Blanchardstown Local Drug and Alcohol Task Force
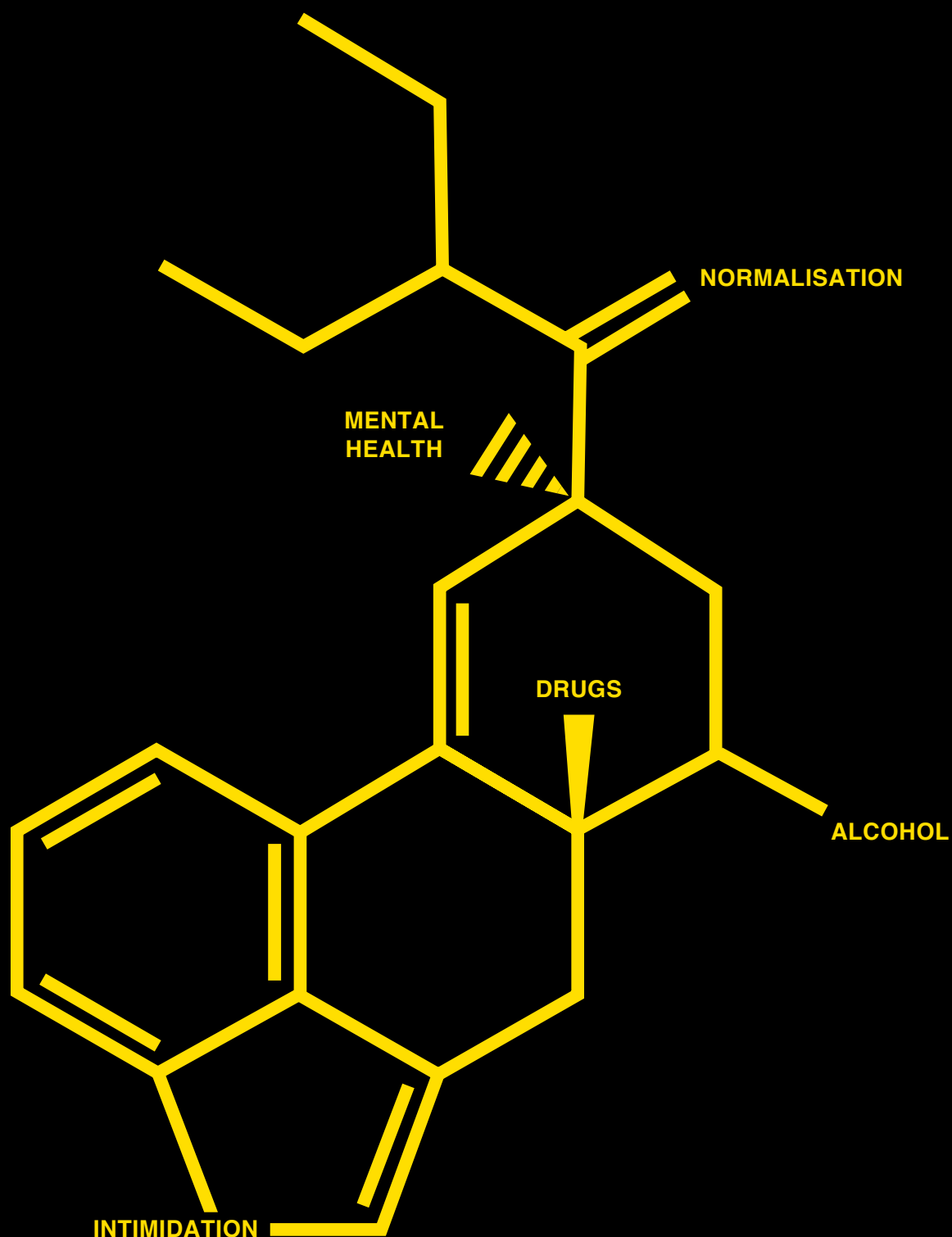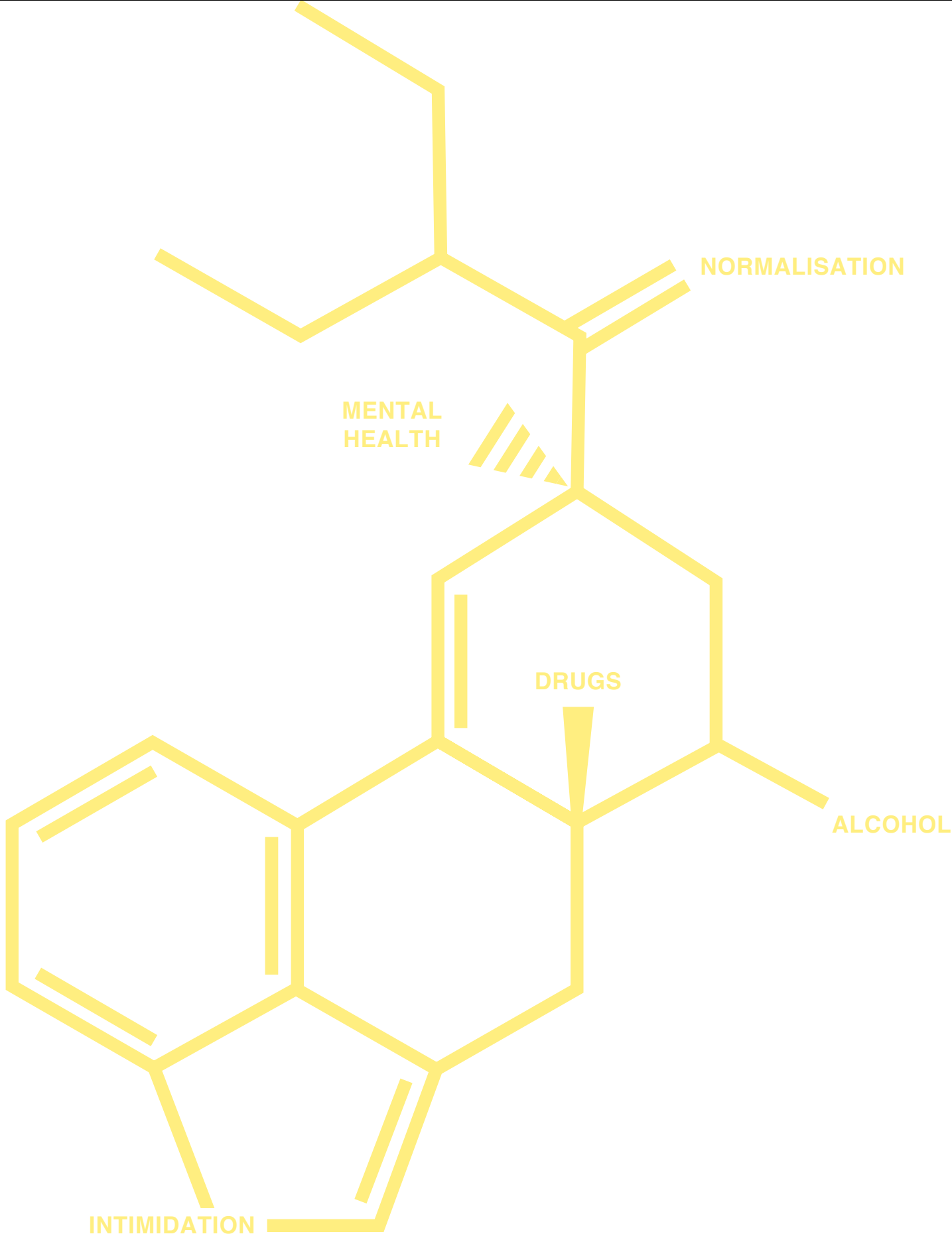
Drug and Alcohol Trends Monitoring System (DATMS) 2023: Year 8

NORMALISATION

MENTAL
HEALTH

DRUGS

ALCOHOL

INTIMIDATION

NORMALISATION

MENTAL
HEALTH

DRUGS

ALCOHOL

INTIMIDATION

Janet Robinson and Jim Doherty
Researchers

NORMALISATION

MENTAL
HEALTH

DRUGS

ALCOHOL

INTIMIDATION

DATMS REPORTS

YEAR 1 *Drug and Alcohol Trends Monitoring System*. 2014/2015 data, published 2016.

YEAR 2 *Drug and Alcohol Trends Monitoring System*. 2015/2016 data, published 2017.

YEAR 3 *Drug and Alcohol Trends Monitoring System*. 2017 data, published 2018.

YEAR 4 *Drug and Alcohol Trends Monitoring System*. 2018 data, published 2019.

YEAR 5 *Drug and Alcohol Trends Monitoring System*. 2019 data, published 2020.

YEAR 6 *Drug and Alcohol Trends Monitoring System: 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'*. 2020 data, published 2021.

YEAR 7 *Drug and Alcohol Trends Monitoring System*. 2021 data, published 2022.

YEAR 8 *Drug and Alcohol Trends Monitoring System*. 2022 data, published 2023.

CONTENTS

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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 coordinated response in tackling drug and alcohol use and misuse in Dublin 15.

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

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

LIST OF YEAR 8 MAPS

1. EXECUTIVE SUMMARY

RESEARCH OBJECTIVES & METHOD

In 2015 we developed our DATMS in Dublin 15. The objective was to establish an evidence base for drug use in Dublin 15 and use this data to inform local service provision. The study is repeated annually to always have current information and monitor changes over time. This report documents the eighth year of our DATMS. The Year 1 reporting period began June 2014, Year 2 began June 2015, Year 3 to 8 is from 2017 to 2022. The DATMS employs a mixed method design comprised of primary and secondary data sources. Years 1 to 5 and 7 to 8 involved a trend report, and Year 6 involved a qualitative longitudinal study that explored clients' experiences of attending treatment and family support services.

TREND ANALYSIS

A trend analysis from Years 1 to 8 identifies three recurring themes emerging from different data sources. These themes give us a deeper understanding of the nature and consequences of drug and alcohol use in Dublin 15. As a range of data sources has produced these themes, the validity of the research findings has been strengthened.

THEME 1: Drug use in Dublin 15 is a community wide issue that crosses all socio-economic boundaries

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

1) Mapping treatment demand for treated drug users and family members affected by drug and alcohol use, including hidden harm (children aged under 18), has identified that clients were from every community in Dublin 15, from the affluent to the socio-economically deprived.

2) Years 1 to 8 reported treated drug users aged under 18 attended secondary schools with and without DEIS status. Since Year 3, the evidence reports that these schools were a mixture of affluent and socio-economically deprived.

3) All seven years of the DATMS trend data reported untreated drug use among all socio-economic groups, ethnicities and in all areas of Dublin 15.

4) Since Year 1, drug dealing has been reported in local secondary schools. From Years 3 to 8, over 60% of secondary schools had evidence of drug dealing,

with Year 5 reporting drug dealing in all local secondary schools. Since Year 3, these schools have been a mixture of affluent and socio-economically deprived, including those with and without DEIS status.

5) All seven years of the DATMS trend data reported drug use before and during school time in local secondary schools. Since Year 2, the evidence reports that these schools were a mixture of affluent and socio-economically deprived and included those with and without DEIS status. From Year 3, participants reported drug use in at least 80% of local secondary schools, with Years 5 and 8 reporting drug use in all schools.

6) Since Year 1, participants reported that some secondary school students' education was compromised due to drug use before and during school. Since Year 2, participants reported that these schools were a mixture of affluent and socio-economically deprived and included those with and without DEIS status.

THEME 2: Normalisation of drug and alcohol use in Dublin 15

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

1) Since Year 3, the normalisation of drug use was reported as a factor contributing to the increase in drug use in Dublin 15.

2) The normalisation of drug use may be a factor contributing to the reduction in the age of alcohol users in Dublin 15. Since Year 3, untreated drug users who use alcohol have been getting younger.

3) Since Year 3, data concerning gaps in service provision has reported the need to improve treatment programmes for under 18s and young people aged 18 to 25. Research participants reported that these programmes must proactively attract the most vulnerable and hard-to-reach as most young drug users do not perceive the need for treatment. The normalisation of drug and alcohol use may be a factor that hinders help-seeking.

4) Since Year 2, an increase in the amount of under 18s dealing drugs has been reported. Since Year 5, participants reported that drug runners were getting younger. The normalisation of drug use may influence a young person's decision to become involved in the drug market as they may not identify the negative consequences of such behaviour.

5) All seven years of the DATMS trend data reported the family context as a risk factor for the normalisation of drug and alcohol use and the development of inter-generational drug and alcohol dependence. Since Year 3, the majority of treated drug users who participated in the DATMS reported having family members who also had issues with drugs and/or alcohol.

6) Treatment demand data reports the main drugs used were those which were normalised, except for heroin:

- Treated drug users aged under 18: From Years 1 to 8, cannabis herb was the most commonly used drug, followed by alcohol; since Year 2, an increase in the use of cannabis herb, cocaine powder and alcohol was reported
- Treated adult drug users: From 2016 to 2022, the NDTRS reports the five main problem drugs were cocaine, alcohol, heroin, cannabis and benzodiazepines; over the reporting period, an increase in the number of cases treated for cocaine, alcohol, cannabis and benzodiazepines was reported, with cocaine becoming the most common main problem drug

THEME 3: Increase in drug and alcohol use in Dublin 15

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

1) Treatment demand data reported an increase in the number of cases treated for drug and/or alcohol use, and this may be associated with an increase in drug use:

- Treated drug users aged under 18 increased by 31% from 51 in Year 1 to 67 in Year 8
- NDTRS data reports treated adult cases increased by 107% from 292 in 2016 to 606 in 2022

2) Since Year 2, treated and untreated drug users reported an increase in the use of the following drugs:

Drug type	Treated drug users		Untreated drug users	
	Young	Adult	Young	Adult
Alcohol	↑	↑	↑	↑
Cannabis herb	↑	↑	↑	↑
Cocaine powder	↑	↑	↑	↑
Benzodiazepines, z drugs		↑		
Crack cocaine		↑		
Ketamine			↑	↑

Year 8 treated and untreated drug users also reported an increase in the use of the following drugs:

Drug type	Treated drug users		Untreated drug users	
	Young	Adult	Young	Adult
Cannabis concentrates (oil, wax)	↑	↑	↑	↑
Cannabis edibles	↑	↑	↑	↑
Nitrous oxide	↑		↑	↑
Benzodiazepines, z drugs			↑	↑
Ketamine	↑			
Prescribed opiates		↑		
Pregabalin (Lyrica)		↑		
OTC codeine		↑		
Methamphetamine		↑		
Amphetamines				↑
GHB/GBL		↑		
Lean (Syrup)			↑	↑

3) Each year the DATMS has reported an increase in the availability of drugs in Dublin 15. This increase is associated with an increase in drug and alcohol use. It identifies how demand influences the local drug market. This increase in demand has also increased the number of drug distributors. The majority of the drugs that have increased in availability are the most commonly used:

- Since Year 1, an increase in the availability of benzodiazepines and z drugs has been reported; since Year 4, synthetic (NPS) benzodiazepines and z drugs were reported to be more commonly available than authentic tablets
- Since Year 3, an increase in the availability of cannabis herb and powder cocaine has been reported
- Year 8 reported an increase in the availability of ketamine and nitrous oxide

4) The increase in drug use is also associated with an increase in the types of drugs available, which identifies new trends in drug use. The chart below reports the new drugs that have entered the local market and the year they were first reported to the DATMS. All of these drugs, except for nitrous oxide, are not commonly used though some are increasing in popularity.

DATMS Year	Drug
Year 1	Lean (syrup)
Year 2	GHB/GBL
Year 3	Cannabis concentrate (oil)
Year 4	Cannabis concentrate (wax)
	Nitrous oxide
Year 5	Cannabis edibles (sweets, chocolates)
	Cannabis drinks
Year 7	Methylphenidate

- In addition, with the use of cannabis cakes, the re-emergence of an old trend has been reported by treated and untreated drug users since Year 5
- Since Year 5, the use of alcohol-free drinks by untreated drug users has been reported

5) As reported above, since Year 3, the normalisation of drug use was reported as a factor contributing to the increase in drug use in Dublin 15.

TREATED DRUG & ALCOHOL USE

Treated drug users aged under 18

- Treated cases aged under 18 increased by 31% from 51 in Year 1 to 67 in Year 8, though fluctuations in this trend were reported during this period
- From Years 1 to 8, the majority of cases were male, white Irish and aged from 15 years, cannabis herb was the most commonly used drug, followed by alcohol
- Changes in the profile of treated cases:

- From Years 1 to 8, an increase in the use of cannabis herb, cocaine powder and alcohol were reported
- From Years 3 to 8, a change in the profile of polydrug use was reported, with a decrease in polydrug use from Years 3 to 5 and an increase from Year 6
- From Years 3 to 8, the majority of cases were in education
- Treated young drug users attend most local schools/training centres. There has been an increase in the amount of secondary schools and training centres attended by treated cases aged under 18, from 54% in Year 1 to 71% in Year 8
- From Years 1 to 8, treated young drug users reported an increase in the use of cannabis herb, alcohol and cocaine powder

Treated drug users aged 18 and over

- NDTRS data reports treated cases increased by 107% from 292 in 2016 to 606 in 2022. From 2016 to 2022:
  - The majority of treated cases were Irish, male, aged 35 to 44 years
  - About a third of cases were in treatment for the first time
  - The five main problem drugs were cocaine, alcohol, heroin, cannabis and benzodiazepines
  - From 2016 to 2022, the majority of cases were treated for polydrug use, with the exception of 2019
- From Years 1 to 8, treated adult drug users reported an increase in the use of cannabis herb, alcohol, powder and crack cocaine, benzodiazepines and z drugs

UNTREATED DRUG & ALCOHOL USE

- All seven years of the DATMS trend data reported similar profiles of untreated drug use by young people and adults:
  - Alcohol, cannabis herb, MDMA, cocaine powder, benzodiazepines and z drugs were the main drugs used
  - Polydrug use was the norm and alcohol was an integral part of it
  - Changes in the profile of untreated drug use included:
    - From Years 3 to 8, alcohol users were getting younger
    - From Years 1 to 8, untreated young and adult drug users have continued to report an increase in the use of alcohol, cannabis herb, cocaine powder and ketamine
      - Since Year 3, an increase in the use of benzodiazepines and z drugs has been reported
      - Since Year 4, an increase in the use of cannabis products has been reported including cannabis oil, wax and edibles

- Since Year 5, an increase in the use of nitrous oxide has been reported
- Prevalence rates estimated 24,753 (78%) of Dublin 15 residents aged 15 to 34 years used alcohol in the last year and 48,234 (78%) aged from 35 years; and 5,786 (18%) of Dublin 15 residents aged 15 to 34 years used illegal drugs in the last year and 2,474 (4%) aged from 35 years
- Prevalence rates of cannabis and alcohol dependence among the general population and treatment demand data identify low levels of help-seeking among cannabis and alcohol dependent people in Dublin 15; 1% of people with alcohol dependence and 4% of people with cannabis disorders sought treatment in 2022

FACTORS CONTRIBUTING TO DRUG USE

ACCESSIBILITY OF DRUGS AND ALCOHOL

- Factors contributing to the ease of access to drugs included an increase in the number of people dealing drugs in Dublin 15, this includes young people aged under 18
- Other changes are reported above in the trend analysis section

NORMALISATION OF DRUG AND ALCOHOL USE

- As reported above in the trend analysis section

FAMILY CONTEXT

- All seven years of the DATMS trend data reported the family context as a risk factor for the normalisation of drug and alcohol use and the development of inter-generational drug and alcohol dependence
- Since Year 7 we have quantified the extent of hidden harm within the community; hidden harm relates to treated drug use and family support cases with children aged under 18. From Year 7 to 8, there has been an increase in the incidence of children affected by familial drug or alcohol use, from 41% (385) to 45% (363) of treated drug use and family support cases
    - Prevalence rates estimate from 15% to 24% (5,053-8,053) of children were impacted by parental illicit drug use in Dublin 15, and from 14% to 37% (4,698-12,416) were impacted by parental alcohol dependency in Dublin 15
    - The number of cases (363) in 2022 accounts for between 3% and 8% of these estimates which identifies that our data underrepresents the extent of hidden harm in Dublin 15

MENTAL HEALTH

- Poor mental health is a risk factor for drug use which identifies the importance of early intervention

- From Years 1 to 8, service providers reported an increase in the incidence of mental health issues among children, young people and treated adult drug users

- The negative impact of inter-generational drug use and deprivation on young people's mental health was reported

CONSEQUENCES OF DRUG AND ALCOHOL USE

HEALTH CONSEQUENCES

- HIPE data from 2012 to 2022 reported the following:
  - Overall, the number of treatment episodes for mental health and behavioural disorders associated with drug and alcohol use increased by 163% from 169 in 2012 to 444 in 2022
  - Overall, the number of treatment episodes for poisonings increased by 71% from 17 in 2021 to 29 in 2022

SOCIAL CONSEQUENCES

- All seven years of the DATMS trend data reported the negative impact drug use has on family relationships, employment, finances, housing and education

- From 2017 to 2022, the number of family members receiving support increased by 215% from 149 in 2017 to 470 in 2022:
  - Over the reporting period, there has been a significant increase in the number of family members who attended evidence-based/informed programmes

DRUG-RELATED CRIME

- All seven years of the DATMS trend data reported the existence of drug-related crime in Dublin 15

- From Years 3 to 5, drug-related intimidation was the most frequently occurring crime, this changed to anti-social behaviour in Year 7 and visible drug use in Year 8

- Since Year 3, participants reported an increase in most drug-related crimes and since Year 7 this was associated with an increase in the use of powder and crack cocaine

EDUCATION PREVENTION

- The BLDATF D15 Family Support service coordinates a limited number of educational assessments/interventions which complement the Department of Education's provision

- The programmes primary focus is to reduce risk factors for drug and alcohol use and ensure best outcomes for primary school children and their families living in Dublin 15
- The number of children who received support for psychological issues increased by 147% from 17 in Year 5 to 42 in Year 8

SERVICE PROVISION STRENGTHS & GAPS IDENTIFIED BY RESEARCH PARTICIPANTS

STRENGTHS OF ADDICTION SERVICES

- The Dublin 15 addiction services offer a continuum of care from low threshold to stabilisation, to drug free and rehabilitation programmes for young people and adults
- Treatment, rehabilitation, and family support services provide supportive and non-judgemental environments for people affected by alcohol or drug use:
  - Engagement with evidence-based programmes empowers people to improve coping strategies, increase resilience and prioritise wellbeing
  - The shared experience of peer support reduces isolation, fosters a sense of belonging and improves wellbeing

GAPS IN SERVICE PROVISION

Education & prevention

- Improve drug prevention programmes for under 18s
- Increase knowledge of local service provision on a local and targeted basis

Treatment

- Improve treatment programmes for adolescents, young people and adults
- Improve access to childcare for people attending day and residential programmes
- Increase out-of-hours service provision
- Increase access to mental health services for children, young people and adults

Rehabilitation

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

2. DATMS RESEARCH OBJECTIVES & METHOD

RESEARCH OBJECTIVES

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

RESEARCH MODEL

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

PRIMARY QUANTITATIVE DATA: DATMS YEAR 8 (2022)	
Drug treatment data	• Profile drug users treated in Dublin 15* • Treated drug users area of residence visually represented on Dublin 15 map^ • Changes in drug use and drug-related issues~
Untreated drug use~	• Profile of untreated drug use • Changes in drug use and drug-related issues • Factors contributing to drug use
Family members affected by drug use~	• Profile of family members attending local family support services and peer-led groups • Family members area of residence visually represented on Dublin 15 map∞ • Hidden Harm: Under 18s affected by family members drug use visually represented on Dublin 15 map** • Impact of drug use on families

* For the profile of treated cases aged under 18, Years 1 to 8 collected treatment demand data from local services. For the profile of treated adult cases, this method was used for Year 1 and 2. From Year 3, treatment demand data has been provided by the National Drug Treatment Reporting System (NDTRS; see Secondary Data Sources). The reasons for this change included:

- The new NDTRS LINK System (online web-based reporting system) reduced data reporting times: prior to this, NDTRS data was time lagged and DATMS data was used to produce current data

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

- To end duplication in data reporting i.e. local services reporting to the BLDATF and NDTRS

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

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

∞ In 2018 we developed the BLDATF D15 Family Support service and mapped treatment demand for these family members. From Year 5 we mapped treatment demand data from a range of local family support services and peer-led groups.

** Since Year 7 we have quantified the extent of hidden harm within the community and mapped it. For the DATMS, hidden harm relates to treated drug use and family support cases with children aged under 18.

RESEARCH PARTICIPANTS

The number and type of participants that participated in Year 8 is reported in the table below; participant numbers for Years 4, 5 and 7 have been included for comparison purposes (Table 2.1).

Table 2.1: Number and type of participants, DATMS Year 4, 5, 7 & 8 (2018, 2019, 2021 & 2022)

Participant type	Number of participants			
	Year 4	Year 5	Year 7	Year 8
Service providers	36	26	26	26
Treated drug users*~	27	31	23	41
Untreated drug users*~	19	13	10	24
Young people*~	8	0✲	10	9
Family members affected by drug use~	22	14	5	14
Community member	0	1	2	1
Total	**112**	**85**	**76**	**115**

* Includes participants aged 16+ years
~ Includes participants from the following ethnic backgrounds: White Irish, Irish Traveller, Irish African, Irish Eastern European
✲ While no young people took part in Year 5, 22 treated and untreated drug users aged from 16 to 24 years provided data concerning drug use by young people in Dublin 15

N.B. Year 6 comprised of a qualitative longitudinal study; the only quantitative data reported for 2020 was treatment demand for drug and alcohol services, and drug-related litter in Dublin 15

SECONDARY DATA SOURCES: DATMS YEAR 8 (2022)

Drug prevalence indicators	• National Drug and Alcohol Survey (Health Research Board): prevalence of drug use among general population aged 15+ years in Ireland • Irish Health Behaviour in School-aged Children Study 2018 (Department of Health & Galway Health Promotion Research Centre, National University of Ireland): prevalence of alcohol use among young people in Ireland aged 15 to 17 years • European Schools Project on Alcohol & Other Drugs (European Monitoring Centre for Drugs & Drug Addiction): prevalence of drug use among European students aged 15 to 16 years
Drug treatment indicator	• National Drug Treatment Reporting System (Health Research Board): treated drug and alcohol use in Ireland
Other drug-related indicators	• Hospital In-Patient Enquiry Scheme (Healthcare Pricing Office): drug and alcohol related morbidity from in-patient discharges from national acute hospitals • National Drug-Related Deaths Index (Health Research Board): census of drug-related deaths in Ireland
Mental health	• Profile of under 18 and adult treatment demand for mental health services

METHODOLOGICAL LIMITATIONS & GAPS IN EVIDENCE BASE

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

PARTICIPANT TARGET GROUPS

In relation to the primary data sources, local services and community members work hard to assist with the recruitment of research participants. In all seven years of the DATMS trend data, the recruitment of some target groups has been difficult. The table below identifies the target groups that are sufficiently represented, under-represented, and those that have increased or decreased in representation (Table 2.2). While Year 8 has made progress in relation to the representation of target groups in the DATMS, it is evident that it remains a challenge to ensure all target groups are sufficiently represented.

Table 2.2: Representation of participant target groups, DATMS Year 1 to 8

Target Group		Year 1	Year 2	Year 3	Year 4	Year 5	Year 7	Year 8
Untreated drug users	Aged 16 to 24 years	~	~	~	~	~	~	~
	Aged 25 years & over	*	*	*	*	*	*	↑
	Females	*	*	*	*	↑	~	~
	Males	~	~	~	~	~	~	~
	Ethnic diversity	*	*	↑	↑	↑	↑	~
Treated drug users	Aged 16 to 24 years	*	*	*	↑	*	*	↑
	Aged 25 years & over	~	~	~	~	~	~	~
	Females	*	*	*	*	↑	↓	↑
	Males	~	~	~	~	~	~	~
	Ethnic diversity	*	*	*	*	*	*	*
Family members affected by drug use	Females	~	~	~	~	~	~	~
	Males	*	*	*	*	*	↑	*
	Ethnic diversity	*	*	*	*	*	↑	*
Young people	Aged 16 to 24 years	~	~	~	~	~	~	~
	Females	~	~	~	~	~	~	~
	Males	~	~	~	~	~	~	~
	Ethnic diversity	*	↑	↑	↑	~	~	~

* Target group under-represented
↑ Increase in representation of target group
↓ Decrease in representation of target group
~ Target group sufficiently represented

- **Ethnic diversity**

  The Year 1 and 2 profiles of untreated young drug users predominately reported drug use by the White Irish community, with limited data concerning Irish Travellers, Irish African and Eastern European communities. Since Year 3, there has been an increase in data concerning untreated drug use by these communities. Year 3 was the first-time data was provided about untreated drug use among young people from an Irish Asian background. Since Year 5, a more comprehensive

profile of untreated drug use by people from all ethnic backgrounds in Dublin 15 has been produced.

Since Year 4, the profile of treated drug users reported drug use by the White Irish, Irish African, Irish Eastern European and Irish Traveller communities. Treated drug use among the Irish Asian community has rarely been reported.

Since Year 1, family members represented in the DATMS were from the White Irish community. Family members from all other ethnicities have not been represented in the DATMS, except for Year 7 which included family members from Irish Eastern European communities.

GAPS IN EVIDENCE BASE

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

Table 2.3: Gaps in local evidence base, DATMS Year 8 (2022)

Data type	
Treated drug use	Since 2017, data from the Central Treatment List has not been available. This data quantifies the number of people in receipt of methadone maintenance treatment.
Drug-related indicator	A profile of drug use and harm reduction practices of HSE needle and syringe exchange attendees has never been available from the HSE Addiction Services.
At-risk youth population	The Blanchardstown Youth Service and Tulsa Education Welfare Service services were approached to provide a profile of Dublin 15 at-risk youth population and to map this data. This data has not been available since Year 4.
Justice	This data quantifies drug-related offences in Dublin 15. This data has not been available since Year 3.
Mental health	Several mental health services were contacted to provide a profile of treatment demand for children, youth and adult mental health and addiction services. These services were the Genesis Psychotherapy & Family Therapy Service (Genesis), Jigsaw Dublin 15, HSE Substance Abuse Service Specific to Youth (SASSY), HSE Addiction Psychiatry Service and HSE Addiction Counselling Service. Year 8 data was provided by Genesis, Jigsaw Dublin 15 and SASSY.

3. SOCIO-DEMOGRAPHIC PROFILE OF DUBLIN 15, 2006-2022

Analysis of the census provides the socio-demographic profile of the Dublin 15 population from 2006 to 2022 (Central Statistics Office (CSO), 2006, 2011, 2016, 2022; Charts 3.1 to 3.6). Over this period, the following population changes have occurred:

- Population has increased by 34% from 90,974 in 2006 to 122,145 in 2022
- Population has become younger and more ethnically diverse
- Stabilisation of unemployment levels after an increase during the economic downturn
- Increase in educational attainment of population
- Increase in privately rented housing and decrease in owner occupied housing
- Dublin 15 remains categorised as marginally above average, and the socio-economically deprived population decreased from 31% in 2006 to 30% in 2022

Chart 3.1: Dublin 15 population, CSO 2006 to 2022
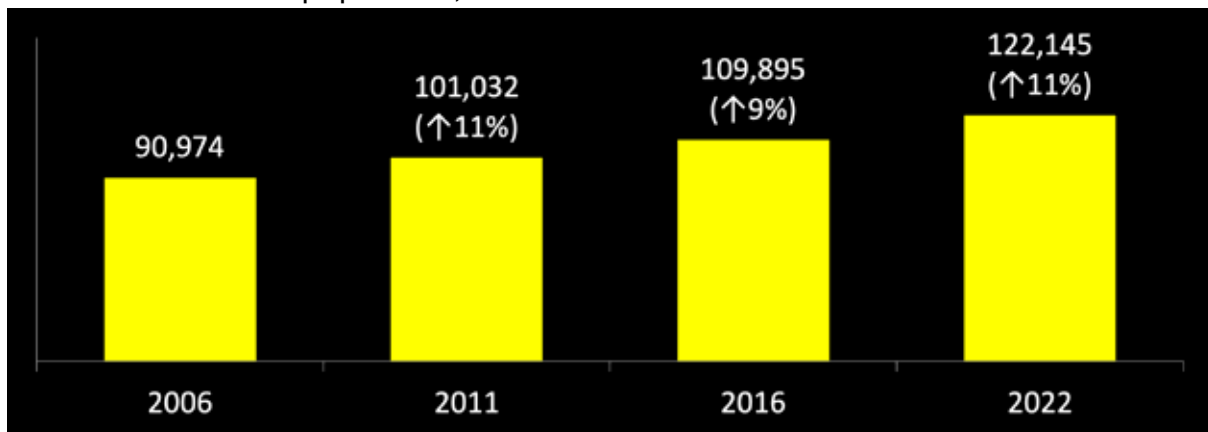
Chart 3.2: Dublin 15 population by age range, CSO 2006 to 2022
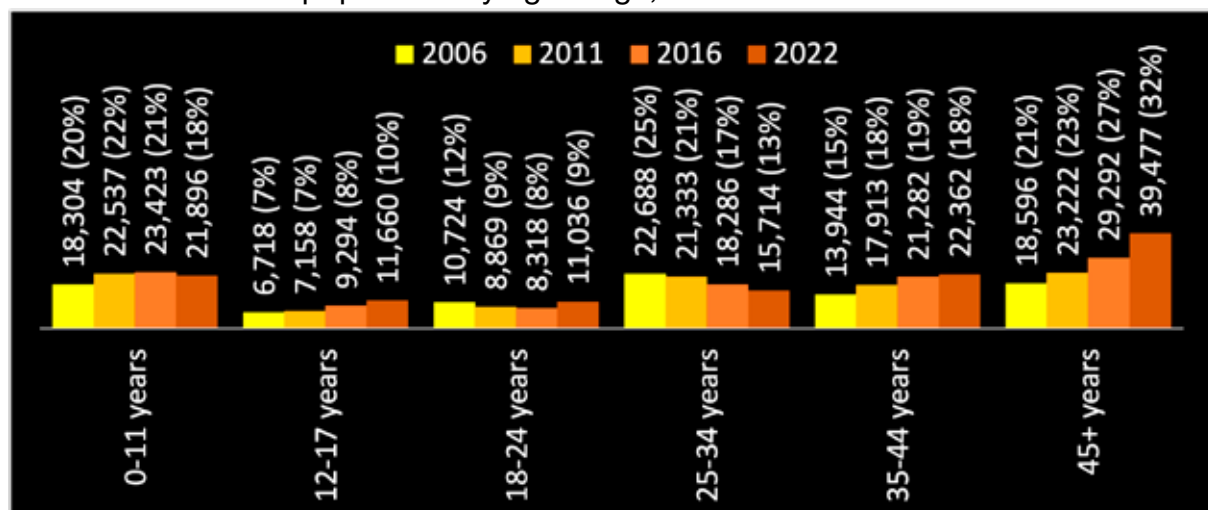
Chart 3.3: Dublin 15 population by ethnicity, CSO 2006 to 2022
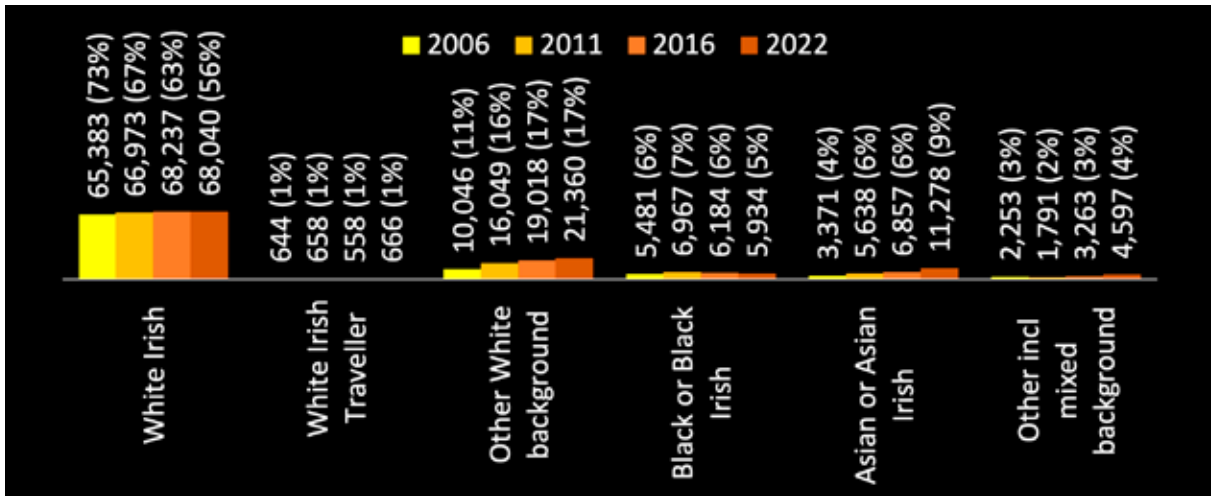
Category totals less than population totals as category 'unknown' not included

Chart 3.4: Educational attainment of Dublin 15 population aged 15 years and over, CSO 2006 to 2022
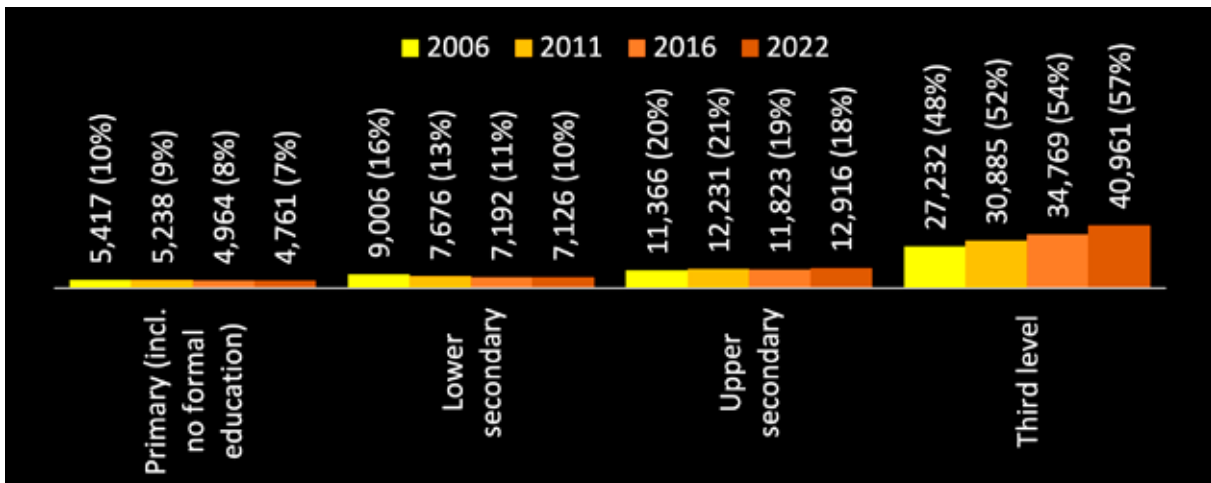
Category totals less than population totals as category 'unknown' not included

Chart 3.5: Economic status of Dublin 15 population aged 15 years and over, CSO 2006 to 2022
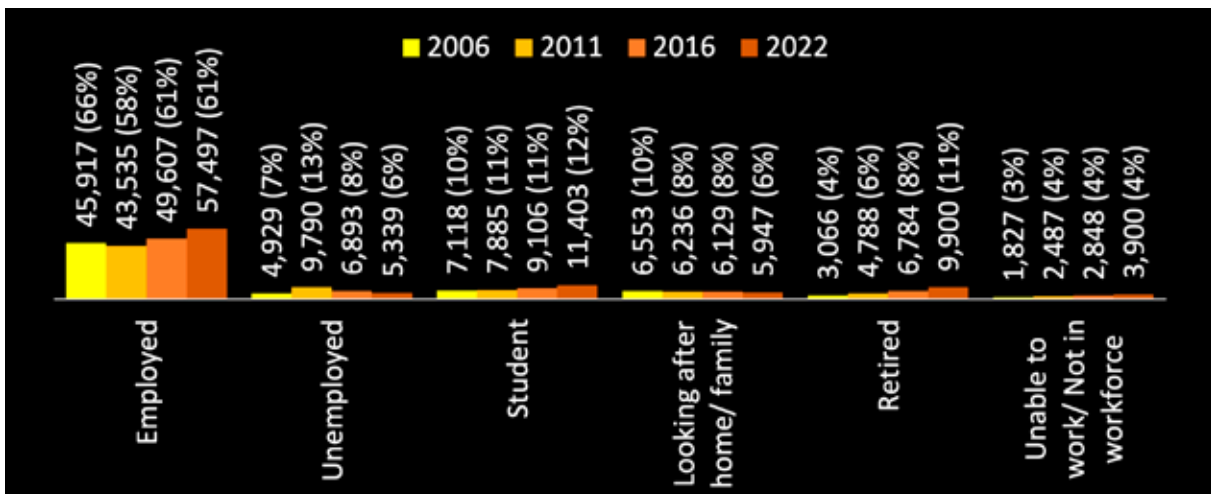
Chart 3.6: Dublin 15 households by type of occupancy, CSO 2006 to 2022
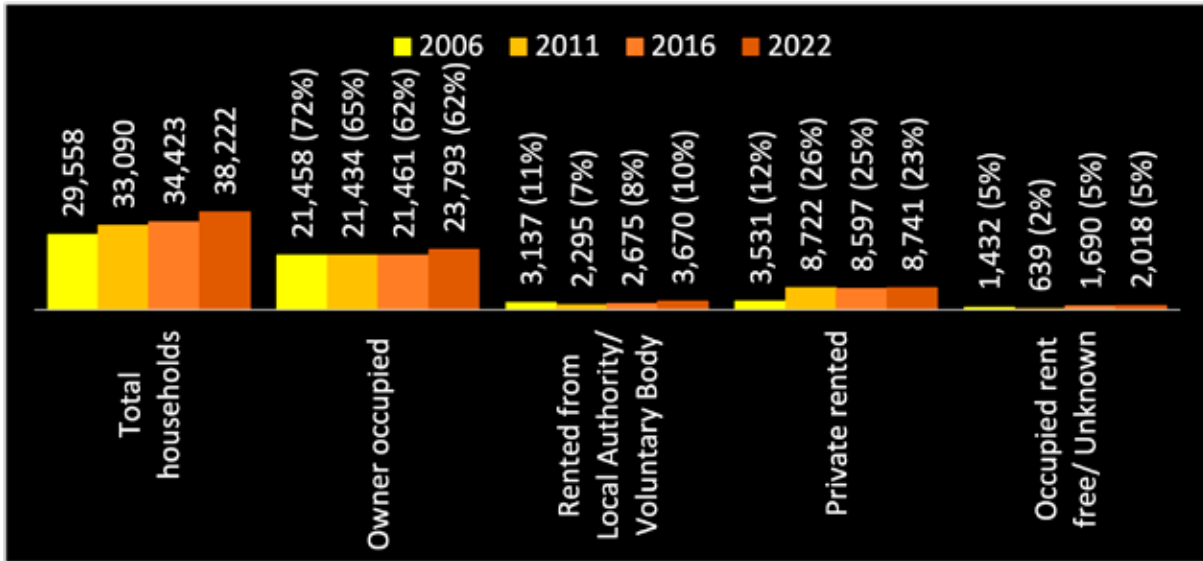
The Pobal HP Deprivation Index identifies the geographical distribution of affluence and deprivation in Ireland (Central Statistics Office, 2006, 2011, 2016, 2022). The Small Area Population Statistics (SAPS) analysis has been used to calculate the population of Dublin 15 living within different levels of affluence and deprivation. From 2006 to 2022, the majority of people living in Dublin 15 are classified as living marginally above the average (Chart 3.7).

Chart 3.7: Dublin 15 population by Deprivation Index, 2006 to 2022
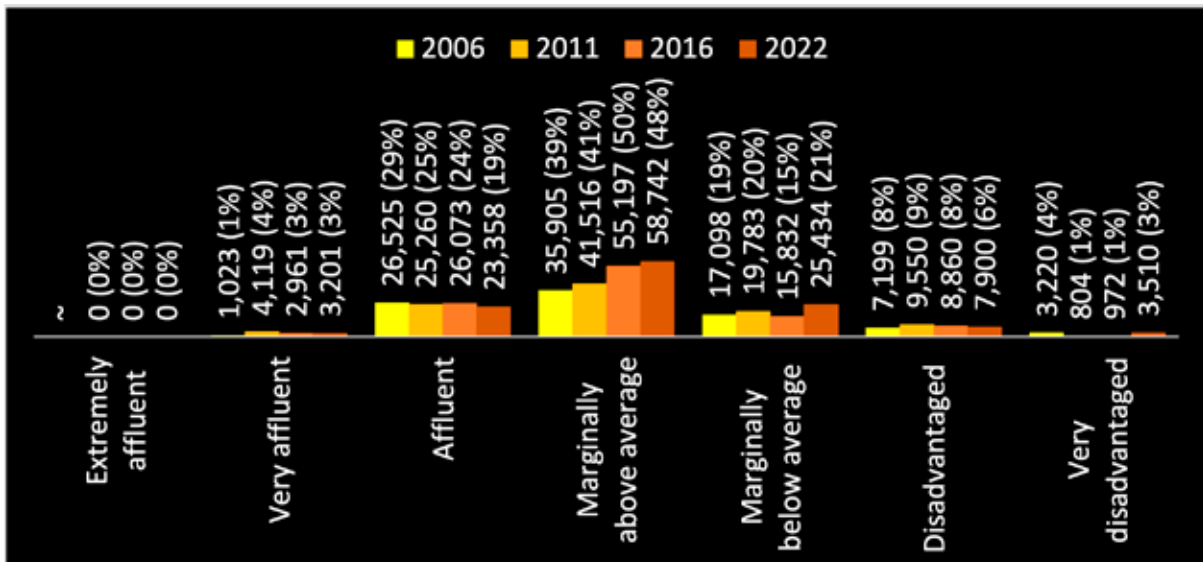
From 2006 to 2022, there was a 1% decrease in the proportion of Dublin 15 population classified as socio-economically deprived (Charts 3.8 and 3.9).

Chart 3.8: Dublin 15 socio-economically deprived population, Deprivation Index 2006 to 2022
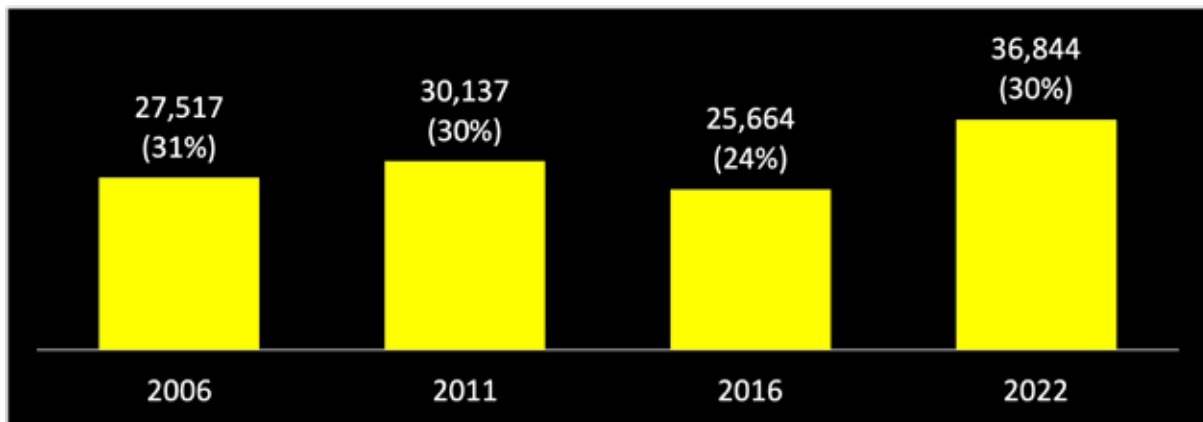
Chart 3.9: Dublin 15 socio-economically deprived youth population, Deprivation Index 2006 to 2022
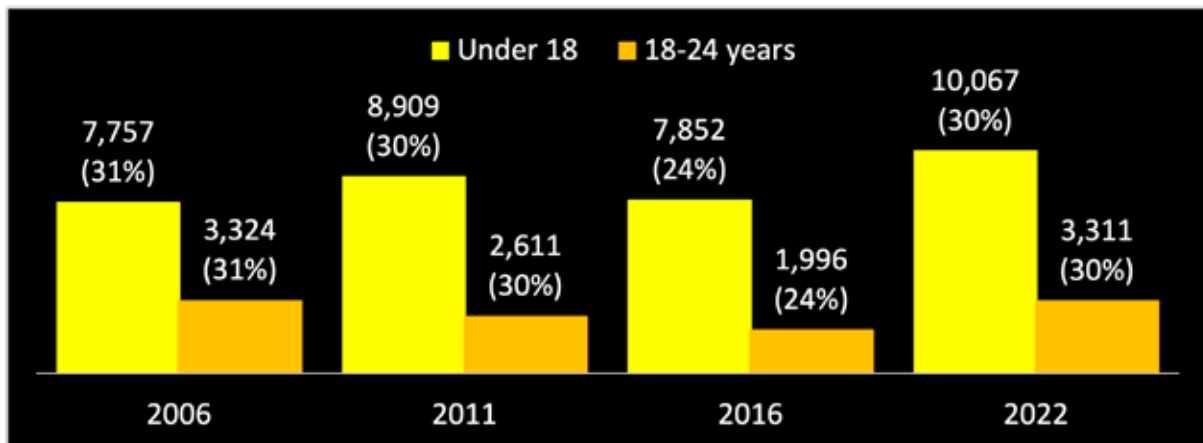
The following chart describes the socio-demographic and economic characteristics associated with different levels of deprivation and affluence (Chart 3.10). It identifies that the most disadvantaged have the lowest levels of educational attainment and the highest rates of lone parents and unemployment; as affluence increases, the converse is reported.

Chart 3.10: Socio-demographic and economic characteristics of four Small Area deprivation and affluence categories in Dublin 15, Deprivation Index 2022
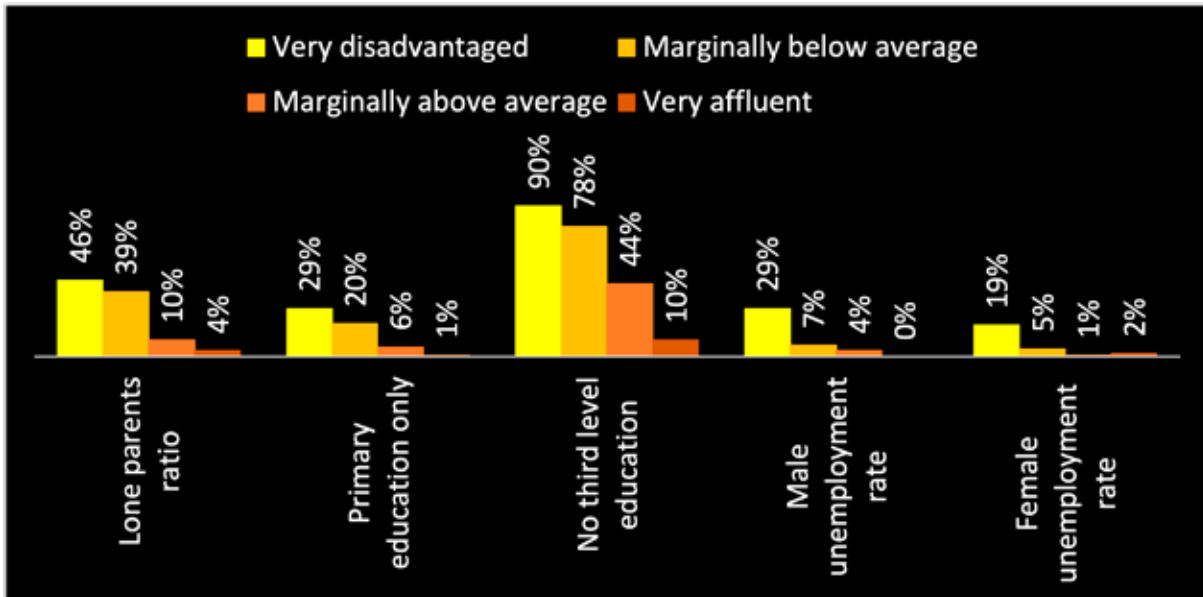
4. TREATED DRUG AND ALCOHOL USE

Treatment demand data contains no unique identifiers and treated drug users may be counted more than once if they attend more than one service. Thus, the Year 8 profile of treated drug use reports the number of treatment episodes (cases) rather than the number of people treated.

MAPPING TREATMENT DEMAND

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

Mapping treatment demand in Year 8 identified the following:

- In 2022, treated cases were from Dublin 15, outside Dublin 15 and homeless (see maps overleaf)
- The majority of treated cases were from Dublin 15:
  - Treated drug users were from every community in Dublin 15, though most lived in socio-economically deprived areas
  - Drug and alcohol dependence is a community wide issue crossing all socio-economic boundaries
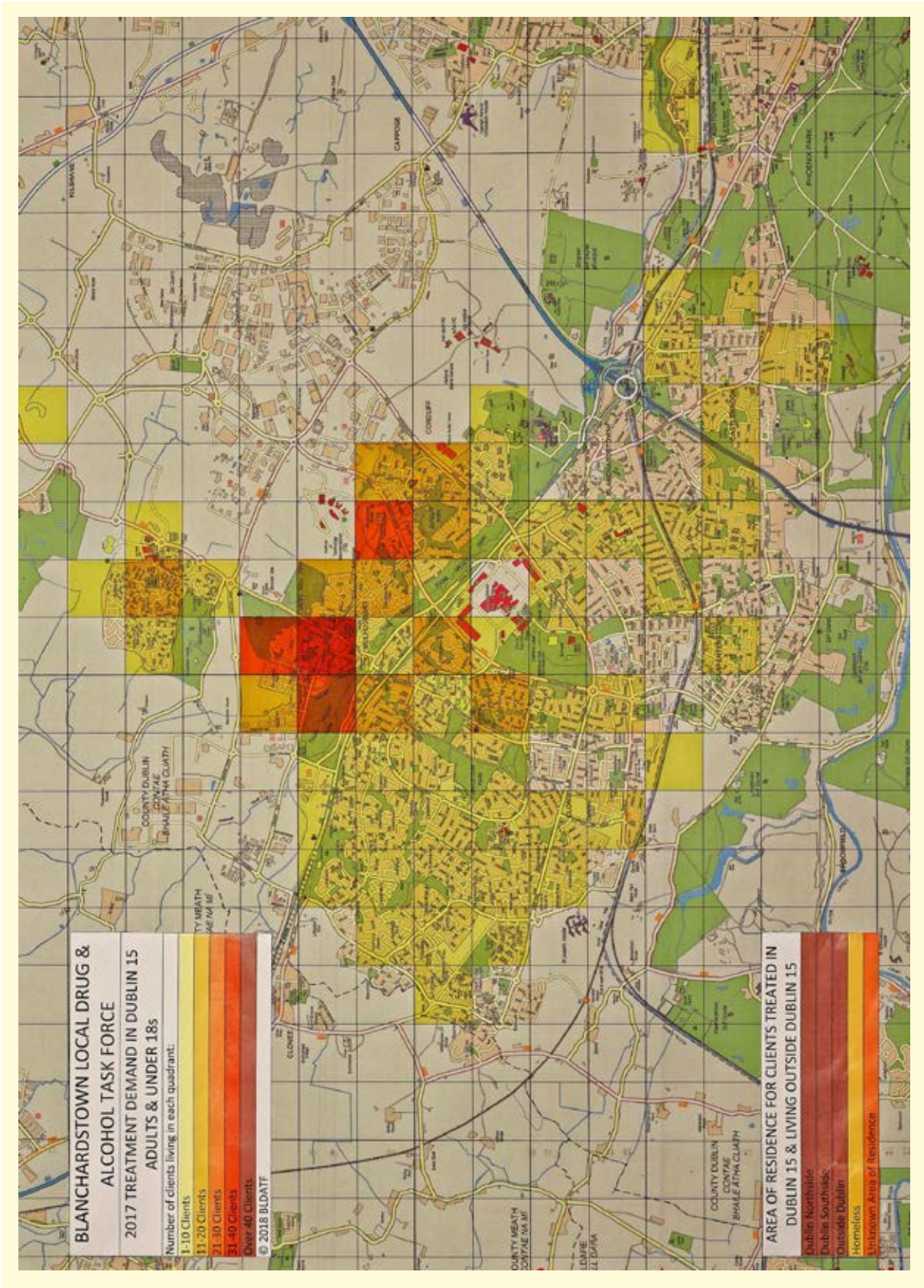- All previous mapping data reported similar findings [Years 2 to 5 and 7]

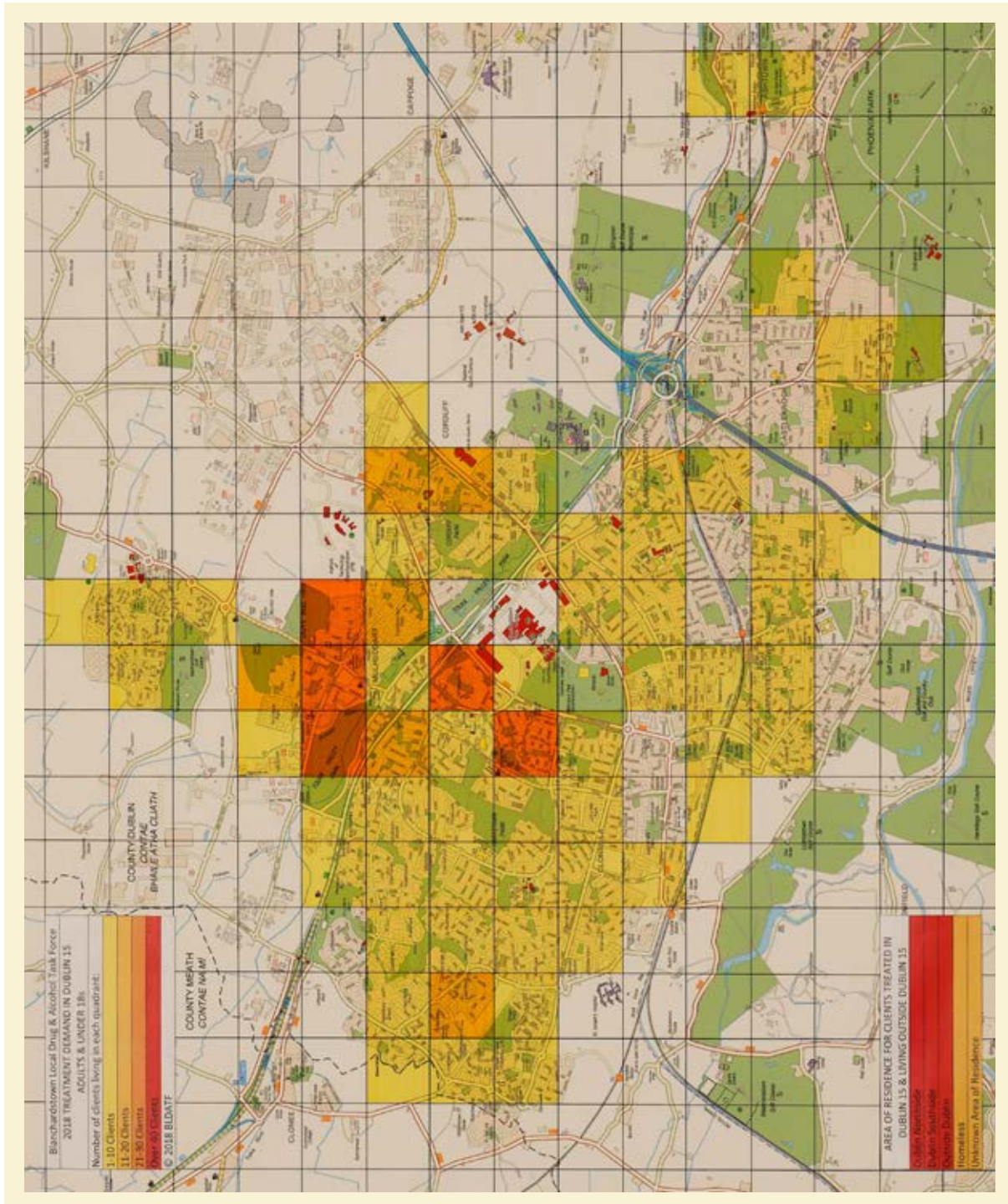# YEAR 2
Treatment demand in Dublin 15 Adults & Under 18s
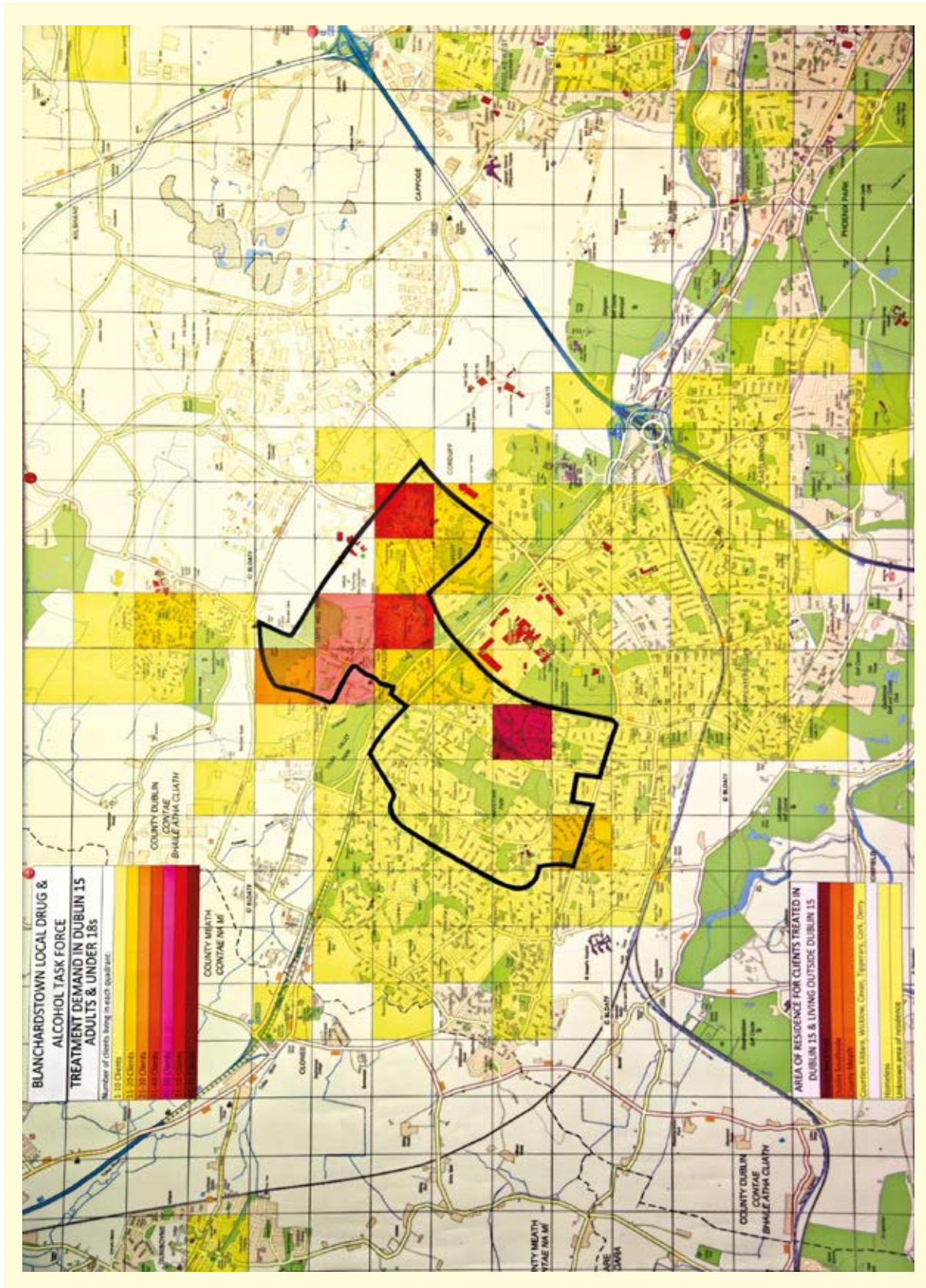
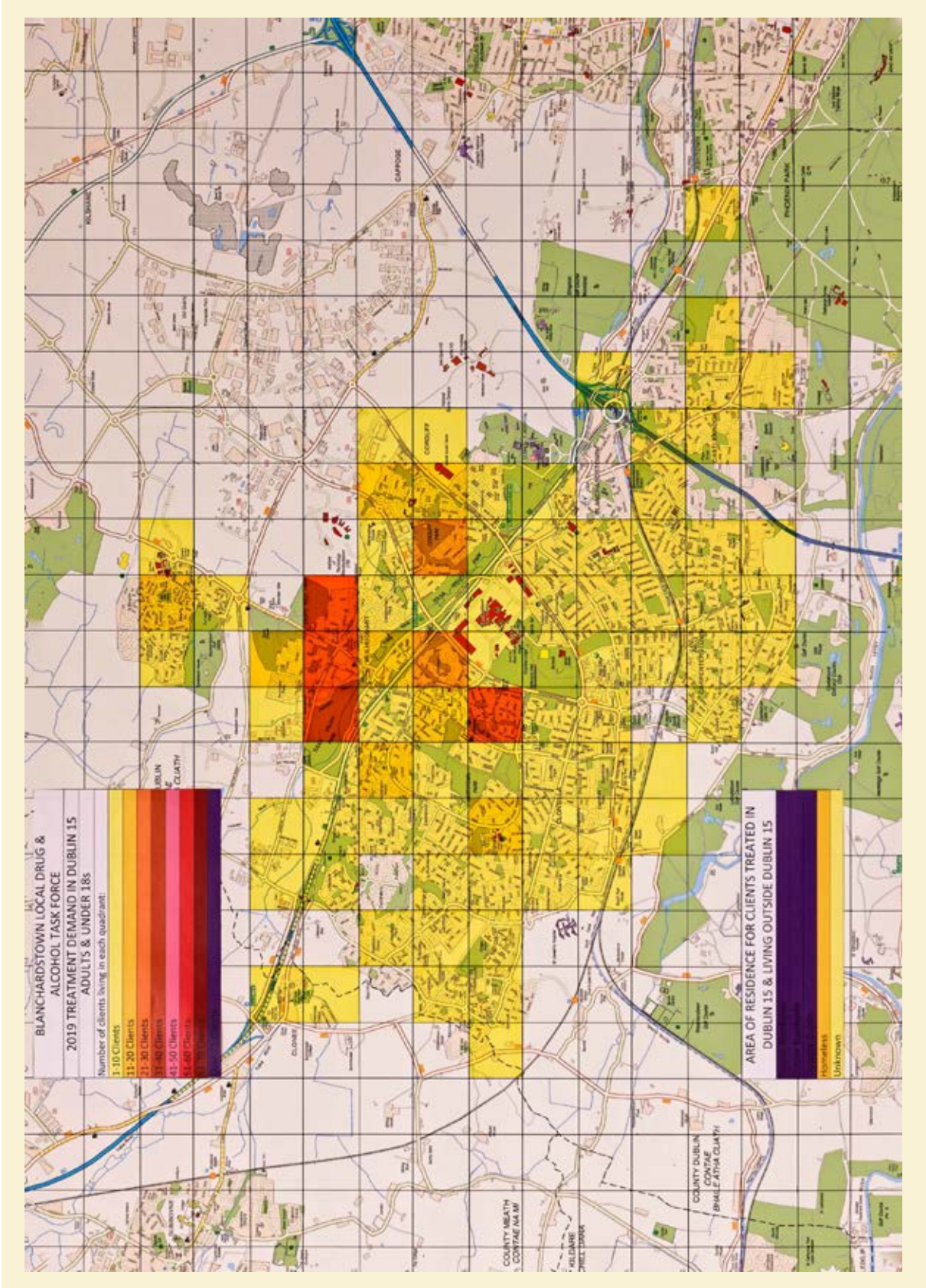# YEAR 3
Treatment demand in Dublin 15 Adults & Under 18s

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

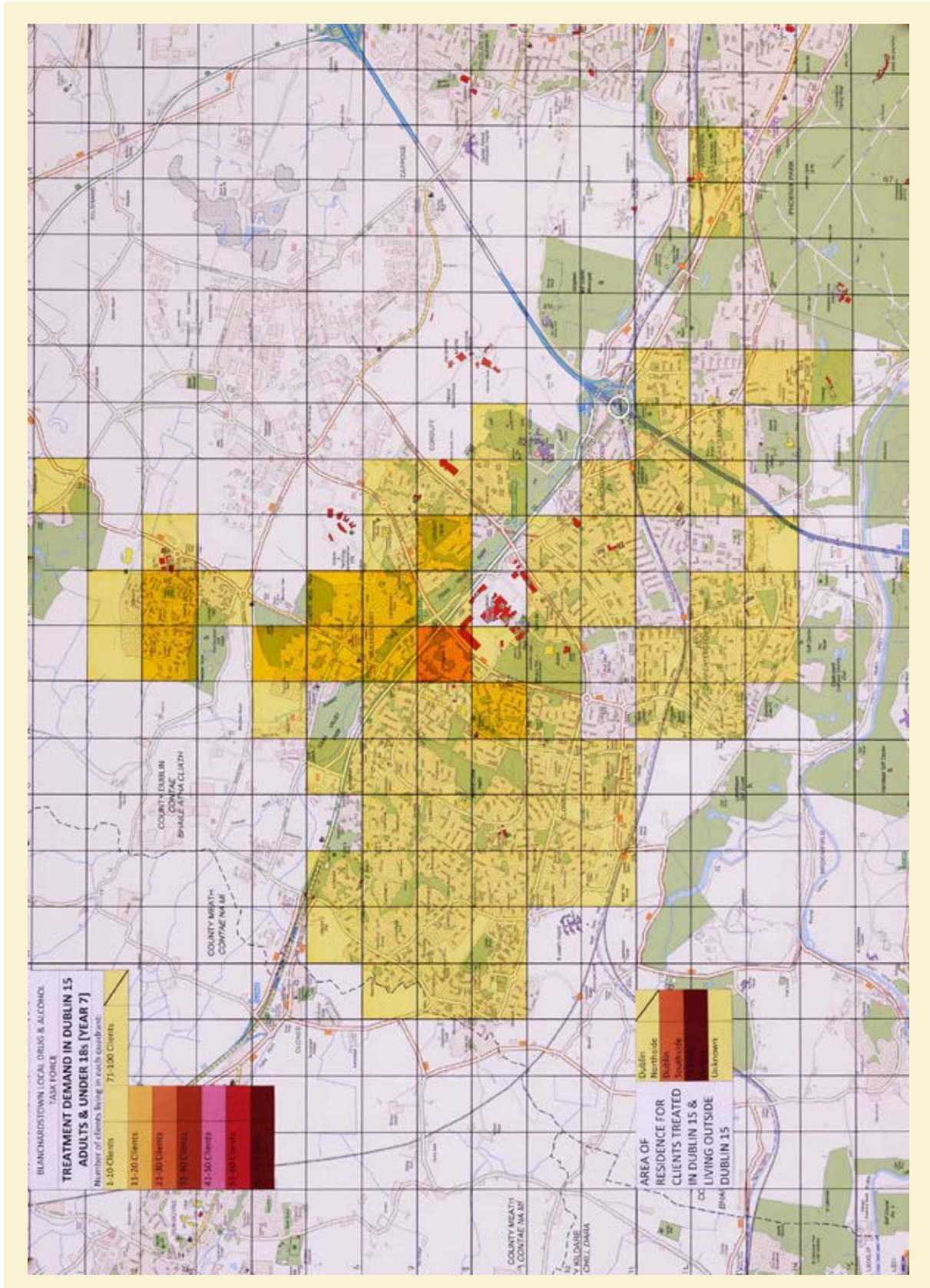# YEAR 5
Treatment demand in Dublin 15 Adults & Under 18s

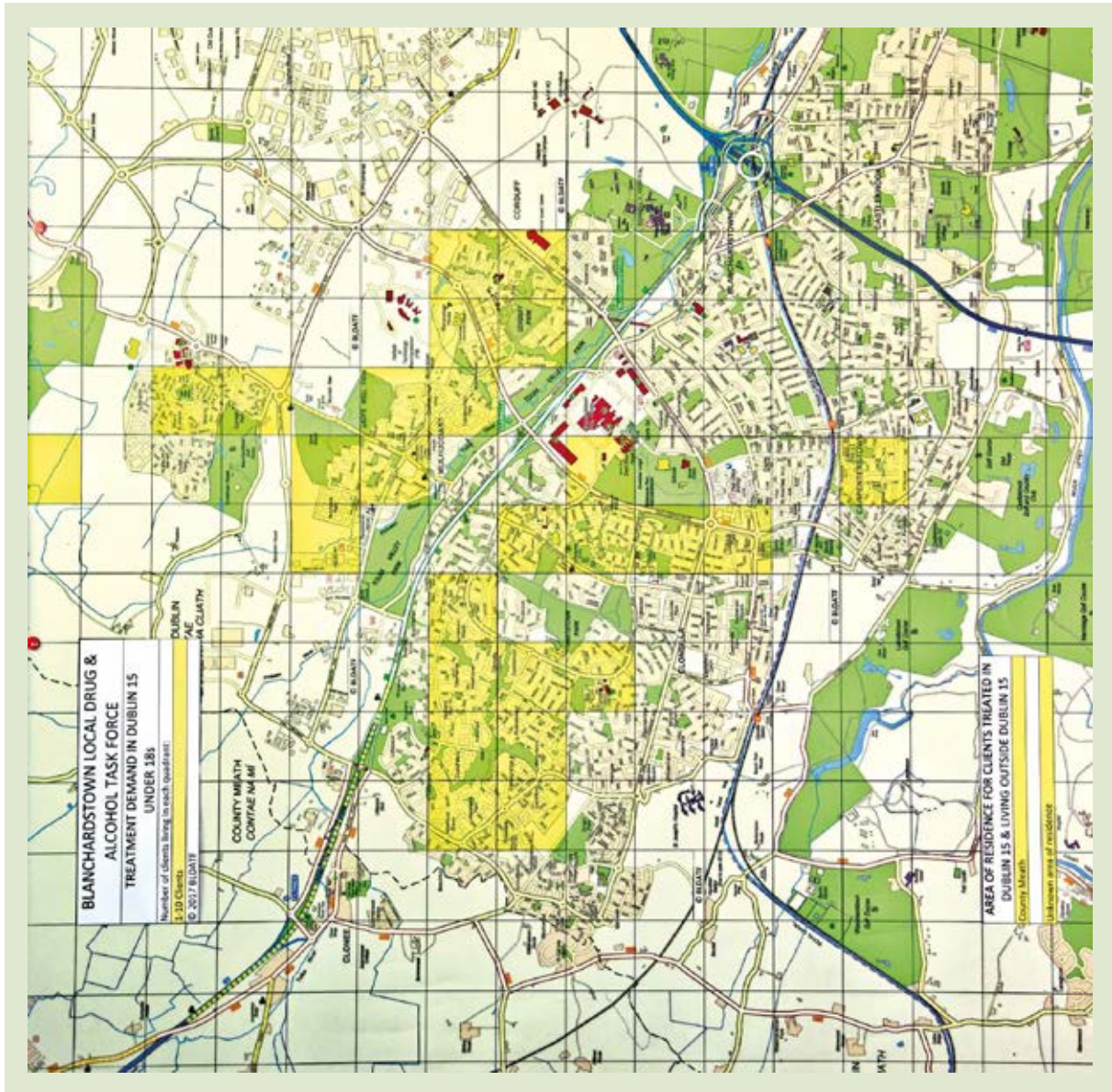# YEAR 7
Treatment demand in Dublin 15 Adults & Under 18s

YEAR 8
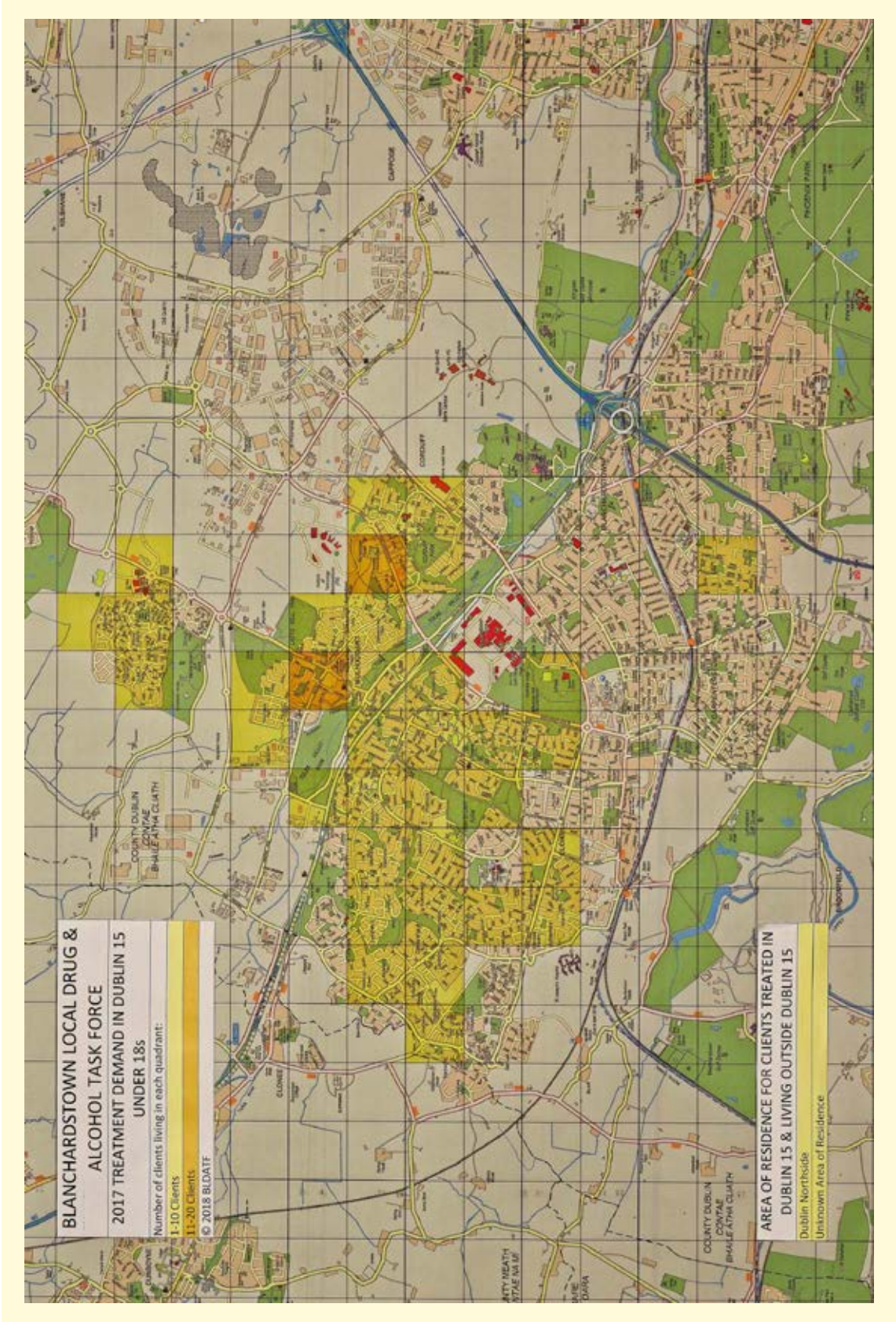# Treatment demand in Dublin 15 Adults & Under 18s
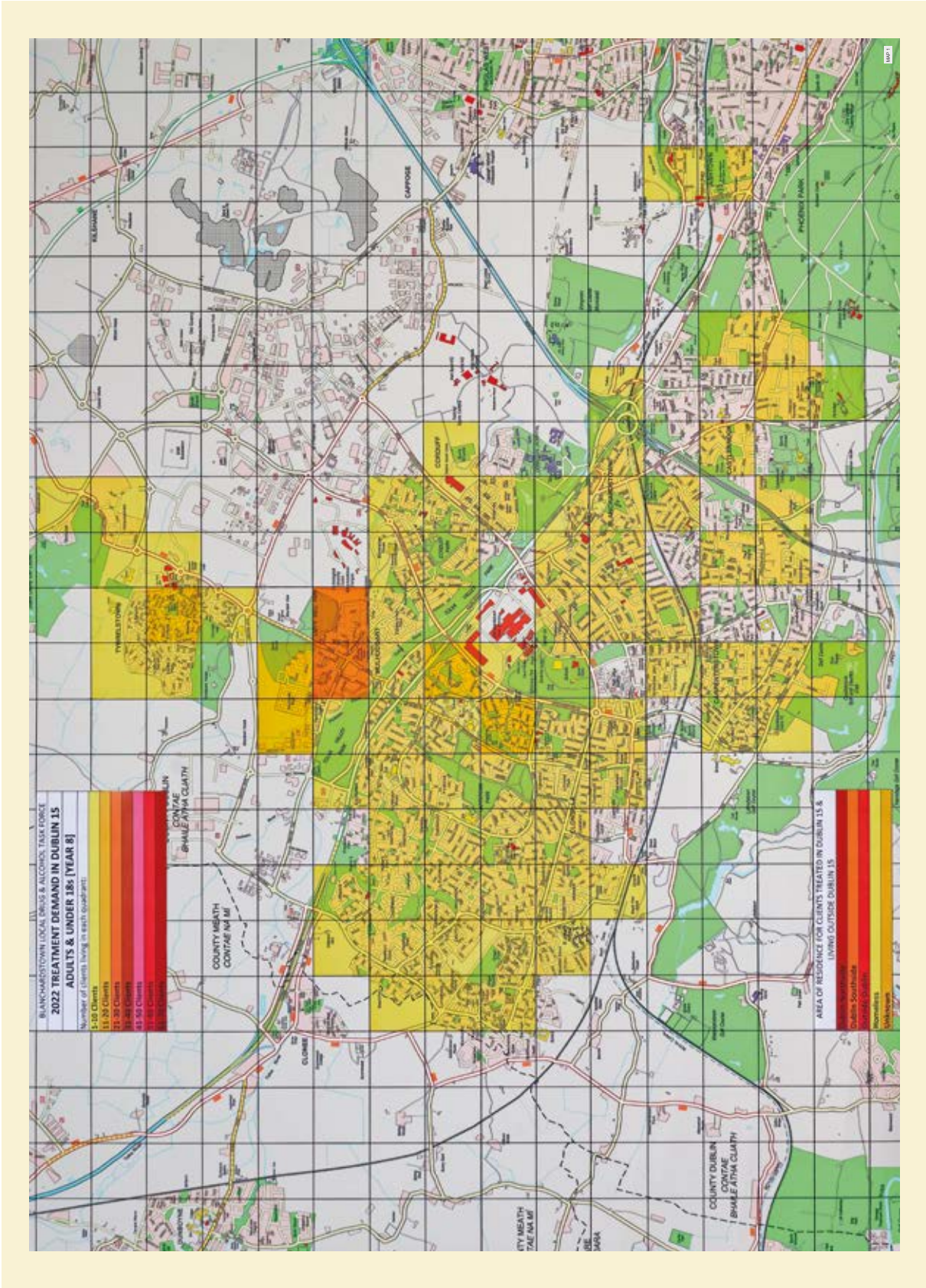
YEAR 2
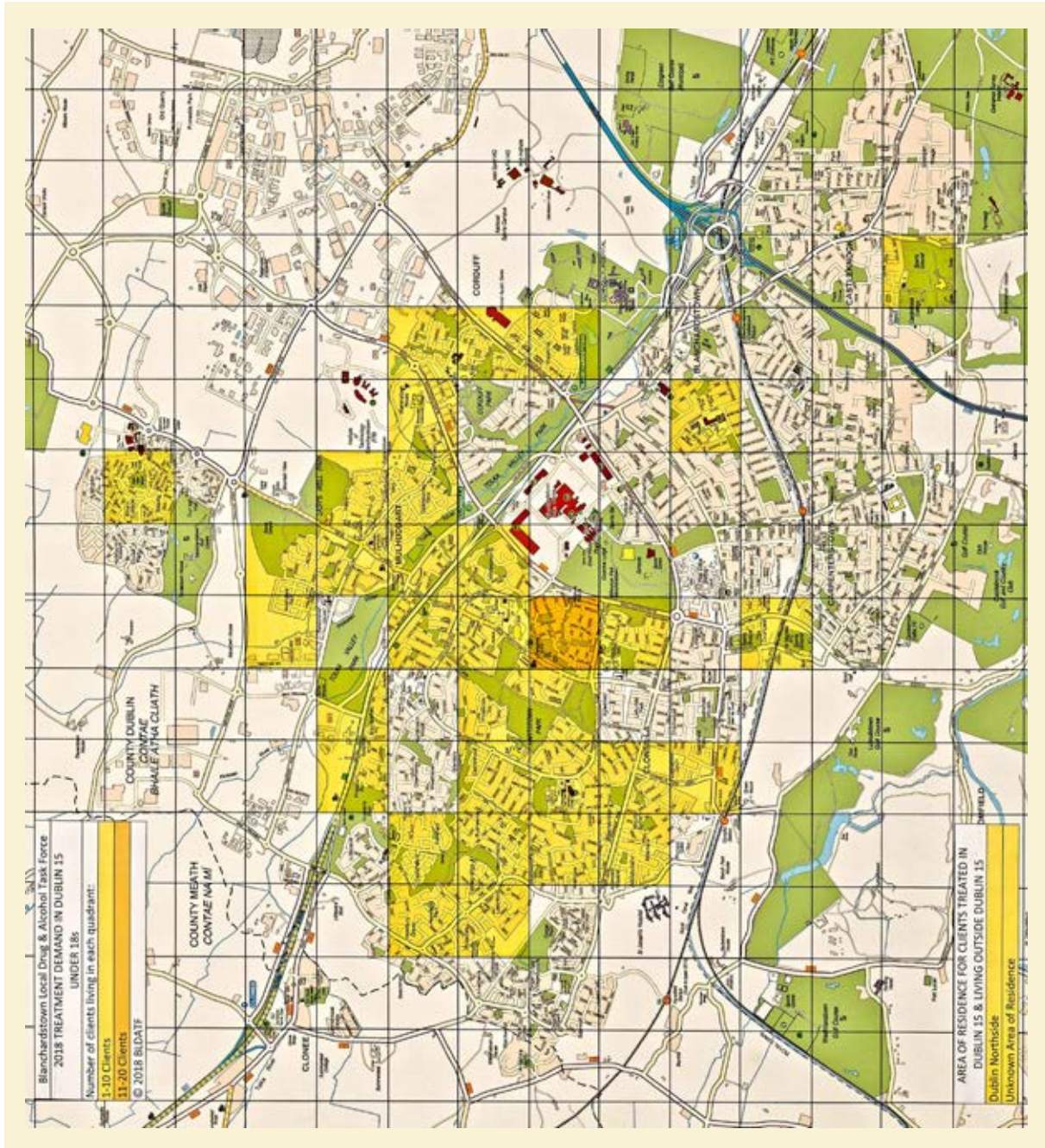# Treatment demand in Dublin 15 Under 18s

YEAR 3
Treatment demand in Dublin 15 Under 18s

YEAR 4
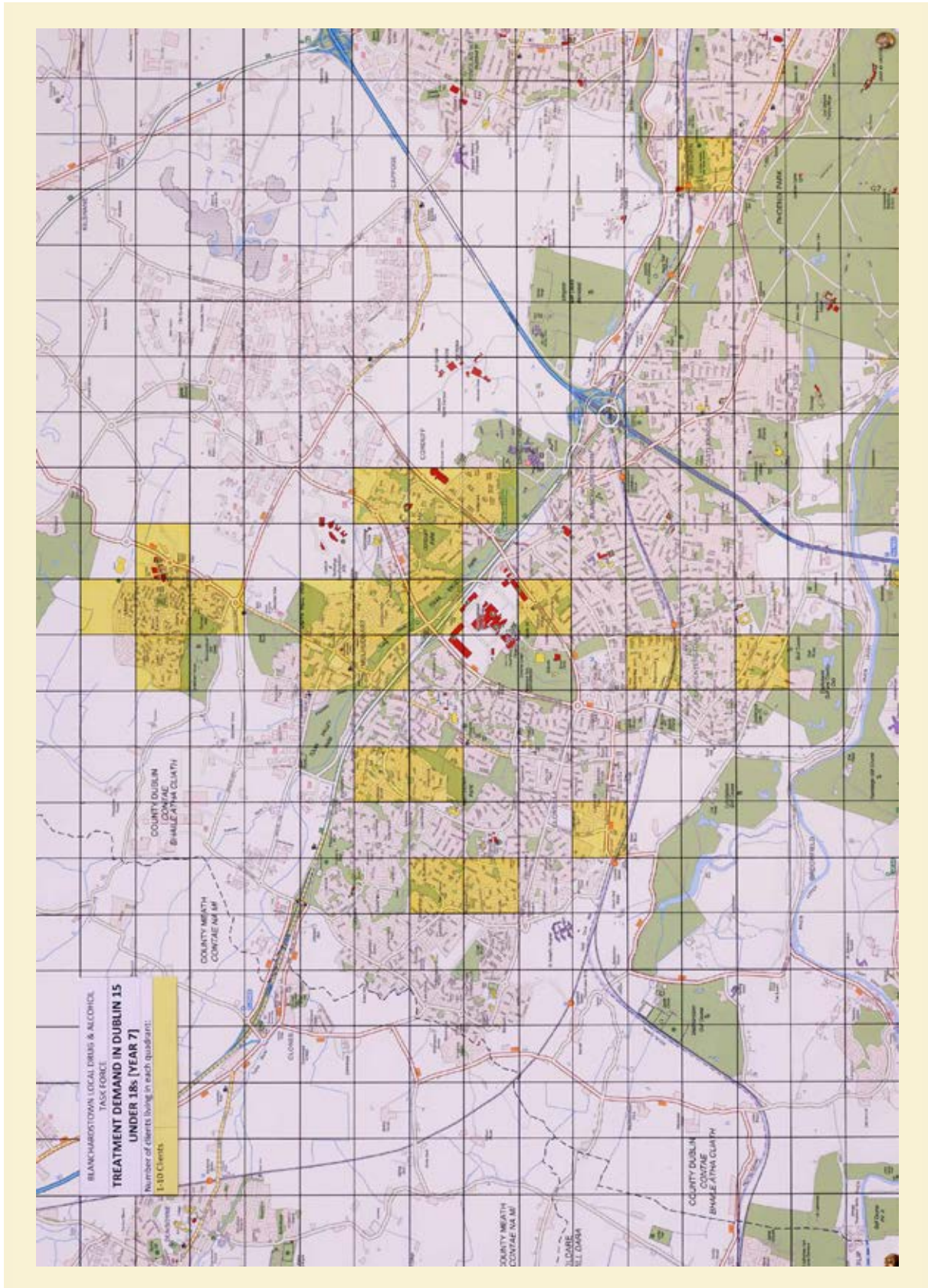# Treatment demand in Dublin 15 Under 18s

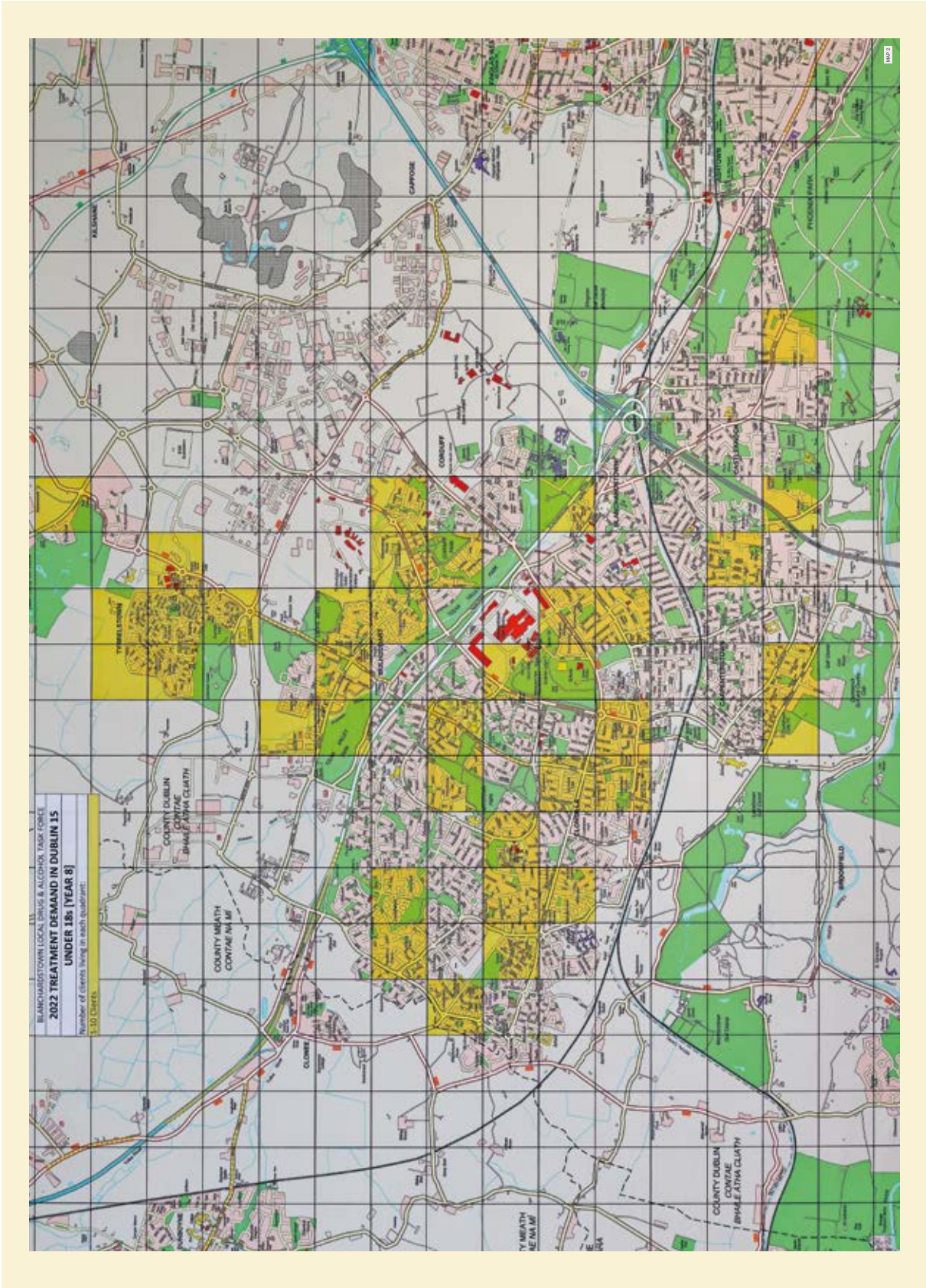# YEAR 5
Treatment demand in Dublin 15 Under 18s

YEAR 7
Treatment demand in Dublin 15 Under 18s

YEAR 8
Treatment Demand in Dublin 15 Under 18s 2022

YEAR 8 Maps 1 & 2

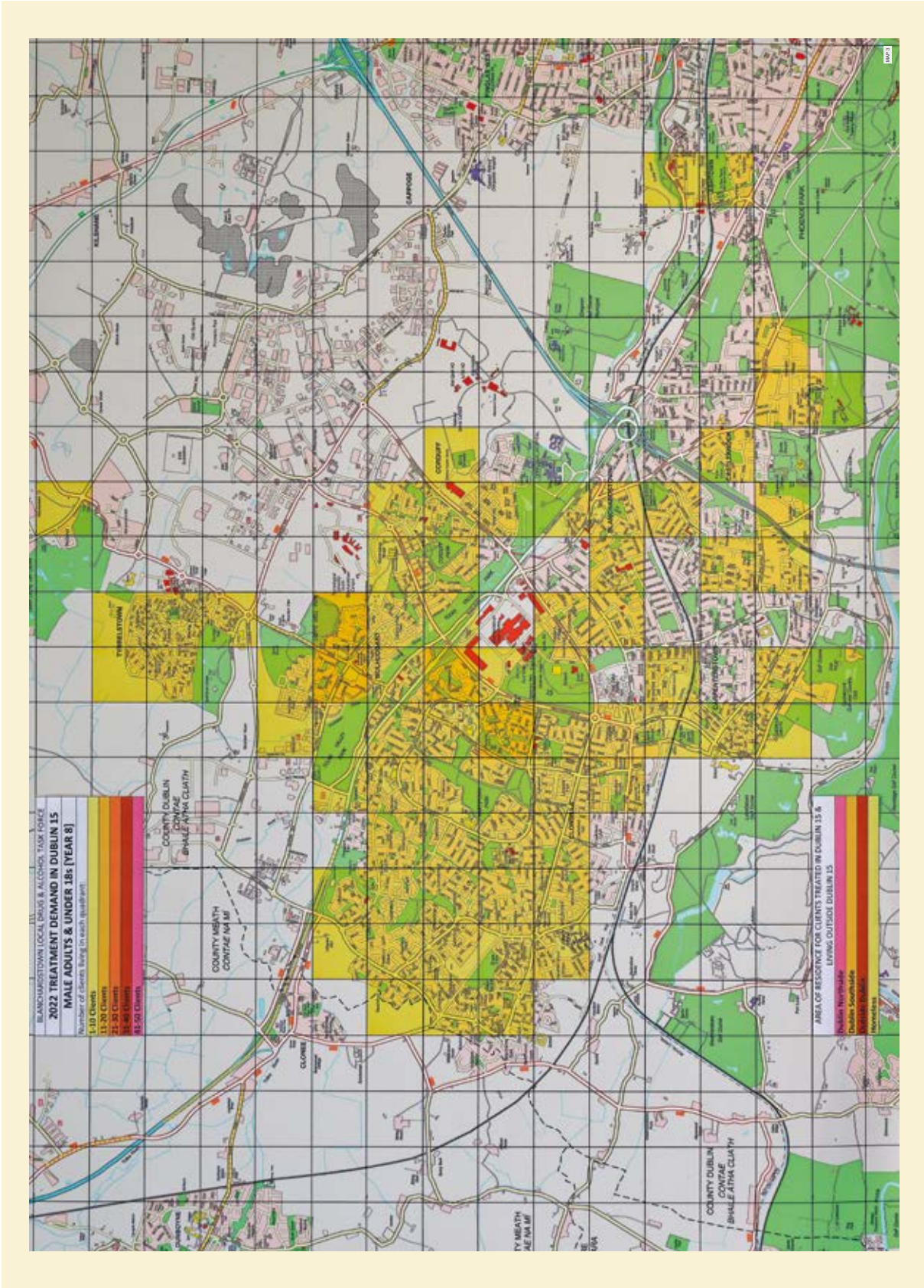## Treatment Demand in Dublin 15, Adults and Under 18s 2022

Treatment Demand in Dublin 15, Under 18s 2022

Treatment demand for alcohol and drug users: Gender
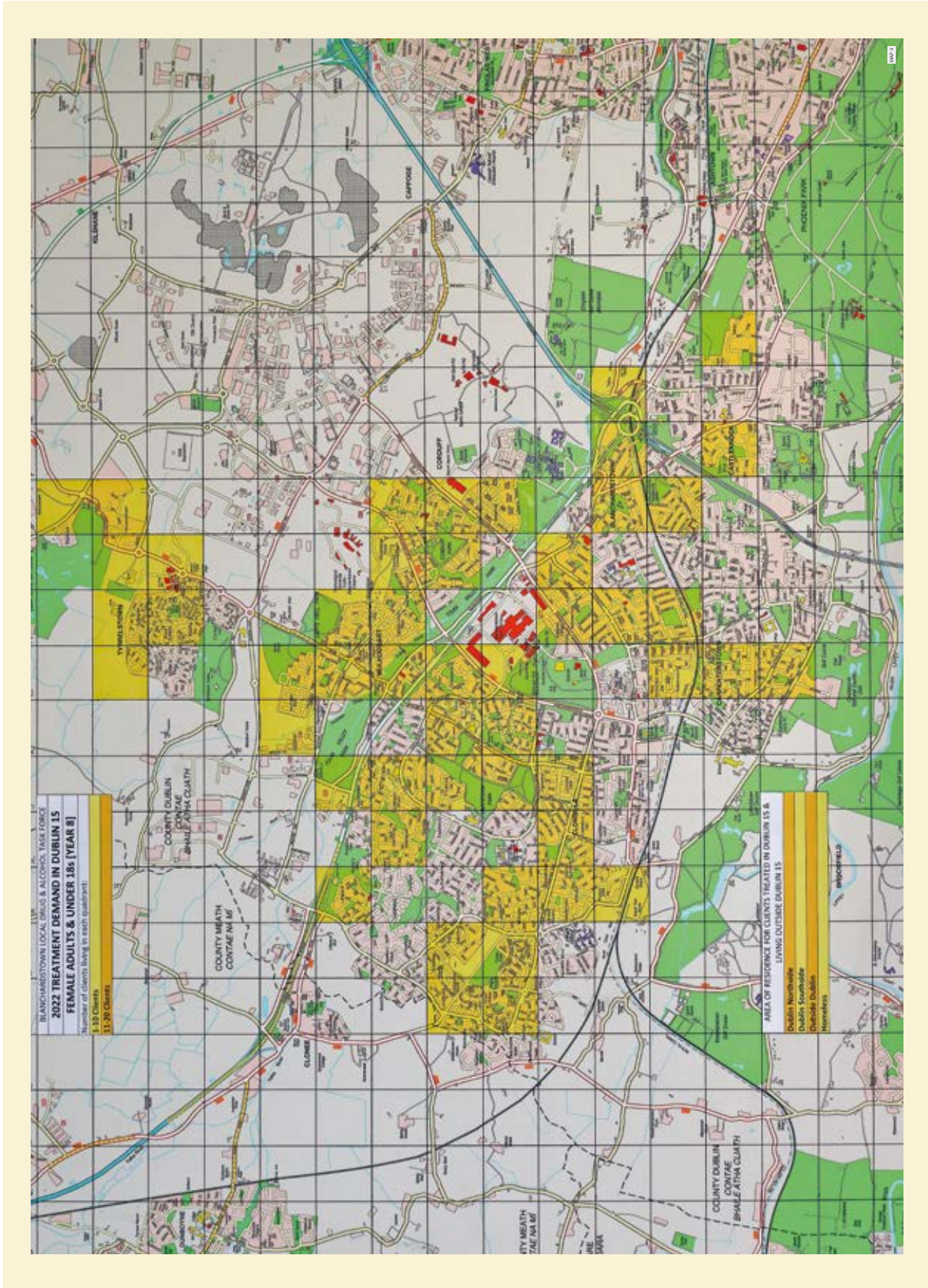
We mapped treatment demand for alcohol and drug users for Year 8 by gender. It identified a gendered difference whereby there were more males than females in treatment.

YEAR 8 Treatment Demand in Dublin 15, Male Adults and Under 18s 2022

YEAR 8 Treatment Demand in Dublin 15, Female Adults and Under 18s

YEAR 8 Treatment Demand in Dublin 15, Female Adults and Under 18s

YEAR 8 Maps 3 & 4

Treatment Demand in Dublin 15, Male Adults and Under 18s 2022

## Treatment Demand in Dublin 15, Female Adults and Under 18s 2022

TREATED DRUG & ALCOHOL USERS AGED UNDER 18

TREATMENT DEMAND

The profile of treated drug use reports seven years of data. Year 1 reporting period began June 2014, Year 2 began June 2015, Year 3 to 8 is from 2017 to 2022. Data was provided by the Blanchardstown Youth Service Drug Education Prevention programme, D15 CAT and SASSY.

Overall, the number of treated cases aged under 18 increased by 31% from 51 in Year 1 to 67 in Year 8, though fluctuations in this trend were reported during this period (Chart 4.1). The decrease in cases since Year 5 may be related to the disruption Covid-19 health and safety policies had on service provision.

Chart 4.1: Treated cases aged under 18, DATMS Year 1 to 8
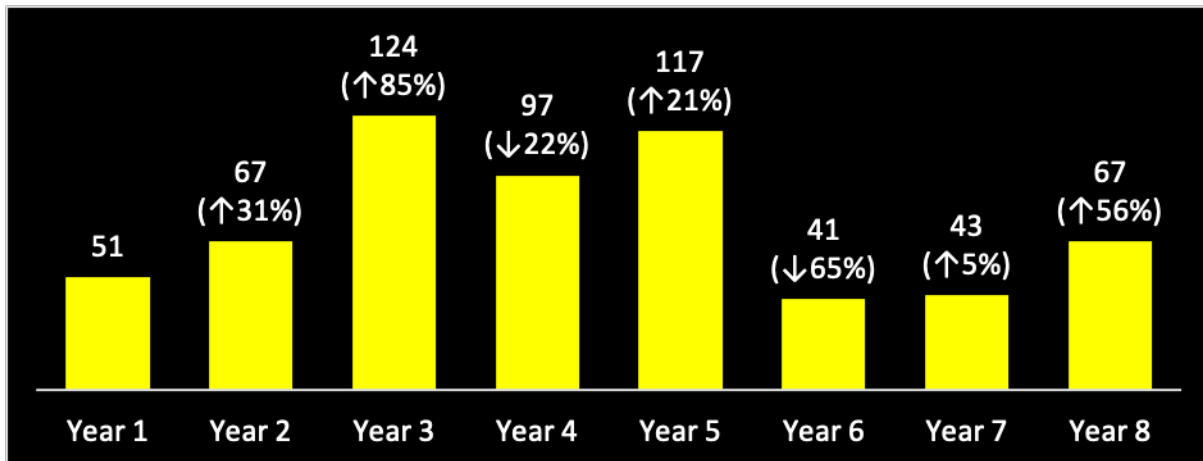
From Years 1 to 8, up to 1% of the Dublin 15 population aged 12 to 17 years attended treatment for drug and/or alcohol use (Table 4.1). This underestimates treatment demand as it does not include young people treated outside Dublin 15, privately or those not accessing any services. This estimate has flaws as CSO data relates to individuals, and treatment demand data refers to cases. However, it has been included for service planning purposes.

Table 4.1: Percentage of Dublin 15 population aged 12 to 17 years treated in local community and statutory services, DATMS Year 1 to 8

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 7	9,294^	0.5%
Year 8	11,660"	0.6%

* CSO 201
^ CSO 2016
" CSO 2022

SOCIO-DEMOGRAPHIC PROFILE

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

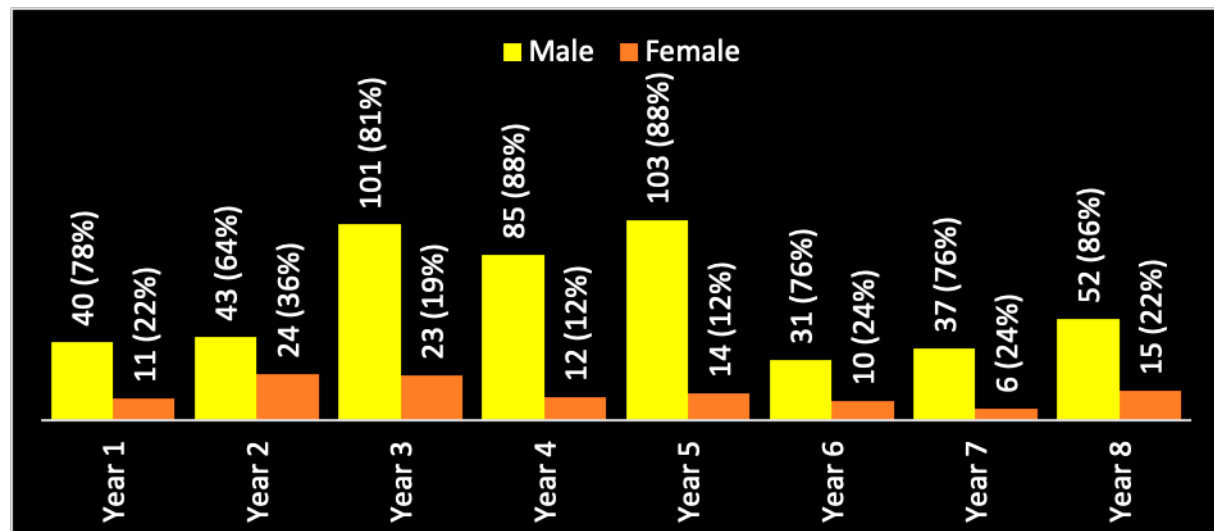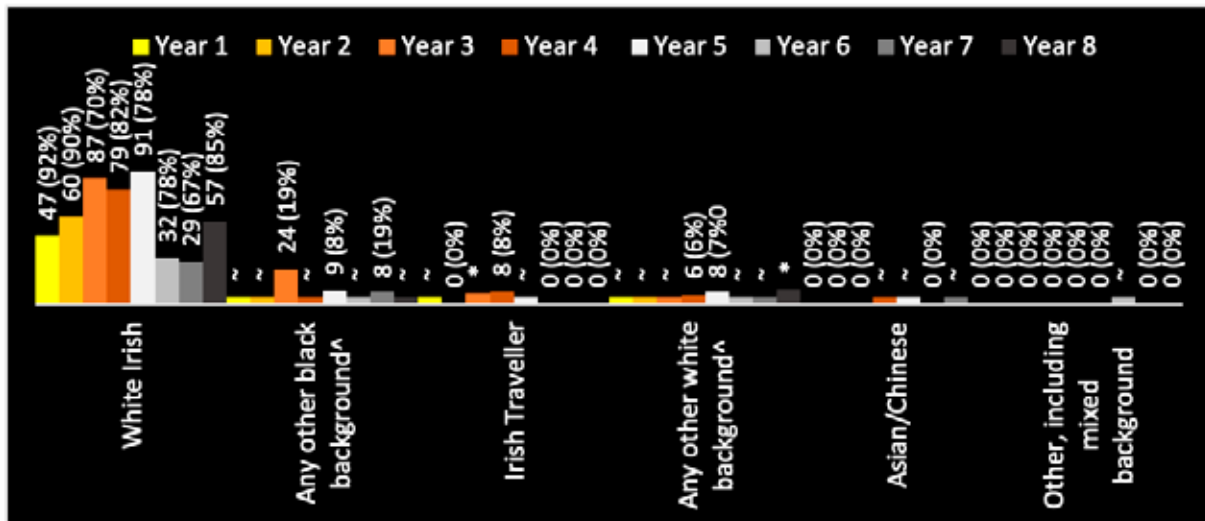Chart 4.2: Treated cases aged under 18 by gender, DATMS Year 1 to 8

Chart 4.3: Treated cases aged under 18 by ethnicity, DATMS Year 1 to 8

~ 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 data quality 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 Years 1 and 2. From Years 3 to 8, the majority of treated cases were aged from 15 years (Chart 4.4).

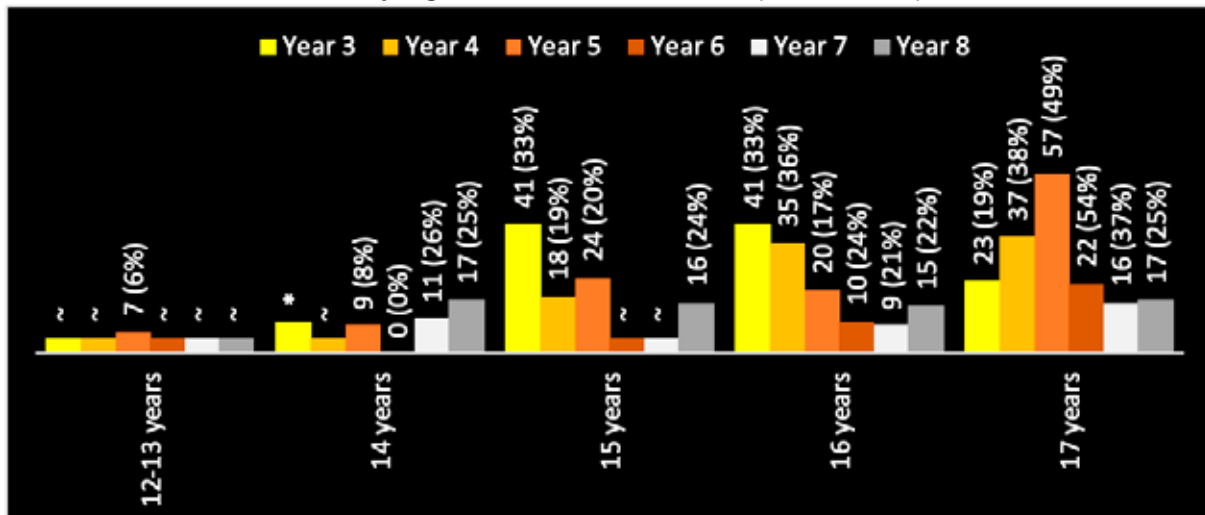Chart 4.4: Treated cases by age, DATMS Year 3 to 8 (2017-2022)

~ 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 1 to 7 there were ten mainstream secondary schools and three training centres in Dublin 15. In Year 8, this increased to eleven mainstream secondary schools. From Years 1 to 8, there has been an increase in the number of secondary schools and training centres attended by treated cases aged under 18 (Chart 4.5). In Years 4,

5, 7 and 8, most 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 4.5: Secondary schools/training centres in Dublin 15 attended by treated cases aged under 18, DATMS Year 1 to 8

From Years 3 to 8, the majority of treated cases were in education (Chart 4.6).

Chart 4.6: Treated cases aged under 18 by education and employment status, DATMS Year 3 to 8 (2017-2022)
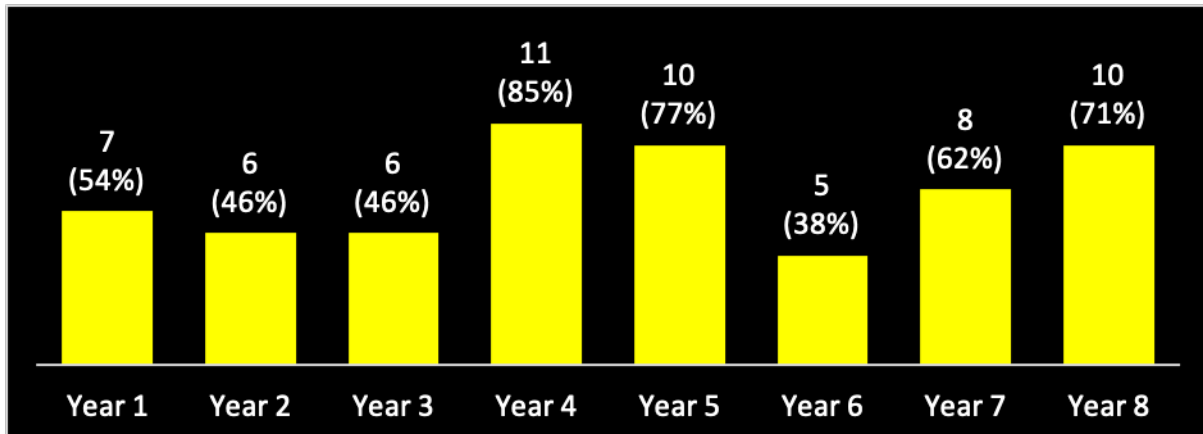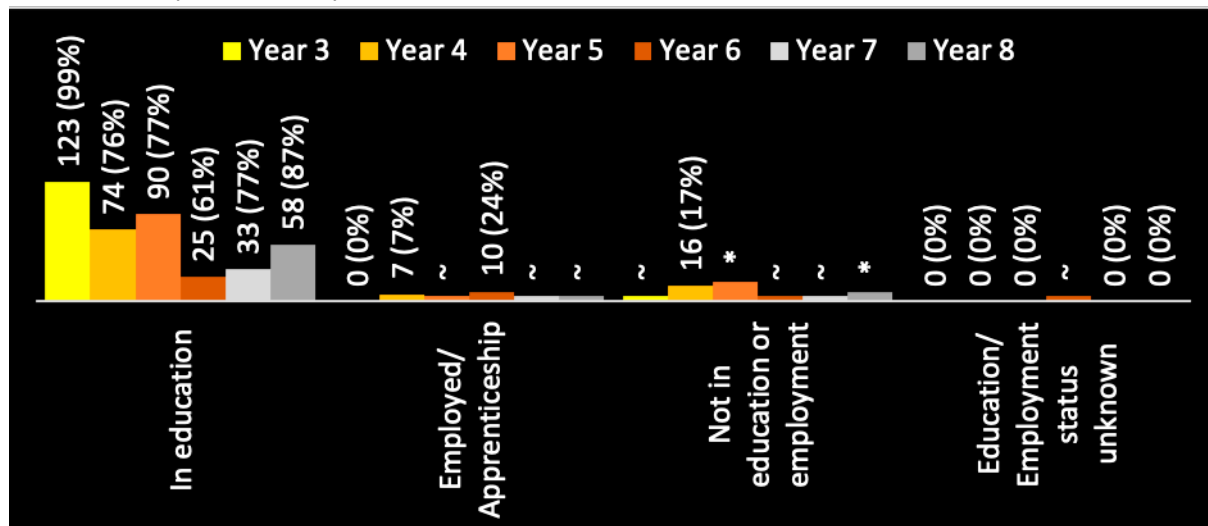

~ Number of cases too small to be reported (5 or less)
* Number of cases greater than 5 not reported to ensure cases with 5 or less are not disclosed

From Years 3 to 8, the majority of treated cases aged under 18 were in mainstream education (Chart 4.7).

Chart 4.7: Treated cases aged under 18 by education status, DATMS Year 3 to 8 (2017-2022)

~ 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

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. Since Year 4, a more equal distribution of treated cases from all socio-economic groups has been reported (Chart 4.8). Once again, indicating that drug use is a community wide issue crossing all socio-economic boundaries.

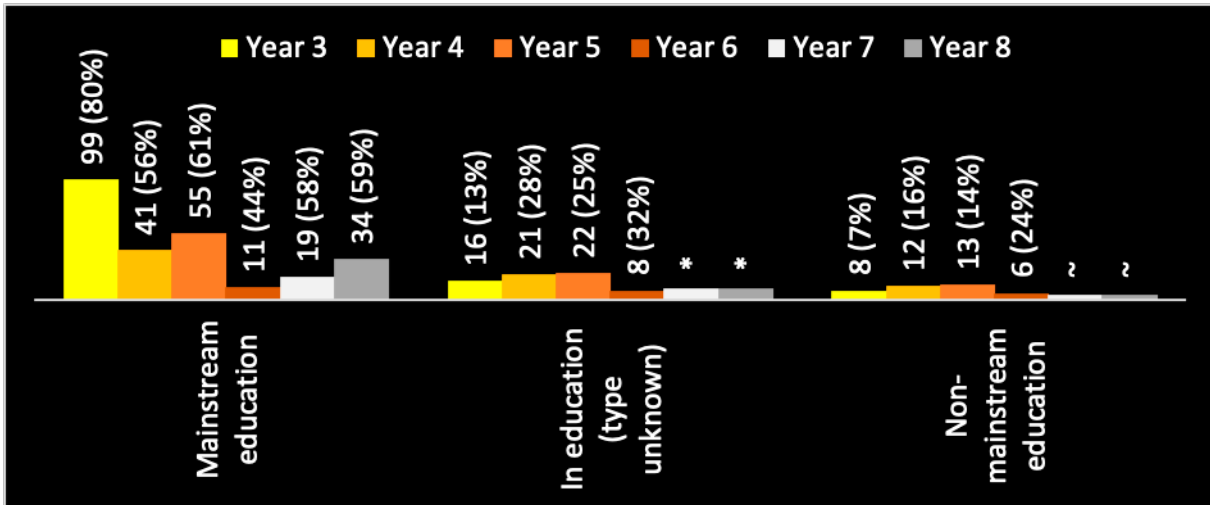Chart 4.8: Treated cases aged under 18 by DEIS status of mainstream education, DATMS Year 3 to 8 (2017-2022)
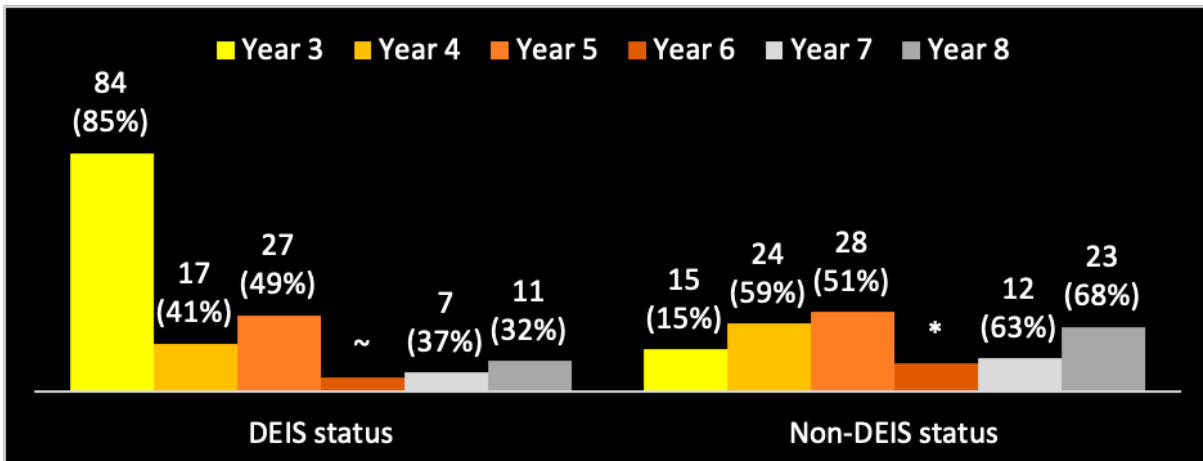
~ Number of cases too small to be reported (5 or less)
* Number of cases greater than 5 not reported to ensure cases with 5 or less are not disclosed

PROFILE OF DRUG & ALCOHOL USE

The main problem drugs used by treated cases aged under 18 were similar for all reporting periods, with cannabis herb the most commonly used, followed by alcohol (Chart 4.9). Over the reporting period, main problem drugs also included cocaine powder, benzodiazepines, z drugs, MDMA, LSD, solvents and ketamine. However, the number of cases was too small to be reported.
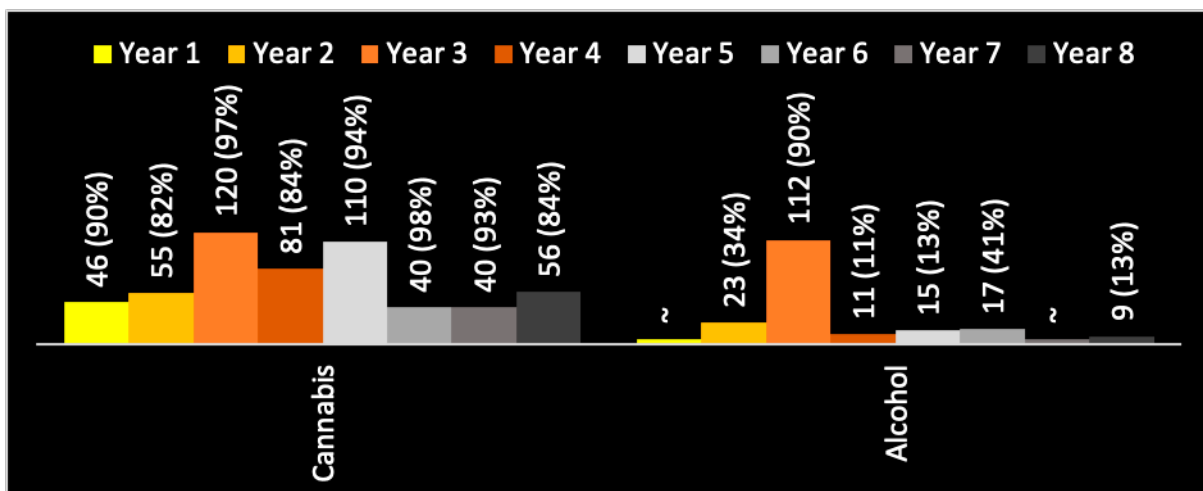
Chart 4.9: Treated cases aged under 18 by main problem drug, DATMS Year 1 to 8

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

From Years 2 to 8, some treated drug users were treated for more than one main problem drug. From Years 3 to 8, a change in the profile of polydrug use among treated cases aged under 18 was reported, with a decrease in polydrug use from Years 3 to 5 and an increase from Year 6 (Chart 4.10). Over the reporting period, cannabis and alcohol were the most common form of polydrug use.

Chart 4.10: Treated cases aged under 18 by polydrug use, DATMS Year 3 to 8 (2017-2022)
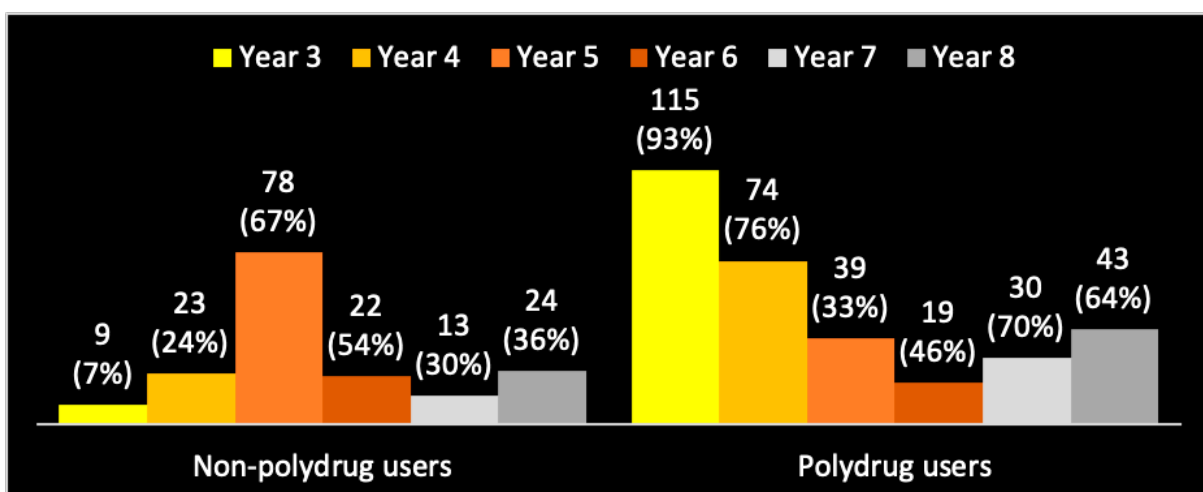
Treated young drug users did not report the use of synthetic drugs (New Psychoactive Substances/NPS). Synthetic drug types include cannabinoids, opioids, sedatives and stimulants. As drugs are generally used without completing an analysis of their composition, synthetic types are probably used without users' knowledge[1]. The EMCDDA reported that new psychoactive substances had become a more persistent problem in Europe (EMCDDA, 2023). There was a 6% increase in the number of new psychoactive substances monitored by the EMCDDA from 880 in 2021 to 930 in 2022. Drug producers continue to create new substances to avoid legal controls.

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1   The use of NPS also applies to treated adult drug users and untreated drug users
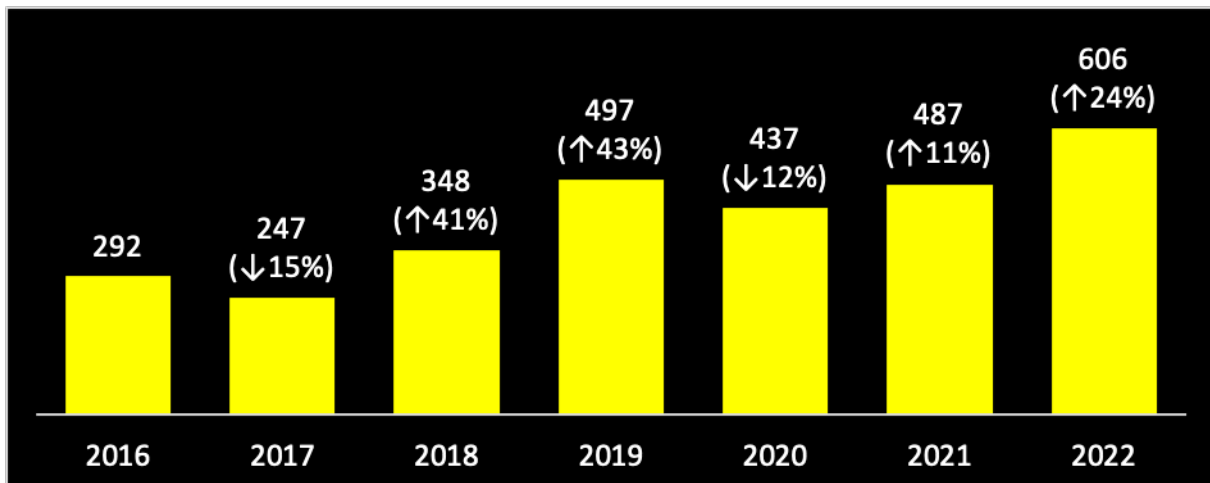
ADULT TREATED DRUG & ALCOHOL USERS

The National Drug Treatment Reporting System (NDTRS) is an epidemiological database on treated drug and alcohol misuse in Ireland that is operated by the Health Research Board. Analysis of NDTRS data from 2016 to 2022 provides the profile of adult treated drug use for Year 8. This data reports a profile of all cases living in the BLDATF area who accessed community and statutory services.

TREATMENT DEMAND

From 2016 to 2022, there has been a 107% increase in the number of cases assessed and/or treated (Chart 4.11). This increase may be related to an increase in drug use in Dublin 15, though it could also be related to an increase in data returns to the NDTRS.

Chart 4.11: All cases living in BLDATF area, NDTRS 2016 to 2022

From Years 1 to 8, an estimate of less than 1% of the Dublin 15 population aged 18 to 64 has attended treatment for drug and/or alcohol use (Table 4.2). This underestimates treatment demand as it does not include adults treated privately or those not accessing services. This estimate has flaws as CSO data relates to individuals, and treatment demand data refers to cases. However, it has been completed for service planning purposes.

Table 4.2: Percentage of Dublin 15 population aged 18 to 64 years treated in local community and statutory services, DATMS Year 1 to 8

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%
Year 7	69,807^	0.7%
Year 8	77,382"	0.8%

* CSO 2011
^ CSO 2016
" CSO 2022
~ Based on 315 treated cases, NDTRS 2015

Over the reporting period, 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 4.12).

Chart 4.12: All cases living in BLDATF area by treatment status, NDTRS 2016 to 2022
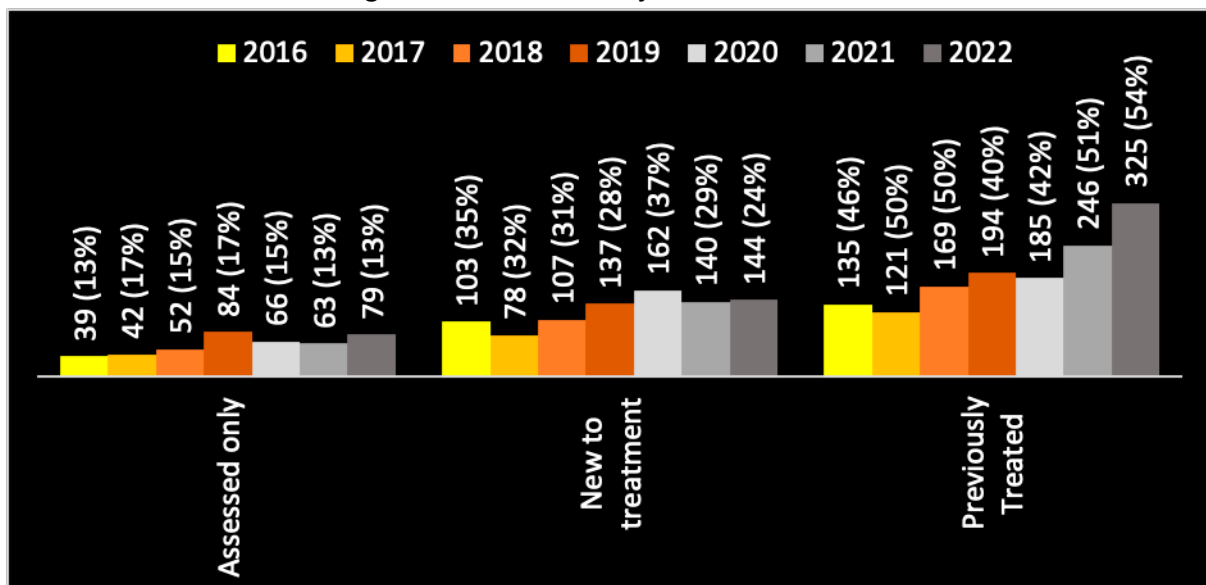
Annual totals less than 100% as unknown cases removed

A demographic profile of all cases reports that the majority of cases were Irish, male and aged 35 to 44 years (Charts 4.13 to 4.15).

Chart 4.13: All cases living in BLDATF area by ethnicity, NDTRS 2016 to 2022
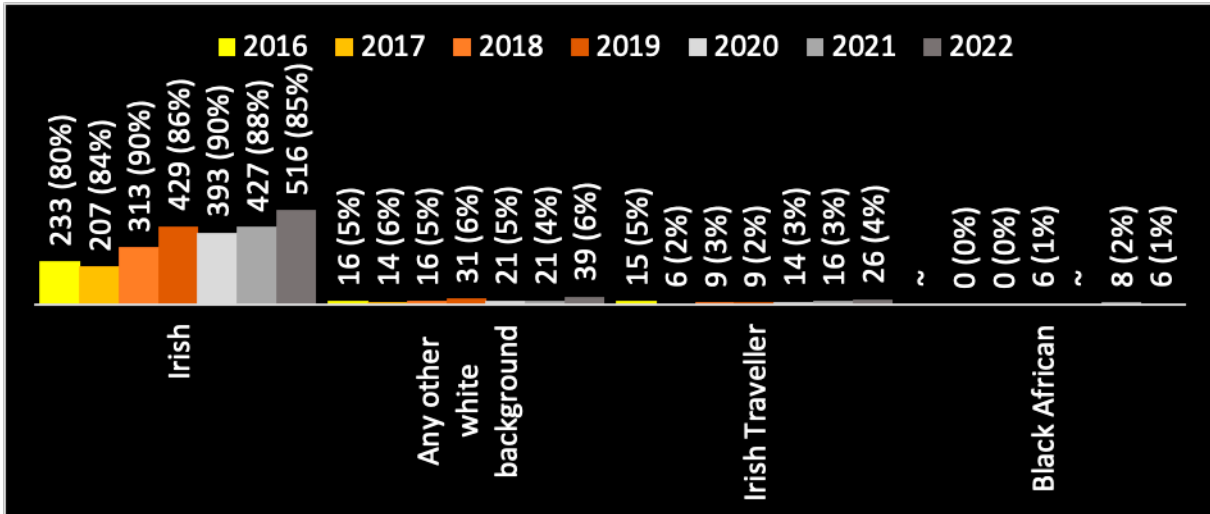
~ Number of cases too small to be reported (5 or less)
Over the reporting period, the number of cases belonging to the following ethnicities was too small to be reported: Roma, any other Asian background, any other black background and other, including mixed background.

Chart 4.14: All cases living in BLDATF area by gender, NDTRS 2016 to 2022
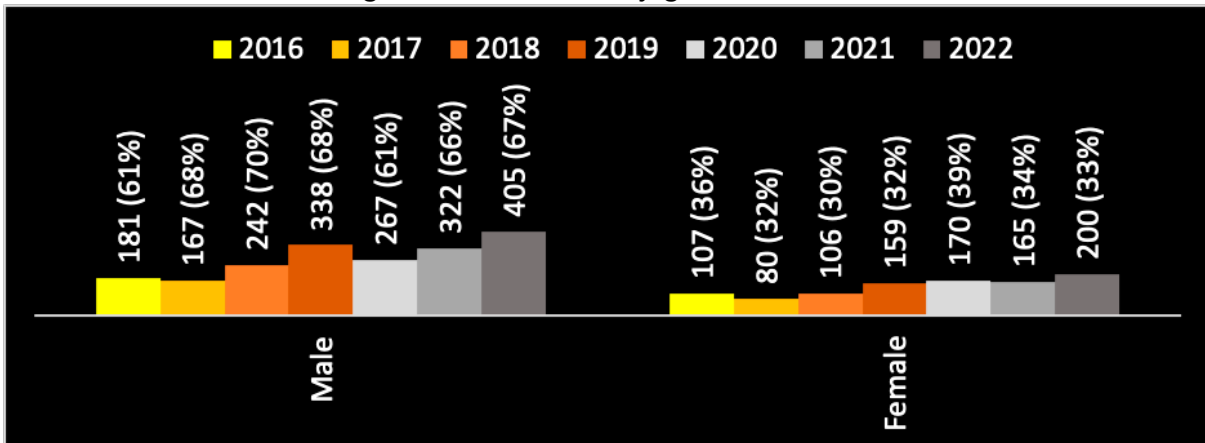
Totals less than 100% as unknown cases removed

Chart 4.15: All cases living in BLDATF area by age, NDTRS 2016 to 2022
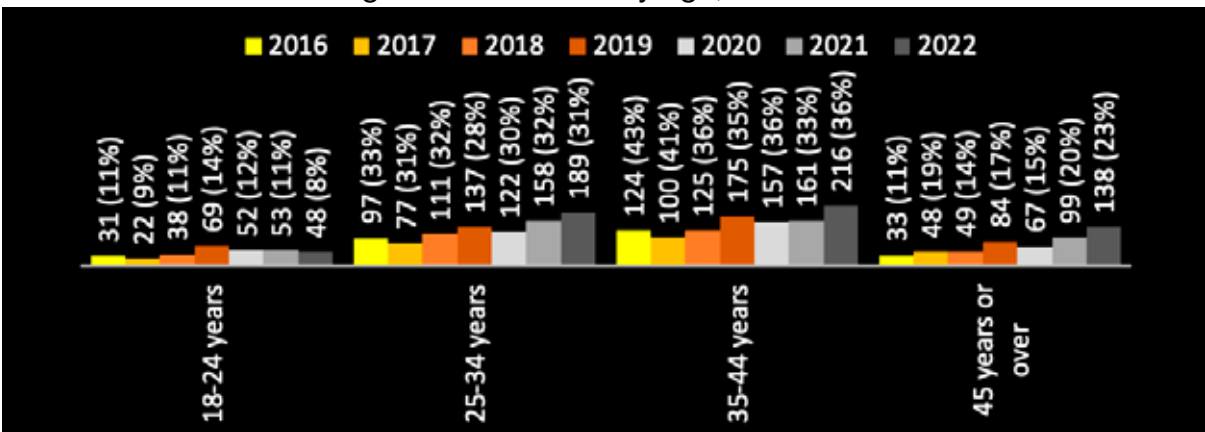
Totals less than 100% as unknown cases removed

The remaining NDTRS analysis relates to treated cases living in the BLDATF area. From 2016 to 2022, the majority of treated cases were male and aged 35 to 44 years (Charts 4.16 and 4.17).

Chart 4.16: Treated cases living in BLDATF area by gender, NDTRS 2016 to 2022
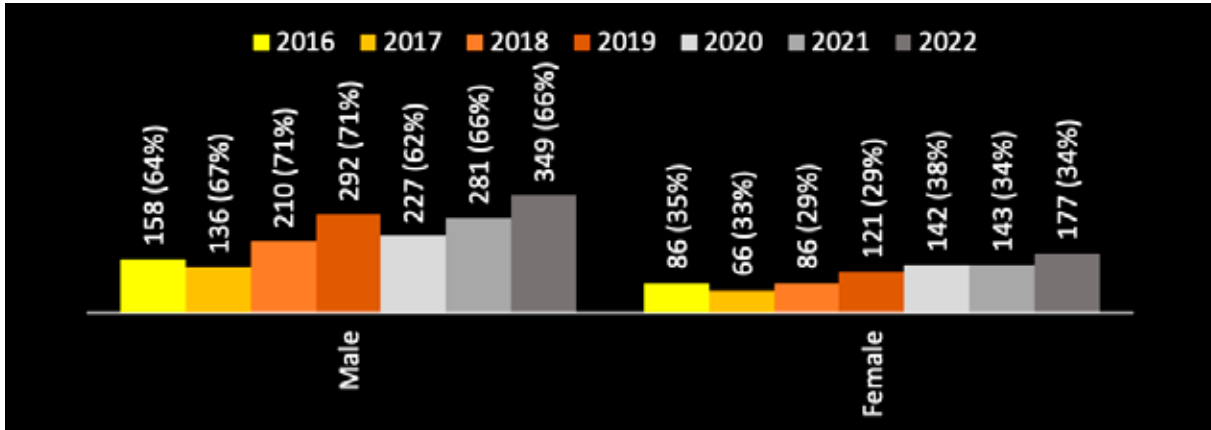
Totals less than 100% as unknown cases removed

Chart 4.17: Treated cases living in BLDATF area by age, NDTRS 2016 to 2022
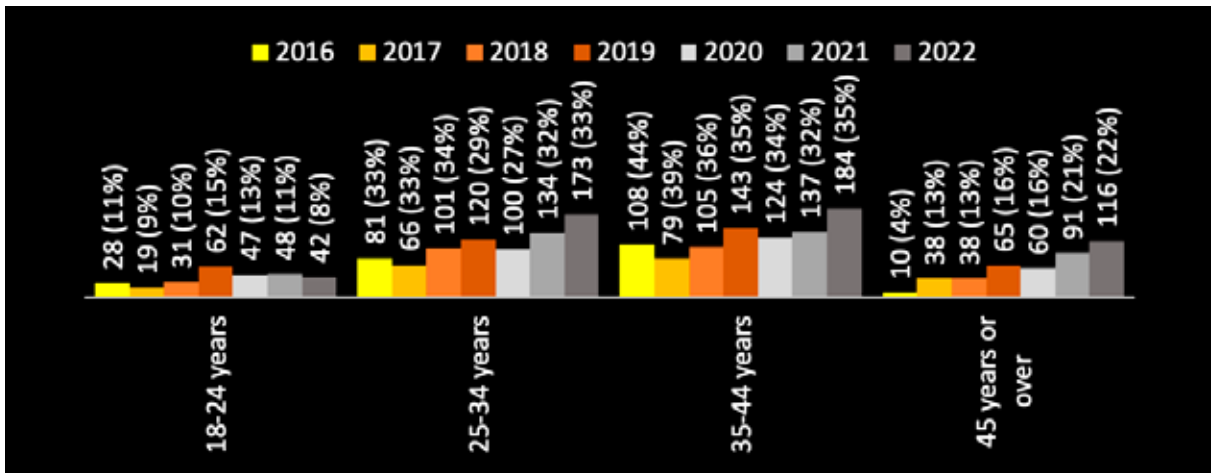
Totals less than 100% as unknown cases removed

PROFILE OF DRUG & ALCOHOL USE

Over the reporting period, the five main problem drugs used by treated cases were cocaine, alcohol, heroin, cannabis and benzodiazepines (Chart 4.18). From 2016 to 2022, 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 alcohol and cannabis.

Chart 4.18: Treated cases living in BLDATF area by main problem drug, NDTRS 2016 to 2022
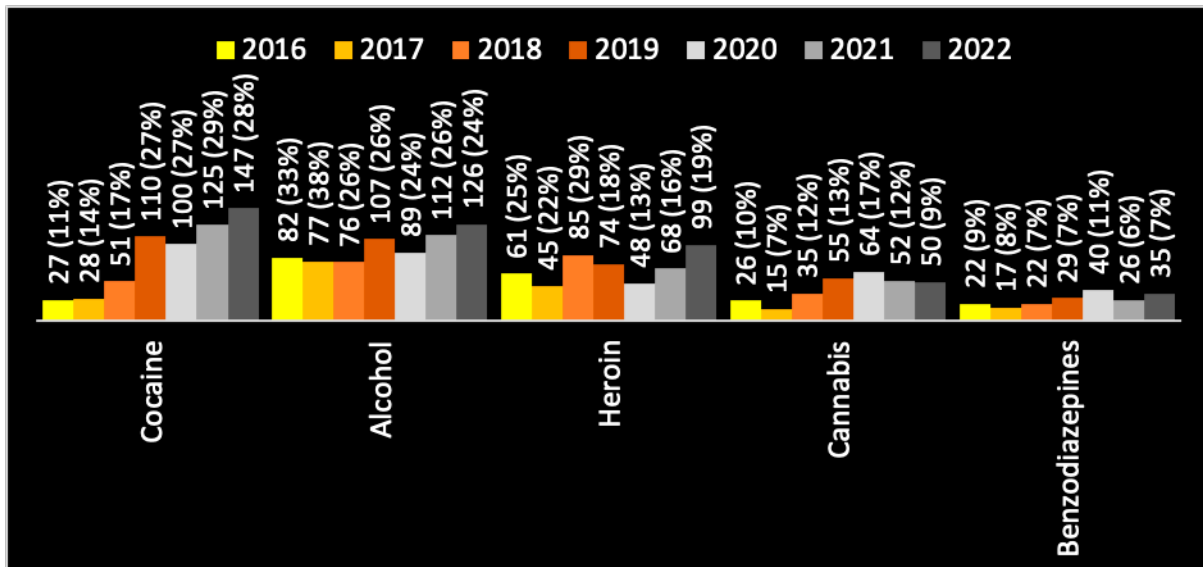
NDTRS cases treated for alcohol are categorised by the extent of the problem, from hazardous to harmful or dependent drinking. The Health Research Board's definition of these categories is as follows (Health Research Board, 2016):

- *Hazardous drinking* increases the risk of harmful consequences for the user; it describes drinking over the recommended limits by a person who has no apparent alcohol-related health problems

- *Harmful drinking* is a pattern of use that results in damage to physical or mental health; some would also consider social consequences among the harms caused by alcohol

- *Dependent drinking:* includes a strong desire to consume alcohol, impaired control over its use, persistent drinking despite harmful consequences, a higher priority given to drinking than to other activities and obligations, increased alcohol tolerance; also, notably a physical withdrawal reaction when alcohol use is discontinued

Out of all cases treated for alcohol, the extent of the problem for the majority was categorised at the highest level as dependent drinking (Chart 4.19).

Chart 4.19: Treated cases living in BLDATF area by extent of alcohol problem, NDTRS 2016 to 2022
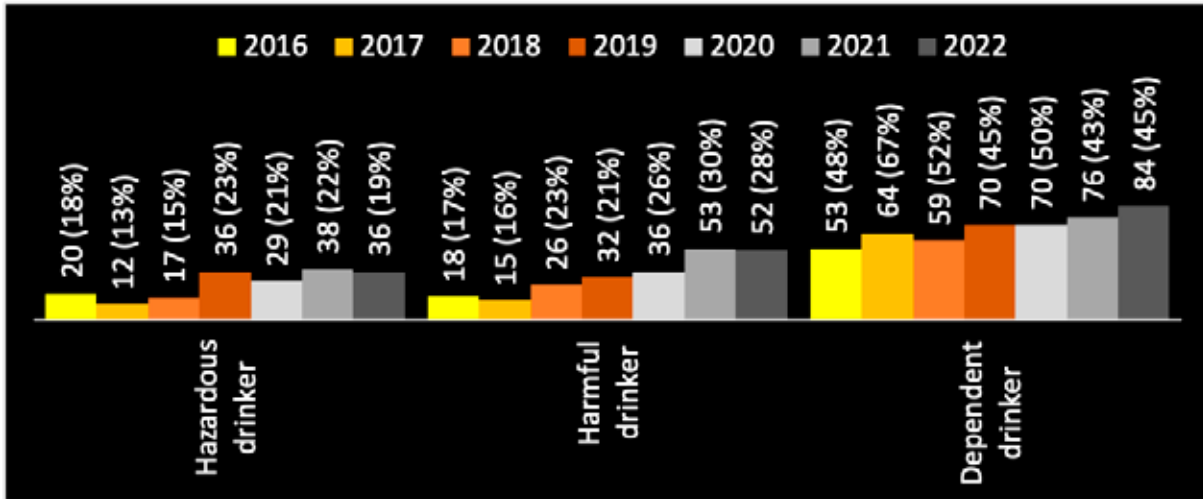
Annual totals less than 100% as unknown cases removed
Includes all cases treated for alcohol use; cases treated for alcohol as a main problem drug and as an additional problem drug

From 2016 to 2022, the majority of cases were treated for polydrug use, with the exception of 2019 where the majority were treated for non-polydrug use (Charts 4.20 and 4.21).

Chart 4.20: Treated cases living in BLDATF area by polydrug use, NDTRS 2016 to 2022

Chart 4.21: Treated cases living in BLDATF area by number of problem drugs, NDTRS 2016 to 2022
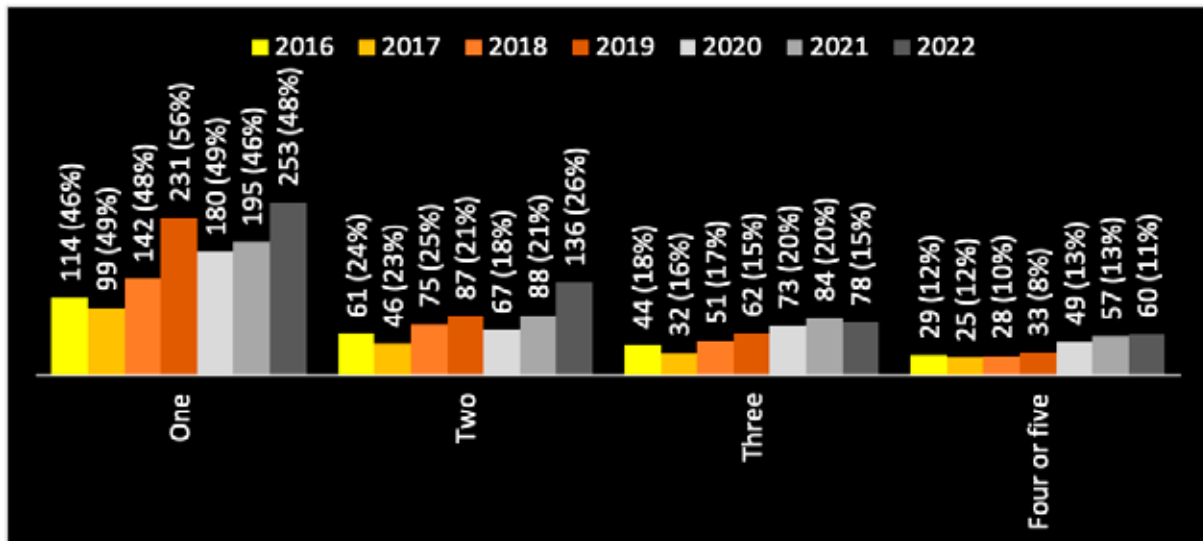
Polydrug use increases the risks associated with drug use as interactions between drugs can increase the risk of overdose (EMCDDA, 2023). An example is using depressant drugs together, such as opioids with alcohol and/or benzodiazepines.

Methadone maintenance treatment

The Central Treatment List (CTL) reports the number of people in receipt of methadone maintenance treatment for opiate dependence in Ireland. Year 3 reported the following data. In 2015, 270 patients in Dublin 15 were prescribed methadone, and 95% were aged over 30. In 2016, the CTL reported a slight increase in the number of patients prescribed this drug, though the actual number was not provided. Since 2017, CTL data has not been available.

HIGH-RISK DRUG USE

High-risk drug use includes injecting drug use, sharing injecting equipment and other drug paraphernalia. From 2016 to 2022, the NDTRS data reported a reduction in injecting drug use (Charts 4.22 and 4.23).

Chart 4.22: Treated cases living in BLDATF area by lifetime injecting drug use, NDTRS 2016 to 2022
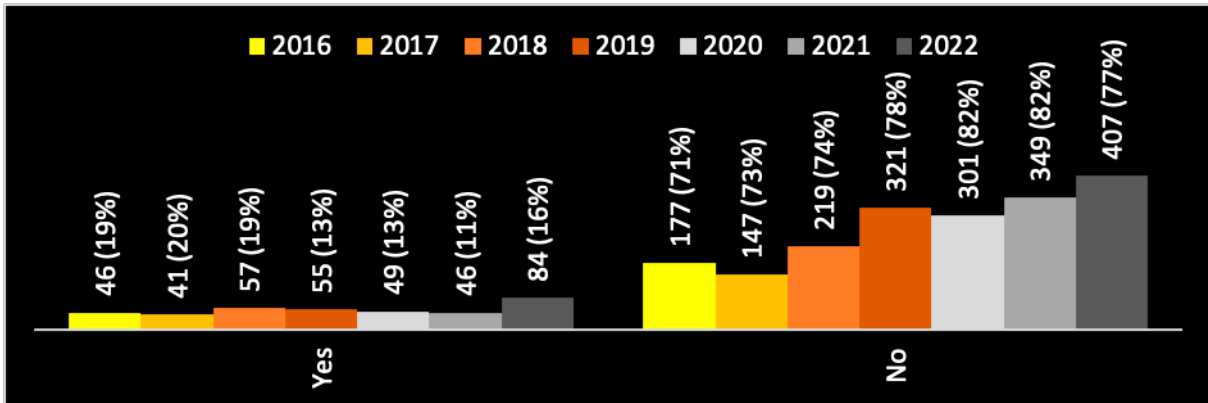
Annual totals less than 100% as unknown cases removed
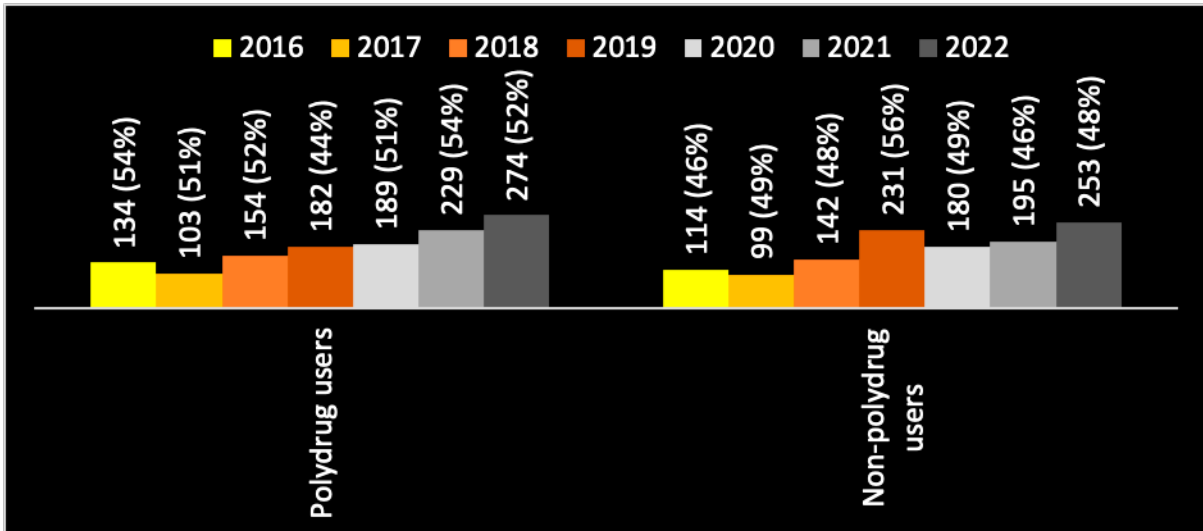
Chart 4.23: Treated cases living in BLDATF area by current injecting status, NDTRS 2016 to 2022
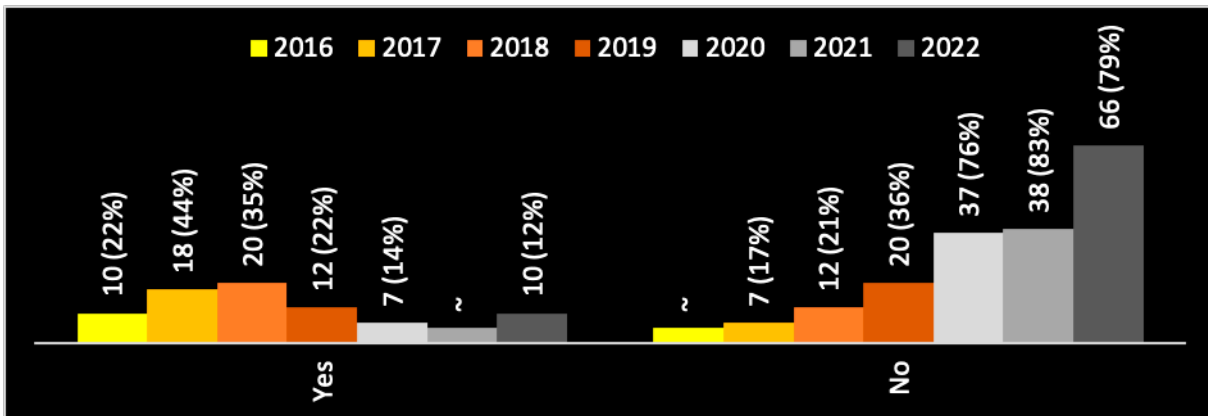
Annual totals less than 100% as unknown cases removed
~ Number of cases too small to be reported (5 or less)

Treated drug users reported mixed opinions about the extent of injecting drug use in 2022. Some reported injecting drug use increased due to an increase in powder and crack cocaine use. Other treated drug users reported no change in the extent of injecting drug use, and some reported a decrease. It is evident that there is no consensus concerning the extent of current injecting in the BLDATF area. Chart 4.24 reports the age treated cases began injecting.

Chart 4.24: Treated cases living in BLDATF area by age first injected, NDTRS 2016 to 2022
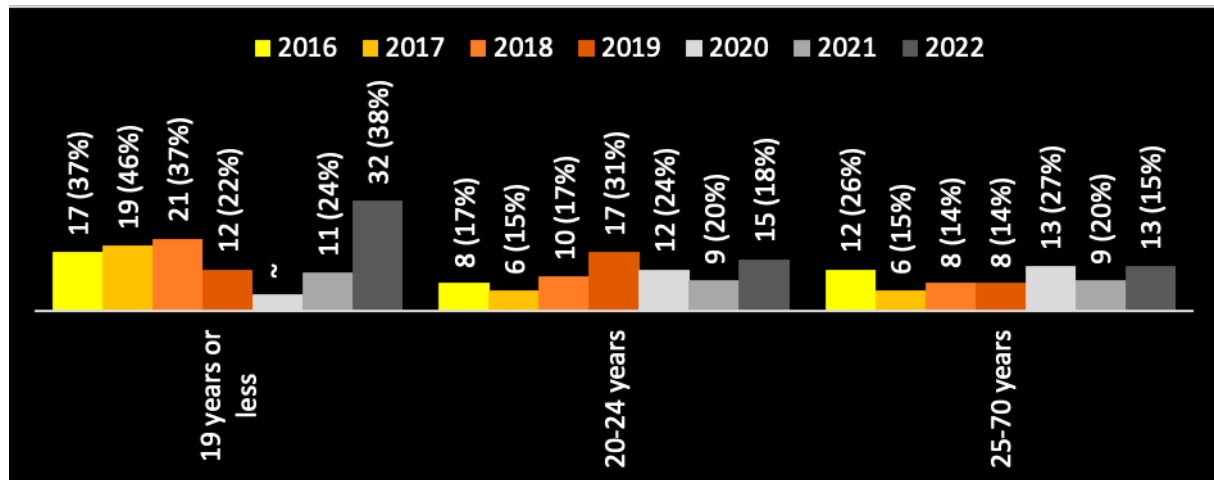
Annual totals less than 100% as unknown cases removed
~ Number of cases too small to be reported (5 or less)

From Years 1 to 8, treated drug users and service providers reported the types of drugs injected by treated adult drug users (Table 4.3). During this period, there were no reports of treated young drug users injecting drugs.

Table 4.3: Drugs injecting by treated adult drug users in Dublin 15, DATMS Year 1 to 8

Drug type	Year 1	Year 2	Year 3	Year 4	Year 5	Year 7	Year 8
Heroin	√	√	√	√	√	√	√
Cocaine powder	√	√	√	√	√	√	√
Crack cocaine	√	√	√	√	√	√	√
Benzodiazepines, Z drugs	√	√	√	√	√	√	√
Amphetamines~	√	√	√	√	**	**	√
Opioid (Oxycodone)	^	√	√	√	**	√	*
Opioid (Fentanyl)	✲	✲	✲	√	**	**	*

√ Drugs injected
~ Includes New Psychoactive Substances, Mephedrone, Methamphetamine
** Injecting of drug not reported
^ Injecting of drug first reported in Year 2
✲ Injecting of drug first reported in Year 4
* Injecting of drug not reported in Year 8

From Years 1 to 8, participants reported that injecting crack cocaine was not common, and smoking was the most commonly used method for taking this drug. In addition, treated drug users reported an increase in the injection of cocaine powder in Year 8.

From Years 1 to 8, treated drug users reported injecting anabolic steroids though a decrease in the use of these drugs was reported in Years 4 and 5. From Years 1 to 3, treated drug users reported injecting skin tanning drugs though since Year 4, there was little evidence of the injection of these drugs by treated drug users; Year 8 reported that these drugs are now more commonly ingested through nasal sprays[2].

2   Further data concerning injecting use of non-psychoactive drugs by untreated drug users are reported in the chapter 'Untreated drug & alcohol use'

CHANGES IN TREATED DRUG & ALCOHOL USE

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

TREATED YOUNG DRUG USERS

From Years 1 to 8, an increase in the use of cannabis herb, cocaine powder and alcohol was reported among treated young drug users. Year 8 also reported an increase in the use of other drugs (Table 4.4).

Table 4.4: Changes in drug use by treated young drug users in Dublin 15, DATMS Year 1 to 8

Drug type	Year 2	Year 3	Year 4	Year 5	Year 7	Year 8
Cannabis herb	↑	↑	↑	↑	↑	↑
Cocaine powder	↑	↑	↑	↑	↑	↑
Alcohol	↑	↑	↑	↑	↑	↑
Ketamine	*	*	↑	↑	↑	↑
Cannabis oil	^	^	↑	↑	↑	↑
Nitrous oxide	✿	✿	✿	*	↑	↑
Cannabis wax	×	×	×	×	↑	↑
Cannabis edibles (sweets/chocolates)	×	×	×	×	*	↑
MDMA	*	*	↑	↑	*	*
Lean (Syrup)~	*	*	↑	*	***	*
Benzodiazepines, Z drugs	↑	*	↑	↑	*	↓
Methylphenidate	**	**	**	**	**	^^^
Cannabis drinks	×	×	×	×	***	^^^

↑   Increase in use of drug
↓   Decrease in use of drug
*   No change in use of drug
^   Use of drug first reported in Year 3
✿   Use of drug first reported in Year 4
×   Use of drug first reported in Year 5
~   Cough medicine mixed with carbonated drink and sweets
**   Use of drug first reported in Year 7
***   Use of drug not reported in Year 7
^^^ Use of drug not reported in Year 8

TREATED ADULT DRUG USERS

From Years 1 to 8, treated adult drug users reported an increase in the use of cannabis herb, alcohol, powder and crack cocaine, benzodiazepines and z drugs. An increase in the use of prescribed and over the counter opiates has been reported since Year 5.

Since Year 7, an increase in the use of methamphetamine has been reported. Year 8 also reported an increase in the use of other drugs (Table 4.5).

Table 4.5: Changes in drug use by treated adult drug users in Dublin 15, DATMS Year 1 to 8

Drug type	Year 2	Year 3	Year 4	Year 5	Year 7	Year 8
Cannabis herb	↑	↑	↑	↑	↑	↑
Alcohol	↑	↑	↑	↑	↑	↑
Cocaine powder	↑	↑	↑	↑	↑	↑
Crack cocaine	↑	↑	↑	↑	↑	↑
Benzodiazepines, Z drugs	↑	↑	↑	↑	↑	↑
Prescribed opiates~	↑	↑	*	↑	↑	↑
Pregabalin (Lyrica)	↑	*	↑	↑	*	↑
Methamphetamine	*	↑	*	xx	↑	↑
Cannabis oil	^	^	↑	↑	*	↑
OTC Codeine (Solpadine, Nurofen Plus)	*	*	*	↑	↑	↑
Cannabis wax	✣	✣	✣	↑	*	↑
Cannabis edibles (cakes/sweets/chocolates)	×	×	×	×	↑	↑
GHB/GBL	~	*	*	xx	↓	↑
Amphetamines	*	*	*	*	↑	*
Heroin	*	↓	↑	↓	*	*
Methadone	*	*	*	*	*	*
Cannabis resin	↓	↑	*	*	↓	↓
Cannabis drinks	×	×	×	×	*	^^^
Methylphenidate	**	**	**	**	**	^^^

↑ Increase in use of drug
↓ Decrease in use of drug
~ Year 2 Oxycodone; Year 3 Oxycodone, Tramadol, Tylex, Kapake; Year 4 Oxycodone, Tramadol, Tylex; Year 5 Oxycodone, Tramadol, Tylex; Year 7 Oxycodone, Tramadol, Tylex, Kapake, Fentanyl; Year 8 Oxycodone, Tramadol, Tylex, Fentanyl
* No change in use of drug
xx Use of drug not reported in Year 5
~ Use of drug first reported in Year 2
^ Use of drug first reported in Year 3
✣ Use of drug first reported in Year 4
× Use of drug first reported in Year 5
^^^ Use of drug not reported in Year 8
** Use of drug first reported in Year 7

Cannabis

Year 8 continues to report the use of a range of cannabis products in Dublin 15. The mode of administration has increased to include the use of vaping devices. Treated drug users reported that this mode of administration is becoming more prevalent in Dublin 15, and cannabis herb and oil are used in this manner. The increasing diversity of cannabis products available is also occurring in the rest of Europe (EMCDDA, 2023). The EMCDDA reports that the availability of high potency cannabis and edibles is a particular concern and has been linked to acute toxicity presentations in hospital emergency departments.

5. UNTREATED DRUG & ALCOHOL USE

Since DATMS Year 1, untreated drug use has been reported among all socio-economic groups, ethnicities and in all areas of Dublin 15. From Years 1 to 8, similar profiles of untreated drug use by young people and adults were reported, whereby alcohol, cannabis herb, MDMA and cocaine powder were the main drugs used. This profile of drug use was also reported nationally and at a European and global level (Mongan *et al.*, 2021; EMCDDA, 2023; Winstock *et al.*, 2021).

UNTREATED DRUG & ALCOHOL USE BY YOUNG PEOPLE

The following reports the drugs used by untreated young drug users (aged up to 24 years) in Dublin 15 in 2022:

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

^ Cakes, sweets, chocolates
* Cough medicine mixed with carbonated drinks and sweets

UNTREATED DRUG & ALCOHOL USE BY ADULTS

The following reports the drugs used by untreated adult drug users (aged 25 years and over) in Dublin 15 in 2022:

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

✲ Includes alcohol-free drinks among Irish Traveller community
^ Cakes, sweets, chocolates

The use of synthetic drugs (New Psychoactive Substances/NPS) was not reported by untreated young or adult drug users. As drugs are generally used without completing an analysis of their composition, synthetic types are probably used without users' knowledge. The EMCDDA reports an increase in the availability of these drugs in Europe (EMCDDA, 2023). In addition, the EMCDDA reports concerns that some products sold on the illicit drug market as natural cannabis may be adulterated with potent synthetic cannabinoids.

UNTREATED POLYDRUG USE

From Years 1 to 8, the profile of untreated drug use has been similar. Polydrug use was the norm, and alcohol was an integral part of it. The most common forms of polydrug use were similar among untreated young and adult drug users. Since Year 7, untreated young drug users reported how like alcohol, nitrous oxide had become an integral part of polydrug use.

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

PATTERN OF UNTREATED DRUG & ALCOHOL USE

From Years 1 to 8, the pattern of untreated drug use was the same. Alcohol and cannabis herb were used throughout the week, and other drugs were mainly used at the weekend. The frequency of drug use varied from daily and weekly to less regular use. For some young people, drug use occurred before and during school time[3]. The frequency of drug use was age dependent, with those aged 18 and over reporting more regular use.

CHANGES IN UNTREATED DRUG & ALCOHOL USE

DRUG TYPE BY AGE OF FIRST USE

The following reports the age that people in Dublin 15 began using drugs. The norm is reported for all drug types and the youngest age is reported in brackets (Charts 5.1 and 5.2). From Years 3 to 8, fluctuations in the age of initiation have been reported, and overall, a change was reported whereby untreated drug users were getting older, with the exception that alcohol users were getting younger.

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

Chart 5.1: Most commonly used drugs by age of first use, DATMS Year 3 to 8 (2017-2022)
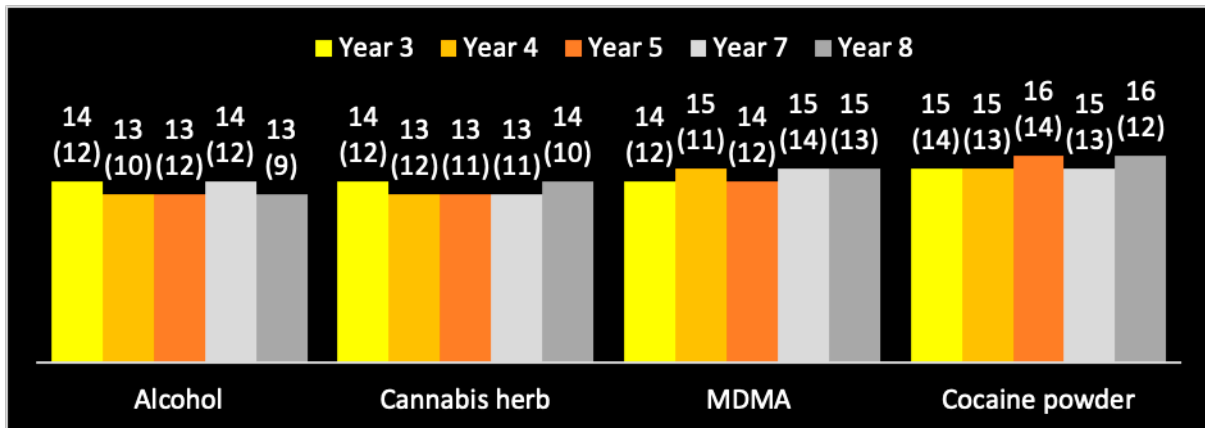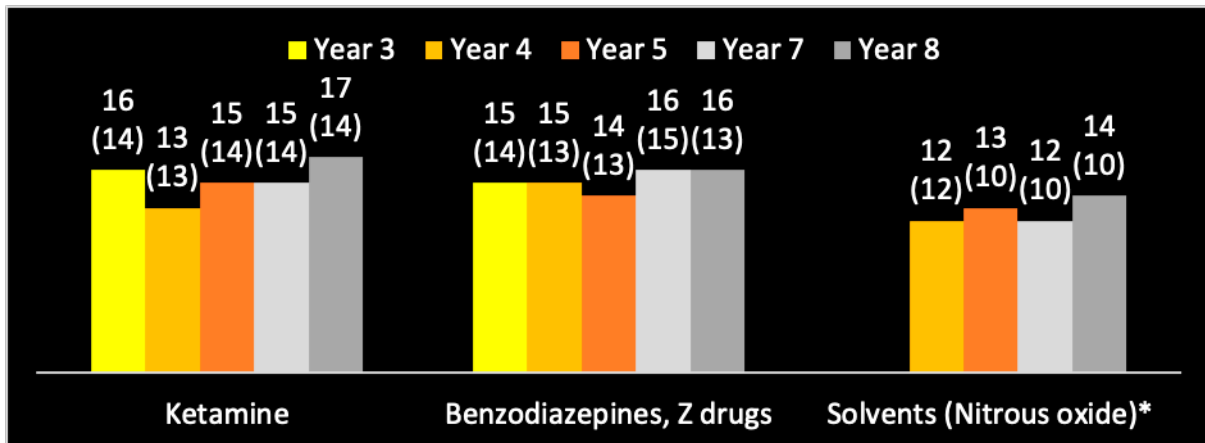

Chart 5.2: Most commonly used drugs by age of first use, DATMS Year 3 to 8 (2017-2022)
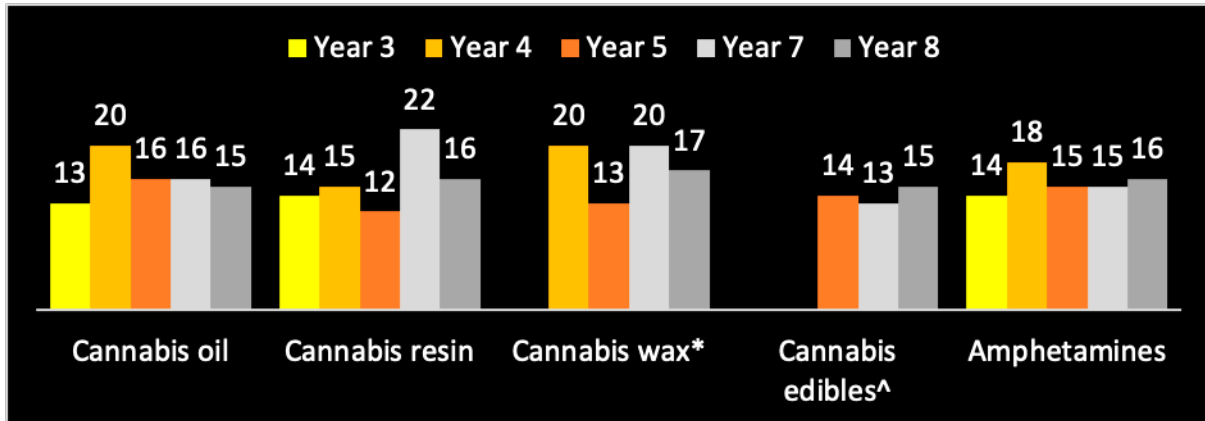

* Use of drug first reported in Year 4

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

From Years 3 to 8, changes in the norm age of first use of other drugs were also reported (Charts 5.3 to 5.5).
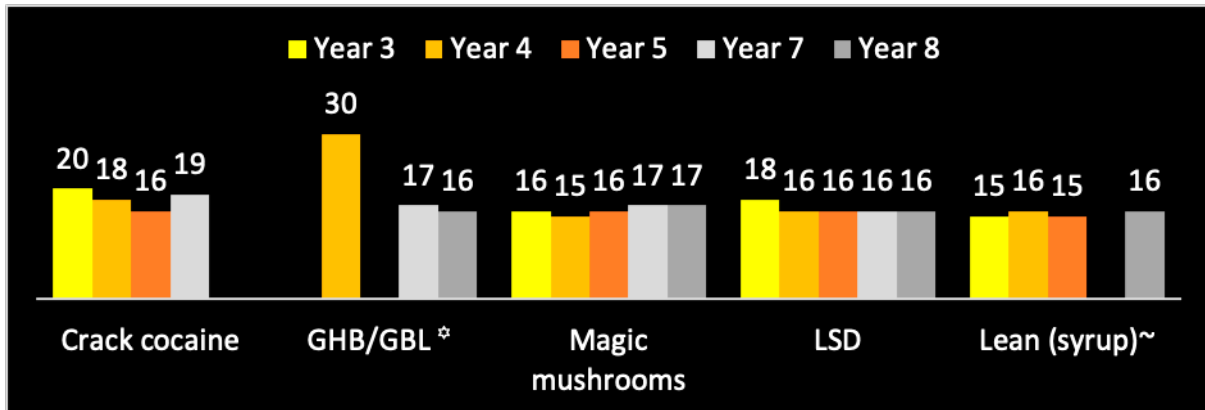
Chart 5.3: Least commonly used drugs by age of first use, DATMS Year 3 to 8 (2017-2022)

* Use of drug first reported in Year 4
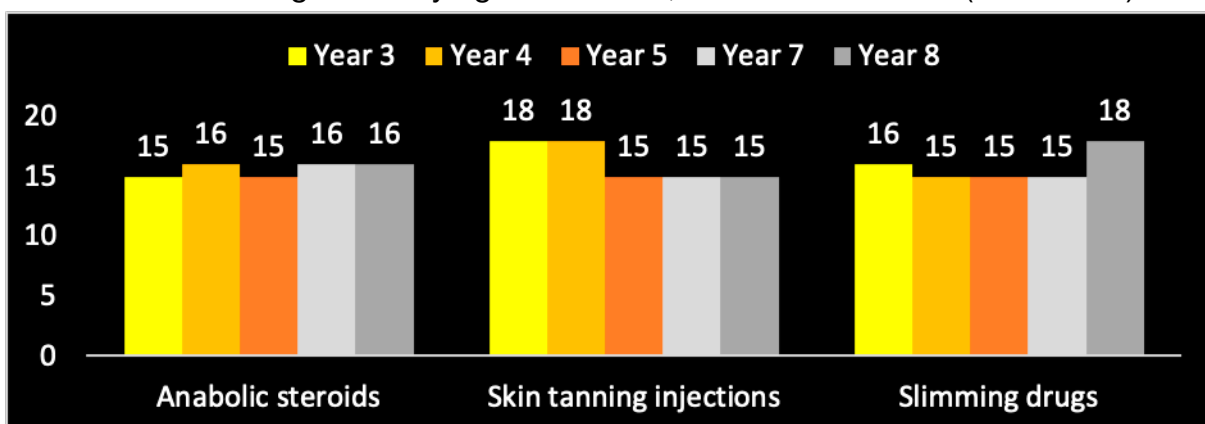^ Use of drug first reported in Year 5

Chart 5.4: Least commonly used drugs by age of first use, DATMS Year 3 to 8 (2017-2022)

✳ Use of drug not reported in Year 3 or 5
~ Use of drug not reported in Year 7

Chart 5.5: Other drugs used by age of first use, DATMS Year 3 to 8 (2017-2022)

PREVALENCE OF UNTREATED DRUG & ALCOHOL USE

From Years 1 to 8, untreated young and adult drug users have continued to report an increase in the use of alcohol, cannabis herb, cocaine powder and ketamine. Since Year 5, an increase in the use of nitrous oxide was reported. Since Year 7, an increase in the use of GHB/GBL and cannabis edibles was reported. All changes in the prevalence of drug use are reported in the table below (Table 5.1).

Table 5.1: Changes in prevalence of untreated drug use in Dublin 15, DATMS Year 1 to 8

Drug type	Year 2	Year 3	Year 4	Year 5	Year 7	Year 8
Alcohol	↑	↑	↑	↑	↑	↑
Cannabis herb	↑	↑	↑	↑	↑	↑
Cocaine powder	↑	↑	↑	↑	↑	↑
Ketamine	↑	↑	↑	↑	↑	↑
Benzodiazepines, z drugs	*	↑	↑	↑	↑	↑
Cannabis oil	^	^	↑	↑	↑	↑
Nitrous oxide	~	~	~	↑	↑	↑
Cannabis edibles**	×	×	×	×	↑	↑
Amphetamines	*	↓	*	↑	↓	↑
Cannabis wax	~	~	~	↑	*	↑
Lean (syrup)	*	*	↑	↑	*	↑
MDMA	*	↑	↓	↑	↑	↓
GHB/GBL	~	*	*	*	↑	*
Cannabis resin	↑	↓	↓	*	*	*
Alcohol-free drinks	×	×	×	×	*	*
Methylphenidate	#	#	#	#	#	^^
Crack cocaine	*	*	↑	^^	*	^^

↑ Increase in use of drug
* No change in use of drug
^ Use of drug first reported in Year 3
~ Use of drug first reported in Year 4
** Cakes, sweets, chocolates
x Use of drug first reported in Year 5
↓ Decrease in use of drug
Use of drug first reported in Year 7
^^ Use of drug not reported in Year 8

Untreated drug users reported additional information concerning the use of alcohol, cannabis, GHB/GBL and crack cocaine.

Alcohol

Overall, an increase in the use of alcohol was reported among untreated young drug users. However, it is possible that a new trend is beginning in Dublin 15, with a few reports that young people were reducing their alcohol consumption while increasing their consumption of other drugs.

Cannabis

Year 8 continues to report the use of a range of cannabis products in Dublin 15. The mode of administration has increased to include the use of vaping devices. Untreated drug users reported that this mode of administration was becoming more prevalent in Dublin 15, and cannabis herb and oil were used in this manner; this change was also reported by treated drug users.

Crack cocaine

Since Year 1, with the exception of Years 5 and 8, the use of crack cocaine by untreated young and adult drug users has been reported. Untreated drug users do not commonly use this drug as it is perceived negatively and users are stigmatised in the same manner as heroin users.

GHB/GBL and chemsex

The use of GHB/GBL to engage in chemsex was first reported to the DATMS in Year 2. Chemsex is a form of drug use involving specific drugs to facilitate or enhance sex. The most commonly used drugs are stimulants and sedatives, with one or more of these drug types used during a session. Chemsex usually refers to men who have sex with men. DATMS data from Years 2 to 4 suggested that chemsex was hidden and/or not prevalent in Dublin 15. Years 2 and 3 reported that people engaged in this behaviour were male treated drug users who were homosexual. In Year 4, the profile of people engaged in this behaviour expanded to include male and female untreated drug users who were heterosexual. It was also reported that people did not always use these drugs in a sexual context. Year 7 reported an increase in the use of GHB/GBL by untreated drug users, and Year 8 reported an increase in the use of this drug by treated drug users. This may suggest that over the last two years the prevalence of chemsex has increased. Table 5.2 reports the changing profile of chemsex in Dublin 15 from Years 2 to 8.

Table 5.2: Profile of chemsex in Dublin 15, DATMS Year 2 to 8

Chemsex profile		Year 2	Year 3	Year 4	Year 5	Year 7	Year 8
Drug user by type	Treated drug user	√	√	√	x	√	√
	Untreated drug user			√	x	√	√
Gender	Male	√	√	√	x	√	√
	Female			√	x		√
Age range	30s	√	√	√	x		
	17-60s				x	√	
	18-40s				x		√
Ethnicity	White Irish	√	√	√	x	√	√
	Irish African				x	√	
	Eastern European				x	√	
Sexual orientation	Homosexual	√	√	√	x	√	√
	Heterosexual			√	x	√	√

x No data reported

Nitrous oxide

An increase in the use of nitrous oxide has also been reported in Europe (EMCDDA, 2023). The EMCDDA reports that the use of this drug has been linked to various health problems, including poisonings, burns and lung injuries and, in some cases of prolonged exposure, neurotoxicity from vitamin B12 deficiency. There is, however, a debate on the extent to which this substance is associated with negative health risks. An increased availability of larger gas canisters aimed at recreational use has been reported in Dublin 15 and Europe. The EMCDDA reports that larger canisters may increase the risk of lung damage, due to the higher pressure of their contents and, in general, inhaling directly from gas bottles is reported to be associated with a greater risk of harm.

PREVALENCE RATES OF DRUG AND ALCOHOL USE

National prevalence rates of drug and alcohol use

The National Drug and Alcohol Survey (NDAS)[4] provides a trend analysis of the prevalence of drug use in the general Irish population aged 15+ years from 2006/07 to 2019/20 (Mongan *et.al*, 2021). The charts below report lifetime, recent (last year) and current (last month) prevalence rates of drug use in Ireland (Charts 5.6 to 5.11). The findings suggest illegal drug use has increased and alcohol use has decreased. However, the proportion of the population using alcohol remains high, and it is the

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4   This drug prevalence survey was operated by the National Advisory Committee on Drugs and Alcohol from 2006 to 2015. The Health Research Board completed the 2019/2020 trend survey.

most commonly used drug. As reported above, DATMS untreated drug users continue to report an increase in drug use, including the use of alcohol in Dublin 15.

Chart 5.6: Lifetime prevalence rates of drug use among 15 to 34 year olds in Ireland, NDAS 2006/07 to 2019/2020
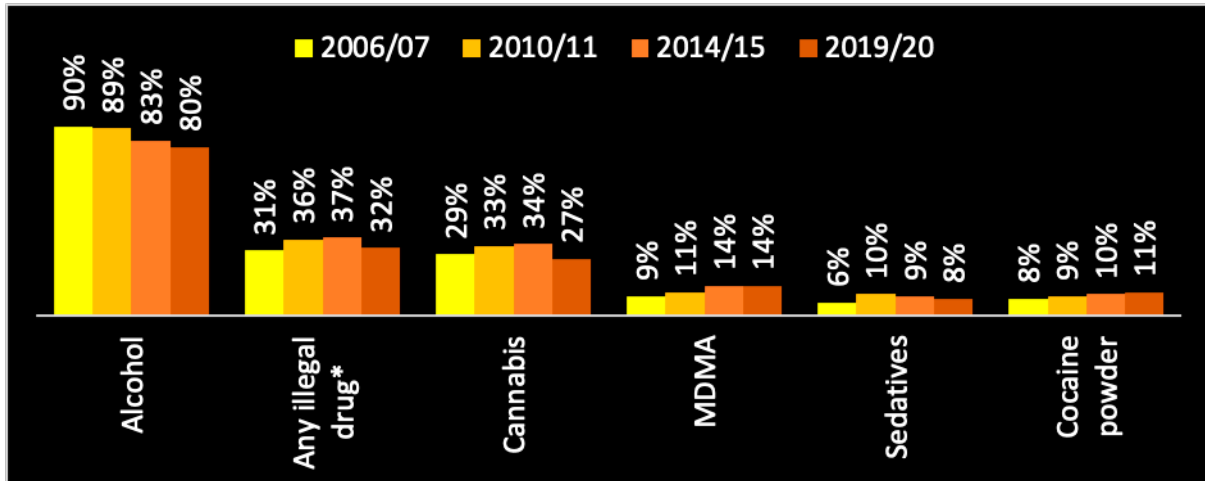
*Any illegal drug refers to cannabis, MDMA, cocaine powder, magic mushrooms, amphetamines, poppers, LSD, new psychoactive substances, mephedrone, solvents, crack cocaine, heroin
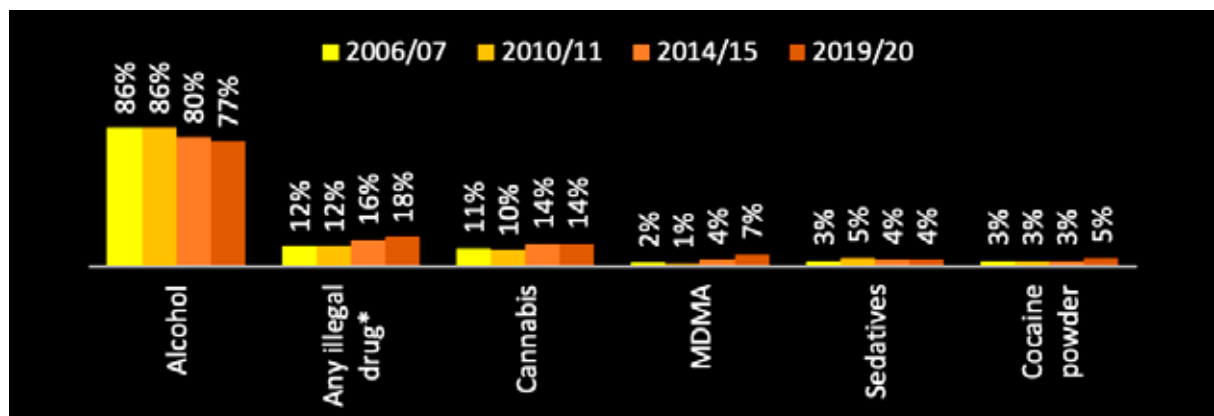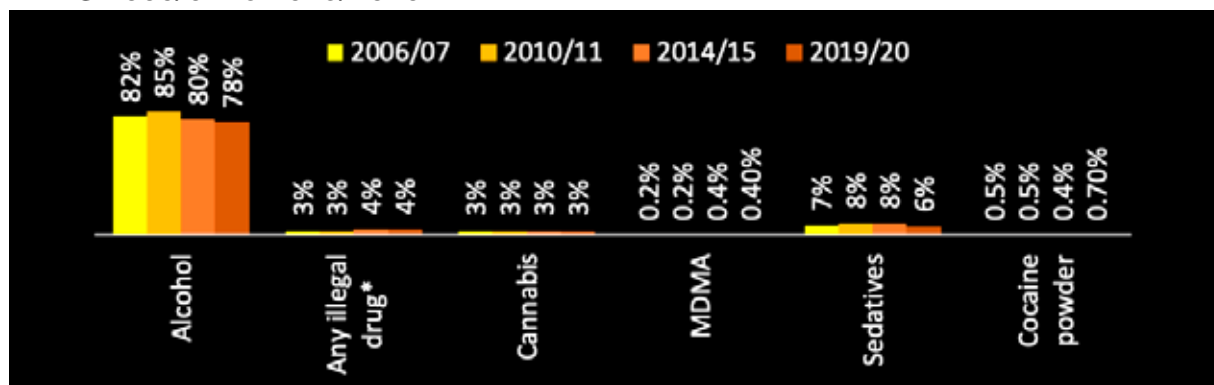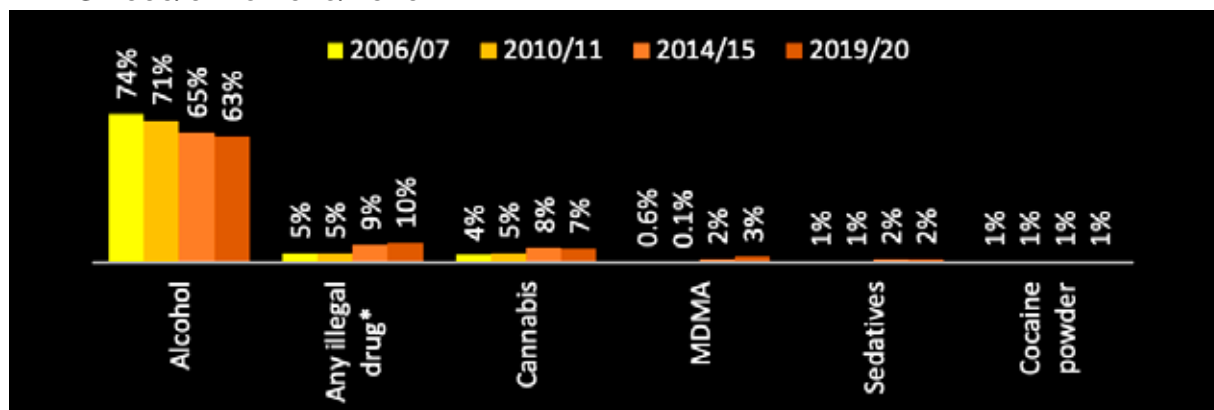
Chart 5.7: Lifetime prevalence rates of drug use among 35 year olds and over in Ireland, NDAS 2006/07 to 2019/2020
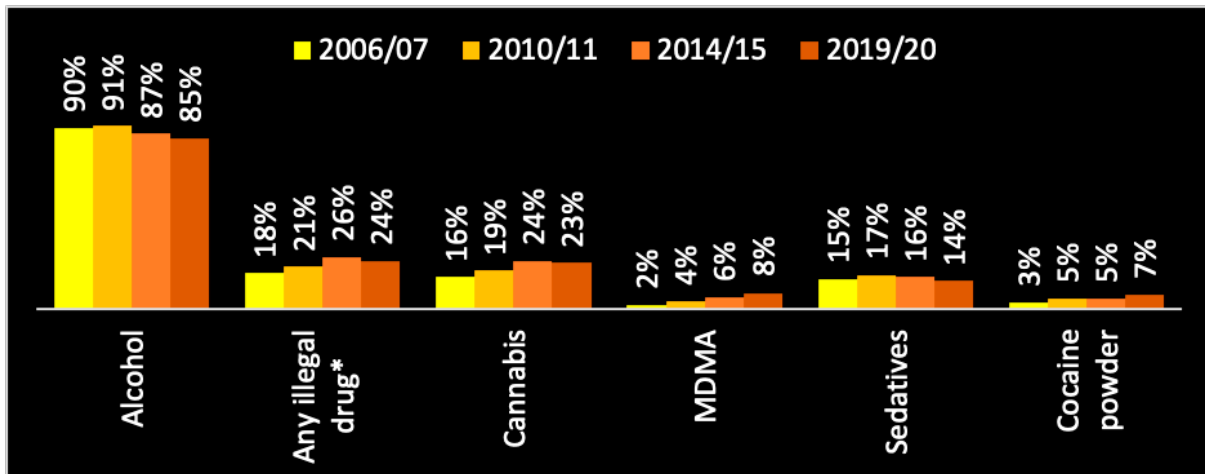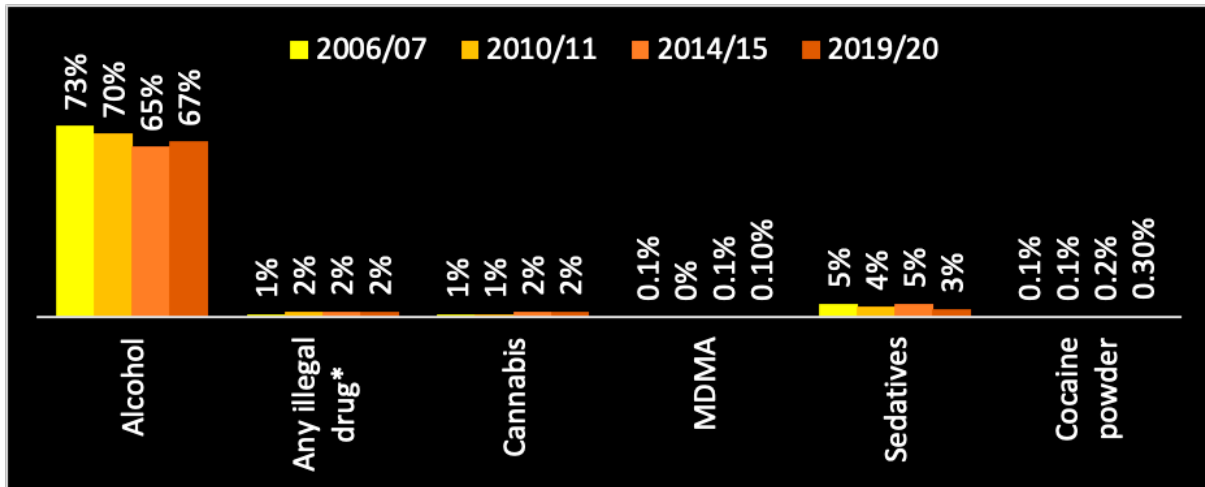

*Any illegal drug refers to cannabis, MDMA, cocaine powder, magic mushrooms, amphetamines, poppers, LSD, new psychoactive substances, mephedrone, solvents, crack cocaine, heroin

Chart 5.8: Last year prevalence of drug use among 15 to 34 year olds in Ireland, NDAS 2006/07 to 2019/2020

Legend: ■ 2006/07 ■ 2010/11 ■ 2014/15 ■ 2019/20

|	Alcohol	Any illegal drug*	Cannabis	MDMA	Sedatives	Cocaine powder
2006/07	86%	12%	11%	2%	3%	3%
2010/11	86%	12%	10%	1%	5%	3%
2014/15	80%	16%	14%	4%	4%	3%
2019/20	77%	18%	14%	7%	4%	5%

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

Chart 5.9: Last year prevalence of drug use among 35 year olds and over in Ireland, NDAS 2006/07 to 2019/2020

Legend: ■ 2006/07 ■ 2010/11 ■ 2014/15 ■ 2019/20

	Alcohol	Any illegal drug*	Cannabis	MDMA	Sedatives	Cocaine powder
2006/07	82%	3%	3%	0.2%	7%	0.5%
2010/11	85%	3%	3%	0.2%	8%	0.5%
2014/15	80%	4%	3%	0.4%	8%	0.4%
2019/20	78%	4%	3%	0.40%	6%	0.70%

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

Chart 5.10: Last month prevalence of drug use among 15 to 34 year olds in Ireland, NDAS 2006/07 to 2019/2020

Legend: ■ 2006/07 ■ 2010/11 ■ 2014/15 ■ 2019/20

	Alcohol	Any illegal drug*	Cannabis	MDMA	Sedatives	Cocaine powder
2006/07	74%	5%	4%	0.6%	1%	1%
2010/11	71%	5%	5%	0.1%	1%	1%
2014/15	65%	9%	8%	2%	2%	1%
2019/20	63%	10%	7%	3%	2%	1%

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

Chart 5.11: Last month prevalence of drug use among 35 year olds and over in Ireland, NDAS 2006/07 to 2019/2020

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

Prevalence rates of drug and alcohol use in Dublin 15

2019/20 prevalence rates of drug use and the 2022 CSO population statistics were used to estimate the number of drug users in Dublin 15 (Chart 5.12). Alcohol is more commonly used than illegal drugs and about two thirds of people aged from 15 in Dublin 15 have used alcohol in the last month. Whereas young people are more likely to use illegal drugs compared to people aged 35 years and over.

Chart 5.12: Recent, last year and lifetime prevalence rates of drug use among Dublin 15 population, NDAS 2019/2020 by CSO 2022
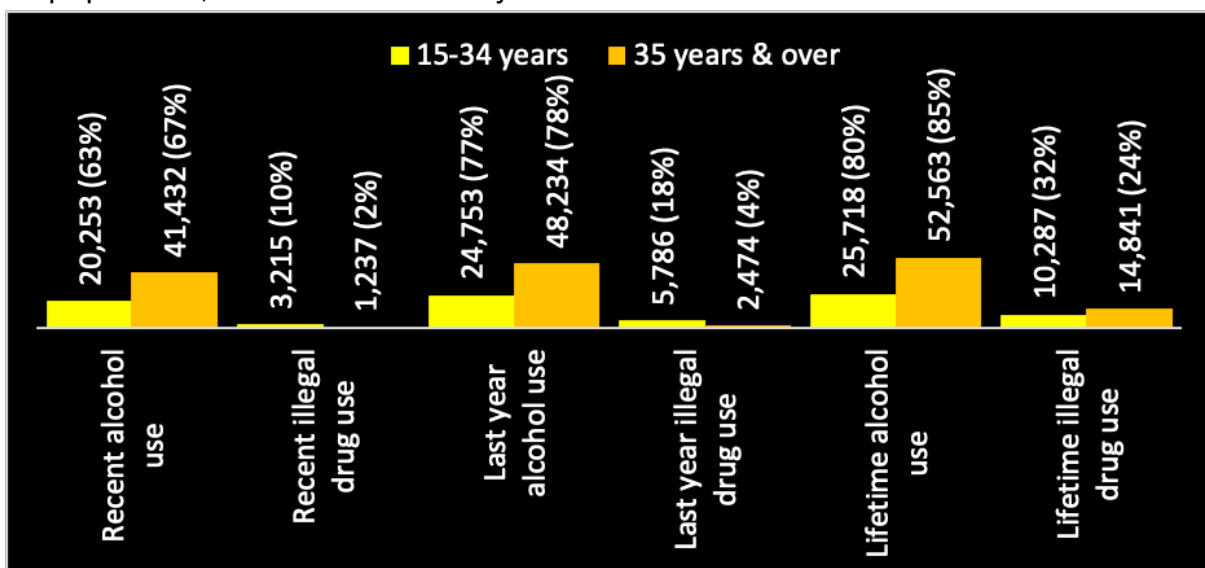
The following analysis from the Irish Health Behaviour in School-aged Children survey provides a further breakdown of the prevalence of alcohol use among young people

in Dublin 15 (Kolto *et al*., 2020). The majority (67%) of teenagers aged 15 to 17 years have used alcohol and 44% have been drunk (Chart 5.13). The research reports an increase in alcohol use and intoxication as young people get older (Chart 5.14). Since Year 1, this increase has also been reported by untreated drug users.

Chart 5.13: Prevalence of alcohol use among 15-17 year olds in Dublin 15, HBSC Survey 2018 by CSO 2022
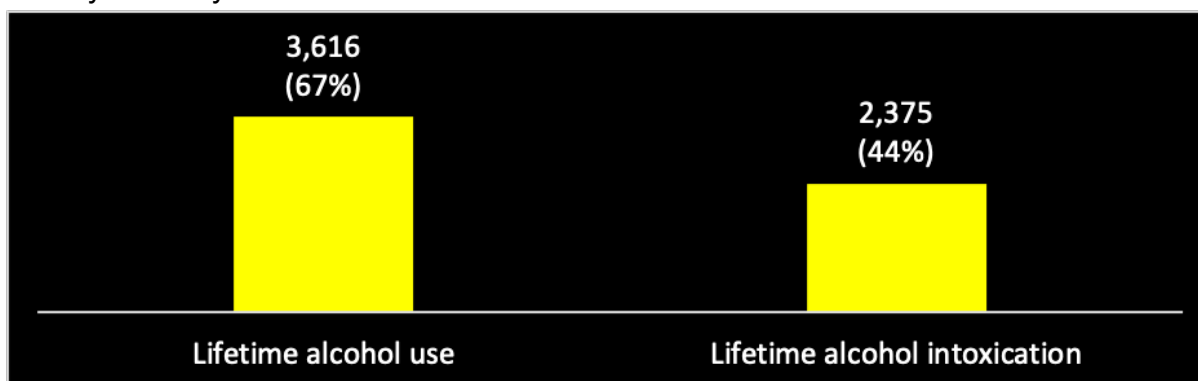
Chart 5.14: Lifetime prevalence rates of alcohol use and intoxication among 15-17 year olds in Dublin 15, HBSC Survey 2018 by CSO 2022
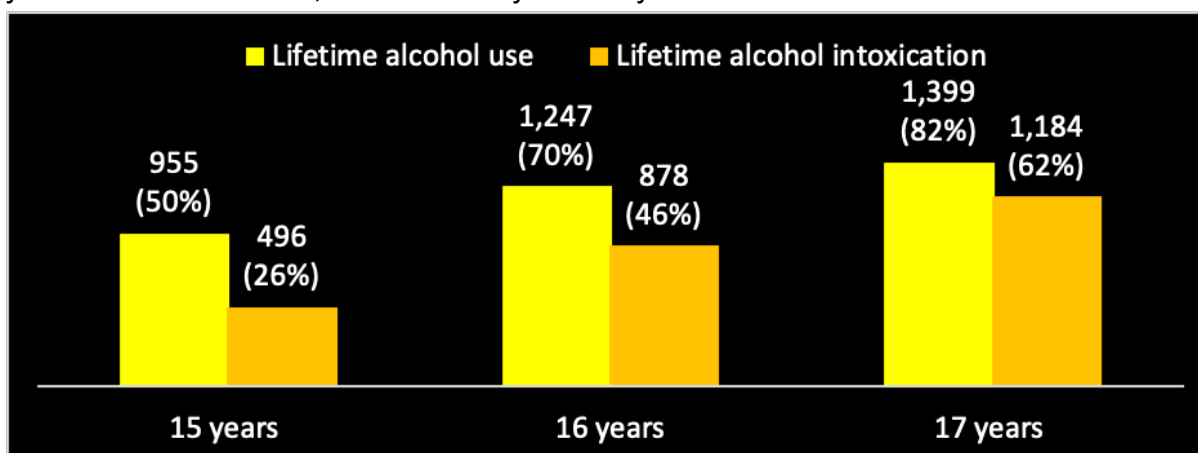
Prevalence rates of drug and alcohol use in Ireland and Europe

The European Schools Project on Alcohol & other Drugs (ESPAD) identifies the prevalence of drug use among European students aged 15-16 years. This data provides the opportunity to compare alcohol and drug use in Irish and European contexts (Sunday *et al*., 2020, ESPAD Group 2012, 2016 & 2020). The charts below report lifetime and current (last month) prevalence rates of drug use among European and Irish students (Charts 5.15 to 5.20). They also utilise the 2022 census to quantify the students aged 15-16 from Dublin 15 who are alcohol and drug users.

The profile of alcohol and drug use reported by ESPAD is similar to the NDAS in terms of drugs of choice, whereby alcohol is the most commonly used legal drug and

cannabis is the most commonly used illegal drug. When we compare European and Irish students, different patterns of drug use are apparent. The proportion of Irish students who have ever used alcohol is less than their European counterparts. However, it must be noted that prevalence rates remain high at 72% of Irish students, which relates to 2,658 of 15/16 years olds living in Dublin 15. Also, the current prevalence rate of alcohol intoxication is higher among Irish students (16%), which correlates to 591 young people living in Dublin 15.

A higher proportion of Irish students reported lifetime use of a range of drugs including cannabis (19%) and cocaine powder (3%) when compared with the European average (ESPAD); these rates correlate to 701 and 111 of young people living in Dublin 15. Current rates of cannabis use report 9% of Irish students or 332 of 15/16 years olds living in Dublin 15 have used cannabis is the last month. In addition, Irish students are more likely to be high-risk cannabis users, with 6% having cannabis-related problems, which correlates to 221 young people living in Dublin 15.

Chart 5.15: Lifetime prevalence of drug use among European & Irish students aged 15 & 16, ESPAD 2019
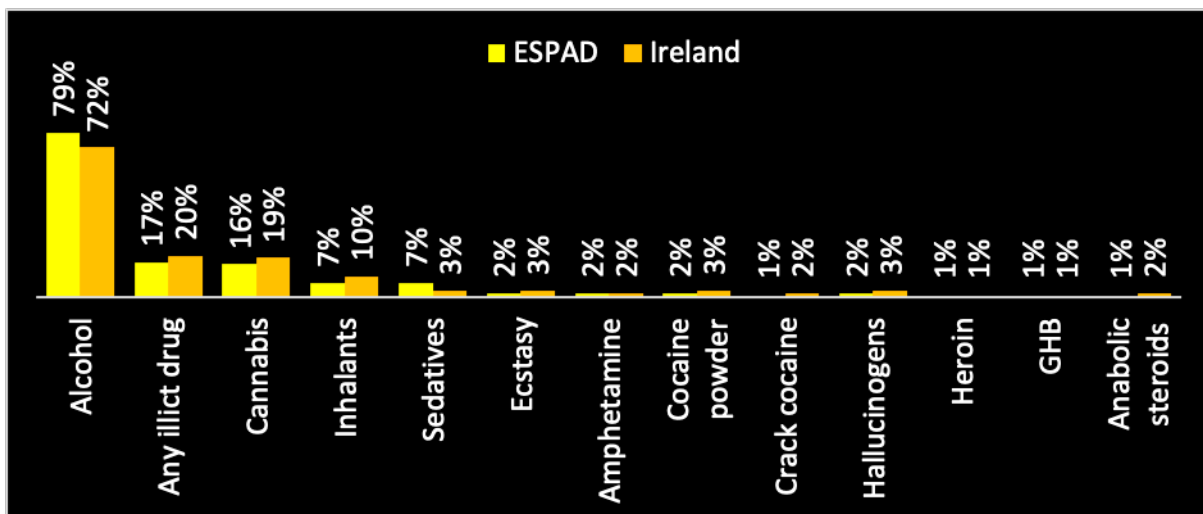
Chart 5.16: Lifetime prevalence of drug use among Irish students aged 15 & 16, ESPAD 2019 by CSO 2022
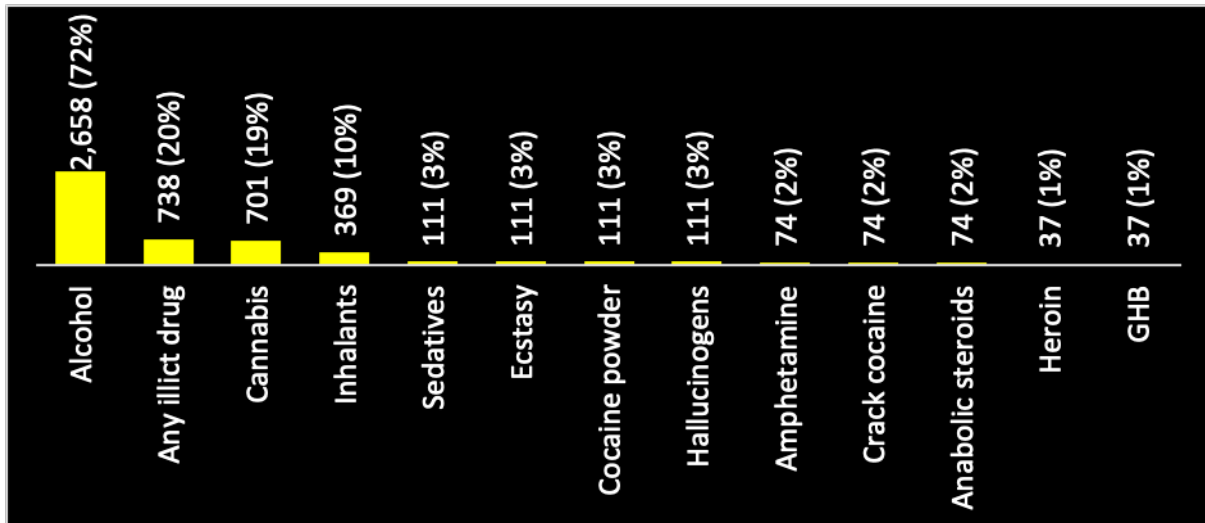
Chart 5.17: Last month prevalence of alcohol use & intoxication among European & Irish students aged 15 & 16, ESPAD 2019
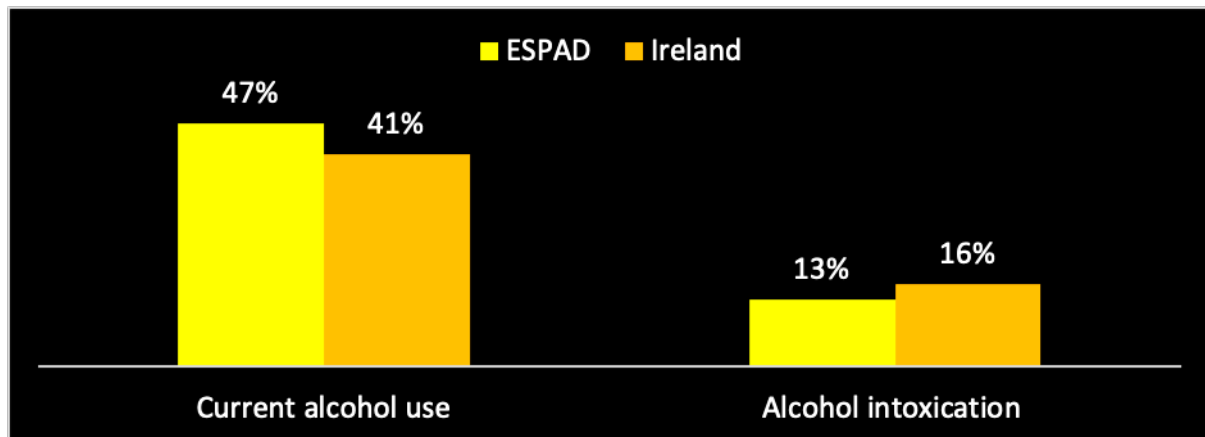

Chart 5.18: Last month prevalence of alcohol use & intoxication among Irish students aged 15 & 16, ESPAD 2019 by CSO 2022
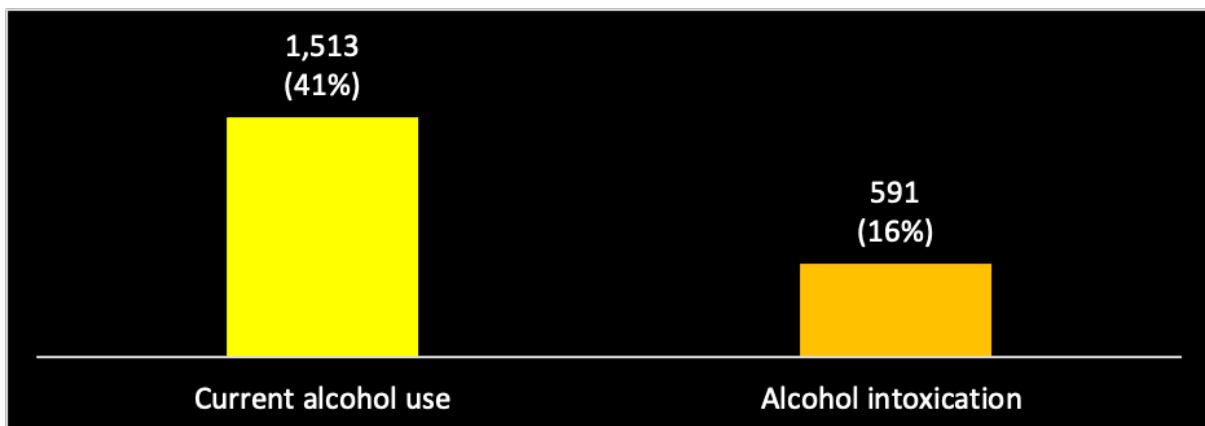
Chart 5.19: Last month and high-risk prevalence of cannabis use among European & Irish students aged 15 & 16, ESPAD 2019
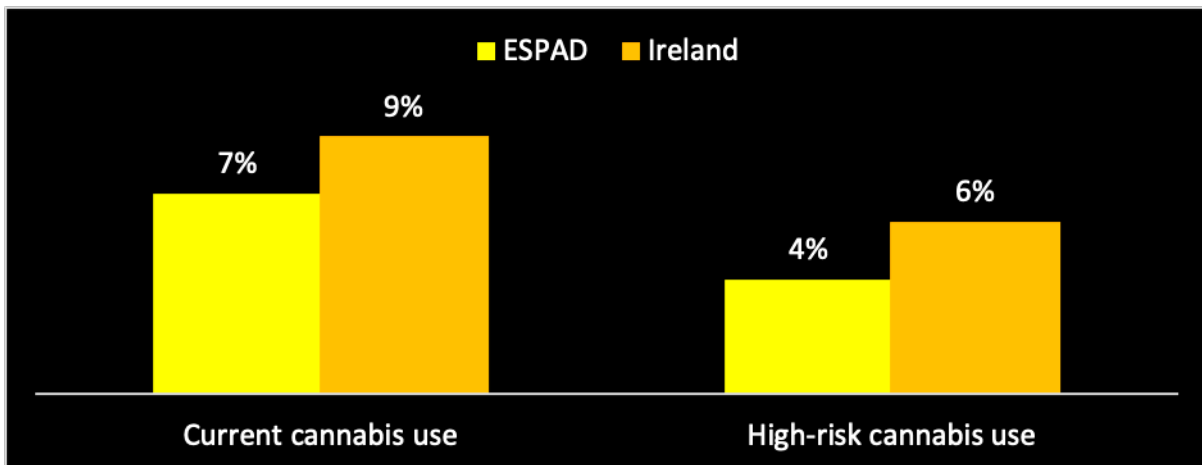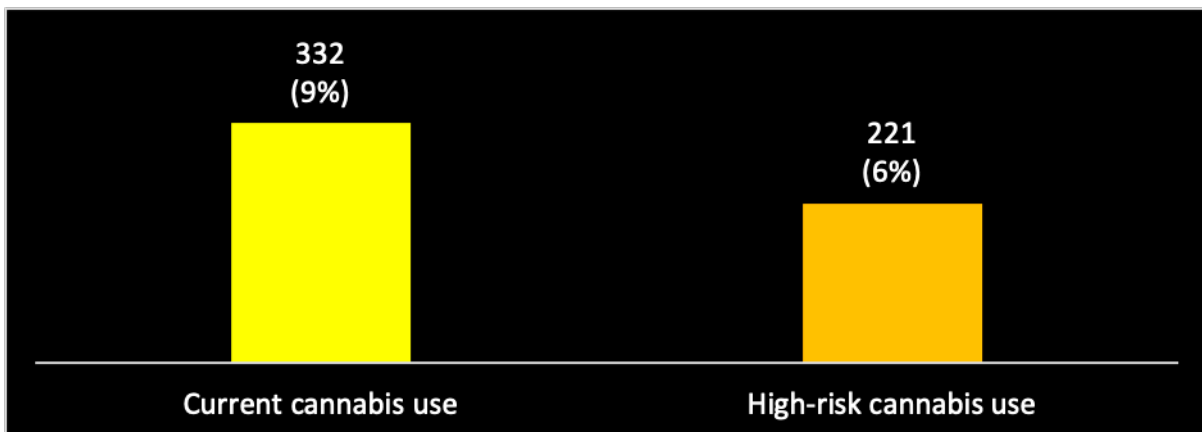

Chart 5.20: Last month and high-risk prevalence of cannabis use among Irish students aged 15 & 16, ESPAD 2019 by CSO 2022

The charts below report lifetime and current (last month) prevalence rates of alcohol and drug use among European & Irish students aged 15 & 16 from 2011 to 2019 (Charts 5.21 to 5.24). Over the reporting period, the findings suggest a decrease in alcohol use and less Irish students reporting lifetime use of alcohol compared with European students. However, as previously reported, these prevalence rates remain high, and rates of alcohol intoxication are higher among Irish students. From 2011 to 2019, a decrease in the proportion of European students reporting lifetime use of cannabis was reported, compared with an increase in the proportion of Irish students using cannabis.

Chart 5.21: Lifetime prevalence of drug use among European & Irish students aged 15 & 16, ESPAD 2011-2019
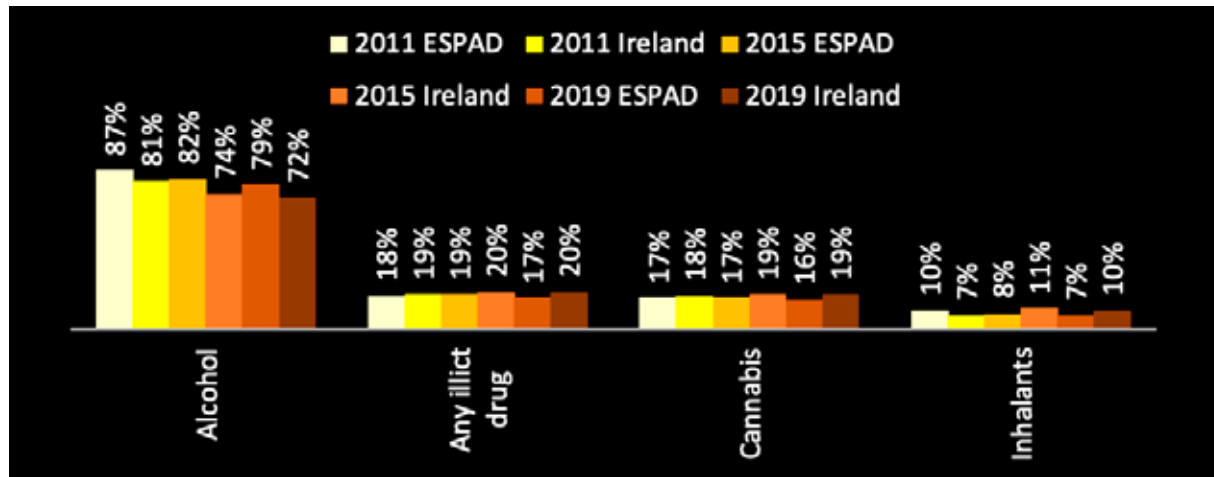

Chart 5.22: Lifetime prevalence of drug use among European & Irish students aged 15 & 16, ESPAD 2011-2019
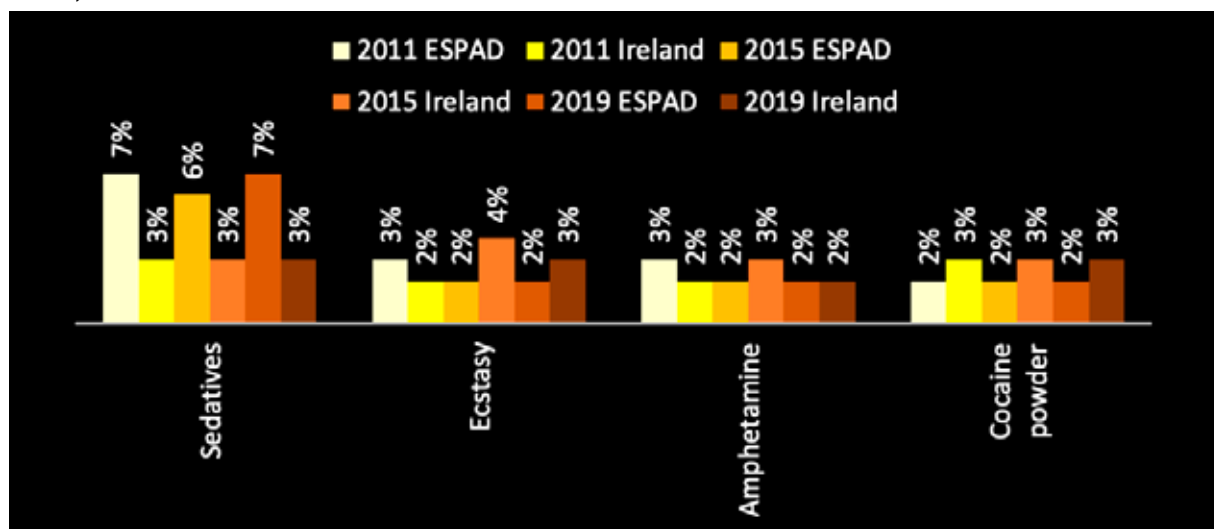

Chart 5.23: Lifetime prevalence of drug use among European & Irish students aged 15 & 16, ESPAD 2011-2019
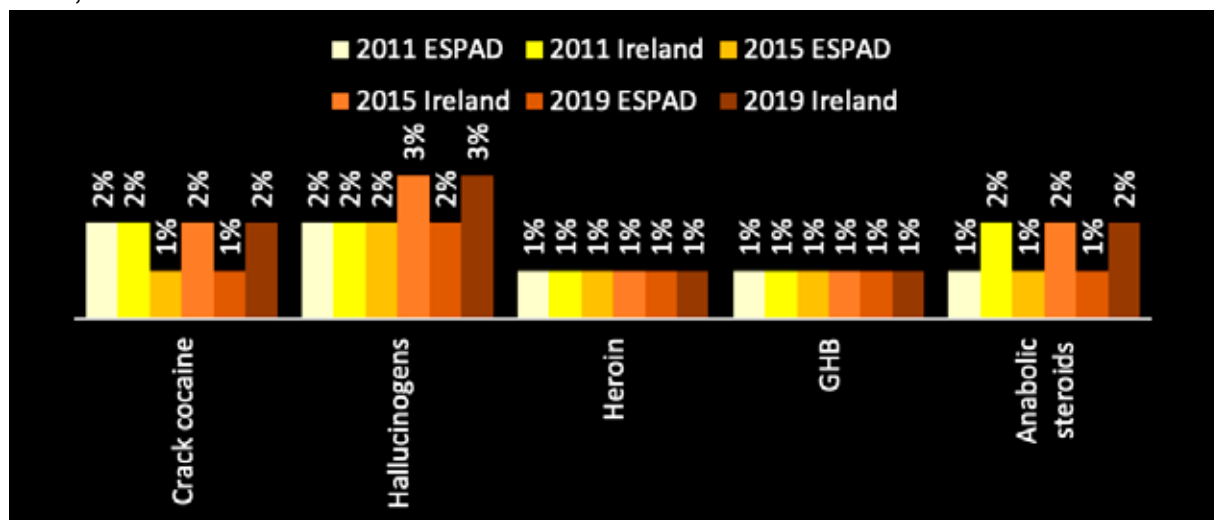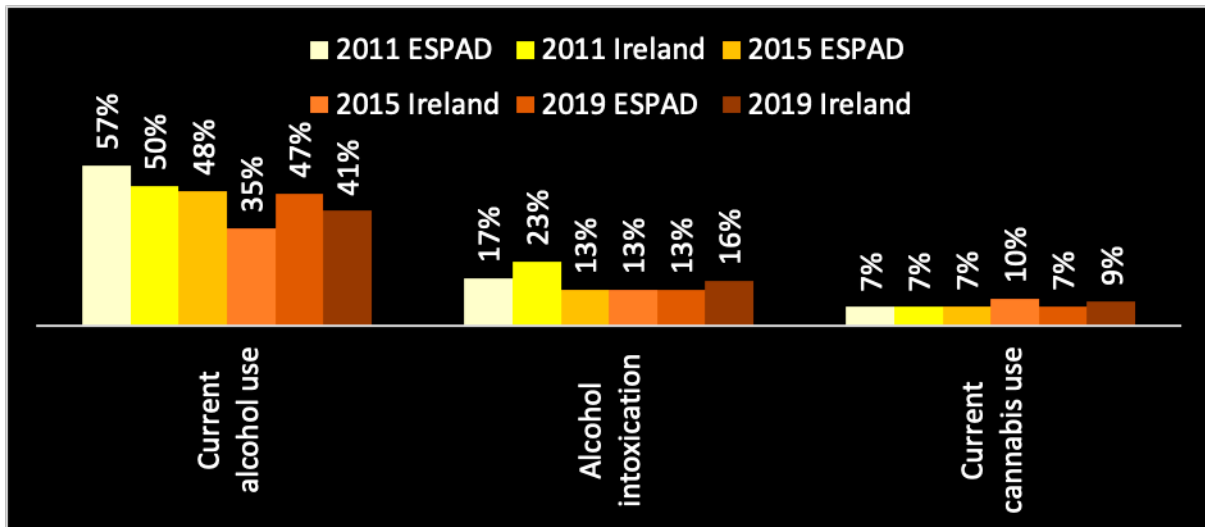
Chart 5.24: Last month prevalence of alcohol & cannabis use & alcohol intoxication among European & Irish students aged 15 & 16, ESPAD 2011-2019

DUBLIN 15 AT-RISK YOUTH POPULATION

It is important to quantify socio-economically deprived youth populations as they have higher risk factors for drug use compared with non-socio-economically deprived youths. This data can then be used for service planning. Year 2 mapped at-risk under 18 year olds in Dublin 15 to identify where these young people lived. The map showed that the highest concentration of at-risk youths lived in areas traditionally associated with disadvantage. This data was not provided for Years 3 to 8. Thus, the Deprivation Index has been used to quantify the at-risk youth population of Dublin 15 (Chart 5.25)[5]. The areas where these young people lived were similar to the areas reported in Year 2.

Chart 5.25: Dublin 15 socio-economically deprived youth population, CSO & Deprivation Index 2006 to 2022

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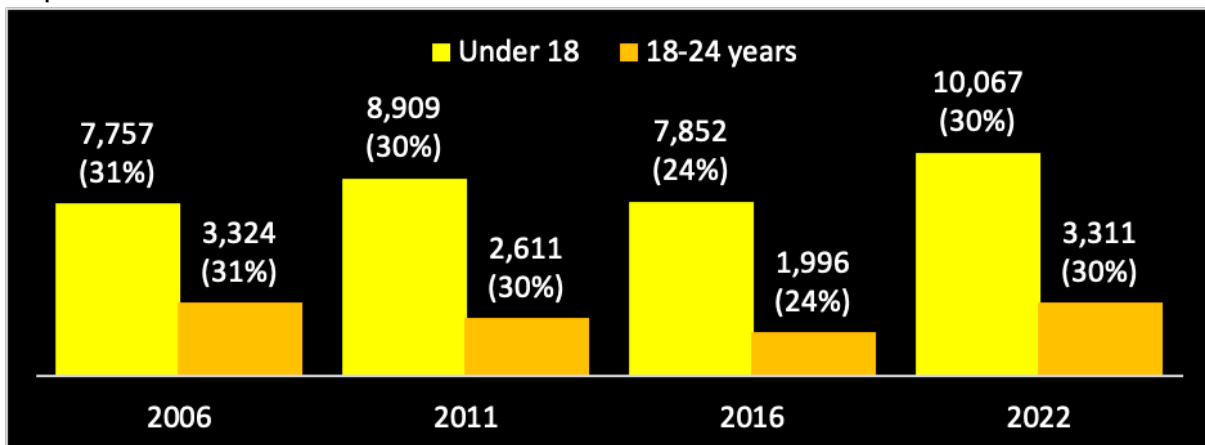
5   Previously reported in chapter 'Socio-demographic profile of Dublin 15'

CANNABIS & ALCOHOL DEPENDENCE AMONG DUBLIN 15 GENERAL POPULATION

Prevalence rates of cannabis and alcohol dependence and treatment demand in Dublin 15 provides a profile of alcohol and drug users. These data sources identify the following:

- Low levels of help-seeking among the dependent population
- Hazardous and harmful drinking patterns are common, and a significant proportion of people are unaware of their risky alcohol consumption
  - This lack of awareness is associated with the normalisation of alcohol use and alcohol marking and sponsorship

The Health Research Board and Department of Public Health & Primary Care have used national datasets to estimate the size of the Irish population that may need cannabis treatment (Mongan *et al.*, 2021). They reported 2.6% (2,444) of the general population aged 15 years and over with a cannabis use disorder, and 1% (940) with a cannabis use disorder and alcohol dependence (Chart 5.26).

Chart 5.26: Prevalence of cannabis use disorder and alcohol dependence among Dublin 15 general population aged 15 years and over, HRB & Department of Public Health & Primary Care 2021 by CSO 2022
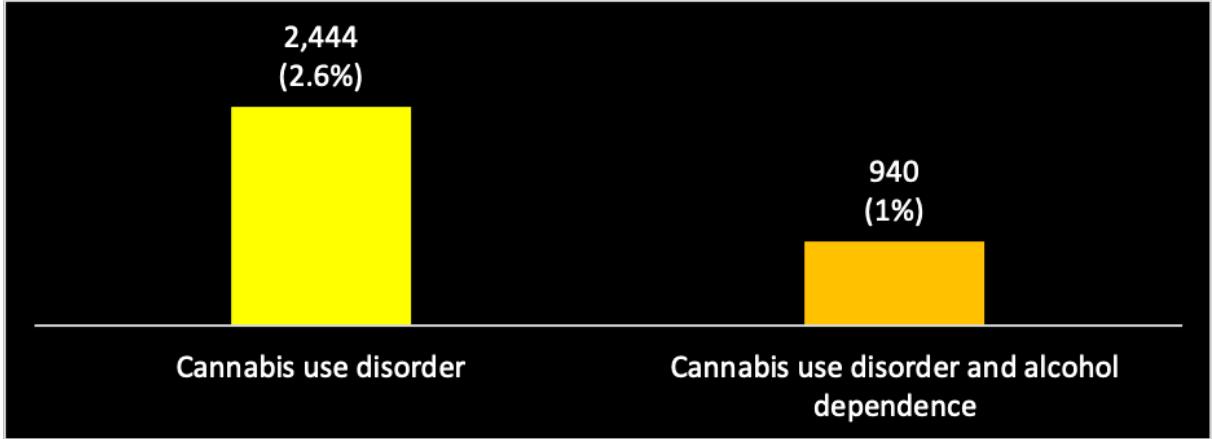

Research completed by the Health Research Board assigns drinking patterns to drinkers in the general population in Ireland (Mongan *et al.*, 2020). The table below describes these drinking patterns.

DRINKING PATTERNS	
Low-risk	*Drinkers who did not meet the criteria for alcohol dependence and who had not engaged in monthly risky single occasion drinking (RSOD) in the past year; RSOD is defined as consuming 6 or more standard drinks in a single drinking occasion*
Hazardous	*Drinkers who had engaged in RSOD at least monthly but did not meet the criteria for alcohol dependence*
Harmful	*Alcohol dependent drinkers*

The findings report that hazardous and harmful drinking patterns are common among the Irish general population aged 15 years and over, with 49% of drinkers engaged in these drinking patterns. When the findings are contextualised with NDAS 2019/20 and Dublin 15 census data, they report 46,054 (49%) of drinkers were engaged in hazardous or harmful patterns of drinking, with 10,339 categorised as alcohol dependent drinkers (Chart 5.27).

Chart 5.27: Drinking patterns assigned to Dublin 15 general population & CSO 2022
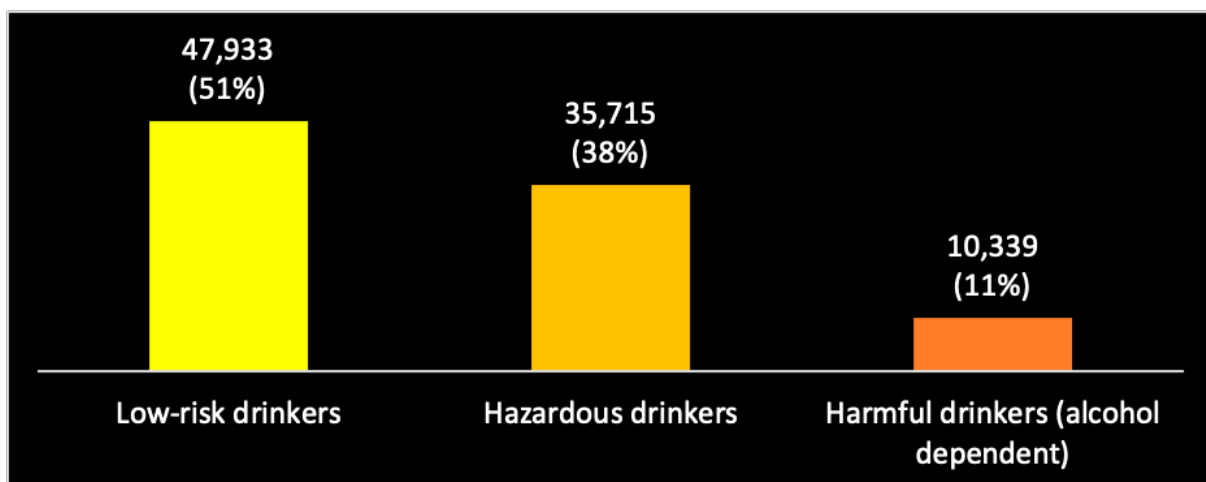
The research measured drinkers' awareness of their alcohol use. A total of 27,444 (29%) of the general population of drinkers in Dublin 15 were unaware of their risky alcohol consumption; their patterns of alcohol use were hazardous or harmful, but they misclassified themselves as light or moderate drinkers (Chart 5.28).

Chart 5.28: Dublin 15 general population unaware of their hazardous or harmful alcohol consumption & CSO 2022
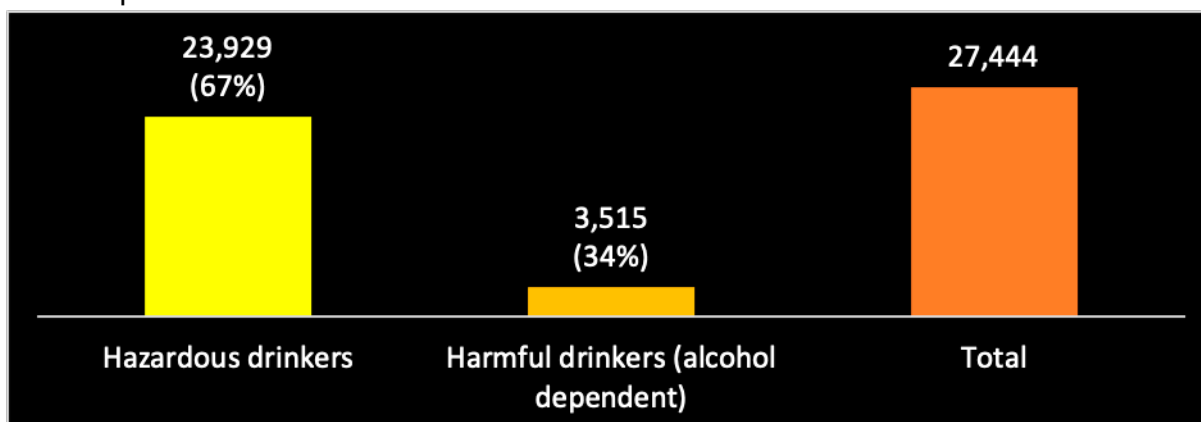
The researchers report that this lack of awareness is associated with the normalisation of alcohol use and alcohol marking and sponsorship that permeates throughout Ireland. They suggested the need *for public health messaging alongside evidence-based policy measures around pricing, availability and marketing are required to bring about behaviour change among the Irish drinking population.*

Low levels of help-seeking among cannabis and alcohol dependent people in Dublin 15

When these prevalence rates of cannabis and alcohol dependence among the Irish general population are compared with treatment demand data, it is apparent that the overall rate of help-seeking for cannabis and alcohol use by people aged from 15 years is low; 1% of people with alcohol dependence and 4% of people with cannabis disorders sought treatment in 2022.

CANNABIS & ALCOHOL DEPENDENCE AMONG DUBLIN 15 GENERAL POPULATION	
10,339	General population aged 15+ who are alcohol dependent
130 (1%)	Cases treated for alcohol 2022
2,444	General population aged 15+ who have a cannabis use disorder
92 (4%)	Cases treated for cannabis 2022

# 6. FACTORS CONTRIBUTING TO DRUG & ALCOHOL USE

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

1) ACCESSIBILITY OF DRUGS & ALCOHOL

METHODS FOR OBTAINING DRUGS

From Years 1 to 8, the main method for obtaining drugs was through local dealers. Years 1 and 2 reported the internet was the second most commonly used method, while Years 3 to 8 reported it was friends. Over the reporting period, the use of social media to obtain drugs has increased. Chart 6.1 reports the methods used to obtain drugs since Year 3; all these methods were also reported in Years 1 and 2.

Chart 6.1: Methods for obtaining drugs, DATMS Year 3 to 8 (2017-2022)
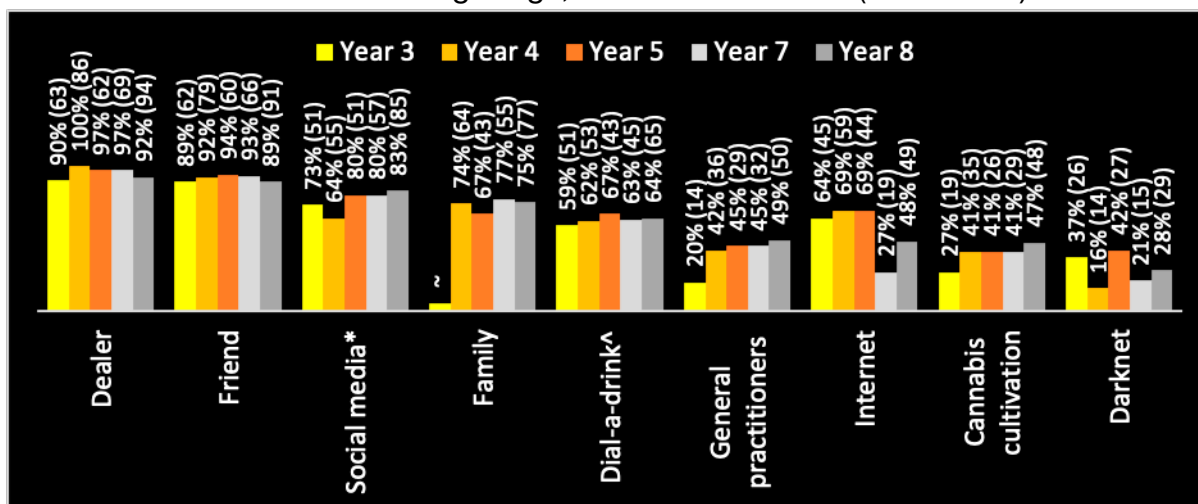
* Includes Facebook, Snapchat, Instagram, Tik Tok, Telegram
^ Includes delivery of alcohol and illegal drugs
~ Number too small to be reported (5 or less)

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

CHANGES IN DRUG AVAILABILITY

From Years 1 to 8, participants reported changes in the availability of drugs in Dublin 15 (Table 6.1). A lot of the drugs that have increased in availability are the most commonly used. Each year the DATMS has reported an increase in the availability of benzodiazepines and z drugs. Since Year 3, an increase in the availability of cannabis herb, powder and crack cocaine has been reported. Since Year 7, an increase in the availability of ketamine, methamphetamine, nitrous oxide and GHB/GBL has been reported.

Table 6.1: Changes in drug availability in Dublin 15, DATMS Year 1 to 8

Drug type	Year 1	Year 2	Year 3	Year 4	Year 5	Year 7	Year 8
Benzodiazepines, Z drugs	↑	↑	↑	↑	↑	↑	↑
Cannabis herb	↑	*	↑	↑	↑	↑	↑
Crack cocaine	↑	*	↑	↑	↑	↑	↑
Cocaine powder	*	*	↑	↑	↑	↑	↑
Ketamine	*	*	↑	*	*	↑	↑
Methamphetamine	*	*	↑	*	xx	↑	↑
Nitrous oxide	**	**	**	**	*	↑	↑
GHB/GBL	~	~	*	↑	*	↑	↑
Cannabis edibles (cakes, sweets, chocolates)	✿	✿	✿	✿	✿	*	↑
Cannabis oil	^	^	^	↑	*	*	↑
MDMA	*	*	↑	*	*	↑	*
Alcohol	↑	↑	↑	*	↑	*	*
Pregabalin (Lyrica)	*	↑	↑	*	*	*	*
Steroids	↑	*	*	*	*	*	*
Opiate (Oxycodone)	*	↑	*	*	*	*	*
Heroin	*	*	↑	↑	*	*	↓
Cannabis resin	↓	↑	↓	↓	*	*	↓
Cannabis infused drinks	✿	✿	✿	✿	✿	*	^^^

↑ Increase in drug availability
*   No change in drug availability
xx Availability of drug not reported in Year 5
** Availability of drug first reported in Year 4
~ Availability of drug first reported in Year 2
✿ Availability of drug first reported in Year 5
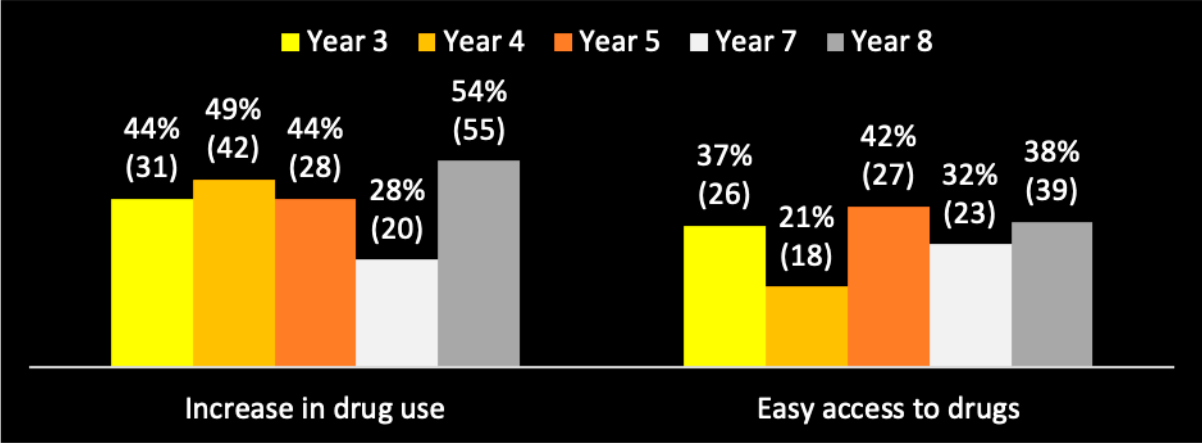^ Availability of drug first reported in Year 3

↓ Decrease in drug availability
^^^ Availability of drug not reported in Year 8

Reasons for increase in drug and alcohol availability

Since Year 3, drug users reported that the main reasons for the increase in drug availability were increased drug use and that they were easily accessed (Chart 6.2).

Chart 6.2: Rationale for increase in drug availability, DATMS Year 3 to 8 (2017-2022)


Since Year 2, treated and untreated drug users have reported an increase in the use of alcohol. The availability of low-price spirits in local supermarkets continues to contribute to this trend. Since Year 3, the normalisation of drug use was reported as a factor contributing to the increase in drug use in Dublin 15[6]. Since Year 5, drug users reported that the increase in drug use identified how demand influences the local drug market. They reported that this increased the number of drug distributors, as high demand means high profit for distributors. This resulted in the development of a more competitive drug market, with dealers employing different tactics to increase market share. Drug users reported that dealers have become more proactive by targeting specific industries, particularly the construction industry and construction sites, to bring the product to the customer. This proactivity includes distribution methods, with an increase in home deliveries, including out of hours provisions and an increase in the utilisation of social media to promote drug supply. Year 8 reported how dealers have adopted changing forms of payment with the use of cashless options including Revolut. An increase in the availability, use and purity of powder and crack cocaine has also been reported at a European level (EMCDDA, 2023).

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

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6   Further data concerning the normalisation of drug use is reported in the following section

Chart 6.3: Ease of access to drugs in Dublin 15, DATMS Year 3 to 8 (2017-2022)
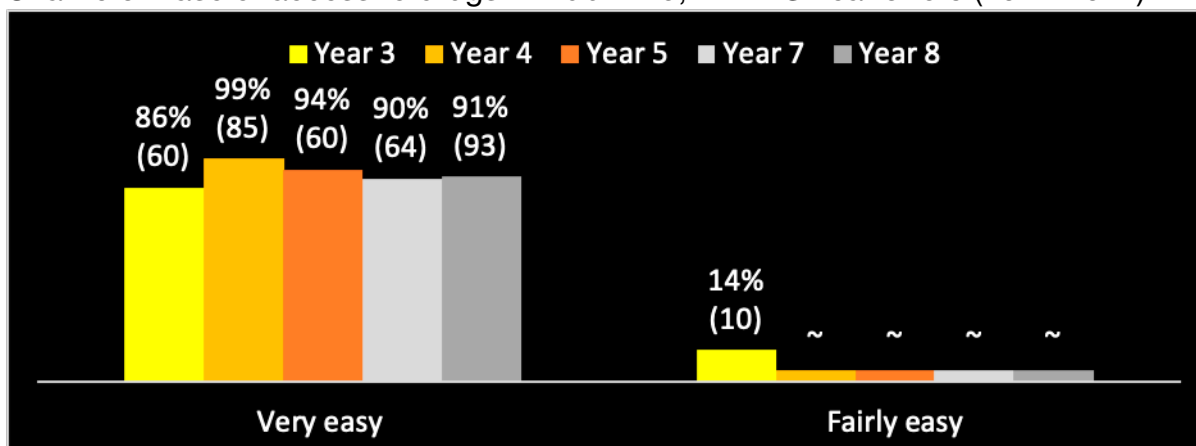
~ Number of cases too small to be reported (5 or less)

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

Table 6.2: Factors contributing to ease of access to drugs, DATMS Year 1 to 8

Factors contributing to ease of access to drugs	Year 1	Year 2	Year 3	Year 4	Year 5	Year 7	Year 8
Increase in number of dealers			√	√	√	√	√
Increase in number of under 18s dealing		√	√	√	√	√	√
Dealers making home deliveries^	√	√	√		√	√	√
Increase in utilisation of social media			√	√	√	√	√
Obtaining drugs from General Practitioners	√	√	√			√	
Obtaining drugs from the internet	√	√	√				

^ Includes Dial-A-Drink

Under 18 drug runners and dealers

Since Year 2, an increase in the number of under 18s dealing drugs has been reported. Years 3 to 8 reported the age of drug runners and dealers in Dublin 15 (Chart 6.4); the norm aged is reported and the youngest age is reported in brackets. Over the reporting period, drug runners have become younger, and drug dealers have become older. Since Year 3, the profile of under 18 drug runners and dealers was similar. They were predominately male, though females aged from 12 years also engaged in these activities.

Chart 6.4: Drug runners and dealers in Dublin 15 aged under 18, DATMS Year 3 to 8 (2017-2022)
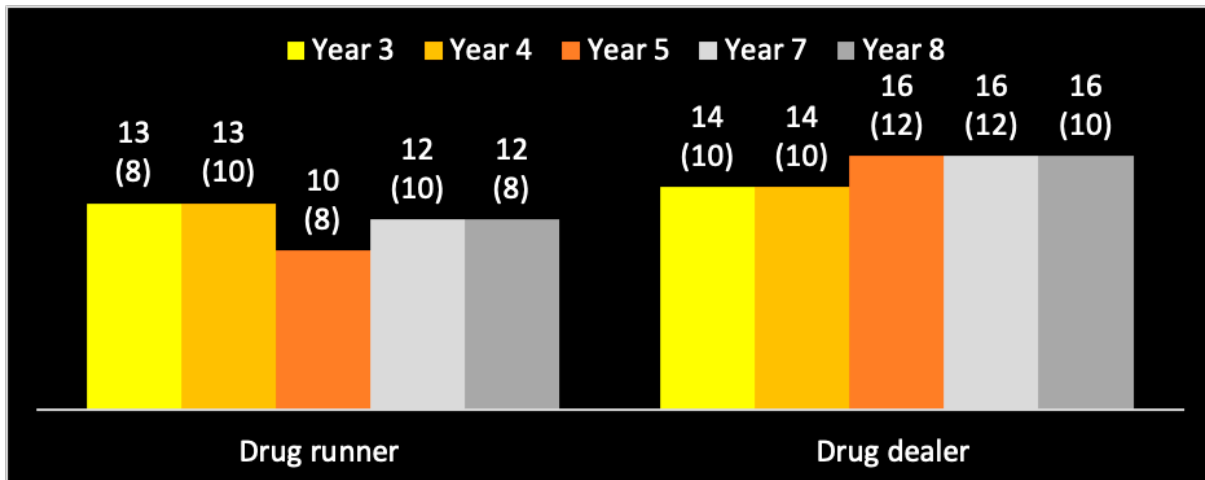
The reasons that children and young people become involved in this criminal activity are multi-faceted and incorporate personal, family and environmental factors. The desire to increase social status is an important driver of drug dealing behaviour and to make 'easy money'. Within a family context, participants reported that older family members were drug dealers. Three environmental factors were reported. Firstly, since Year 2, participants reported increasing drug-related intimidation in Dublin 15. There is likely a link between the increasing levels of drug-related intimidation and under 18s drug running and dealing, whereby young people are forced to hold and sell drugs to pay off debts. Secondly, since Year 1, the normalisation of drug use has featured prominently, whereby drugs are perceived to be socially acceptable[7]. This normalisation may influence a young person's decision to become involved in drug running and dealing as they may not identify the negative consequences of such behaviour. Thirdly, the use of minors for drug distribution has been a long-standing method used by older, larger scale dealers, as due to their age there are fewer criminal consequences. This also has the consequence of easy access to customers, whereby young people distribute drugs to their peers and friends.

Drug dealing in local secondary schools

All years of the DATMS reported that drug dealing occurred in local secondary schools. There were fluctuations in the number of schools with evidence of drug dealing, from 6 in Year 3 to 10 in Year 8. Year 5 reported drug dealing in all local secondary schools (Chart 6.5)[8]. Since Year 3, these schools have been a mixture of affluent and socio-economically deprived, including those with and without DEIS status. This indicates that drug use is a community wide issue that crosses all socio-economic boundaries.

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7   Further data concerning the normalisation of drug and alcohol use is reported in the following section

8   From Years 3 to 5 there were ten local secondary schools; from Year 7 this increased to eleven schools

Chart 6.5: Number of secondary schools in Dublin 15 with evidence of drug dealing, DATMS Year 3 to 8 (2017-2022)
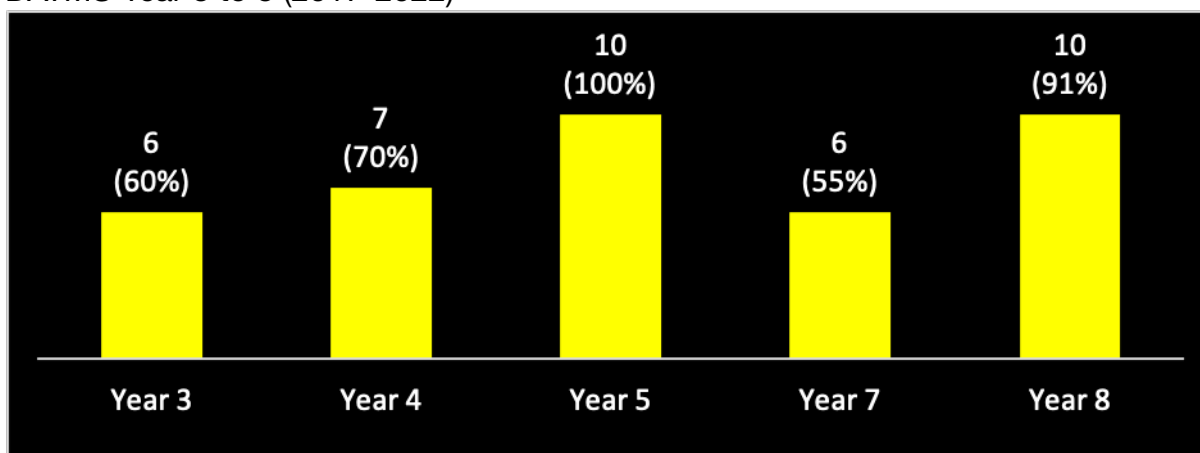
DRUGS MANUFACTURED IN DUBLIN 15

Years 1 to 8 reported that drugs were manufactured in Dublin 15. Table 6.3 reports the types of drugs manufactured. Each year has reported the production of cannabis herb in Dublin 15.

Table 6.3: Types of drugs manufactured in Dublin 15, DATMS Year 1 to 8

Drug type	Year 1	Year 2	Year 3	Year 4	Year 5	Year 7	Year 8
Cannabis herb	√	√	√	√	√	√	√
Crack cocaine			√	√	√	√	√
Benzodiazepines	√	√	√				√
Z drugs			√				√
Cannabis edibles (cakes)					√		√
MDMA			√	√	√		
Cannabis oil			√	√	√		
Synthetic stimulants (NPS)					√		

DRUGS SOURCED FROM OUTSIDE DUBLIN 15

In Year 8, drug users continued to report that people travelled outside Dublin 15 to obtain drugs (Chart 6.6). Areas travelled to included Dublin City Centre, Finglas, Coolock, Darndale and Ballymun. However, drug users reported that this was not the norm as drugs were always available in the area. Drug users reported travelling outside Dublin 15 to get larger quantities, better quality and prices. Other motivations included keeping drug use private and avoiding local dealers due to drug debts.

Chart 6.6: Drugs sourced from outside Dublin 15, DATMS Year 3 to 8 (2017-2022)
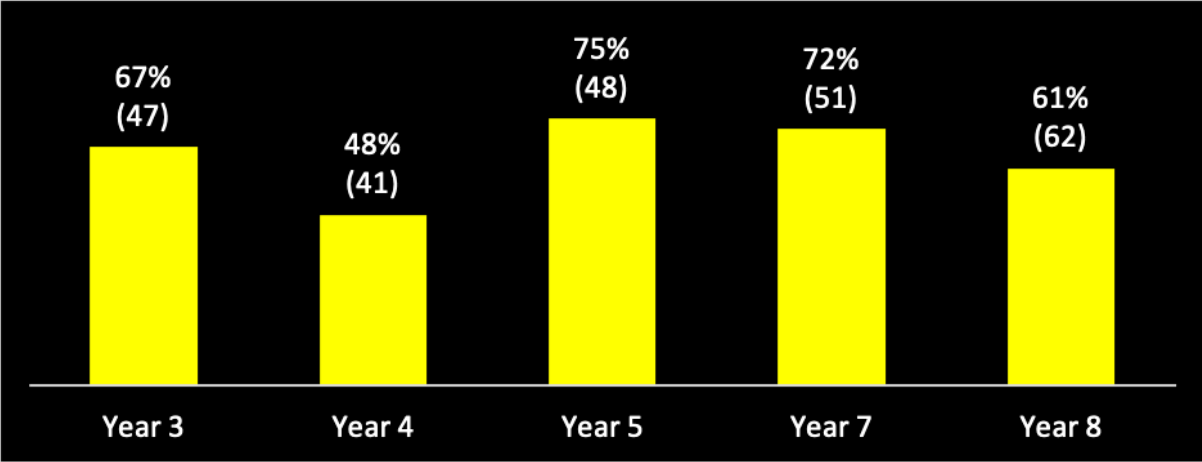
2) NORMALISATION OF DRUG AND ALCOHOL USE

Since Year 1 of the DATMS, the normalisation of drug use featured prominently as a factor contributing to drug use. The common perception was that alcohol and drugs were widely used, risk free and socially acceptable. This normalisation was reported among peer groups and family units. The drugs normalised included alcohol, cannabis, cocaine powder, benzodiazepines and z drugs. Since Year 1, this normalisation has been identified by the following participant perceptions:

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

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

The normalisation of drug use provides a deeper understanding of the nature and consequences of drug use. Over the lifetime of the DATMS, the normalisation of alcohol and drug use has been associated with the following:

- Increase in drug use among young people
- Untreated drug users getting younger
- Hindered help-seeking for alcohol and drug use among young people
- Increase in the number of under 18s dealing drugs, thus, contributing to the ease of access to drugs
- Development of inter-generational drug and alcohol dependence
- Main drugs used by treated drug users were those which were normalised[9]

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

3) FAMILY CONTEXT

Since Year 1, the DATMS has reported the negative impact of drug and alcohol dependence within the family. The data reported the family context as a risk factor for the normalisation of drug and alcohol use, and the development of inter-generational drug and alcohol dependence[10]. Since Year 3, the majority of treated drug users who participated in the DATMS reported having family members who also had problems with drugs and/or alcohol (Chart 6.7).

Chart 6.7: Drug and/or alcohol issues among treated drug users family members, DATMS Year 3 to 8 (2017-2022)
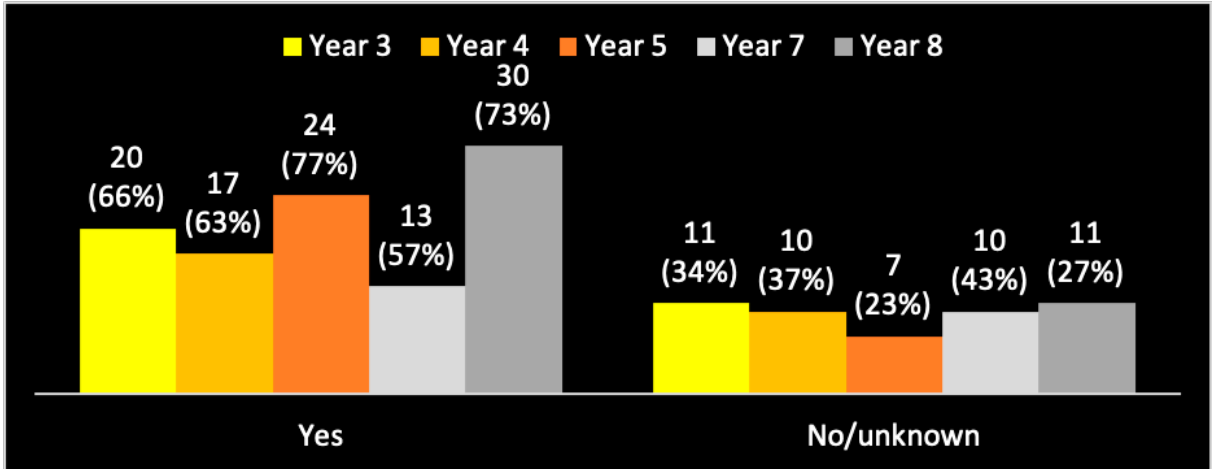
From Years 3 to 8, the proportion of treated drug users reporting inter-generational drug and alcohol use spanning two to three generations fluctuated (Chart 6.8).

Chart 6.8: Treated drug users by inter-generational substance use, DATMS Year 3 to 8 (2017-2022)
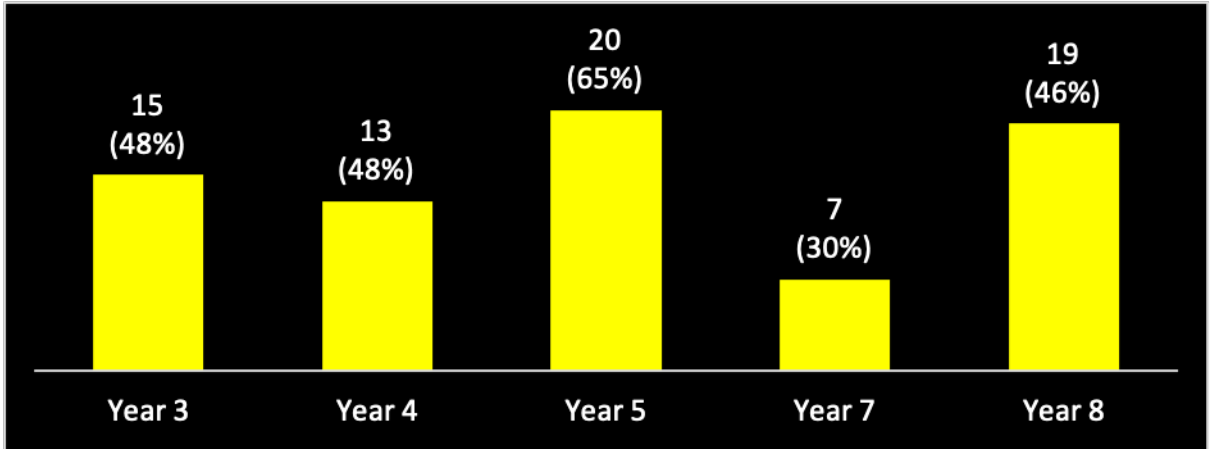
10 Further data concerning the impact of drug dependence within the family is reported in the chapter 'Consequences of drug and alcohol use'

Chart 6.9 reports the type of treated drug users' family members with drug and/or alcohol issues.

Chart 6.9: Type of treated drug users family members with drug and/or alcohol issues, DATMS Year 3 to 8 (2017-2022)
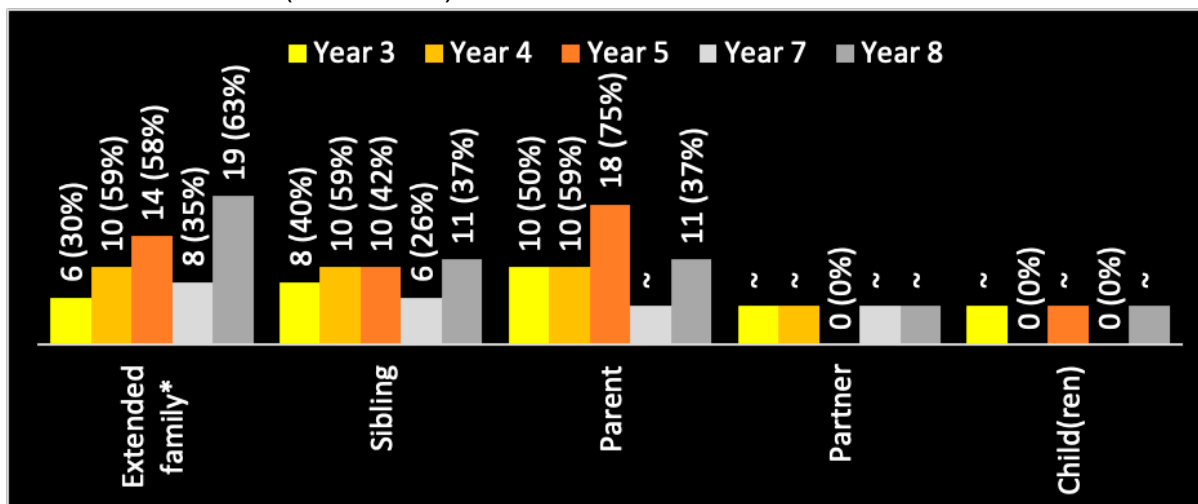
Category totals exceed total number of participants as some treated drug users had more than one drug and/or alcohol dependent family member
~ Number of cases too small to be reported (5 or less)
* Grandparent, uncle/aunt, cousin, niece/nephew

HIDDEN HARM WITHIN THE FAMILY

Since Year 7, we have quantified and mapped the extent of hidden harm within the community. For this study, hidden harm relates to treated drug use and family support cases with children aged under 18. From Year 7 to 8, there has been an increase in the incidence of children affected by familial drug or alcohol use, from 41% to 45% of treated drug use and family support cases (Table 6.4).

Table 6.4: Incidence of hidden harm in Dublin 15, DATMS Year 7 and 8

Year	Treated drug use & family support cases	Hidden harm
Year 7	943	41% (385)
Year 8	798	45% (363)

Year 8 reported 39% of cases had one child aged under 18, with the majority (61%) having two or more children (Chart 6.10). This equates to 986 children affected by a family members drug or alcohol use.

Chart 6.10: Treated drug use and family support cases by number of children aged under 18, DATMS Year 8
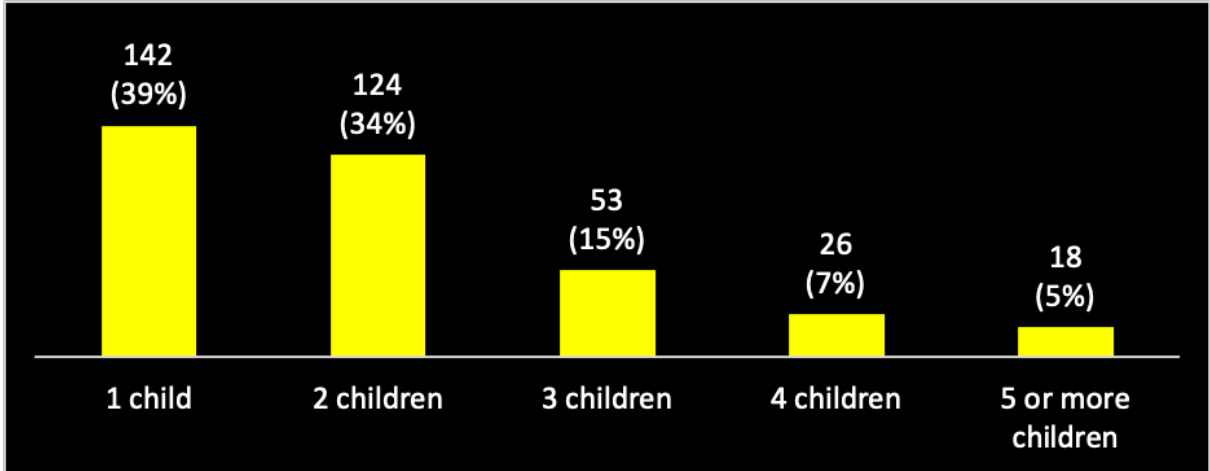
Year 8 Hidden Harm mapping data identifies the following:

- Children aged under 18 who were affected by a family member's drug and alcohol use were from Dublin 15:
  - The data identifies that these children were from every community in Dublin 15, with higher concentrations living in socio-economically deprived communities
  - The impact of drug and alcohol dependence on children aged under 18 is a community wide issue crossing all socio-economic boundaries
- Year 7 mapping data reported similar findings though also reported children affected by hidden harm were from outside Dublin 15

YEAR 7 Hidden Harm in Dublin 15, Under 18s Affected by Family Members Drug Use 2021

YEAR 7 Hidden Harm in Dublin 15, Under 18s Affected by Family Members Drug Use 2021

YEAR 8 Hidden Harm in Dublin 15, Under 18s Affected by Family Members Drug Use 2022
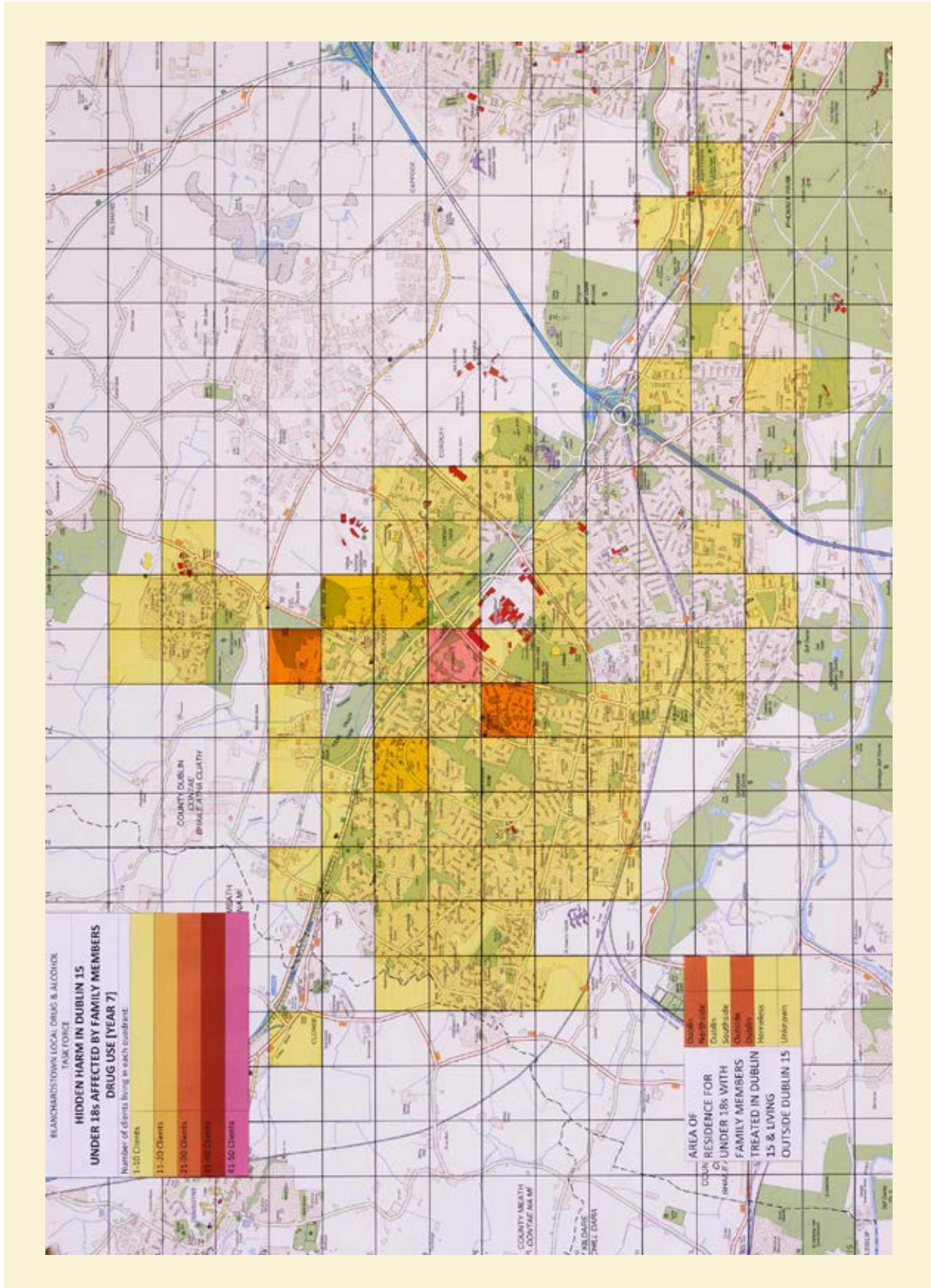
YEAR 8 Hidden Harm in Dublin 15, Under 18s Affected by Family Members Drug Use 2022
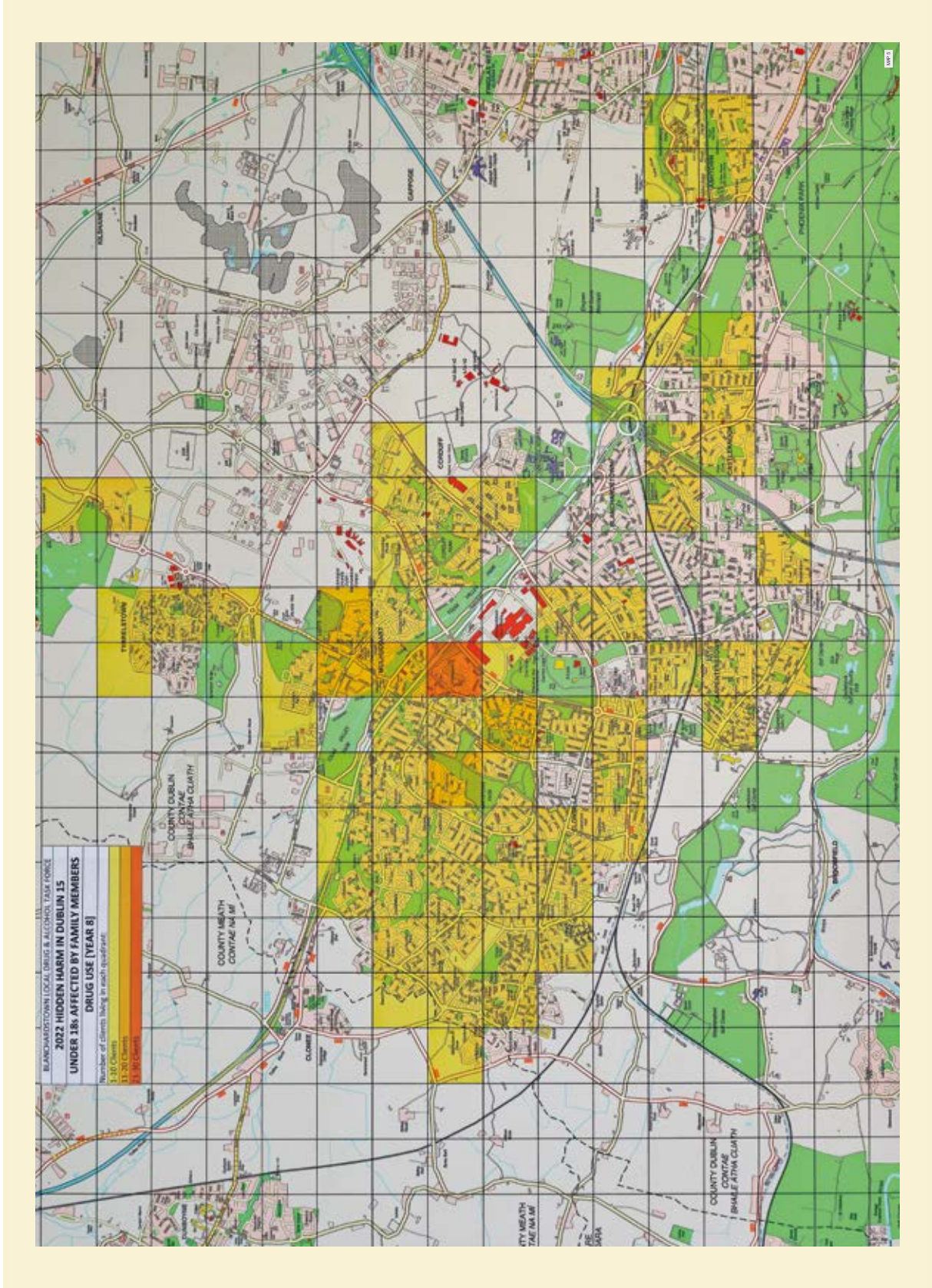
YEAR 8 Map 5

Hidden Harm in Dublin 15, Under 18s Affected by Family Members Drug Use 2022

A methodological framework for estimating the prevalence of children whose parents misuse substances has been developed in the Irish context (Galligan & Comiskey, 2019). These estimates and the 2022 CSO population statistics have been used to estimate the number of children affected by parental drug and alcohol use in Dublin 15. Up to a quarter of children are affected by parental illicit drug use, and up to 37% are affected by parental alcohol dependency (Chart 6.11). These estimates have been compared with the number of treated drug use and family support cases with children aged under 18 in 2022. The number of cases (363) accounts for between 3% and 8% of the estimates. This indicates that our data underrepresents the extent of hidden harm in Dublin 15. While some people attend services outside Dublin 15, it is evident that the majority of people affected by addiction do not seek treatment or family support.

Chart 6.11: Prevalence of children affected by parental illicit drug use and alcohol dependency in Dublin 15 by CSO 2022
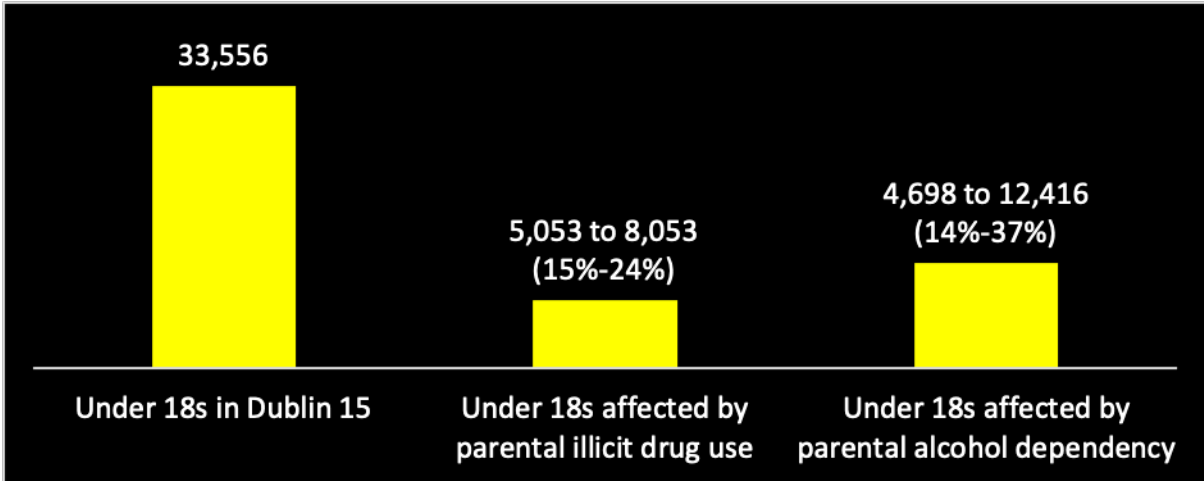
4) MENTAL HEALTH

Poor mental health is a risk factor for drug and alcohol use which identifies the importance of early intervention. The following data reports youth and adult mental health treatment demand in Dublin 15. Treatment demand for these services is higher than reported, as data from some services is not included (Table 6.5). As there are no unique identifiers, the number of cases will be reported rather than the number of individuals treated; thus, individuals may be counted more than once if they attend more than one service.

Table 6.5: Local mental health services by data returns, DATMS Year 3 to 8 (2017-2022)

Service	Year 3	Year 4	Year 5	Year 7	Year 8
Genesis Psychotherapy & Family Therapy Service (Genesis)	√	X	√	√	√
HSE Addiction Psychiatry Service	X	X	X	X	X
HSE Addiction Counselling Service	X	X	X	X	X
HSE Substance Abuse Service Specific to Youth (SASSY)	√	√	√	√	√
Jigsaw Dublin 15	√	√	√	X	√

√ Data provided
X No data provided

YOUTH MENTAL HEALTH TREATMENT DEMAND

From 2017 to 2022, there have been fluctuations in the number of under 18s treated for mental health issues (Chart 6.11). The significant decrease in cases from 2019 to 2021 is most likely related to poor data returns rather than a reduction in mental health issues among young people. Indeed, other DATMS data sources[11] continue to report an increase in mental health issues among young people in Dublin 15. Over the reporting period, the majority of cases were female and aged 12 to 17 years (Chart 6.12).

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11   See paragraph below Chart 6.12, and the 'Service provision' chapter

Chart 6.12: Total cases, gender and age of young people, Local mental health services, DATMS Year 3 to 8 (2017-2022)
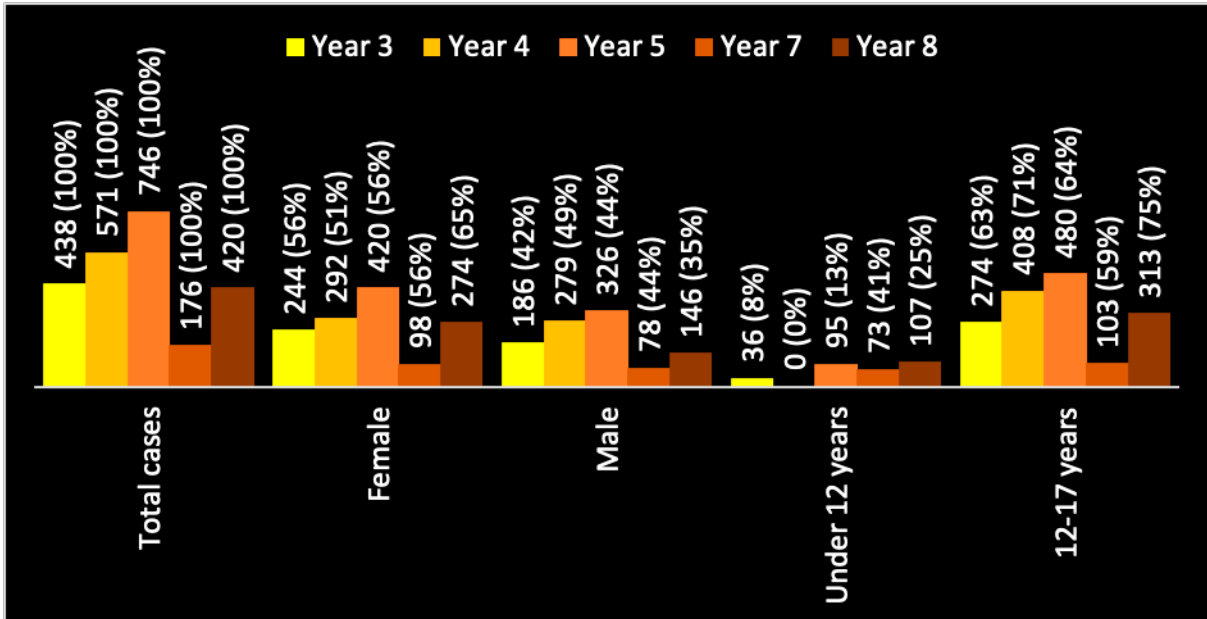
Category totals less than total number of cases as unknown cases not included

From 2017 to 2022, anxiety was the main mental health issue experienced by young people (Chart 6.13).

Chart 6.13: Mental health issues among young people, Local mental health services, DATMS Year 3 to 8 (2017-2022)
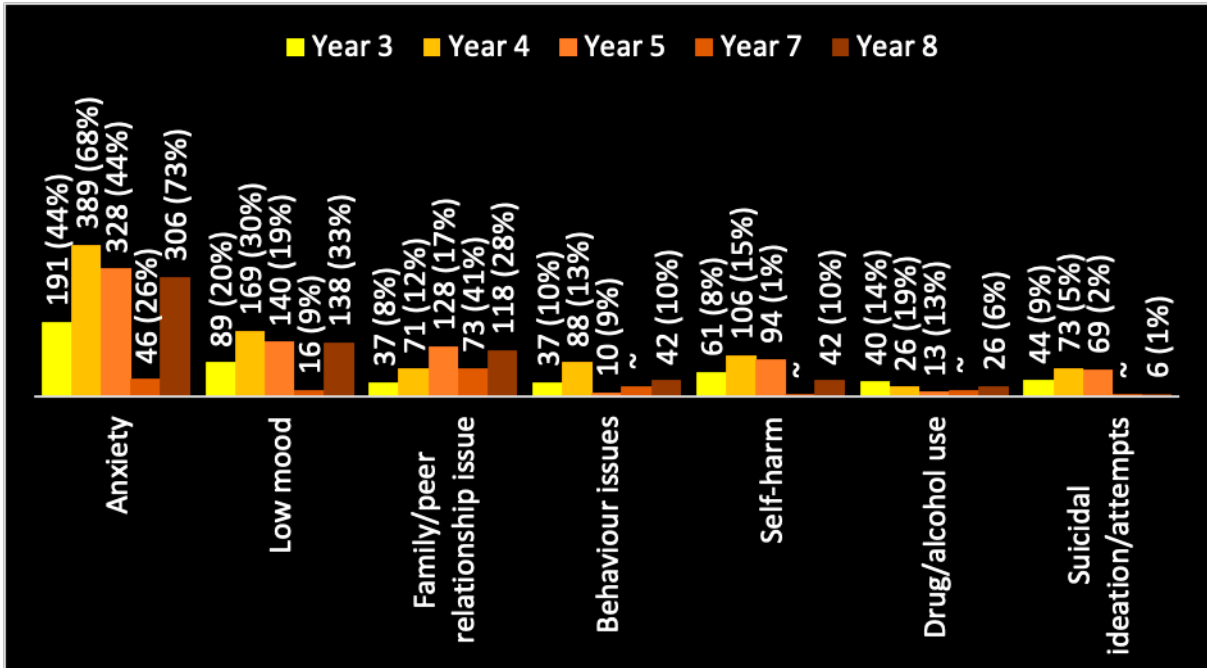
~ Number of cases too small to be reported (5 or less)
Category totals exceed total number of cases as some cases experienced more than one mental health issue

From Years 1 to 8, service providers reported an increase in the incidence of mental health issues (anxiety and mood related issues) among children and young people. Service providers reported the following personal, familial and environmental factors that compromised youth mental health: drug and/or alcohol use, lack of mental health protective factors such as resilience skills, parental mental health and/or drug and alcohol issues, child neglect, poverty and homelessness. These factors affected children's educational attendance and attainment. Service providers reported the need to increase access to youth mental health services[12]. The negative impact of inter-generational drug use and deprivation on young people's mental health was apparent[13].

ADULT MENTAL HEALTH TREATMENT DEMAND

Over the reporting period, there was a 10% decrease in the number of adults treated for mental health issues in Dublin 15 (Chart 6.14). This decrease is most likely related to poor data returns rather than a reduction in mental health issues among adults. Indeed, other DATMS data sources[14] continue to report an increase in mental health issues among adults in Dublin 15. The majority of cases were female, and some cases were treated for more than one mental health issue (Charts 6.14 and 6.15).

Chart 6.14: Total clients, gender and age range of adults, Local mental health services, DATMS Year 3 to 8 (2017-2022)

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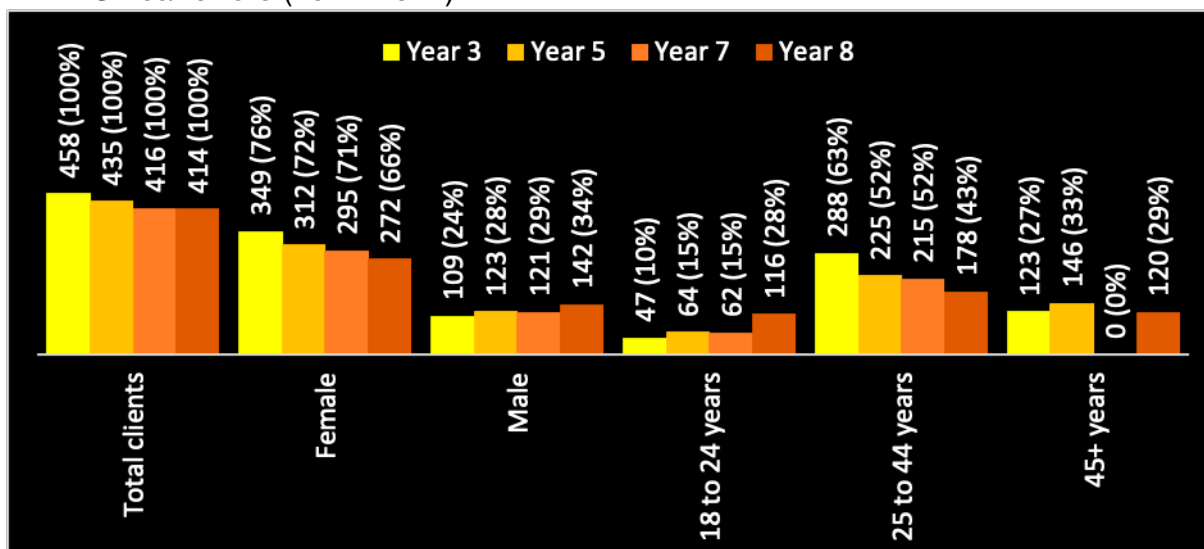
12   The type of mental health services required are reported in the chapter 'Service provision'

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

14   See section 'Physical & mental health consequences of drug use' in chapter 7, and the 'Service provision' chapter

Chart 6.15: Mental health issues among adults, Local mental health services, DATMS Year 3 to 8 (2017-2022)
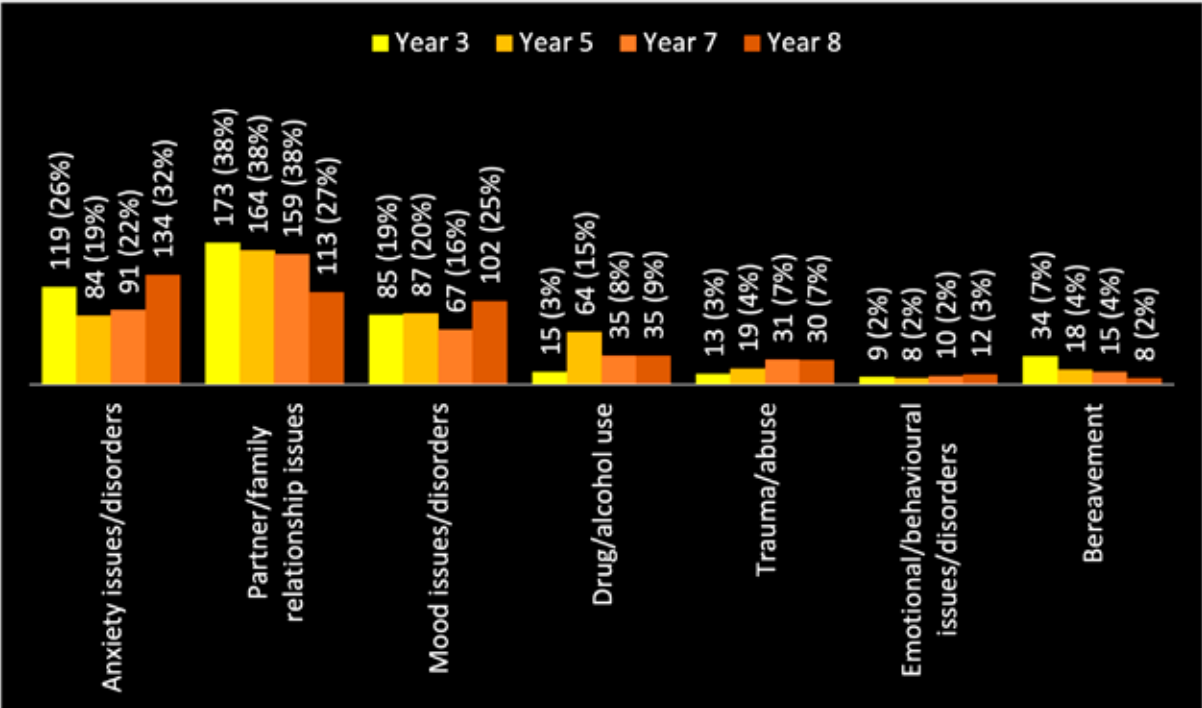
Category totals exceed total number of cases as some cases experienced more than one mental health issue/disorder

7. CONSEQUENCES OF DRUG & ALCOHOL USE

1) PHYSICAL AND MENTAL HEALTH CONSEQUENCES OF DRUG USE

Treated drug users and service providers reported the health-related consequences of drug use for Years 1 to 8. Table 7.1 reports the main physical and mental health issues reported by treated adult drug users in Year 8; similar issues were reported from Years 1 to 8.

Table 7.1: Main physical and mental health issues experienced by treated adult drug users, DATMS Year 8 (2022)

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

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

The following data reports youth and adult treatment demand for substance use and mental health issues in Dublin 15. Treatment demand for these services is higher than reported, as data from some services is not included[15]. Over the reporting period, the number of clients treated for drug or alcohol use in local mental health services has fluctuated (Chart 7.1)[16].

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15 Table 6.4 in the chapter 'Factors contributing to drug and alcohol use' reports local mental health services by data returns

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

Chart 7.1: Mental health and substance use cases by gender and age, Local mental health services, DATMS Year 3 to 8 (2017-2022)
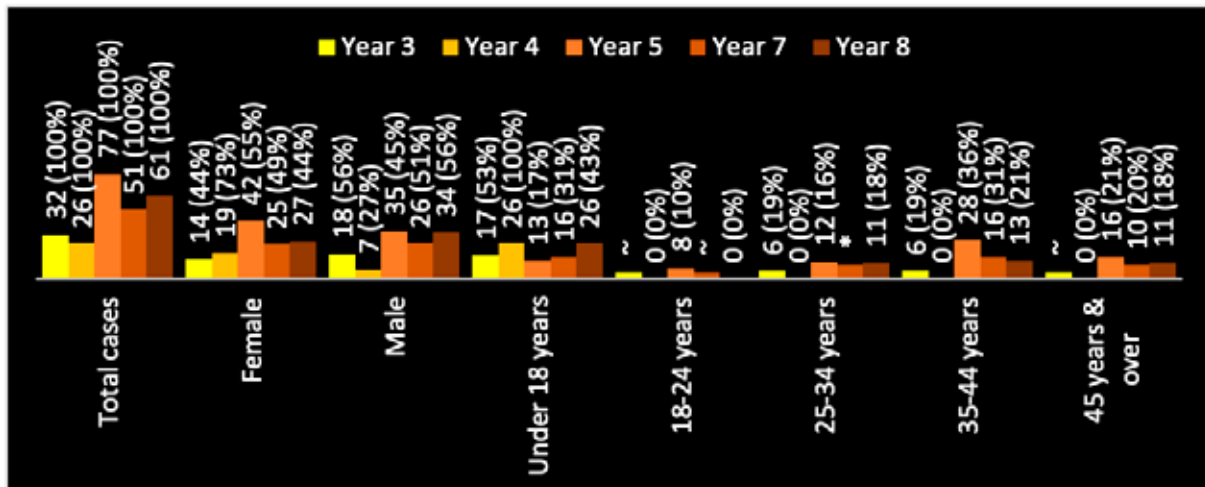
~ Number of clients too small to be reported (5 or less)
* Number of cases greater than 5 and suppressed to ensure cases with 5 or less are not disclosed

HOSPITAL IN-PATIENT ENQUIRY SCHEME (HIPE)

HIPE is a health information system that reports day and in-patient discharges from acute public hospitals. Each HIPE discharge record represents one episode of treatment rather than an individual patient; a patient may be admitted to hospital more than once in any given time period with the same or different diagnoses. From 2012 to 2022, there were 3,072 treatment episodes for mental health and behavioural disorders[17] associated with drug and alcohol use among Dublin 15 residents (Charts 7.2 to 7.4).

- Overall, from 2012 to 2022, the number of treatment episodes for mental health and behavioural disorders associated with drug and alcohol use increased by 163%; fluctuations in this upward trend were reported during this period
- The drugs implicated included alcohol, opioids, cannabis, benzodiazepines, z drugs, cocaine, other stimulants, hallucinogens, solvents and polydrug use
- From 2012 to 2022, the majority of cases were male and aged over 30 years
- Over the reporting period, treatment episodes increased from 1% to 2% of national treatment episodes

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

Chart 7.2: Treatment episodes for mental health and behavioural disorders due to drug and alcohol use among Dublin 15 residents, HIPE 2012 to 2022
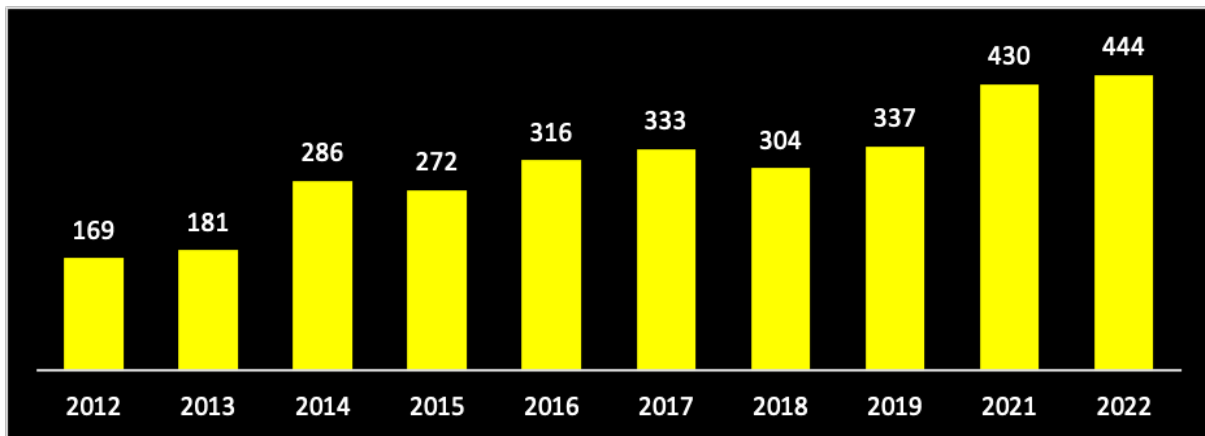
Chart 7.3: Treatment episodes for mental health and behavioural disorders due to drug and alcohol use among Dublin 15 residents by gender, HIPE 2012 to 2022
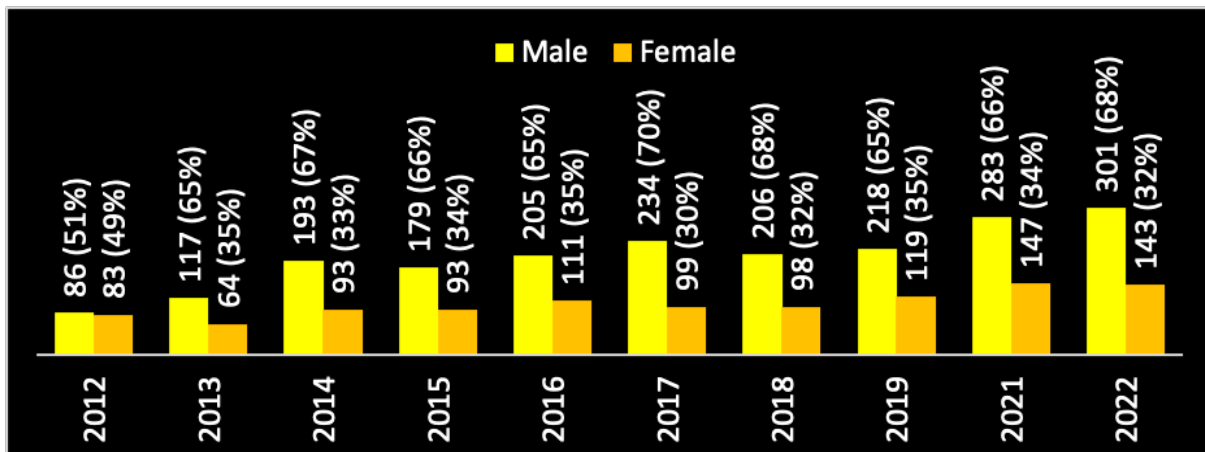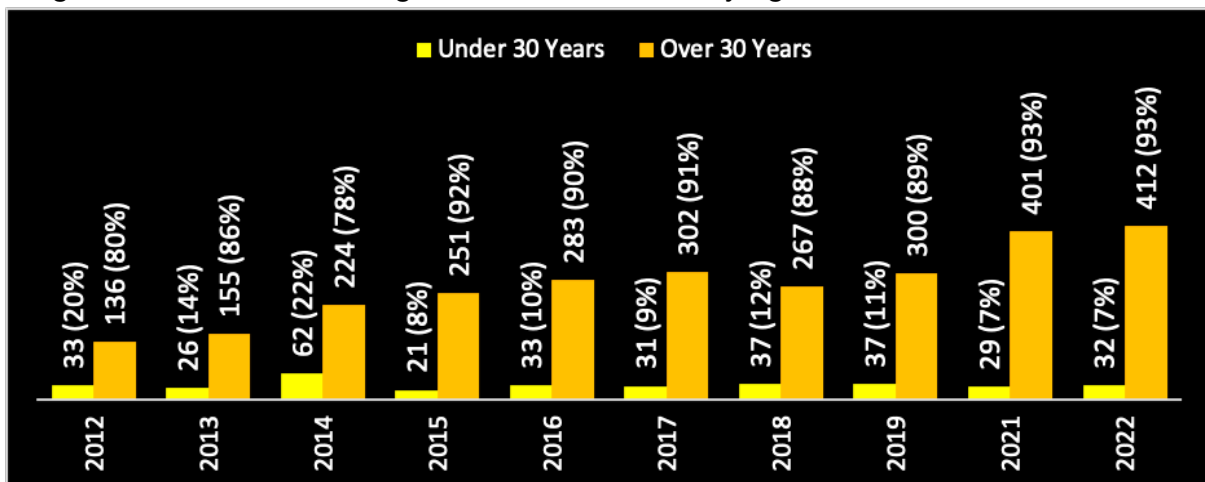

Chart 7.4: Treatment episodes for mental health and behavioural disorders due to drug and alcohol use among Dublin 15 residents by age, HIPE 2012 to 2022

From 2012 to 2022, there were 267 treatment episodes for drug-related poisonings (overdoses) among Dublin 15 residents (Chart 7.5). The poisonings may not have resulted in death.

- Overall, from 2012 to 2022, the number of treatment episodes for poisonings increased by 71%; fluctuations in this upward trend were reported during this period

- From 2012 to 2022, the number of treatment episodes for poisonings associated with opioids, cocaine and other drugs remained relatively stable at 2% of national treatment episodes, fluctuations during this period included increases to 3% in 2017

- From 2012 to 2022, the number of treatment episodes for poisonings associated with anti-epileptic and sedative-hypnotic drugs remained relatively stable at 1% of national treatment episodes, fluctuations during this period included increases to 2% in 2017 and 3% in 2021

Chart 7.5: Treatment episodes for drug-related poisonings by drug type among Dublin 15 residents, HIPE 2012 to 2022
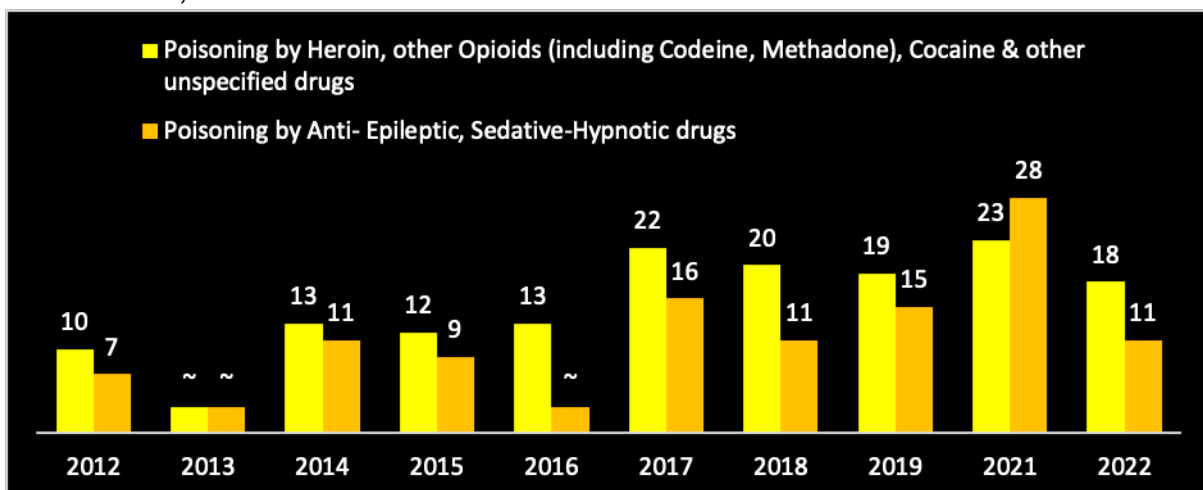
~ Number of poisonings too small to be reported (5 or less)

NATIONAL DRUG-RELATED DEATHS INDEX (NDRDI)

The NDRDI analysis is a summary of drug-related deaths in Ireland from 2011 to 2020. From 2011 to 2020, there were 7,114 drug-related deaths (Health Research Board, 2023):

- 3,370 (47%) were due to poisoning (overdose)
- 3,744 (53%) were due to non-poisoning (trauma or medical causes)
- Drug-related deaths increased by 38% from 584 in 2011 to 806 in 2020

Key findings poisoning deaths

- From 2011 to 2020, the number of poisoning deaths increased by 30% from 314 in 2011 to 409 in 2020, though fluctuations in this trend were reported during this period (Chart 7.6)

- Opioids were the main drug group associated with deaths, followed by benzodiazepines, cocaine and alcohol (Chart 7.7); over the reporting period, there were increases in the number of deaths associated with the use of these drugs, with the most significant increase related to the use of powder and crack cocaine

  - The increase in drug-related deaths may be associated with an increase in drug use. Since Year 2, DATMS trend data reports an increase in drug use in Dublin 15. From Year 2, untreated young and adult drug users reported an increase in the use of cocaine, from Year 3 they reported an increase in the use of benzodiazepines. From Year 2, treated young and adult drug users reported an increase in the use of cocaine. An increase in the use of benzodiazepines and prescribed opiates was also reported by treated adult drug users from Year 2.

- Polydrug poisonings increased by 42% from 228 in 2011 to 323 in 2020 (Chart 7.8)

Chart 7.6: Poisoning deaths by year, NDRDI 2011 to 2020
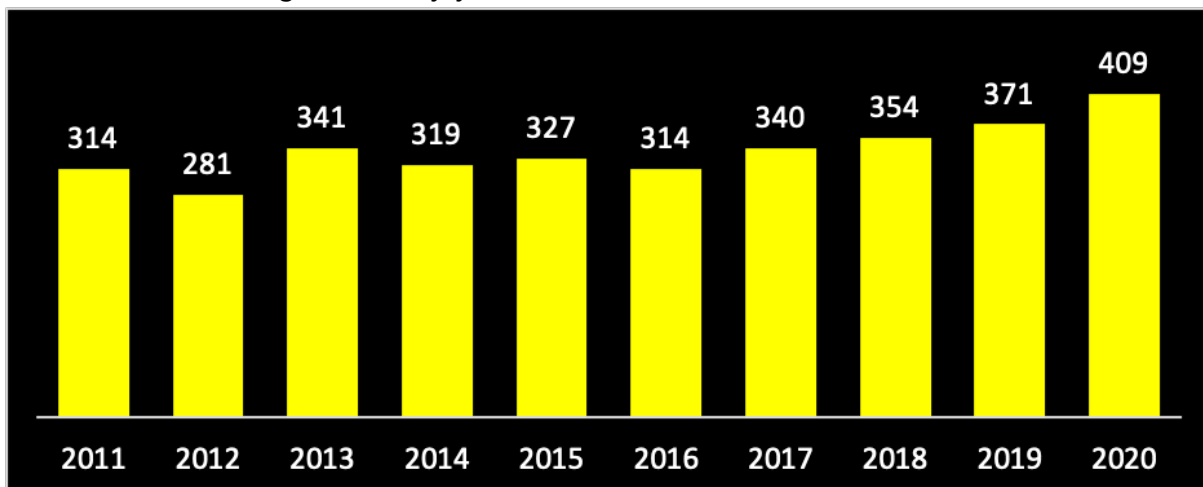
Chart 7.7: Poisoning deaths by drug group, NDRDI 2011 and 2020
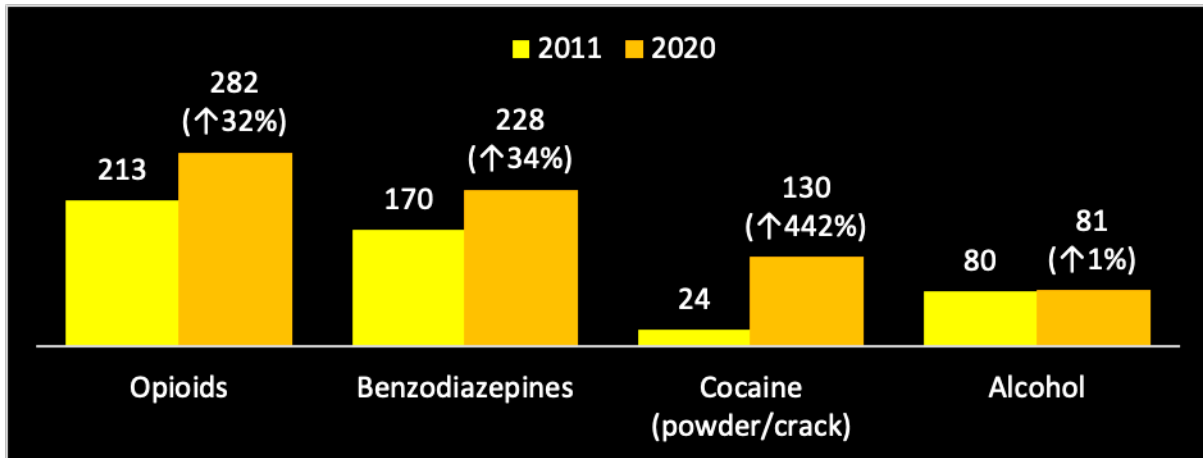
Chart 7.8: Poisoning deaths by polydrug use, NDRDI 2011 to 2020
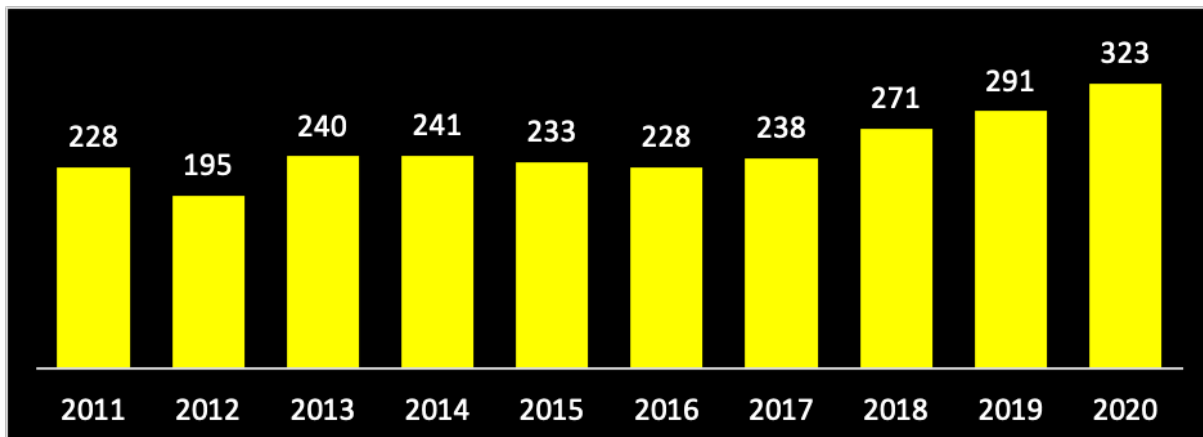
Key findings non-poisoning deaths

- The number of non-poisoning deaths increased by 47% from 270 in 2011 to 397 in 2020 (Chart 7.9)
- Over the reporting period, there were significant increases in the number of deaths associated with trauma and medical issues (Chart 9.10)

Chart 7.9: Non-poisoning deaths by year, NDRDI 2011 to 2020
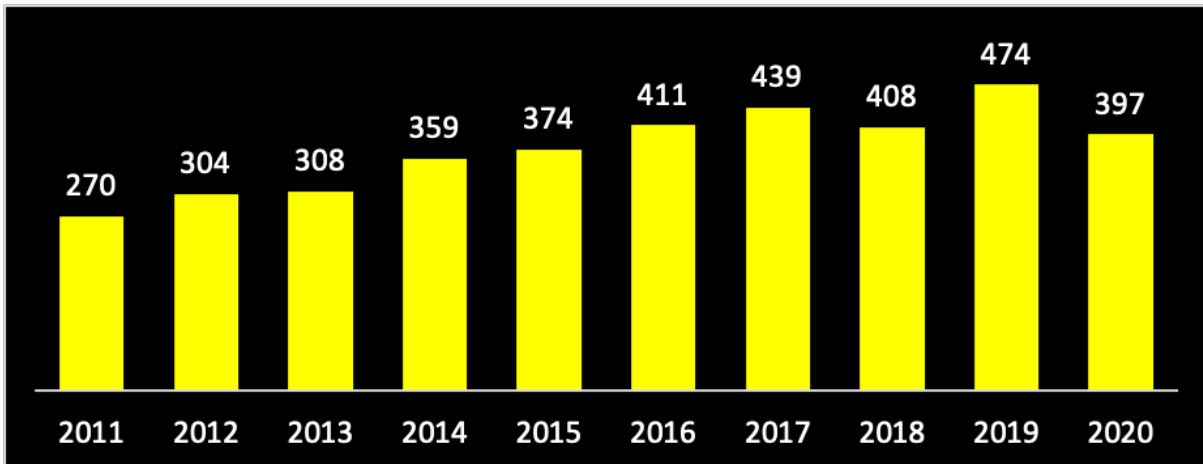
Chart 7.10: Non-poisoning deaths by type, NDRDI 2011 and 2020
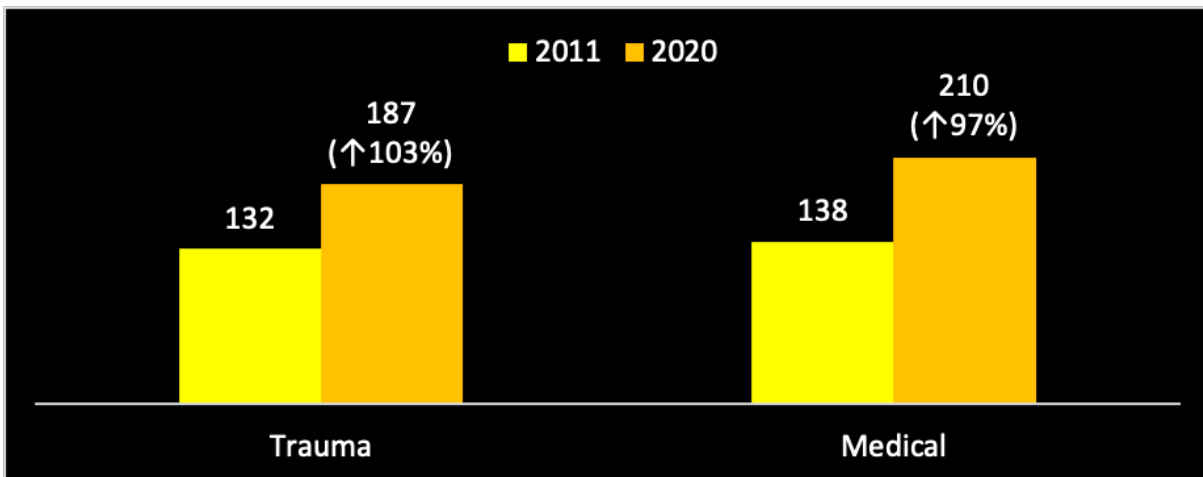
2) SOCIAL CONSEQUENCES OF DRUG AND ALCOHOL USE

The social consequences of drug and alcohol use were reported to be a barrier to rehabilitation for treated drug users. They include issues with family, employment, finances, housing and education. These consequences have been reported since DATMS Year 1, with many treated drug users and their families experiencing more than one, as they are inextricably linked. Since Year 3 fractured family relationships and financial issues were the most common (Chart 7.11).

Chart 7.11: Social issues experienced by treated drug users, DATMS Year 3 to 8 (2017-2022)
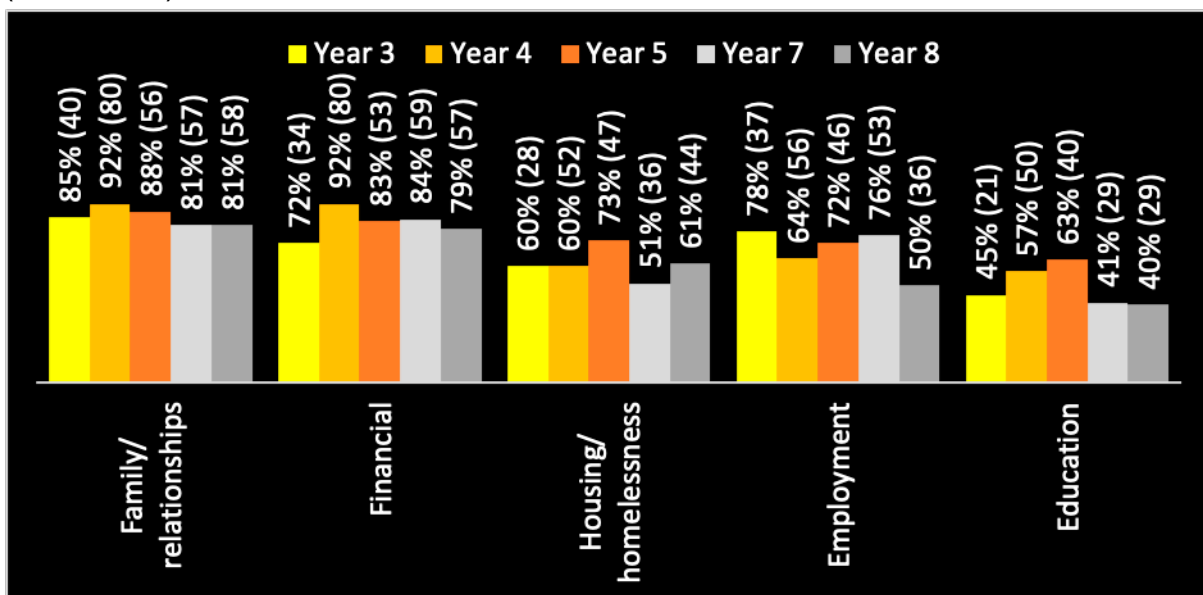
FAMILY

Since Year 1, the negative impact of drug and alcohol dependence within the family has been reported. Family members reported that addiction within the family caused conflict, turmoil and led to the breakdown of relationships and family units[18]. Family members reported that their physical and mental health was compromised, and they had to deal with the fear, violence and financial implications associated with drug-related intimidation. Family members reported attending family support services, counselling services and peer-led groups. They stated that these services provided supportive and non-judgemental environments that helped them deal with their circumstances.

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

FAMILY SUPPORT SERVICES & PEER-LED GROUPS

Local community services provide family support through one-to-one and group interventions for children, young people and adults. Table 7.2 reports the services and peer-led groups that provided data.

Table 7.2: Local family support services and peer-led groups by data returns, DATMS Year 3 to 8 (2017-2022)

Local Community Service/Peer-Led Group	Year 3	Year 4	Year 5	Year 7	Year 8
Dublin 15 Family Support Service (BLDATF)	~	√	√	√	√
Blakestown Mountview Youth Initiative (BMYI)	√	√	√	√	√
Blanchardstown Youth Service, Working to Enhance Blanchardstown (WEB)	X	√	√	√	√
Dublin 15 Community Addiction Team (D15 CAT)	~	√	√	√	√
Genesis Psychotherapy & Family Support Service (Genesis)	√	X	√	*	√
Mulhuddart/Corduff Community Drug & Alcohol Team (M/C CDAT)	√	√	√	√	√
Neighbourhood Youth Project (NYP)	√	√	√	√	√
Peer-Led Groups	X	√	√	√	√

~ Service opened in 2018
√ Data provided
X No data provided
* No data provided; no family members affected by a loved one's drug or alcohol use attended service

Treatment demand

The following data reports a profile of family members who received support from local community services and peer-led groups from 2017 to 2022. Treatment demand data contains no unique identifiers, and clients are counted more than once if they attend more than one service or peer-led group. Thus, this profile reports the number of cases rather than the number of clients. A total of 149 cases received family support services in 2017, and this increased by 215% to 470 in 2022 (Chart 7.12). Over the reporting period, fluctuations in the number of cases were reported. For Years 3 and 4, the number of cases was higher due to incomplete data returns. Charts 7.13 and 7.14 report the gender and age range of cases.

Chart 7.12: Family support cases, Local Family Support Community Services & Peer-Led Groups, DATMS Year 3 to 8 (2017-2022)
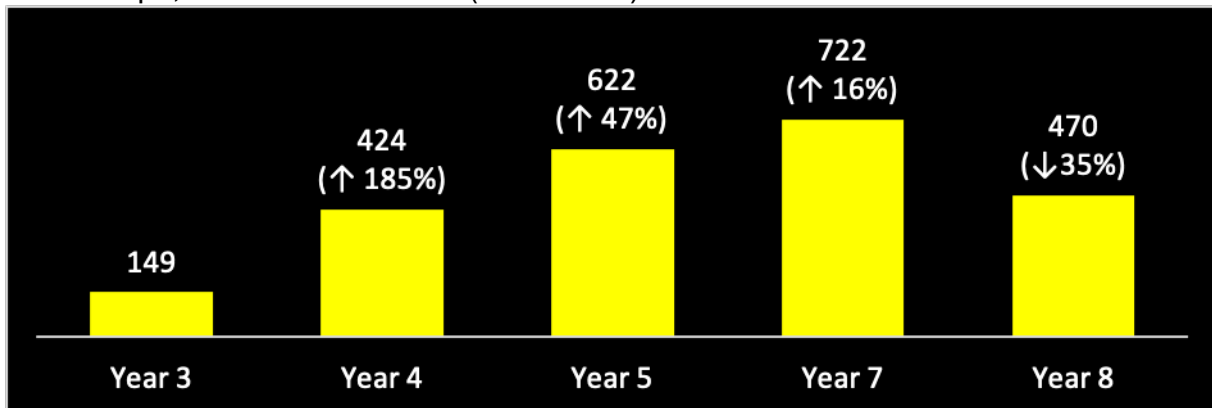

Chart 7.13: Family support cases by gender, Local Family Support Community Services & Peer-Led Groups, DATMS Year 3 to 8 (2017-2022)
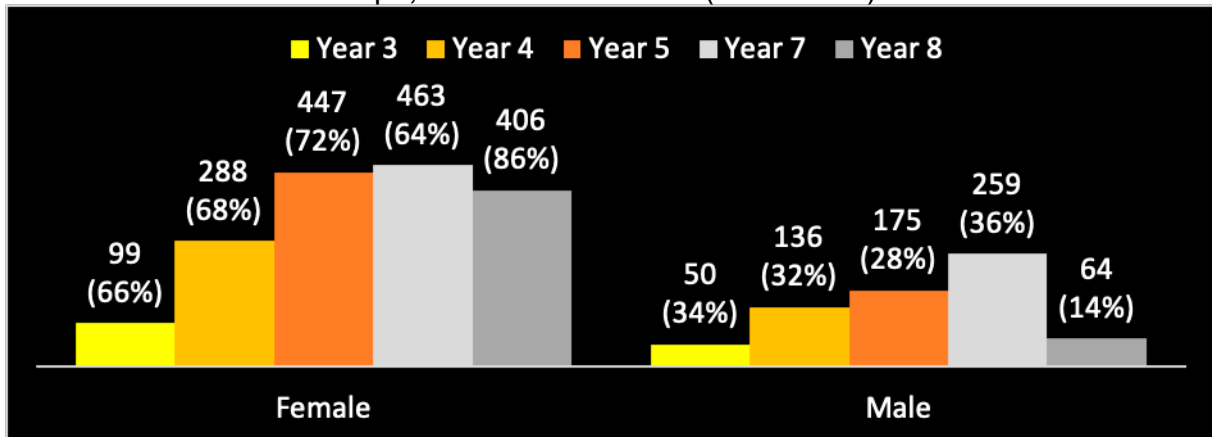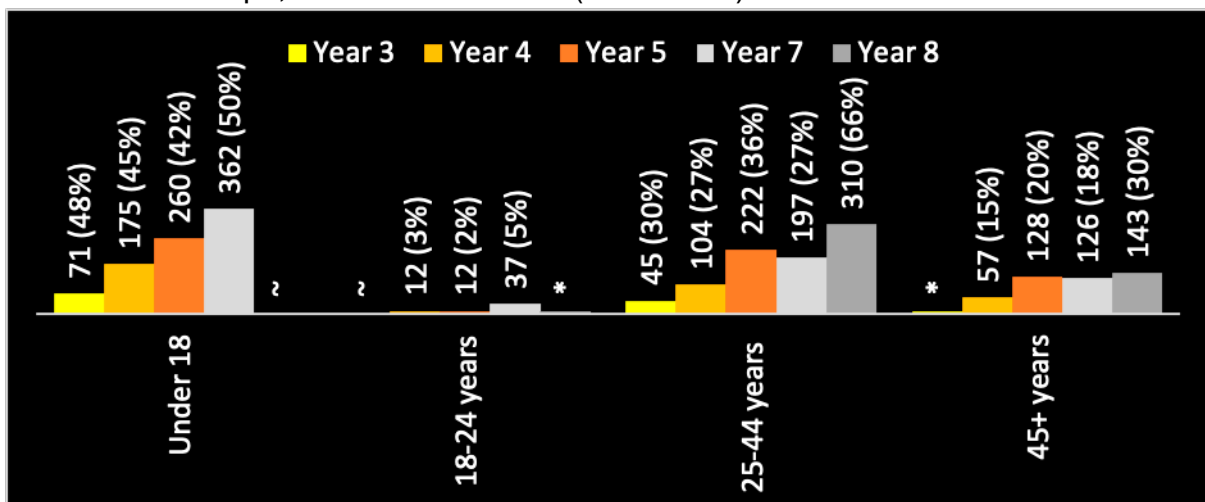

Chart 7.14: Family support cases by age, Local Family Support Community Services & Peer-Led Groups, DATMS Year 3 to 8 (2017-2022)

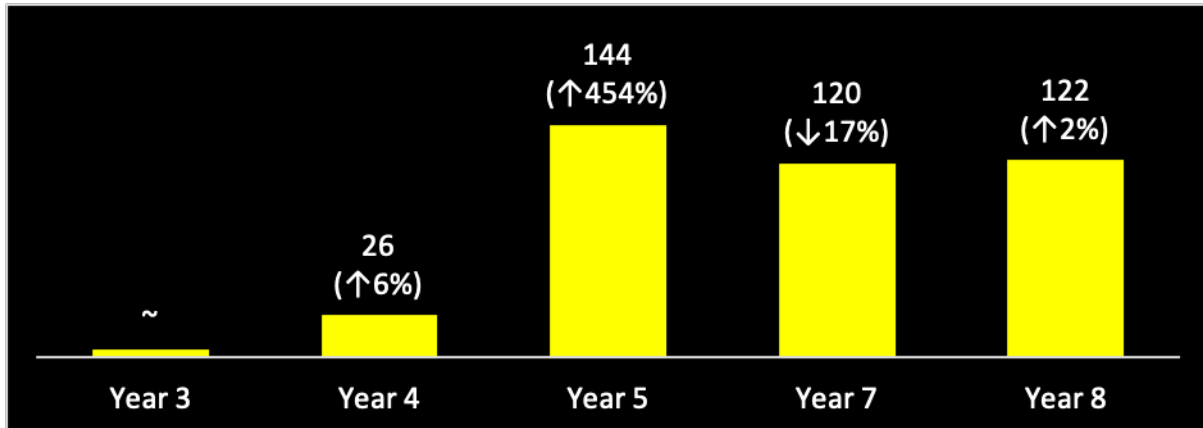

~ Number of cases too small to be reported (5 or less)
* Number of cases greater than 5 and suppressed to ensure cases with 5 or less are not disclosed
Totals less than 100% as unknown cases removed

In 2017, 71 cases experienced active or chaotic drug or alcohol use by another family member, and this increased by 189% to 205 in 2022 (Chart 7.15).

Chart 7.15: Family support cases experiencing active/chaotic drug use by a family member, Local Family Support Community Services & Peer-Led Groups, DATMS Year 3 to 8 (2017-2022)
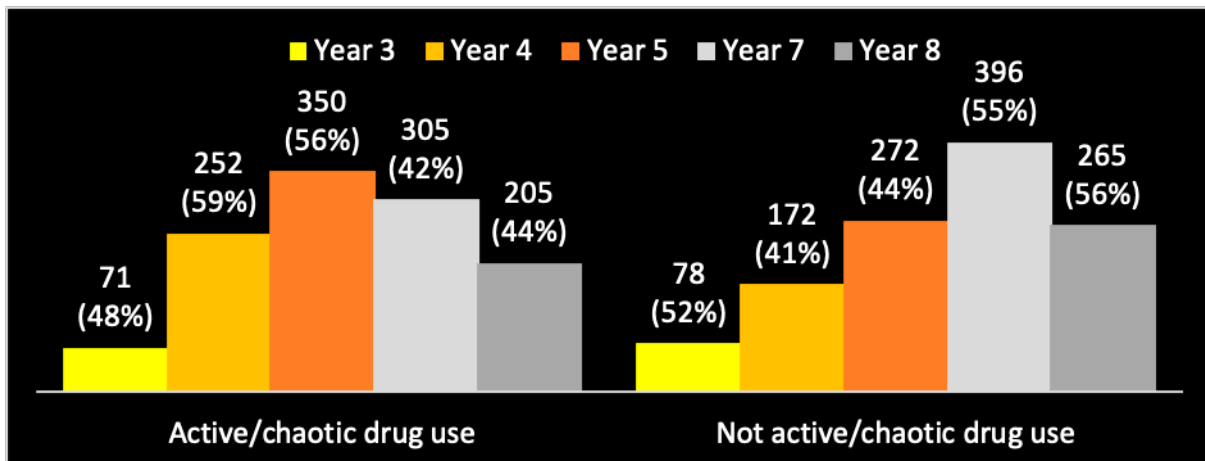
Totals less than 100% as unknown cases removed

The services received by family members are reported in the chart below (Chart 7.16).

Chart 7.16: Family support cases by service type, Local Family Support Community Services & Peer-Led Groups, DATMS Year 3 to 8 (2017-2022)
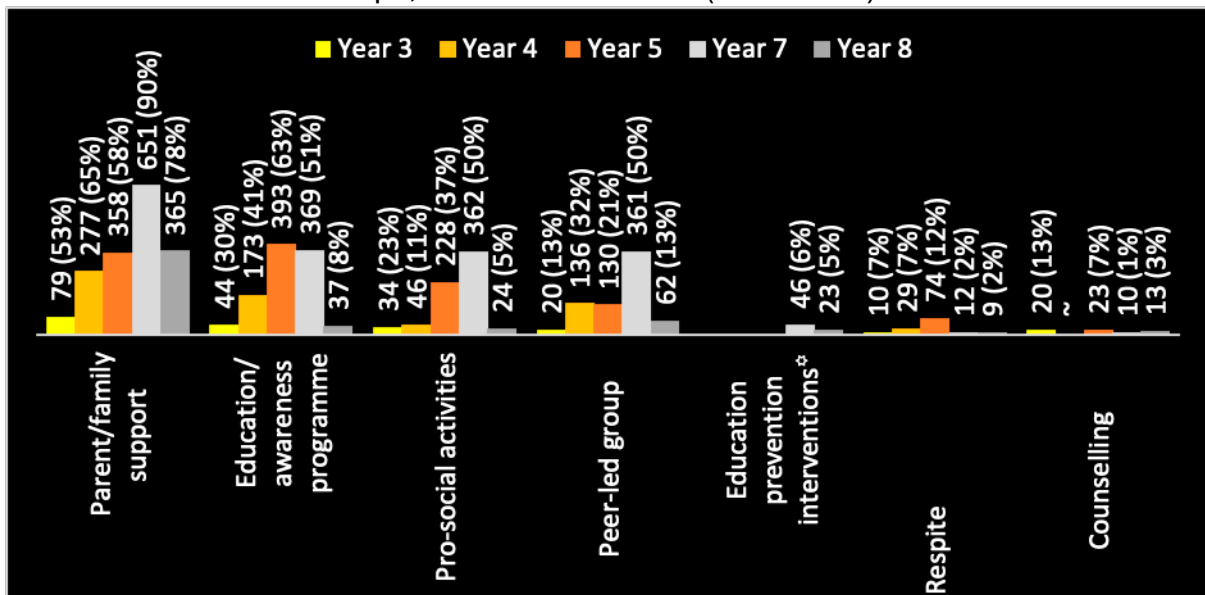
Category totals exceed total number of cases, as some cases received more than one intervention
~ Number of cases too small to be reported (5 or less)
✳ 2021 is the first year the DATMS has collated cases receiving Education Prevention Interventions with cases receiving all other family support interventions

Over the reporting period, there has been a significant increase in the number of family members who attended an evidence-based/informed programme (Chart 7.17). This

increase is predominantly associated with the development of the BLDATF Family Support service in 2018.

Chart 7.17: Family support cases who attended an evidence-based/informed programme, Local Family Support Community Services & Peer-Led Groups, DATMS Year 3 to 8 (2017-2022)

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

The most commonly used evidence-based programmes were the 5 Step Method and the Triple P Programme (Chart 7.18).

Chart 7.18: Family support cases by evidence-based/informed programme, Local Family Support Community Services & Peer-Led Groups, DATMS Year 3 to 8 (2017-2022)
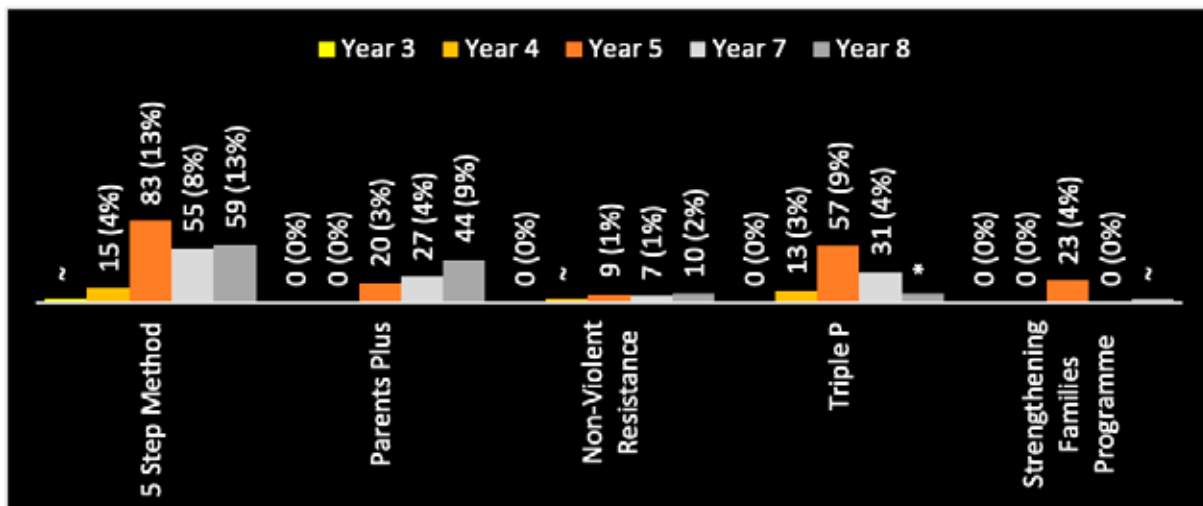
~ Number of cases too small to be reported (5 or less)
* Number of cases greater than 5 and suppressed to ensure cases with 5 or less are not disclosed
2019 total exceeds total number of cases, as some cases received more than one intervention

From Years 3 to 7, the majority of cases attended local family support services for less than a year, and in Year 8 the majority attended for one to three years (Chart 7.19).

Chart 7.19: Family support cases by length of time in attendance at Local Family Support Community Services, DATMS Year 3 to 8 (2017-2022)
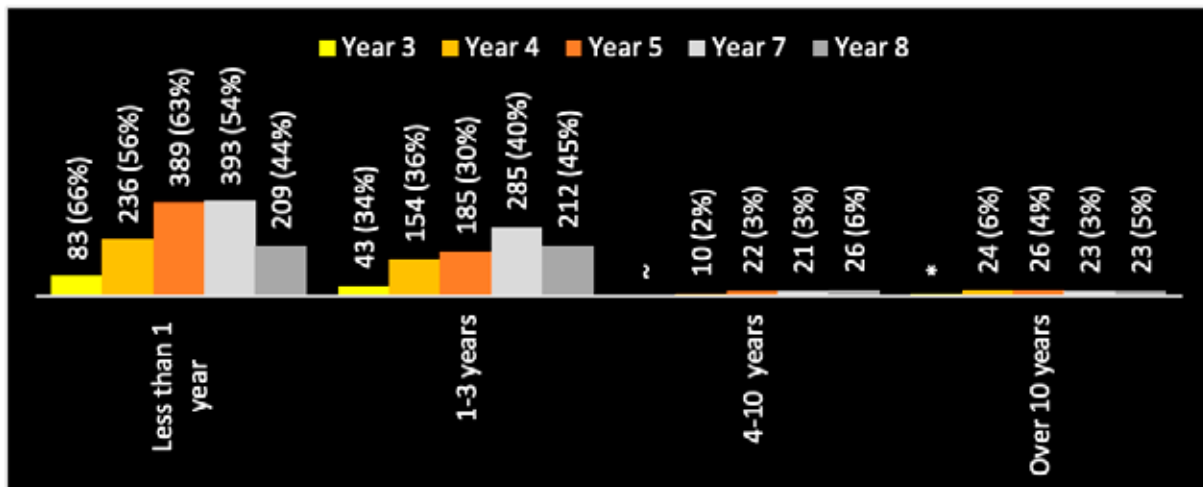
~ Number of cases too small to be reported (5 or less)
* Number of cases greater than 5 not reported to ensure cases with 5 or less are not disclosed

MAPPING TREATMENT DEMAND

Mapping treatment demand data for family support services and peer-led groups report where family members affected by drug or alcohol use live. Year 4 collected mapping data from the BLDATF Family Support Service. Years 5, 7 and 8 collected mapping data from the local family support services and peer-led groups. Year 8 mapping data for family support services and peer-led groups identifies the following:

- Clients attending the services were from Dublin 15 and outside Dublin 15
- The majority of clients were from Dublin 15:
  - The data identifies that clients were from every community in Dublin 15, with higher concentrations of clients living in socio-economically deprived communities
  - Drug and alcohol dependence is a community wide issue crossing all socio-economic boundaries
- Years 4, 5 and 7 mapping data reported similar findings
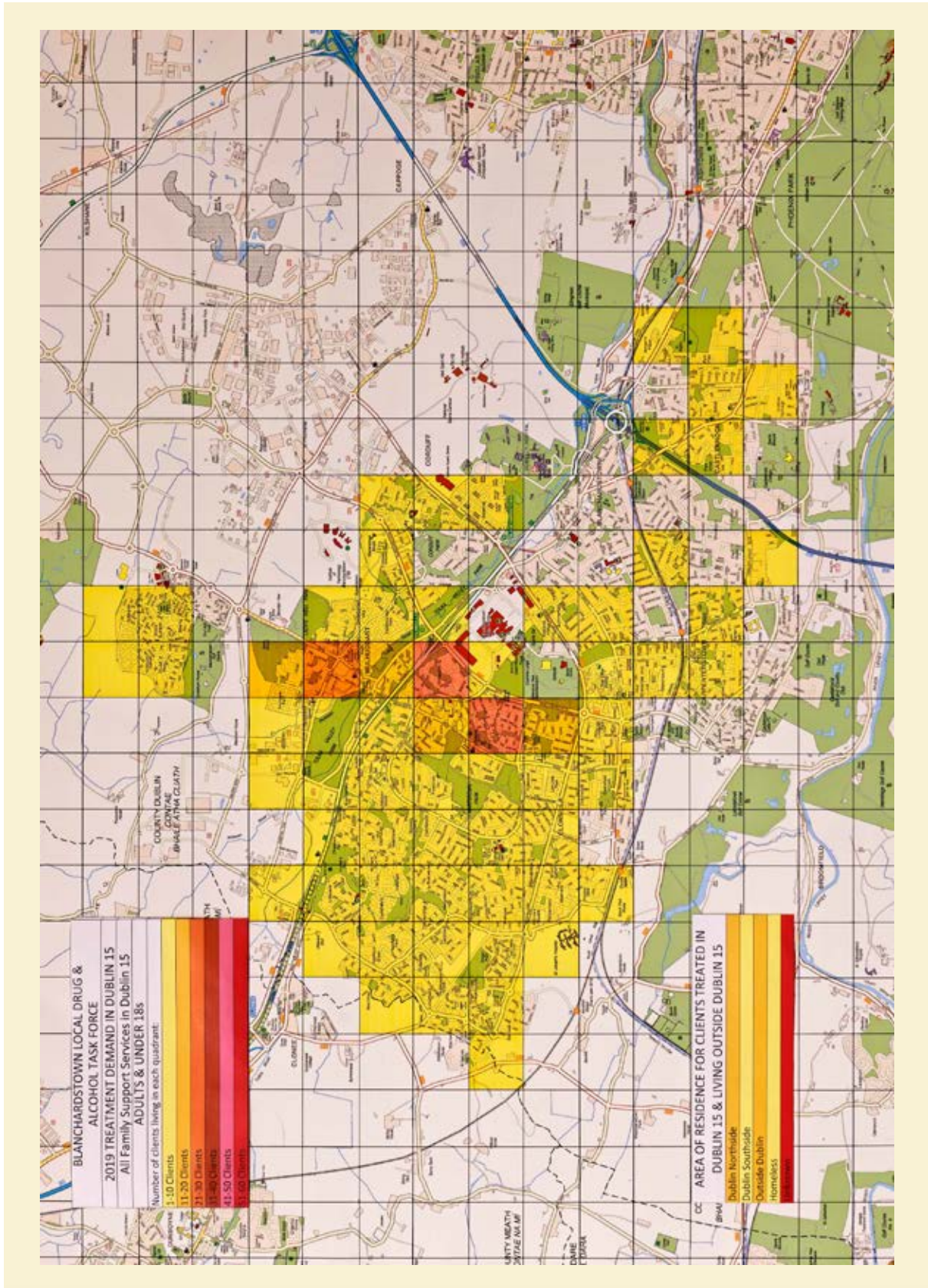
YEAR 4
BLDATF Family Support Service 2018
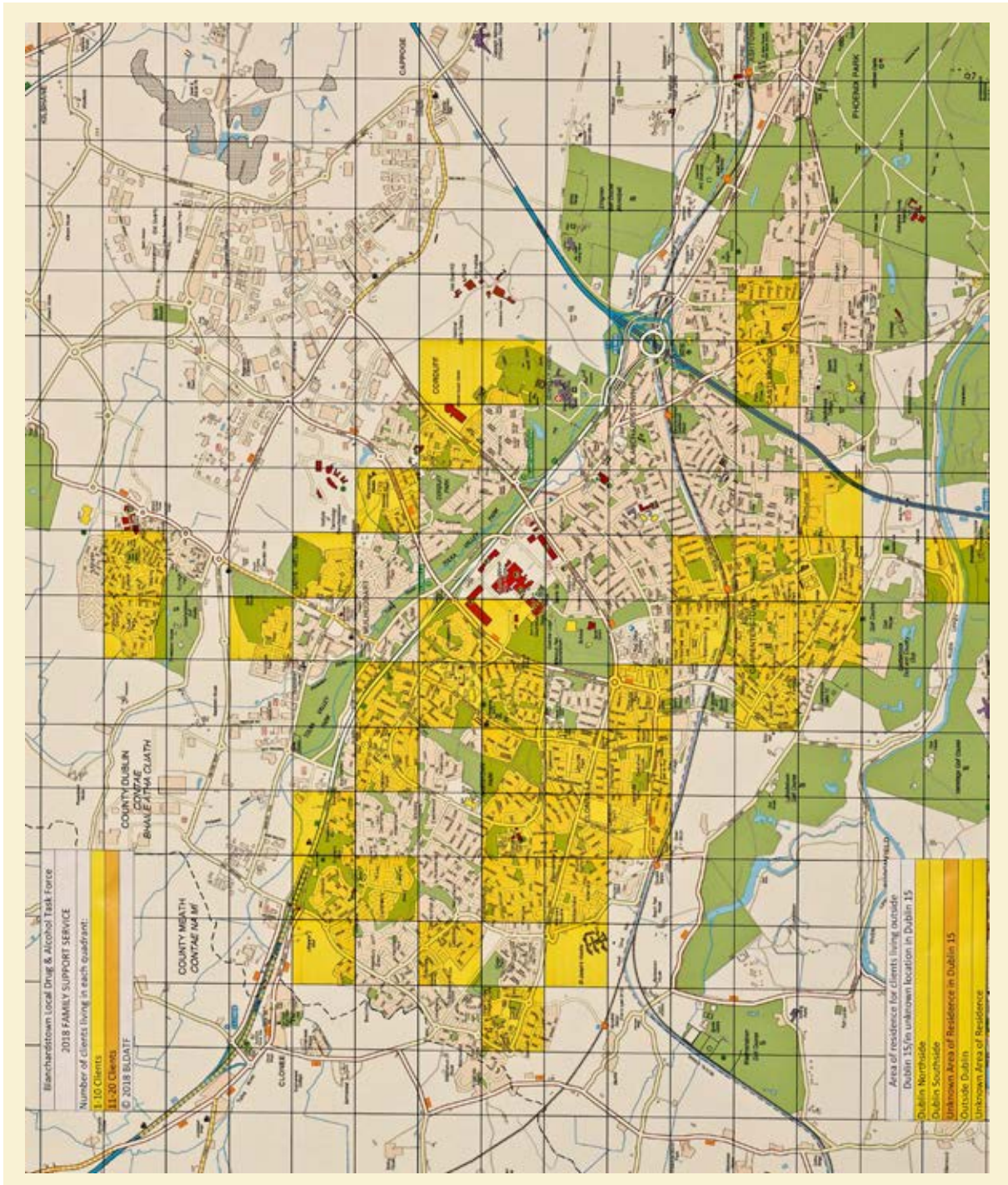
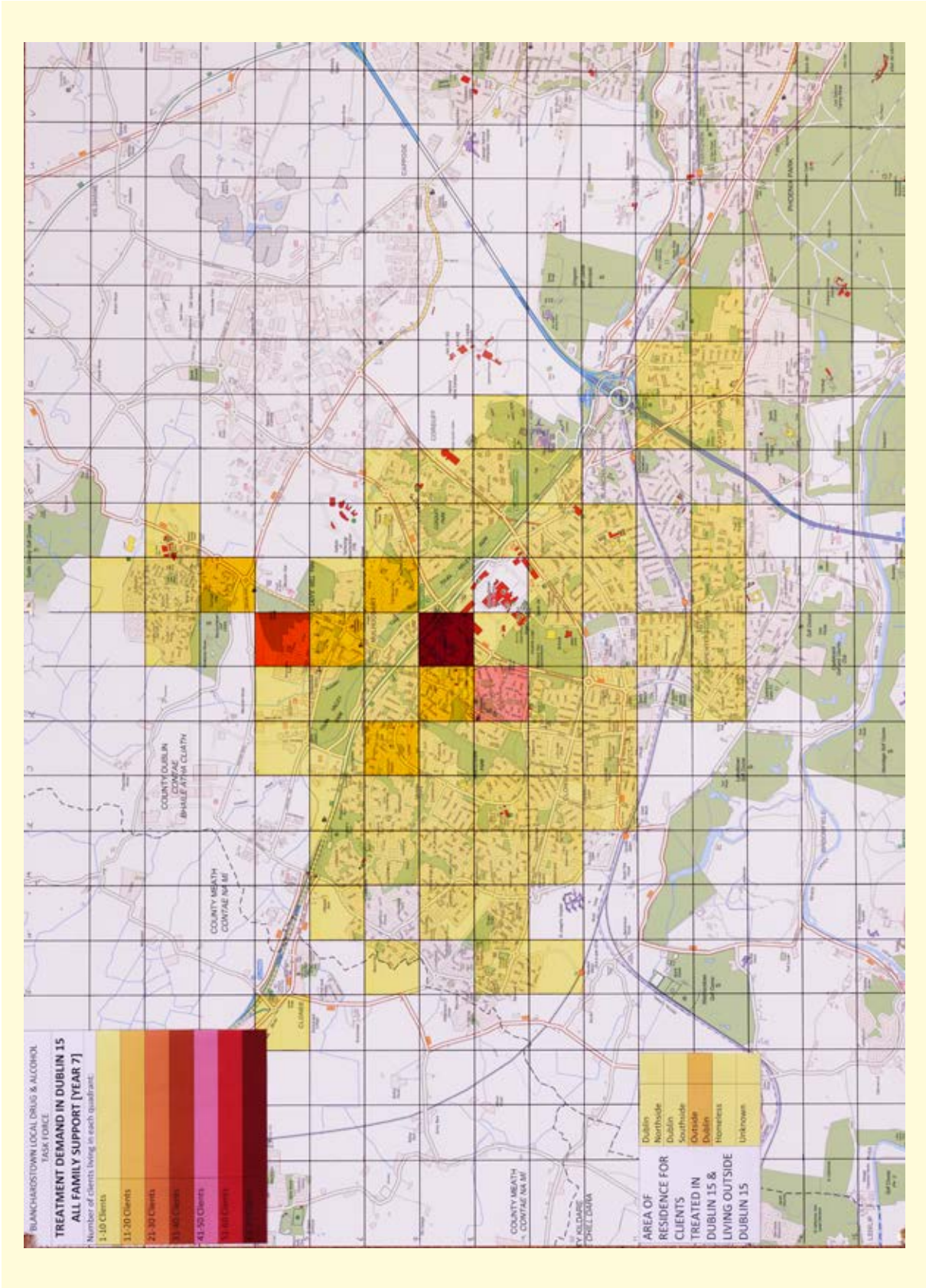# YEAR 5
BLDATF Family Support Service 2019
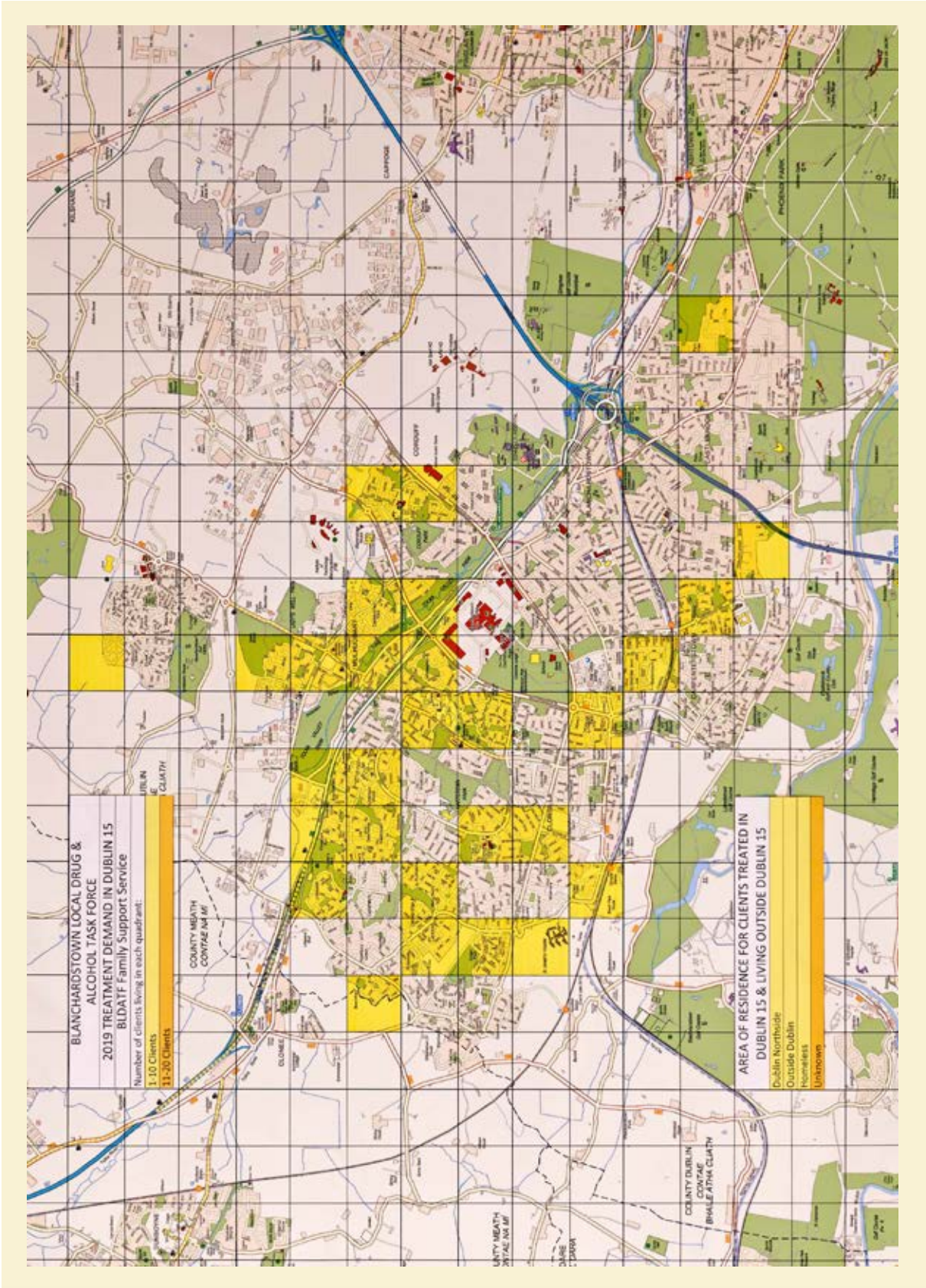
YEAR 5
All Family Support Services in Dublin 15 2019

YEAR 7
All Family Support Services in Dublin 15 2021

YEAR 8
All Family Support Services in Dublin 15 2022
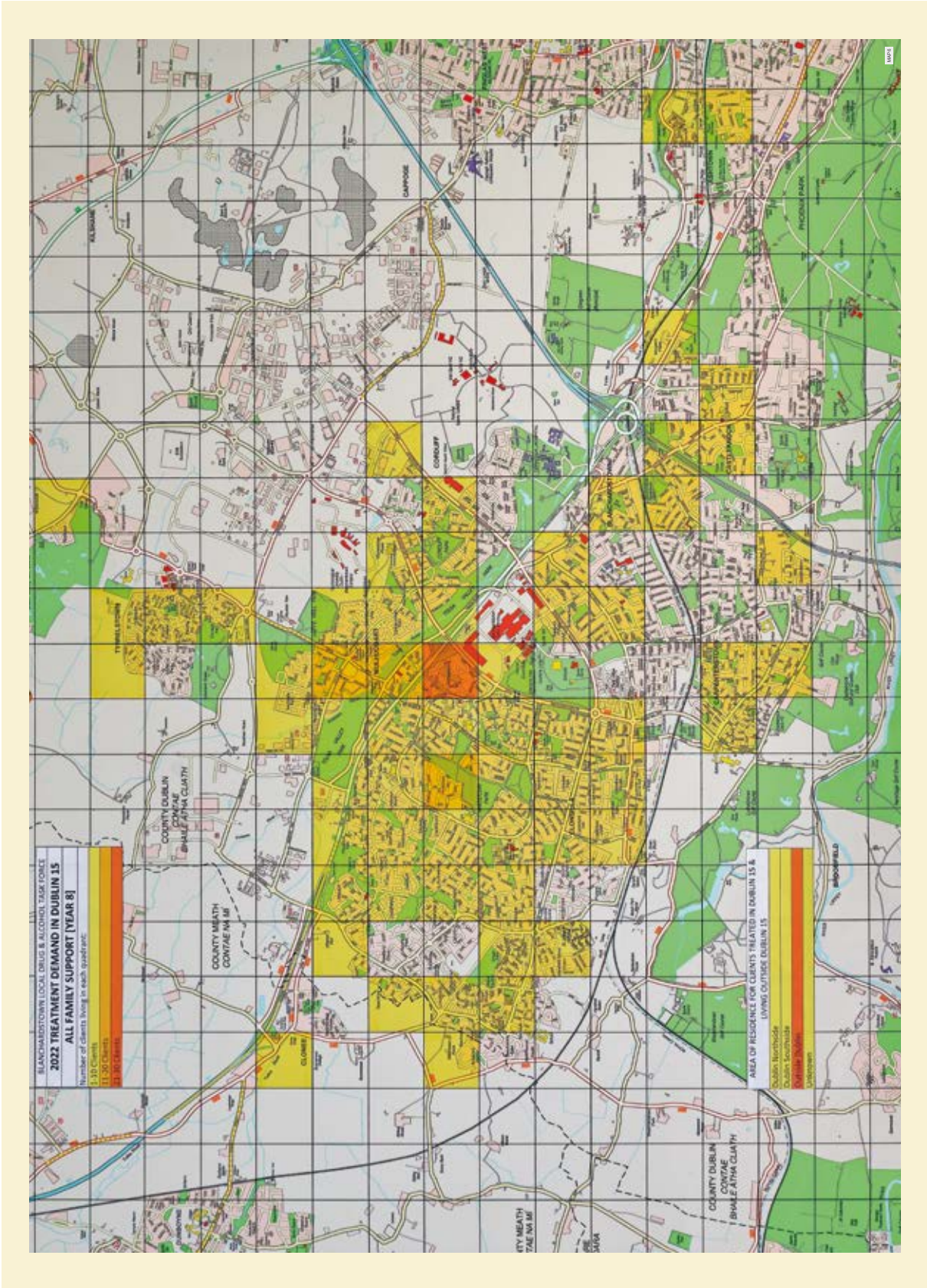
ALL DATMS MAPPING DATA

Since Year 5 we have collated all mapping data together. In Year 8 we mapped treatment demand for alcohol and drug users, family members, and hidden harm together. Similar to all other maps, this map highlights the widespread nature of alcohol and drug dependence throughout Dublin 15, and how this issue affects people from every community with most affect in socio-economically deprived communities.

ALL DATMS MAPPING DATA

YEAR 5 Treatment Demand in Dublin 15, Treated Drug Users & Family Members affected by Drug & Alcohol Use 2019
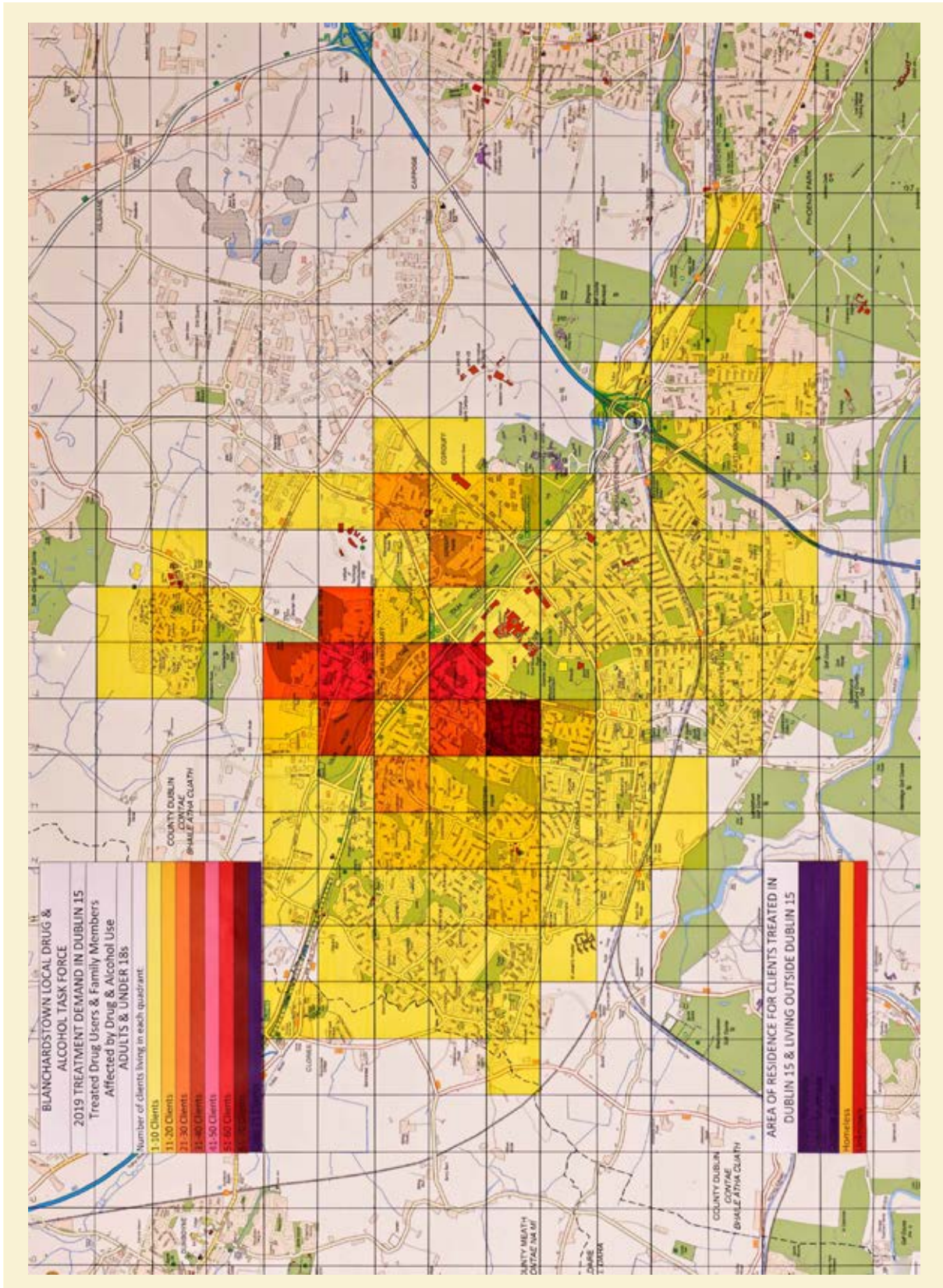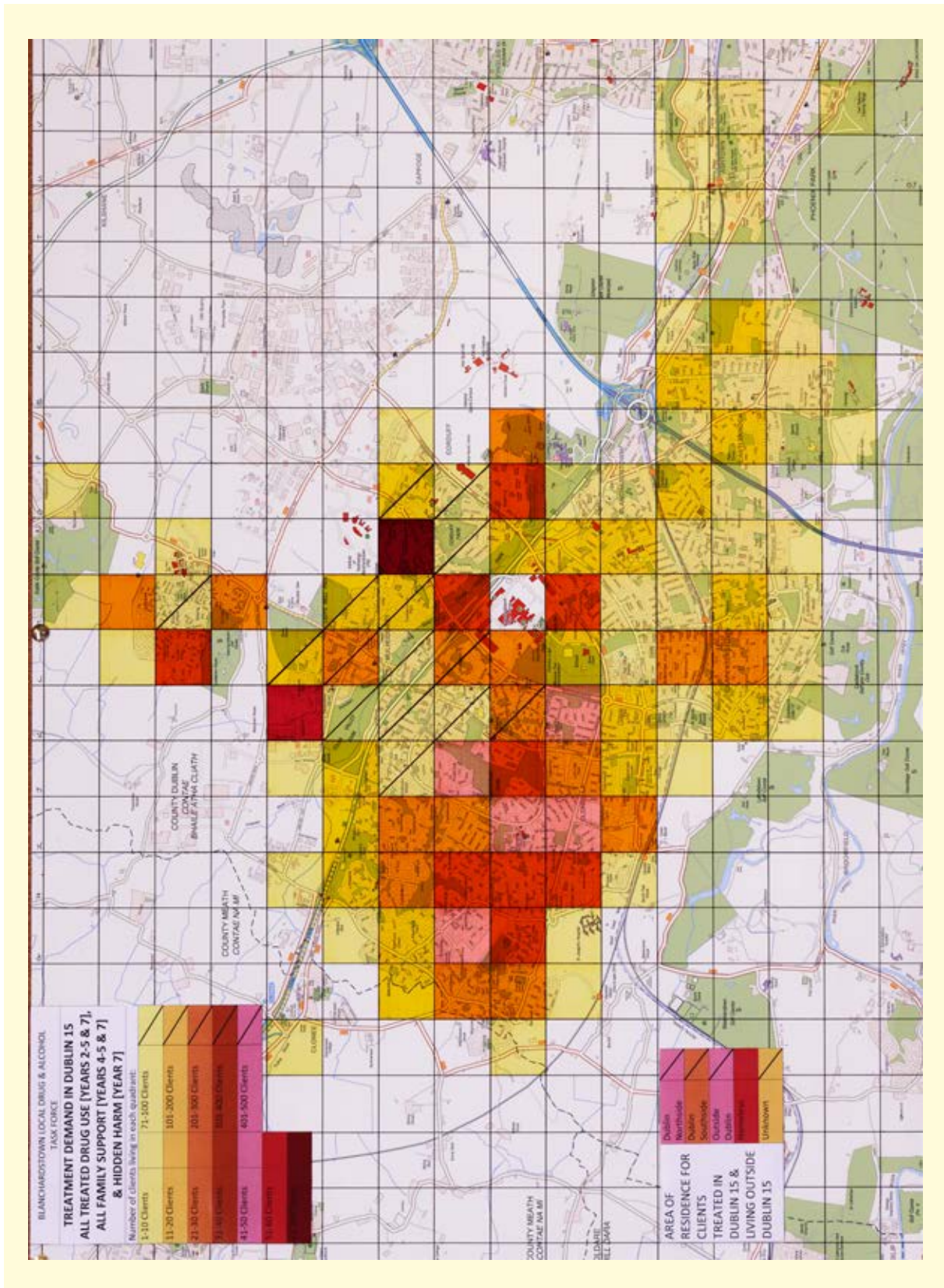
YEAR 7
Treatment Demand in Dublin 15, All Drug Use, All Family Support & Hidden Harm 2021
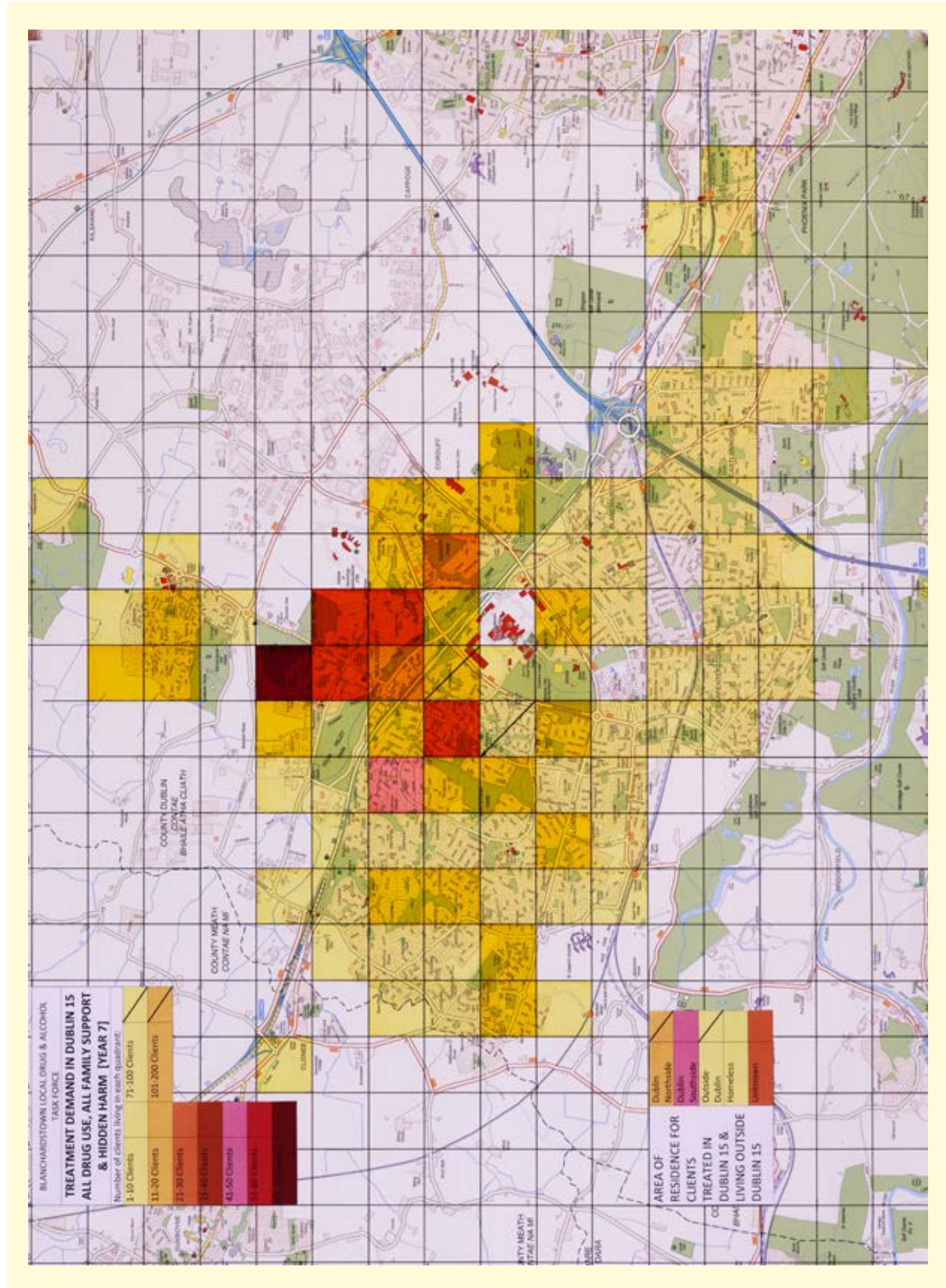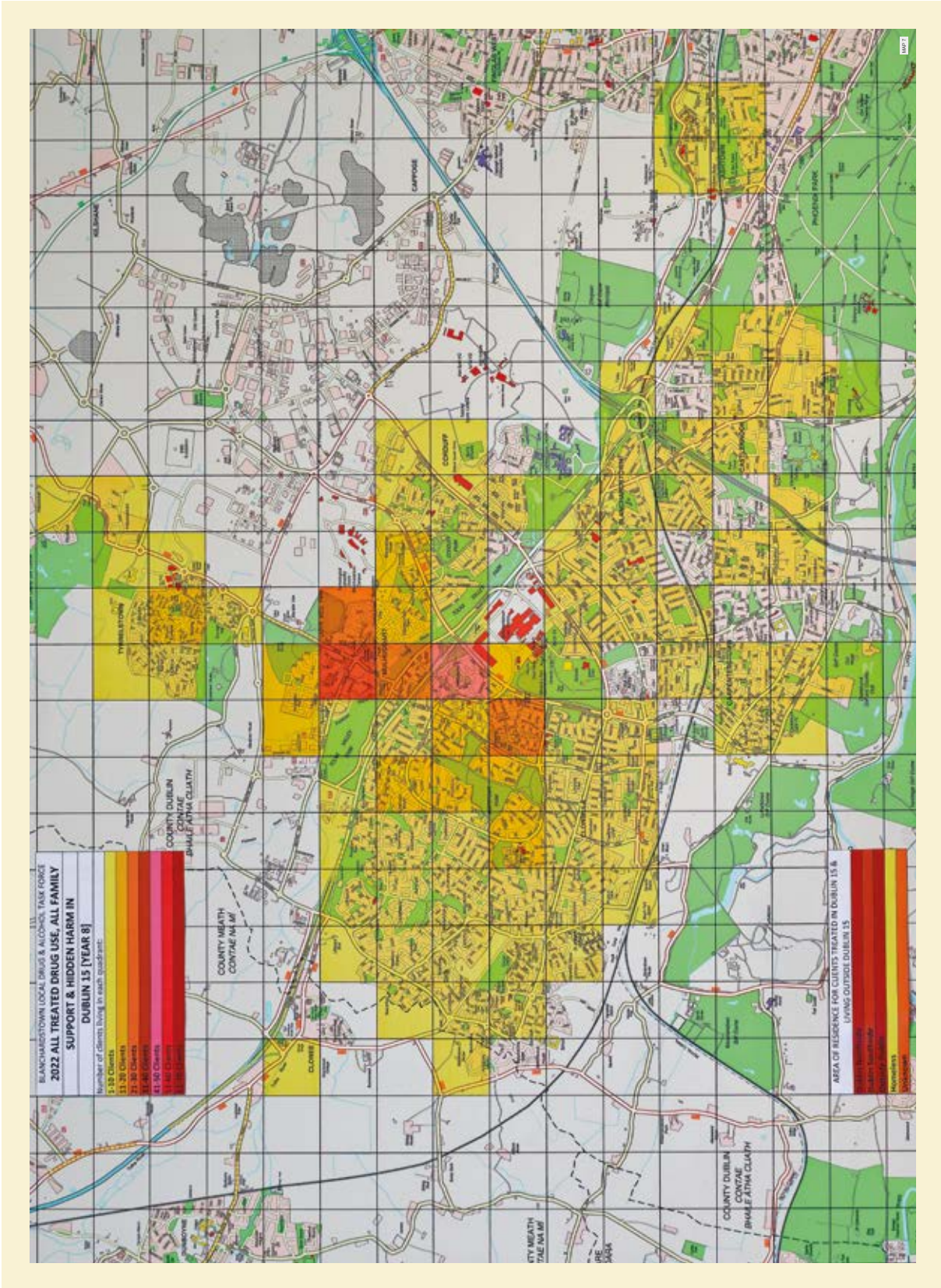
Treatment Demand in Dublin 15, All Treated Drug Use [Years 2-5 & 7], All Family Support [Years 4-5 & 7] & Hidden Harm [Year 7]

YEAR 8
Treatment Demand in Dublin 15, All Treated Drug Use, All Family Support & Hidden Harm 2022

YEAR 8 Maps 6 & 7

All Family Support 2022

Treatment Demand in Dublin 15, All Treated Drug Use, All Family Support & Hidden Harm 2022

NDTRS data reports the accommodation status of assessed and treated cases. It identifies that from 2016 to 2022 the majority of cases were living with family (Charts 7.20 and 7.21). This identifies the need for family support services.

Chart 7.20: All cases living in BLDATF area by accommodation status, NDTRS 2016 to 2022
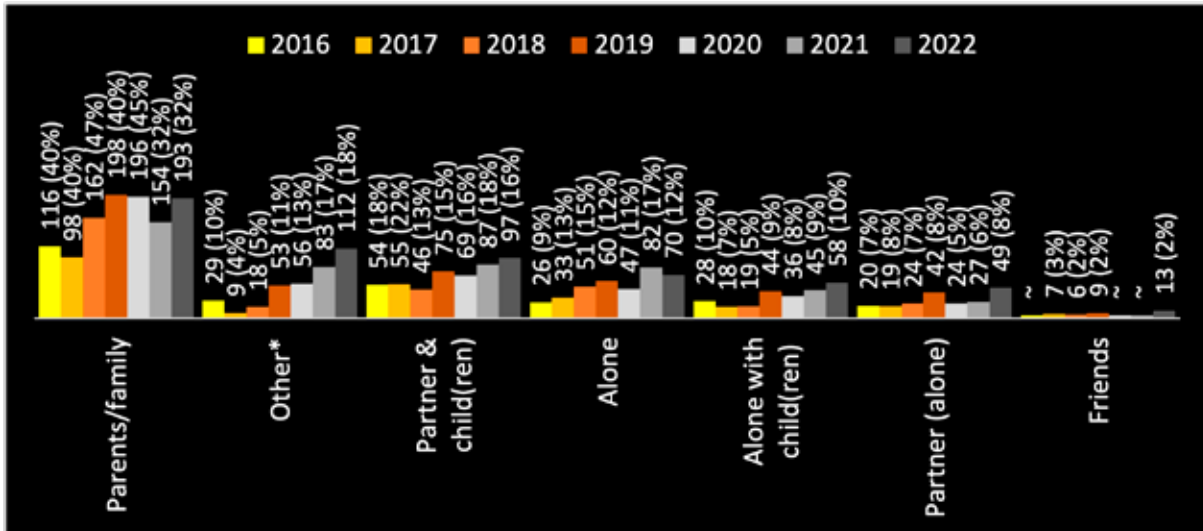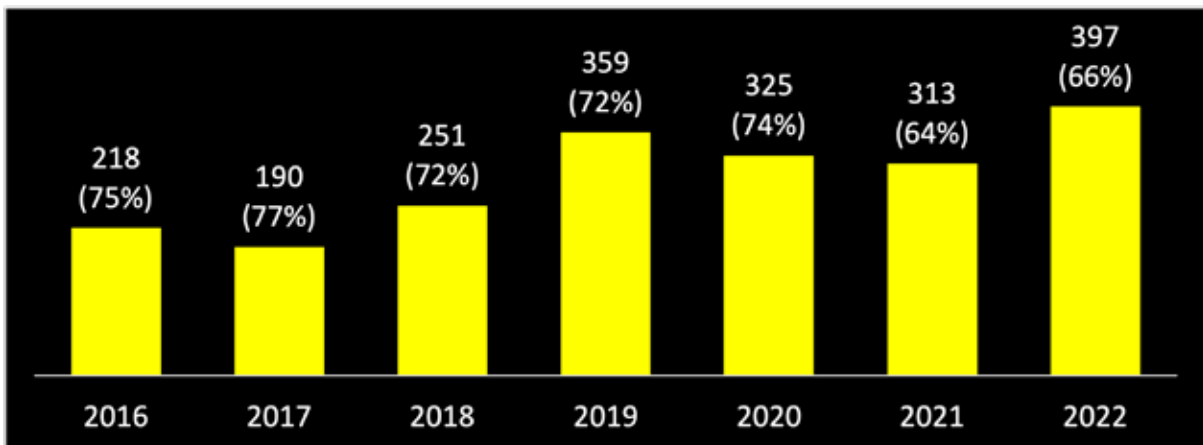

Annual totals less than 100% as unknown cases removed
* Includes cases living in institutions, residential care, halfway houses or prisons
~ Number of cases too small to be reported (5 or less)

Chart 7.21: All cases living in BLDATF area with family, NDTRS 2016 to 2022

FINANCIAL

From Years 1 to 8, service providers and treated drug users reported high levels of drug-related poverty. Drug use was prioritised over living expenses, and some reported using moneylenders. Increasing housing costs, unemployment, and drug debts further increased poverty levels.

EMPLOYMENT

From Years 1 to 8, treated drug users reported difficulties maintaining employment due to drug use, with many unemployed. They also reported leaving employment to enter treatment. Getting back into the workforce after being out for a long time proved challenging for those in recovery. NDTRS data reports that the majority of treated cases from 2016 to 2022 were unemployed (Chart 7.22).

Chart 7.22: All cases living in BLDATF area by employment status, NDTRS 2016 to 2022
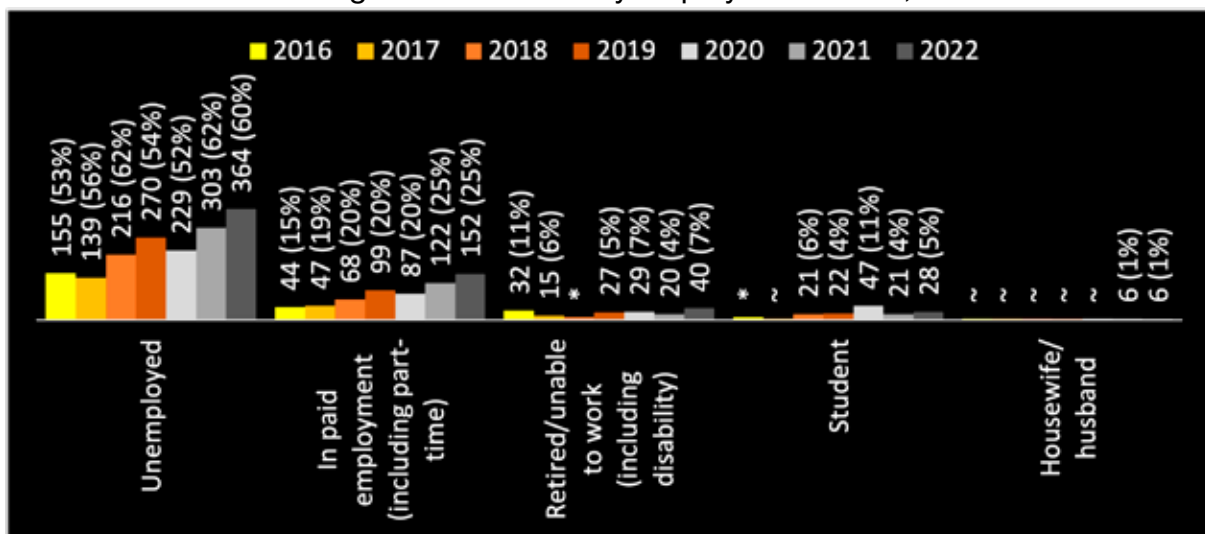
Annual totals less than 100% as unknown cases removed
~ Number of cases too small to be reported (5 or less)
* Number of cases greater than 5 and suppressed to ensure cases with 5 or less are not disclosed

HOUSING

Since Year 1, participants reported that housing was compromised due to drug use and anti-social behaviour, including drug dealing and drug-related intimidation. These anti-social behaviours also impacted negatively on drug users' families and communities. The financial difficulties reported above further compromised housing. The consequences for treated drug users included exclusion from the family home and homelessness. Despite this, NDTRS data from 2016 to 2022 reports the majority of cases assessed or treated were in stable accommodation (Chart 7.23).

Chart 7.23: All cases living in BLDATF area by accommodation status, NDTRS 2016 to 2022

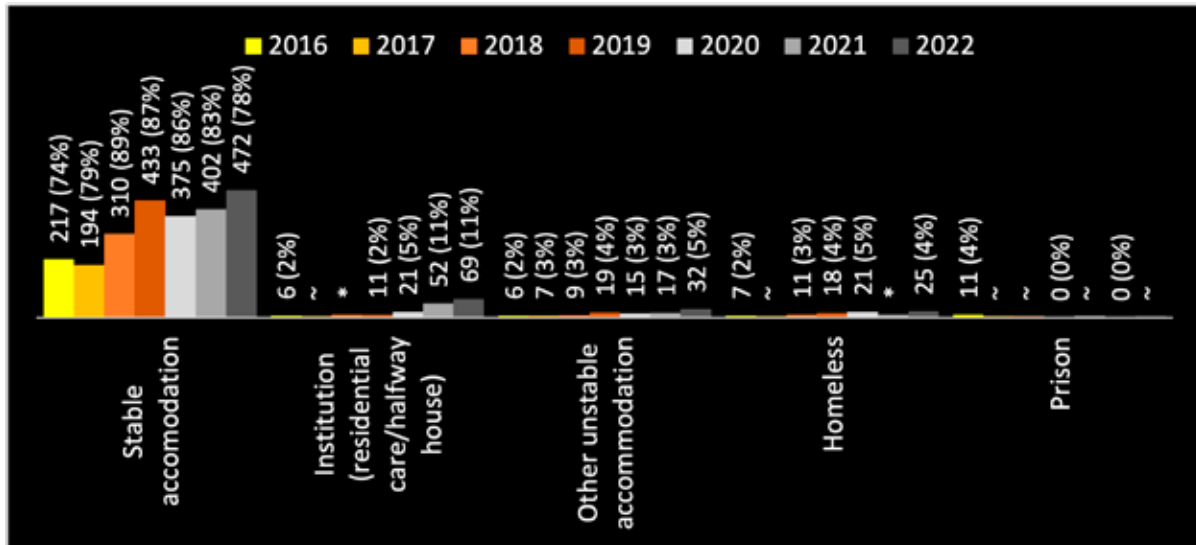Annual totals less than 100% as unknown cases removed
~ Number of cases too small to be reported (5 or less)
* Number of cases greater than 5 and suppressed to ensure cases with 5 or less are not disclosed

EDUCATION

From Years 1 to 8, service providers reported that drug use by parents and young people affected school attendance, performance and educational attainment and, in some cases, resulted in early school leaving or expulsions.

Under performance in education was also reported by the NDTRS data. Charts 7.24 and 7.25 report cases assessed and treated by the highest level of education completed and the age cases left school from 2016 to 2022. These cases have lower educational attainment when compared with the general population of Dublin 15[19].

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19 Educational attainment of Dublin 15 population reported in chapter 'Socio-demographic profile of Dublin 15, 2006-2016'

Chart 7.24: All cases living in BLDATF area by highest level of education completed, NDTRS 2016 to 2022
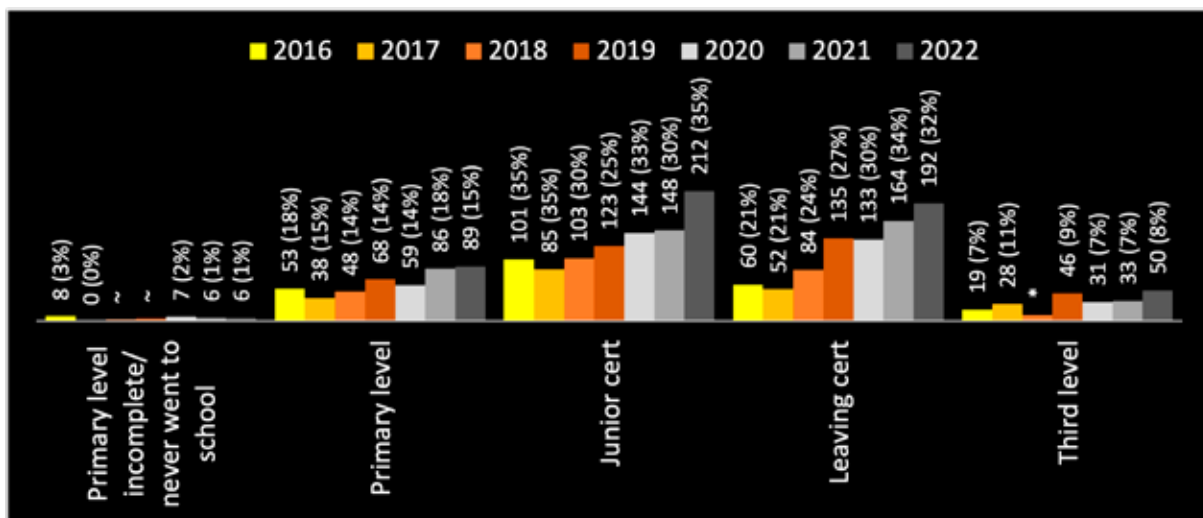
Annual totals less than 100% as unknown cases removed
~ Number of cases too small to be reported (5 or less)
* Number of cases greater than 5 and suppressed to ensure cases with 5 or less are not disclosed

Chart 7.25: All cases living in BLDATF area by age left school, NDTRS 2016 to 2022
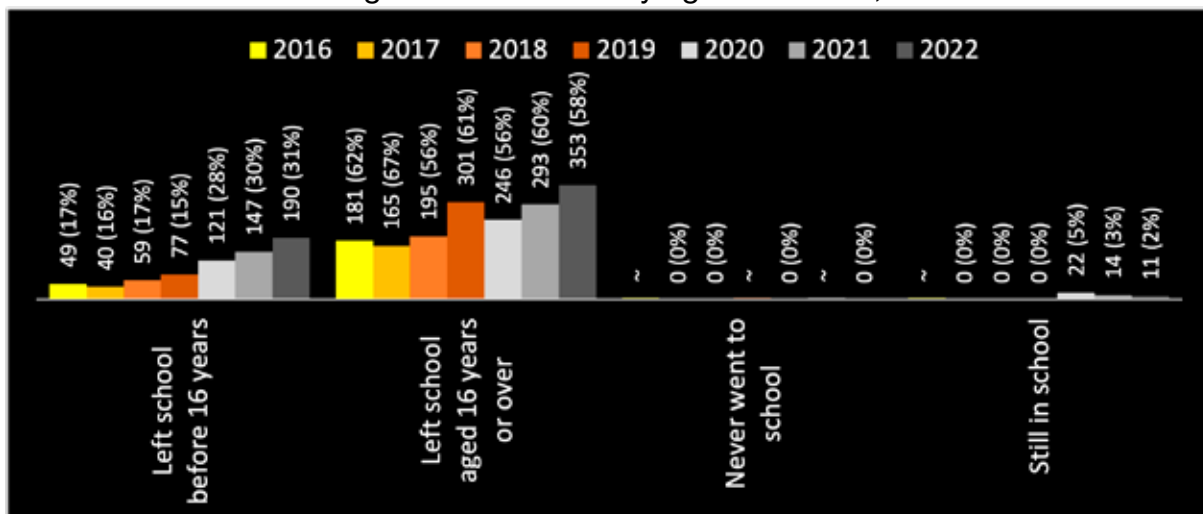
Annual totals less than 100% as unknown cases removed

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

Drug use in Dublin 15 secondary schools

Years 1 to 8 reported that some secondary school students' education was compromised due to drug use before and during school. Since Year 2, participants reported that these schools were a mixture of affluent and socio-economically deprived and included those with and without DEIS status. This indicates that drug use is a community wide issue that crosses all socio-economic boundaries. Since Year 3, participants reported evidence of drug use in almost all local secondary schools (Chart 7.26)[20].

20 From Year 3 to 5 there were ten local secondary schools; from Year 7 this increased to eleven schools

Chart 7.26: Number of Dublin 15 secondary schools with evidence of drug use before and during school time, DATMS Year 1 to 8
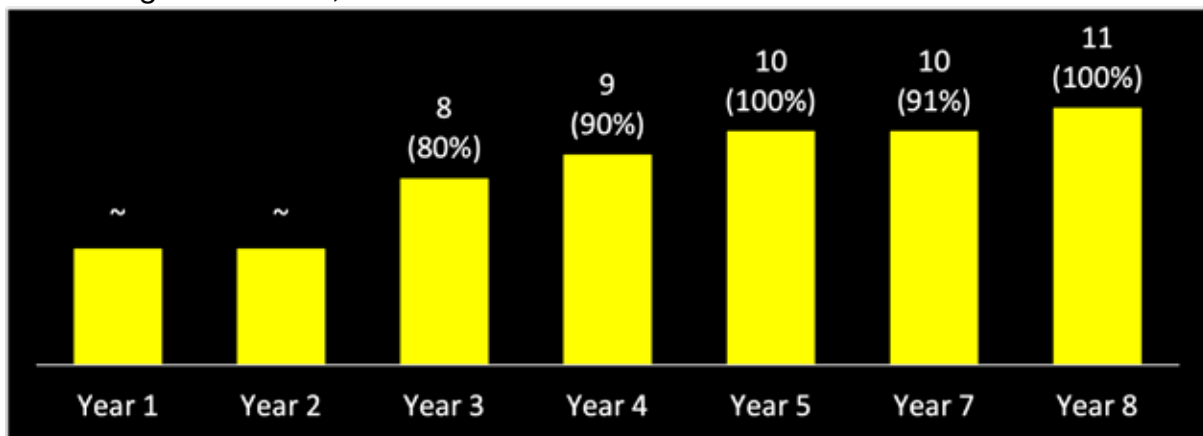
~ Number of schools too small to be reported (5 or less)

Profile of school-based drug use

From Years 1 to 8, changes in the profile of school-based drug use have been reported (Table 7.3). These changes include the following:

- Overall, Years 1 to 8 reported school-based drug users were getting older, with the norm age increasing from 14 to 15 years
- Years 1 and 2 reported school-based drug users were White Irish; from Year 3 drug users were reported to be from all ethnic groups
- Years 1 and 2 reported that school-based drug use related to the use of cannabis herb; from Year 3, the types of drugs used during school time increased
- The use of cannabis edibles during school time was first reported in Year 8

Table 7.3: Profile of school-based drug users, DATMS Year 1 to 8

Year	Drug type	Norm age	Youngest age	Gender	White Irish	Irish Traveller	Irish African	Irish Eastern European	Irish Asian
1	Cannabis herb	14	12	M & F*	√				
2		14	12	M & F*	√				
3		14	12	M & F*	√		√	√	√
4		13	12	M & F*	√	√	√	√	√
5		15	12	M & F*	√	√	√	√	√
7		13	12	M & F*	√	√	√	√	
8		15	13	M & F*	√	√	√	√	√
3	Cocaine powder ^	14	14	M & F*	√				
4		15	14	M & F*	√				
5		15	15	M & F*	√		√	√	√
7		15	15	M & F*	√				
8		15	15	M & F*	√	√	√		
3	MDMA (pills) ^	14	14	M & F*	√				
4		14	14	M & F*	√				
5		14	14	M & F*	√				
7		+	+	+	+	+	+	+	+
8		15	15	M & F*	√				
4	Benzodiazepines Z drugs ~	13	13	M & F*	√				
5		13	13	M & F*	√				
7		+	+	+	+	+	+	+	+
8		15	15	Males	√		√		
5	Cannabis oil x	14	12	M & F*	√	√	√	√	√
7		+	+	+	+	+	+	+	+
8		✿	✿	✿	✿	✿	✿	✿	✿
5	Alcohol x	14	14	Males	√			√	
7		13	13	M & F*	√		√	√	
8		✿	✿	✿	✿	✿	✿	✿	✿
7	Nitrous oxide #	13	13	M & F*	√	√	√	√	
8		13	13	M & F*	√	√	√	√	
8	Cannabis edibles"	15	13	M & F*	√	√	√	√	√

* Male & female, though predominately males
^ Use of drug during school time first reported in Year 3
~ Use of drug during school time first reported in Year 4
× Use of drug during school time first treported in Year 5
Use of drug during school time first reported in Year 7
+ Use of drug during school time not reported in Year 7
" Use of drug during school time first reported in Year 8
✿ Use of drug during school time not reported in Year 8

3) DRUG AND ALCOHOL-RELATED CRIME

Since Year 1, drug-related crime in Dublin 15 has been reported. From 2017 to 2022, participants reported perceptions concerning the frequency with which drug-related crime occurred (Charts 7.27 to 7.30). Over this reporting period, there have been changes concerning the most frequently occurring drug-related crime. From Years 3 to 5, drug-related intimidation was perceived to be the most frequent, this changed to anti-social behaviour in Year 7 and visible drug use in Year 8.

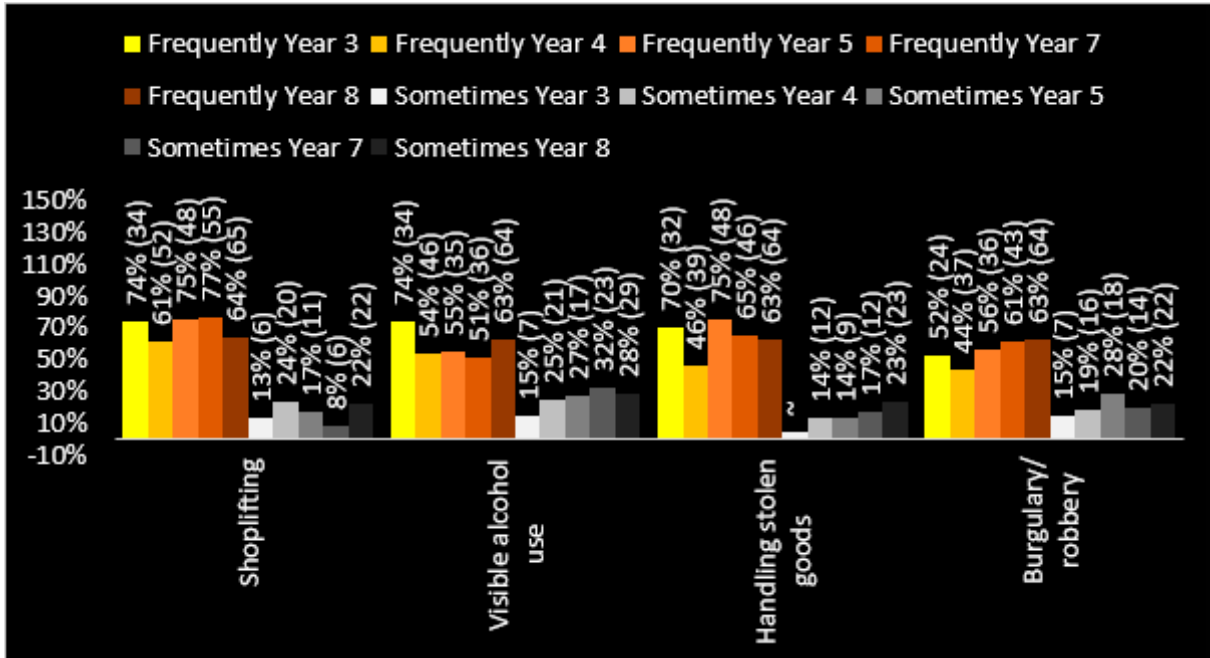Chart 7.27: Frequency of drug-related crime in Dublin 15, DATMS Year 3 to 8 (2017-2022)
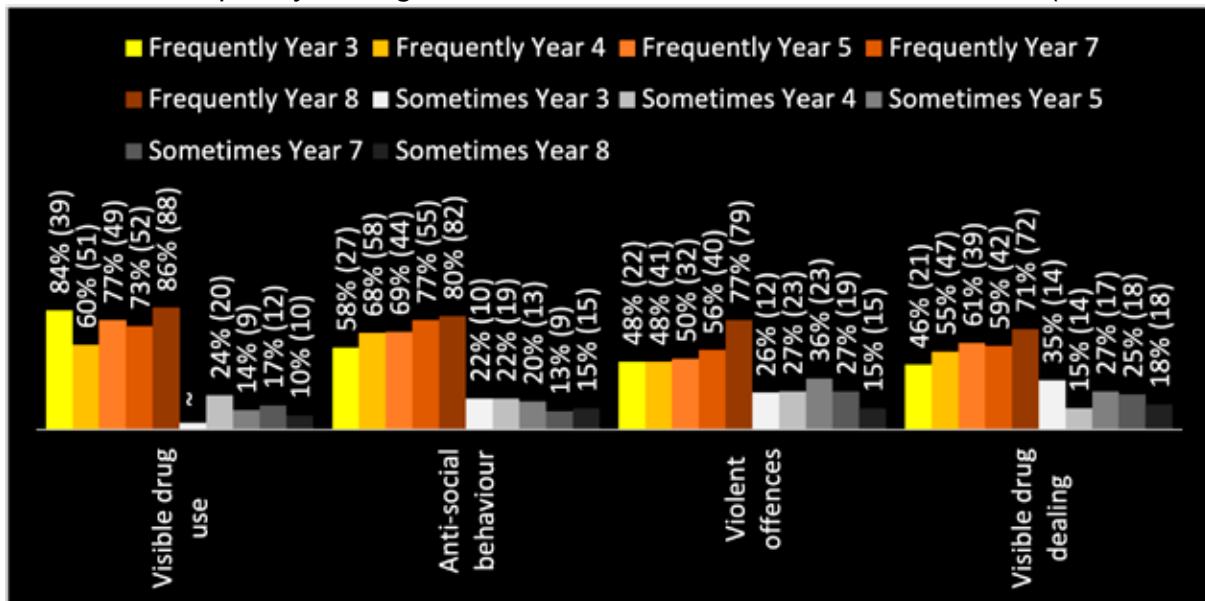
~ Number too small to be reported (5 or less)
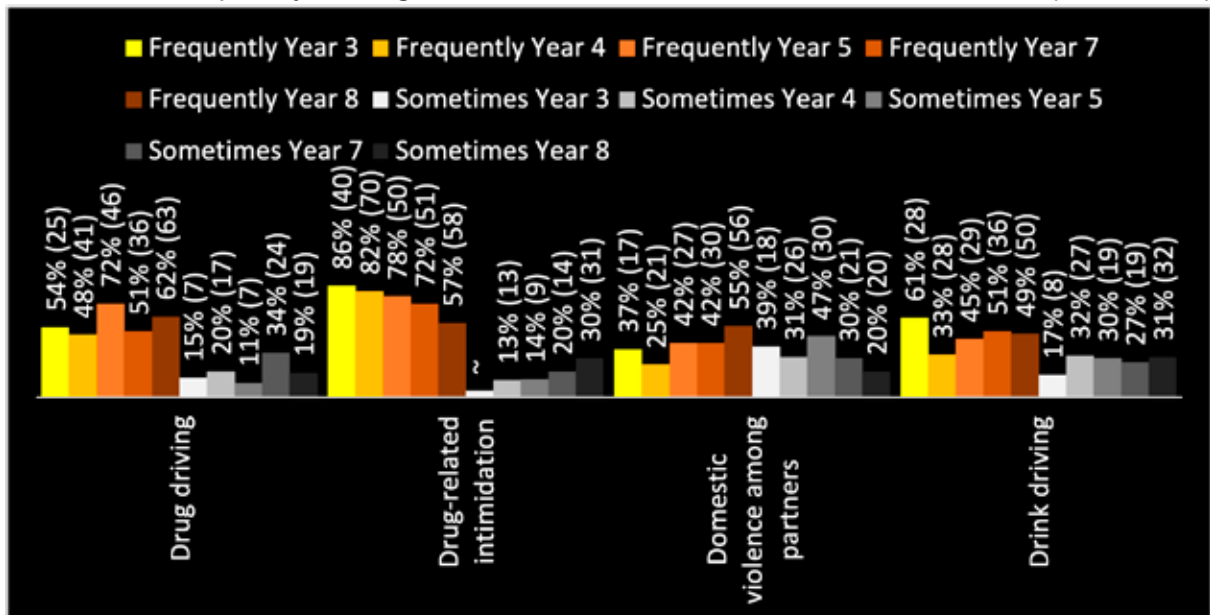Category totals less than 100% as category 'unknown' removed

Chart 7.28: Frequency of drug-related crime in Dublin 15, DATMS Year 3 to 8 (2017-2022)

~ Number too small to be reported (5 or less)
Category totals less than 100% as category 'unknown' removed

Chart 7.29: Frequency of drug-related crime in Dublin 15, DATMS Year 3 to 8 (2017-2022)

~ Number too small to be reported (5 or less)
Category totals less than 100% as category 'unknown' removed
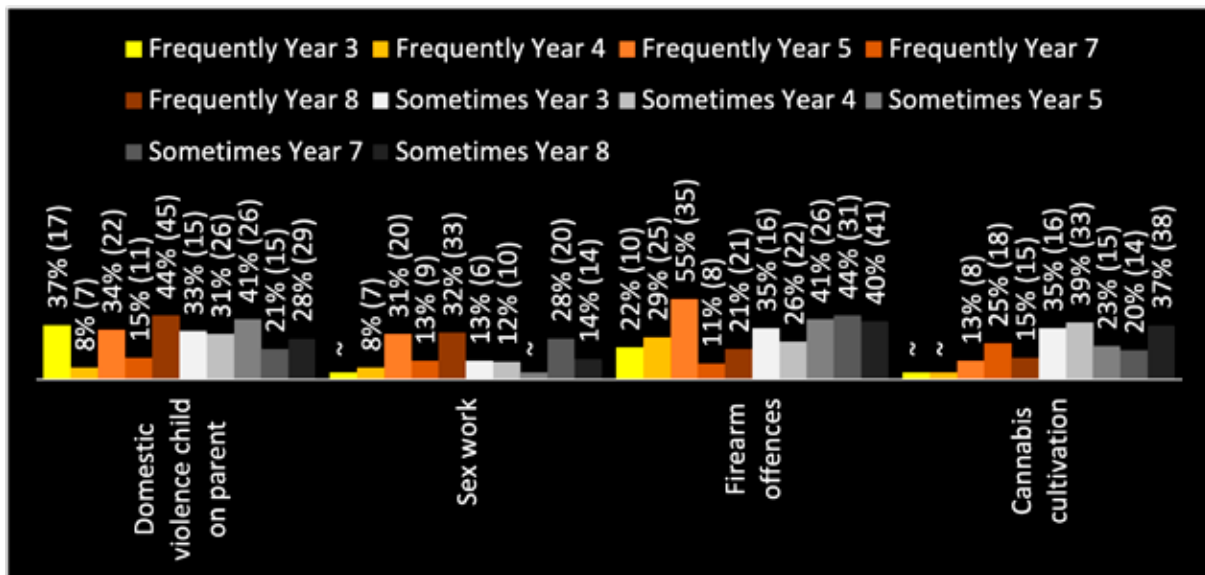
Chart 7.30: Frequency of drug-related crime in Dublin 15, DATMS Year 3 to 8 (2017-2022)
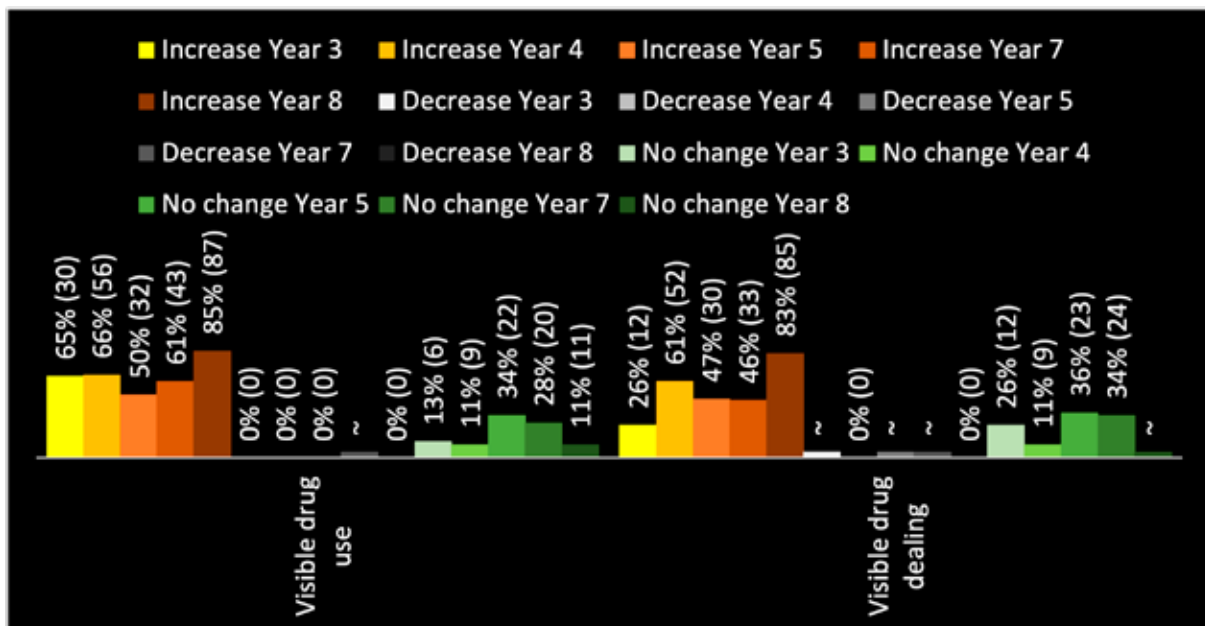

~ Number too small to be reported (5 or less)
Category totals less than 100% as category 'unknown' removed

Participants reported perceived changes in the frequency of drug-related crime from Years 3 to 8 (Charts 7.31 and 7.38). Since Year 3, an increase in the frequency of most drug-related crimes was reported. Since Year 7 participants associated this increase with an increase in the use of powder and crack cocaine.

Chart 7.31: Changes in frequency of drug-related crimes in Dublin 15, DATMS Year 3 to 8 (2017-2022)
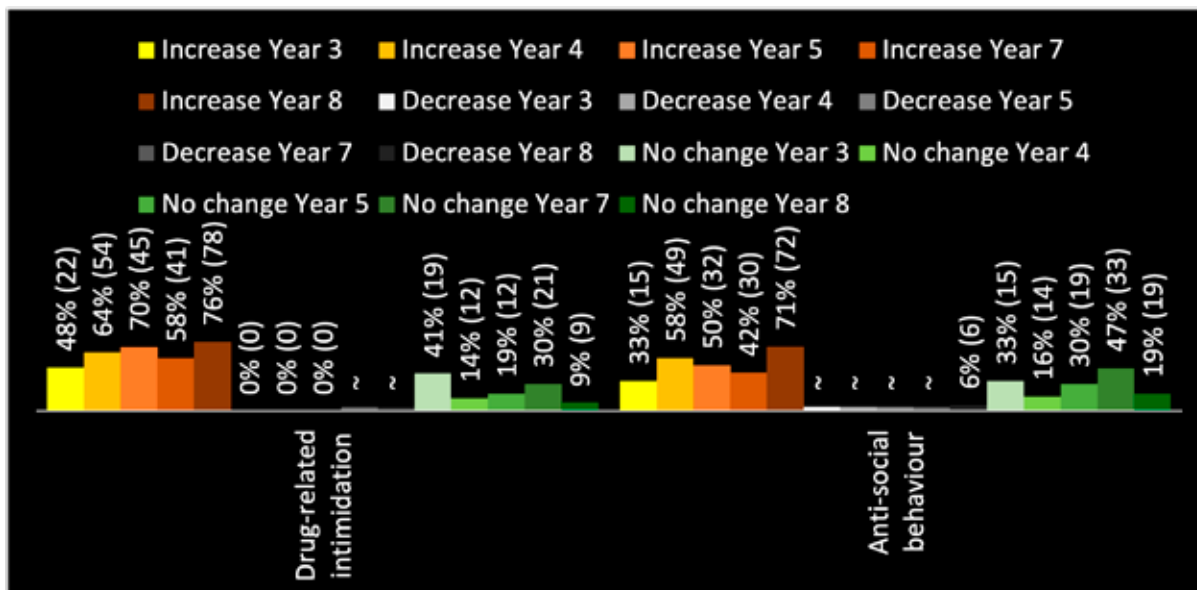

~ Number too small to be reported (5 or less)
Category totals less than 100% as category 'unknown' removed

Chart 7.32: Changes in frequency of drug-related crimes in Dublin 15, DATMS Year 3 to 8 (2017-2022)

~ Number too small to be reported (5 or less)
Category totals less than 100% as category 'unknown' removed

Chart 7.33: Changes in frequency of drug-related crimes in Dublin 15, DATMS Year 3 to 8 (2017-2022)

~ Number too small to be reported (5 or less)
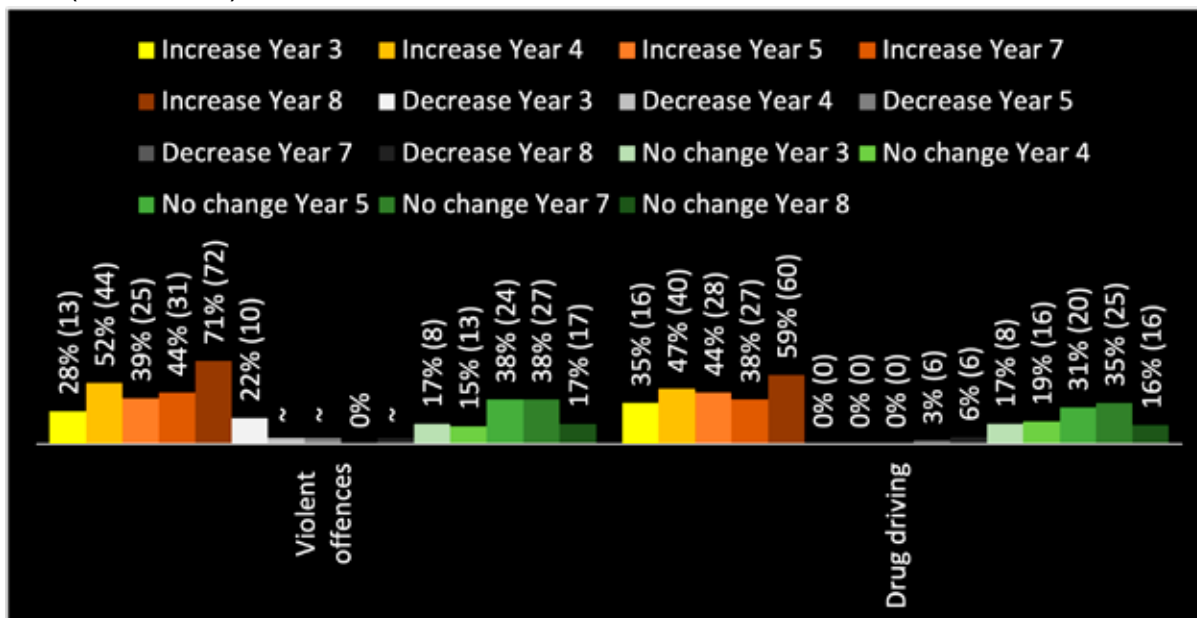Category totals less than 100% as category 'unknown' removed

Chart 7.34: Changes in frequency of drug-related crimes in Dublin 15, DATMS Year 3 to 8 (2017-2022)

~ Number too small to be reported (5 or less)
Category totals less than 100% as category 'unknown' removed

Chart 7.35: Changes in frequency of drug-related crimes in Dublin 15, DATMS Year 3 to 8 (2017-2022)

~ Number too small to be reported (5 or less)
Category totals less than 100% as category 'unknown' removed

Chart 7.36: Changes in frequency of drug-related crimes in Dublin 15, DATMS Year 3 to 8 (2017-2022)

~ Number too small to be reported (5 or less)
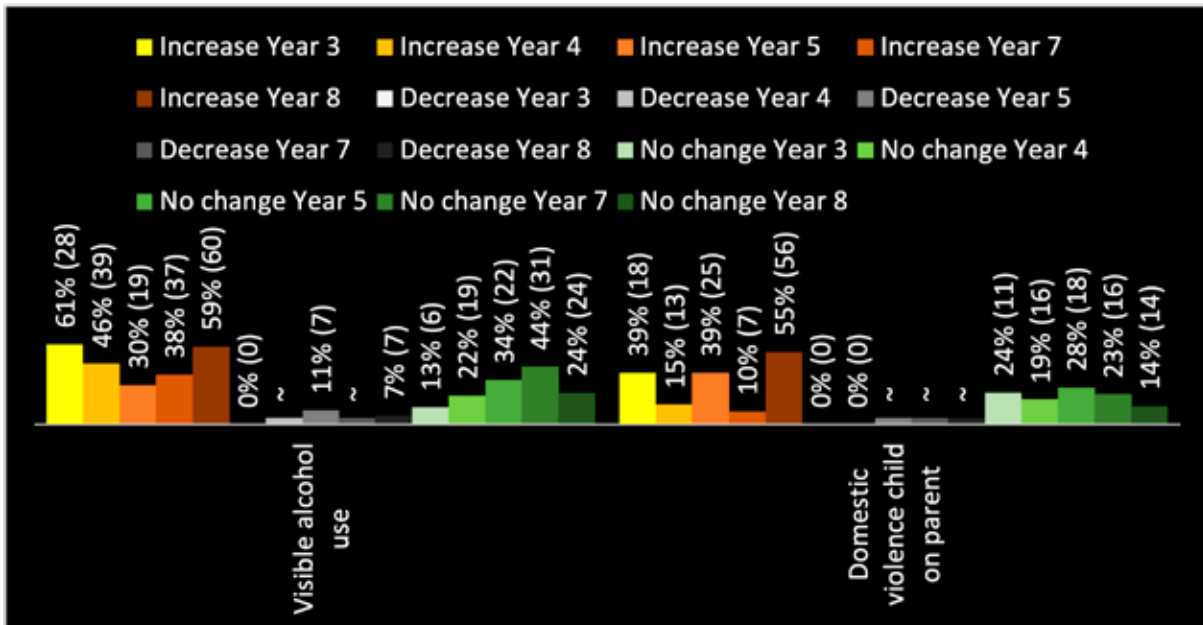Category totals less than 100% as category 'unknown' removed

Chart 7.37: Changes in frequency of drug-related crimes in Dublin 15, DATMS Year 3 to 8 (2017-2022)

~ Number too small to be reported (5 or less)
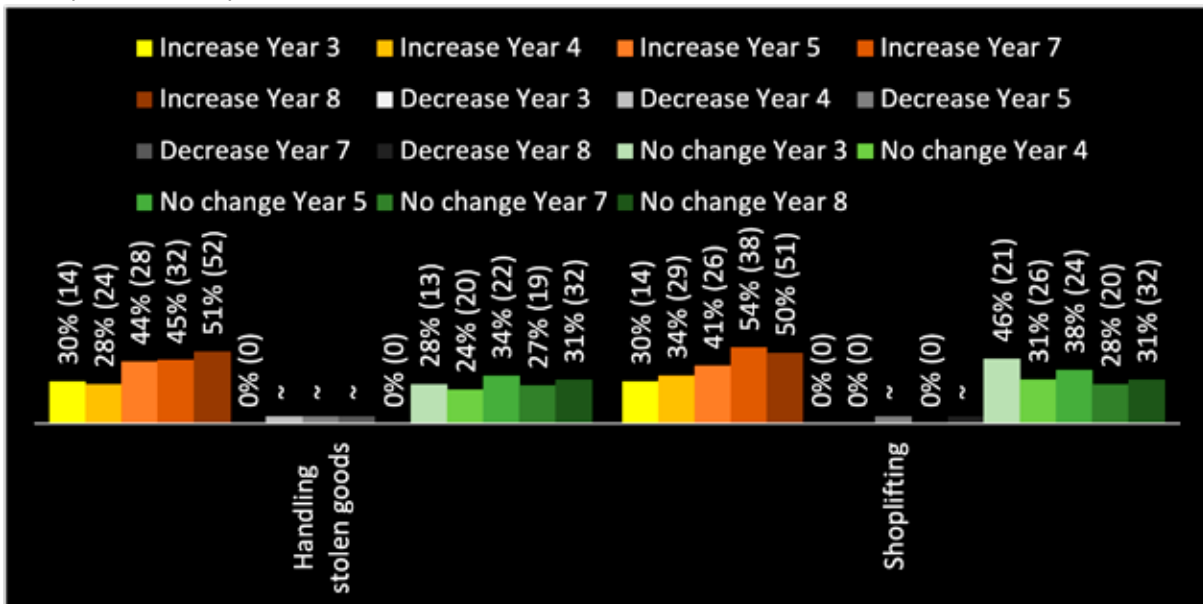Category totals less than 100% as category 'unknown' removed

Chart 7.38: Changes in frequency of drug-related crimes in Dublin 15, DATMS Year 3 to 8 (2017-2022)
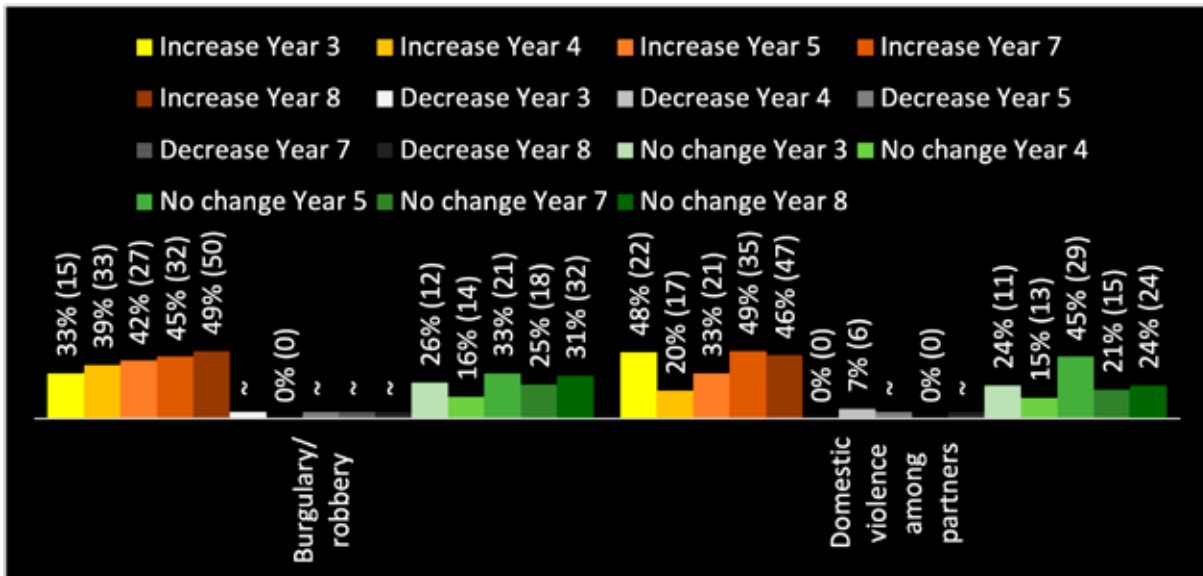

~ Number too small to be reported (5 or less)
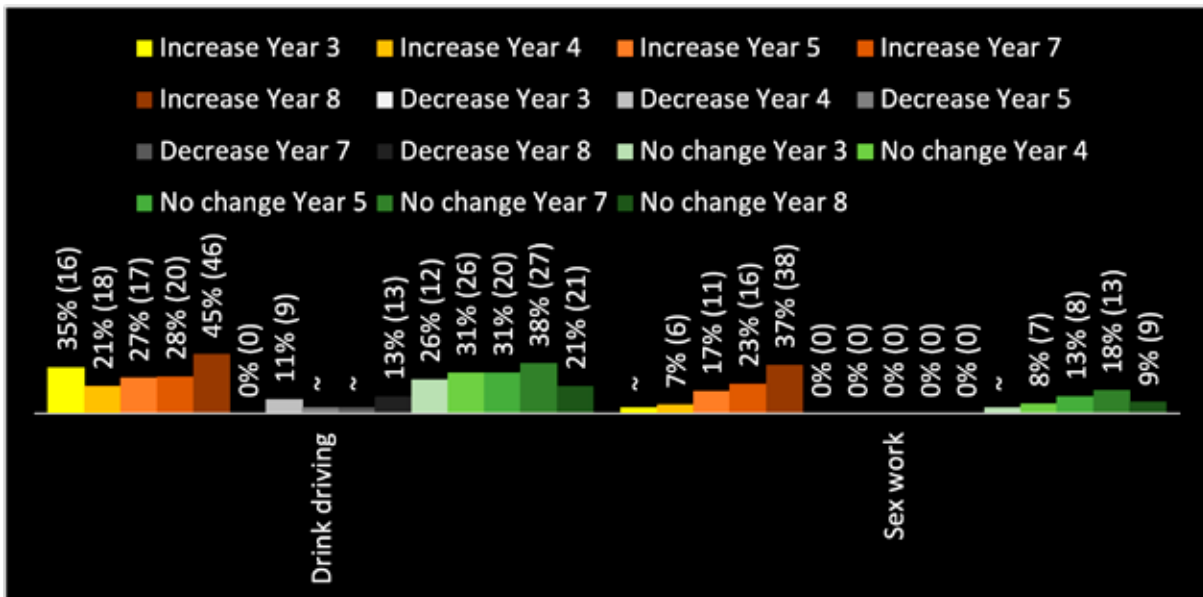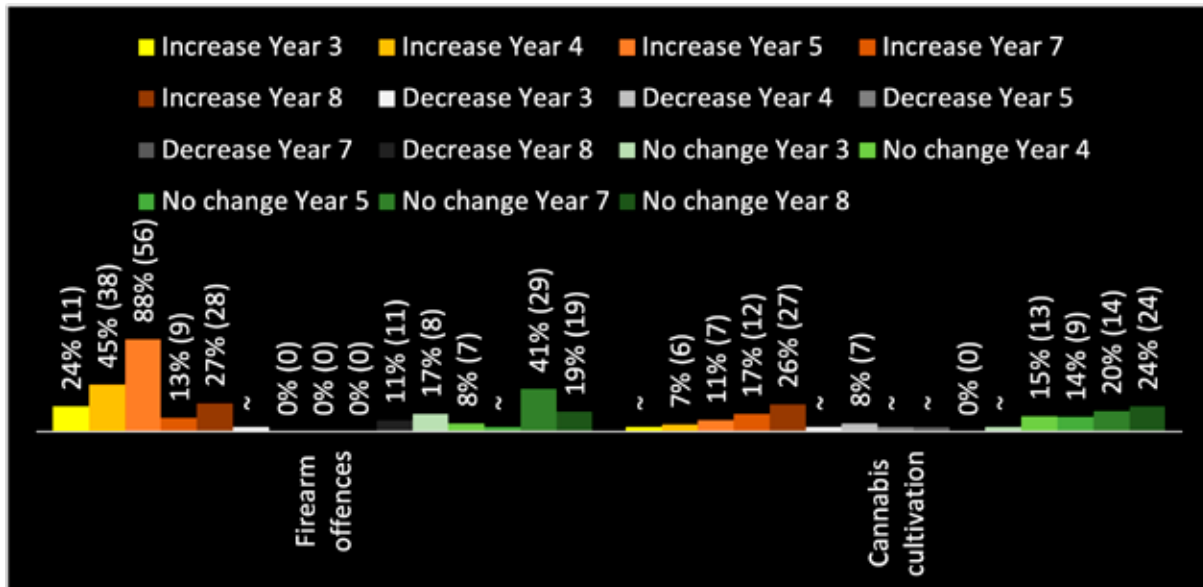Category totals less than 100% as category 'unknown' removed

Drug-related intimidation

Since Year 1, participants reported that drug-related intimidation takes many forms, including forcing victims to hold drugs or firearms or distribute drugs to pay off debts. This could partly explain the perceived increase in the number of people dealing drugs since Year 2[21]. Drug-related intimidation includes 'cuckooing', a form of criminal exploitation where dealers take over the homes of drug users to facilitate their supply operations. Year 8 was the first time that this form of intimidation was reported to the DATMS. However, this is not a new phenomenon which possibly suggests that its prevalence is increasing in Dublin 15.

Gardai intervention was rarely sought for drug-related intimidation (Chart 7.39), with victims and families paying debts to protect their families.

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21   Reported in the chapter 'Factors contributing to drug use'

Chart 7.39: Reporting of drug-related intimidation to Gardai, DATMS Year 3 to 8 (2017-2022)

~ Number too small to be reported (5 or less)
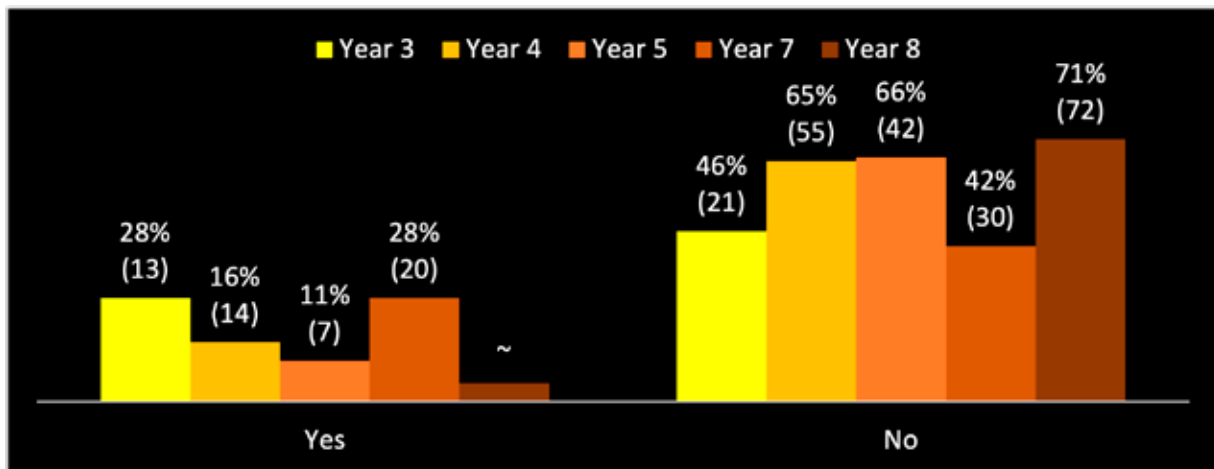Category totals less than 100% as category 'unknown' removed

From Years 3 to 8, participants reported that drug-related intimidation was rarely reported to the Gardai because:

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

Gardai data for Years 1 and 2 stated that the number of families reporting drug-related intimidation to Gardai were too small to be reported (to protect anonymity). In Years 3 and 4, An Garda Síochána reported that drug-related intimidation remains an issue in Dublin 15. However, due to the confidentiality of the Drug-Related Intimidation Reporting Programme, no data concerning these offences could be provided. Year 5 reported an increase in drug-related intimidation cases reported to the Drug-Related Intimidation Reporting Programme. An Garda Síochána reported that this increase was most likely due to an increase in awareness about the service rather than an increase in the incidence of this crime. No data was provided for Year 7 or 8. While it is difficult to quantify the extent of drug-related intimidation in Dublin 15, as reported above, from Year 3 to 7 drug-related intimidation was one of the most frequently reported drug-related crimes in Dublin 15. However, Year 8 reported a change whereby it is no longer the most frequently reported drug-related crime.

8. EDUCATION PREVENTION

The BLDATF D15 Family Support service coordinates a limited number of educational assessments/interventions which complement the Department of Education's provision. The programme's primary focus is to reduce risk factors for drug and alcohol use and ensure the best outcomes for primary school children and their families living in Dublin 15. D15 Family Support completes an initial intake assessment with the parent(s) to establish if any additional family supports can be offered to complement the referral; additional supports include the Triple P Parenting programme or the 5 Step Method. Sources of referrals are primarily from Dublin 15 DEIS primary schools and statutory services. The number of children who received support for psychological issues increased by 147% from 17 in Year 5 to 42 in Year 8 (Chart 8.1).

Chart 8.1: Education/prevention cases, DATMS Year 5, 7 & 8 (2019, 2021 & 2022)
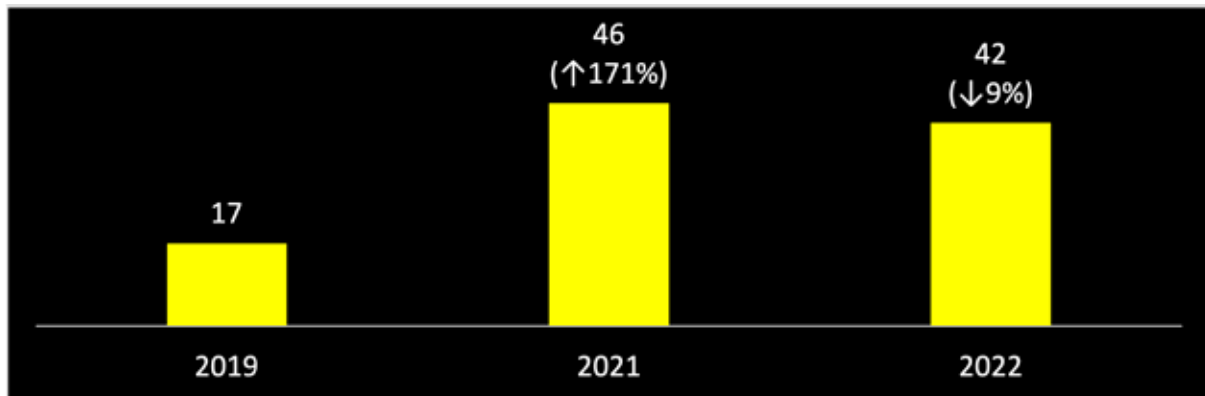
Over the reporting period, the number of education prevention interventions fluctuated (Chart 8.2).

Chart 8.2: Education prevention interventions, DATMS Year 5, 7 & 8 (2019, 2021 & 2022)
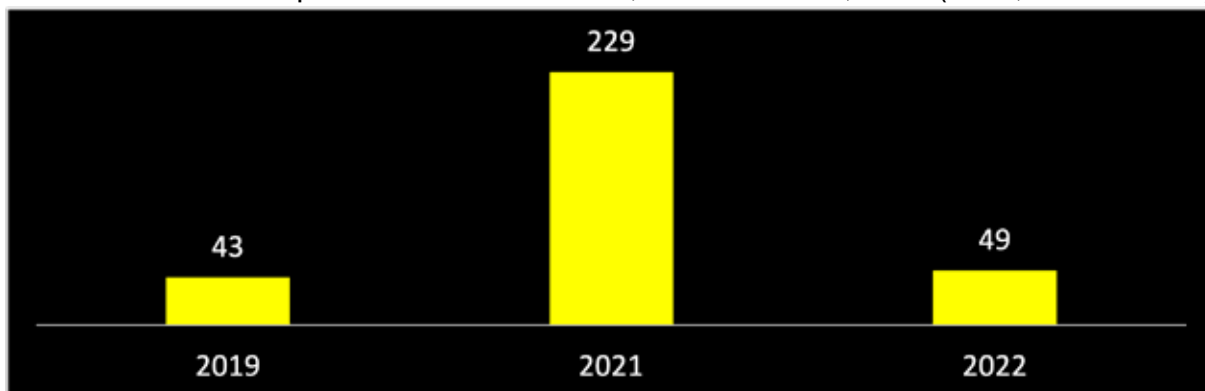
These education prevention interventions took the form of intake psychology consultations, psychological assessments and therapies. Intake psychology consultations occurred between a parent and a clinical psychologist. The aim was to establish any concerns about the child's development and behaviour and assess whether the child required psychological assessment. Psychological assessments included speech and language, educational and cognitive, and teacher interviews. Teacher interviews reported an educational perspective concerning the child's progress and participation in class and an emotional and behaviour perspective with their peers. Psychological therapies included speech and language, occupational and cognitive behavioural therapies. A breakdown of support received is reported in the chart below (Chart 8.3).

Chart 8.3: Education prevention interventions, DATMS Year 5, 7 & 8 (2019, 2021 & 2022)
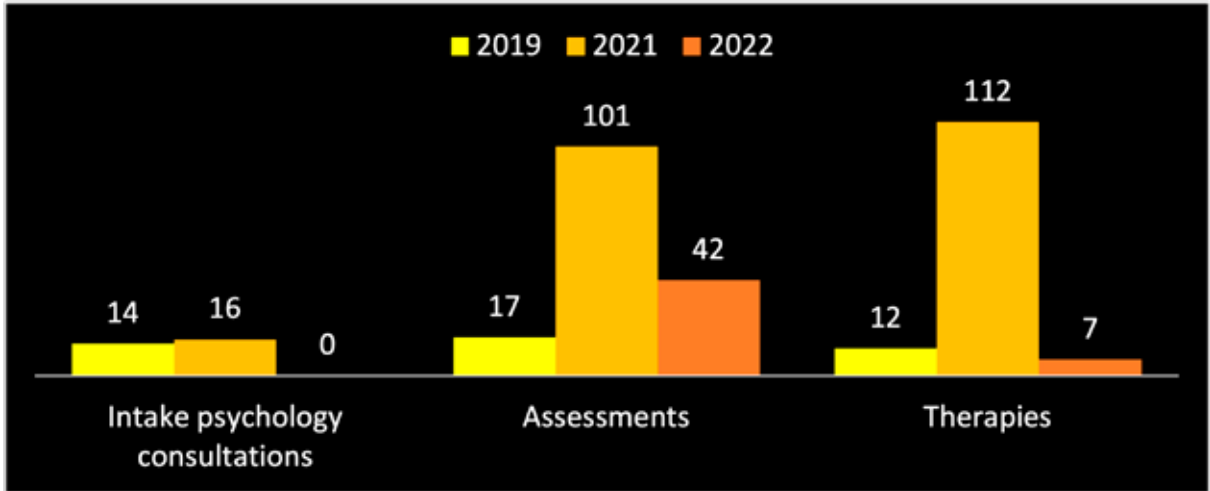
From 2021 to 2022, the reduction in the number of interventions does not identify a reduction in need but changes to service delivery and cost. The psychologists changed the method for the delivery of therapies from group to one-to-one setting. There was also a large increase in the cost of assessments and the decision was taken to reduce therapies and focus on the assessments. These interventions are funded by the BLDATF with support from Tusla, Child and Family Agency and the Health Service Executive.

9. SERVICE PROVISION

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

STRENGTHS OF ADDICTION SERVICES IN DUBLIN 15

Strengths <u>underlined</u> were also reported in previous DATMS reports.

- <u>The Dublin 15 addiction services offer a continuum of care from low threshold to stabilisation to drug free and rehabilitation programmes for young people and adults</u>
- <u>Treatment, rehabilitation, and family support services provide supportive and non-judgemental environments for people affected by alcohol or drug use:</u>
  - <u>Engagement with evidence-based programmes empowers people to improve coping strategies, increase resilience and prioritise wellbeing</u>
  - <u>The shared experience of peer support reduces isolation, fosters a sense of belonging and improves wellbeing</u>
  - Rehabilitation services including education and training programmes, and pro-social activities assist the development of recovery capital

GAPS IN SERVICE PROVISION IN DUBLIN 15

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

EDUCATION & PREVENTION

- <u>Improve drug prevention programmes for under 18s</u>; service provision to include:
  - <u>Information about drug use, mental health and reducing the stigma associated with seeking help for drug or mental health issues</u>
  - School based drug education provision
- Increase knowledge of local service provision on a local and targeted basis; service provision to include:
  - <u>Public awareness campaigns</u>
  - Encourage help seeking behaviours and highlight confidentiality of service provision because the *stigma associated with drug or alcohol use is a barrier to help-seeking and service utilisation*

TREATMENT

- <u>Improve treatment programmes for adolescents and young people</u>; service provision to include:
  - <u>Work experience/apprenticeships</u>
  - Service provision needs to *pro-actively attract the most vulnerable and hard-to-reach as most young drug users do not perceive the need for treatment*
  - Improve the capacity of youth services to support young people who are drug and alcohol users and encourage engagement with addiction services
- Improve access to harm reduction and stabilisation programmes for chronic drug and alcohol users
- Improve accessibility of treatment programmes; service provision to include:
  - *Increased access to drug-free day programmes*
  - *Improve access to childcare for people attending day* and residential programmes
  - Increase access to treatment services for cannabis use
  - Improve access to residential treatment services
  - Improve access to fellowship meetings including Alcoholics and Cocaine Anonymous
  - <u>Out-of-hours services</u> including stabilisation, <u>treatment</u> and family support services during weekday evenings and <u>weekends</u>, plus fellowships meetings at weekends
- <u>Improve access to detoxification programmes including residential and community-based services</u>
- <u>Increase access to counselling, mental health clinical assessments and treatment services for children, young people and adults</u>; service provision to include:
  - <u>Out-of-hours services</u>
  - <u>A comprehensive dual diagnosis service for the treatment of all drug types involving partnerships with community, voluntary and statutory mental health and addiction services</u>
- Improve access to general practitioners

REHABILITATION

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

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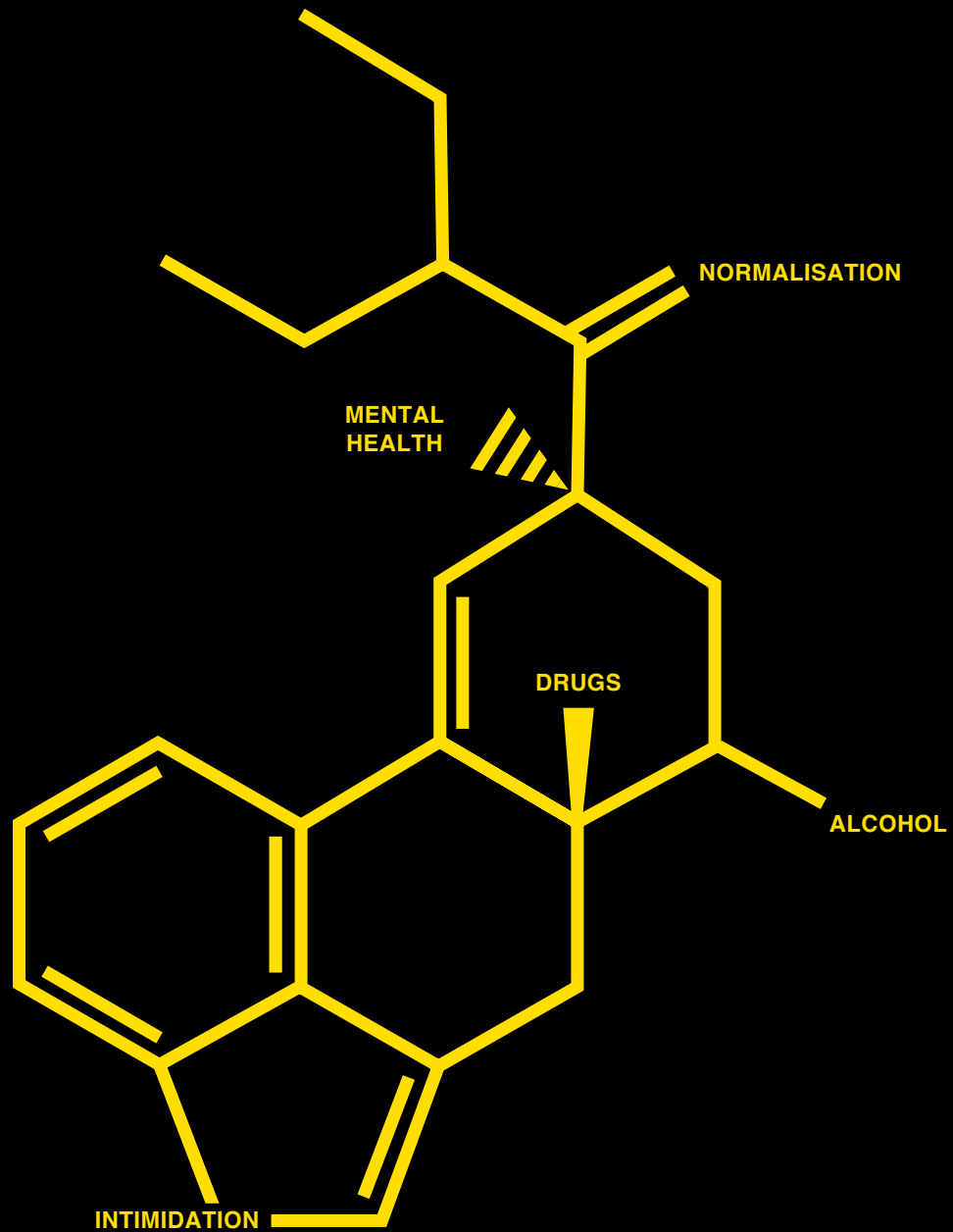
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NORMALISATION

MENTAL
HEALTH

DRUGS

ALCOHOL

INTIMIDATION

NORMALISATION

MENTAL
HEALTH

DRUGS

ALCOHOL

INTIMIDATION

BLANCHARDSTOWN
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