



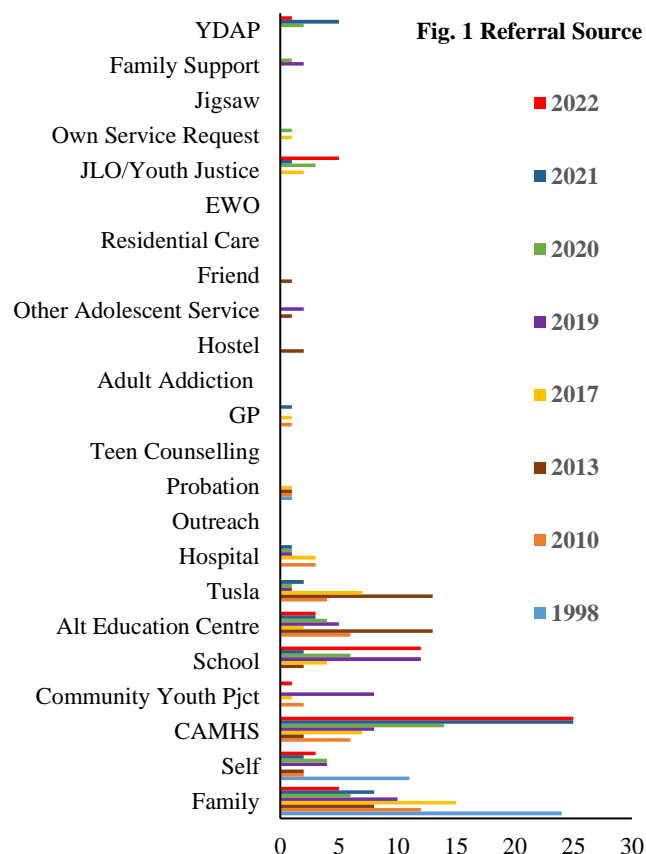
Adolescent Addiction Service Report 2023

In 2022 the service celebrated its twenty fifth anniversary and a conference was held in Bridge House, Cherry Orchard Hospital on 20th October to mark the occasion which was attended by representatives from multiple services including other youth substance use treatment/support services nationally and representatives from Child & Adolescent Mental Health Service (CAMHS), Child & Family Support Agency (Tusla), School Principals Network, Youthreach and other Alternative Education Centres, as well as Pavee Point, Cross-Care, Juvenile Liaison Service, Family Support, Probation Service, JIGSAW and Mainstream Youth Services.

During 2022 the service worked with 53 young people and their families as well as with concerned persons in relation to two young people who did not attend service. The mean age of young people was 15 years (range 13-18). In comparison to 2021 referrals were up by 10%. However 12% were from outside of catchment area and as a result 10% were referred to services within their own area. The majority of referrals (76%) were male, which reflects an increase on 2021 when it was at 70% and 7% were Non-Irish nationals. Similar to previous year's referrals were received from a broad range of services. See Fig.1 for a comparison with previous years. As in 2021 the majority (45%) of referrals were from Child & Adolescent Mental Health Service (CAMHS) and 69% had a history of contact with CAMHS which reflects the extent to which dual diagnosis features among young people who access the service.

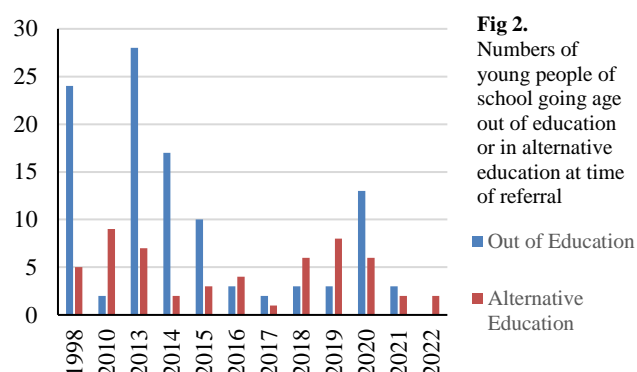
While some Covid-19 restrictions remained in place the service continued to meet with young people and families face to face complying with all procedures in order for service users and their families to be able to access service safely. In addition to direct work with young people and families the service engaged in consultations with professionals and services about young people for

whom there were concerns in relation to substance misuse and gave presentations to Tusla Social Work Teams, Addiction Counsellors of Ireland (ACI) Supervisors and UNESCO Child & Family Research Biennial Conference in Galway University as well as contributing to teaching module on Masters Programme in Addiction Recovery, Trinity College Dublin. Additionally, the service engaged in continuing professional development around Autism Inclusion with AsIAM and Gender Skills Training with Gender Care Ireland as well as Suicide Awareness Webinar facilitated by National Office for Suicide Prevention & UCD and Gathering to mark 30th anniversary of Ballymun Youth Action Project as well as launch of Pavee Point Youth Mental Health Website 'Mind your Nuct'.



For the first time in the history of the service there was no young person of compulsory school going age, who were out of education/training at time of referral, see Fig.2 for comparison with other years. This marks a significant development compared to 1990s when most young people attending service had dropped out of secondary school in first year and many could not read or write. As such credit must be given to schools and alternative education

service for the work they do in supporting educational retention and progression.

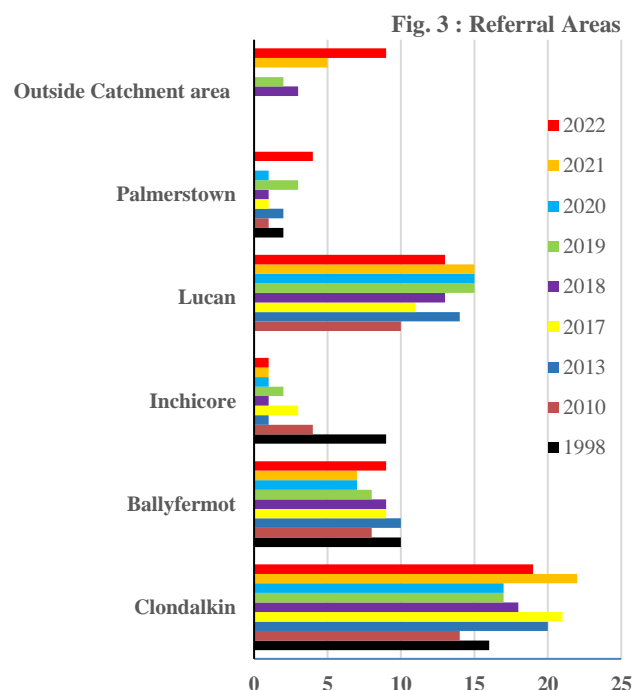


All attendees were known to a number of agencies and on average the service had contact with three other agencies on behalf of young people (range: 1-5) in addition to other concerned persons. The extent to which substance misuse featured within families was higher at 65% compared to 42% in 2021. The incidence of parental separation was also higher at 44% compared to 28% in 2021. In terms of referral areas, the greatest numbers of referrals were from Clondalkin, followed by Lucan Ballyfermot, Palmerstown and Inchicore. See Fig.3 for comparison with previous years.

Cannabis/Weed continues to be the primary substance of use with an overall use rate of 98% and which was primarily consumed by smoking in a rolled cigarette (joint), but was also consumed in vapes and in the form of edibles. While Alcohol featured among 35% of attendees, this reflects a reduction of 35% compared to 2021. Other substances of reported use included Cocaine 9% reflecting a 43% reduction on 2021 and Benzodiazepines featured among 4% of referrals reflecting a reduction of 75% on 2021. Ketamine use at any stage was reported by 8% of referrals and Amphetamines use was at 6%, with edibles such as cookies, muffins or jellies at 4%. Solvents or Head Shop type products did not feature among young people's substance use but 22% admitted to taking Nitrous Oxide on occasion reflecting an increase of 175% compared to 2021. Opiates did not feature except as a result of consumption of over the counter medication.

Co-occurring mental health issues included ADD, ADHD, ASD, OCD, self-harm, suicide ideation, depression, dissociation, anorexia, purging and anxiety which was compounded by school and

other service closures due to Covid-19 measures, resulting in absence of structure and routine. Additionally, absconding, indebtedness, holding distributing or dealing drugs were issues in some instances compounded by food/fuel poverty and accommodation insecurity or overcrowding.

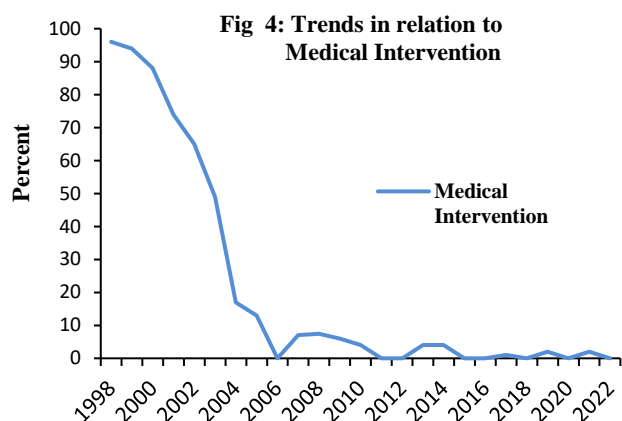


An emerging and worrying feature of youth activity within community reported by some young people is prevalence of youth gangs comprising males/females who are bullying, threatening and intimidating other young people by forcing them to kiss shoes or the ground in order to pass or pulling hats off heads and urinating in them. Some of these gangs are also challenging adults including Garda. Additionally, social media is having a big impact on young people's lives in terms of influencing their perspectives of the world and attitudes to sex/sexuality, the role of women in society, other people's lived experiences which is distracting from other areas of life as well as disrupting sleep and exposing young people to bullying, rumour spreading, unrealistic views of the world such as lizard people who play a prominent role in fantasy, science fiction, ufology, and conspiracy theories as well as the Illuminati who's stated goals are to oppose superstition and religious influence over public life as well as abuses of state power.

Tusla Social Work or Family Support Service was involved in some cases and 34% had a Juvenile Liaison Officer. The service also submitted a

number of Child Welfare Concerns and participated in Tusla Meitheal meetings and Family Welfare Conference

The majority of young people 95% were seen by Family Therapist only, with 5% having Psychiatric Assessment and non-received prescription intervention. See fig.4 for comparison with previous years.



As in previous years most young people had established patterns of substance use prior to referral with an average of 17 months (range: 1-60 months) which is influenced by the fact that there is increased tolerance for cannabis use at a societal level and cannabis being available in many different formats including vapes and edibles. A vape given to service by a parent last year, upon analyses by Forensic Science Laboratory tested positive for Tetrahydrocannabinol (THC) a constituent of cannabis which is a controlled drug under the Misuse of Drugs Acts, 1997 to 2016. As a consequence of increased availability of cannabis products some young people struggle to maintain drug free status but most reach stability and many achieve drug free status and maintain abstinence. As always the challenge within community is for parents and non-parental adults to identify young people within risk groups at early stage and to elevate concern for them by making referrals in a timely manner. But, given the level of tolerance for substance use within community and petitions for the decriminalization and legalization of all drugs, young people are being given mixed messages with some adults not fully appreciating the consequences of substance use for young people.

In relation to 25th Anniversary Conference, delegates reported appreciating opportunity to meet with colleagues face to face which allowed for

exchange of information and ideas focusing on diversity of services for young people and acknowledging the community of practice that exists a national level. Within Breakout Groups participants discussed issues in relation to youth substance misuse and the challenges faced by services in responding to the needs of young people and families as well as approaches to intervention that are considered to be most effective. With regard to current issues, concern was expressed in relation to normalization of substance use within society, especially when it comes to alcohol and cannabis/weed. Delegates reported that to their knowledge cannabis vapes can be purchased under the counter in certain shops nationally. In the circumstances concern was expressed at the delay in early warning system when it comes to emerging trends data in regard to substance use as well as the grooming of young people to carry, hold and distribute drugs. As such the proposed introduction of “Fagan’s Law” which specifically recognizes the harm done to a child by drawing them into a world of criminality, was welcomed. Additionally, concern was expressed about community breakdown, increased violence/intimidation, poverty, mental exploitation and indebtedness. Reflecting greater need for inter-agency working and to avoid pathologizing human suffering but “to learn to dance with dual diagnosis” and the need for consultants within CAMHS who have specific interests in addiction.

The challenges faced by services in responding to the needs of young people and their families were identified as funding and recruiting/retaining staff as well as lack of support for frontline workers in dealing with issues including generational trauma. It was identified that Tulsa’s threshold for intervention is viewed as being set too high and that CAMHS often close/suspend contact with young people once substance use is identified and how young people experience this stepping back as rejection. In this regard the service will endeavour to engage with CAMHS and Tulsa to enable them to identify young people who fall into high risk category in order to generate awareness of the need for protective/preventative interventions to reduce vulnerability to risk behaviours including substance use.

Conference delegates indicated that the interventions considered to be most effective in responding to youth substance use include person-centred care, holistic therapies, solution focused and family/systemic therapy together with relationship building, non-formal education and opportunity to participate in pro-social activities that can give meaning and purpose in life. It was acknowledged that developments within education system over the years has led to improved school retention and better outcomes for young people and that Tusla's Primary Prevention and Family Support Services as well as inter agency meetings (Meithael's) have supported collaboration between services and with families in the interest of achieving best outcomes for young people.

In addition to presentations and participation in Breakout Groups some delegates 74% (N=34) also contributed to survey exploring professionals perspectives on trends in relation to adolescent substance use in Ireland and understanding of the influence of legalization/decriminalization in other jurisdictions and discussion in Ireland is having on adolescent attitudes towards substance use in general and cannabis/weed in particular. The majority (66%) identified that young people with whom they are in contact are engaging in substance use under age 14 years with 21% identifying youth as engaging in substance use under age 12 years and 100% identified substance use in adolescence as having a negative impact on brain development. In relation to the often stated claim that if all drugs were legalised within society it would significantly reduce criminal activity especially in relation to drug distribution, 49% of respondents disagreed 21% strongly disagreeing, 21% agreed, 6% strongly agreed and 3% didn't answer. It was perceived by 88% of respondents that members of the general public being confused with terms such as Decriminalization and Legalization while 9% weren't sure and 3% didn't answer and 94% of respondents expressed belief that young people can become confused with terms such as Decriminalization and Legalization and 46% expressed opinion that Legalisation of drugs would have an effect in terms of increased availability and

reduce cost of drugs to young people while 27% weren't sure and 23% expressed belief that it wouldn't have any effect while 3% didn't answer. In relation to decriminalization 47% were supportive, 27% weren't sure, 23% were not in favour and 3% didn't answer.

Historically, the Adolescent Addiction Service operated out of Fortune House Clinic, located in the grounds of Cherry Orchard Hospital initially. A facility where methadone (opiate substitute) was prescribed. The clinical team working in the programme during the first six years (1997-2003) comprised general practitioner (GP) part-time; pharmacist part-time; nurse part-time; three general assistants part-time; family therapist full-time and administrative staff. With exception of family therapist, all other members of the team worked primarily within adult addiction service.

In 2003 a point was reached when the service was treating 50% of clients outside of structured programme and without medication. The medical and therapeutic components of programme were separated in 2004 due to the fact that decreasing numbers of young people were presenting with problems in relation to heroin use or at a point where they required medical intervention. Additionally, parents' reported feeling uncomfortable about attending a clinic where methadone was dispensed. Also, in 2003 a Consultant Child and Adolescent was employed to head up the service and to establish services within other catchment areas.



Photograph of some of the delegates who attended Adolescent Addiction Service 25th Anniversary Conference.