person, the sense of loss was apparent, the loss of their children or partner to addiction and the loss of these important relationships.

> *One day, we got a takeaway and went to the beach, and we had great craic. It was like him and I the old [times] but I said to myself…this isn't going to last… and that takes huge adjustment…He's no longer the college educated man we all looked up to…He's now the one who has neither house nor home…So, it's very hard to take and that's why coming to talk about it is so beneficial because it is a horrific situation*
> [Laura]

> *He could have had the family, with me and our daughter…living a good life, going on holidays, being together…but he chose drugs instead*
> [Nora]

The family context is a risk factor for the development of inter-generational drug and alcohol dependence. Ben reports the impact of his wife's drug and alcohol use on their son.

> *His mother used to have addiction issues…she'd drink and…take tablets. That's what I put a lot of my son's drug use down to…He saw an awful lot when he was younger*
> [Ben]

A common theme reported by the people is the challenge associated with acknowledging that addiction is part of their family. This acknowledgement is reported as a process, something that they came to accept over time. It was navigated in part by completion of Step 1 and 2. The people reported that these Steps assisted them to gain a new perspective concerning how addiction affects the individual. This new perspective helped them change their expectations of their relatives and acknowledge that family relationships have changed.

> *It was very hard to get my head around that [addiction] had happened in my family…So, I needed support…[BMYI] helped me…To be able to release and talk about how I felt was a way of me learning that yeah, I can deal with it…So, that was important*
> [Joanne]

> *I was faced with a position where I knew nothing about drugs, I knew nothing about people's behaviours…I was expecting, when I discovered he was taking drugs, that he was going to be so shocked that he was…going to change but nothing, not even a sorry, not even a 'I want to get off the drugs', it was a complete defence on his part…no sit down and have a discussion…The way I then felt was that…I could have an intelligent conversation with him saying 'look, coming into my home like that, you're bringing drugs in…that's not allowed' but that made not a blind bit of difference…But I now know that that's the addict and he wasn't going to accept any of that…The deeper I get into this area of life, the more I rely on [BLDATF D15 FS Coordinator] because I am completely naive to that whole world because a drug addict is a completely different person*
> [Laura]

The people reported that part of the process of acknowledging that addiction was part of their family, was dealing with the stigma they perceived to be associated with their relative's drug use. They reported how this stigma led to isolation.

> *There's a real shame…that you are in this position…You withdraw from people because you don't want this problem to be outside this house*
> [Laura]

It damages the family…your house like a prison…you have to hide things. If he was in the house, people couldn't come into it…and that's no way to live for years and years
[Nora]

The challenge of acknowledging the change in relationships is associated with learning how to cope with this reality. The people reported that this involved the realisation that they have a lack of control over their relative's drug use. Therefore, they need to relinquish control of their relative's behaviour and they realise that they can only control their own behaviour. The people reported that the 5-Step Method helped them regain control where previously they were overwhelmed by their situation.

Laura: Looking [at the wheel of change]…he's at precontemplation at the moment because [he's not thinking] 'I'm at rock bottom, I'm a drug addict, I need help'

Researcher: Has learning about addiction helped you?

Laura: Absolutely because I…couldn't understand why I wasn't getting a normal response…That is just so bitterly hard…It took me ages to get it into my head, [that] no matter what I was doing, I could never stop him from taking the drugs…took me years

Researcher: Is that something you realised before you came to the service?

Laura: No. When I came to [BLDATF D15 FS Coordinator], I was trying to manage it on my own without acknowledging what was going on because I didn't fully understand what was going on…Through working with [BLDATF D15 FS Coordinator], I now know I couldn't solve anything…His façade was falling and fading and I was becoming much more aware of it…I now know I can't turn him back into what he was and talking with [BLDATF D15 FS Coordinator] you come not to accept it but realise that that is the reality of it…I need…to take the emotion out of it. There are the dreams and the hopes that I had [for him]…I'm now dealing with today….and by talking with [BLDATF D15 FS Coordinator]…I'm able to focus in and say…I have to stop here and take a step back and deal with the reality…I'm not going to sort his problem…and while I offer him my total support, I cannot help him while he's using [drugs]…and that's a huge learning for me

They also reported a new understanding that their relative will only seek help when they are ready to receive it.

> *I'm learning I have no control…I no longer go through her room [looking for drugs] and that's because if she's going to do it, that's her choice and there's nothing I can do…You can't make somebody else get help when they're not ready. I understand that now, that she's not ready*
> [Harry]

The aim of Step 3 is to support clients to examine how they respond to and cope with their relative's behaviour. It identifies three types of coping, from being engaged and trying to deal with the problem, to tolerating it, and to withdrawing from the drug user. The 5-Step Method stresses there is no right way to cope and encourages reflection on the advantages and disadvantages of coping strategies. It also supports the identification of ways of responding that are best for the client. The people reported how completion of Step 3 supported them to improve their coping strategies and gain control over their circumstances. In particular, Step 3 taught tools for managing stressful circumstances and avoiding conflict.

> *It makes you question what you're doing and whether it's helpful for you and your child…So, it was giving me an insight into my behaviour…and it teaches skills of how to deal with the person, how to not get into arguments, to avoid stressful situations and...Then I got to the stage where I was managing the contact I had with him...and breaking the cycle of arguments…So, [BLDATF D15 FS Educational Family Support Worker] advised that when he tried to pull me into an argument, I could just say to him 'I don't want to talk about this, I'm not going to talk about this'…and to just leave the situation…So, I realised that I couldn't change his behaviour…It was my behaviour that needed to change…I was being guided to change...and I felt like I had my power back*
> [Nora]

The people described a decision-making technique that assisted them to gain perspective when faced with challenging circumstances.

> *Then he went missing…that's when I was really at my worst because I didn't know where he was…I ended up in the police station about to report him missing…So, the guard…said to me 'if I tell you he's alive will that be enough?' and I said 'yes, that's grand, that's all I want'…This is where [BLDATF D15 FS Coordinator] is so good…[because] we do the plan, 'what did I want to gain from the policeman?'…and I wanted to know if he was dead or alive…So, [BLDATF D15 FS Coordinator] helps me put that into perspective…and you*

> *really need someone to tell you that you haven't lost the plot…this is natural… So…when I'm in the midst of it, I'm saying to myself 'What does [BLDATF D15 FS Coordinator] say?…'Take a deep breath and ask what are you gaining out of this? And if I'm not gaining anything…cut it'. So, that's what I do now…I have been able now to rationally think these things out…Even my daughter has noticed that I'm calmer now and more focused in my approach*
> [Laura]

Through completion of Step 3, the people reported making changes to their coping strategies which prioritised their wellbeing.

> *I got a protection order…My partner was constantly ringing me and texting me...and his words and messages were abusive...I used to flinch every time my phone went…For him to understand the severity of the situation, I went and got the protection order, and that was through talking with [BLDATF D15 FS Educational Family Support Worker], just to say [to him] 'your behaviour is not acceptable...legally you can't harass me anymore'…It stopped his incessant calls and texts...and if he tried to do anything I'll just call the guards. So, I do feel protected now*
> [Nora]

The people reported that by learning how to cope and by changing their behaviours, can illicit feelings of guilt. However, they realised that by going through this process, their wellbeing and their family's wellbeing has improved.

> *Researcher: You said that you were starting to do things for yourself to mind yourself*
>
> *Harry: Yes…I'm fixing myself by going to counselling…going back working… I've gotten into walking a lot...being out in nature...It's all good…and a huge change...but there can be guilt around that too because…I feel like I'm withdrawing…and I feel guilty because I should actually be at home with [my daughter]...So, it's good to realise that with me…taking breaks and...being well, that's going to impact the whole family in a positive way*

The importance of supportive relationships to people affected by addiction was highlighted. The aim of Step 4 is for clients to increase the quality of support they receive from family and friends. The people reported that as a consequence of working through all the previous steps, they became empowered to overcome feelings of stigma to seek support.

I don't hide anymore and it's great because I hid it for years, I lived a lie...Now I tell people what he's doing and what substance he's using because they understand then...They can support me
[Nora]

I was only able to open up and talk to my family after being in the group [D15 CAT]…I was torn because I didn't know if my family would look negatively at [my daughter]…but they're definitely not judgemental about it…I was torn but I did it because I was looking for help...and it was good just to have the conversation
[Harry]

POSITIVE OUTCOMES

Each person reported that their wellbeing had increased by attendance at the family support services. The positive outcomes they reported are as follows:

- **BEN**

  Ben reported the positive impact becoming drug free has had on his son and his family.

  My son's just a different guy, he's a joy to be around...He wants to do stuff now…he's working…Our relationship is improving…and he's turned around totally…Everything's much better for him since he stopped smoking [cannabis], he's sleeping better, feeling better, mental health is better, he's positive…and the house is calmer now and there's an awful lot less worry about what's going on at home

- **HARRY**

  Harry highlighted the importance of peer support and how the shared experience can improve wellbeing.

  [D15 CAT] has made such a difference to me…It's benefited me hugely and has helped me cope with my situation…The people in the group who are in similar situations…I feel they understand, and it's that understanding that helps so much…They get your experiences…They are walking in my shoes...I learn from them and that gives me hope and that's huge…I was lost before I found [D15 CAT]

- **JOANNE**

  Joanne overcame her feelings of blame for not realising her son was struggling with addiction and learned to forgive herself.

  I couldn't understand how I didn't see the signs of his problems…I was consumed with guilt…I felt I was to blame for a lot of stuff…So, I needed support…and [BMYI] helped me look at things in a different light…and [I learned] that my son's addiction wasn't my responsibility…So, that was important

- **LAURA**

  Through completion of the 5-Step Method, Laura changed her coping strategies and prioritised her wellbeing.

  I've knocked at people's doors looking for [my son]…strangers homes, drug users, not knowing my exit route…So, my family worry that I'm off on my own

doing these things, not knowing what I'm walking into…I've done a few hair-brained schemes and I've discovered that maybe…the people he's with are more unpredictable…and it's that unpredictability that would scare me…Now, I don't go on the run to see where he is…and that's why having the support of a service like [BLDATF D15 FS] puts it in context

- **NORA**

  Nora reported that the 5-Step Method empowered her to leave her abusive partner and prioritise her wellbeing.

  I decided that...I can't actually live in this situation anymore...because he used to harass me…All those steps that I'd taken…from Step 1, 'what's happened to me', 'why has it happened to me', to 'it's not my fault it's happened to me, I'm dealing with a person who's an addict', and then you eventually say 'I'm going to break the cycle'…I learned that I didn't have to be in that situation at all… If I hadn't of come to [BLDATF D15 FS] I don't think I would have been in that situation...I'm only strong enough because I have the support from [BLDATF D15 FS Educational Family Support Worker] and I can now take the final steps... and say to him 'you have to leave the house...we will live separately'

VALUE OF FAMILY SUPPORT SERVICES

Additional benefits of attending family support services were reported. These benefits are as follows:

1. Focus on the family member rather than the drug or alcohol user

The people reported the importance of a service that focused on them, as family members requiring support, rather than focusing on the person with the addiction. Some people also reported that they had been struggling for quite some time without any support.

Years ago, I went [to a community service] in Dublin 15…when [my daughter] was just a baby…My partners drug use got really bad…and he wasn't working and…he was a fully blown heroin addict using intravenous drugs…I came [to a community service] and they were trying to get him back on the straight and narrow...but it was all about him, the addict and I was just on the side-lines...I spoke to somebody and they said 'he's going to get help, he's going to get better' but...I didn't have any support from them...which was so different from [BLDATF D15 FS] where it was more about me and my family and less about him
[Nora]

2. Providing a 'safe space' and operating a non-judgemental approach

The people reported the benefit of having a service that adopted a non-judgemental approach and provided a safe space for them to discuss issues they may have nowhere else to discuss.

When I first came to the service, [D15 CAT Project Worker] explained the service. He made me feel comfortable and he made me feel safe. So, I could talk about things and there was no judgement…no right or wrong way to handle the situation when you have children using drugs...and that was very important…It was a huge relief to know there is somewhere to come to talk about things…That has taken a huge stressor off me
[Harry]

3. Receiving support and guidance from addiction specialists

The people reported the value of receiving support and guidance from addiction specialists. Many reported that they and their family had a lack of knowledge about addiction which necessitated support from addiction specialists.

You need experienced professional qualified people to help and guide you with your situation…My family…they've been looking in knowing there's issues but

> *not being able to help because they didn't know how to…I used to go to them first but now I don't because there's nothing they can really do. They don't know what to say, they can't advise…because they don't know what they're talking about...I talk to [BLDATF D15 FS Educational Family Support Worker]... She's the appropriate person to talk to…and I can't tell you how important her support is…It helps me cope*
> [Nora]

This analysis has identified the positive impact of the 5-Step Method for increasing wellbeing while having addiction within the family. It identifies how engagement with the programme can change feelings of helplessness and a lack of control, to feelings of empowerment and assist people to regain control over their lives. The analysis highlights the value of and need for evidence-led community-based family support services.

CASE STUDY: PARENTS PLUS ADOLESCENCE PROGRAMME

HELEN (aged 40)

Helen attended the BYS WEB service from May to June 2021. Her account of completing Parents Plus is retrospective and was produced from two interviews in August 2021.

Helen has three children ranging in age from 6 to 15 years. As a single parent with an abusive ex-husband, she parents in challenging circumstances. Helen attended the service for guidance on how to improve her parenting skills. While alcohol and drugs were not an issue for Helen or her children, this case study has been included because it shows how completion of the Parents Plus programme can improve parenting skills and family relationships. It highlights how positive communication can be the cornerstone of these improvements within a family.

Similar to the other people who participated in the research, the themes of control and change are evident throughout this case study. When Helen first attended the service, she reported feeling a lack of control over her situation, including her parenting ability. By completion of the programme, it was clear that she had regained control and confidence in her abilities.

NEGATIVE IMPACT OF CHALLENGING RELATIONSHIPS ON MENTAL HEALTH

This case study highlights the negative impact of challenging relationships on mental health. When Helen first attended the service, she reported feeling overwhelmed and stressed by her relationship with her abusive ex-husband. Helen also reported that her relationship with her teenage son was challenging, and she questioned her parenting ability.

> *There was a lot of clashing between myself and my teenager and, I wasn't sure what best way to deal with it…I was having trouble communicating with him and I found that things were quite tense. I felt I wasn't doing a great job. I struggle because I'm separated, I won't say I'm co-parenting because there's a lot of conflict…I was finding it quite hard because I had a lot of stuff on. I'd been in court to get a safety order…So he [ex-husband] is not allowed in the home…I've lived with [domestic abuse] for a long time…I just thought I was losing my mind…It's years of psychological abuse that just doesn't go away…I had all that stress and then I felt I wasn't doing the best for the kids*

During this first contact with the service, Helen reported being anxious due to her negative feelings about her parenting skills. The importance of a non-judgemental approach towards clients is evident in the following account.

Researcher: Can you think back to the first time you talked with [BYS WEB Family Support Worker], how were you feeling?

Helen: I was a little bit anxious. I suppose it's hard to admit that you feel like you were failing…But [BYS WEB Family Support Worker] put me at ease…and told me I wasn't alone…that everybody finds [parenting] difficult and everybody has issues with children, and there's no perfect way to parent

POSITIVE IMPACT OF PARENTS PLUS ADOLESCENCE PROGRAMME

The following data reports how learning and implementing the Parents Plus programme can have positive outcomes for the parent-child relationship. Helen reported that Parents Plus teaches a range of communication tools. She provided an account of the 'Press the Pause Button' tool that is designed to encourage listening and improve communication.

Helen: The [BYS WEB Family Support Worker] taught me how to positively reinforce behaviours in the children. So, not to focus…on any of the negatives… and just to have open discussions…How to communicate…[and] not to lose… your temper and shout…It is all about engaging with your child, listening to them…I found I was saying no a lot, kind of shouting a lot more rather than sitting back…So, part of the Parents Plus is pressing the pause button, not going straight in going 'no', letting them finish speaking, [acknowledging] that I'm not always right…and that's worked well

Researcher: Can you give me an example of when you used the 'pause button'?

Helen: So, school is a big issue at the moment…My son wants to change [school]. Now I think that's a disastrous idea but from working with [BYS WEB Family Support Worker], I sat down, I took his reasons on why he wanted to do it. I told him why I didn't think it was a good idea, but I said I'd look into the options. So, I did [contact] the principal to talk about options…So, the big thing I've learned is to sit and listen to them…and try and resolve it…because I've found if I try to shut something down, it doesn't work…it would just spiral…and he shuts down and he just doesn't speak

The Parents Plus programme teaches the need to create opportunities for communication. The positive impact of implementing this tool is evident in the following account.

I learned to find the best places to talk to my son…and how to broach it. So, not to be too pushy or heavy. I found that by doing it like that my son was a lot more open…So, we'd go shopping and we'd be walking around and looking at stuff…and he was able to talk to me because I wasn't focused on him. While he knew I was listening but I wasn't sitting looking at his face…It was just finding what works for us…I've noticed when we're alone and in the car…he'll talk to me too because I'm not focused on him

The following account shows how adopting the Parents Plus communication tools had a positive impact on Helen and her son's relationship.

Researcher: Since completing the programme, can you see a difference in your relationship with your son?

Helen: Absolutely. He's talking to me…more, not about everything but the fact that he asked to go to counselling is a big thing that…he felt comfortable enough to talk that I wasn't just going to shut him down…So, he finds it easier to talk to me…and he seems happy now that I have made the effort and I listen to him…because before he said that he couldn't talk [because] I'd always just say no before listening to what he actually wanted…It's all about the teenagers wanting to be heard and understood

The Parents Plus programme aims to build confidence in parenting skills. By the end of programme, Helen reported feeling more confident about her parenting skills.

Researcher: Has the programme changed how you feel about your parenting skills?

Helen: Yes…and I suppose it was the reassurance from [BYS WEB Family Support Worker] as well because [BYS WEB Family Support Worker] was setting me tasks and sitting down to go through the tools, and [BYS WEB Family Support Worker] was like 'you're flying it, you're underestimating yourself'. So, it was good to hear somebody else say that rather than me just [thinking] 'oh, I'm awful, I can't do this'…It was good reassurance…I know that everything that has gone on [with my ex-husband], the abuse, has probably affected the kids. So that's where the Parents Plus comes into it, so that I know I'm doing the best that I can for them

Another aim of the Parents Plus programme is to reduce parental stress. Helen reported how when she began the programme she questioned her parental ability, and as she progressed through the programme, her stress levels reduced.

> *Researcher: Has the programme impacted your stress levels?*
>
> *Helen: With the parenting yes…It's a lot less stressful. I find I'm not snapping as much at things that they might do because I have that 'Press the Pause Button' in my head…My home is now a lot less tense*

It is evident that implementing the Parents Plus approach had a positive impact on Helen and her son. It decreased conflict and stress, and improved their communication and relationship. Through completion of the Parents Plus programme, Helen reported feeling more confident concerning her parenting abilities. The data highlights the value of and need for evidence-led community-based family support services.

The qualitative data presented in this report highlights the challenges and difficulties that many people have in dealing with past and present trauma and finding courses of action that do not further traumatise them and their families and friends. It also highlights the difficulty of doing this alone, and how the support and guidance of trained professionals, using tried and tested techniques, can greatly facilitate people to equip themselves with the necessary tools to move forward in their lives in a more positive and constructive way. We find the data affirms the value of the services and validates the statutory policy that provides these services.

6. DRUG-RELATED LITTER

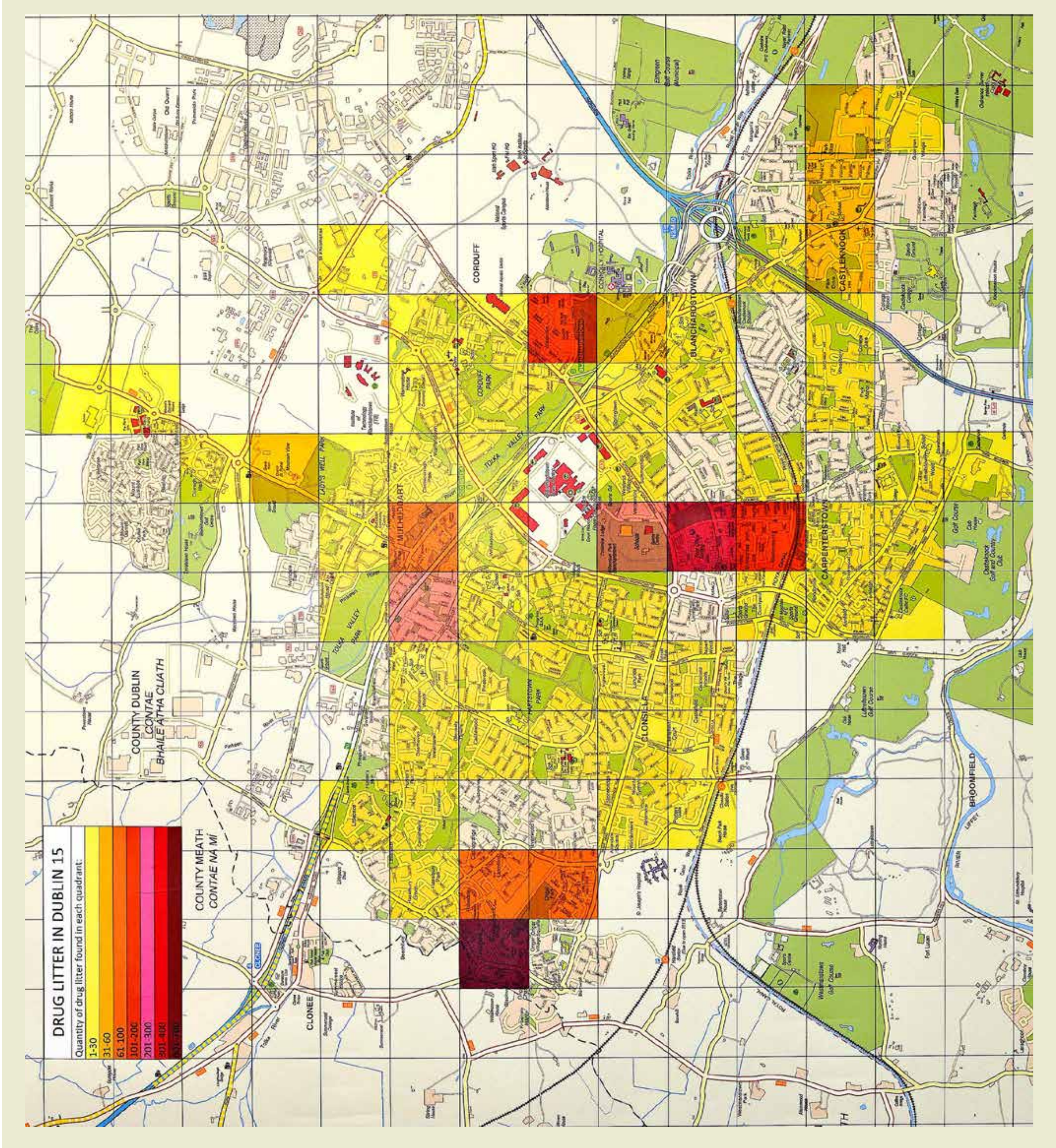
Since the first DATMS, we have focused on drug-related litter as a way of evaluating the real levels of drug use within Dublin 15. Drug-related litter is defined as drug paraphernalia that has been improperly discarded. It provides a way to add to existing information sources about local drug use. Drug-related 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, 5 and 6, we mapped this litter and extended the survey to the whole of Dublin 15. The following conclusions were evident from the drug litter data:

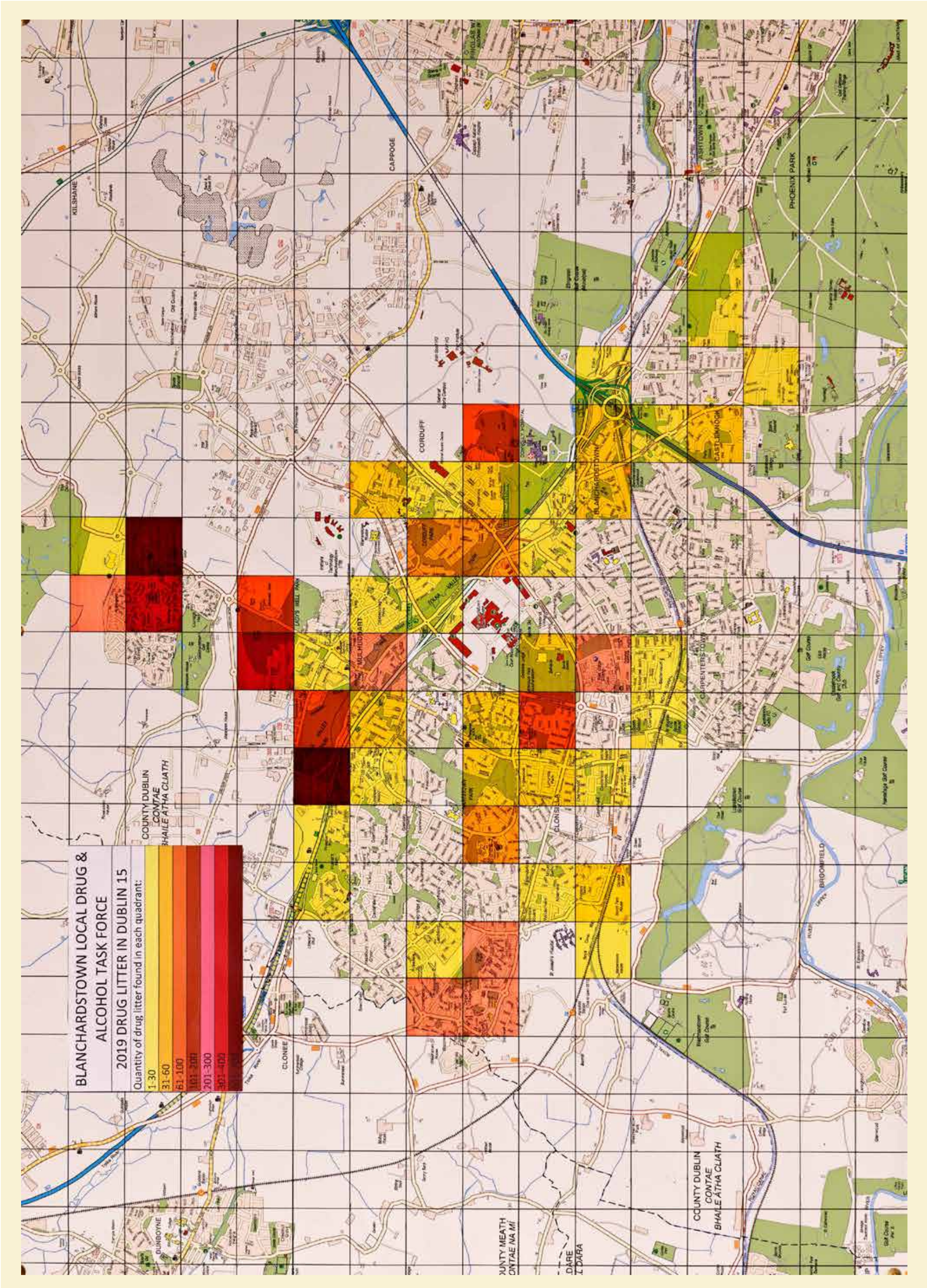
- Year 2, 5 and 6 identified a large geographical spread of drug litter throughout Dublin 15, identifying drug and alcohol use is a community wide issue crossing all socio-economic boundaries
- In Year 2, the largest concentrations of drug litter were found outside areas more traditionally associated with drug use; in Year 5 and 6, the largest concentrations of drug litter were found throughout Dublin 15, in areas associated with both affluence and deprivation
- For Year 2 and 5, 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[4]
- Concentrations of drug litter in close proximity to schools

[4] It was not possible to consider this conclusion in Year 6 because treatment demand maps were not produced

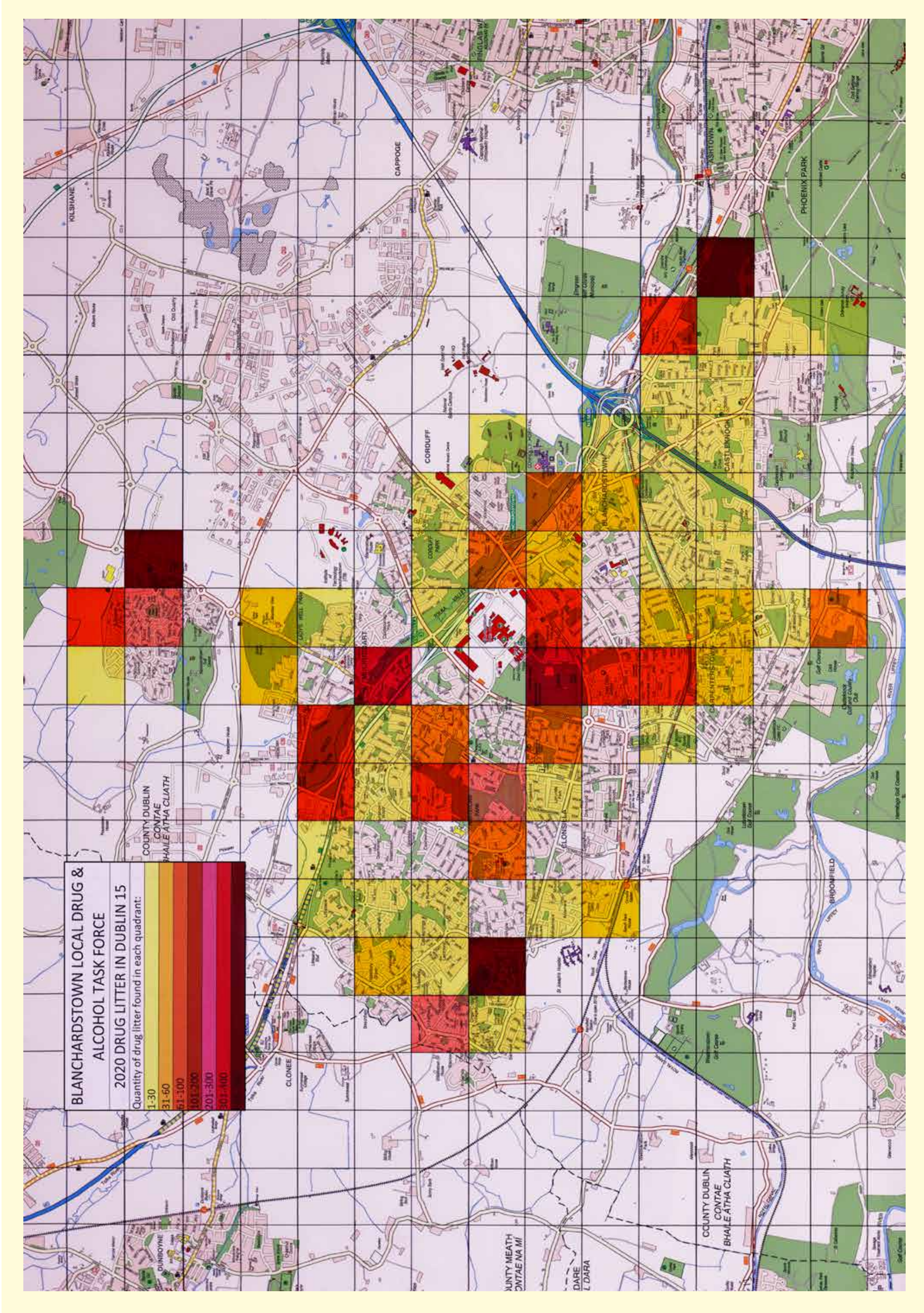
YEAR 2 Drug Litter in Dublin 15



YEAR 5 Drug Litter in Dublin 15



YEAR 6 Drug Litter in Dublin 15

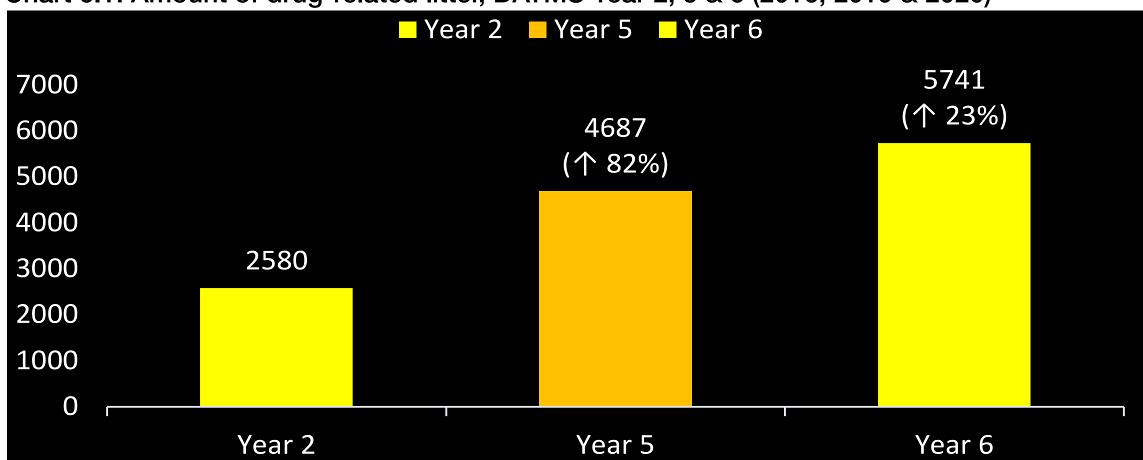


YEAR 6 (2020)

DRUG LITTER IN DUBLIN 15

The following analysis involves a comparison of drug-related litter found in Year 2, 5 and 6. From Year 2 to 6, there was a 123% increase in the amount of drug-related litter found in Dublin 15 (Chart 6.1). This may be due to an increase in the use of alcohol and drugs within the community. It may also be associated with Covid-19 health and safety policies, whereby the closure of alcohol-related establishments may have increased outdoor consumption of alcohol. 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, 5 and 6.

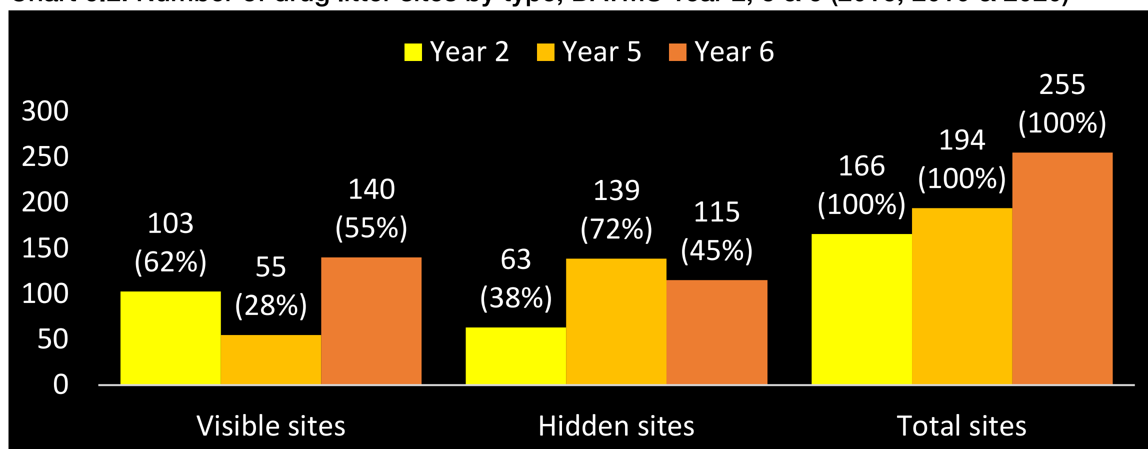
Chart 6.1: Amount of drug-related litter, DATMS Year 2, 5 & 6 (2016, 2019 & 2020)



VISIBLE AND HIDDEN DRUG LITTER SITES

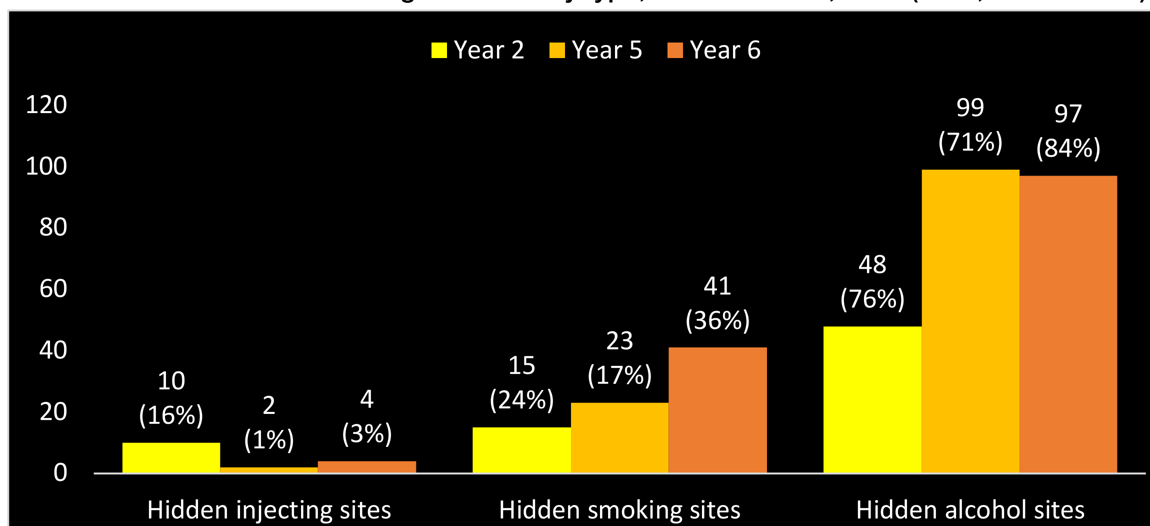
Drug-related litter was found in visible and hidden locations throughout Dublin 15. Hidden sites included areas where the environment provided privacy for the use of drugs. These areas are places that are covered by trees, in parks, behind walls or in derelict buildings. Visible sites included a range of locations such as housing estates, on roads, at shops or in parks. From Year 2 to Year 6, drug-related litter has become more visible in Dublin 15 (Chart 6.2).

Chart 6.2: Number of drug litter sites by type, DATMS Year 2, 5 & 6 (2016, 2019 & 2020)



- In Year 2, 5 and 6, the highest concentrations of drug-related litter were at the hidden sites, suggesting these sites were used for drug consumption
- From Year 2 to 6, there was an increase in the number of hidden sites used for smoking drugs, and a decrease in the number of sites for injecting drug use (Chart 6.3); these sites were located in both affluent and socio-economically deprived communities
- 69 (60%) of the hidden sites used for alcohol and/or drug consumption in Year 6 were found in Year 1 or 2; thus, evidence that these sites have been used repeatedly over a six-year period

Chart 6.3: Number of hidden drug litter sites by type, DATMS Year 2, 5 & 6 (2016, 2019 & 2020)



The following photos show a number of hidden sites found in Dublin 15. They were found in both affluent and socio-economically deprived areas. 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.

The first hidden site is within a park in Dublin 15. It shows how the environment supports drug and alcohol use, with tree trunks providing a seated area for drug consumption (Photo 1). As this site was found in Year 1, it has been used for drug consumption for at least six years. The type of litter found at this site included empty drug bags (Photo 2) and alcohol-related litter. There was additional evidence that the site was used repeatedly because some drug bags were clean and some were dirty, indicating they have been discarded over a period of time.

Photo 1

Photo 2

Photo 3 shows a hidden site within a housing estate that was used for smoking drugs. This site was found in Year 6. The smoking equipment includes foil with traces of heroin and a homemade pipe for crack cocaine.

Photo 3

Photo 4 shows a hidden site found in Year 1. It has been used for drug consumption for at least six years. This site is well prepared with a sofa and fire for comfort, and an awning for protection from the elements. In terms of drug-related litter, the majority of litter found at this location was alcohol-related. Smoking-related litter in the form of rolls of tinfoil were also found at this site.

Photo 4

Photo 5 shows injecting-related litter found in a forest area in Dublin 15. As this site was found in Year 2, it has been used for drug consumption for at least five years. The type of litter found at this site included empty syringe and stericup wrappers, indicating the use of heroin or cocaine.

Photo 5

Photo 6 shows alcohol-related litter found at a hidden site within a park in Dublin 15. As this site was found in Year 1, it has been used for drug consumption for at least six years.

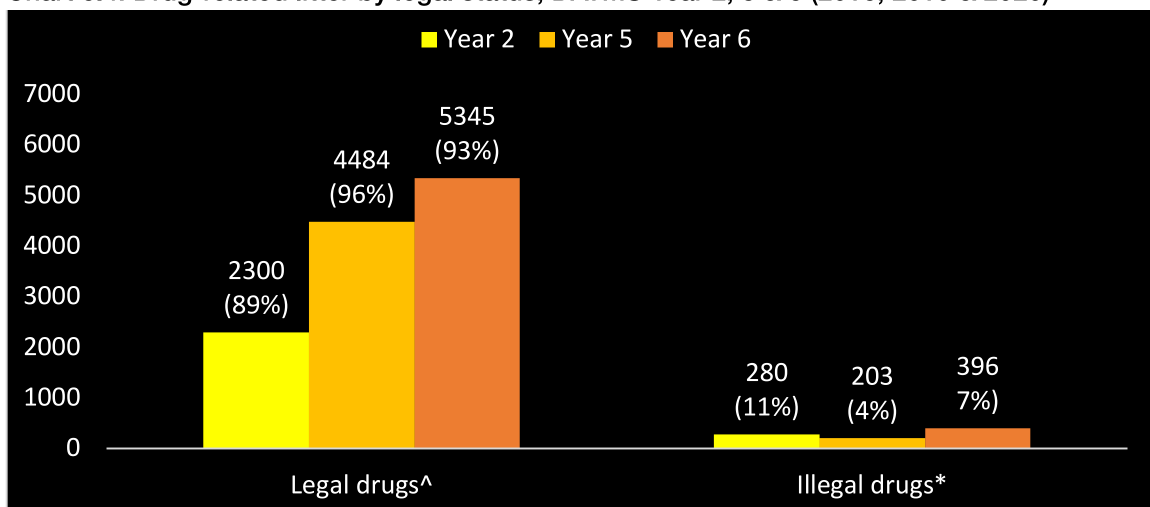
Photo 6

ANALYSIS OF DRUG-RELATED LITTER BY TYPE

Analysis of drug-related litter found throughout Dublin 15 in Year 2, 5 and 6 reports the following:

- Increase in amount of litter associated with legal drugs (Chart 6.4)
- Alcohol remains the most common type of drug-related litter (Chart 6.5)
- Increase in amount of alcohol/spirit-related litter (Chart 6.6)
- Increase in smoking-related litter associated with the use of heroin, crack cocaine and cannabis (Chart 6.7)
- Decrease in the amount of injecting-related litter (Chart 6.8)
- Benzodiazepines and z drugs were the most common prescribed drug-related litter; an increase in the amount of this drug-related litter was reported (Chart 6.9)

Chart 6.4: Drug-related litter by legal status, DATMS Year 2, 5 & 6 (2016, 2019 & 2020)



^ Alcohol, prescribed & over-the-counter drugs, aerosols
* Drug bags/containers, smoking and injecting equipment

Chart 6.5: Drug-related litter by type, DATMS Year 2, 5 & 6 (2016, 2019 & 2020)

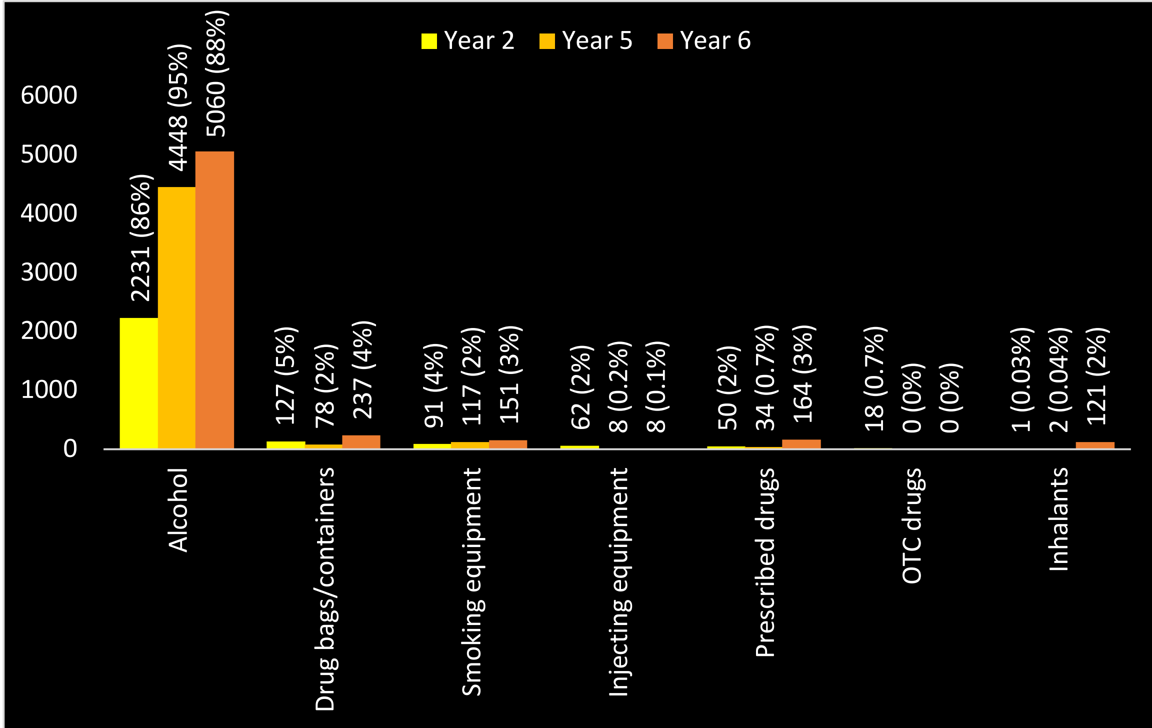


Chart 6.6: Alcohol-related litter by type, DATMS Year 2, 5 & 6 (2016, 2019 & 2020)

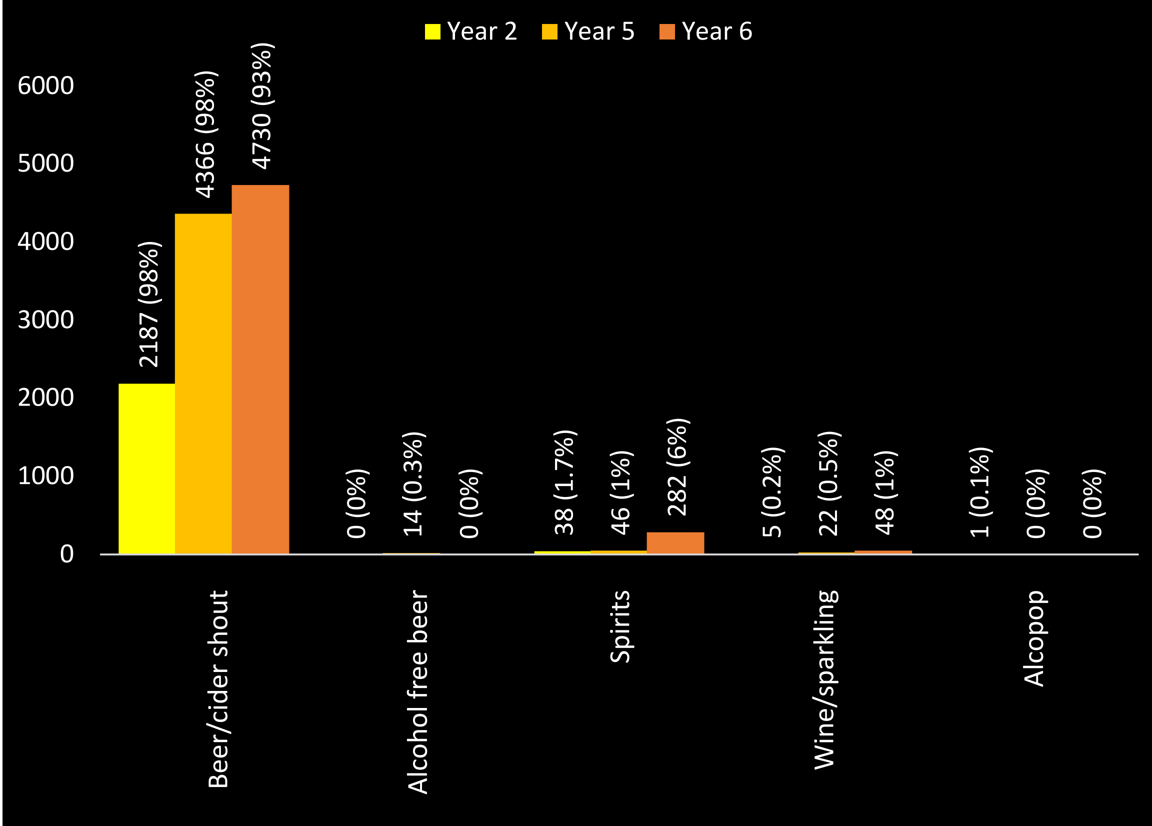


Chart 6.7: Smoking-related litter by type, DATMS Year 2, 5 & 6 (2016, 2019 & 2020)

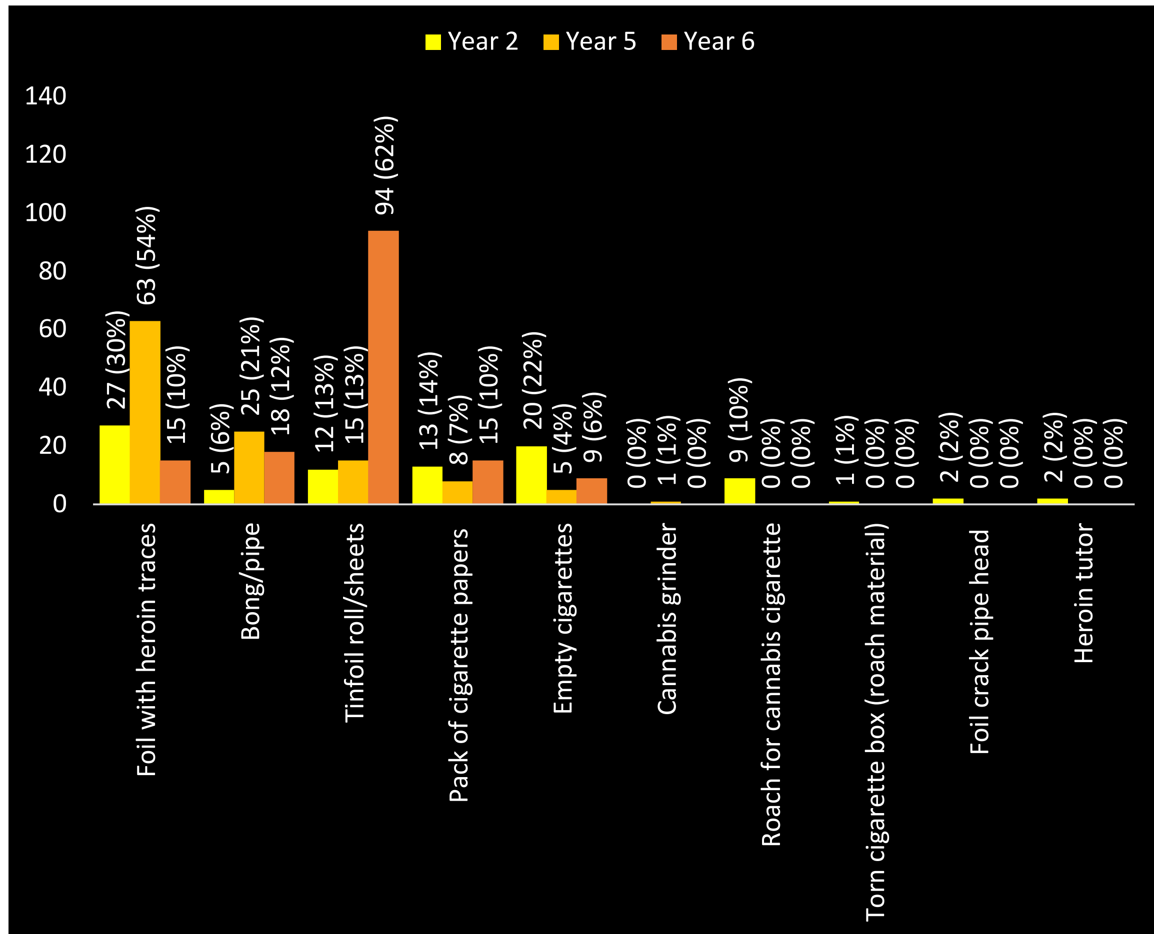


Chart 6.8: Injecting-related litter by type, DATMS Year 2, 5 & 6 (2016, 2019 & 2020)

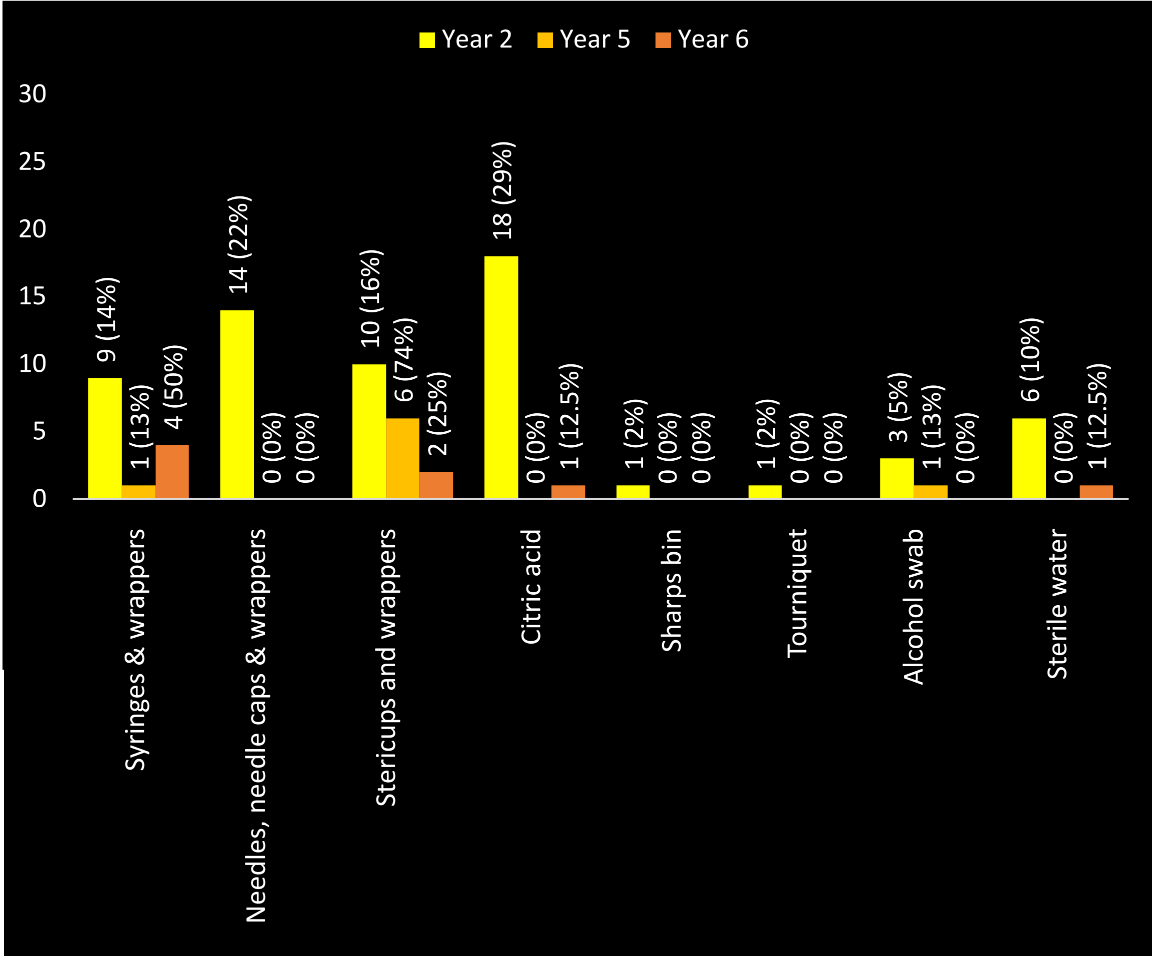
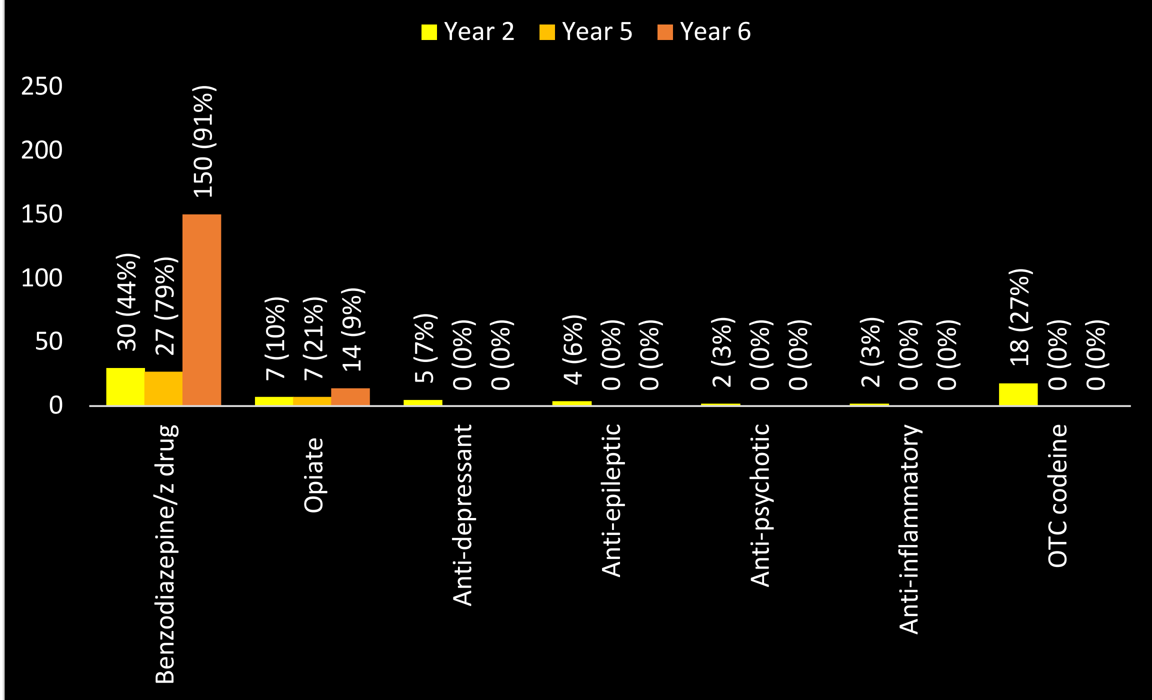


Chart 6.9: Prescribed and OTC drug-related litter by type, DATMS Year 2, 5 & 6 (2016, 2019 & 2020)



7. APPENDIX

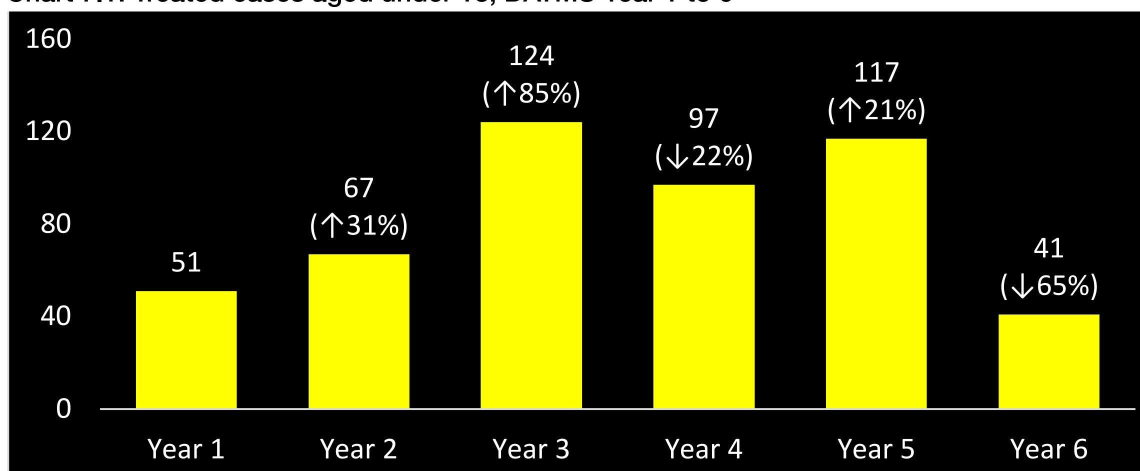
TREATED DRUG AND ALCOHOL USE

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 6 profile of treated drug use reports the number of treatment episodes (cases) rather than the number of people treated.

TREATED DRUG AND ALCOHOL USERS AGED UNDER 18

The profile of treated drug use reports six years of data. Year 1 reporting period began June 2014, Year 2 began June 2015, Year 3 to 6 relates to 2017 to 2020. From Year 1 to 6, data was provided by the Blanchardstown Youth Service Drug Education Prevention programme and the Health Service Executive's Substance Abuse Service Specific to Youth (SASSY). Since Year 4, data has also been provided by D15 Community Addiction Team (D15 CAT). Overall, the number of treated cases aged under 18 fluctuated over the reporting period (Chart 7.1). The decrease in the number of cases from Year 5 to 6, may be related to the disruption Covid-19 health and safety policies had on service provision.

Chart 7.1: Treated cases aged under 18, DATMS Year 1 to 6



From Year 1 to 6, an estimate of 1% of the Dublin 15 population aged 12 to 17 years has attended treatment for drug and/or alcohol use (Table 7.1). It is probable that this is an underestimate of treatment demand as it does not include young people 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 included service planning purposes.

Table 7.1: Percentage of Dublin 15 population aged 12 to 17 years treated in local community and statutory services, DATMS Year 1 to 6

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%
Year 6	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 7.2 and 7.3).

Chart 7.2: Treated cases aged under 18 by gender, DATMS Year 1 to 6

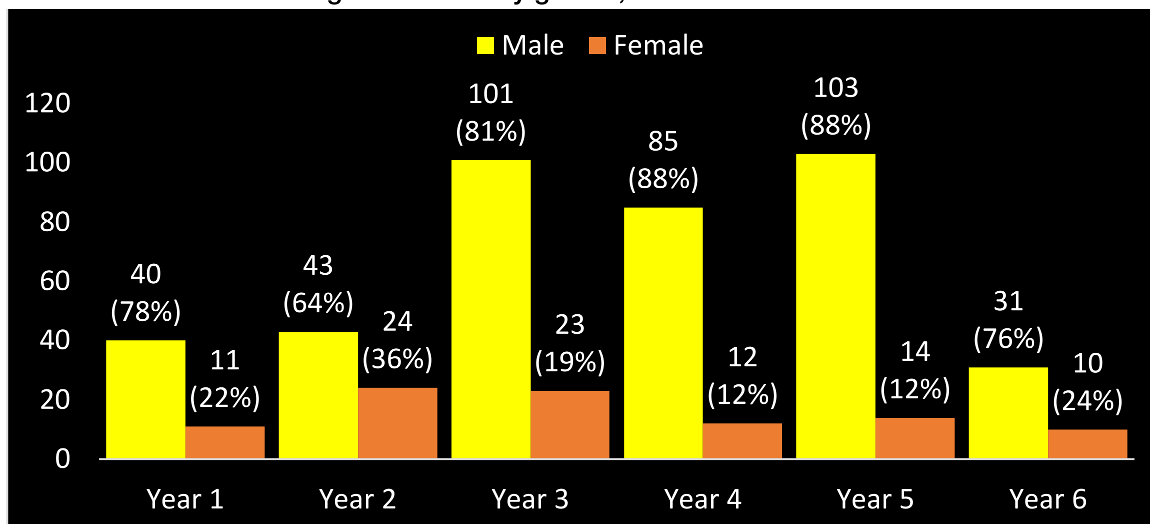
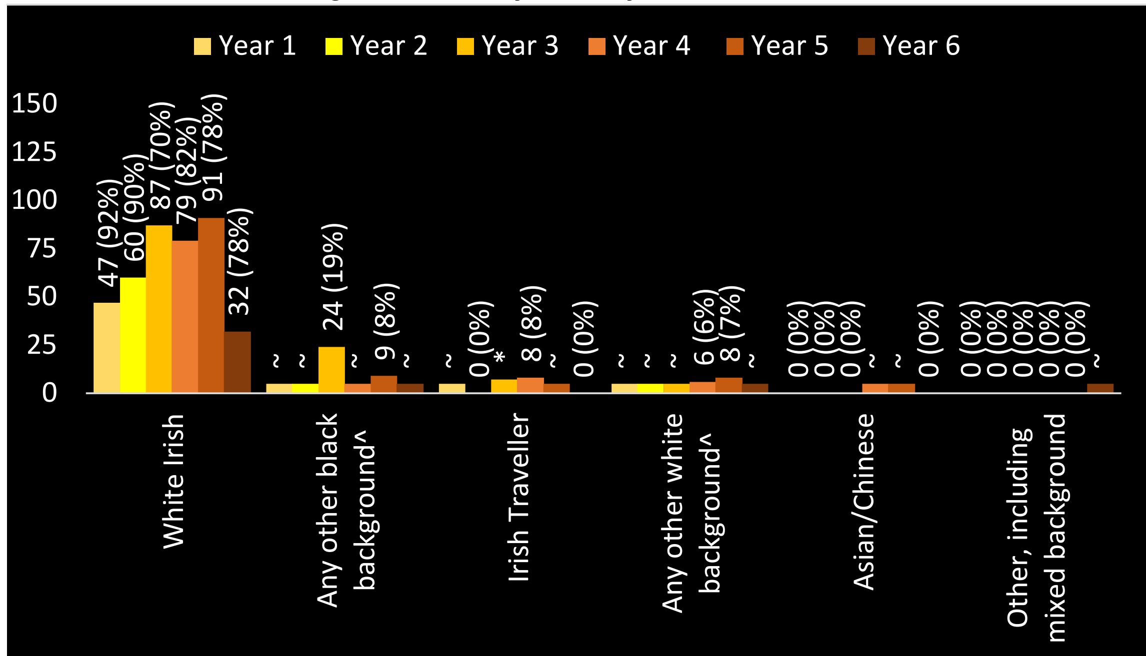


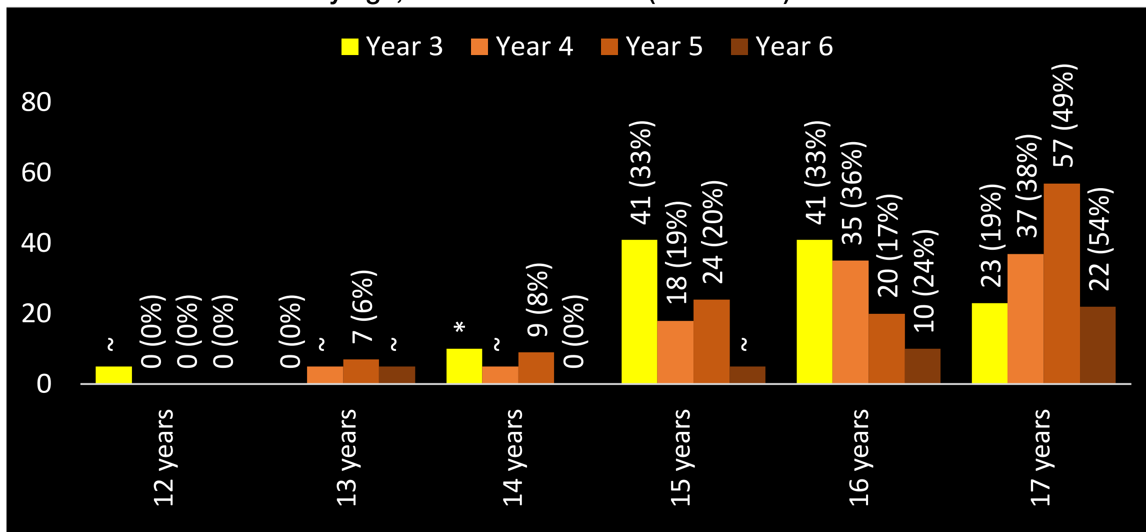
Chart 7.3: Treated cases aged under 18 by ethnicity, DATMS Year 1 to 6



~ 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 6, the majority of treated cases were aged from 15 years (Chart 7.4).

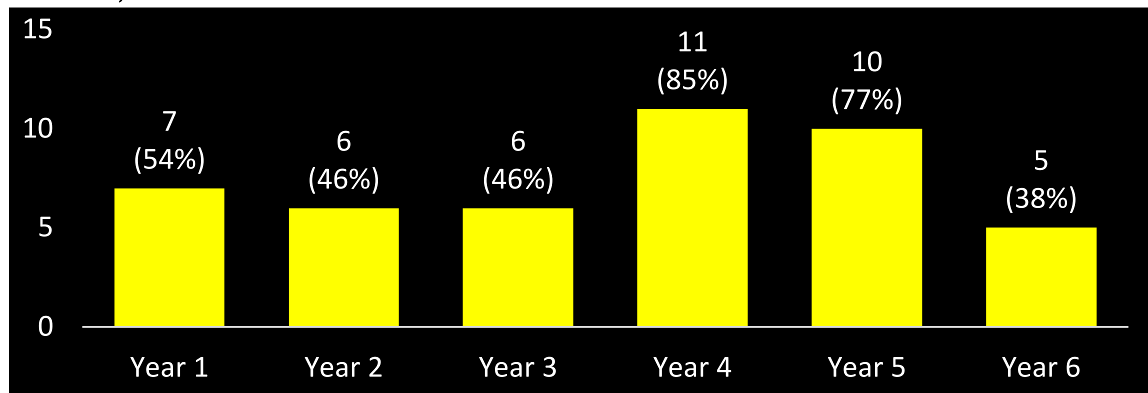
Chart 7.4: Treated cases by age, DATMS Year 3 to 6 (2017-2020)



~ 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

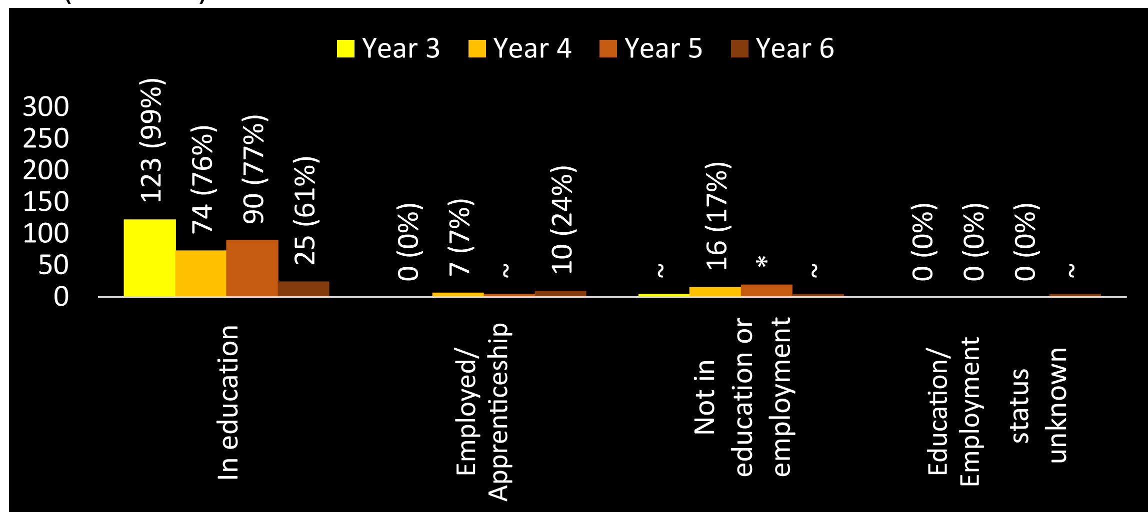
There are ten mainstream secondary schools and three training centres in Dublin 15[5]. From Year 1 to 6, the number of secondary schools and training centres attended by treated cases aged under 18 has fluctuated (Chart 7.5). In Year 4 and 5, almost all secondary schools and training centres in Dublin 15 had students with drug and/or alcohol problems. Thus, indicating that drug use is a community wide issue crossing all socio-economic boundaries.

Chart 7.5: Secondary schools/training centres in Dublin 15 attended by treated cases aged under 18, DATMS Year 1 to 6



From Year 3 to 6, the majority of treated cases were in education (Chart 7.6).

Chart 7.6: Treated cases aged under 18 by education and employment status, DATMS Year 3 to 6 (2017-2020)

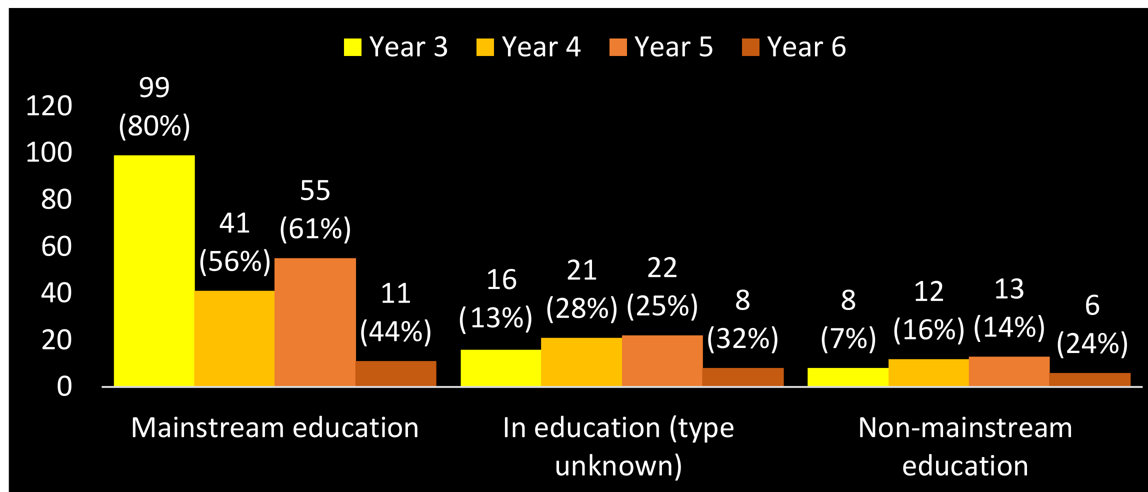


~ Number of cases too small to be reported (5 or less)
* Number of cases greater than 5 not reported to ensure cases with 5 or less are not disclosed

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

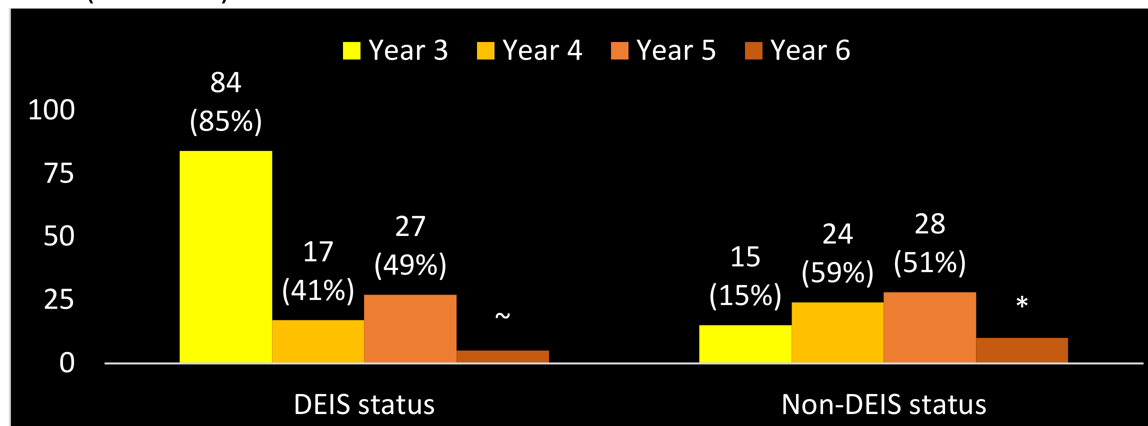
From Year 3 to 6, the majority of treated cases aged under 18 were in mainstream education (Chart 7.7).

Chart 7.7: Treated cases aged under 18 by education status, DATMS Year 3 to 6 (2017-2020)



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 and 6 reports an almost equal distribution of treated cases from all socio-economic groups (Chart 7.8).

Chart 7.8: Treated cases aged under 18 by DEIS status of mainstream education, DATMS Year 3 to 6 (2017-2020)

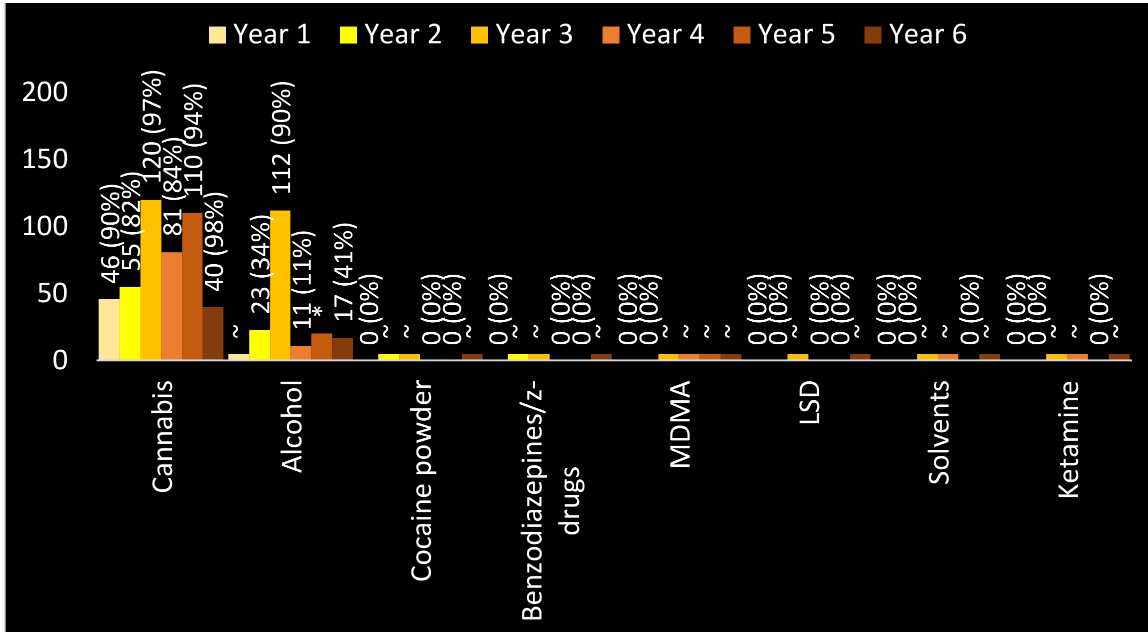


~ Number of cases too small to be reported (5 or less)
* Number of cases greater than 5 not reported to ensure cases with 5 or less are not disclosed

PROFILE OF DRUG AND 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 7.9).

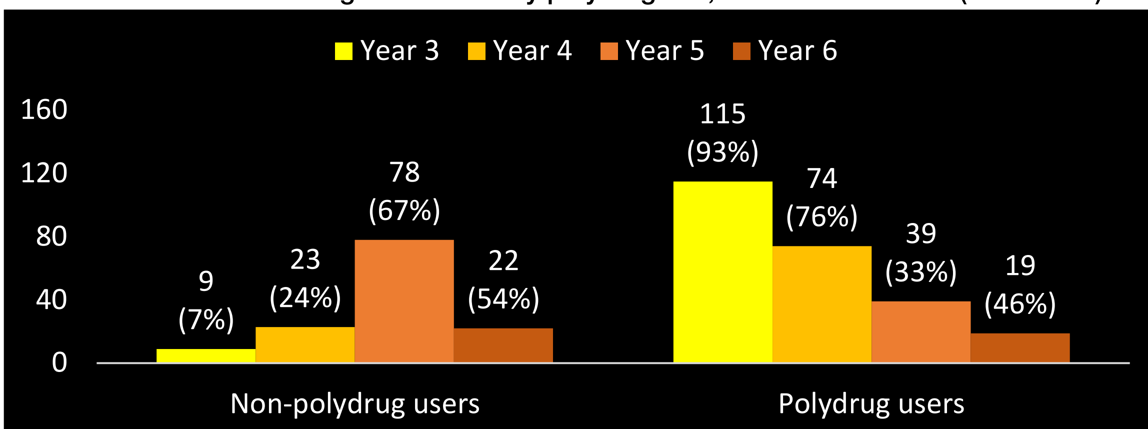
Chart 7.9: Treated cases aged under 18 by main problem drug, DATMS Year 1 to 6



~ 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 6, a change in the profile of drug use among treated cases aged under 18 was reported, with a reduction in polydrug use (Chart 7.10).

Chart 7.10: Treated cases aged under 18 by polydrug use, DATMS Year 3 to 6 (2017-2020)



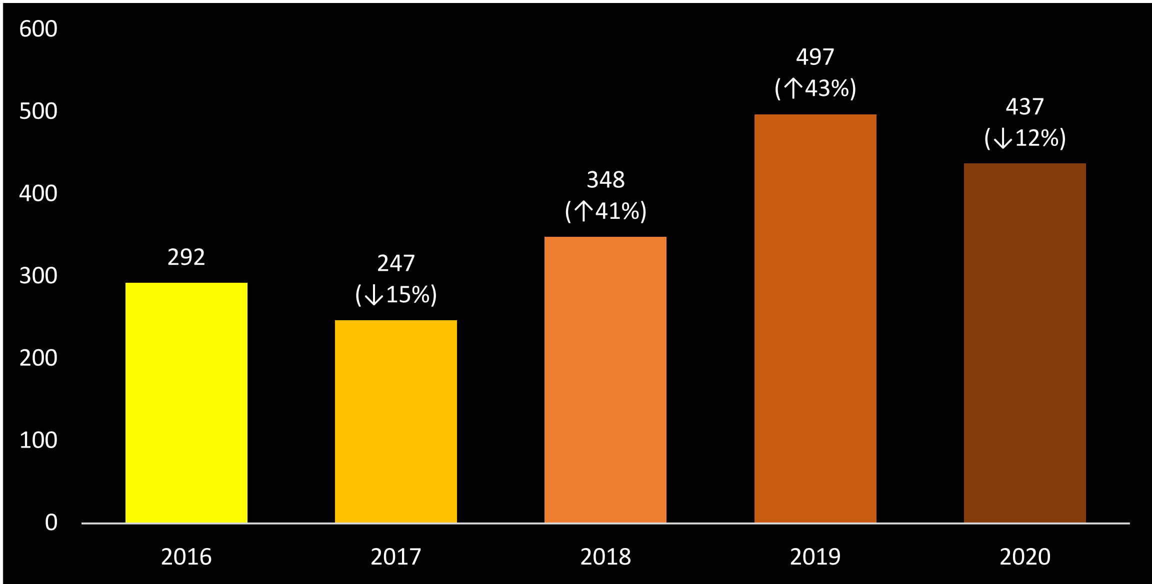
ADULT TREATED DRUG AND ALCOHOL USERS

The National Drug Treatment Reporting System (NDTRS) is an epidemiological database on treated drug and alcohol misuse in Ireland that is operated by the Health Research Board. Analysis of NDTRS data from 2016 to 2020 provides the profile of adult treated drug use for Year 6. This data reports a profile of all cases living in the BLDATF area who accessed community and statutory services.

TREATMENT DEMAND

From 2016 to 2020, there has been a 50% increase in the number of cases assessed and/or treated (Chart 7.11). 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 7.11: All cases living in BLDATF area, NDTRS 2016 to 2020



From Year 1 to 6, 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 7.2). 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.

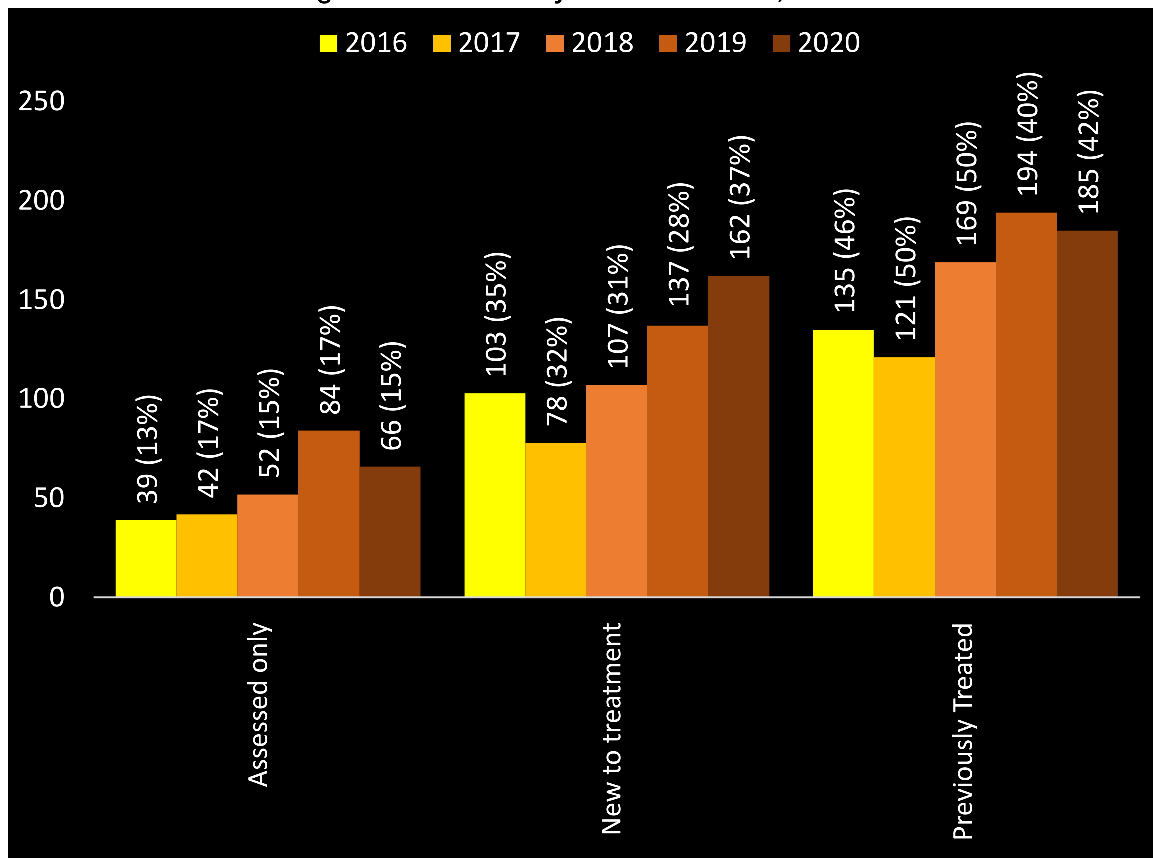
Table 7.2: Percentage of Dublin 15 population aged 18 to 64 years treated in local community and statutory services, DATMS Year 1 to 6

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%
Year 6	69,807^	0.6%

* CSO 2011
^ CSO 2016
~ Based on 315 treated cases, NDTRS 2015

The NDTRS data reported that the majority of cases were in treatment for more than one year and about a third were new to treatment (Chart 7.12).

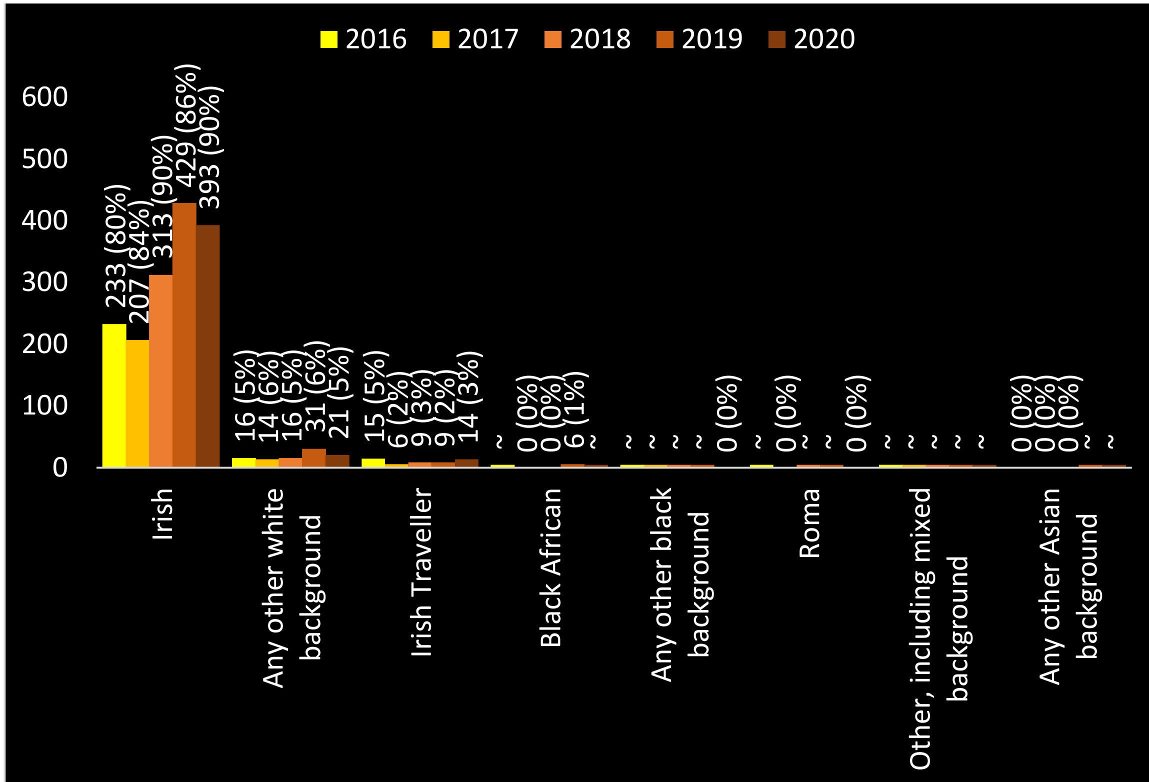
Chart 7.12: All cases living in BLDATF area by treatment status, NDTRS 2016 to 2020



Annual totals less than 100% as unknown cases removed

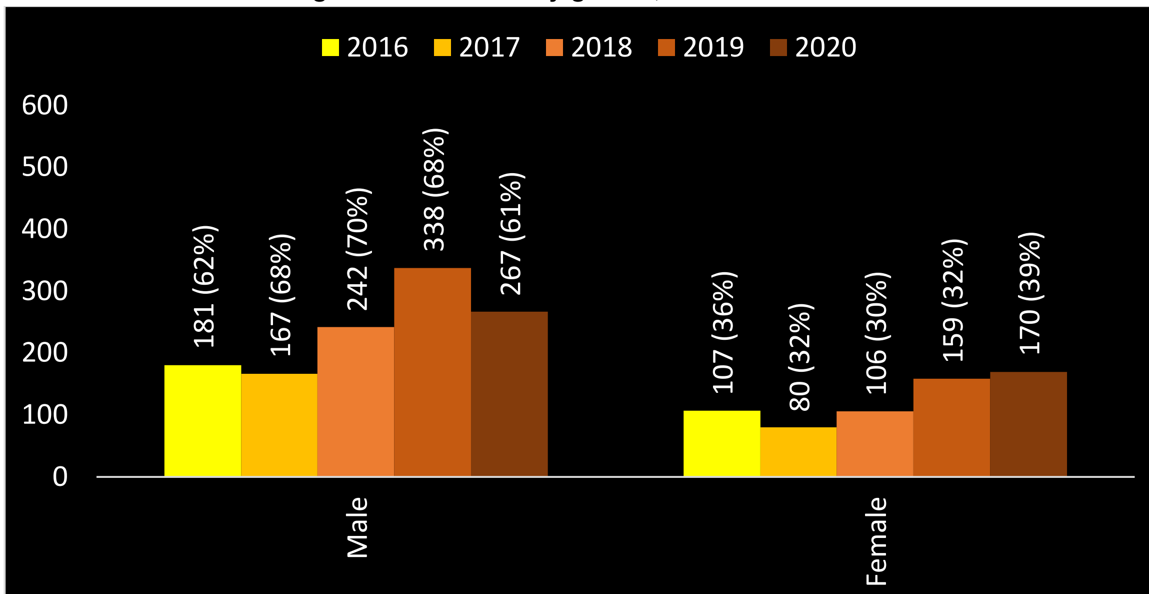
A demographic profile of all cases reports that the majority of cases were Irish, male and aged 35 to 44 years (Charts 7.13 to 7.15).

Chart 7.13: All cases living in BLDATF area by ethnicity, NDTRS 2016 to 2020



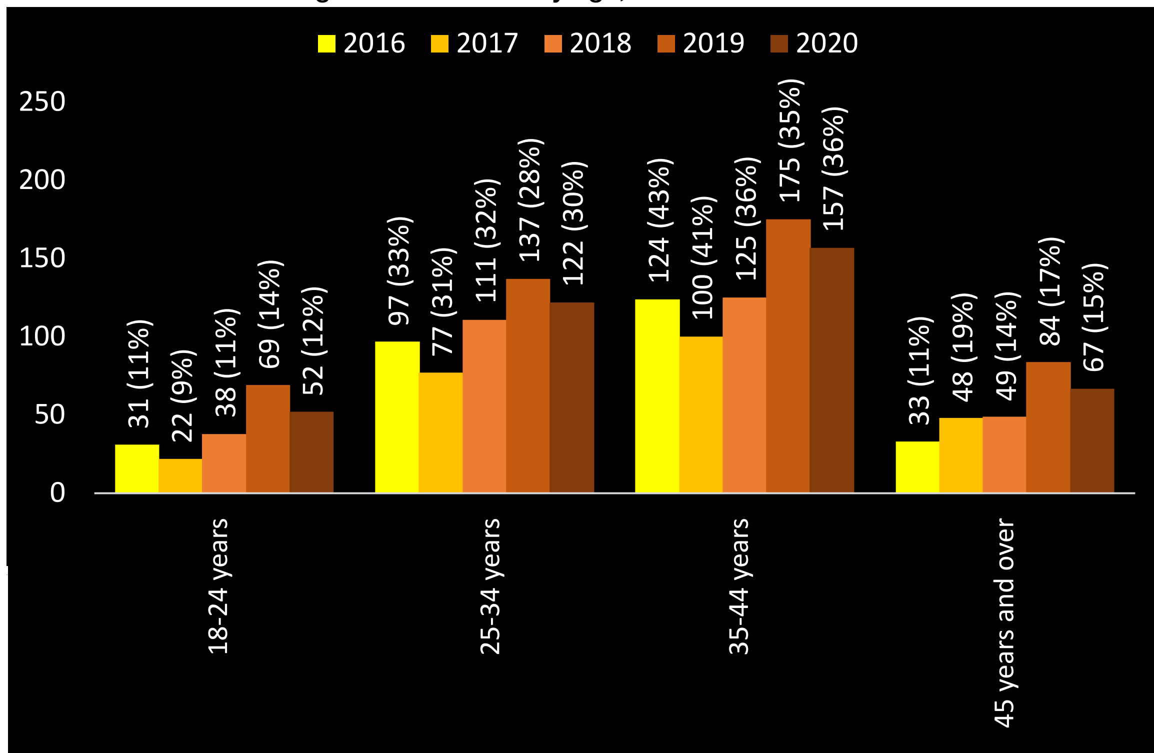
~ Number of cases too small to be reported (5 or less)

Chart 7.14: All cases living in BLDATF area by gender, NDTRS 2016 to 2020



2016 total less than 100% as unknown cases removed

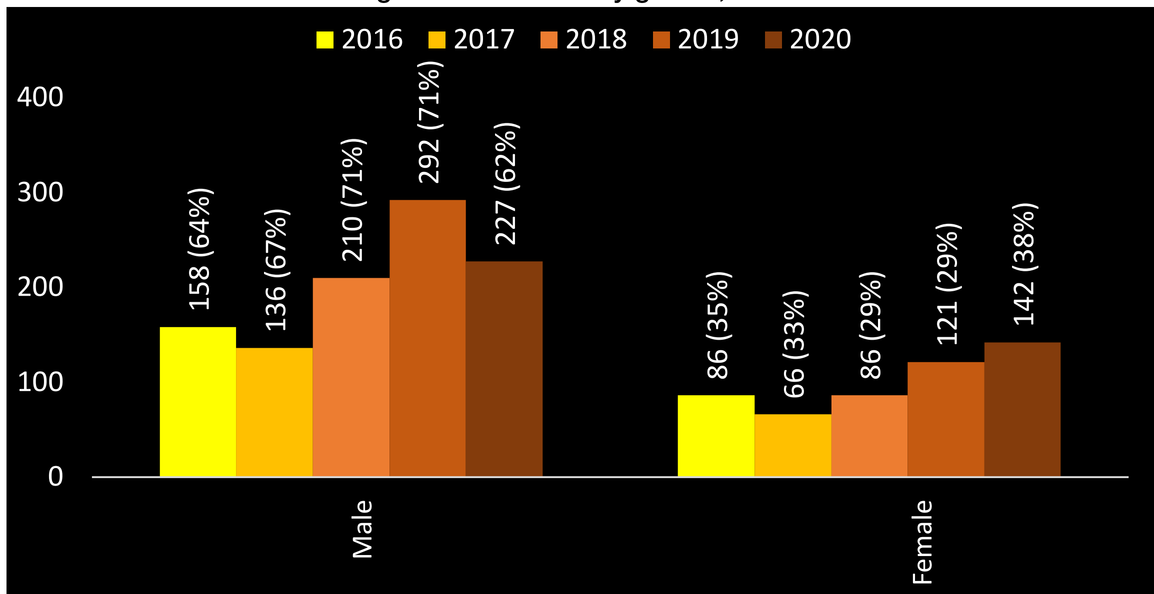
Chart 7.15: All cases living in BLDATF area by age, NDTRS 2016 to 2020



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

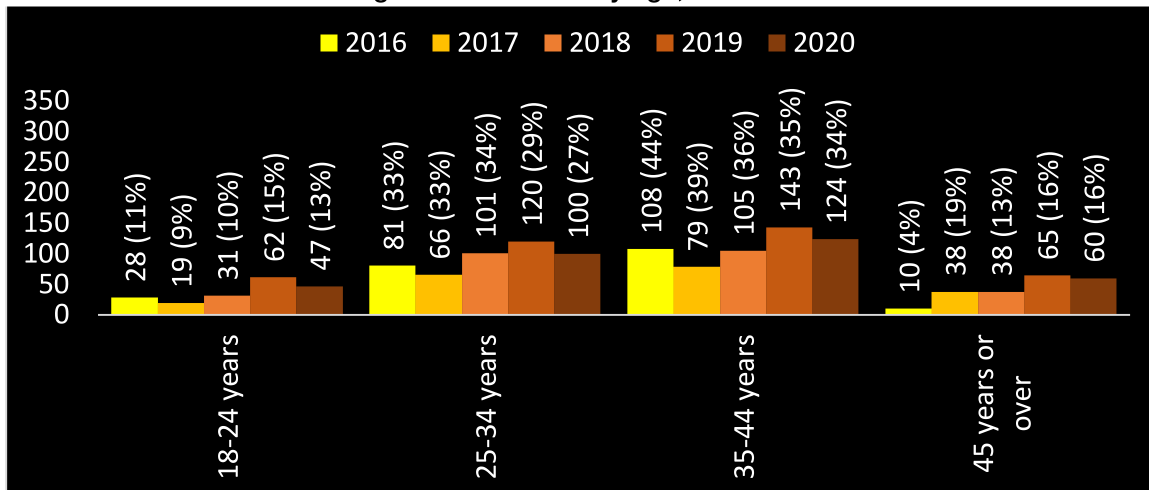
The remaining data relates to treated cases who were living in Dublin 15. From 2016 to 2020, the majority of treated cases were male and aged 35 to 44 years (Charts 7.16 and 7.17).

Chart 7.16: Treated cases living in BLDATF area by gender, NDTRS 2016 to 2020



2016 total less than 100% as unknown cases removed

Chart 7.17: Treated cases living in BLDATF area by age, NDTRS 2016 to 2020

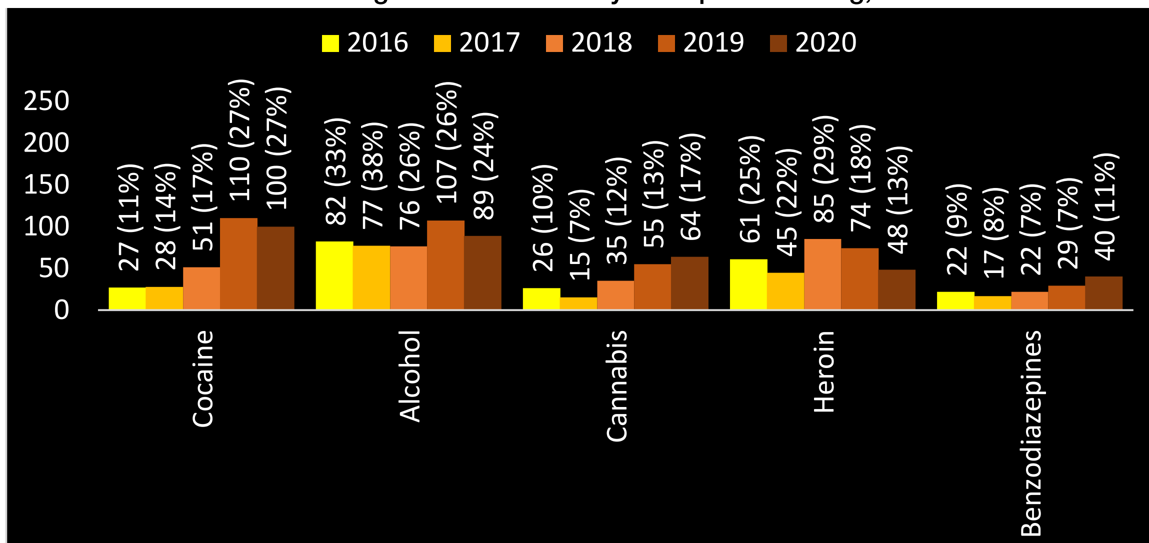


2018 & 2019 totals less than 100% as unknown cases removed

PROFILE OF DRUG AND ALCOHOL USE

Over the reporting period, the five main problem drugs used by treated cases were cocaine, alcohol, cannabis, heroin and benzodiazepines (Chart 7.18). From 2016 to 2020, there has been an increase in the number of cases treated for cocaine, with this drug becoming the most common main problem drug. Over the reporting period, there has also been an increase in the number of cases treated for cannabis. From 2016 to 2020, a decrease in the number of cases treated for heroin was reported.

Chart 7.18: Treated cases living in BLDATF area by main problem drug, NDTRS 2016 to 2020

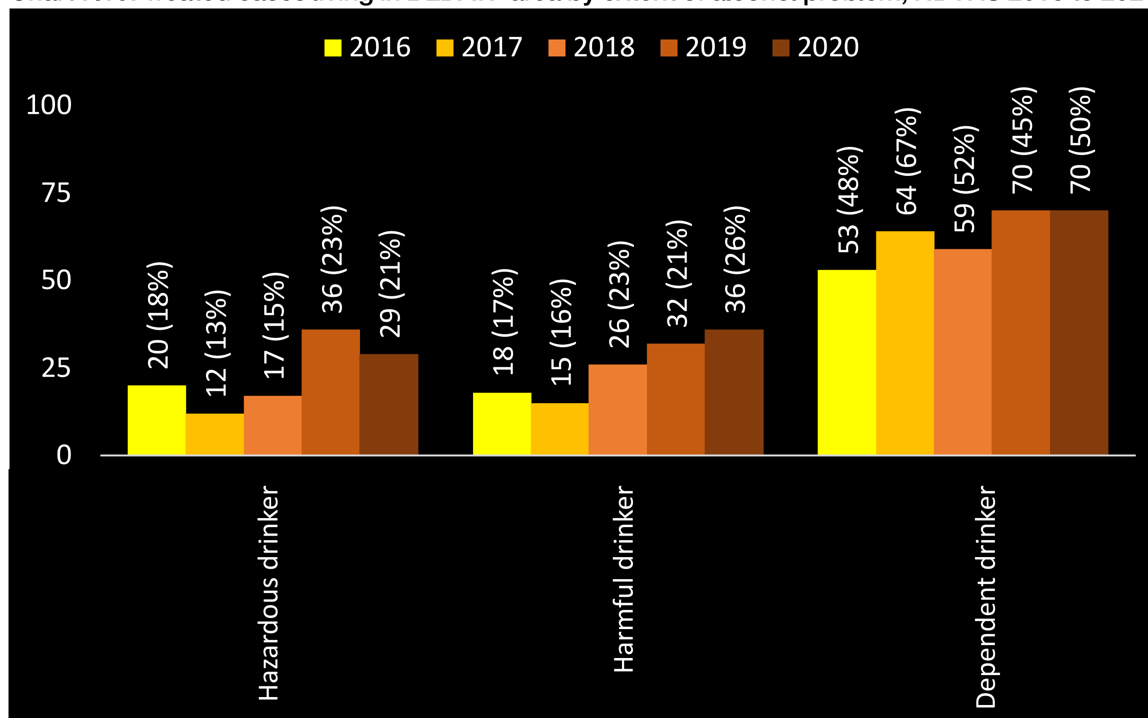


NDTRS cases treated for alcohol are categorised by the extent of the problem, from hazardous to harmful or dependent drinking. The Health Research Board's definition of these categories is as follows:

- ***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 7.19).

Chart 7.19: Treated cases living in BLDATF area by extent of alcohol problem, NDTRS 2016 to 2020



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

Overall, from 2016 to 2020, the majority of cases were treated for polydrug use, though in 2019, the majority were treated for non-polydrug use (Charts 7.20 and 7.21).

Chart 7.20: Treated cases living in BLDATF area by polydrug use, NDTRS 2016 to 2020

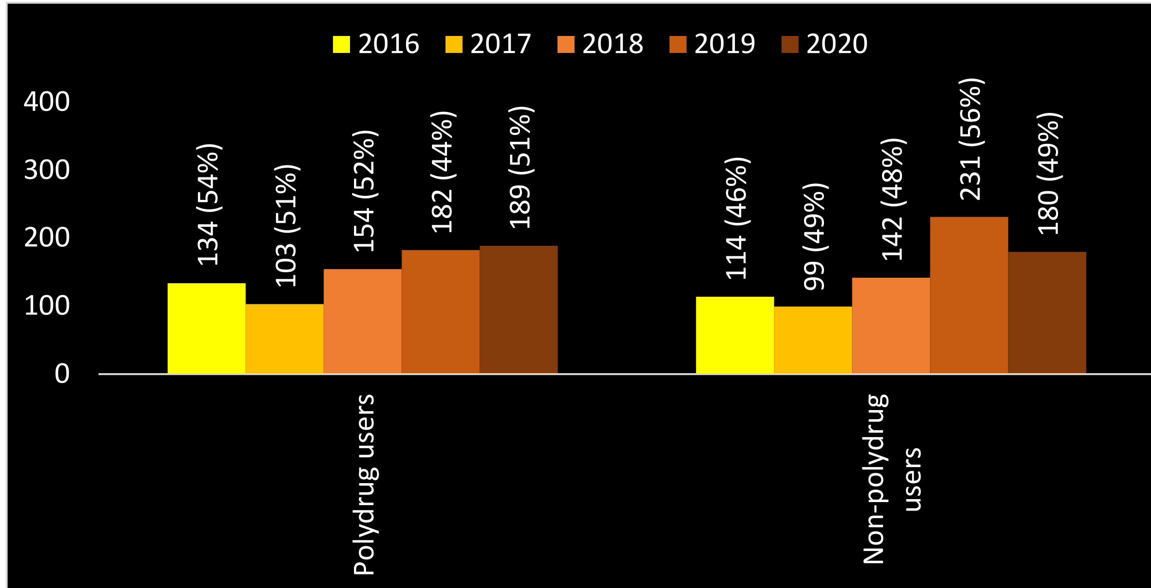
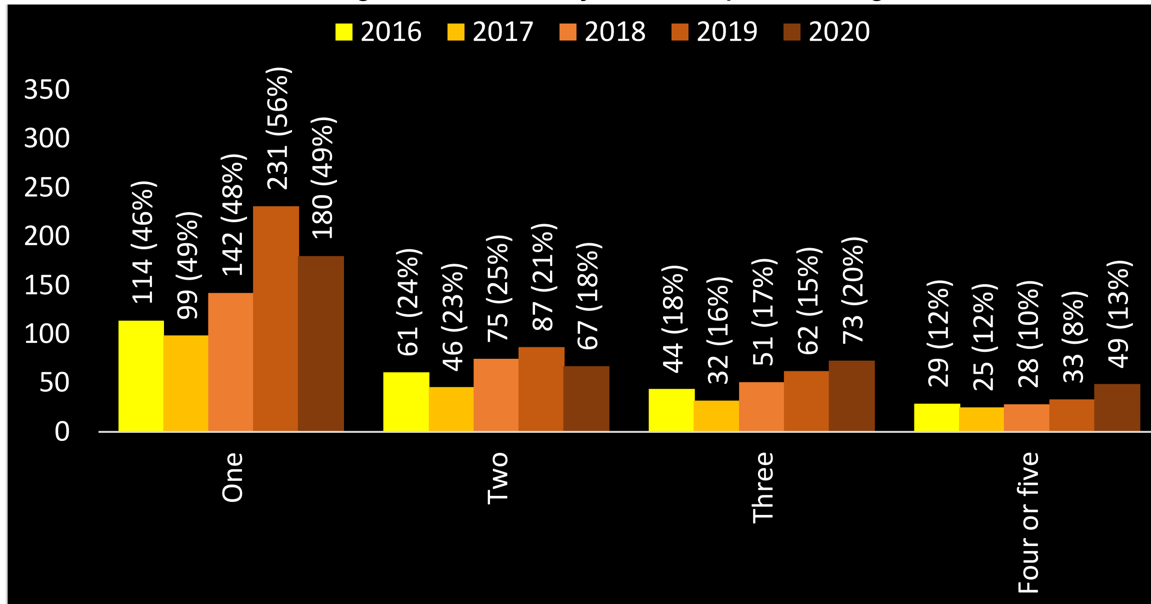


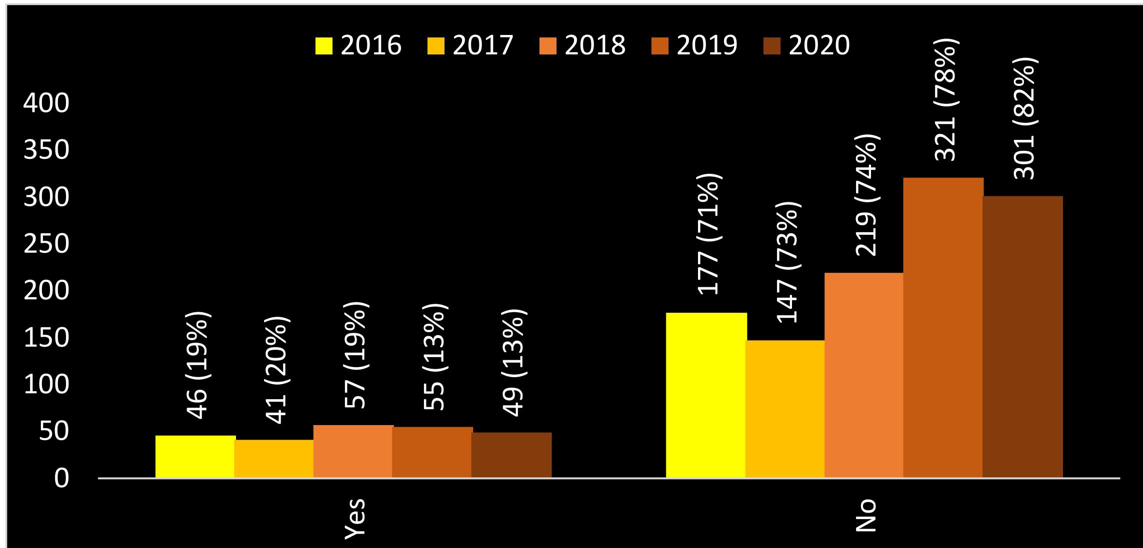
Chart 7.21: Treated cases living in BLDATF area by number of problem drugs, NDTRS 2016 to 2020



HIGH-RISK DRUG USE

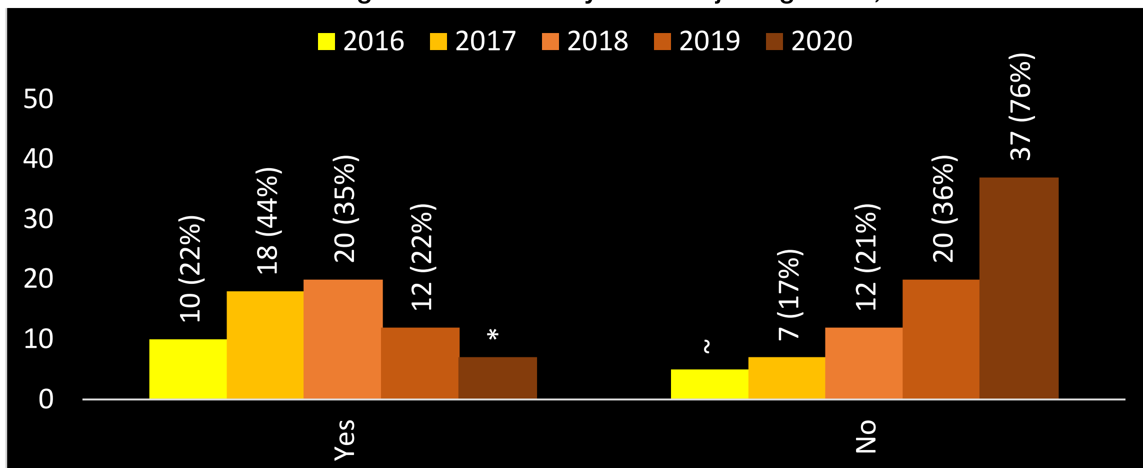
High-risk drug use includes injecting drug use, sharing injecting equipment and other drug paraphernalia. From 2016 to 2020, injecting drug use has remained relatively stable (Chart 7.22 & 7.23).

Chart 7.22: Treated cases living in BLDATF area by lifetime injecting drug use, NDTRS 2016 to 2020



Annual totals less than 100% as unknown cases removed

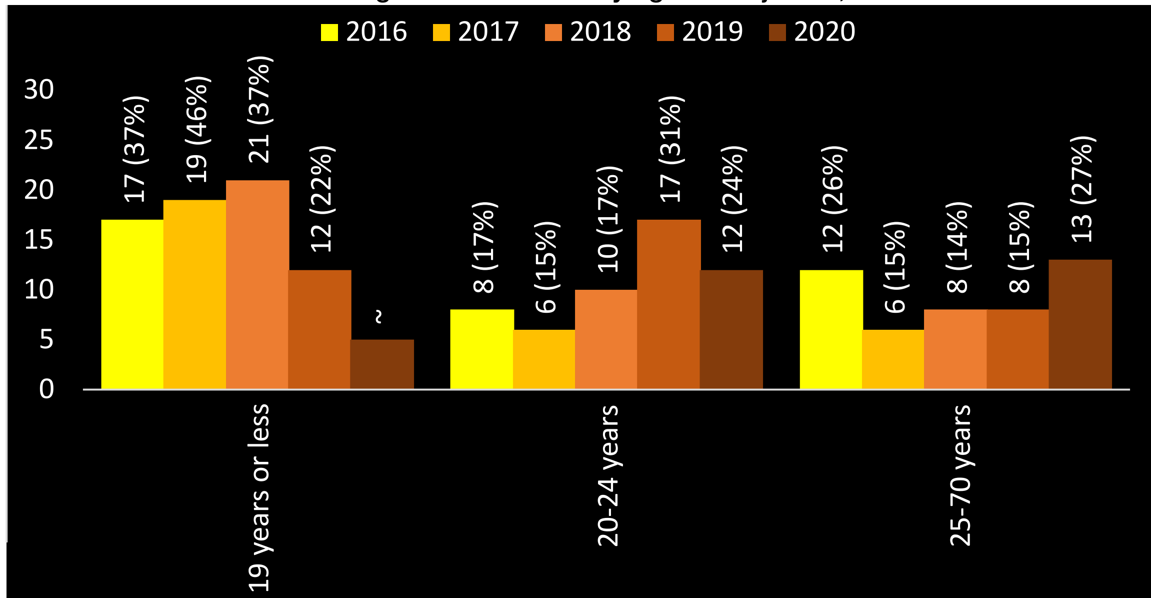
Chart 7.23: Treated cases living in BLDATF area by current injecting status, NDTRS 2016 to 2020



Annual totals less than 100% as unknown cases removed
* Number of cases greater than 5 not reported to ensure cases with 5 or less are not disclosed
~ 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, from 2019 the majority were aged over 20 years (Chart 7.24).

Chart 7.24: Treated cases living in BLDATF area by age first injected, NDTRS 2016 to 2020



~ Number of cases too small to be reported (5 or less)
Annual totals less than 100% as unknown cases removed

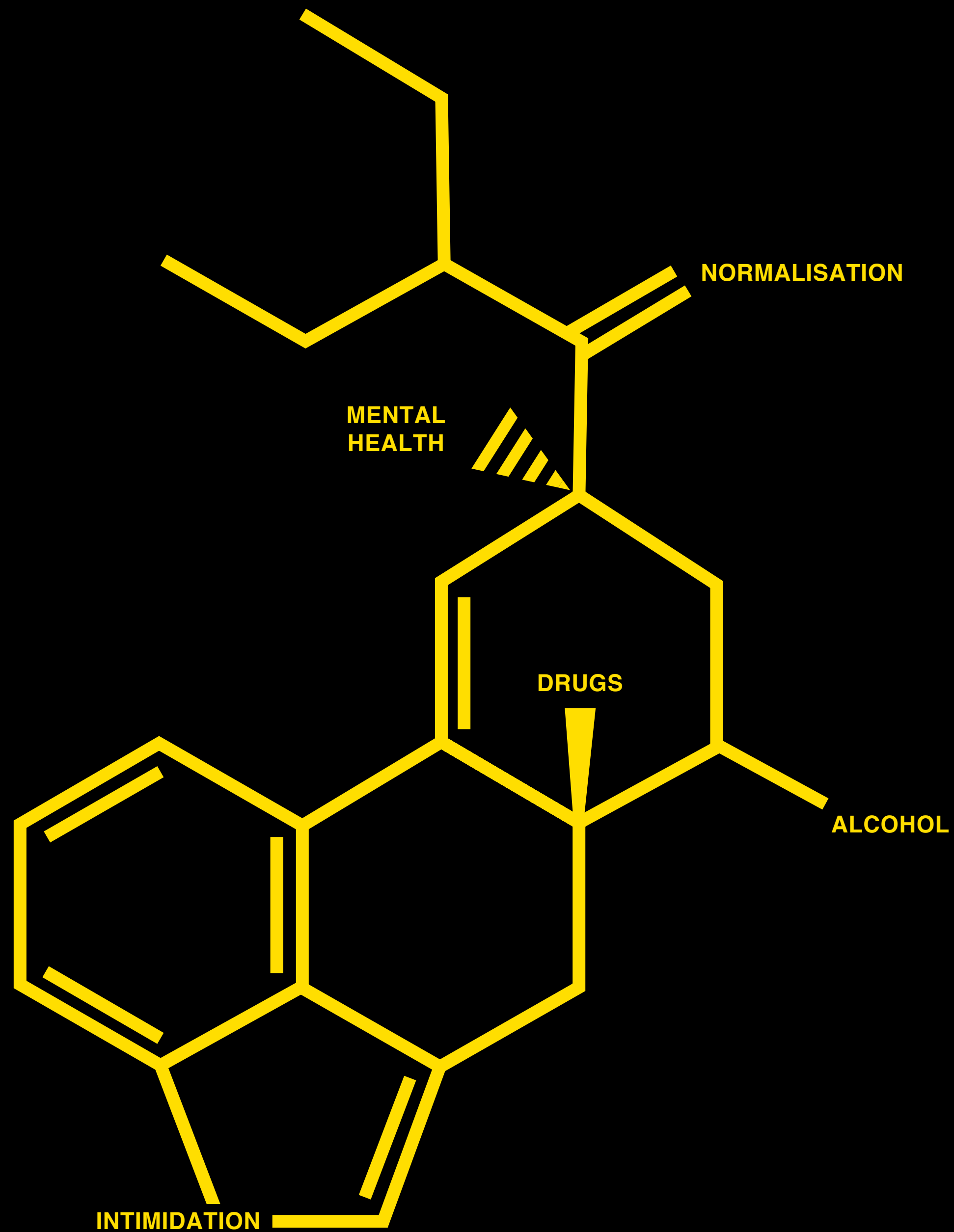
NORMALISATION

MENTAL HEALTH

DRUGS

ALCOHOL

INTIMIDATION



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