Cocaine and Crack Cocaine health-related harms in the South Inner City

A REPORT COMMISSIONED BY THE SOUTH INNER CITY DRUGS AND ALCOHOL TASK FORCE

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Contents

Section 1

Introduction

This section of the report will provide information on the context of the funding, a profile of the SICDATF area, the research background, the policy context, and the aims and objectivities ofthe research.

1.1 Context on the funding

In December 2021, the Minister for State for Public Health, Well-being, and the National Drugs Strategy announced a fund to enhance community-based drug and alcohol services. This fund is part of the strategic priority to improve access to and delivery of drug and alcohol services in the community in the national drugs strategy 2021-2025. Details of the fund were presented to the network of drug and alcohol task forces. As a result, the SICDATF engaged in a process to invite Task Force services to partner to apply for this funding opportunity. The SICDATF and partners successfully submitted, and the project commenced in 2022 and run for three years, subject to funding.

1.2 Profile of the South Inner City Area

The SICDATF area comprises twenty Electoral Divisions and is divided into the Southwest and Southeast Quadrants. It spans the area from the South Circular Road in the West to Irishtown in the East and is bordered by the River Liffey and the Grand Canal (excluding Ushers D and E in the Rialto area). It divides naturally with the Southeast and Southwest, with Dublin's central business district at the heart of the SICDATF area (South Inner-City Drug and Alcohol Task Force, 2023). It is in the HSE Community Healthcare Organisation (CHO) 7 area, including Dublin South Central, Dublin Southwest, Dublin West, and Kildare / West Wicklow. Based on preliminary

data from the Central Statistics Office (CSO), the 2022 Census showed that the population of the SICDATF area in 2022 was 77,882. The area's population has an above-national average percentage in the 15-24 and 25-44 age categories. The SICDATF area is therefore characterised by a higher proportion of residents in early adulthood and in/or approaching mid-life with lower ratios at the younger and older ends of the age spectrum (South Inner-City Drug and Alcohol Task Force, 2023).

1.3 Research Background

Cocaine hydroxide is a drug that originated from the coca bush leaves and is cultivated mainly in Columbia, Peru, and Bolivia. In Ireland, the drug is available in a powder form (hydrochloride salt) and a solid form, popularly known as crack cocaine. In the European Region, Ireland is among the countries with the highest incidence of cocaine use (European Monitoring Centre for Drugs and Drug Addiction, 2018). However, as indicated by the national drug treatment data (Health Research Board, 2018) and the national prevalence data (NACD & PHIRB, 2011), there has been an increase in both powder and crack cocaine use.

Local anecdotal reports indicate that the health-related impacts of cocaine and crack cocaine use impact South Inner City. The SICDATF members, over the last four years, have raised their concerns about the proliferating drug problem in South Inner-City communities. The issues are the critical level of crack cocaine use and the accumulating detrimental impact this activity has on the South Inner-City communities, drug misuse, visible drug activity, and drug-related intimidation. Services have been at capacity, and over the last two years, there has been an increase in direct referrals and the reporting of violence that has perpetuated blocks for vulnerable service users to access support (South Inner-City Drug and Alcohol Task Force, 2023).

The situation is grave and is accelerating, which in turn is presenting severe problems and issues to the fabric and heart of the South Inner-City communities. There is an evident financial requirement to respond in practical and sustainable ways to manage and support people experiencing societal addiction issues. In addition, the anti-social and unmanageable behaviour that presents with crack cocaine use has made the matter more acute. The local communities have been besieged by dealing, intimidation, and fear. As a result, there is a need to undertake research that seeks to understand the support needed to reduce the health-related harms of cocaine and crack cocaine use in the South Inner City.

1.4 Policy Context

The South Inner City Drug and Alcohol Task Force (SICDATF) was one of fourteen Local Drug and Alcohol Task Forces (LDATFs) set up in 1997 to facilitate a more effective response in communities experiencing the highest levels of substance misuse. Since its inception, SICDATF has worked to reduce health-related harms to individuals, families, and communities by working in partnership with key community, voluntary and statutory stakeholders to coordinate and deliver services in the South Inner City (SIC). Ireland's current policy on illicit drug use, "Reducing Harm Supporting Recovery," is the first approach that focuses on a unified public health approach to illegal drug and alcohol use rather than a criminal justice approach. In addition, action plans that recognised current and evolving disparities were used to implement the strategy. These action plans are for supply reduction, prevention, treatment, rehabilitation, and research (Department of Health, 2017). In line with this, SICDATF is working with its stakeholders to deliver on the six strategic priorities for the current policy on illicit drug use for 2021-2025.

SICDATF's strategic priorities are:

- Strengthen the prevention of drug and alcohol use among children and young people.

- Enhance access and delivery of drug and alcohol services in the community.

- Develop harm reduction responses and integrated care pathways for high-risk drug users.

- Address the social determinants and consequences of drug use in disadvantaged communities.

- Strengthen evidence-informed and outcomes-focused practice, services, policies, and strategy implementation.

1.5 Research Aim

The project aims to reduce the health-related harms from cocaine and crack cocaine for individuals, families, and communities. It will provide a model of best practice compatible with Sláintecare and the goals of 'Reducing Harm Supporting Recovery' and the National Drug Rehabilitation Framework.

Research Objectives

- To report on the health-related harms of cocaine and crack cocaine use.

- To report on the needs of individuals, families, and the community regarding the health-related harms of cocaine and crack cocaine use.

- To make recommendations, in line with good practice, to ensure that the health-related harms from cocaine and crack cocaine use are reduced.

Section 2

Methodology

This chapter gives a detailed account of the research design, which outlines participant recruitment and data collection, data analysis, and ethical reflections that drove the study.

2.1 Ethical Approval.

Before the commencement of the research, researchers obtained ethical approval from the Faculty of Education and Health Sciences Research Ethics Committee (University of Limerick). Some ethical issues of specific interest regarding qualitative research of this type are informed consent, confidentiality, vulnerability, and privacy. Therefore, verbal consent was obtained from all participants during recruitment to safeguard that consent was informed. Additionally, participants were asked to give their written consent before the focus groups.

2.2 Participant Recruitment and Data Collection.

Phase 1

Literature review:

The literature review involved a desk-based review where databases and grey literature from charities, task forces, and relevant organisations established nationally and internationally were explored. During the search, the materials identified included training courses, workshops, information leaflets, reports, and journal articles. In addition, researchers selected resources that gave information on the health-related

harms of cocaine/crack cocaine use and how to reduce these harms. Resources on community responses/involvement in drug issues and guidelines on planning and delivering health responses to drug use were also included.

Search strategy:

- A preliminary search was undertaken in Ovid Medline.

- A second search was carried out using the preferred search string, adapted to each database semantics, in CINAHL, Psych Info, Embase, and the Cochrane database of systematic reviews.

- Hand searching of websites covering the scope of substance use.

- Depending on the yield from the above searches, forward and backward citation chasing of identified studies was performed. Also, the websites of organisations and stakeholders were then browsed for relevant data and resources.

- The search terms were synonyms for the concepts: crack cocaine use health outcomes; responses, and interventions.

Phase 2

Participant recruitment/data collection/Data Analysis:

Study participants were recruited via SICDATF. Study participants included community members and service providers such as addiction and family support services. The inclusion criteria for participants were people with a personal history of cocaine and crack cocaine use, people involved in addiction care currently, and members of the public without a personal history of cocaine and crack cocaine use but with an interest in community development regarding this. The exclusion criteria for this study were people who could not give informed consent. Data was collected via both focus groups and questionnaires. The questionnaires were introduced to accommodate those who could not attend the focus groups due to the low response rate experienced during the data collection process. Frequent reminders were also sent out to potential study participants to increase participation.

The data collection instruments were piloted and refined based on feedback from study participants. The topic guides were not exhaustive, and any relevant topics were explored when raised within the groups. A total of 3 focus groups were held, one in person and two online. Also, 14 questionnaires were returned. In all, a total of 27 people participated in the study. During the data collection, a low response rate posed a setback to the project. Focus groups were audio recorded with the consent of study participants. Focus groups were transcribed using Microsoft Word. After this, the NVivo software program was used for the coding and thematic analysis of transcribed files. Questionnaires were analysed in Qualtrics based on the themes identified in the focus group data.

Phase 3

Dissemination of research findings: The initial plan for this phase was to co-design and deliver a training, learning event, or workshop to community members. However, the study data indicated a lot of diversity in the needs and interests of people in this regard. Due to this diversity, getting a clear sense of what people want wasn't easy. Also, it was envisaged that designing a training, learning event, or workshop that meets the needs of everyone or most people would be challenging and might not receive a favourable response. As a result, this phase focused on disseminating the research findings to get people's feedback on the findings and the way forward.

Section 3

Findings

This section of the report outlines the findings of the study.

3.1 Phase 1 Findings: Desk-based Review.

Information leaflets/communications

- Information leaflet on the harms of crack cocaine: This leaflet outlines harm reduction advice. This includes pipe smokers' dos and don'ts, the effects and dangers of crack/cocaine, and overdose. www.drugsandalcohol.ie

- In response to an increase in the use of cocaine powder and crack in Ireland, Ana Liffey has partnered with the HSE Office of Social Inclusion to produce information and harm reduction resources for people who use drugs and healthcare professionals. These information resources include a Cocaine poster, crack cocaine poster, cocaine fact sheet, and crack cocaine fact sheet www.drugs.ie/cocaine

- Drug and Alcohol Information Support: This is a national directory where people can access information on addiction services in their area. www.services.drugs.ie

- **Linnell Communications**: Linnell Communications is a business started by Michael Linnell. They provide consultancy services on drug, alcohol, and public health research and communications. They also design information products for drugs, alcohol, and public health campaigns. This organisation has resources that are relevant to the aims of the research. Below are the resources:

  - **The Linnell guide to drug-related emergencies**: Gives clear, accessible information about the correct responses to different emergencies that may arise due to drug use. They are aimed at persons who use drugs, their friends, and their relatives. www.exchangesupplies.org/pdf/L03E.pdf

  - **The Safer injection handbook**: This has been the definitive user guide to reducing the harm related to injecting for 20 years. It gives the latest information on everything from vein collapse to hepatitis C and

cleaning used injecting equipment to deep vein thrombosis.
www.exchangesupplies.org/pdf/P303_10.pdf

- A resource on preventing and caring for bacterial infections:
www.exchangesupplies.org/pdf/P600.pdf

Activities

Sheffield Health and Social Care: Using creative and physical activities in helping people to recover from addiction.

www.shsc.nhs.uk/news/creative-and-physical-activities-helping-people-recover-addiction

Relevant Research

A report on the health and social impacts of crack cocaine use. This report was done on behalf of Anna Liffey Drug Project, Limerick. The report highlights the physical, mental, and social impacts of crack cocaine use. It also highlights issues of importance concerning crack cocaine use, such as people's motivations for using crack cocaine, the characteristics of crack cocaine, how people behave whiles using crack cocaine, as well as recommendations concerning the needs of crack cocaine users and the community members impacted by crack cocaine use.

www.drugsandalcohol.ie/38132/1/Doing-More-The-Health-and-Social-Impacts-of-Crack-Cocaine-Use-in-Limerick-City.pdf

Research on the health and social responses of ploy drug use: It provides an overview of the most important aspects to consider when planning or delivering health and social responses to problems related to polydrug use and reviews the availability and effectiveness of the responses. It also considers implications for policy and practice.

www.emcdda.europa.eu/publications/mini-guides/polydrug-use-health-and-social-responses_en

Training/programmes/classes

Stress control classes by the HSE: HSE Health and Well-being offer a free Stress Control program. Stress Control is an evidence-based program that teaches practical skills to deal with stress. The program helps participants recognise the signs of stress. It covers topics including how stress affects our bodies and our thoughts. It teaches skills to overcome panicky feelings and tips for getting a good night sleep**.**

www.hse.ie/eng/about/who/healthwellbeing/about-us/free-online-stress-control classes.html?gclid=Cj0KCQj wlPWgBhDHARIsAH2xdNeDSZ9rqVgSZDb ZrJ-vQIx7uGmeSKDCniRsx1kmKSiAP7YzFlI QAxIaApO7EALw_wcB&gclsrc=aw.ds

Stress Management Ireland: Provide practical workshops in stress and anxiety management, wellness, personal development, communication, and leadership skills. The workshops provide clients with the necessary practical coping skills to deal with everyday stressors, whether in the workplace, in the home, or in the professional world of sport.

stress-management-ireland.com

Crisis management training: Studio Three Ireland develop training programs for people with challenging behaviours or behaviours of concern. One such training is crisis management. This training is tailored to the needs of their clients.

www.studio3.org/studio-3-ireland

Crack and cocaine brief intervention programs: This document contains two programs for crack and cocaine users commissioned by the National Treatment Agency for Substance Misuse. The interventions are intended both for primary and secondary crack/cocaine users. The first program is a one to two-session psycho-educational approach focusing on giving information that users should know. Information includes how crack works, the most urgent problems, and health and harm reduction.

www.drugsandalcohol.ie/13628/1/NTA_brief_cocaine_programme.pdf

Some sites were visited; however, no resources were found. Below is a list of those sites:

www.drugwise.org.uk: This website has information about cocaine and crack. However, it does not have the kind of information we are looking for.

www.changegrowlive.org: This website has information about cocaine and crack. However, it does not have the kind of information we are looking for.

www.euronpud.net: This website provides drug-related information and resources. However, these resources did not align with what we were looking for.

myuisce.org

drogriporter.hu/en

www.correlation-net.org

www.release.org.uk

3.2 Phase 2 findings: Focus groups and questionnaires

3.2.1 Health-Related Harms

The major health-related harms highlighted were drug-related intimidation, violence, and mental health issues. However, study participants gave positive feedback regarding the gardai's contribution to dealing with drug-related intimidation.

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> *I think it's impacting the mental health of other members because of the stress of that. It's also obviously impacting their physical health in two ways. First of all, they might be too busy around the person using to address their own problems. Let's say someone has a problem with their hand. They don't go to see the doctor because they prioritise the well-being of the person using. There can be the other thing that the person can be smoking at home, especially in bad weather, so then there is a second-hand inhalation for whoever is in the household at that moment".*

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> *Mental health service especially, I'm getting a lot of families coming in looking for mental health services for especially under 16s and under 18s, and there is very little, little help for those age groups. Drug intimidation is gone through the roof, especially there are so many settings. Covid, lockdown a lot of people went back into family homes. Intimidation in family homes increased not only increased, but it was now visible to families whereas before they may have never witnessed drug taking actually taking place".*

Other health-related impacts highlighted are weight loss, respiratory issues, unsafe injection practices, poor physical and sexual health, the danger of used paraphernalia around the street, and financial matters.

"100% I'll say like cocaine itself is an appetite suppressant, so once you are using, you don't feel hungry. And because with crack you have a short high so you are constantly running around all day, so you burn a lot of calories without taking in a lot of calories".

3.2.2 Supports needed to reduce health-related harms.

Social activities

Social activities such as walking therapy, fishing, axe drawing, camping, clubs, outdoor trips, sports-based activities, and men's sheds were suggested.

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> *Any kind of physical activity. Any kind of fun thing that's interactive that gets people to go out because, you know, doing nothing at home, sitting around all day, smoking weed or doing whatever, drinking that could just make things ten times worse. If there was any kind of facilities that say like you know the idea of saying like men shed. You get guys doing like carpentry or stuff like this as a way of getting them to do something. And then you bring up discussions around mental health or whatever. If there was something like that except more kind of interactive."*

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And also the walking therapy that seems to be a thing at the moment where you will do your therapy or counselling while you are on a walk, but the only thing we found about that is it seems to be a private thing, a private service. I had mentioned the cost of living is massive, so people wouldn't have the income to access a service like that, especially if they are in the trials of addiction as well. I know people who have done that and found it quite beneficial cos it takes the seriousness out of a session because there's no eye contact it's not. You are just out walking, and you are having the charts, and you don't have to look directly at someone. You could be absorbing nature whiles you also get the endorphins going from the physical activity element of it".

It was noted that due to the nature of the addiction, the group activities/training need to hold the interest of the client group. Also, activities/ training should be short at the early stages, e.g., short information sessions, short activities.

Training

Study participants highlighted training in crisis management (for families), coping mechanisms (for families), family support (for staff), intimidation (community and family), peer-led training (around crack cocaine), dynamic risk-assessing training (with particular attention to lone workers in the community) and training on trauma-

informed practice. Also, training based on life skills, such as upskilling for jobs, budgeting, and health, was highlighted.

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*Even I think as well for anyone working in services, like addiction specific around stabilisation or recovery even training staff around family support cos that actually isn't there. Like I know when I was working with ******, I didn't have a huge awareness of family support, and you are dealing with family members all the time. Even though project workers work in addiction-specific roles and even though they might not be dealing with family support specifically, they do encounter family members all the time, so training around that will be good".*

Workshops/Learning Events

Concerning education, early intervention was highlighted as being critical. Additionally, continued drug education in schools and youth groups was recommended. Lastly, health fairs were also highlighted.

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Yeah, I will agree. Early intervention is key. I think it needs to start with childhood awareness around domestic violence. Look at maybe programs in schools like look at what is a healthy relationship. Things like that, you know, educate people from a young age of what's a positive relationship, what's a negative one. Different things

like that. Start with the younger children because it's very, very complex. It brings up a lot of different feelings and different issues for different people, but if we would have really early intervention for young children and try to nip it in the bud as soon as possible. That will be really important".

Information

Information about calorie-dense foods that persons using crack cocaine/cocaine can eat to prevent weight loss, what to do when experiencing drug-related intimidation, and whom to turn to. Also, a centralised helpline for addiction-related support and information on harm reduction control strategies and tips were highlighted. Lastly, information on the risks of cocaine and crack cocaine use from past users or health workers and documentaries on drug use with success stories were also highlighted by study participants.

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Definitely some information around things to eat if you are using crack. Say like protein bars, peanut butter, stuff like this that have high concentrations of fats and energy that will keep your system up while you're using, which aren't too expensive and aren't too difficult to prepare. Cos that's a big barrier for crack users".

"

I will say if there was a centralised helpline. Like citizen's information except specifically

for addiction-related supports because there's nothing at the minute, and it can be a bit of a mind field and; me working with travellers, I know many travellers have a bit of a literacy issue, so like reading pamphlets or even going online can be a challenge so if there was a dedicated person or group of staff members who managed a phoneline and as well communicated with across all social media just around that kind of thing and would signpost people that would be a big help".

Regarding information, it was highlighted that information leaflets should be translated into other languages to ensure the quick spread of information.

Other suggestions

Some study participants highlighted that addiction is a complex issue. As a result, there is a need for a long-term plan, such as more access to mental health services through more funding for mental health, more family support workers, and community engagement.

"

More access to adult mental health services. More funding into mental health in general. I suppose I don't know if people make associations between drug use and mental health. I know some of the frustrations in the field are that if there is addiction, mental health won't look at families, and if there is mental health, addiction services will say no; you have to sought out your mental health. There just needs to be

more collaboration between addiction and mental health services. It feels like it's a million miles away. I know that some people are probably doing more work than others, but on the ground, there is just that struggle between the two".

"

I don't think it's as simple as an activity. It's really not. It's a much more complex approach, and I don't think it's going to happen with one event or six events, or ten events. It's got to be a really, really show of force. The moment one collapses away, we are losing. We are at a surge now, and we are literally starting to lose an entire generation, and I don't think I'm being dramatic about it. I think the increase is visible on the street. It's so tangible; the loss we are about to experience in our generation is really depressing, and it takes all of us to gather, not just one party. Not just ***** and not just residents, not just health services acting in isolation, we have to work together with a very, very strong strategic strong, robust approach".

3.2.3 Delivery of support

Regarding the focus of the interventions, most study participants wanted a mix of educational and social focus. Regarding the location where interventions will take place, it was highlighted that, due to stigma, some people prefer to access services outside the community. As a result, interventions should be available both within and outside the community.

"I know for some people they will seek support from outside the community, and some will seek support in the community. It will really depend on their circumstances. Because we work with families, we will see addiction services as the specialists, and we will refer to them, but again, we will see a really significant important piece around interagency work now because there are other elements, different things going on, so I think an interagency approach is really really important. But obviously, the experts will be the addiction services in terms of anything around drug use".

"Some people, they won't want to go to a place near where they live in case they are seen by their neighbours or family or whatever. So yeah. The more places, the better cos that gives people then the choice of going outside the community or in the community and getting the same service".

3.2.4 Support needed for a high participation rate

Study participants suggested making interventions accessible, informal, and person friendly. Giving incentives such as vouchers and providing initial support from key workers concerning the attendance of activities were also highlighted. However, one consistent thing in all focus groups was the lack of community spaces where informal support could be provided. Also, it was highlighted that expecting large-scale client participation at the start of intervention might be unlikely in the early stages. However, continuous running of interventions could increase participation.

Section 4

Recommendations

4.1 Peer support

The research identified that stigma significantly affects people not accessing services and support. It was determined that meeting and hearing from people with similar experiences make people feel supported and not alone. Creating safe spaces where people can access peer support in informal settings is essential. These safe spaces should be available both within and outside the local community. For spaces outside the community, the needed support, such as transportation, should be provided to make these services easily accessible to people. Research has suggested that populations facing stigma are more likely to engage in peer groups for support and mutual understanding (Davison et al., 2001). It has been argued that connections formed between "similar others," defined as non-related individuals dealing with common experiences, may be more supportive than familial networks (Thoits, 1995).

4.2 Supports

It was noted that there is diversity concerning the kind of support needed. This is because different people have different needs. Due to this diversity, designing an intervention that meets the needs of everyone or most people was challenging. As a result, different interventions are recommended to be piloted through the various services. People can then access whichever supports meet their needs. Also, innovative ways, such as the creation of a directory of local supports available, should be used to make people aware of supports available to them.

4.3 Community spaces

It was highlighted that there is a need for support in informal settings. The lack of community spaces where these informal supports can occur was highlighted. There is a need for partnerships between the community and local organisations or establishments such as universities. This partnership will help increase access to more communal spaces.

4.4 Community engagement

Study participants highlighted the need for a long-term plan regarding the health-related impacts of cocaine and

crack cocaine use. Involving community members in making this long-term plan is essential as it will assist in understanding the problem better. It will also help to build stronger relationships between community members. Community engagement also safeguards accountability to those most affected by the situation. Community engagement can be achieved by establishing community groups and consistent community engagement activities. There is a need for a community liaison officer or persons who will serve as a link between members of the community and agencies and local resources. Implementing evidence-based strategies and programs necessitates understanding a community's challenges and knowing which techniques will efficiently address these challenges." By engaging community members, prevention systems learn first-hand from affected individuals and community systems about the problems and the social determinants that impact behavioural health (Substance Abuse and Mental Health Services Administration, 2022). For community engagement to be.

REFERENCES

Davison, K. P., Pennebaker, J. W., & Dickerson, S. S. (2001). Who talks? The social psychology of illness support groups. *American Psychologist*, *55*(2), 205-217.

European Monitoring Centre for Drugs and Drug Addiction. (2018). *European Drug Report 2018: Trends and Developments*.

Health Research Board. (2018). *Cocaine: The Irish situation*.

NACD, & PHIRB. (2011). *Drug use in Ireland and Northern Ireland: first results from the 2010/11 Drug Prevalence Survey*.

www.drugsandalcohol.ie/16353

South Inner-City Drug and Alcohol Task Force. (2023). *Strategic Plan 2023-2026*.

Substance Abuse and Mental Health Services Administration. (2022). *Community engagement: an essential component of an effective and equitable substance use prevention system*. N. M. H. a. S. U. P. Laboratory.

www.drugsandalcohol.ie/38178/1/SAMHSA_Community_engagement.pdf

Thoits, P. (1995). Stress, Coping, and Social Support Processes: Where are we? What next?*Journal of Health and Social Behavior*, *31*, 53-79.

South Inner City Dublin Drug and Alcohol Task Force