

COCAINE IN LOCAL COMMUNITIES

CITYWIDE FOLLOW-UP SURVEY

October 2006

Citywide Drugs Crisis Campaign, 175, North Strand Road, Dublin 1 email: info@citywide.ie web: www.citywide.ie

Cocaine in communities 2 years on...

In March 2004 Citywide published the results of a survey about the extent to which community based drug projects were dealing with the problems of cocaine use. Despite government reluctance to acknowledge the problem at the time, a number of reports including one from the National Advisory Committee on Drugs and indeed our survey clearly illustrated that cocaine was indeed a growing, real problem.

Two years on, cocaine is widely recognised as being readily available and causing major problems in our communities; Citywide has once again surveyed Drug Projects to see what if anything had changed and how local communities were responding. The results of this survey are highlight in this newsletter.

So what has changed?

- In 2004, 14% of the projects reported seeing clients with what they then described as problematic cocaine use - now 62% of projects are seeing clients with cocaine as their main drug of choice (see page 2)
- Two years ago 92.6% of projects reported that existing clients were using cocaine. This survey reveals that 50% of projects are seeing an increase in cocaine use amongst their clients since 2004 (see page 2)
- The general health of clients with problematic cocaine use is deteriorating and project workers are especially worried about the mental health of many of their clients. Due to poor injecting habits there is a huge rise in clients experiencing abscesses & wounds (see page 3)

INSIDE

Stats & comparisons 2004 - 2006	2
Impact on clients	
- Health	3
- poly-drug use	3
- family	3
- financial & legal	4
- on communities	4
- on drug services	5
- Crack/cocaine	5
How community drug projects are responding	6

- There is a major concern across all projects about the financial and legal problems that clients are experiencing and the impact that debt is having on families through intimidation & reprisals from drug dealers and money-lenders. This is coupled with a very sharp rise in violent crime and gun related crime (page 4)

How have Projects and communities responded?

- In the intervening 2 years 93% of projects have had key workers undertake cocaine training
- Projects saw the development of services for cocaine using clients as critical in the last survey, since then (of the responding projects) three cocaine specific pilot projects have been set up, two projects have employed cocaine specific project workers and a whole range of services have been developed in projects right across the city. (see page 6)

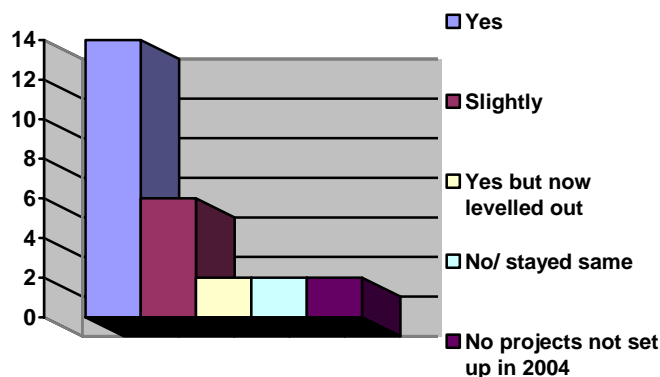
62% of projects are now seeing clients whose main drug of choice is cocaine



TWO YEARS AGO 92.6% OF PROJECTS REPORTED THAT EXISTING CLIENTS WERE USING COCAINE

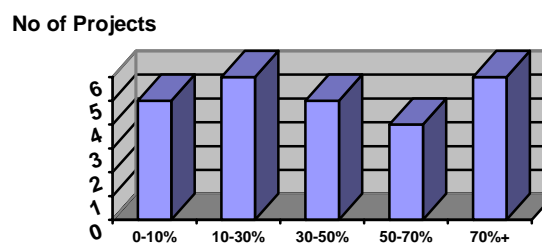
Q.1a): Has cocaine use increased among clients since 2004? (28/28)

Yes: 14
 Yes slightly: 6
 Yes increased in 2004 then levelled out: 2
 No/remained the same: 2
 No -2 (1 project outside Dublin)
 No - projects were not set up in 2004: 2



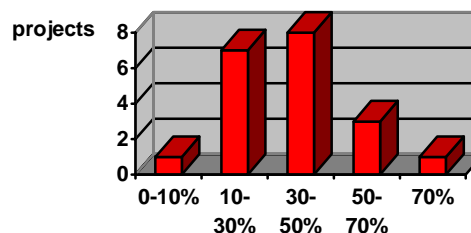
Q1b): Percentage of clients using cocaine?

2006 (26/28)



Note: 3 projects are cocaine specific

2004 (20/27)

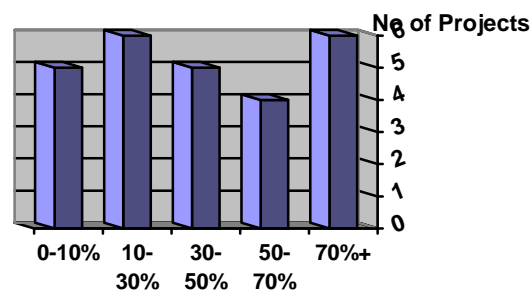


Q.1c): What percentage of clients are using cocaine as their primary drug (17/28)

2004: Only 4 Projects were seeing clients that were considered to have problematic cocaine use.

2006: 62% of responding projects are seeing clients now with cocaine as their primary drug.

Percentage of clients using cocaine as their primary drug:



Note: 3 Projects are cocaine specific

1. d): Is cocaine use gender specific/ more common within certain age brackets? (28/28)

2 projects only work with youth

2 projects only work with women (1 noted younger age group using cocaine)

Of the remaining projects:

- 5 noted younger age group using
- 5 noted more males using (over 18's)
- 2 reported more women than men using (both noted average age 25 years)
- 10 projects saw no difference in patterns of use between men/women or in age

* One project noted that cocaine was more common amongst mid 20's to mid 40's with more men in their forties who were heavy drinkers having problems with cocaine.

Notes about the information: Although the response to this survey was similar to the 2004 survey (i.e. 28 projects responding in 2006 - 27 projects in 2004) it should be noted that only thirteen (46%) of questionnaires returned in 2006 were from projects that responded in 2004.

Q. 2 Cocaine Use – Impact on clients

(28/28)

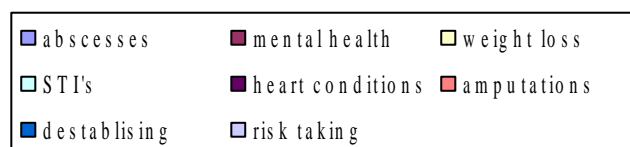
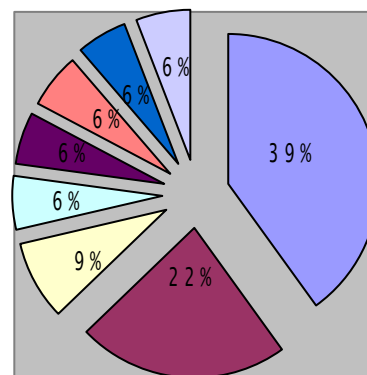
Health Problems

- 39% of projects reported a sharp increase in clients using cocaine presenting with abscesses & wounds because of poor injecting habits.
- Mental health problems are also on the increase amongst this group according to 22% of respondents with problems including depression, anxiety, stress, psychotic episodes, attempted suicide
- Weight loss & low blood pressure
- Risk-taking leading to increase in Sexually Transmitted Infections
- Amputations (2 cases reported)
- Heart conditions
- Opiate users who were previously stabilised on methadone now de-stabilising with cocaine use
- One project noted a 25% increase in sero-conversion to HIV in 2 years

Poly-drug use

- Projects are very concerned about the problems of poly-drug use particularly of mixing cocaine and alcohol
- Cocaine is easily available at most parties, weddings social events.
- Social options for those who choose to socialise in an environment that is drug/alcohol free are very limited leading to a greater risk of relapse.
- One project noted that dealers with Crystal Meth were targeting cocaine users.

Quote: "Clients like the feeling the drug gives them very much. They don't see cocaine use as problematic because of the drug but rather because of the cost and illegality".



- Another noted the deteriorating health of clients with HIV & Hep C
- Other health problems included: hallucinatory behaviour of cocaine only users, blackouts & overdose.
- A Project in North Dublin commented that they had seen one heroin related death in the past 10 years but they are aware of 4 deaths that are cocaine related in the last year.

Family

- Families are living in fear of dealers and money lenders
- Threats have been made by dealers and lenders to burn down family homes
- Clients (stabilised on methadone) who have been living independently are becoming increasingly dependent on parents and siblings to "bail them out"
- One project in west Dublin are working with a number of families who are living in fear of their children being shot or killed- many of these are currently in hiding
- Most projects noted that cocaine use is causing family breakdown at a much quicker rate than opiate use alone

Financial & Legal

The major concern expressed by all projects was the financial and legal problems that clients are facing. All respondents reported that clients using cocaine were experiencing:

- Huge financial debt
 - Threats of violence to the individual and to their families from dealers and money-lenders
 - Clients going into hiding from dealers and money-lenders
 - Families getting into debt to “bail-out” their children
 - Debt leading to failure to pay rent/mortgage, which in turn is affecting individuals housing status
 - Clients and family members living in fear of violent reprisal for debt owed
- One project is dealing with the families of clients murdered because of debt associated with cocaine use.
 - Projects reported that clients are engaged in increasing criminal activity to pay for cocaine. One project dealing with women only noted that more clients were picking up charges as a result of cocaine use than ever seen before plus the type of charge that clients are facing has changed – traditionally this project would have seen women up on charges of larceny and prostitution; now more and more of their clients are up on charges of drug possession with intent to supply.
 - Almost all projects expressed serious concern about the increase of gun-related crime.

*90% of projects
reported an increase in
violent crime & crimes
involving fire-arms
since 2004*

Community

- An increase in crime and violent/gun related crime was reported by the majority of respondents (90%)
- Intimidation and threats to the community – linked to drug dealing also were seen as major problems
- Projects reported both an increase in dealing and in public nuisance & anti-social behaviour

A small number of projects offered the following reasons for a seeming decrease in public nuisance in their areas:

On the south inner city a project reported that the regeneration of some public housing estates has led to a decrease in “outsiders” coming into one complex to use/buy/deal, leading to a decrease in community related problems. A group described as “vigilantes” are operating in another area and that coupled with hidden drug use appears to be keeping the impact of cocaine on this community at the same level as 2004. A project in west Dublin reported that cocaine was impacting hugely in 2004 on the local community – the problem seemed to level off for the following 18 months but problems once again are building a head of steam. One explanation put forward for community related problems not becoming greater was that many of the most chaotic cocaine users 2 years ago are now in prison.

Impact on Community Drug Services

Projects reported that cocaine use was stretching resources

- There is the increase in the amount of clients attending and in the level of care required when dealing with clients whose lifestyles can be chaotic
- Clients coming from outside project catchment areas because of fear of recognition and reprisals from those they own money to in their own communities
- More requests for court reports
- More crisis intervention
- Increase in aggressive behaviour – *note aggression was seen to be on the increase but not seen as hugely problematic for services*
- Staff are increasingly involved in supporting children of cocaine users – one project has had all team members complete the “children first” training.
- More referrals to nurse

Quote: “The perception of cocaine as not being problematic increases the challenge for projects. Projects with drug free policies are faced with clients who see weekend cocaine use as normal and non-problematic – this has challenged project policies across the board”

Quote: “There is often a manic attitude attached to the problems cocaine users present with, leading to difficulties in long-term care planning as only the immediate is worth “attending to” by the person dependant on cocaine.

Long-term planning with cocaine using clients can be very difficult because of the very high levels of relapse”.

- Project teams are increasingly dealing with mental health issues
- Many clients are not open about their cocaine use (and many don’t see cocaine as being a problem)
- Clients only using cocaine will not mix with opiate using clients leading to strain on resources while projects attempt to provide services to both groups. Because of the differing needs of cocaine users projects are trying to re-focus services to address cocaine dependencies. Projects have sought funding to operate out of hours services for cocaine users.
- Projects are seeing opiate using clients de-stabilising through cocaine use.

Crack/cocaine use locally

(21/28)

- Ten projects were aware that crack was available and being used locally but these projects were not seeing clients who were using crack
- Five projects are currently working with clients who are using crack*
- 3 projects reported that opiate using clients are the only people using crack
- 2 projects noted an increase in availability and usage of crack cocaine locally but following garda operations crack no longer seems to be as available.
- One project was able to identify 2 houses in their area where crack was both available and used

*There is free base available in some areas and clients are referring to it as crack

*Clients are cooking their own with ammonia

Cocaine in local communities – CityWide follow-up survey 2006

New services aimed at cocaine using clients

Service	Established	In Development
Cocaine Specific Pilot project set up	3	
Employed cocaine specific project worker	2	1
Counselling individual/group/family CBT	18	3
Complementary therapies	16	5
Health promotion & outreach- needle exchange, back-backing, info on safer injecting & sex Information to local communities	6	
Extended opening hours for cocaine using clients	4	4
Relapse prevention	4	1
Money management	2	
Personal development	2	
Drop-in for non-opiate cocaine users	2	
Medical supervision	2	
“Mindful consumption” juicing, herbal treatments, nutrition, healthy eating	2	
Education workshops for clients & families & re-assessing clients ed & training needs	2	1
Physical fitness	1	
Social networking evenings & peer group		1
Cocaine anonymous (Narcotic anonymous for cocaine use)	1	
Programmes for local projects to run with clients & CD and intervention worksheets		1
CE places for cocaine using clients		1

Five projects reported that they had not developed specific services however three of these projects are already providing complementary therapies & counselling. Two projects because of the nature of their work did not see it appropriate to develop cocaine specific services (one service users group the other a youth project that is experiencing far more problems with alcohol + poly-drug use).

Have project workers been able to access cocaine related training?

Of the 28 projects that responded only two had not accessed training on cocaine/crack

The majority of projects had key workers attend either the MQI* training or NDST** funded training. Additionally 4 projects attended training in England, 3 projects organised their own internal training utilising both in-house professional and outside expertise. Two projects were involved in designing and delivering training in their local communities.

93% of projects have accessed some form of cocaine related training

93% of projects have accessed cocaine related training since 2004

*Merchants Quay Ireland

** National Drugs Strategy Team