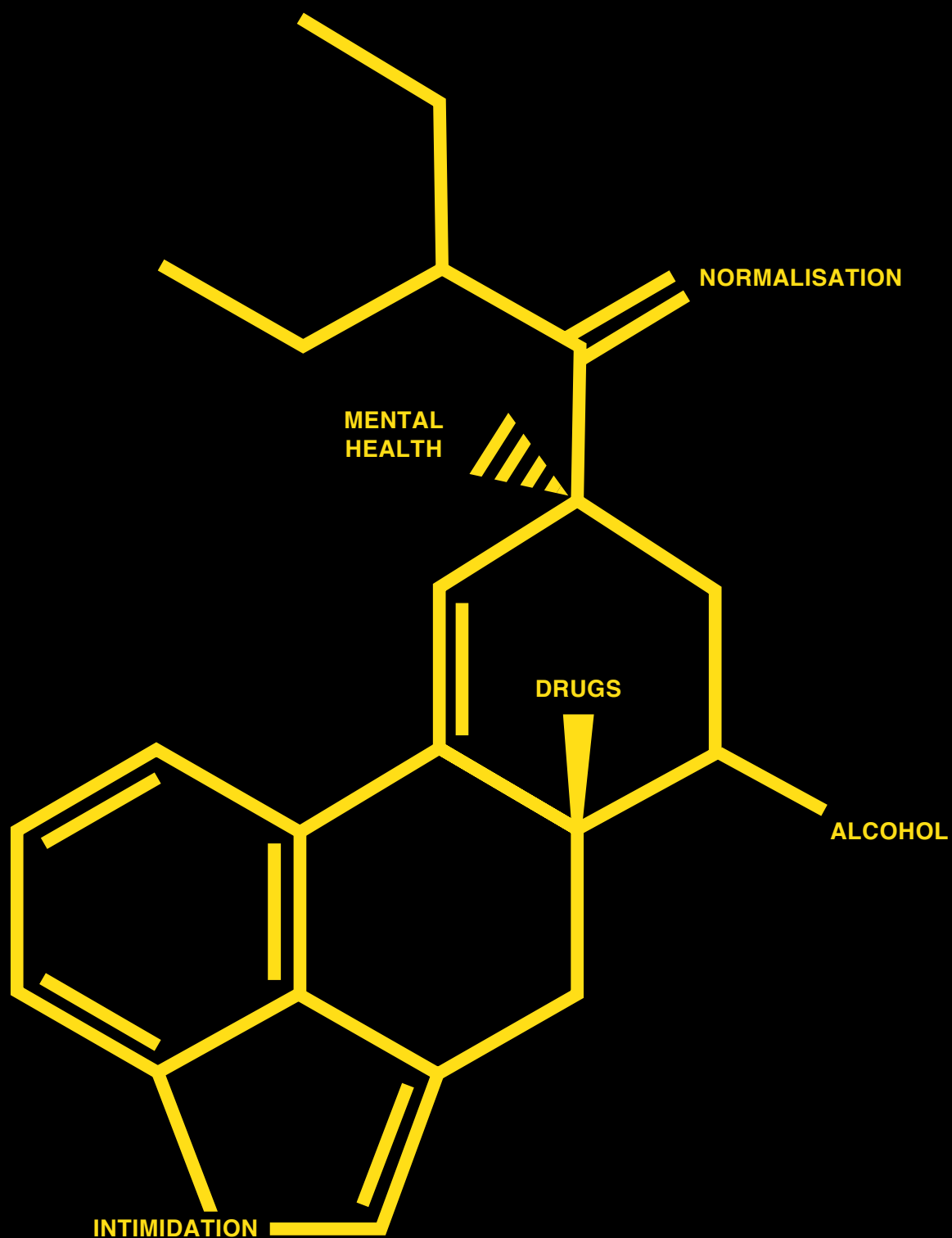


Blanchardstown Local Drug and Alcohol Task Force

Drug and Alcohol Trends Monitoring System (DATMS) 2022: Year 7



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Researchers

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.

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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.

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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 seventh year of our DATMS. The Year 1 reporting period began June 2014, Year 2 began June 2015, Year 3 to 7 is from 2017 to 2021. The DATMS employs a mixed-method design comprised of primary and secondary data sources. Years 1 to 5 and 7 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 7 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 7 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 six 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 7, 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 six 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. Since Year 5, participants reported drug use in all local secondary 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 six 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 drug users in Dublin 15. Since Year 3, it has been reported that untreated drug users 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 six 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 7, 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 2021, 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 and cannabis 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:
 - NDTRS data reports treated adult cases increased by 67% from 292 in 2016 to 487 in 2021

- 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			↑	↑

In addition, in Year 7, 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
Benzodiazepines, z drugs			↑	↑
Ketamine	↑			
Cannabis concentrates (oil, wax)	↑		↑	↑
Nitrous oxide	↑		↑	↑
Prescribed opiates		↑		
OTC codeine		↑		
Methamphetamine		↑		
Amphetamines		↑		
MDMA			↑	↑
Cannabis edibles		↑	↑	↑
GHB/GBL			↑	↑
Methylphenidate			↑	↑

- 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. All drugs that have increased in availability are the most commonly used, except for crack cocaine:

DRUG AND ALCOHOL TRENDS MONITORING SYSTEM YEAR 7

- 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, powder and crack cocaine has been reported
 - Year 7 reported an increase in the availability of MDMA, 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. Most of these drugs 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
 - Year 7 treated and untreated drug users reported the use of the prescribed stimulant drug methylphenidate (Ritalin, Concerta). The misuse of this drug has been long established, and this possibly signifies the re-emergence of an old trend
- 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 decreased by 16% from 51 in Year 1 to 43 in Year 7, though fluctuations in this trend were reported during this period
- From Years 1 to 7, the majority of cases were male, white Irish and aged from 15 years, and cannabis herb was the most commonly used drug, followed by alcohol
- Changes in the profile of treated cases:
 - From Years 1 to 7, an increase in the use of cannabis herb, cocaine powder and alcohol were reported
 - From Years 3 to 7, 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 7, the majority of cases were in education
 - From Years 1 to 7, there has been an increase in the number of secondary schools and training centres attended by treated cases aged under 18; some Years reported almost all secondary schools and training centres in Dublin 15 have students with drug and/or alcohol problems
 - Other changes are reported above in the trend analysis section

Treated drug users aged 18 and over

- NDTRS data reports treated cases increased by 67% from 292 in 2016 to 487 in 2021. From 2016 to 2021:
 - The majority of treated cases were Irish, male, aged 35 to 44 years
 - 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 2021, the majority of cases were treated for polydrug use, with the exception of 2019 where the majority were treated for non-polydrug use
 - Other changes in the profile of drug and alcohol use are reported above in the trend analysis section
- From Years 1 to 7, 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 six years of the DATMS trend data reported similar profiles of untreated drug use by young people and adults:
 - Alcohol, cannabis herb, MDMA and cocaine powder 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 7, untreated drug users were getting younger
 - From Years 1 to 7, untreated young and adult drug users have continued to report an increase in the use of alcohol, cannabis herb, cocaine powder and ketamine
 - Year 7 also reported an increase in the use of nitrous oxide, GHB/GBL and cannabis edibles
 - Other changes are reported above in the trend analysis section
- Prevalence rates estimated 23,711 (77%) of Dublin 15 residents aged 15 to 34 years used alcohol in the last year and 39,448 (78%) aged from 35 years; and 5,543 (18%) of Dublin 15 residents aged 15 to 34 years used illegal drugs in the last year and 2,023 (4%) aged from 35 years

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 six 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
- Year 7 was the first year we 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. Year 7 reported 943 treated drug use and family support cases, and 41% (385) of these cases had children aged under 18

- Prevalence rates estimate from 15% to 24% (4,907-7,852) of children were impacted by parental illicit drug use in Dublin 15, and from 14% to 37% (4,580-12,105) were impacted by parental alcohol dependency in Dublin 15
- The number of cases (385) in 2021 accounts for between 3% and 8% of the 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 7, 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 2021 reported the following:
 - Overall, the number of treatment episodes for mental health and behavioural disorders associated with drug and alcohol use increased by 154% from 169 in 2012 to 430 in 2021
 - Overall, the number of treatment episodes for poisonings increased by 200% from 17 in 2012 to 51 in 2021

SOCIAL CONSEQUENCES

- All six years of the DATMS trend data reported the negative impact drug use has on family relationships, employment, finances, housing and education
- From 2017 to 2021, the number of family members receiving support increased by 385% from 149 in 2017 to 722 in 2021:
 - 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 six years of the DATMS trend data reported the existence of drug-related crime in Dublin 15
- From Years 3 to 5, drug debt intimidation was the most frequently occurring crime and Year 7 reported that anti-social behaviour had become the most common drug-related crime
- Since Year 3, participants reported an increase in most drug-related crimes
 - Year 7 participants associated this increase 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 171% from 17 in Year 5 to 46 in Year 7
 - The number of education prevention interventions increased by 432% from 43 in 2019 to 229 in 2021

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 detoxification programmes
- 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	<ul style="list-style-type: none"> • Profile drug use in Dublin 15 • Identify gaps in service provision
Repeat annually	<ul style="list-style-type: none"> • 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 7 (2021)	
Drug treatment data	<ul style="list-style-type: none"> • 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~	<ul style="list-style-type: none"> • Profile of untreated drug use • Changes in drug use and drug related issues • Factors contributing to drug use
Family members affected by drug use~	<ul style="list-style-type: none"> • Profile of family members attending local family support services and peer-led groups • Family members area of residence visually represented on Dublin 15 map[∞] • Under 18s with family members affected by drugs and alcohol visually represented on Dublin 15 map^{**} • Impact of drug use on families

* For the profile of treated cases aged under 18, Years 1 to 7 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 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.

** Year 7 is the first time that we quantified the extent of hidden harm within the community and mapped it. For this study, 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 7 is reported in the table below; participant numbers for Year 4 and 5 have been included for comparison purposes (Table 2.1).

DRUG AND ALCOHOL TRENDS MONITORING SYSTEM YEAR 7

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

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

* 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 7 (2021)

Drug prevalence indicator	<ul style="list-style-type: none"> • National Drug and Alcohol Survey (Health Research Board): prevalence of drug use among general population aged 15+ years in Ireland
Drug treatment indicator	<ul style="list-style-type: none"> • National Drug Treatment Reporting System (Health Research Board): treated drug and alcohol use in Ireland
Other drug-related indicators	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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 us with the recruitment of research participants. In all six 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 7 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.

DRUG AND ALCOHOL TRENDS MONITORING SYSTEM YEAR 7

Table 2.2: Representation of participant target groups, DATMS Year 1 to 7

Target Group		Year 1	Year 2	Year 3	Year 4	Year 5	Year 7
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 5, there has been a decrease in the ethnic diversity of treated drug users participating in the DATMS. Year 4 participants included people from the White Irish, Irish African, Irish Eastern European and Irish Traveller communities. Year 5 included treated drug users from all of these ethnic backgrounds, excluding the Irish Traveller community. Year 7 included people from the White Irish and Irish Eastern European communities. Treated drug users from the Irish Asian community have not participated in any DATMS reports.

Since Year 1, family members participating in the DATMS were from the White Irish community. Year 7 included family members from White Irish and Irish Eastern European communities. Family members from all other ethnicities have not participated in the DATMS.

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 7 (2021)

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 indicators	At the time of print, 2018 data from the National Drug-Related Deaths Index (Health Research Board) was unavailable. This data is a census of drug-related deaths in Ireland.
	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 2018.
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 7 data was provided by Genesis and SASSY.

3. SOCIO-DEMOGRAPHIC PROFILE OF DUBLIN 15, 2006-2016

Year 3 provided a trend analysis of the socio-economic profile of the Dublin 15 population from 2006 to 2016 (Central Statistics Office (CSO), 2006, 2011, 2016). 2016 is the most recent census data. A summary of this data has been provided below; see Year 3 for the full analysis.

- Dublin 15 population increased by 20% from 90,974 in 2006 to 109,895 in 2016
- 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 24% in 2016

The following charts report the socio-demographic profile of the Dublin 15 population from 2006 to 2016 (Charts 3.1 to 3.5).

Chart 3.1: Dublin 15 population, CSO 2006 to 2016

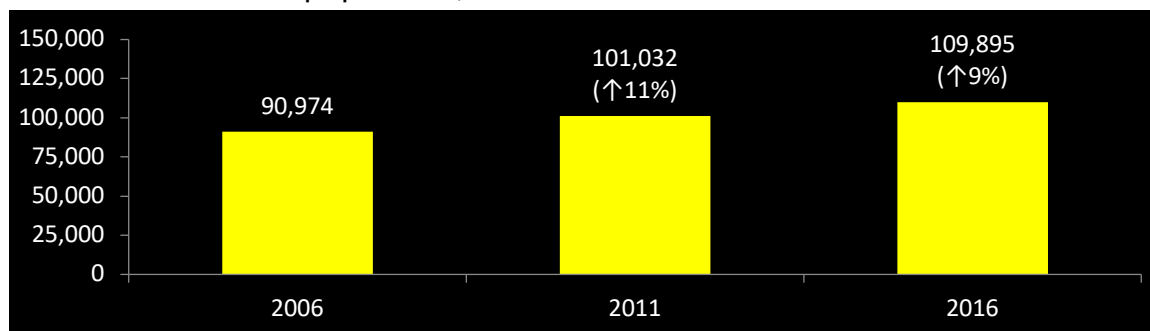


Chart 3.2: Dublin 15 population by age range, CSO 2006 to 2016

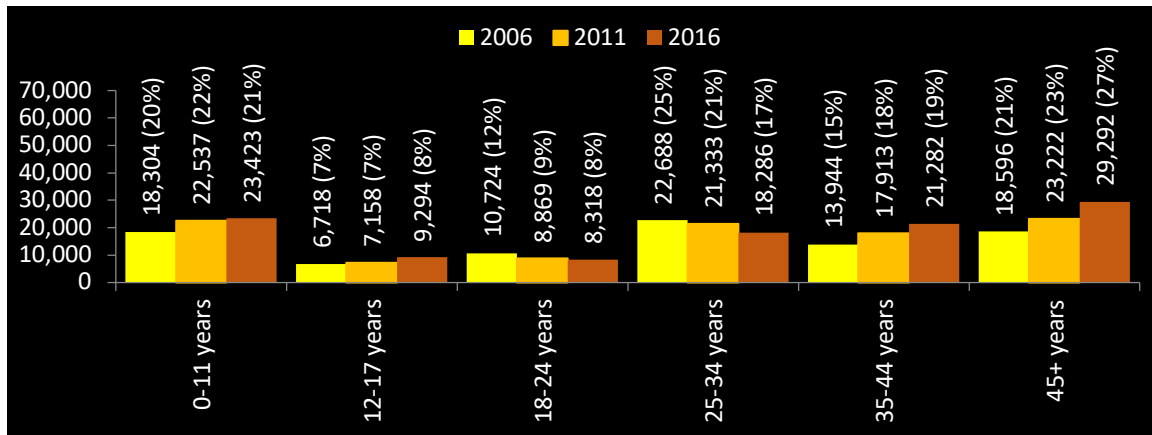
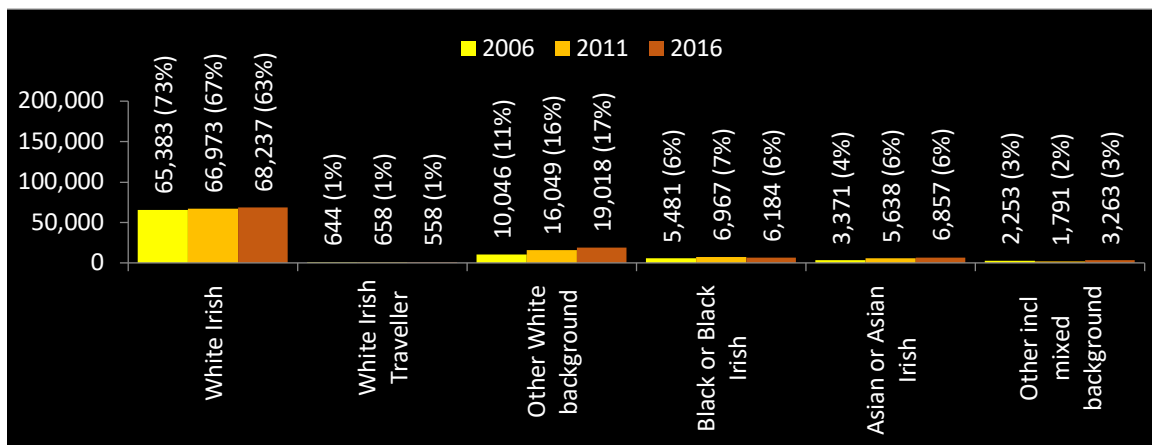
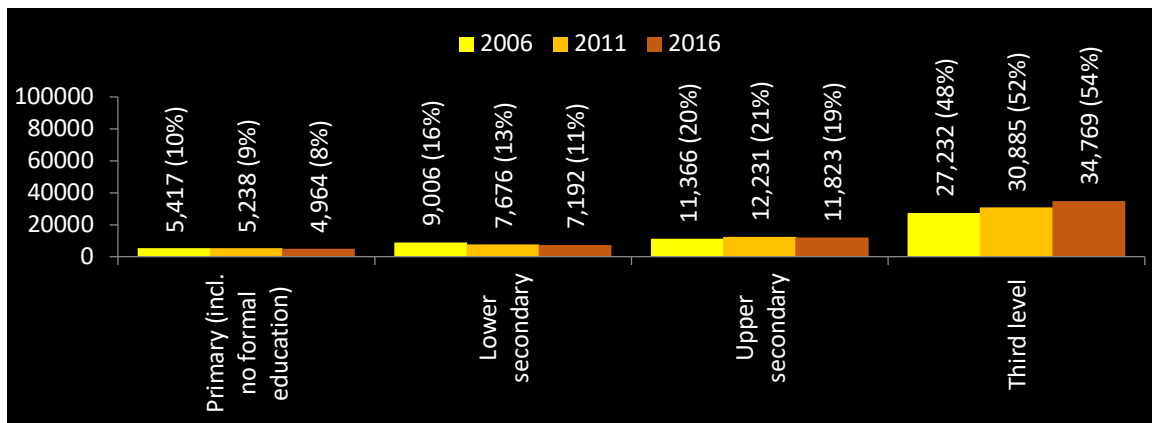


Chart 3.3: Dublin 15 population by ethnicity, CSO 2006 to 2016



Category totals less than population totals as category 'unknown' not included

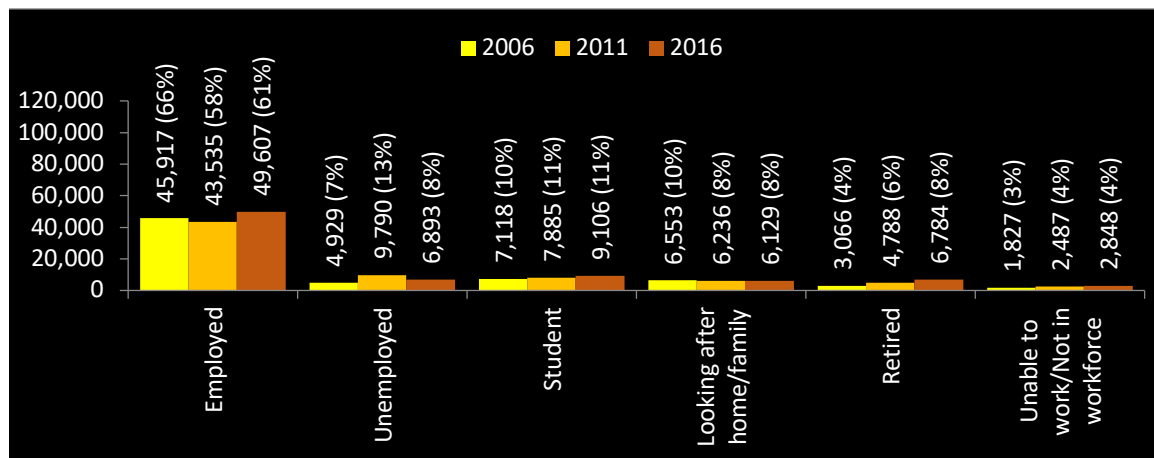
Chart 3.4: Educational attainment of Dublin 15 population aged 15 years and over, CSO 2006 to 2016



Category totals less than population totals as category 'unknown' not included

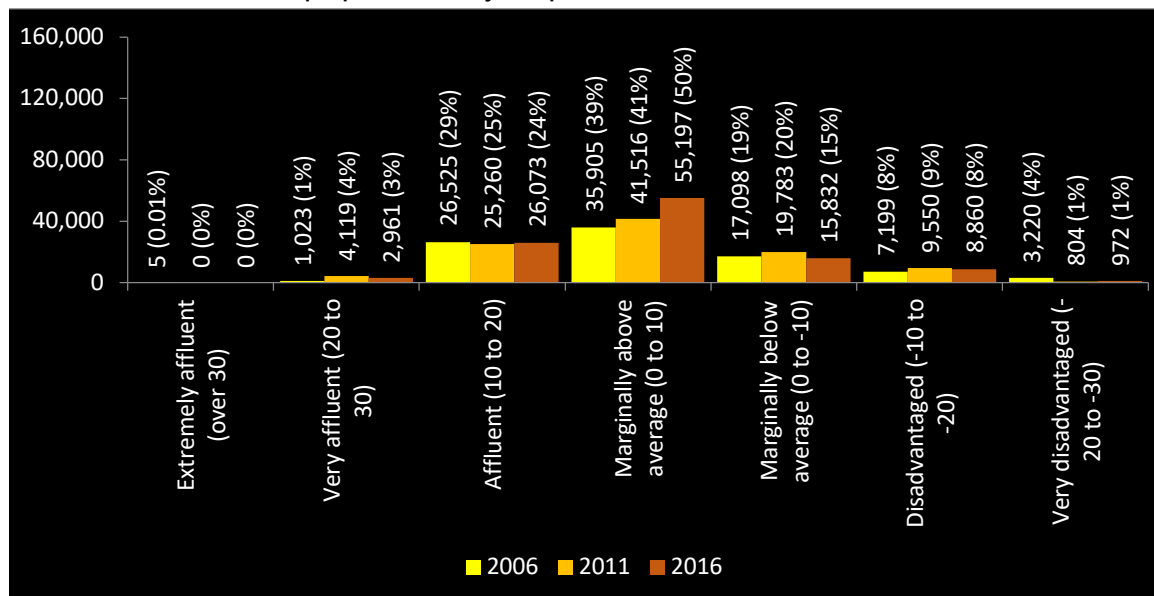
DRUG AND ALCOHOL TRENDS MONITORING SYSTEM YEAR 7

Chart 3.5: Economic status of Dublin 15 population aged 15 years and over, CSO 2006 to 2016



The Pobal HP Deprivation Index identifies the geographical distribution of affluence and deprivation in Ireland (Central Statistics Office, 2006, 2011, 2016). 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. The majority of the population is classified as marginally above the average (Chart 3.6).

Chart 3.6: Dublin 15 population by Deprivation Index Scores, 2006 to 2016



From 2006 to 2016, there was a 7% decrease in the proportion of Dublin 15 population classified as socio-economically deprived (Charts 3.7 and 3.8).

Chart 3.7: Dublin 15 socio-economically deprived population, Deprivation Index 2006 to 2016

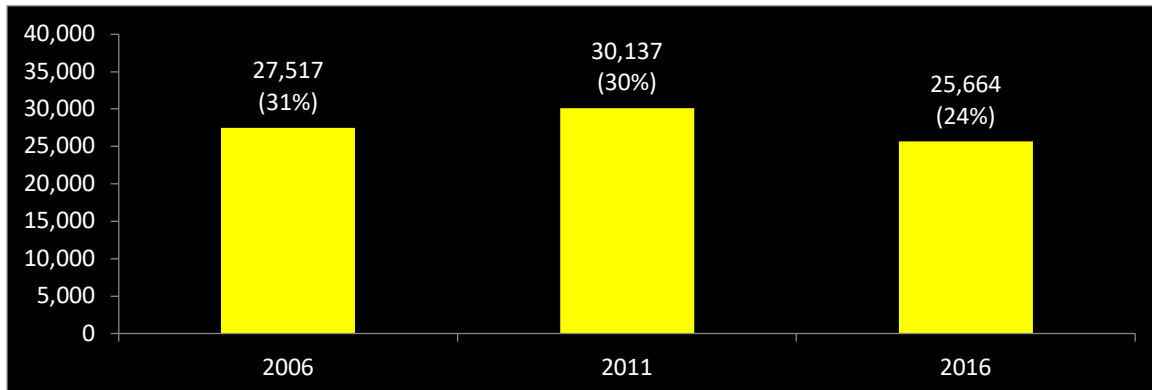
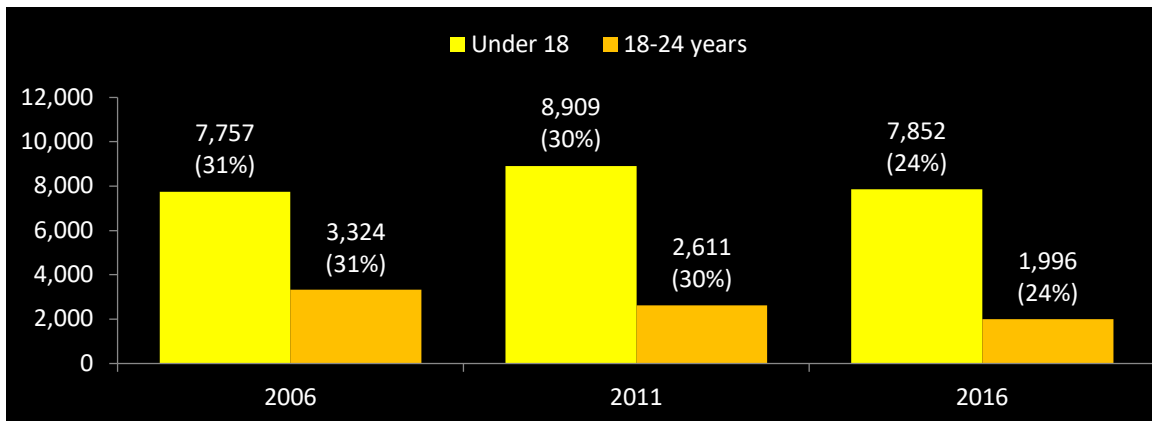


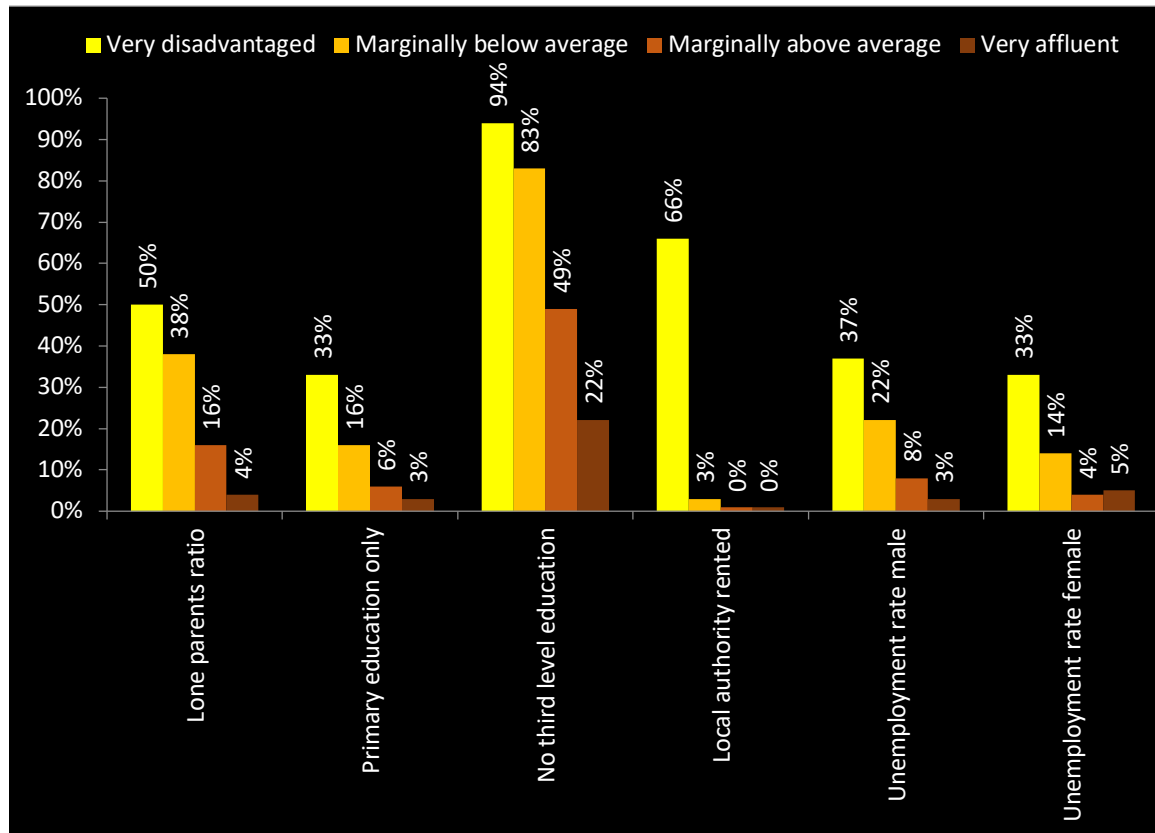
Chart 3.8: Dublin 15 socio-economically deprived youth population, Deprivation Index 2006 to 2016



The following chart describes the socio-demographic and economic characteristics associated with different levels of deprivation and affluence (Chart 3.9). It identifies that the most disadvantaged have the lowest levels of educational attainment and the highest rates of lone parents, unemployment and local authority housing; as affluence increases, the converse is reported.

DRUG AND ALCOHOL TRENDS MONITORING SYSTEM YEAR 7

Chart 3.9: Socio-demographic and economic characteristics of four Small Area deprivation and affluence categories in Dublin 15, Deprivation Index 2016



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

MAPPING TREATMENT DEMAND

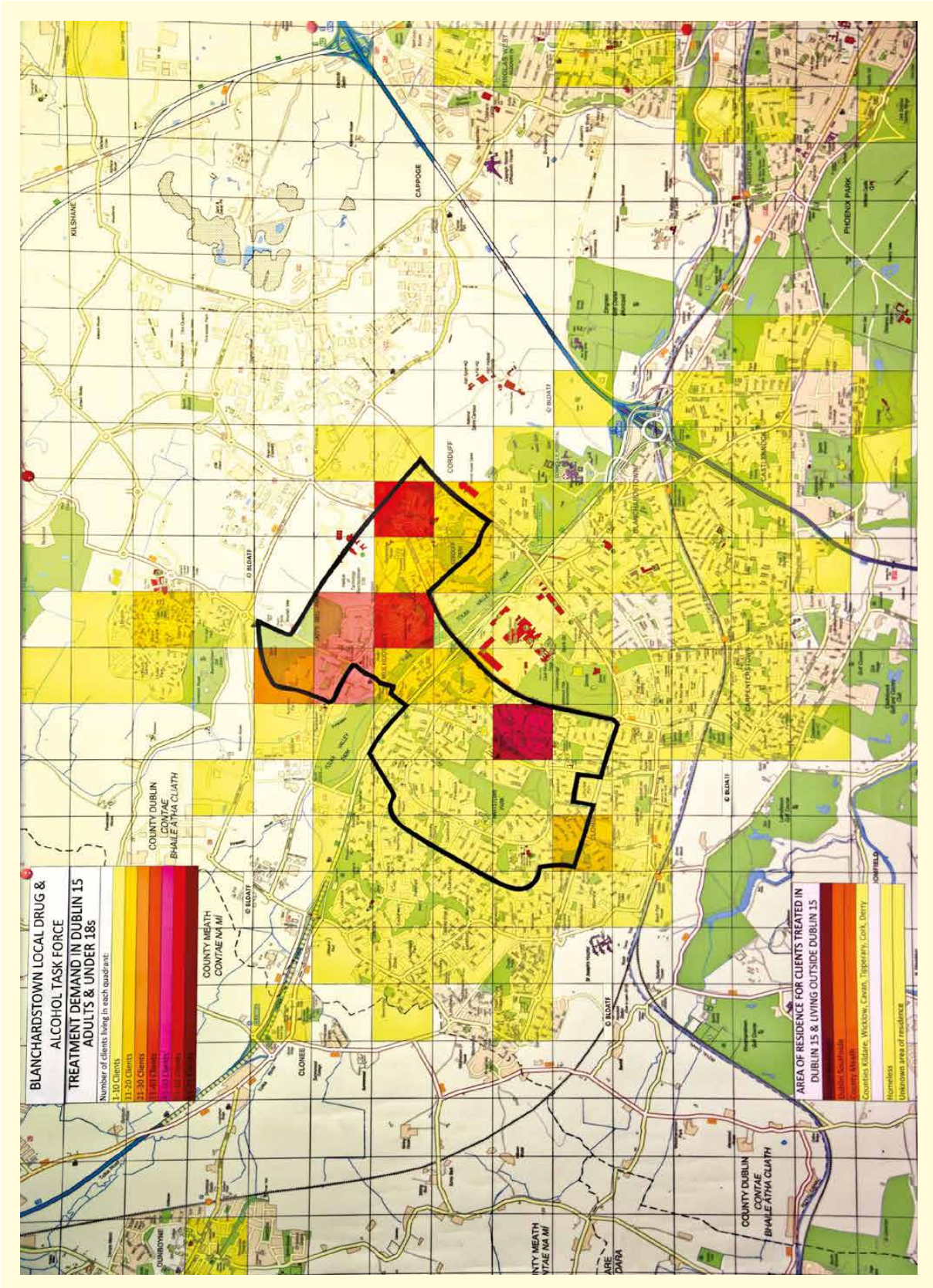
Mapping data was provided by the following local services: D15 CAT, the Health Service Executive's Substance Abuse Service Specific to Youth (SASSY), Blanchardstown Youth Service Drug Education Prevention programme, Mulhuddart/Corduff Community Drug and Alcohol Team, Tolka River Project, Coolmine Therapeutic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

Mapping treatment demand in Year 7 identified the following:

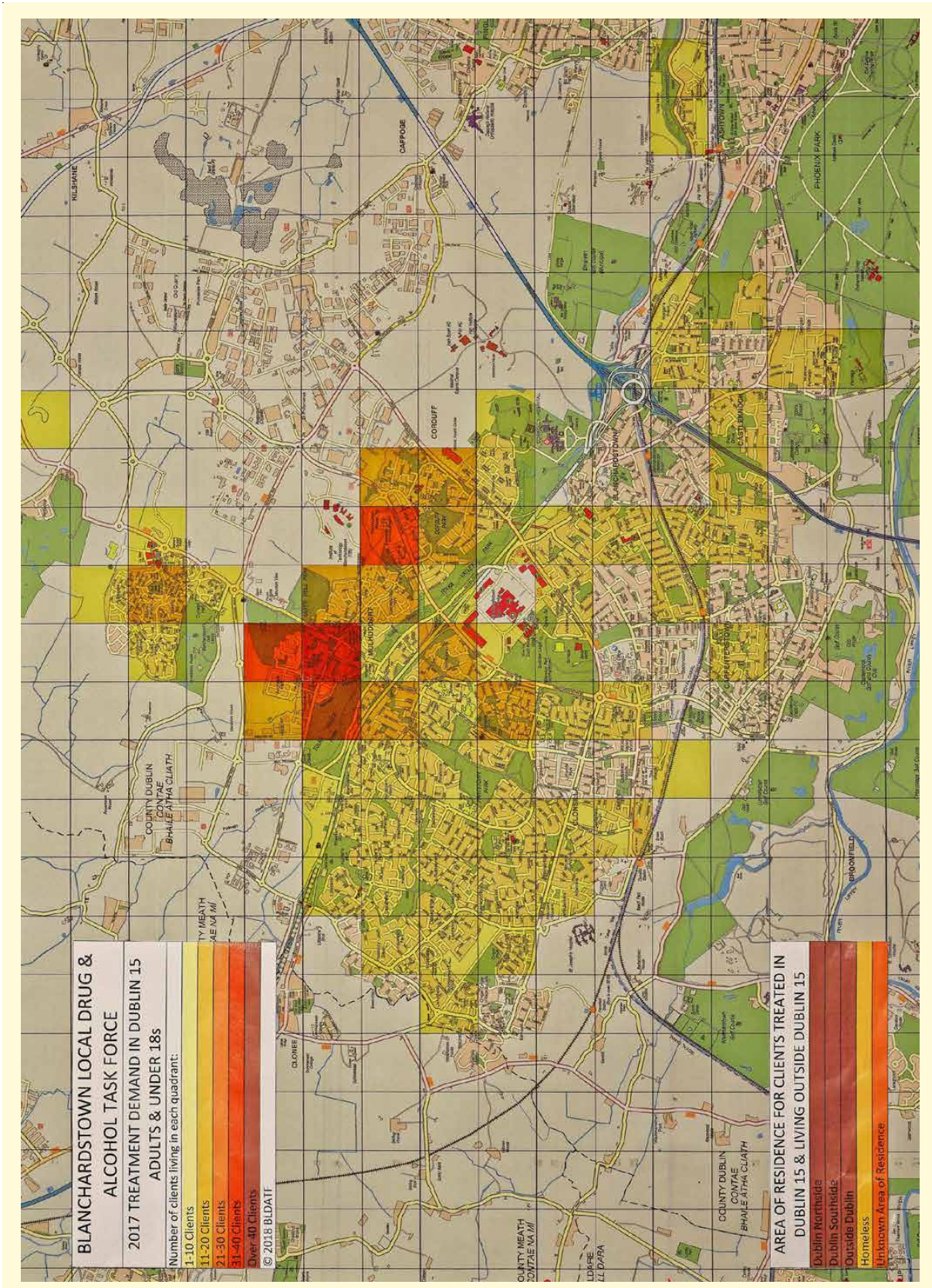
- In 2021, treated cases were from Dublin 15, outside Dublin 15 and homeless (see maps overleaf)
- The majority of treated cases were from Dublin 15:
 - Treated drug users were from every community in Dublin 15, though most lived in socio-economically deprived areas
 - Drug and alcohol dependence is a community wide issue crossing all socio-economic boundaries
- Year 2 to 5 mapping data reported similar findings

DRUG AND ALCOHOL TRENDS MONITORING SYSTEM YEAR 7

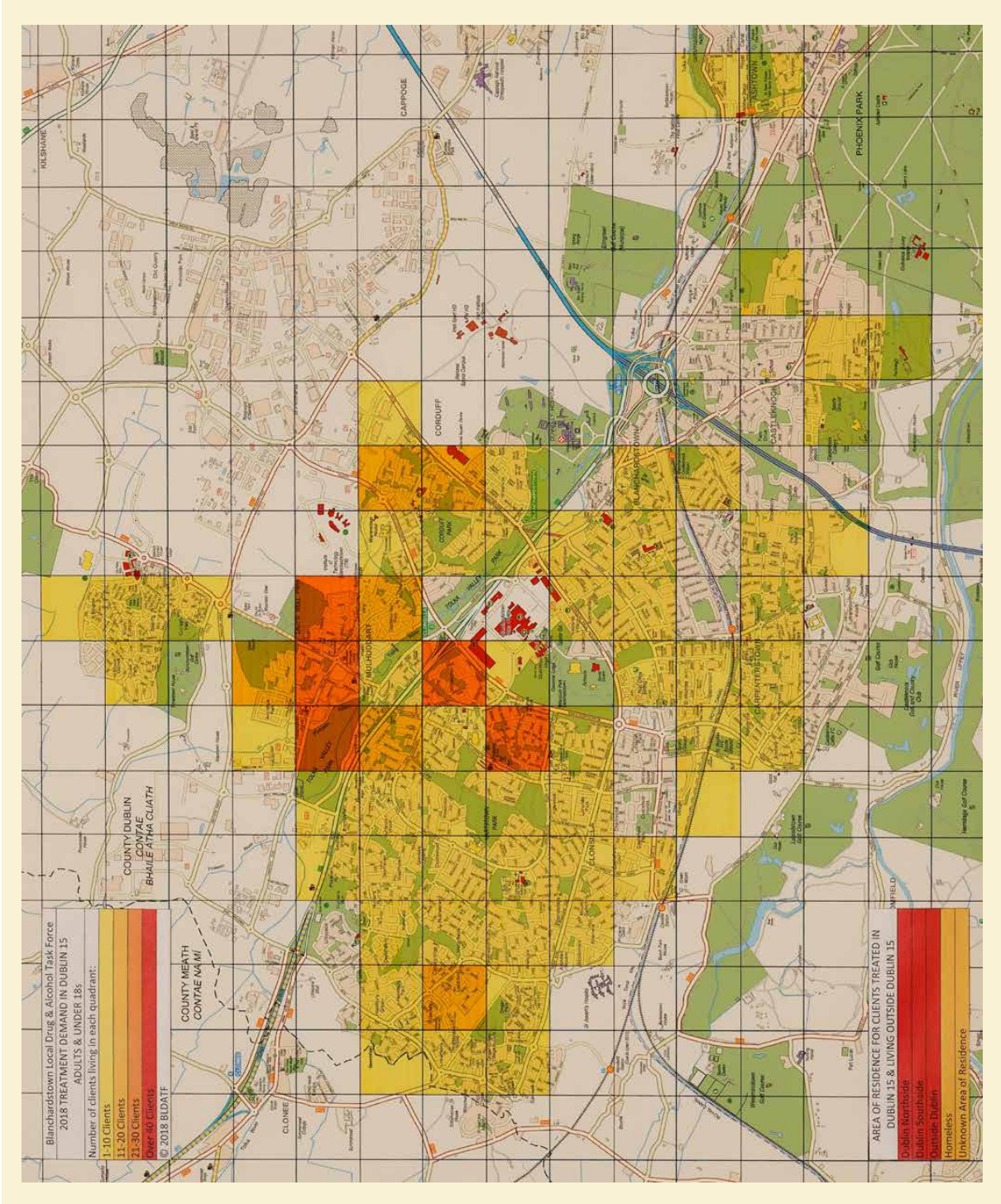
YEAR 2 Treatment demand in Dublin 15 Adults & Under 18s



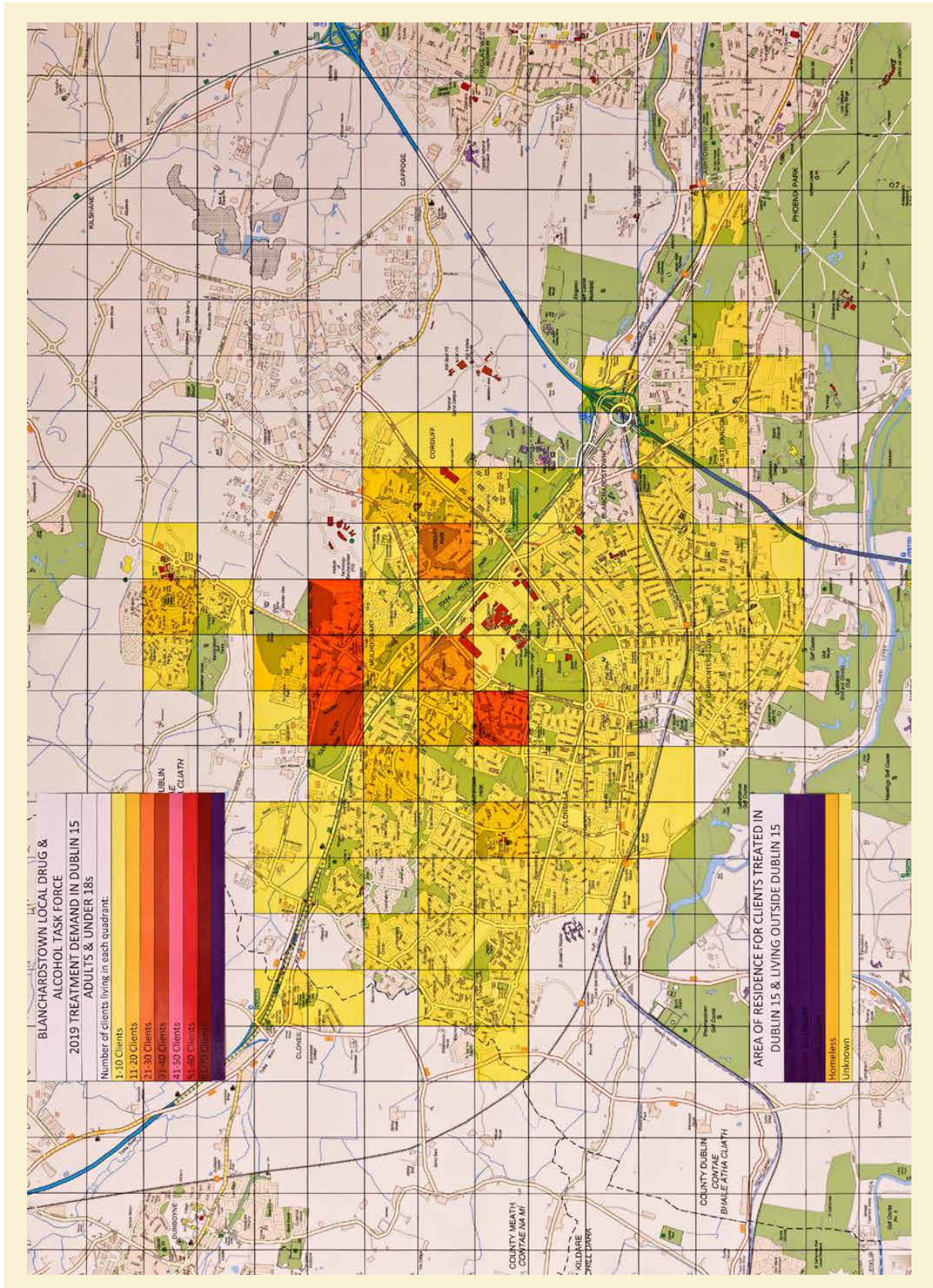
YEAR 3 Treatment demand in Dublin 15 Adults & Under 18s



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

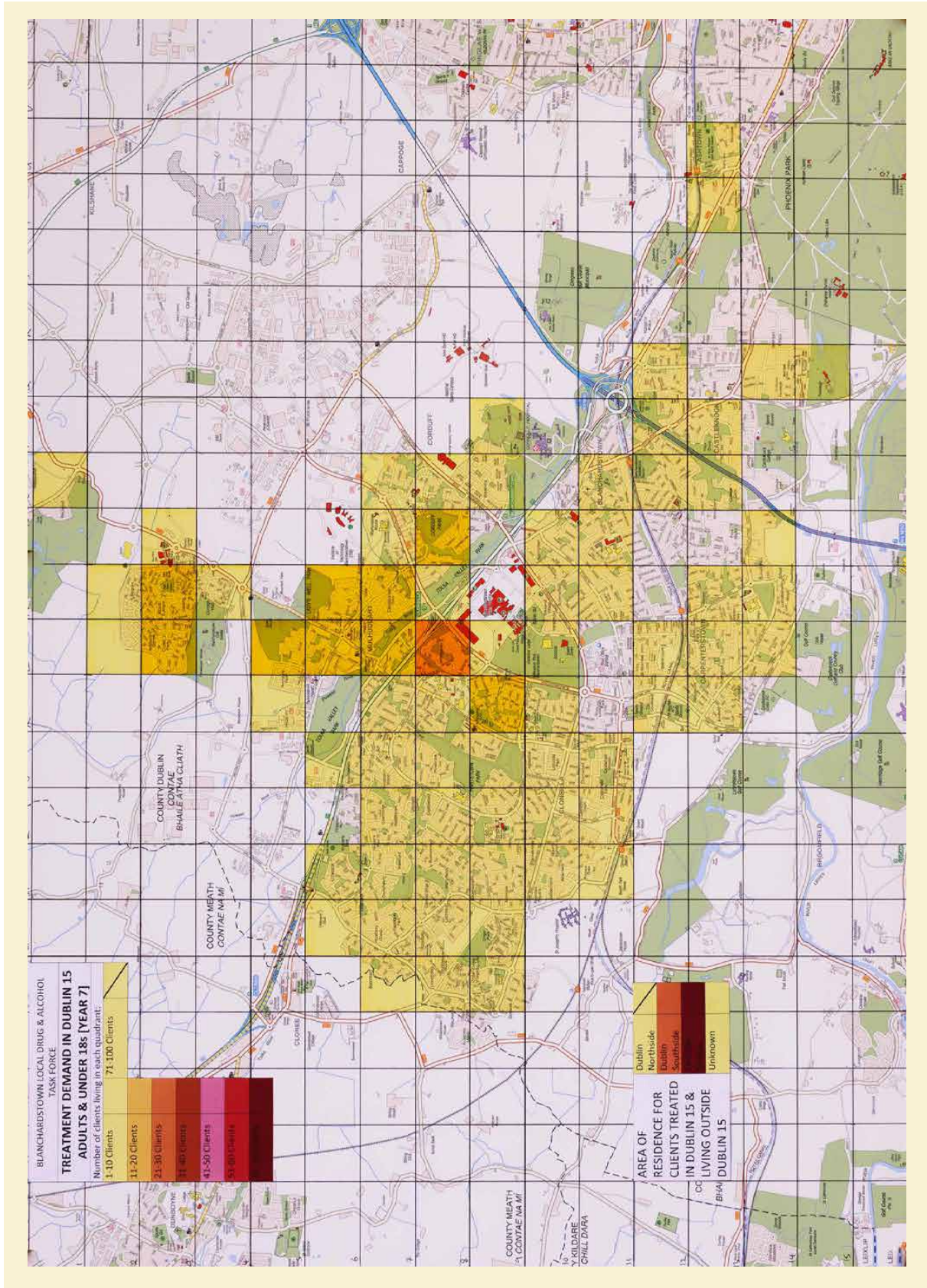


YEAR 5 Treatment demand in Dublin 15 Adults & Under 18s



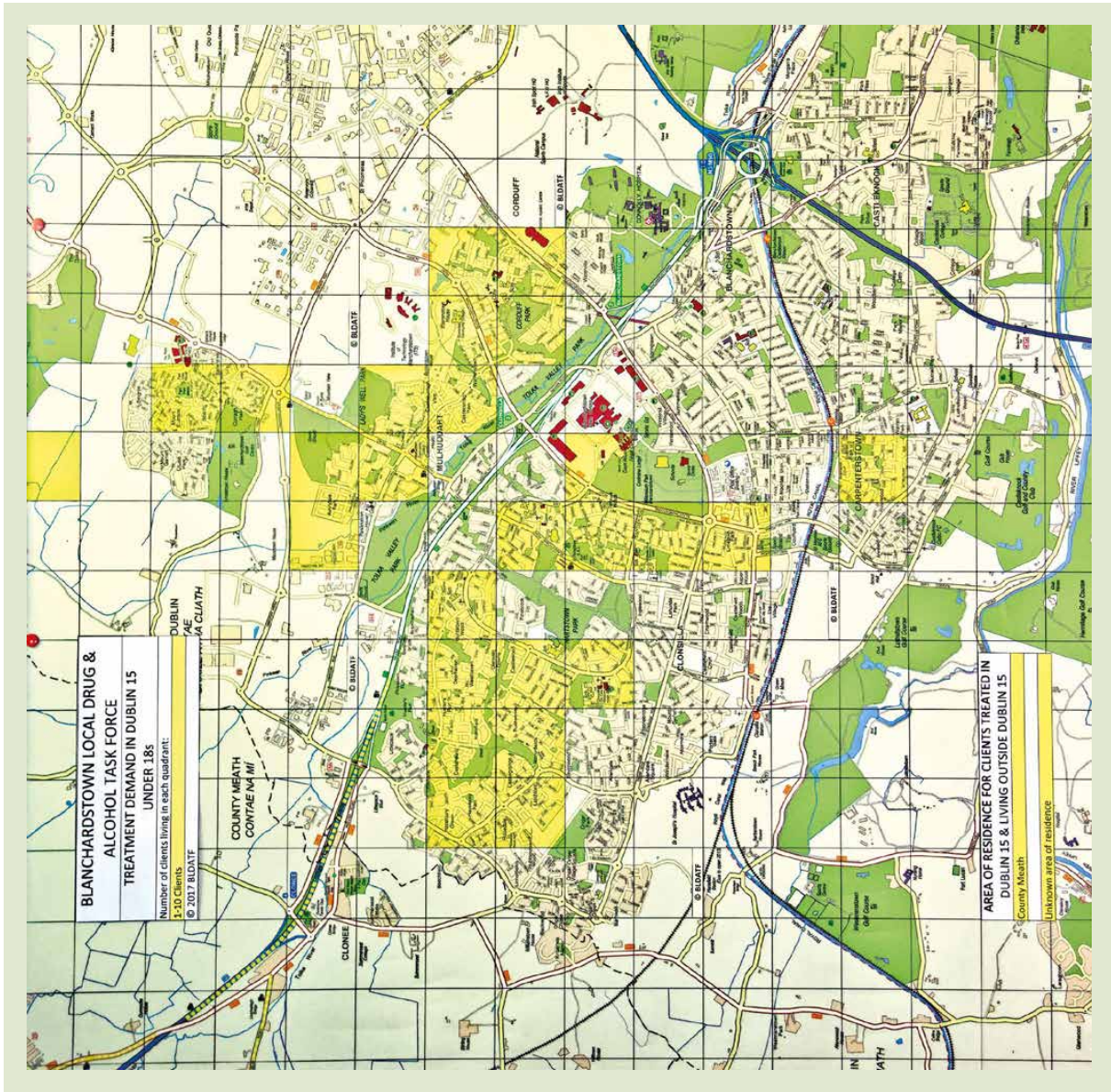
DRUG AND ALCOHOL TRENDS MONITORING SYSTEM YEAR 7

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

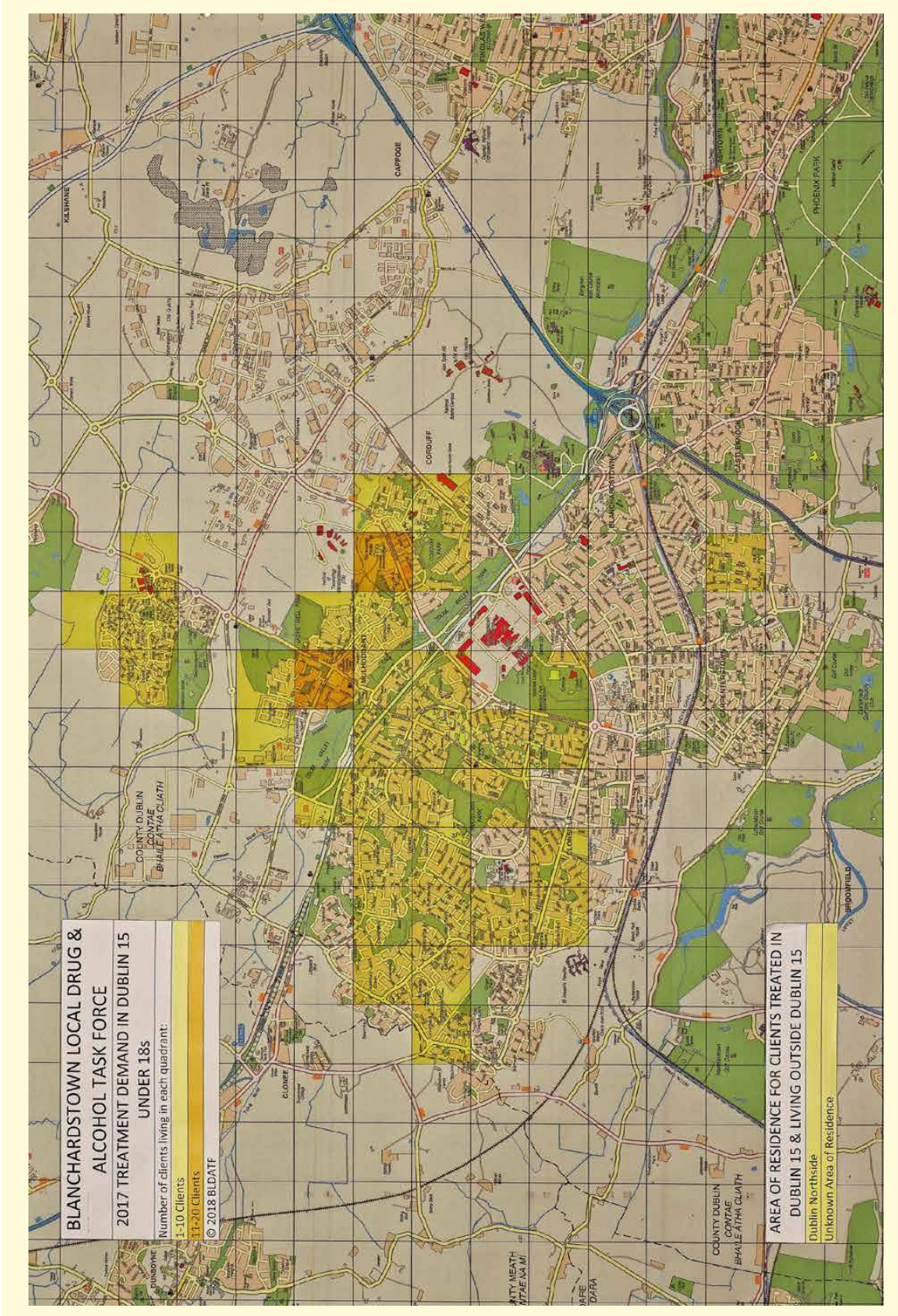


YEAR 7 Treatment demand in Dublin 15 Adults & Under 18s

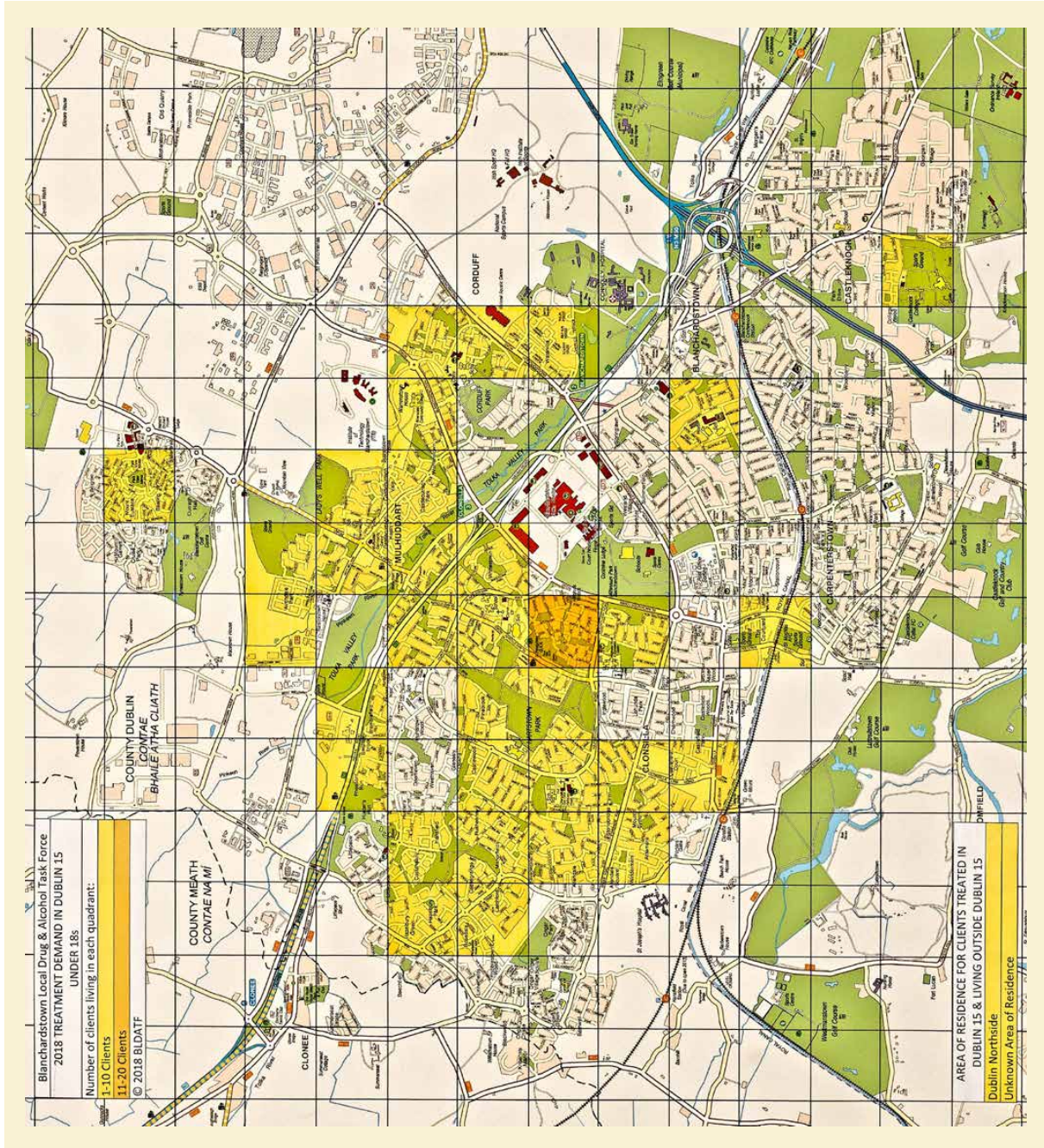
YEAR 2 Treatment demand in Dublin 15 Under 18s



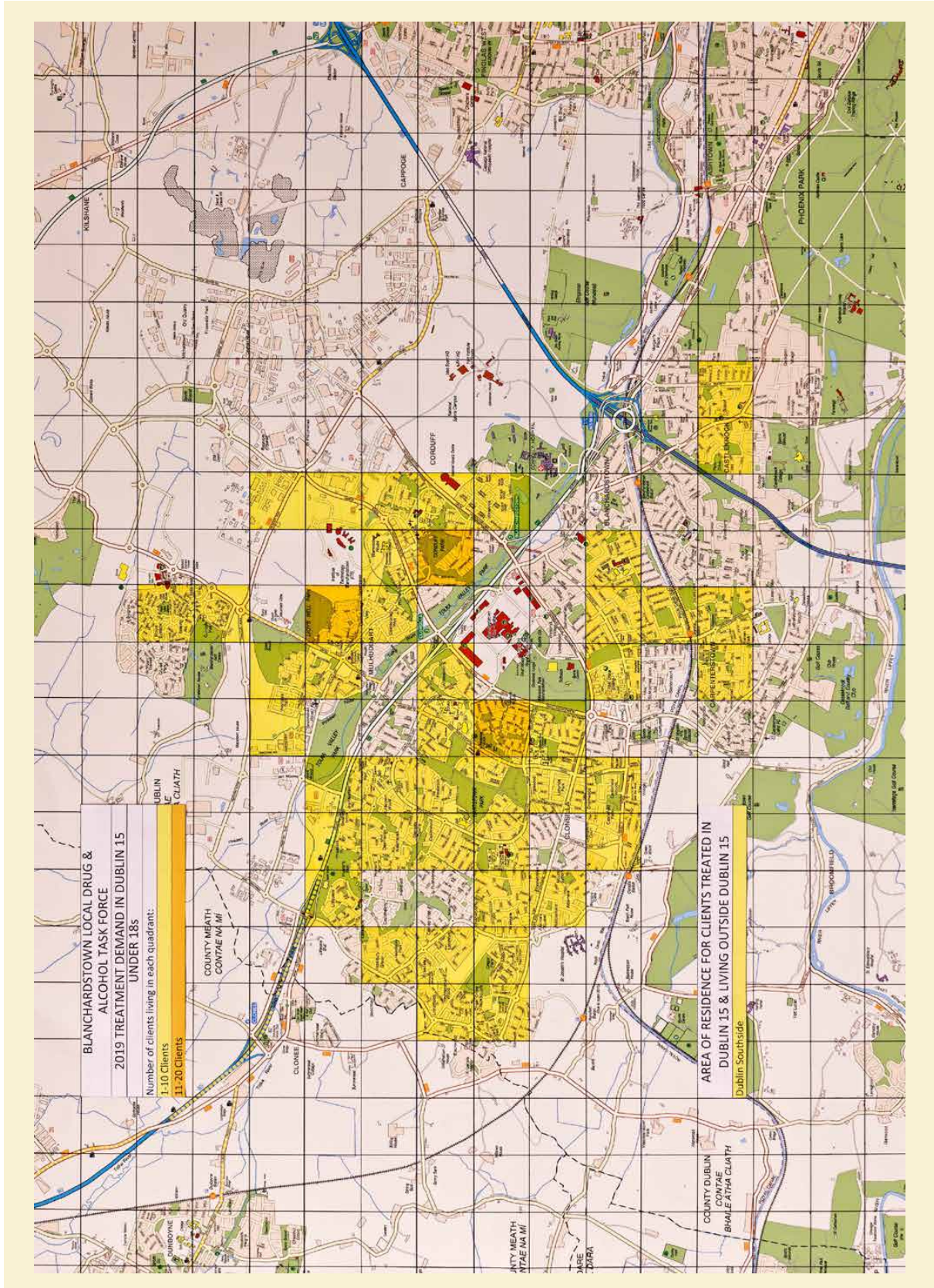
YEAR 3 Treatment demand in Dublin 15 Under 18s



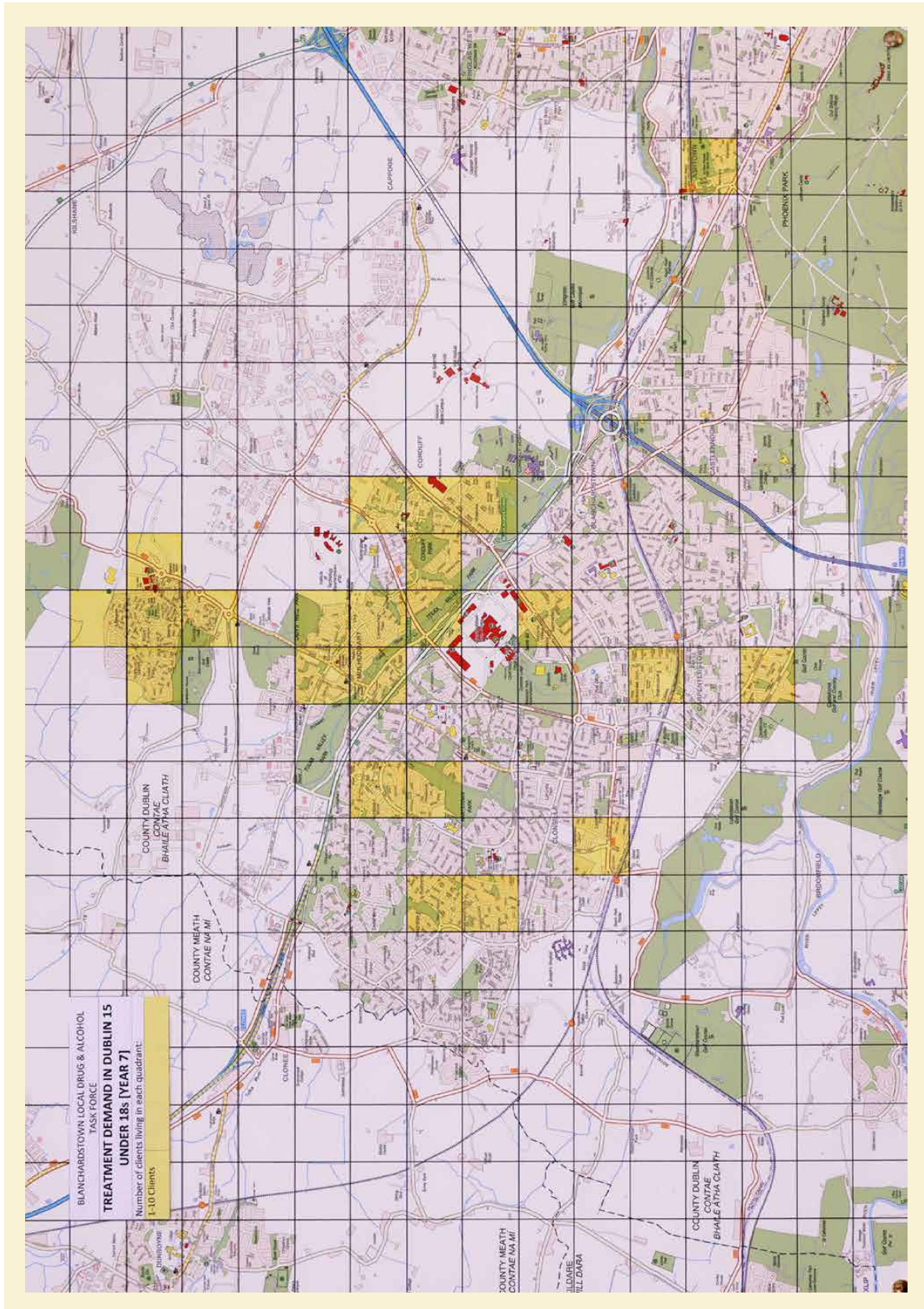
YEAR 4 Treatment demand in Dublin 15 Under 18s



YEAR 5 Treatment demand in Dublin 15 Under 18s



YEAR 7 Treatment demand in Dublin 15 Under 18s



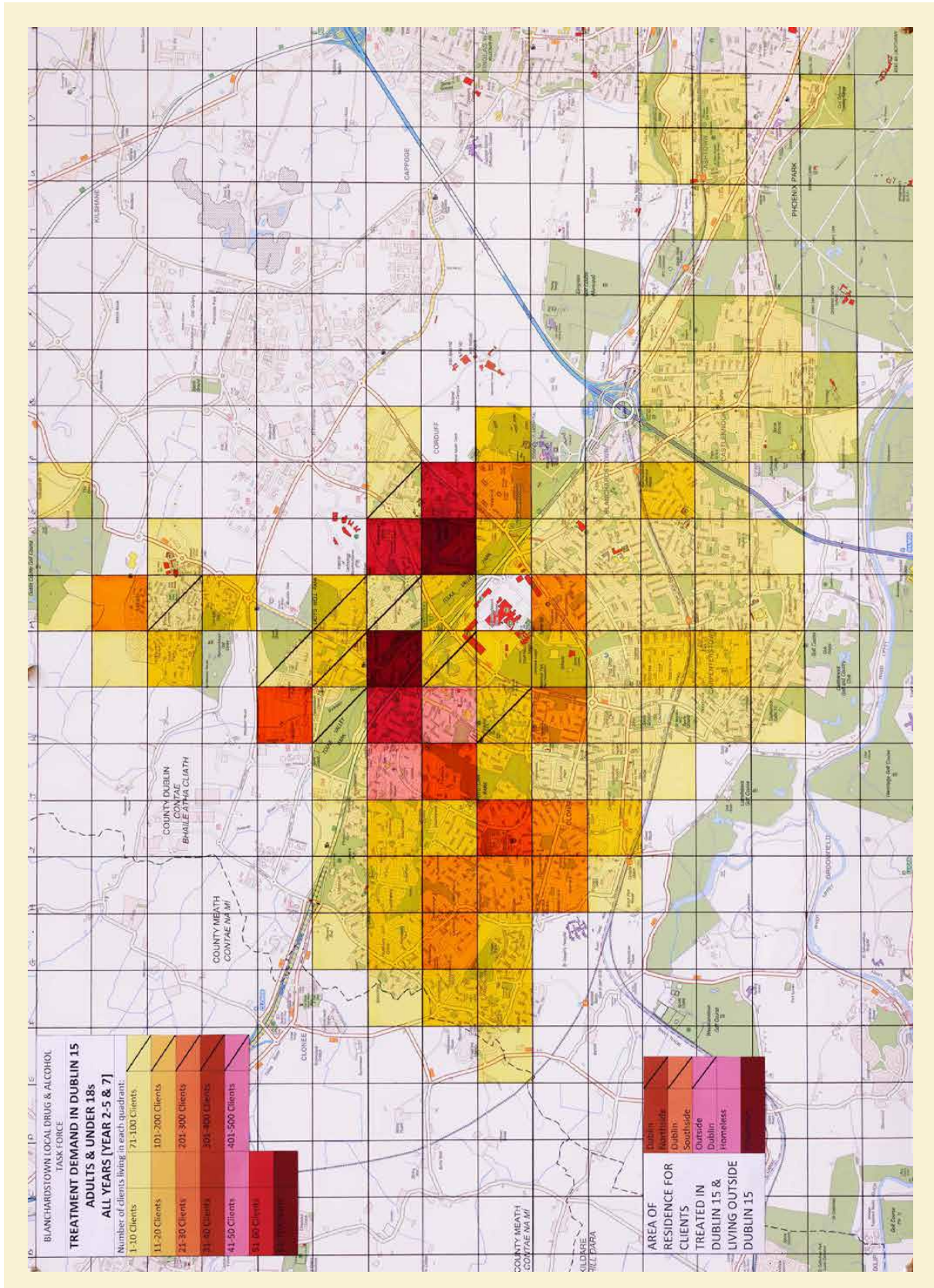
YEAR 7 Treatment demand in Dublin 15 Under 18s

Treatment demand for alcohol and drug users: All DATMS Data

We mapped treatment demand for alcohol and drug users for Years 2 to 5 and 7 together. It identified that while drug and alcohol use affects people from every community in Dublin 15, it impacts people from socio-economically deprived communities more significantly. When this data is amalgamated higher concentrations of clients in most areas of Dublin 15 is reported.

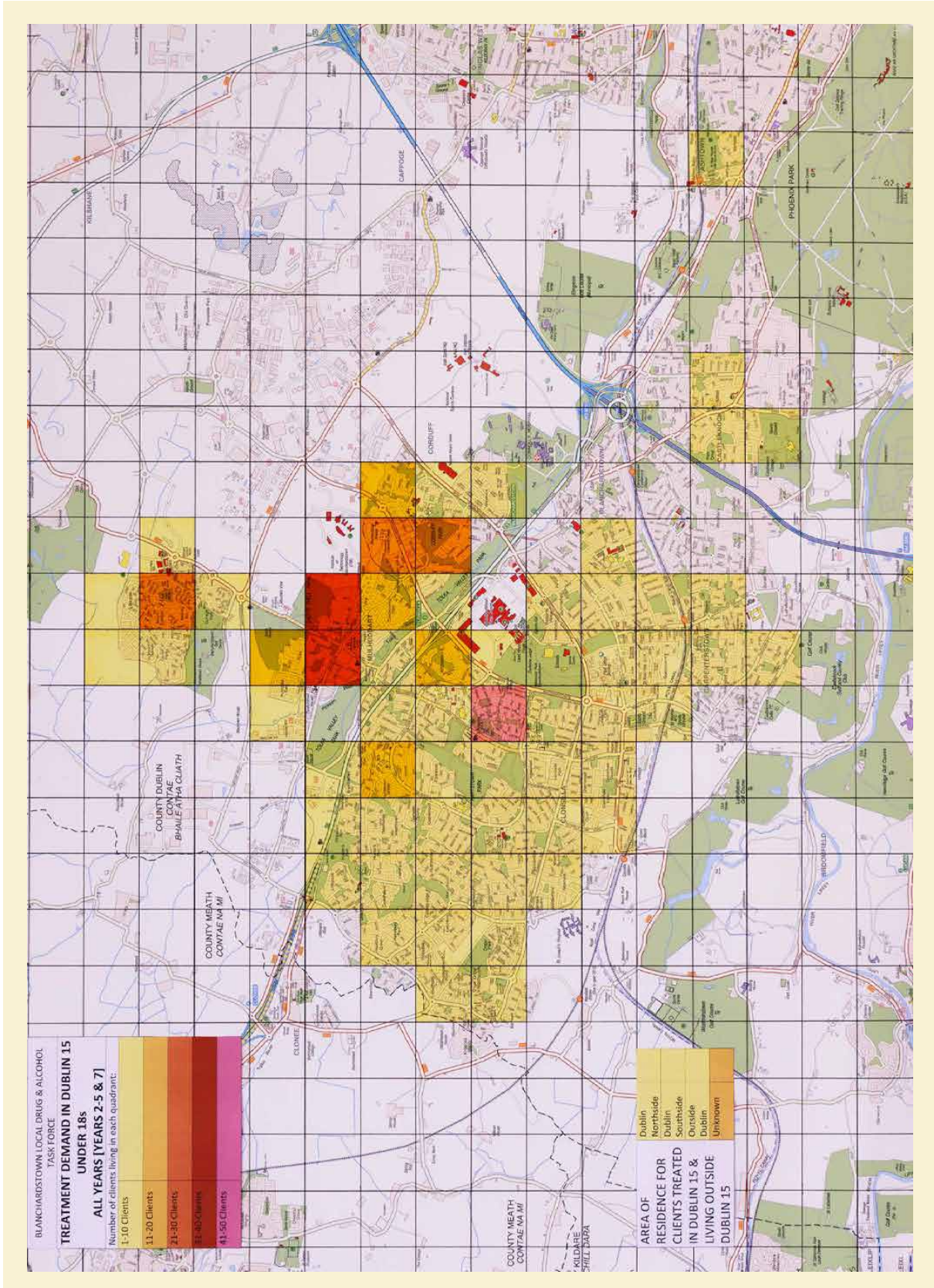
DRUG AND ALCOHOL TRENDS MONITORING SYSTEM YEAR 7

Treatment Demand in Dublin 15, Adults and Under 18s, All Years (Year 2-5 & 7)



Treatment Demand in Dublin 15, Adults and Under 18s, All Years (Year 2-5 & 7)

Treatment demand in Dublin 15, Under 18s, All Years (Years 2-5 & 7)



Treatment demand in Dublin 15, Under 18s, All Years (Years 2-5 & 7)

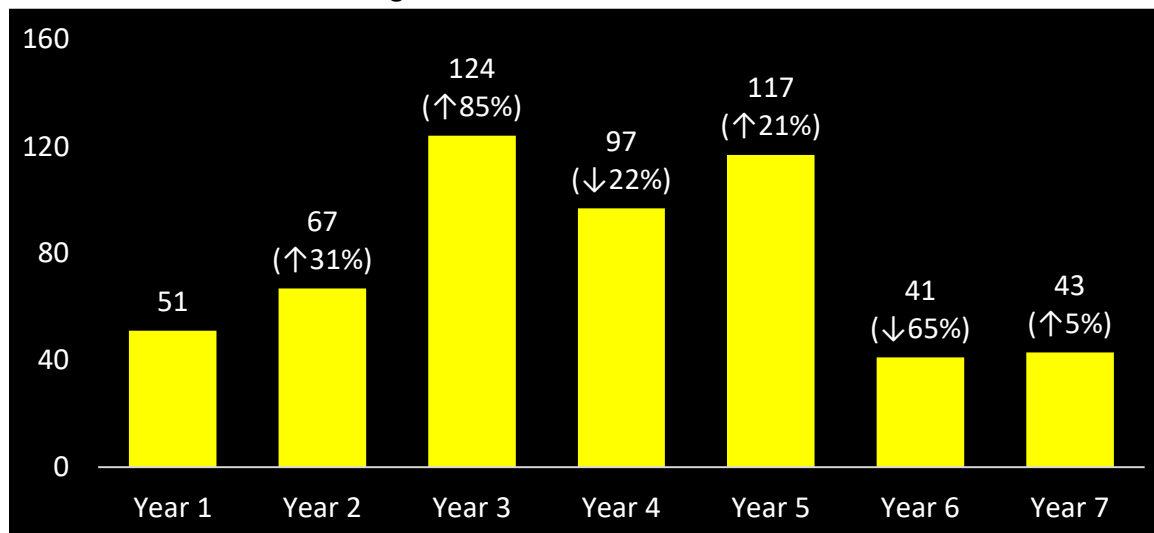
TREATED DRUG & ALCOHOL USERS AGED UNDER 18

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 7 is from 2017 to 2021. Data was provided by the Blanchardstown Youth Service Drug Education Prevention programme, D15 Community Addiction Team (D15 CAT) and the HSE Substance Abuse Service Specific to Youth (SASSY).

Overall, the number of treated cases aged under 18 decreased by 16% from 51 in Year 1 to 43 in Year 7, 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 7



From Years 1 to 5, an estimated 1% of the Dublin 15 population aged 12 to 17 years attended treatment for drug and/or alcohol use. In Year 7, this decreased to 0.5% of the population (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.

DRUG AND ALCOHOL TRENDS MONITORING SYSTEM YEAR 7

Table 4.1: Percentage of Dublin 15 population aged 12 to 17 years treated in local community and statutory services, DATMS Year 1 to 7

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%

* CSO 2011

^ CSO 2016

SOCIO-DEMOGRAPHIC PROFILE

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

Chart 4.2: Treated cases aged under 18 by gender, DATMS Year 1 to 7

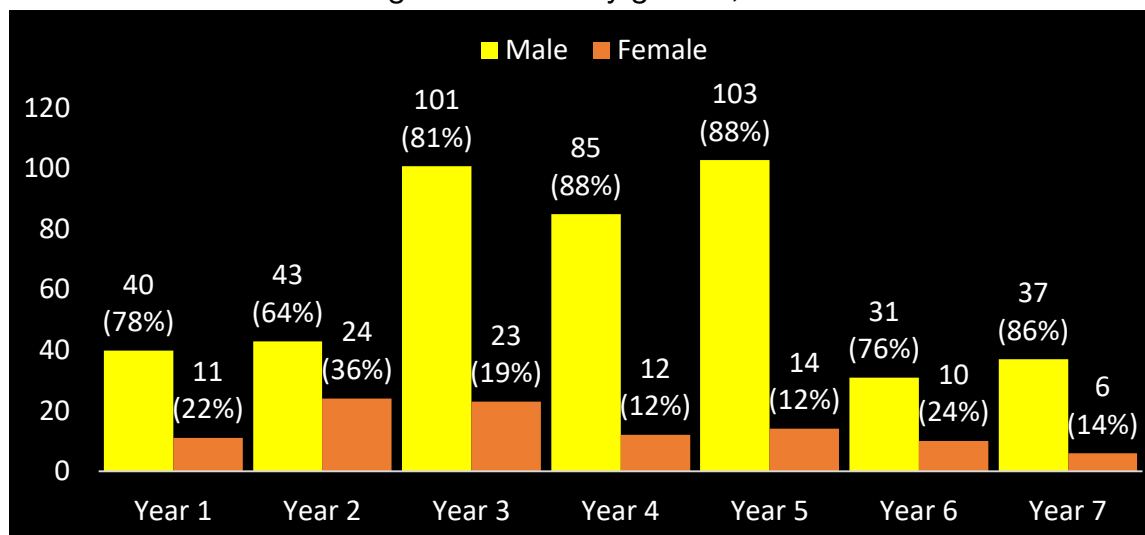


Chart 4.3: Treated cases aged under 18 by ethnicity, DATMS Year 1 to 7



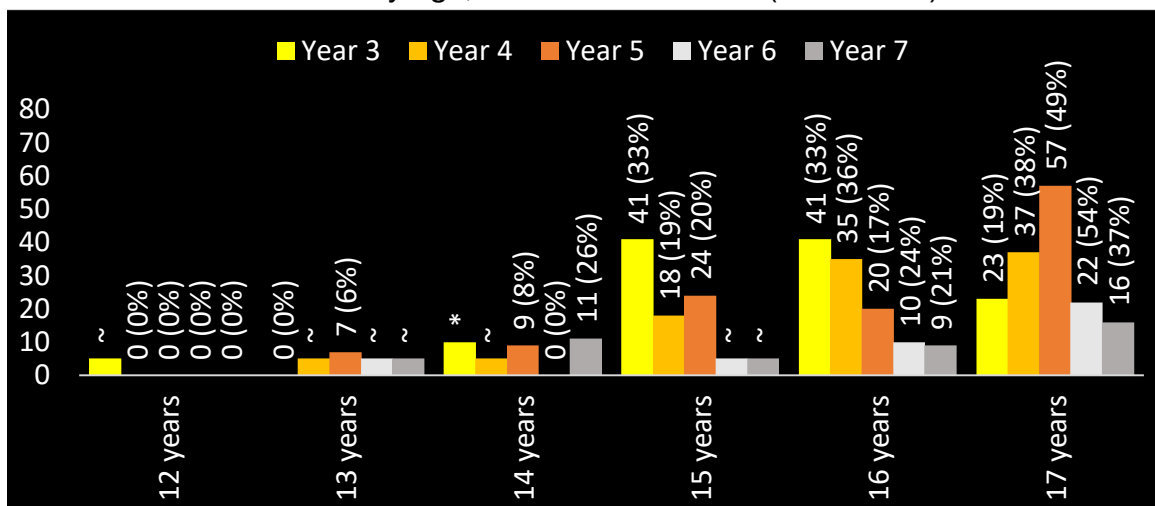
~ Number of cases too small to be reported (5 or less)

* 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 7, the majority of treated cases were aged from 15 years (Chart 4.4).

Chart 4.4: Treated cases by age, DATMS Year 3 to 7 (2017-2021)



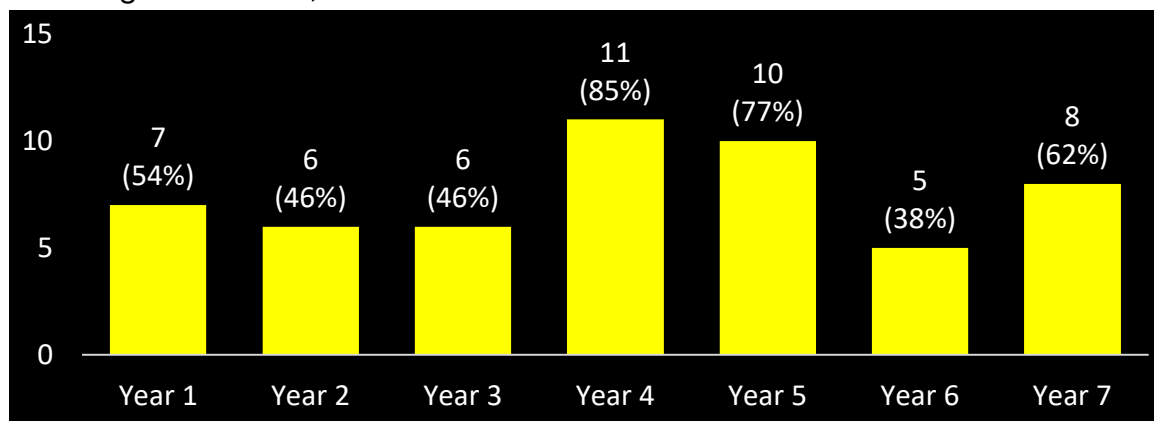
~ Number of cases too small to be reported (5 or less)

* Number of cases greater than 5 not reported to ensure cases with 5 or less are not disclosed

DRUG AND ALCOHOL TRENDS MONITORING SYSTEM YEAR 7

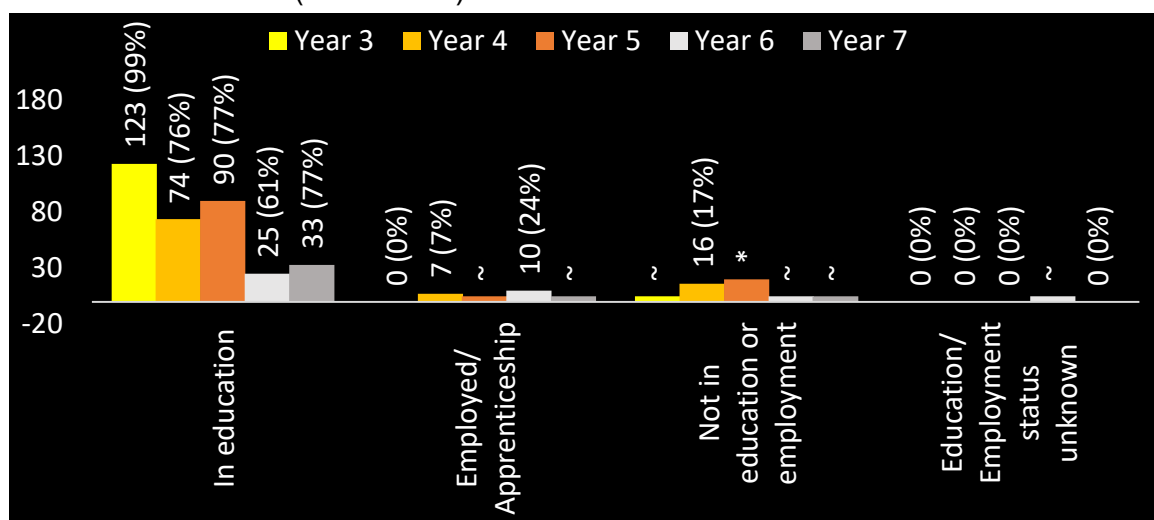
There are ten mainstream secondary schools and three training centres in Dublin 15. From Years 1 to 7, there has been an increase in the number of secondary schools and training centres attended by treated cases aged under 18 (Chart 4.5). In Years 4, 5 and 7, most secondary schools and training centres 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 7



From Years 3 to 7, there was a change in the education and employment profile of treated drug users aged under 18. While the majority of treated cases were in education since Year 4, a decrease in the number in education has been reported (Chart 4.6).

Chart 4.6: Treated cases aged under 18 by education and employment status, DATMS Year 3 to 7 (2017-2021)

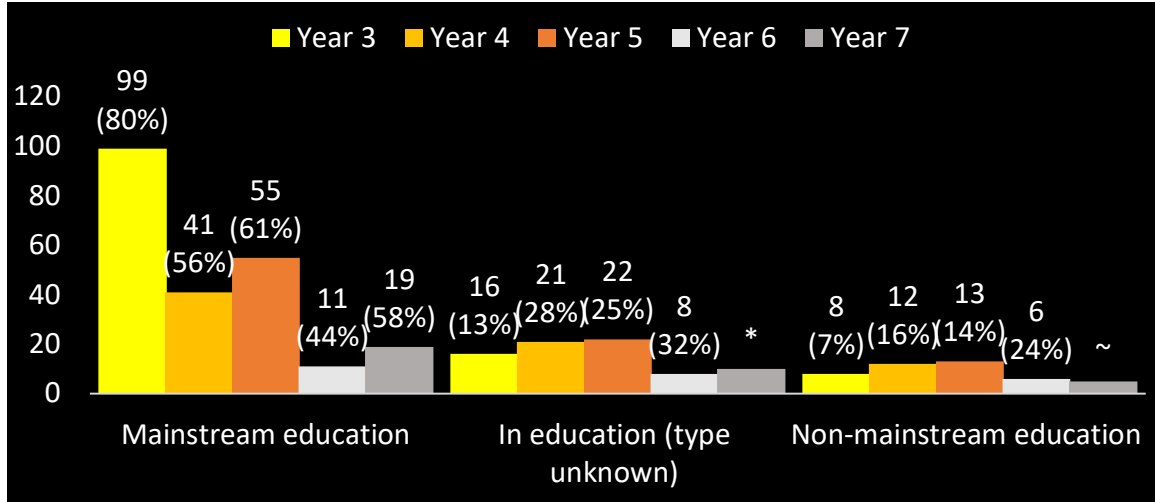


~ Number of cases too small to be reported (5 or less)

* Number of cases greater than 5 not reported to ensure cases with 5 or less are not disclosed

From Year 3 to 7, 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 7 (2017-2021)

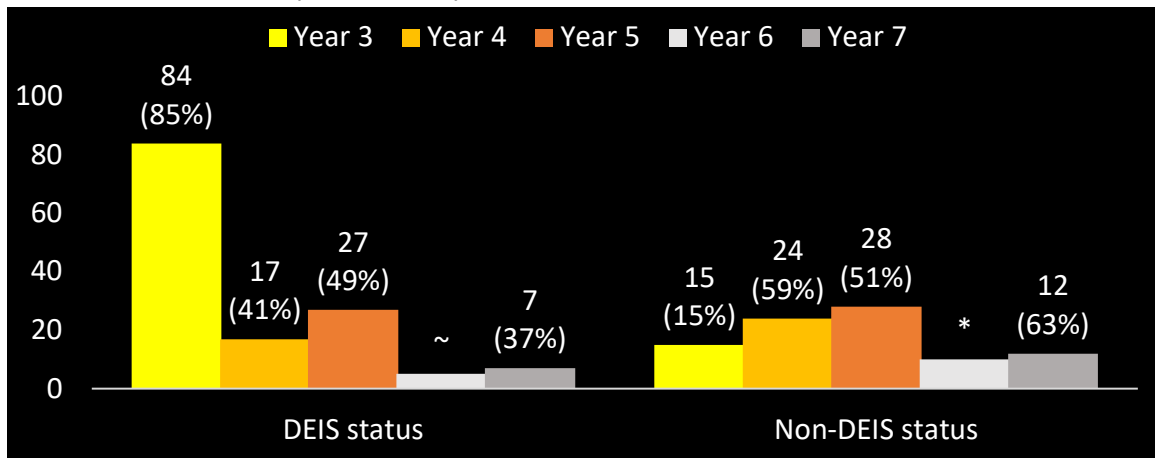


~ Number of cases too small to be reported (5 or less)

* 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 7 (2017-2021)

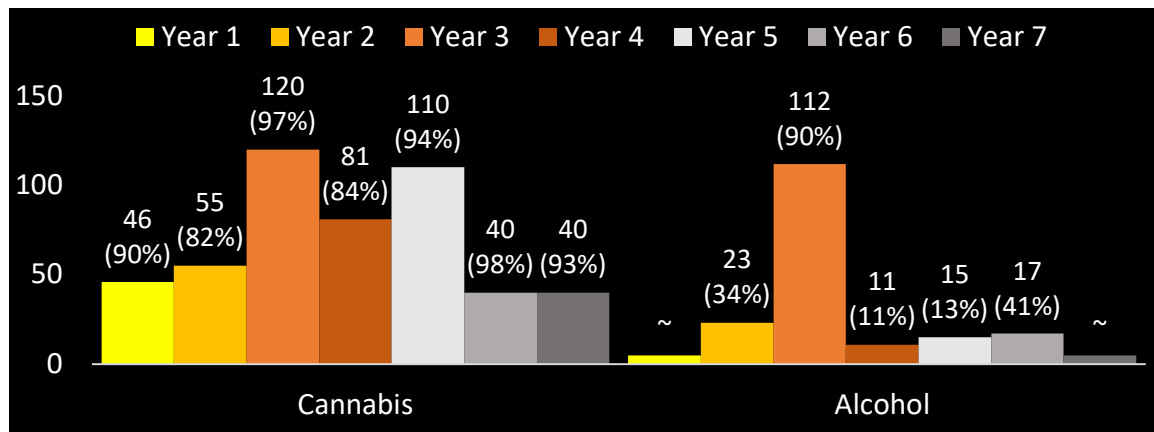


DRUG AND ALCOHOL TRENDS MONITORING SYSTEM YEAR 7

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.

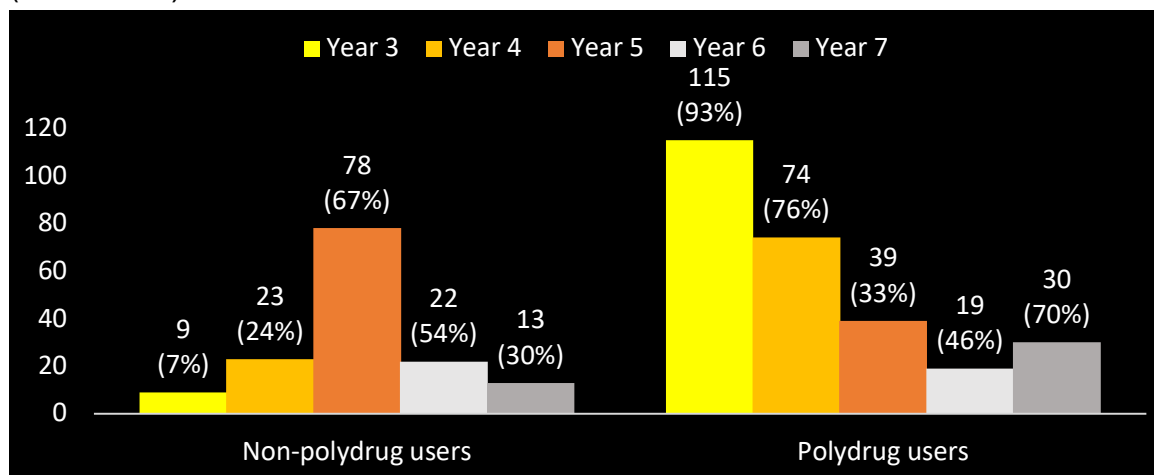
Chart 4.9: Treated cases aged under 18 by main problem drug, DATMS Year 1 to 7



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

In Years 2, 3 and 5 to 7, some treated drug users were treated for more than one main problem drug. From Years 3 to 7, 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 7 (2017-2021)



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' knowledge¹. The EMCDDA reported that new psychoactive substances had become a more persistent problem in Europe (EMCDDA, 2022). In 2021, the EMCDDA monitored 880 new psychoactive substances, 52 of which were reported for the first time in 2021. International drug laws do not control these substances.

¹ The use of NPS also applies to treated adult drug users and untreated drug users

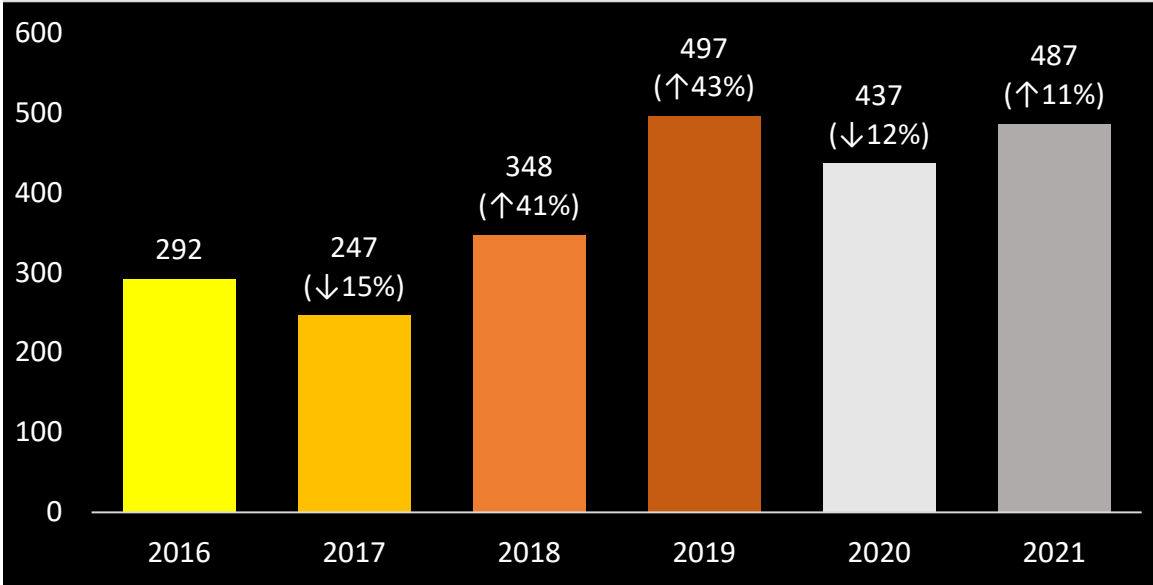
ADULT TREATED DRUG & ALCOHOL USERS

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 2021 provides the profile of adult treated drug use for Year 7. This data reports a profile of all cases living in the BLDATF area who accessed community and statutory services.

TREATMENT DEMAND

From 2016 to 2021, there has been a 67% 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 2021



From Years 1 to 7, 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 7

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%

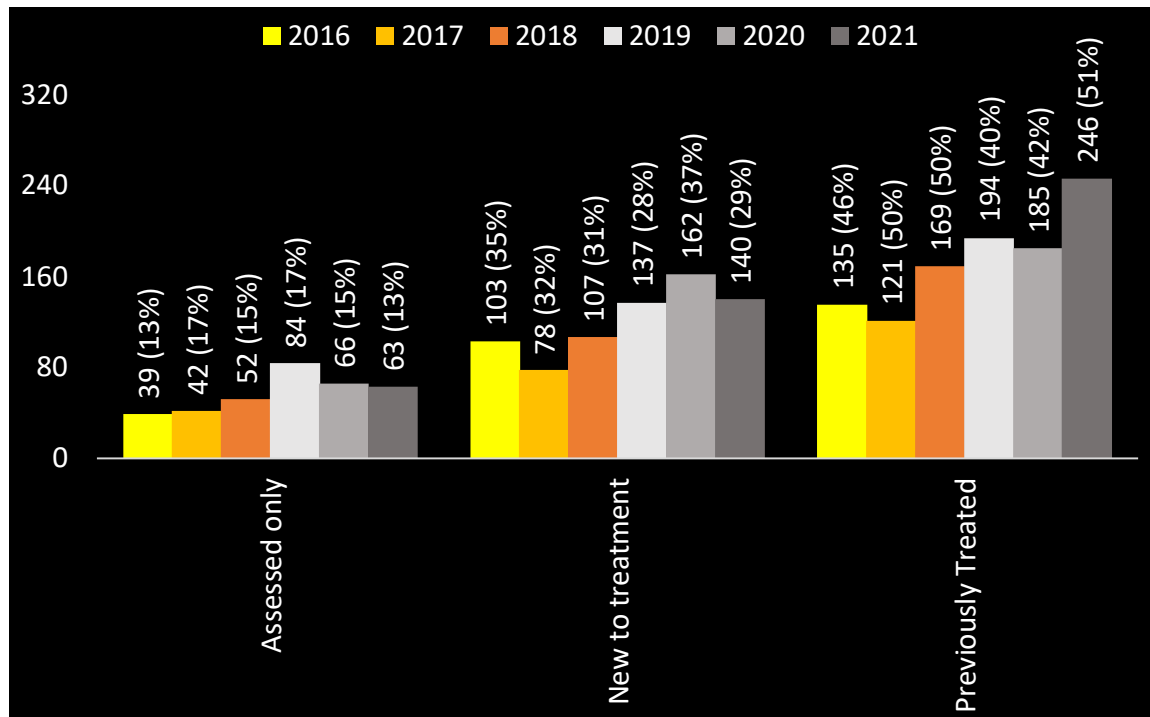
* CSO 2011

^ CSO2016

~ Based on 315 treated cases, NDTRS 2015

The NDTRS data reported that the majority of cases were in treatment for more than one year, and about a third were new to treatment (Chart 4.12).

Chart 4.12: All cases living in BLDATF area by treatment status, NDTRS 2016 to 2021

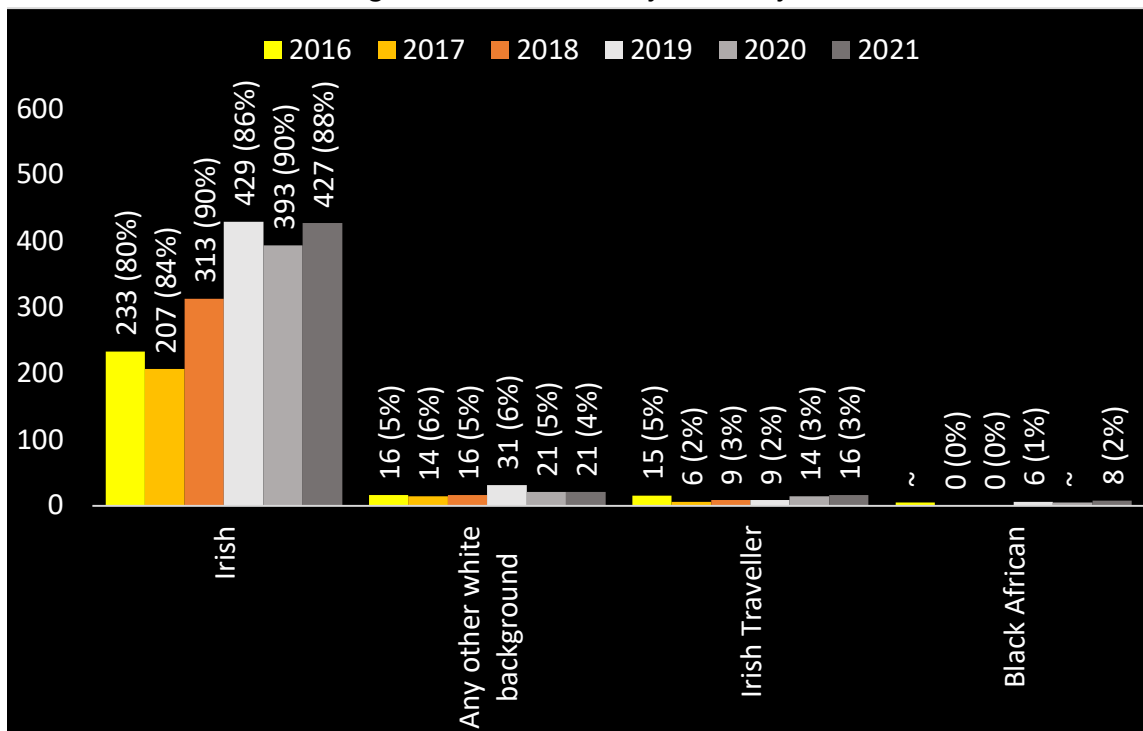


Annual totals less than 100% as unknown cases removed

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).

DRUG AND ALCOHOL TRENDS MONITORING SYSTEM YEAR 7

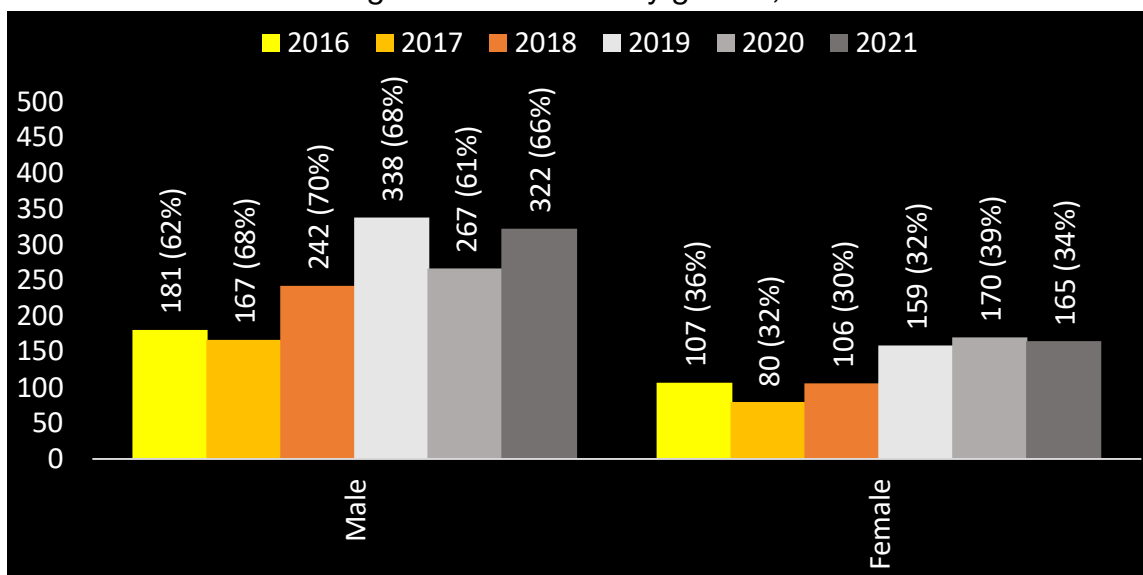
Chart 4.13: All cases living in BLDATF area by ethnicity, NDTRS 2016 to 2021



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

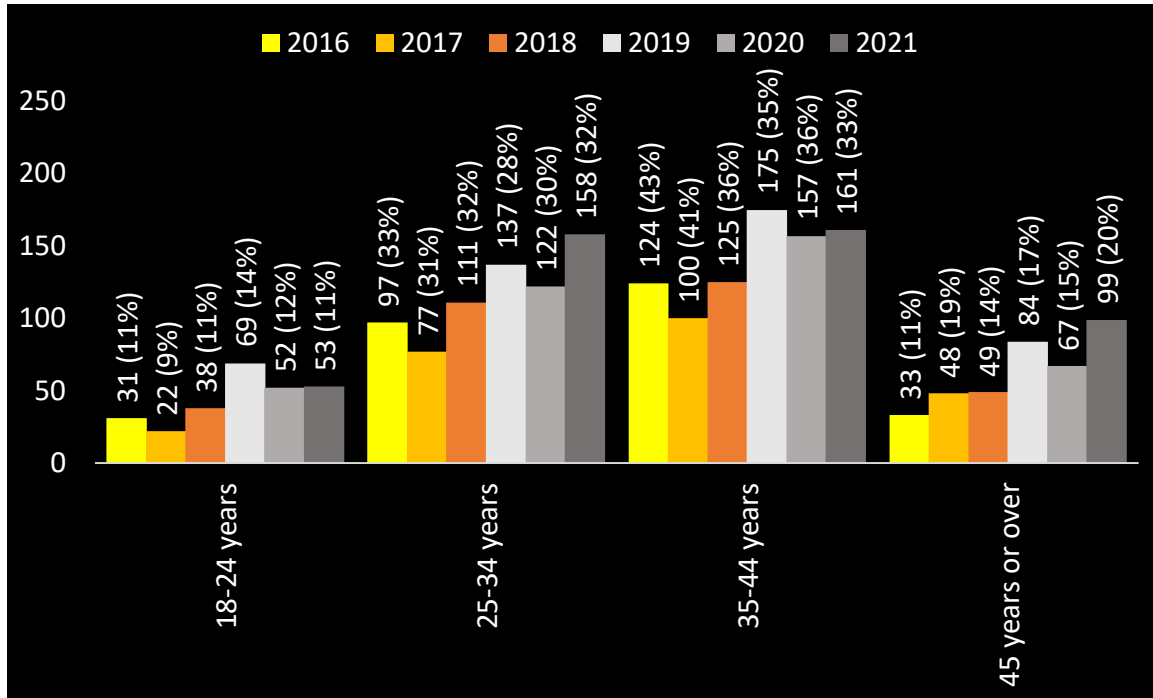
Over the reporting period, the number of cases belonging to the following ethnicities was too small to be reported: Roma, any other Asian background, any other black background and other, including mixed background.

Chart 4.14: All cases living in BLDATF area by gender, NDTRS 2016 to 2021



2016 total less than 100% as unknown cases removed

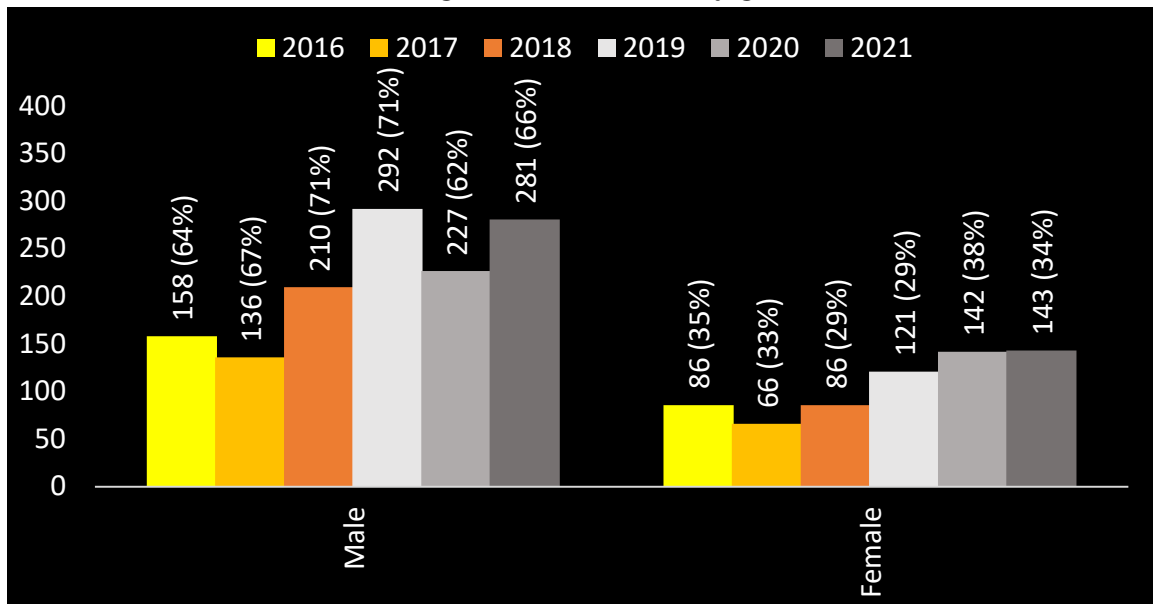
Chart 4.15: All cases living in BLDATF area by age, NDTRS 2016 to 2021



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

The remaining NDTRS analysis relates to treated cases living in the BLDATF area. From 2016 to 2021, the majority of treated cases were male and aged 35 to 44 years (Charts 4.16 and 4.17).

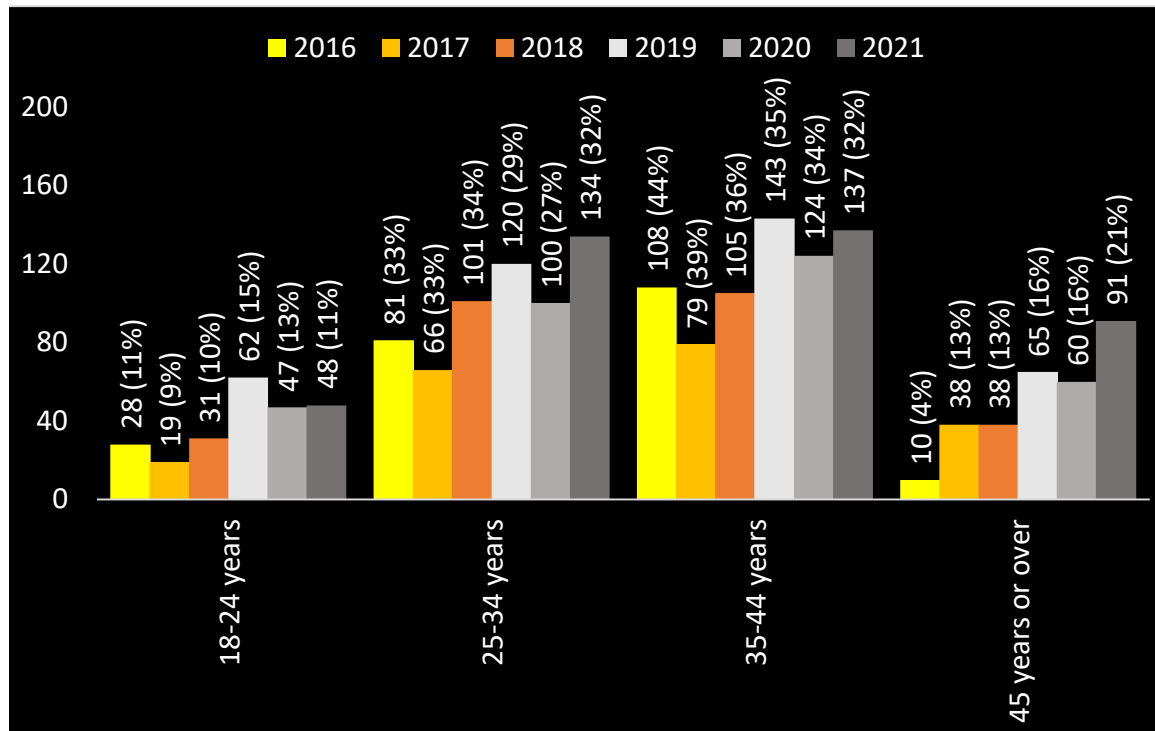
Chart 4.16: Treated cases living in BLDATF area by gender, NDTRS 2016 to 2021



2016 total less than 100% as unknown cases removed

DRUG AND ALCOHOL TRENDS MONITORING SYSTEM YEAR 7

Chart 4.17: Treated cases living in BLDATF area by age, NDTRS 2016 to 2021

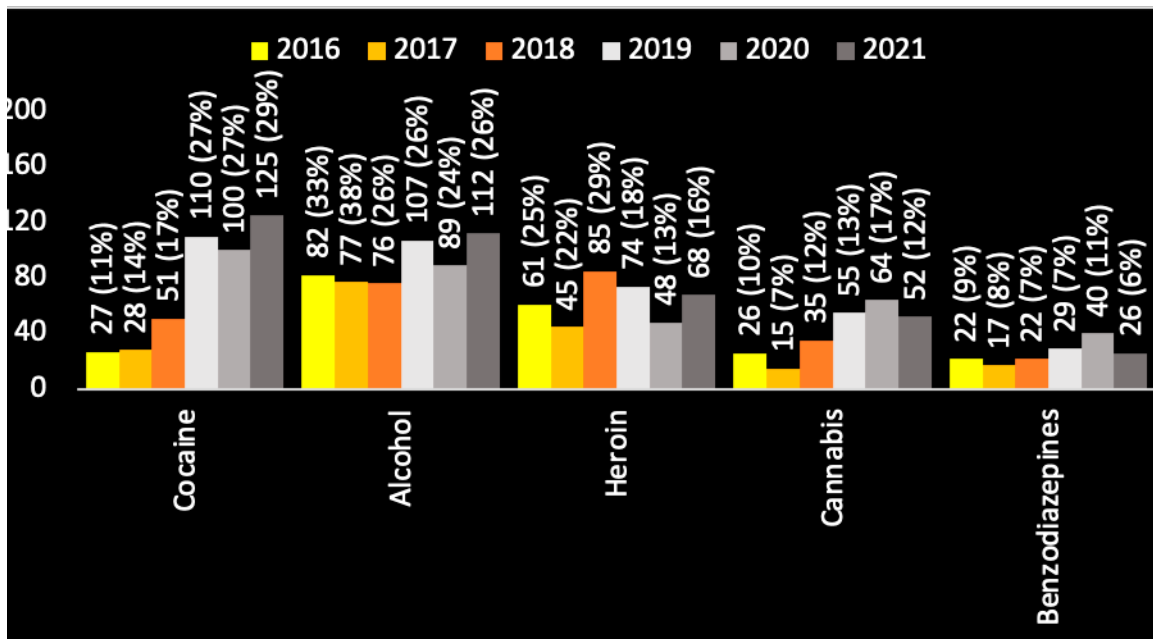


2018 & 2019 totals less than 100% as unknown cases removed

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 2021, 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 2021



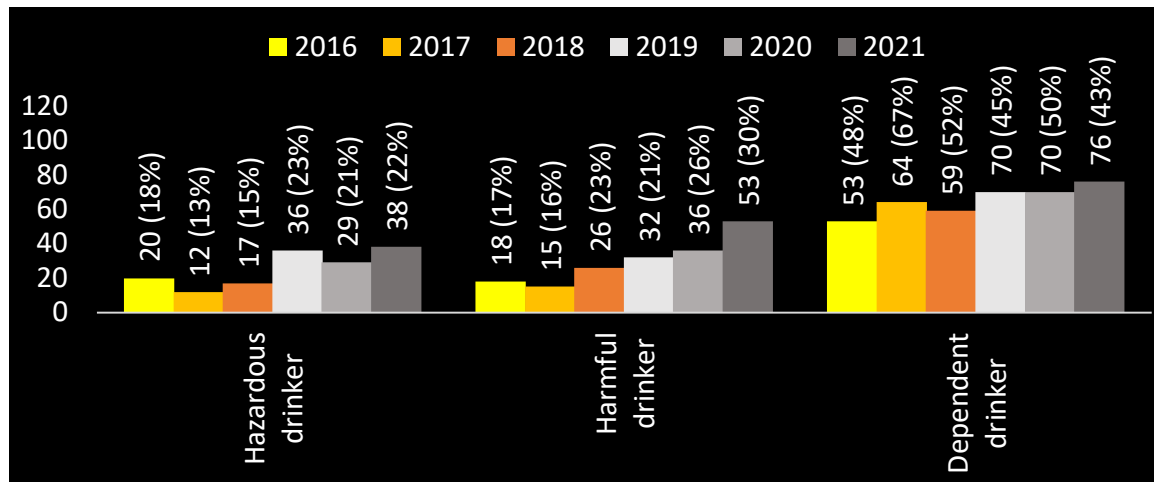
NDTRS cases treated for alcohol are categorised by the extent of the problem, from hazardous to harmful or dependent drinking. The Health Research Board’s definition of these categories is as follows (Health Research Board, 2016):

- **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

DRUG AND ALCOHOL TRENDS MONITORING SYSTEM YEAR 7

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 2021



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 2021, 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 2021

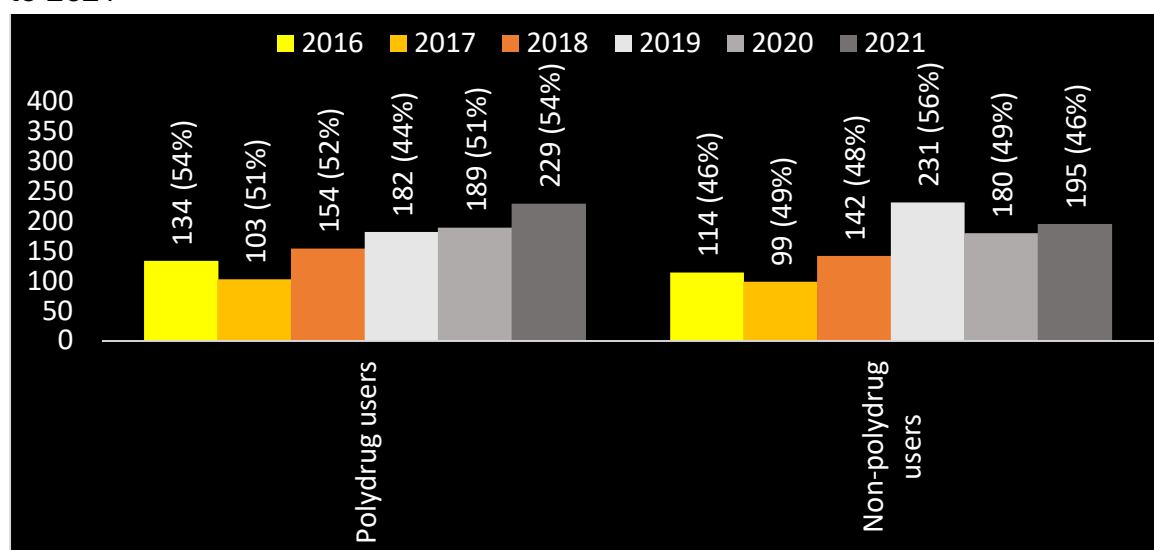
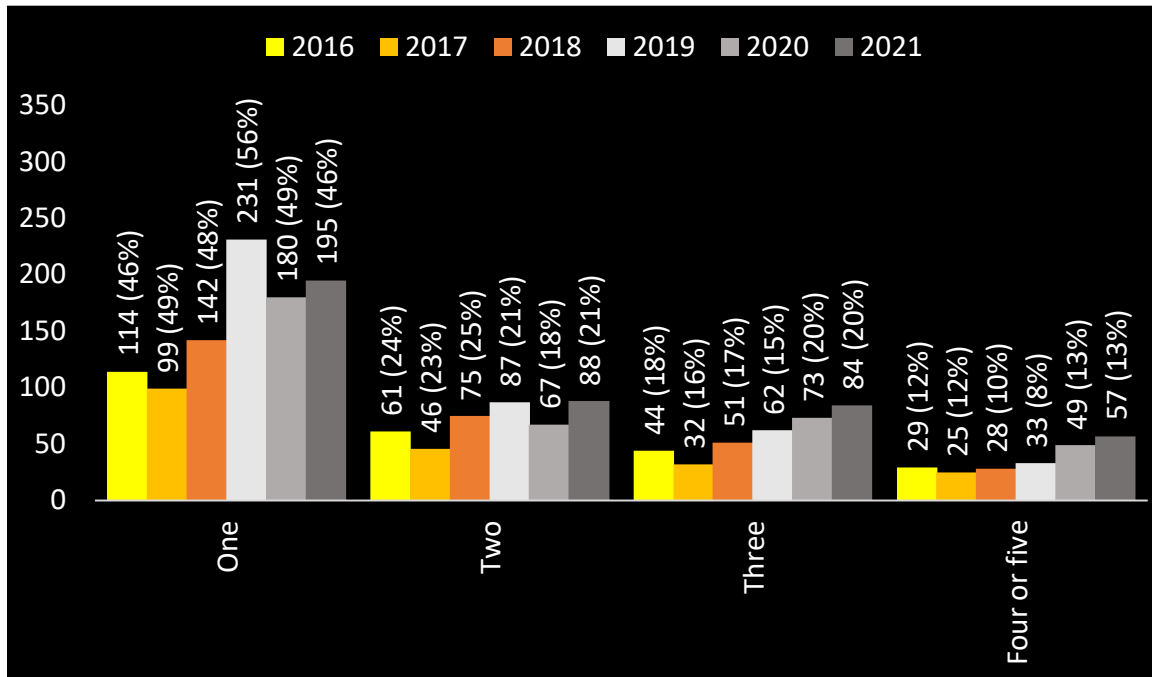


Chart 4.21: Treated cases living in BLDATF area by number of problem drugs, NDTRS 2016 to 2021



Polydrug use increases the risks associated with drug use as interactions between drugs can increase the risk of overdose (EMCDDA, 2021). An example is using depressant drugs together, such as opioids with alcohol and benzodiazepines.

Methadone maintenance treatment

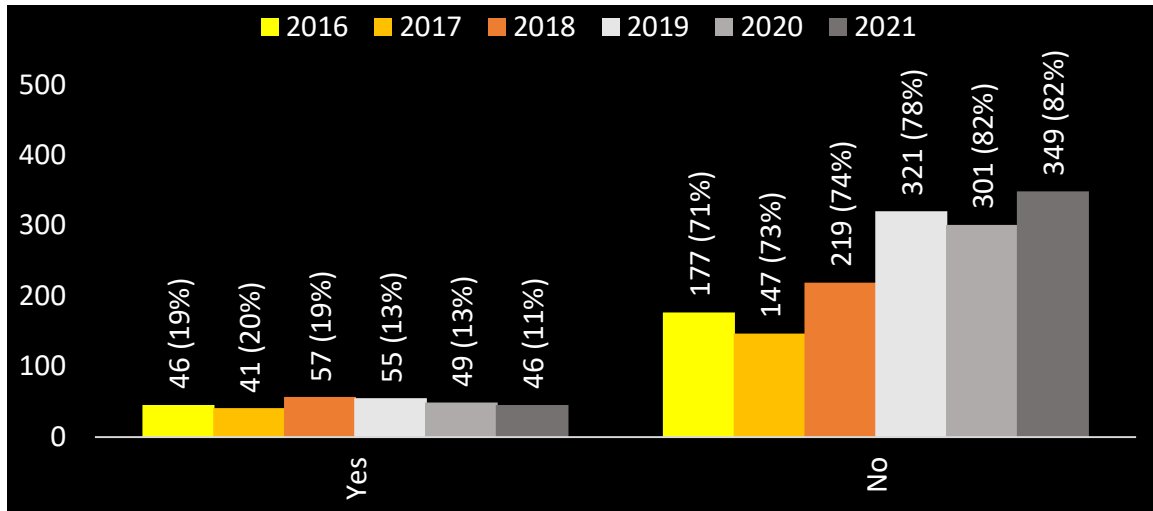
The Central Treatment List (CTL) reports the number of people in receipt of methadone maintenance treatment for opiate dependence in Ireland. Year 3 reported the following data. In 2015, 270 patients in Dublin 15 were prescribed methadone, and 95% were aged over 30. In 2016, the CTL reported a slight increase in the number of patients prescribed this drug, though the actual number was not provided. Since 2017, no CTL data has been available.

HIGH-RISK DRUG USE

High-risk drug use includes injecting drug use, sharing injecting equipment and other drug paraphernalia. From 2016 to 2021, the NDTRS data reported a reduction in lifetime and current injecting drug use (Charts 4.22 and 4.23).

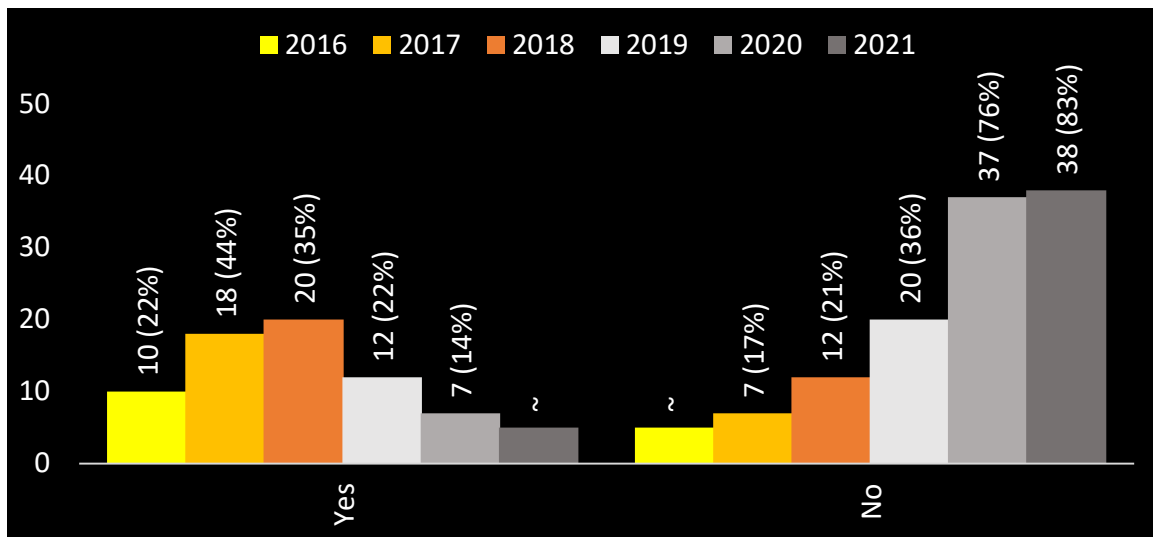
DRUG AND ALCOHOL TRENDS MONITORING SYSTEM YEAR 7

Chart 4.22: Treated cases living in BLDATF area by lifetime injecting drug use, NDTRS 2016 to 2021



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 2021



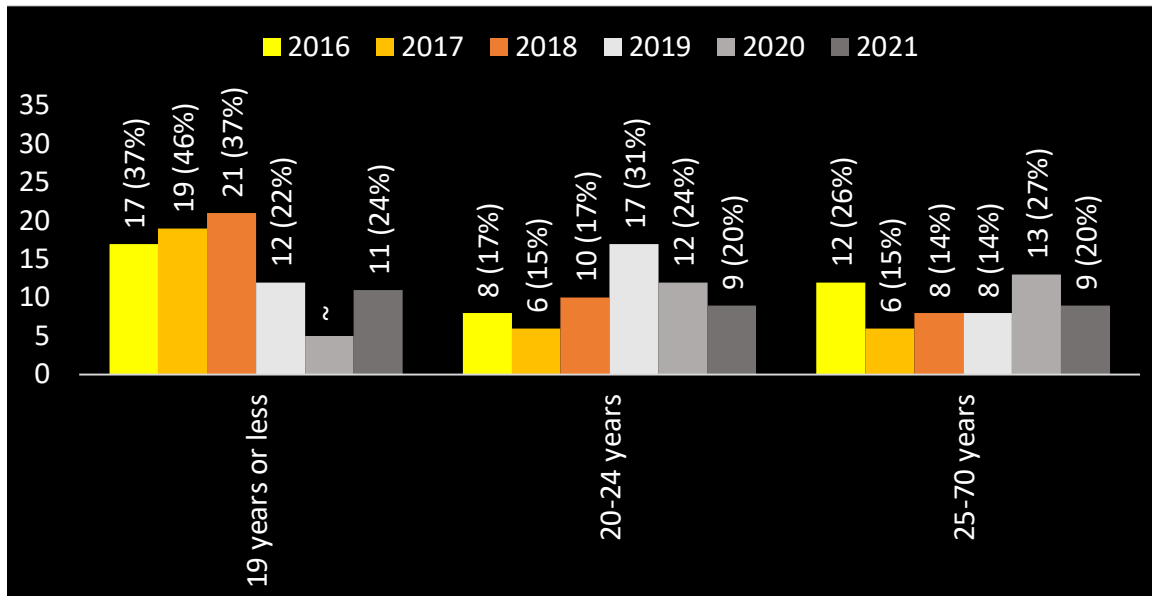
Annual totals less than 100% as unknown cases removed

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

However, treated drug users reported mixed opinions about the extent of injecting drug use in 2021. Some reported injecting drug use increased due to an increase in crack cocaine use. Other treated drug users reported no change in the extent of injecting drug use and some reported a decrease in injecting drug use. 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 from 2016 to 2021 began injecting.

Chart 4.24: Treated cases living in BLDATF area by age first injected, NDTRS 2016 to 2021



Annual totals less than 100% as unknown cases removed

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

From Years 1 to 7, 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 7

Drug type	Year 1 2014/2015	Year 2 2015/2016	Year 3 2017	Year 4 2018	Year 5 2019	Year 7 2021
Heroin	√	√	√	√	√	√
Cocaine powder	√	√	√	√	√	√
Crack cocaine	√	√	√	√	√	√
Benzodiazepines, Z drugs	√	√	√	√	√	√
Amphetamines~	√	√	√	√	**	**
Oxycodone	^	√	√	√	**	√
Fentanyl	*	*	*	√	**	**

√ Drugs injected

~ Includes New Psychoactive Substances, Mephedrone and Methamphetamine

** Injecting of drug not reported

^ Injecting of drug first reported in Year 2

* Injecting of drug first reported in Year 4

DRUG AND ALCOHOL TRENDS MONITORING SYSTEM YEAR 7

From Years 1 to 7, 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 crack cocaine in Year 7.

From Years 1 to 7, 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 users².

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 (UNDER 18s)

From Years 1 to 7, an increase in the use of cannabis herb, cocaine powder and alcohol was reported among treated young drug users. Year 7 also reported an increase in the use of other drugs, with treated drug users highlighting the increase in the use of nitrous oxide (Table 4.4).

Table 4.4: Changes in drug use by treated young drug users in Dublin 15, DATMS Year 1 to 7

Drug type	Year 2 2015/2016	Year 3 2017	Year 4 2018	Year 5 2019	Year 7 2021
Cannabis herb	↑	↑	↑	↑	↑
Cocaine powder	↑	↑	↑	↑	↑
Alcohol	↑	↑	↑	↑	↑
Ketamine	*	*	↑	↑	↑
Cannabis oil	^	^	↑	↑	↑
Nitrous oxide	"	"	"	*	↑
Cannabis wax	*	*	*	*	↑
Benzodiazepines, Z drugs	↑	*	↑	↑	*
MDMA	*	*	↑	↑	*
Lean (syrup)~	*	*	↑	*	^^
Cannabis edibles (sweets/ chocolates)	☆	☆	☆	☆	*
Methylphenidate	**	**	**	**	**
Cannabis drinks	*	*	*	*	^^

↑ 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

☆ 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

TREATED ADULT DRUG USERS

From Years 1 to 7, 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. Year 7 also reported an increase in the use of other drugs (Table 4.5).

DRUG AND ALCOHOL TRENDS MONITORING SYSTEM YEAR 7

Table 4.5: Changes in drug use by treated adult drug users in Dublin 15, DATMS Year 1 to 7

Drug type	Year 2 2015/2016	Year 3 2017	Year 4 2018	Year 5 2019	Year 7 2021
Cannabis herb	↑	↑	↑	↑	↑
Alcohol	↑	↑	↑	↑	↑
Cocaine powder	↑	↑	↑	↑	↑
Crack cocaine	↑	↑	↑	↑	↑
Benzodiazepines, Z drugs	↑	↑	↑	↑	↑
Prescribed opiates~	↑	↑	*	↑	↑
OTC codeine (Solpadine, Nurofen Plus)	*	*	*	↑	↑
Methamphetamine	*	↑	*	^^	↑
Amphetamines	*	*	*	*	↑
Cannabis edibles (cakes)	×	×	×	×	↑
Cannabis edibles (sweets/chocolates)	×	×	×	×	↑
Pregabalin (Lyrica)	↑	*	↑	↑	*
Cannabis oil	^	^	↑	↑	*
Heroin	*	↓	↑	↓	*
Cannabis resin	↓	↑	*	*	↓
Methadone	*	*	*	*	*
Cannabis wax	*	*	*	↑	*
Cannabis drink	×	×	×	×	*
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

* No change in use of drug

^^ Use of drug not reported in Year 5

× Use of drug first reported in Year 5

^ Use of drug first reported in Year 3

* Use of drug first reported in Year 4

** Use of drug first reported in Year 7

Cannabis

Year 7 continues to report the use of a range of cannabis products in Dublin 15. These drugs include cannabis edibles and cannabis concentrates (oil, wax). Treated drug users reported that these drugs were not as commonly used as cannabis herb. This change in the cannabis market is also occurring within the rest of Europe (EMCDDA, 2022).

Powder and crack cocaine

Service providers reported a new profile of cocaine users accessing treatment. This new profile is people working in the construction industry. Service providers reported that drug dealers were targeting construction sites to increase demand.

Treated drug users reported that the use of cocaine powder had become more visible in the community, including in recreational facilities such as pubs. Over the past decade, the use of cocaine in Europe has been on an upward trend (EMCDDA, 2022).

Legal and illegal amphetamines

In Year 7, treated young and adult drug users reported the use of the prescribed stimulant drug methylphenidate (Ritalin, Concerta)³. This drug is used to treat attention deficit hyperactivity disorder (ADHD). The misuse of this drug has been long established. However, this is the first time its use has been reported to the DATMS. While this does not signify a new emerging trend, the prevalence of this drug may have increased in Dublin 15.

Year 7 is the first time that an increase in the use of amphetamines (speed) among treated adult drug users was reported. This change was reported to be associated with the increase in the use of stimulants such as powder cocaine that has emerged over the last number of years. Treated drug users reported that amphetamine use has increased because it is a cheaper alternative to cocaine powder. An increase in the use of amphetamines has also been reported in Europe (EMCDDA, 2022).

Benzodiazepines and z drugs

In Year 4, treated drug users reported that authentic benzodiazepines and z drugs were rare and counterfeit tablets had become more commonly available⁴. This trend continued in Years 5 and 7. At a European level, the EMCDDA continues to report the availability of counterfeit tablets belonging to the benzodiazepine class and due to their unknown composition, the risk of overdose increases (EMCDDA, 2022).

³ Further data concerning the use of this drug is reported in the chapters 'Untreated drug and alcohol use' and 'Factors contributing to drug and alcohol use'

⁴ Further data concerning the accessibility of benzodiazepines and z drugs are reported in the chapter 'Factors contributing to drug use'

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 7, 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, 2022; 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 2021:

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	√	√	√	√	√
	Crack cocaine	√	√			
	Magic mushrooms & LSD	√				
	GHB/GBL	√		√	√	
	Methylphenidate	√			√	
Other drugs used	Anabolic steroids	√			√	
	Injected skin tan	√	√			
	Slimming drugs	√	√			

[^] Cakes, sweets, chocolates

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 2021:

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	√		√	√	
	Heroin	√	√			
	Crack cocaine	√	√			
	Magic mushrooms & LSD	√				
	GHB/GBL	√		√	√	
	Ketamine	√	√	√	√	√
	Nitrous oxide	√	√	√	√	
Other drugs used	Anabolic steroids	√	√		√	
	Injected skin tan	√	√			
	Slimming drugs	√	√			

* Includes alcohol-free drinks among White Irish and Irish Traveller communities

^ 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. Indeed, the EMCDDA reports an increase in the availability of these drugs in Europe (EMCDDA, 2022).

UNTREATED POLYDRUG USE

From Years 1 to 7, 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. 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

As previously reported in the chapter, Treated Drug Use, polydrug use increases the risk associated with drug use as interactions between different drugs can have harmful consequences (EMCDDA, 2021). For example, alcohol and cocaine taken together produce the cocaine metabolite cocaethylene, which can cause cardiovascular problems.

PATTERN OF UNTREATED DRUG & ALCOHOL USE

From Years 1 to 7, 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 time⁵. The frequency of drug use was age dependent, with those aged 18 and over reporting more regular use.

⁵ The use of drugs during school time is discussed further in the chapter 'Consequences of drug and alcohol 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; for some, the norm plus the youngest age is reported. From Years 3 to 7, fluctuations in the age of initiation have been reported, and overall, a change was reported whereby untreated drug users were getting younger (Charts 5.1 and 5.2).

Chart 5.1: Most commonly used drugs by age of first use, DATMS Year 3 to 7 (2017-2021)

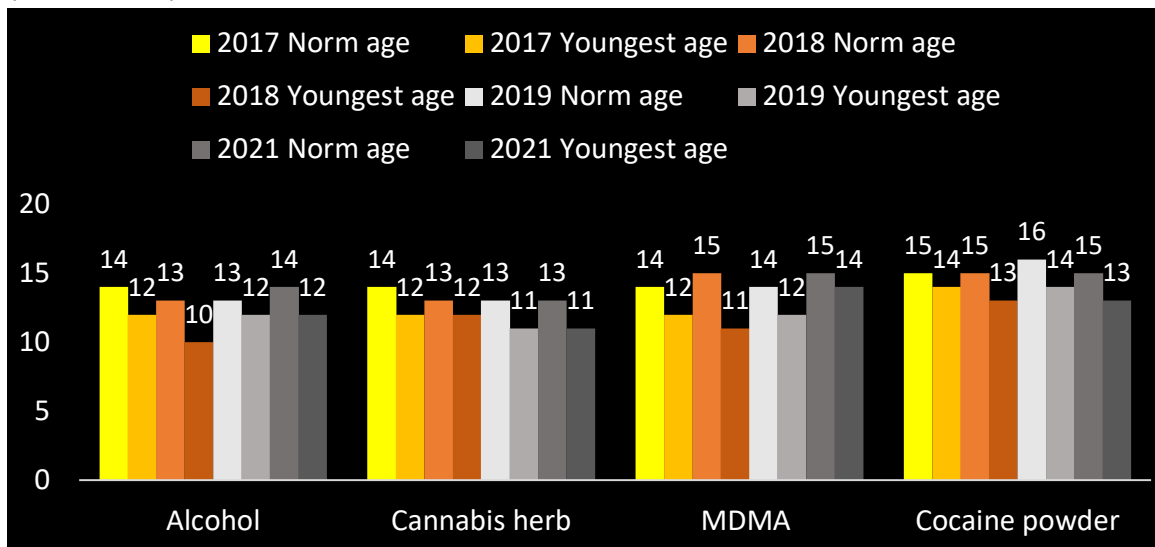
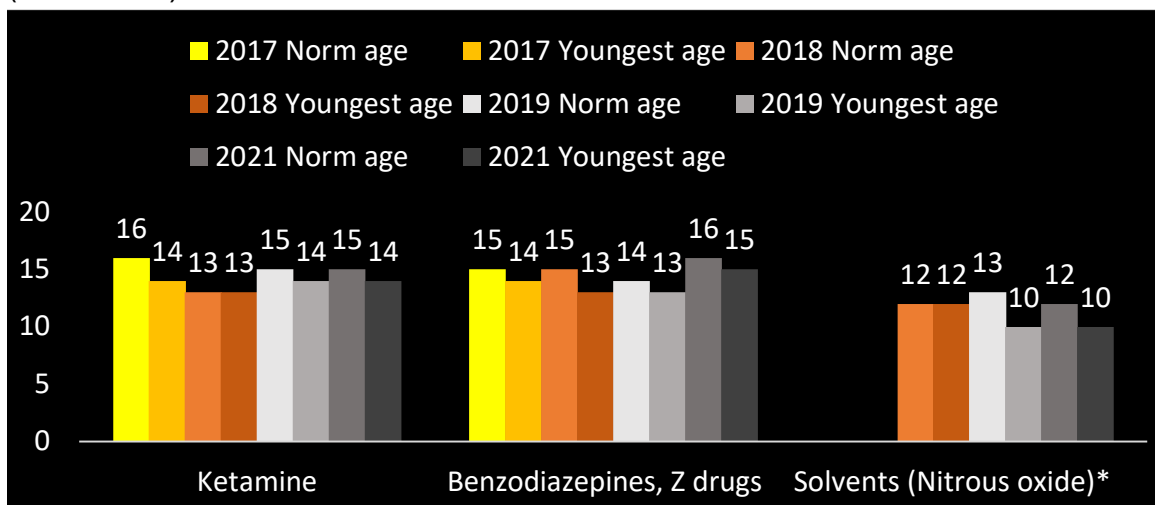


Chart 5.2: Most commonly used drugs by age of first use, DATMS Year 3 to 7 (2017-2021)



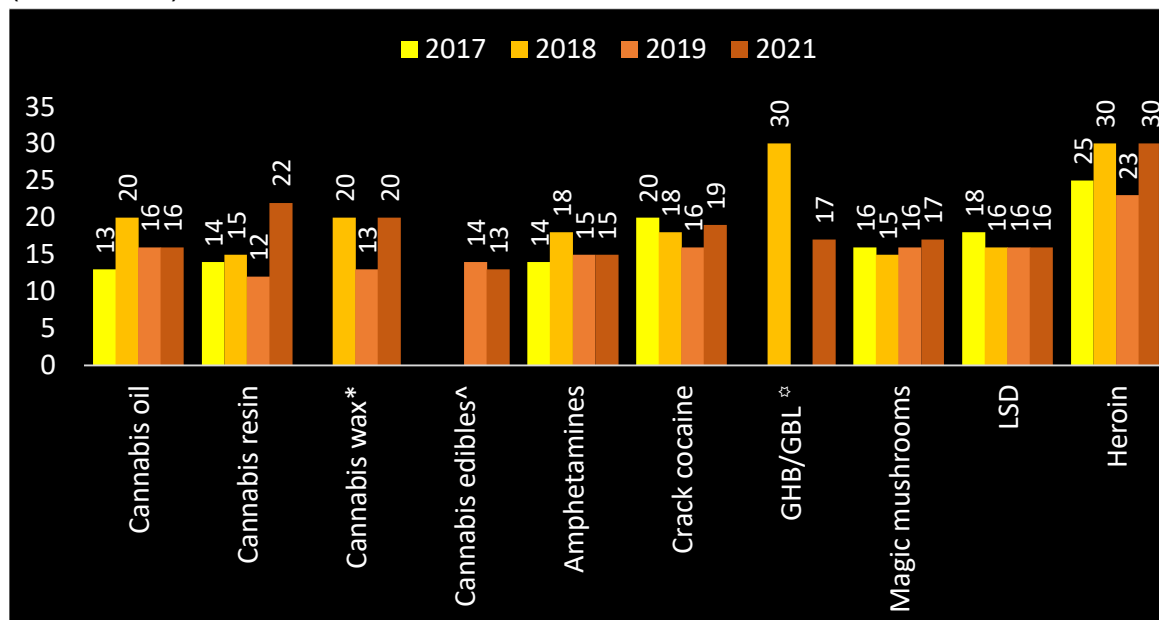
* Use of drug first reported in Year 4

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

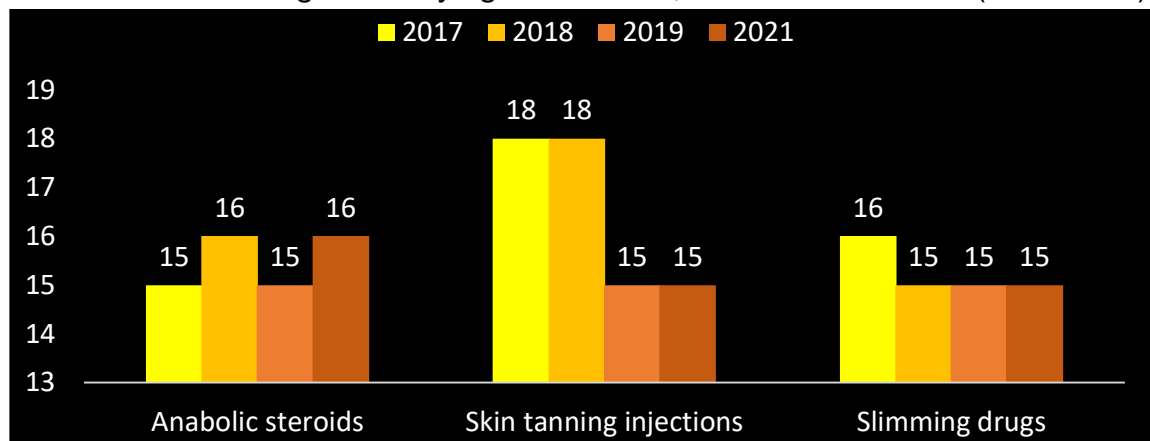
From Years 3 to 7, changes in the norm age of first use of other drugs were also reported (Charts 5.3 and 5.4).

Chart 5.3: Least commonly used drugs by age of first use, DATMS Year 3 to 7 (2017-2021)



* Use of drug first reported in Year 4
 ^ Use of drug first reported in Year 5
 * Use of drug not reported in Year 3 or 5

Chart 5.4: Other drugs used by age of first use, DATMS Year 3 to 7 (2017-2021)



PREVALENCE OF UNTREATED DRUG & ALCOHOL USE

From Years 1 to 7, untreated young and adult drug users have continued to report an increase in the use of alcohol, cannabis herb, cocaine powder and ketamine. Year 7 also reported an increase in the use of other drugs, including nitrous oxide, GHB/GBL and cannabis edibles. 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 7

Drug type	Year 2 2015/2016	Year 3 2017	Year 4 2018	Year 5 2019	Year 7 2021
Alcohol	↑	↑	↑	↑	↑
Cannabis herb	↑	↑	↑	↑	↑
Cocaine powder	↑	↑	↑	↑	↑
Ketamine	↑	↑	↑	↑	↑
Benzodiazepines, z drugs	*	↑	↑	↑	↑
Cannabis oil	^	^	↑	↑	↑
MDMA	*	↑	↓	↑	↑
Nitrous oxide	~	~	~	↑	↑
GHB/GBL	~	~	~	*	↑
Cannabis edibles**	x	x	x	x	↑
Amphetamines	*	↓	*	↑	↓
Cannabis wax	~	~	~	↑	*
Crack cocaine	*	*	↑	*	*
Cannabis resin	↑	↓	↓	*	*
Alcohol-free drinks	x	x	x	x	*
Methylphenidate	#	#	#	#	#

- ↑ Increase in use of drug
- * No change in use of drug
- ^ Use of drug first reported in Year 3
- ↓ Decrease in use of drug
- ~ Use of drug first reported in Year 4
- ** Cakes, sweets, chocolates
- x Use of drug first reported in Year 5
- # Use of drug first reported in Year 7

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

Nitrous oxide

The use of nitrous oxide by untreated young drug users was first reported to the DATMS in Year 4. Drug users reported that this drug was not commonly used during Years 4 and 5. Year 7 reported changes in the use of nitrous oxide, with

DRUG AND ALCOHOL TRENDS MONITORING SYSTEM YEAR 7

this drug more commonly used by untreated young drug users and an integral part of polydrug use. An increase in the use of nitrous oxide by young people was also reported at a European level (EMCDDA, 2022). Also, the use of nitrous oxide by untreated adult drug users was first reported to the DATMS in Year 7.

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, which may suggest that the prevalence of chemsex has also increased. An increase in the use of GHB/GBL was also reported in Europe (EMCDDA, 2022). Table 5.2 reports the changing profile of chemsex in Dublin 15 from Years 2 to 7.

Table 5.2: Profile of chemsex in Dublin 15, DATMS Year 2 to 7

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

x No data reported

Crack cocaine

Since Year 1, except for Year 5, 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, similar to perceptions concerning the use and users of heroin.

Legal amphetamines

The use of the prescribed stimulant drug methylphenidate (Ritalin, Concerta) was first reported by untreated young drug users in Year 7⁶. This was also reported by treated young and adult drug users. It is evident that this is not a new emerging trend and rather possibly signifies an increase in the misuse of this drug in Dublin 15.

National prevalence rates of drug use

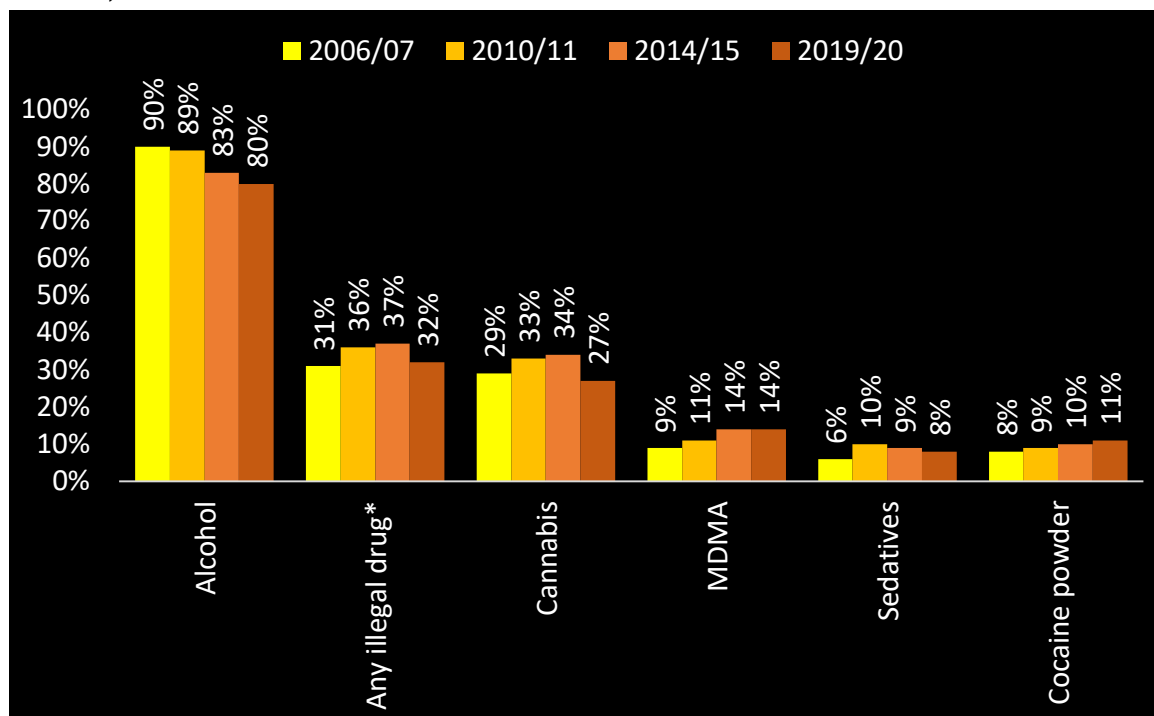
The National Drug and Alcohol Survey (NDAS)⁷ provides a trend analysis of the prevalence of drug use in the general Irish population aged 15+ years from 2006/07 to 2019/20 (Mongan *et.al*, 2021). The charts below report lifetime, recent (last year) and current (last month) prevalence rates of drug use in Ireland (Charts 5.5 to 5.10). 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 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.

⁶ Further data concerning the use of this drug is reported in the chapters 'Treated drug and alcohol use' and 'Factors contributing to drug and alcohol use'

⁷ 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.

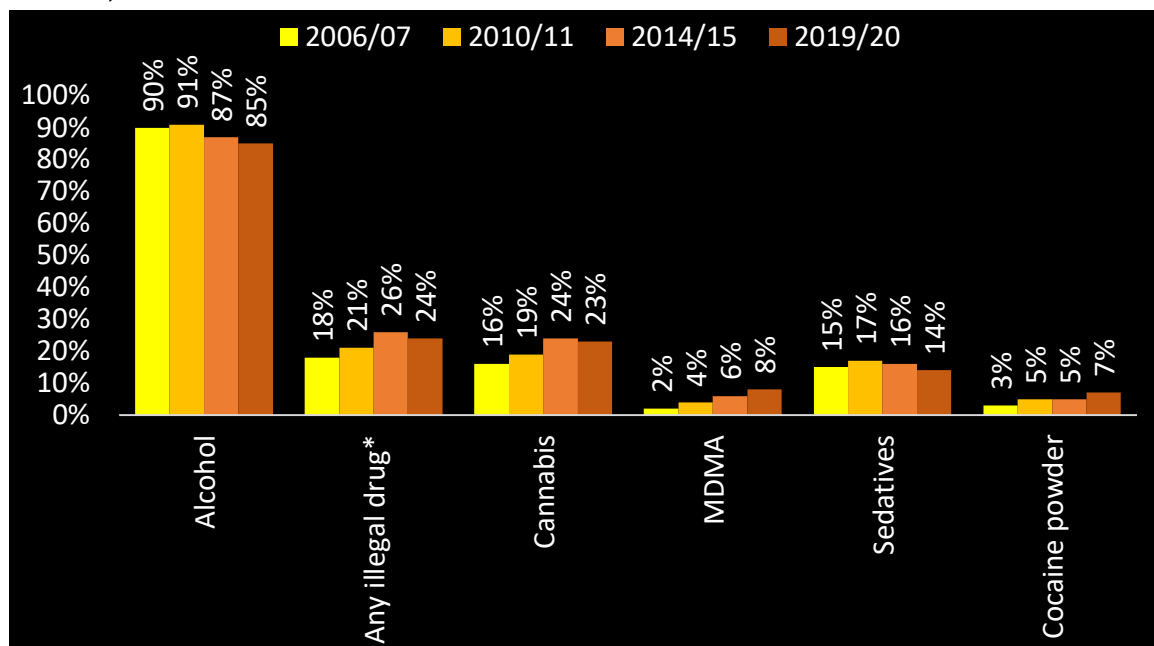
DRUG AND ALCOHOL TRENDS MONITORING SYSTEM YEAR 7

Chart 5.5: Lifetime prevalence rates of drug use among 15 to 34 year olds in Ireland, NDAS 2006/07 to 2019/2020



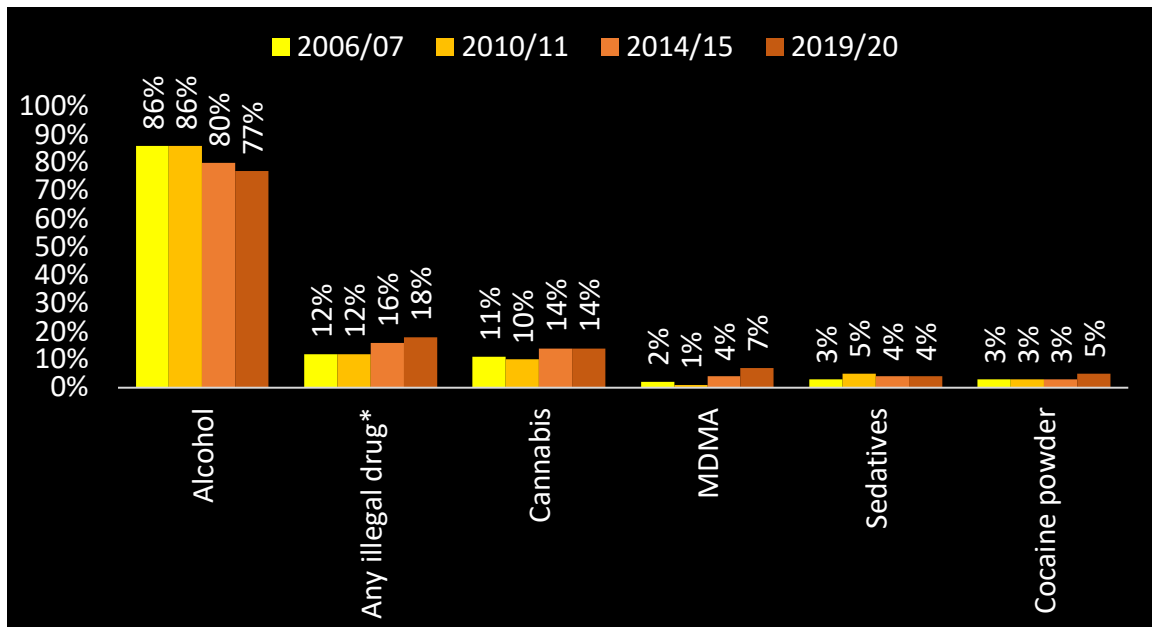
*Any illegal drug refers to cannabis, MDMA, cocaine powder, magic mushrooms, amphetamines, poppers, LSD, new psychoactive substances, mephedrone, solvents, crack cocaine, heroin

Chart 5.6: Lifetime prevalence rates of drug use among 35 year olds and over in Ireland, NDAS 2006/07 to 2019/2020



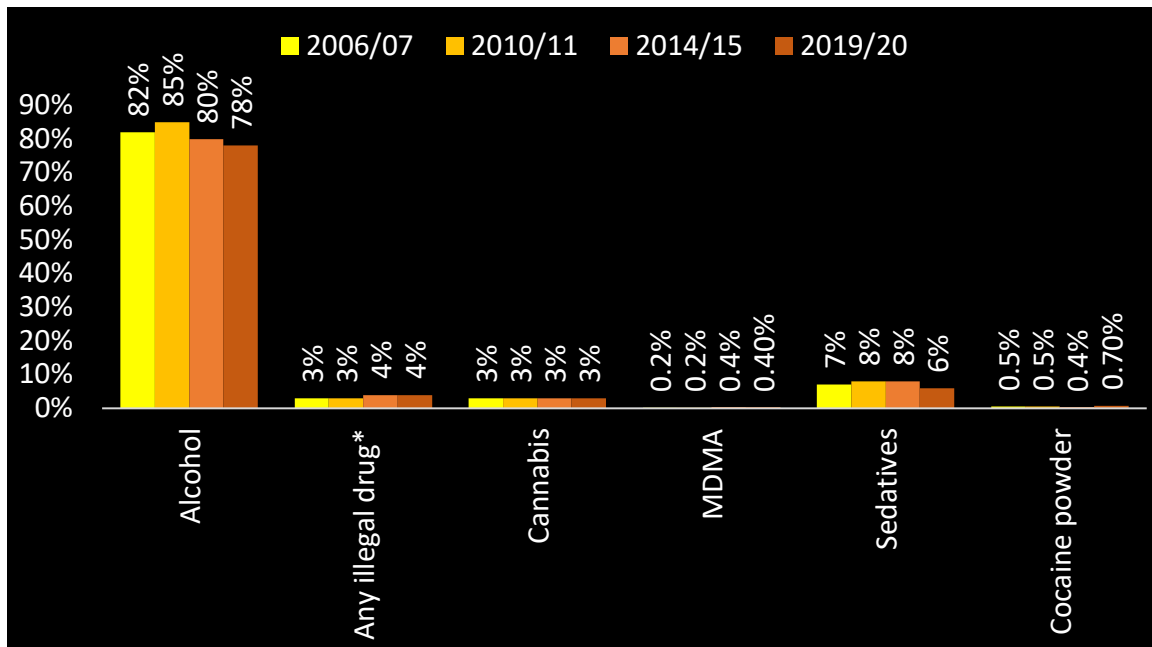
*Any illegal drug refers to cannabis, MDMA, cocaine powder, magic mushrooms, amphetamines, poppers, LSD, new psychoactive substances, mephedrone, solvents, crack cocaine, heroin

Chart 5.7: Last year prevalence 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

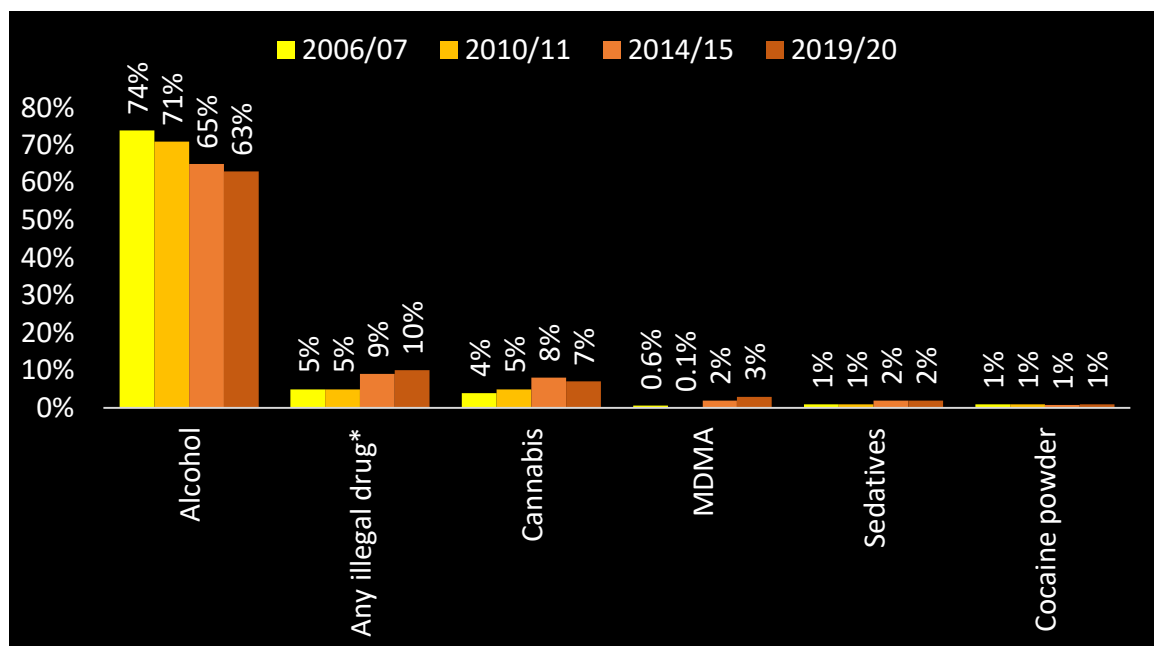
Chart 5.8: Last year prevalence of drug use among 35 year olds and over in Ireland, NDAS 2006/07 to 2019/2020



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

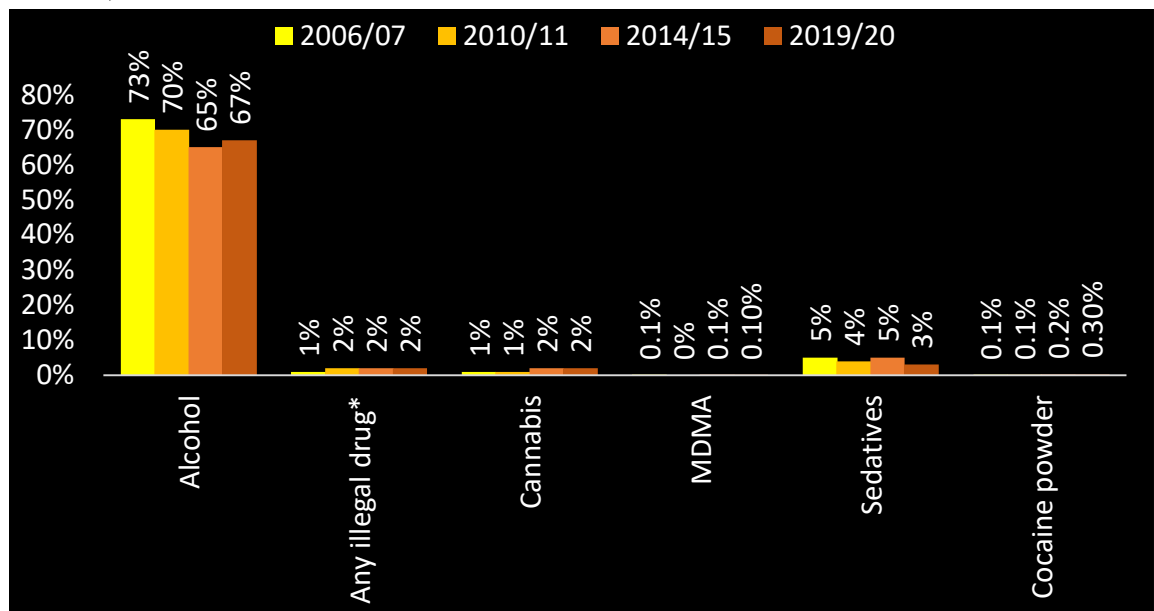
DRUG AND ALCOHOL TRENDS MONITORING SYSTEM YEAR 7

Chart 5.9: Last month prevalence 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 5.10: Last month prevalence of drug use among 35 year olds and over in Ireland, NDAS 2006/07 to 2019/2020

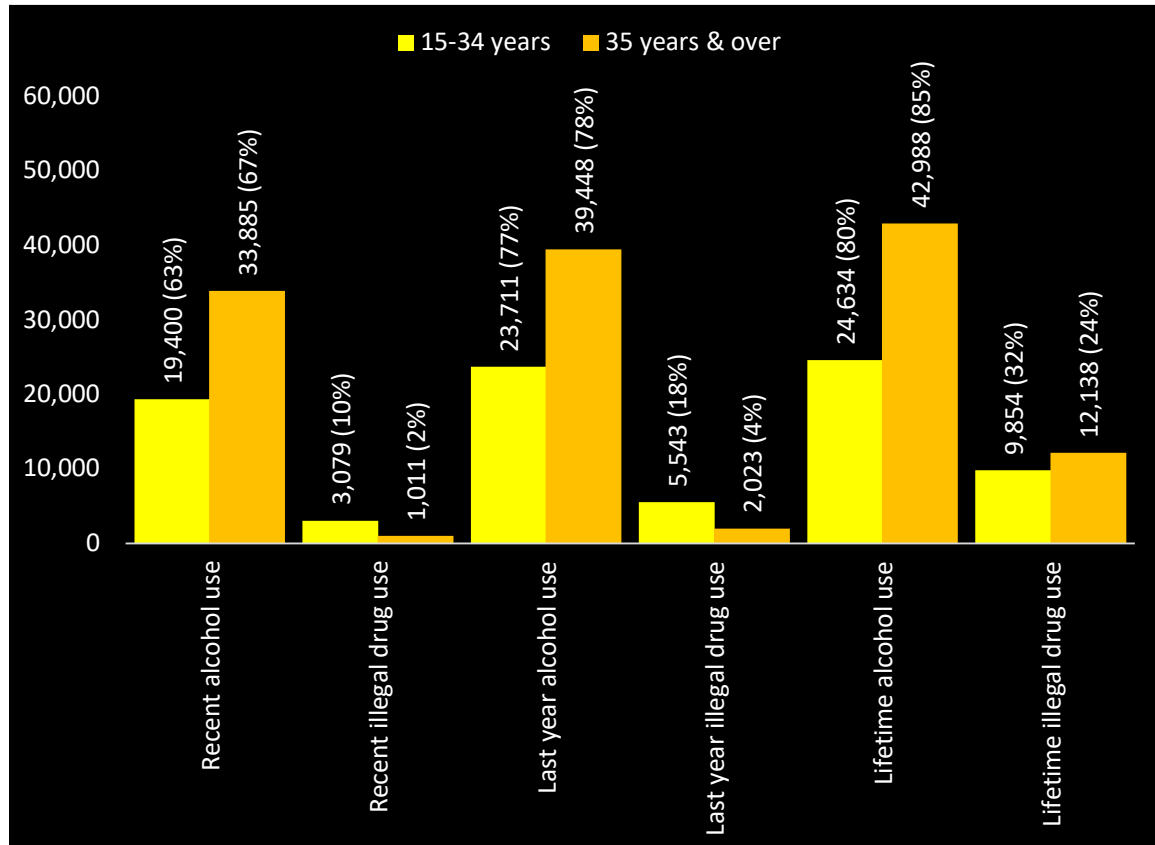


*Any illegal drug refers to cannabis, MDMA, cocaine powder, magic mushrooms, amphetamines, poppers, LSD, new psychoactive substances, mephedrone, solvents, crack cocaine, heroin

Prevalence rates of drug and alcohol use in Dublin 15

2019/20 prevalence rates of drug use and the 2016 CSO population statistics were used to estimate the number of drug users in Dublin 15 (Chart 5.11). The data identified that the most commonly used drug in Dublin 15 is alcohol.

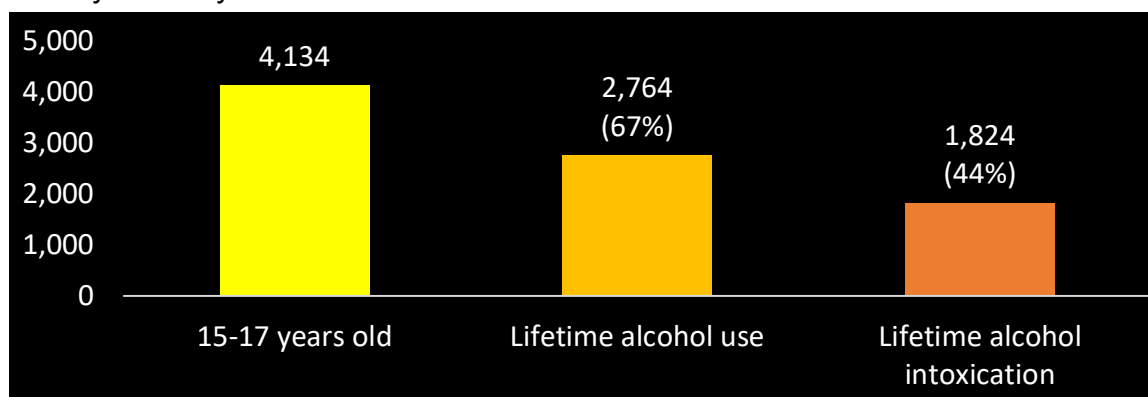
Chart 5.11: Recent, last year and lifetime prevalence rates of drug use among Dublin 15 population, NDAS 2019/2020 by CSO 2016



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). A total of 67% (2,764) of teenagers aged 15 to 17 years have used alcohol in their lifetime, and 44% (1,824) have been drunk (Chart 5.12).

DRUG AND ALCOHOL TRENDS MONITORING SYSTEM YEAR 7

Chart 5.12: Prevalence of alcohol use among 15-17 year olds in Dublin 15, HBSC Survey 2018 by CSO 2016



The research reports an increase in alcohol use and alcohol intoxication as young people get older (Charts 5.13 and 5.14).

Chart 5.13: Lifetime prevalence rates of alcohol use among 15-17 year olds in Dublin 15, HBSC Survey 2018 by CSO 2016

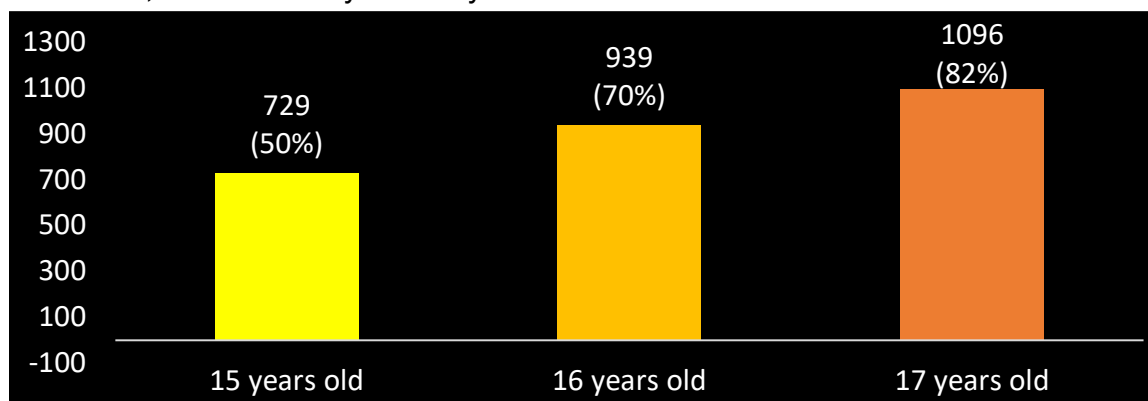
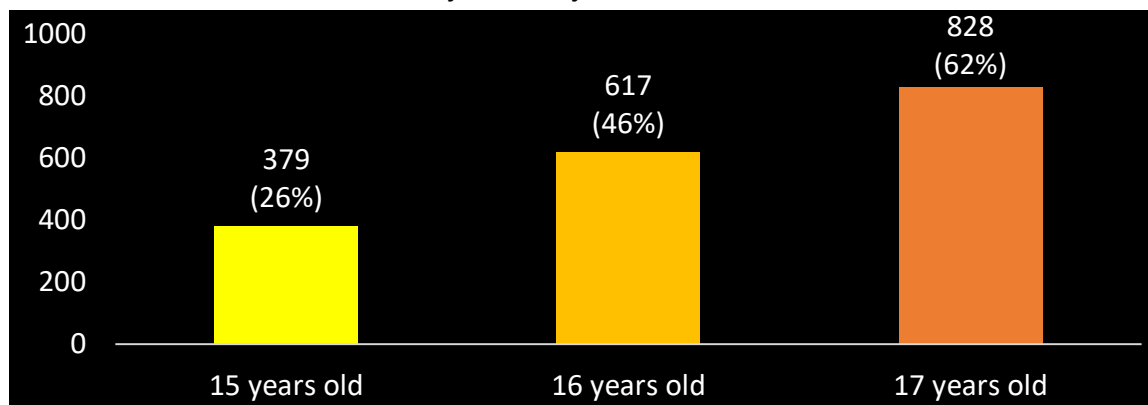


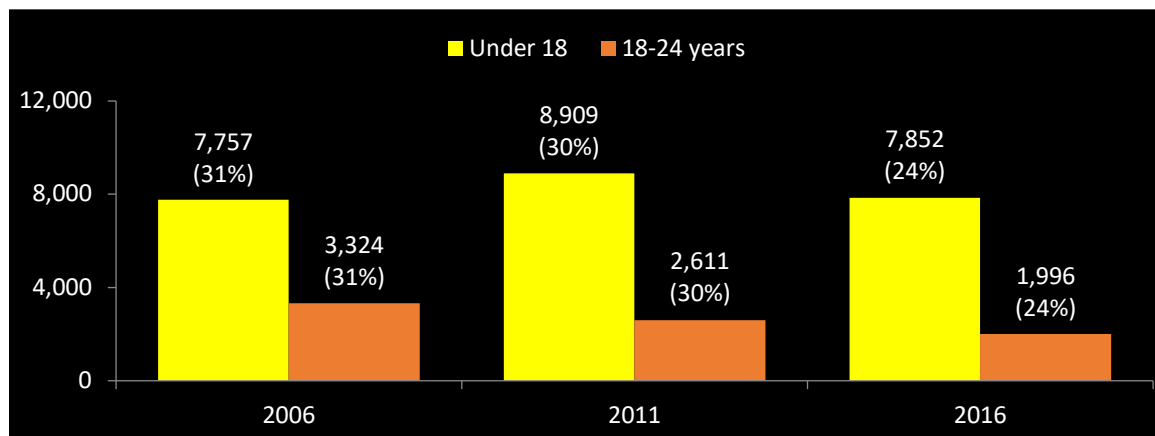
Chart 5.14: Lifetime prevalence rates of alcohol intoxication among 15-17 year olds in Dublin 15, HBSC Survey 2018 by CSO 2016



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 7⁸. Thus, the Deprivation Index has been used to quantify the at-risk youth population of Dublin 15 (Chart 5.15)⁹. The areas where these young people lived were similar to the areas reported in Year 2.

Chart 5.15: Dublin 15 socio-economically deprived youth population, CSO 2006 to 2016



⁸ Further information reported in the chapter 'DATMS research objectives & method'

⁹ Previously reported in chapter 'Socio-demographic profile of Dublin 15'

6. FACTORS CONTRIBUTING TO DRUG & ALCOHOL USE

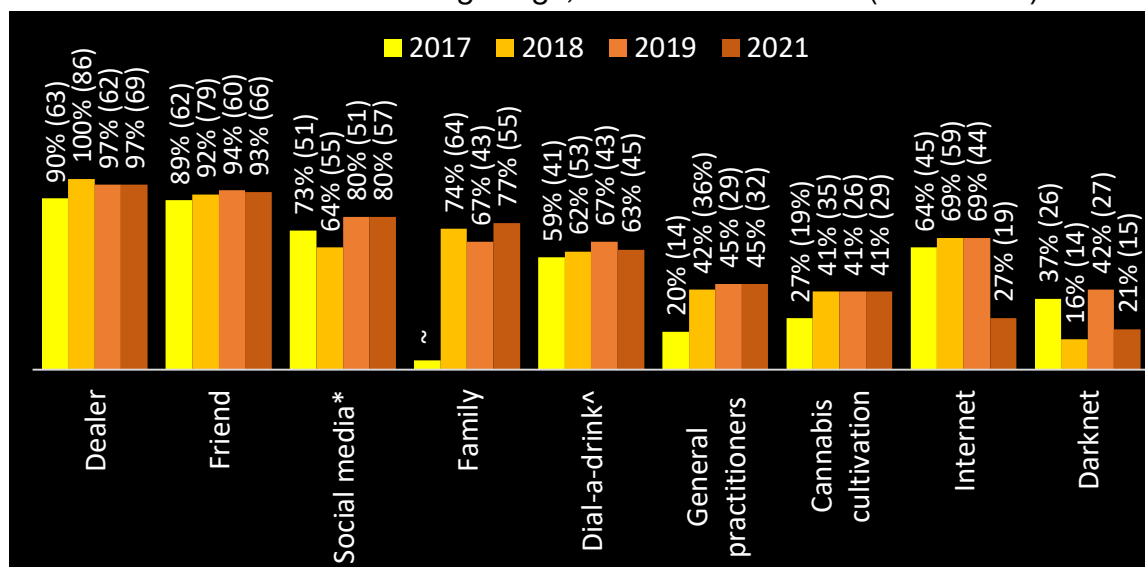
A range of factors contributes to drug and alcohol use in Dublin 15. They include easy access to drugs and alcohol, the normalisation of drug and alcohol use, the family context and mental ill-health.

1) ACCESSIBILITY OF DRUGS & ALCOHOL

METHODS FOR OBTAINING DRUGS

From Years 1 to 7, 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 7 reported it was friends. Over the reporting period, the use of social media to obtain drugs has increased, with the use of Tik Tok and Telegram first reported in Year 7. 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 7 (2017-2021)



* 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. Year 7 treated and untreated drug users reported the use of the prescribed stimulant drug methylphenidate

(Ritalin, Concerta)¹⁰. The misuse of this drug has been long established, which possibly signifies that the prevalence of these drugs has increased in Dublin 15.

CHANGES IN DRUG AVAILABILITY

From Years 1 to 7, participants reported changes in the availability of drugs (Table 6.1). All drugs that have increased in availability are the most commonly used, except for crack cocaine. Each year the DATMS has reported an increase in the availability of benzodiazepines and z drugs.

Table 6.1: Changes in drug availability in Dublin 15, DATMS Year 1 to 7

Drug type	Year 1 2014/ 2015	Year 2 2015/ 2016	Year 3 2017	Year 4 2018	Year 5 2019	Year 7 2021
Benzodiazepines, z drugs	↑	↑	↑	↑	↑	↑
Cannabis herb	↑	*	↑	↑	↑	↑
Crack cocaine	↑	*	↑	↑	↑	↑
Cocaine powder	*	*	↑	↑	↑	↑
MDMA	*	*	↑	*	*	↑
Ketamine	*	*	↑	*	*	↑
Nitrous oxide	**	**	**	**	**	↑
Alcohol	↑	↑	↑	*	↑	*
Heroin	*	*	↑	↑	*	*
Cannabis oil	^	^	^	↑	*	*
Pregabalin (Lyrica)	*	↑	↑	*	*	*
Cannabis resin	↓	↑	↓	↓	*	*
Steroids	↑	*	*	*	*	*
Opiate (oxycodone)	*	↑	*	*	*	*
Cannabis cakes	*	*	*	*	*	*
Cannabis sweets, chocolates	*	*	*	*	*	*
Cannabis infused drinks	*	*	*	*	*	*

↑ Increase in drug availability

↓ Decrease in drug availability

* No change in drug availability

^ Availability of drug first reported in Year 3

* Availability of drug first reported in Year 5

** Availability of drug first reported in Year 7

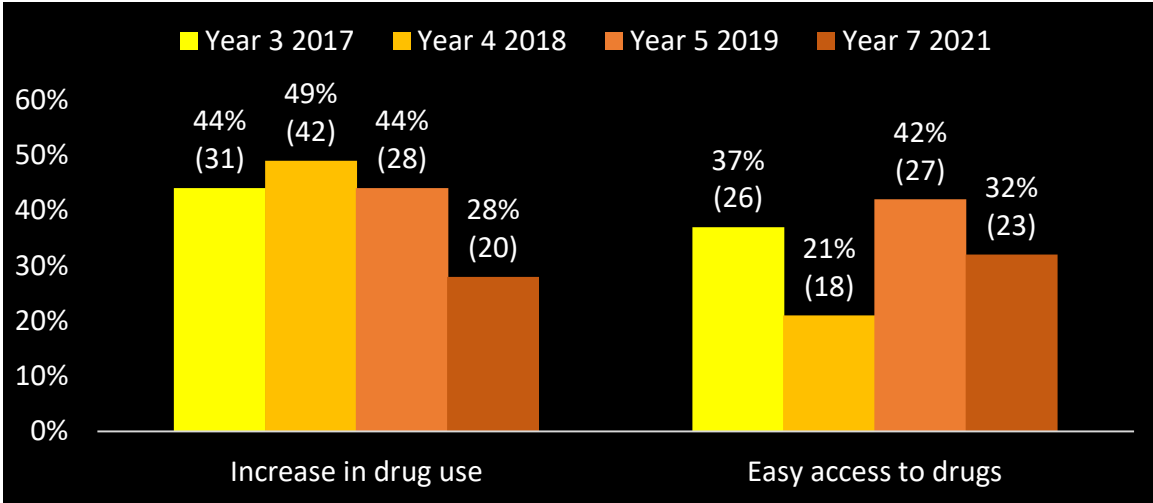
¹⁰ Further data concerning the use of this drug is reported in the chapters 'Treated drug and alcohol use' and 'Untreated drug and alcohol use'

DRUG AND ALCOHOL TRENDS MONITORING SYSTEM YEAR 7

Reasons for increase in drug and alcohol availability

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 7 (2017-2021)

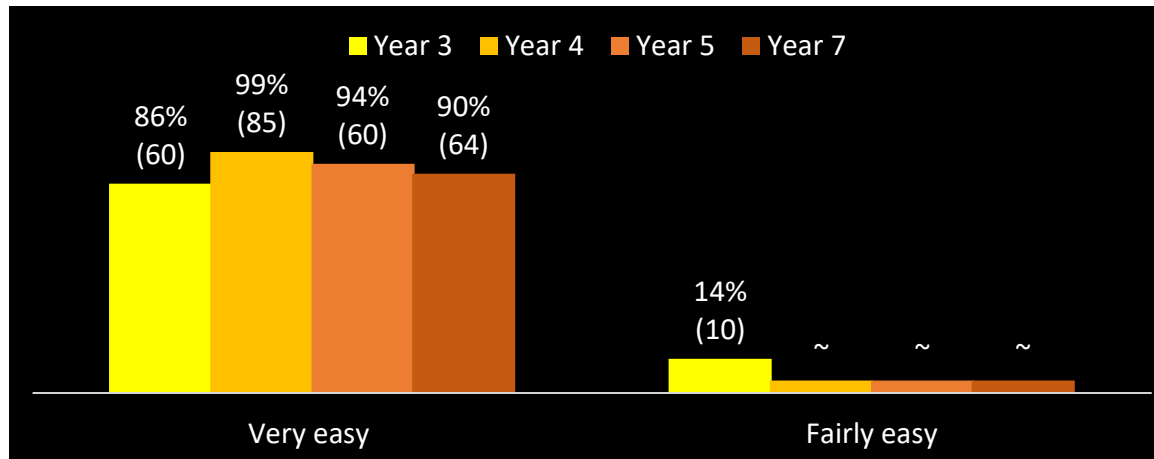


Since Year 2, treated and untreated drug users have reported an increase in the use of alcohol. The availability of low-price spirits in local supermarkets continues to contribute to this trend. Since Year 3, the normalisation of drug use was reported as a factor contributing to the increase in drug use in Dublin 15¹¹. Since Year 5, drug users reported that the increase in drug use identified how demand influences the local drug market. They reported that this increase 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. An increase in the availability, use and purity of powder and crack cocaine has also been reported at a European level (EMCDDA, 2022).

¹¹ Further data concerning the normalisation of drug use is reported in the following section

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

Chart 6.3: Ease of access to drugs in Dublin 15, DATMS Year 3 to 7 (2017-2021)



~ 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 7

Factors contributing to ease of access to drugs	Year 1 2014/ 2015	Year 2 2015/ 2016	Year 3 2017	Year 4 2018	Year 5 2019	Year 7 2021
Increase in number of dealers			√	√	√	√
Increase in number of under 18s dealing		√	√	√	√	√
Dealers making home deliveries [^]	√	√	√		√	√
Obtaining drugs from the internet	√	√	√			
Increase in utilisation of social media			√	√	√	√
Obtaining drugs from General Practitioners	√	√	√			√

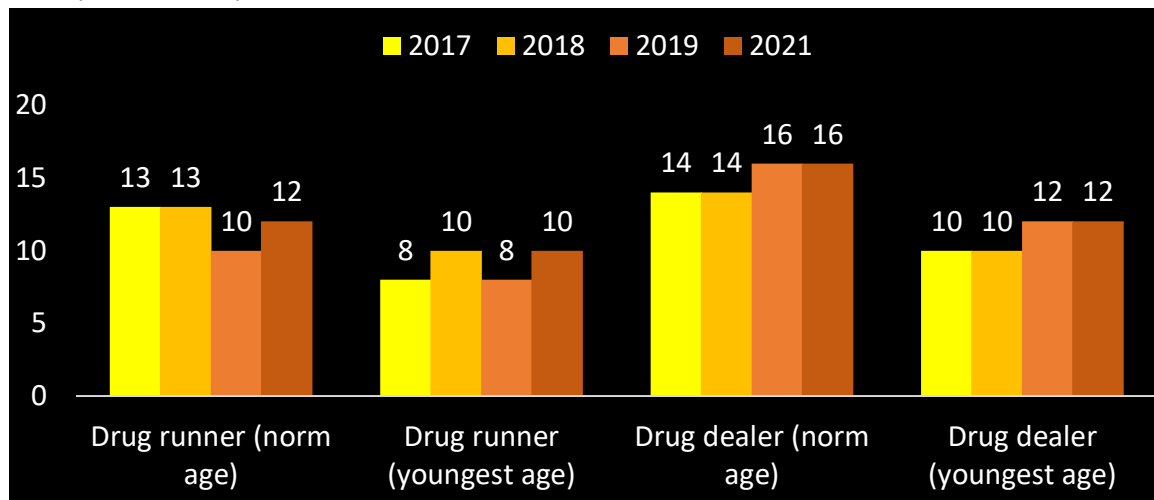
[^] Includes Dial-A-Drink

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 7 reported the age of drug runners and dealers in Dublin 15 (Chart 6.4); the norm plus the youngest age has been reported. Over the reporting period, drug runners have become younger, and drug dealers have become older.

DRUG AND ALCOHOL TRENDS MONITORING SYSTEM YEAR 7

Chart 6.4: Drug runners and dealers in Dublin 15 aged under 18, DATMS Year 3 to 7 (2017-2021)



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.

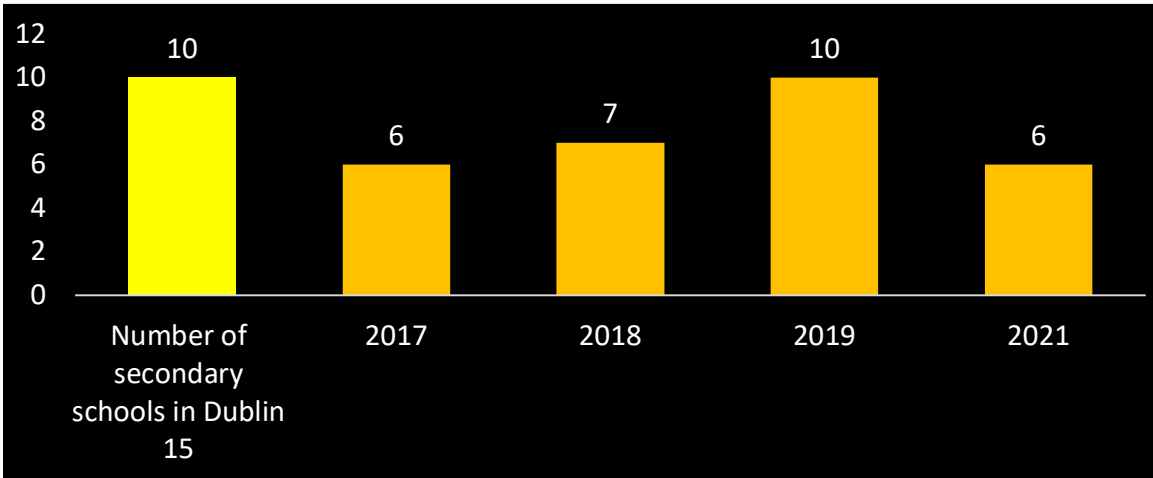
The reasons that children and young people become involved in this criminal activity are multi-faceted and incorporate personal, family and environmental factors. The desire to increase social status is an important driver of drug dealing behaviour and to make 'easy money'. Within a family context, participants reported that older family members were drug dealers. Three environmental factors were reported. Firstly, since Year 2, participants reported increasing drug debt intimidation in Dublin 15. There is likely a link between the increasing levels of drug debt 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 acceptable¹². 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.

¹² Further data concerning the normalisation of drug and alcohol use is reported in the following section

Drug dealing in local secondary schools

All years of the DATMS reported that drug dealing occurred in local secondary schools. From Years 3 to 7, over 60% of secondary schools had evidence of drug dealing, with Year 5 reporting drug dealing in all local secondary schools (Chart 6.5). 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.

Chart 6.5: Number of secondary schools in Dublin 15 with evidence of drug dealing, DATMS Year 3 to 7 (2017-2021)



DRUGS MANUFACTURED IN DUBLIN 15

Years 1 to 7 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.

DRUG AND ALCOHOL TRENDS MONITORING SYSTEM YEAR 7

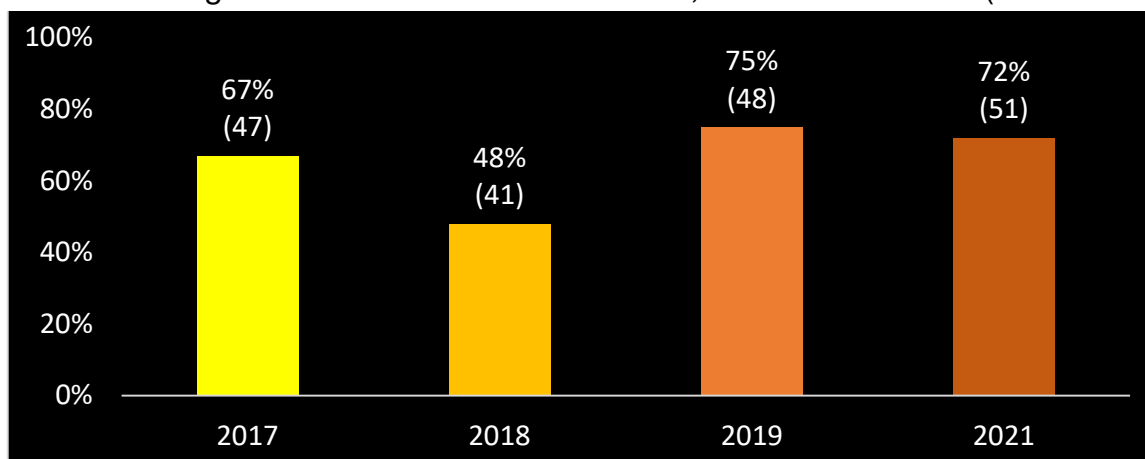
Table 6.3: Types of drugs manufactured in Dublin 15, DATMS Year 1 to 7

Drug type	Year 1 2014/2015	Year 2 2015/2016	Year 3 2017	Year 4 2018	Year 5 2019	Year 7 2021
Cannabis herb	√	√	√	√	√	√
Crack cocaine			√	√	√	√
Cannabis oil			√	√	√	
Benzodiazepines	√	√	√			
Z drugs			√			
MDMA			√	√	√	
Cannabis edibles (cakes)					√	
Synthetic stimulants (NPS)					√	

DRUGS SOURCED FROM OUTSIDE DUBLIN 15

In Year 7, 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 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 7 (2017-2021)



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, crack cocaine, synthetic benzodiazepines and z drugs.

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:

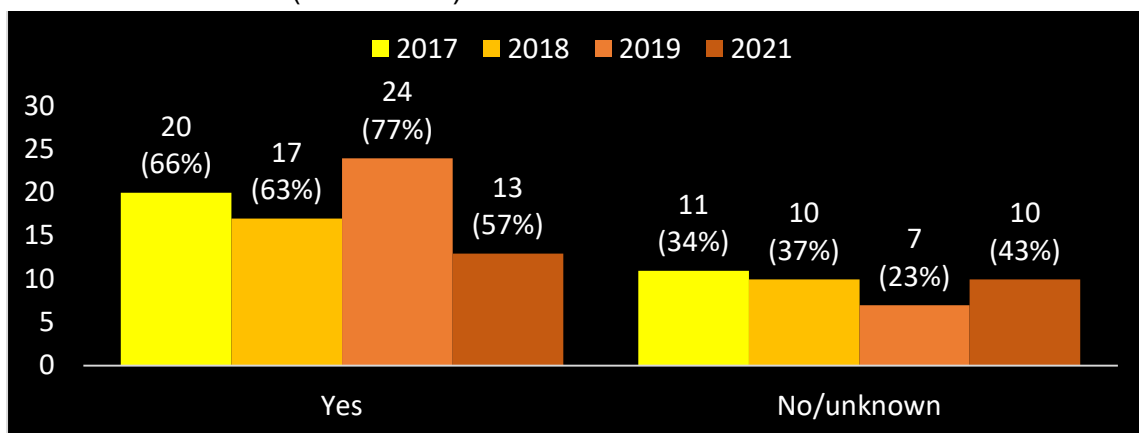
- Increase in drug use among young people
- Untreated drug users getting younger
- Hindered help-seeking for alcohol and drug use among young people
- Increase in the number of under 18s dealing drugs, thus, contributing to the ease of access to drugs
- Development of inter-generational drug and alcohol dependence
- Main drugs used by treated drug users were those which were normalised¹³

¹³ 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

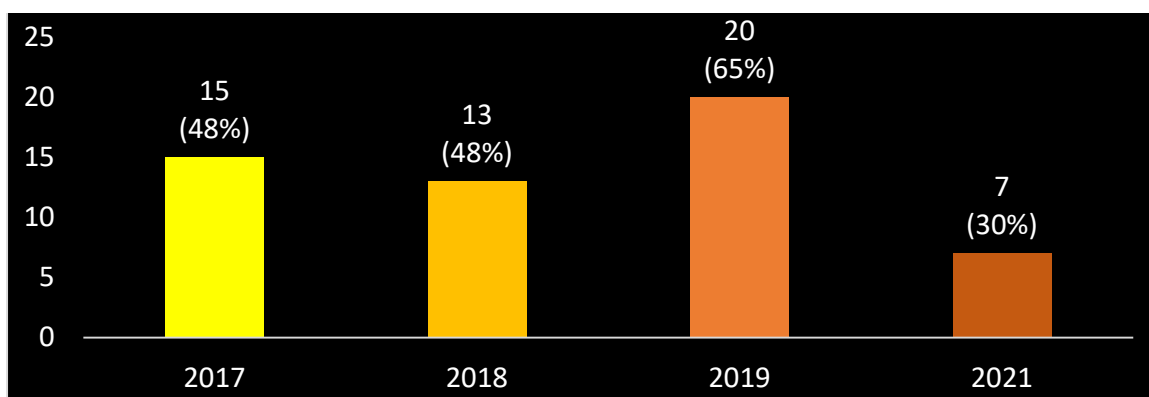
Since Year 1, the DATMS has reported the negative impact of drug and alcohol dependence within the family. The data reported the family context as a risk factor for the normalisation of drug and alcohol use, and the development of inter-generational drug and alcohol dependence¹⁴. Since Year 3, the majority 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 7 (2017-2021)



From Years 3 and 7, the proportion of treated drug users reporting inter-generational drug and alcohol use spanning two to three generations fluctuated (Chart 6.8).

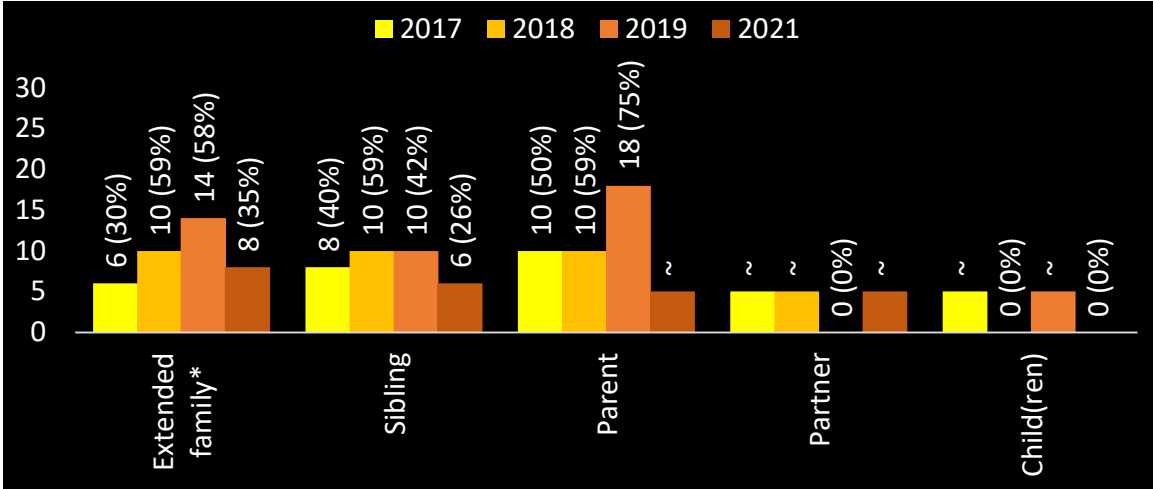
Chart 6.8: Treated drug users by inter-generational substance use, DATMS Year 3 to 7 (2017-2021)



¹⁴ 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 7 (2017-2021)



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

The first goal of our national drug strategy is to promote and protect health and wellbeing. Action 1.3.9 of this goal serves to *mitigate the risk and reduce the impact of parental substance misuse* (Department of Health, 2017). This Action includes the following:

- *Developing and adopting evidence-based family and parenting skills programmes for services engaging with high-risk families impacted by problematic substance use*
- *Building awareness of the hidden harm of parental substance misuse with the aim of increasing responsiveness to affected children*
- *Ensuring adult substance use services identify clients who have dependent children and contribute actively to meeting their needs either directly or through referral to or liaison with other appropriate services*

DRUG AND ALCOHOL TRENDS MONITORING SYSTEM YEAR 7

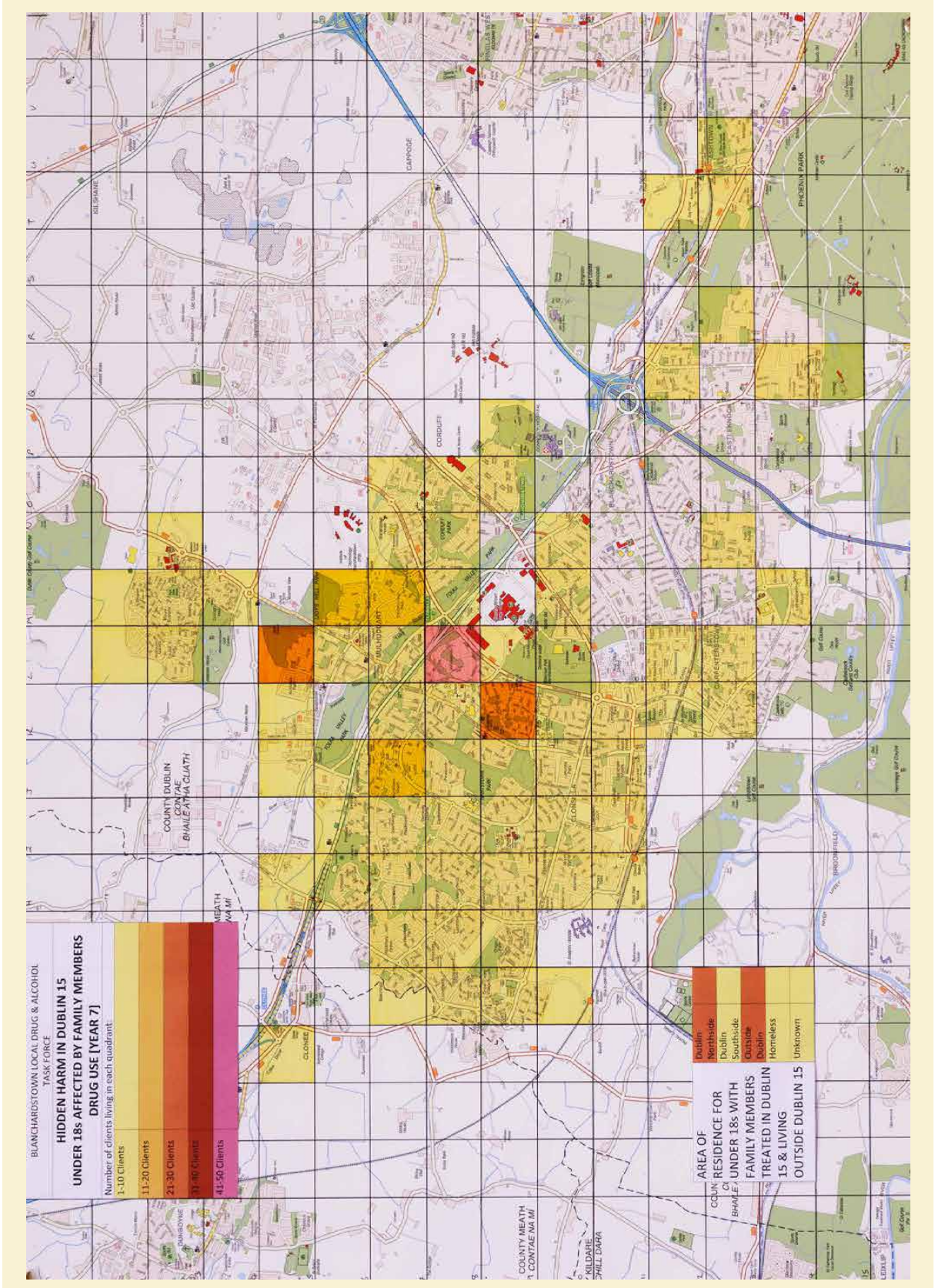
The second goal of our national drug strategy is to *minimise the harm caused by the use and misuse of substances and promote rehabilitation and recovery*. Action 2.1.16 of this goal serves to *strengthen services to support families affected by substance misuse*. This Action includes the following:

- *Supporting those caring for children/young people in their family as a result of substance misuse to access relevant information, support and services*

This policy framework underpins our examination of hidden harm in Dublin 15. In Year 7, we quantified the extent of hidden harm within the community, and this is the first time we mapped it. For this study, hidden harm relates to treated drug use and family support cases with children aged under 18. Year 7 reported 943 treated drug use and family support cases, and 41% (385) of these cases had children aged under 18. Year 7 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 and outside Dublin 15
- The majority of children 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

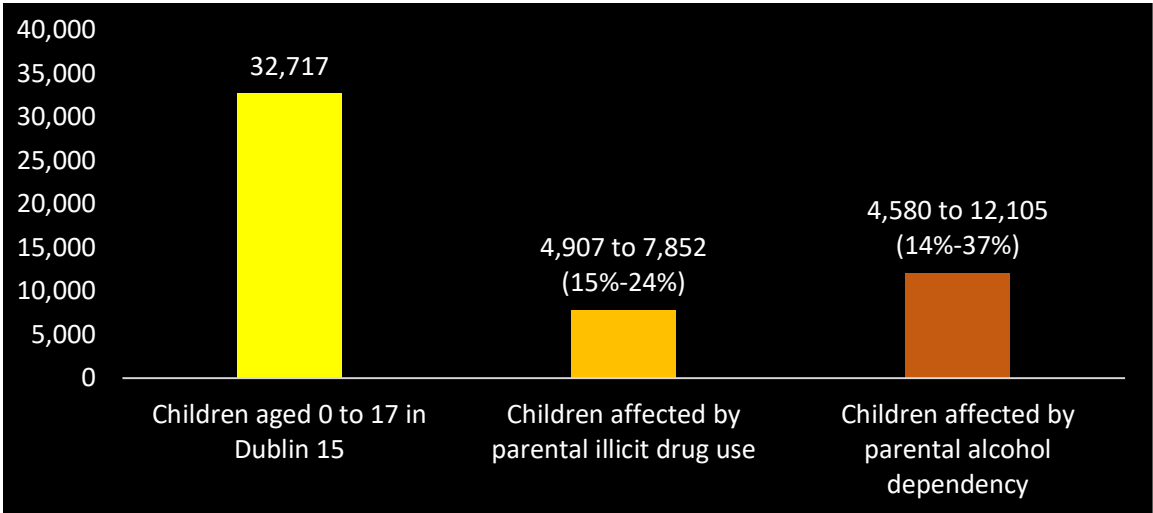
YEAR 7 Hidden Harm in Dublin 15 Under 18s Affected by Family Members Drug Use 2021



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

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 2016 CSO population statistics¹⁵ 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 6.10). These estimates have been compared with the number of treated drug use and family support cases with children aged under 18 in 2021. The number of cases (385) in 2021 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 6.10: Prevalence of children affected by parental illicit drug use and alcohol dependency in Dublin 15 by CSO 2016



¹⁵ Most recent CSO population census

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 6.4).

Table 6.4: Local mental health services by data returns, DATMS Year 3 to 7 (2017-2021)

Service	2017	2018	2019	2021
Genesis Psychotherapy & Family Therapy Service (Genesis)	√	X	√	√
HSE Addiction Psychiatry Service	X	X	X	X
HSE Addiction Counselling Service	X	X	X	X
HSE Substance Abuse Service Specific to Youth (SASSY)	√	√	√	√
Jigsaw Dublin 15	√	√	√	X

√ Data provided

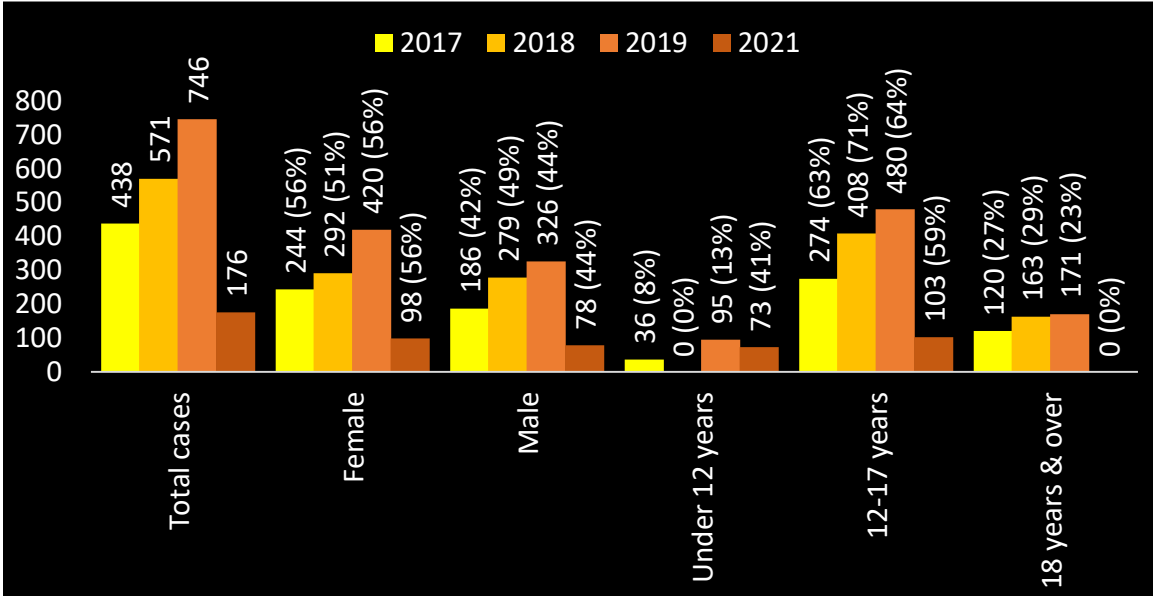
X No data provided

YOUTH MENTAL HEALTH TREATMENT DEMAND

Jigsaw Dublin 15, SASSY and Genesis operate counselling services for under 18s and young adults, with SASSY also providing treatment for substance use. 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. From 2017 to 2021, there have been fluctuations in the number of under 18s and young people 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 sources¹⁶ continues 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 6.11).

¹⁶ See paragraph below Chart 6.12, and the 'Service provision' chapter

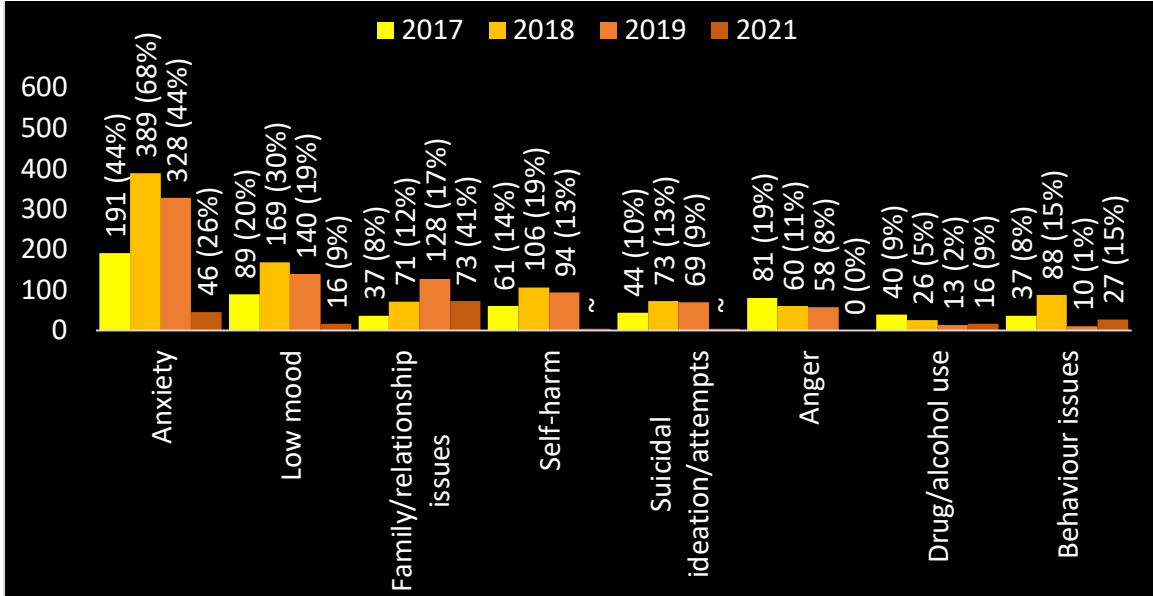
Chart 6.11: Total cases, gender and age of young people, Local mental health services, 2017 to 2021



Category totals less than total number of cases as unknown cases not included

From 2017 to 2021, anxiety was the main mental health issue experienced by young people (Chart 6.12).

Chart 6.12: Mental health issues among young people, Local mental health services, 2017 to 2021



~ 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

DRUG AND ALCOHOL TRENDS MONITORING SYSTEM YEAR 7

From Years 1 to 7, 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
- Homelessness

These factors affected children's educational attendance and attainment. Service providers reported the need to increase access to youth mental health services¹⁷. The negative impact of inter-generational drug use and deprivation on young people's mental health was apparent¹⁸.

ADULT MENTAL HEALTH TREATMENT DEMAND

Genesis Psychotherapy and Family Therapy Services provided treatment demand statistics for adults attending their service in 2017, 2019 and 2021. Over the reporting period, there was a 9% decrease in the number of adults treated (Chart 6.13). The majority of cases were female, and some cases were treated for more than one mental health issue (Chart 6.13 & 6.14).

¹⁷ The type of mental health services required are reported in the chapter 'Service provision'

¹⁸ Further data concerning the impact drug use has on education is reported in chapter 'Consequences of drug use'

Chart 6.13: Total clients, gender and age range of adults, Genesis 2017, 2019 and 2021

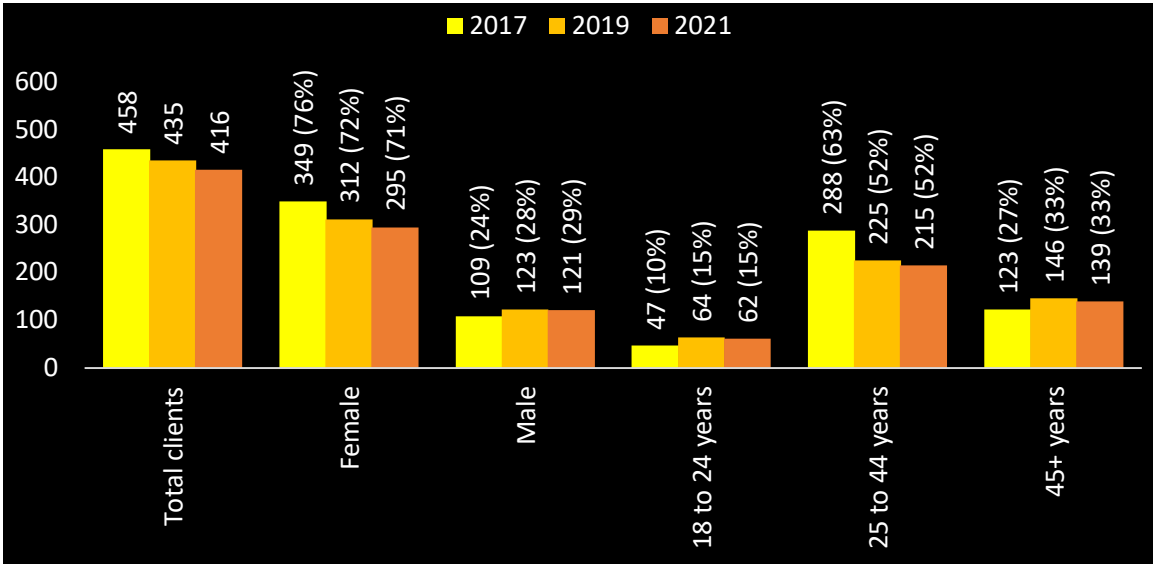
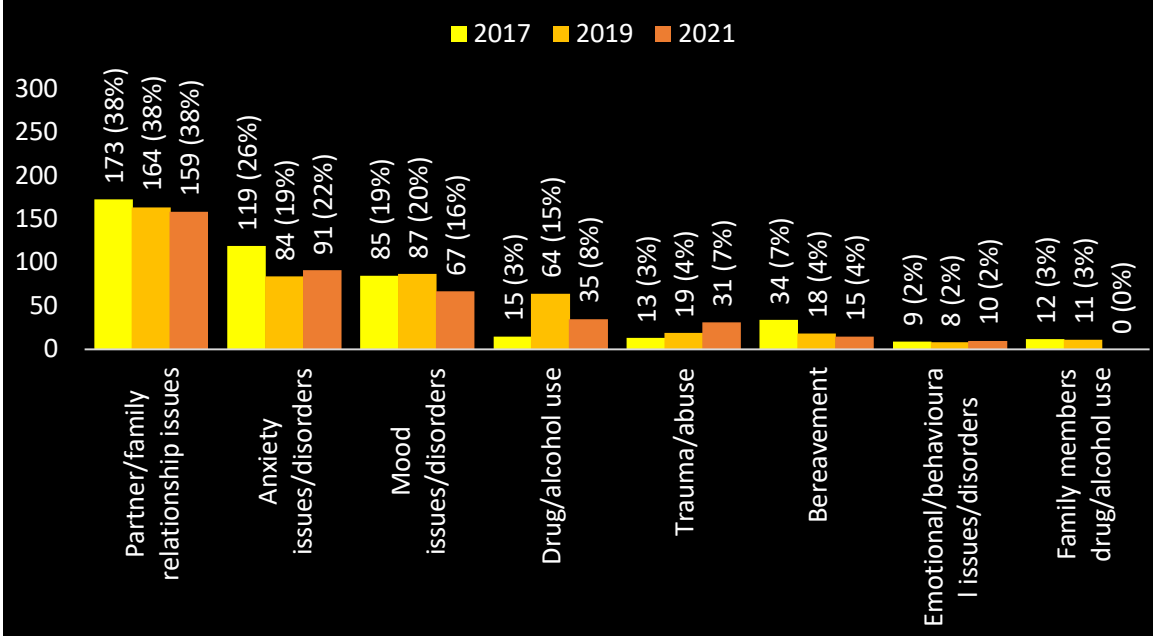


Chart 6.14: Mental health issues among adults, Genesis 2017, 2019 and 2021



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

There was limited data concerning the health-related consequences of drug use for Years 1 to 7. Table 7.1 reports the main physical and mental health issues reported by treated adult drug users in Year 7; similar issues were reported from Years 1 to 7.

Table 7.1: Main physical and mental health issues experienced by treated adult drug users, DATMS Year 7 (2021)

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

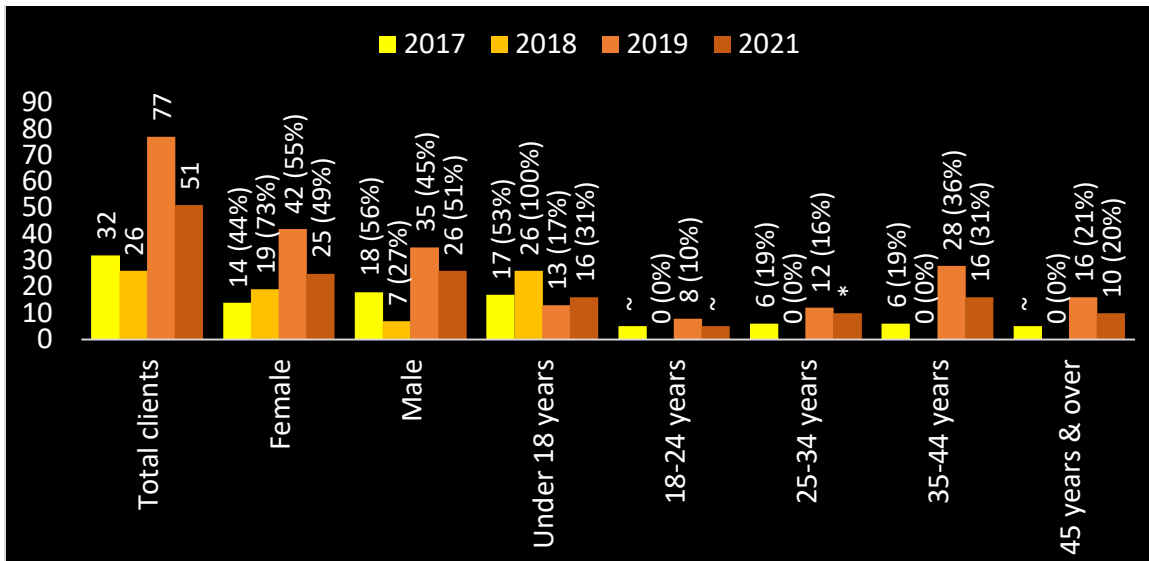
Since Year 4, service providers have reported an increase in mental health issues among treated adult drug users.

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 included¹⁹. Over the reporting period, the number of clients treated for drug or alcohol use in local mental health services fluctuated (Chart 7.1)²⁰.

¹⁹ Table 6.4 in the chapter 'Factors contributing to drug and alcohol use' reports local mental health services by data returns

²⁰ 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, 2017 to 2021



~ 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 2021, there were 2,628 treatment episodes for mental health and behavioural disorders²¹ associated with drug and alcohol use among Dublin 15 residents (Charts 7.2 to 7.4).

- Overall, from 2012 to 2021, the number of treatment episodes for mental health and behavioural disorders associated with drug and alcohol use increased by 154%; 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 2021, 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

²¹ 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.

DRUG AND ALCOHOL TRENDS MONITORING SYSTEM YEAR 7

Chart 7.2: Treatment episodes for mental health and behavioural disorders due to drug and alcohol use among Dublin 15 residents, HIPE 2012 to 2021

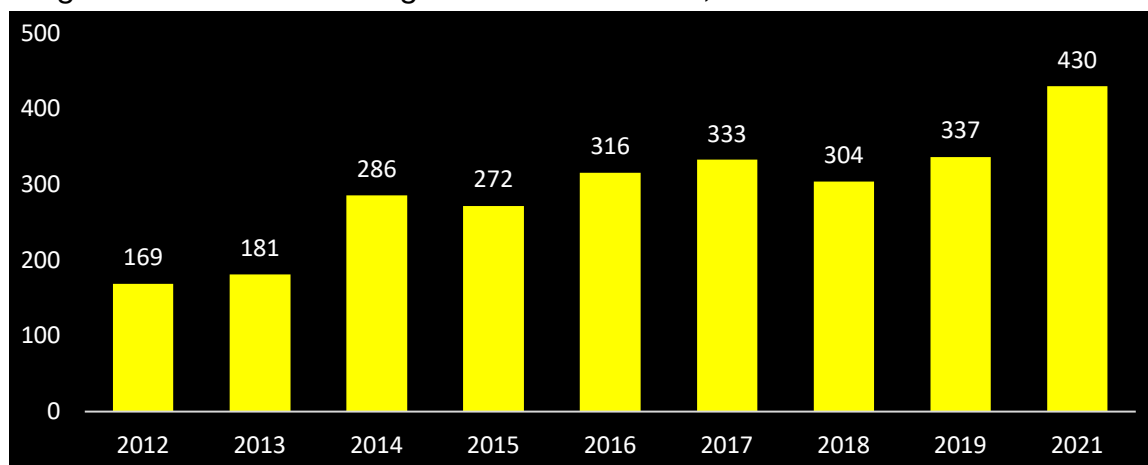


Chart 7.3: Treatment episodes for mental health and behavioural disorders due to drug and alcohol use among Dublin 15 residents by gender, HIPE 2012 to 2021

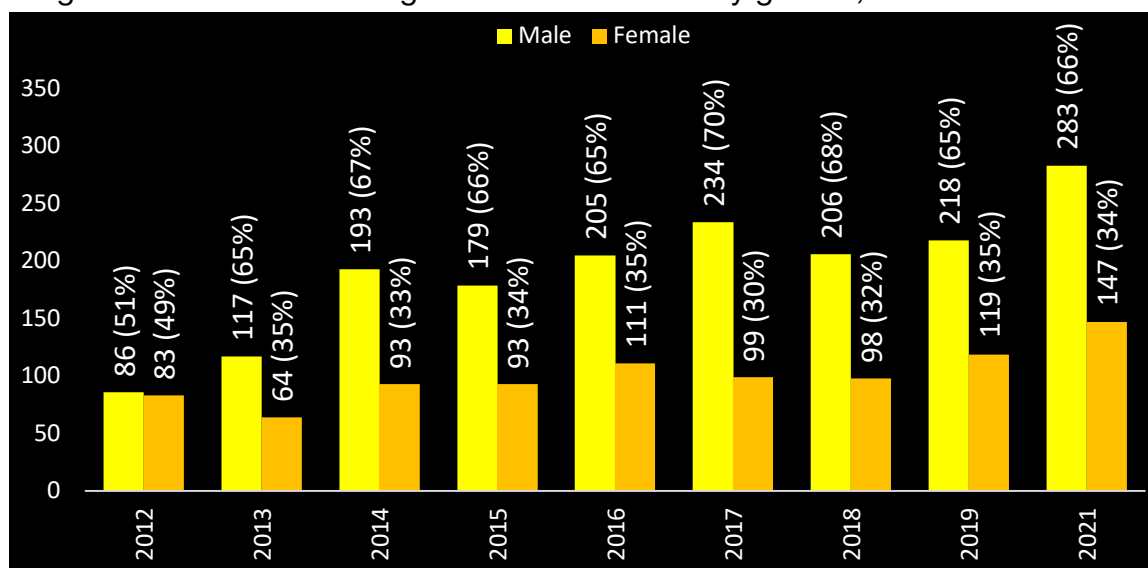
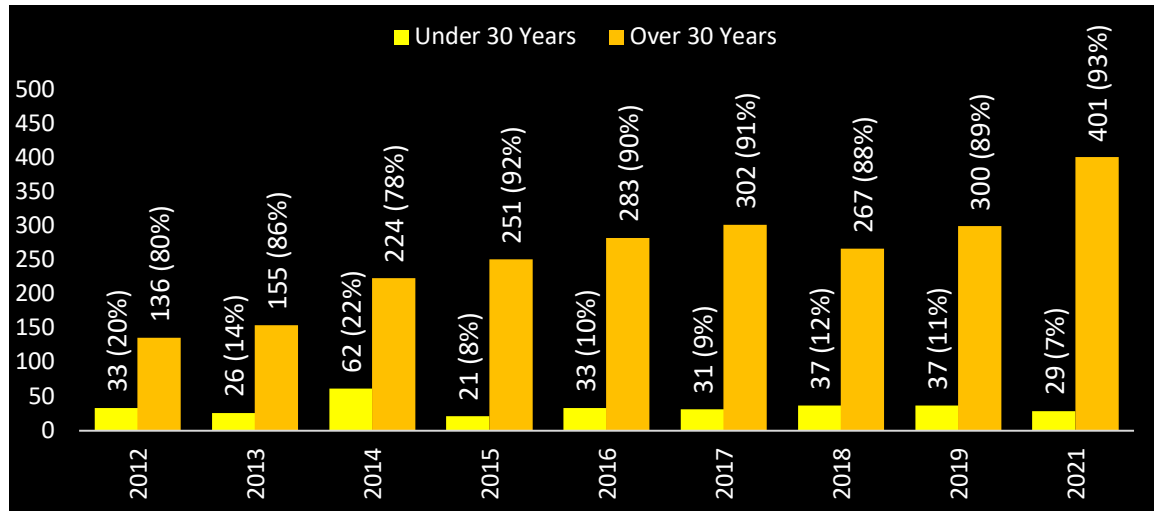


Chart 7.4: Treatment episodes for mental health and behavioural disorders due to drug and alcohol use among Dublin 15 residents by age, HIPE 2012 to 2021

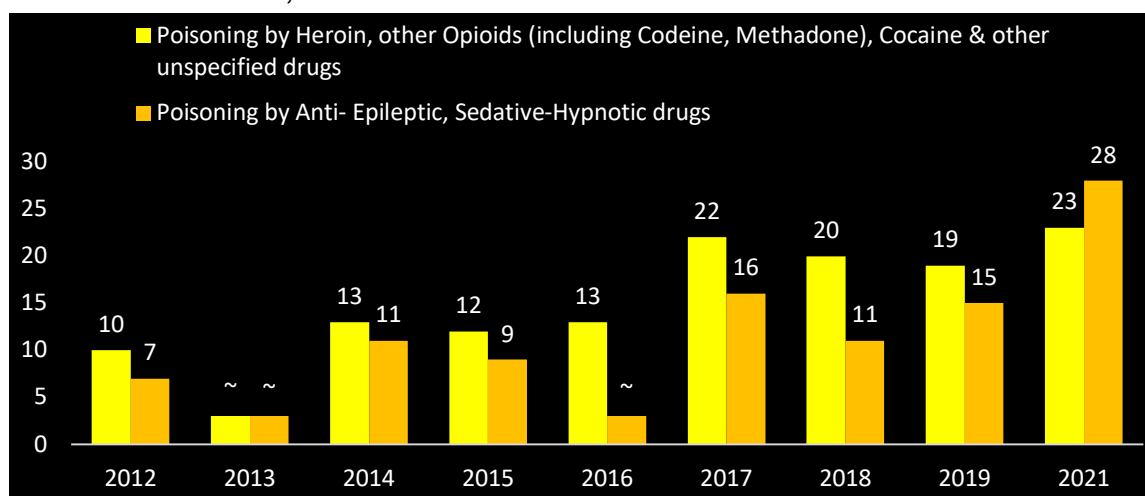


From 2012 to 2021, there were 238 treatment episodes for drug-related poisonings (overdoses) among Dublin 15 residents (Chart 7.5). The poisonings may not have resulted in death.

- Overall, from 2012 to 2021, the number of treatment episodes for poisonings increased by 200%; fluctuations in this upward trend were reported during this period
- From 2012 to 2017, the number of treatment episodes for poisonings associated with opioids, cocaine and other drugs increased from 2% to 3% of national treatment episodes, decreasing to 2% from 2018 to 2021
- From 2012 to 2021, the number of treatment episodes for poisonings associated with anti-epileptic and sedative-hypnotic drugs increased from 1% to 3% of national treatment episodes

DRUG AND ALCOHOL TRENDS MONITORING SYSTEM YEAR 7

Chart 7.5: Treatment episodes for drug-related poisonings by drug type among Dublin 15 residents, HIPE 2012 to 2021



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

NATIONAL DRUG-RELATED DEATHS INDEX (NDRDI)

Year 5 provided an analysis of the census of drug-related deaths in Ireland from 2008 to 2017. This is the most recent NDRDI data. A summary of this data has been provided. From 2008 to 2017, there were 6,933 drug-related deaths (Health Research Board, 2019):

- 3,715 (54%) were due to poisoning (overdose)
- 3,218 (46%) were due to non-poisoning (trauma or medical causes)
- Drug-related deaths increased by 25% from 630 in 2008 to 786 in 2017
- From 2008 to 2017, the majority of people who died were male

Key findings poisoning deaths

- From 2008 to 2017, poisoning deaths fluctuated on an annual basis (Chart 7.6)
- Over the reporting period, the number of people who died and were living in the BLDATF area decreased from five to less than five (Chart 7.7)

Chart 7.6: Poisoning deaths by year, NDRDI 2008 to 2017

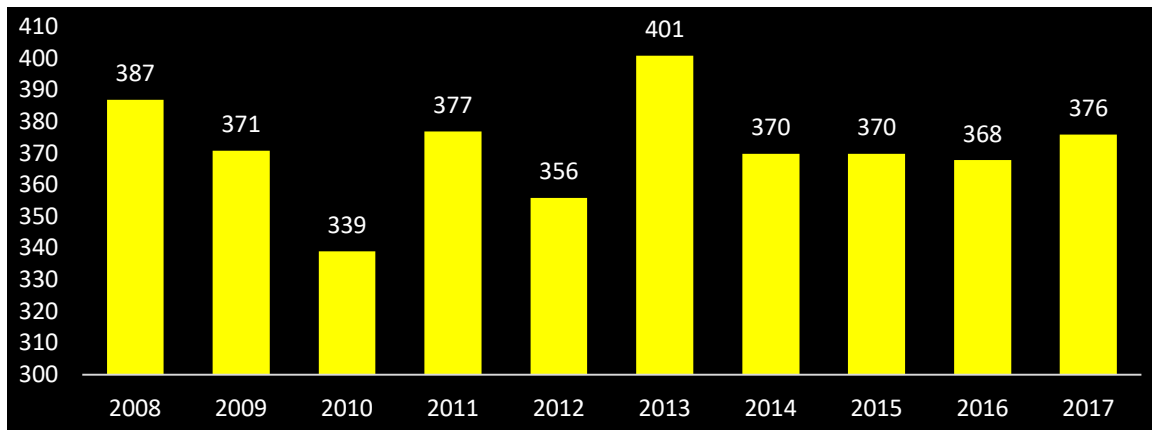
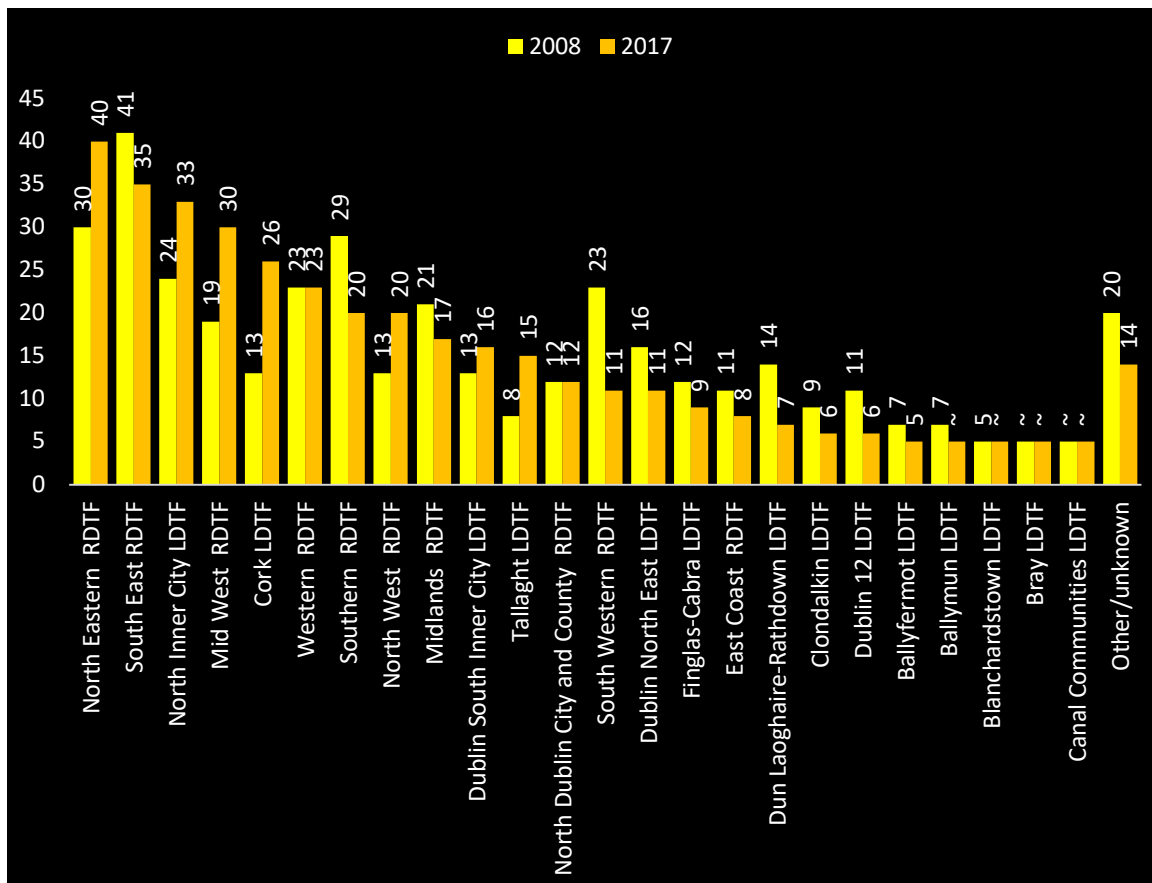


Chart 7.7: Poisoning deaths by Regional & Local Drug & Alcohol Task Force areas, NDRDI 2008 and 2017

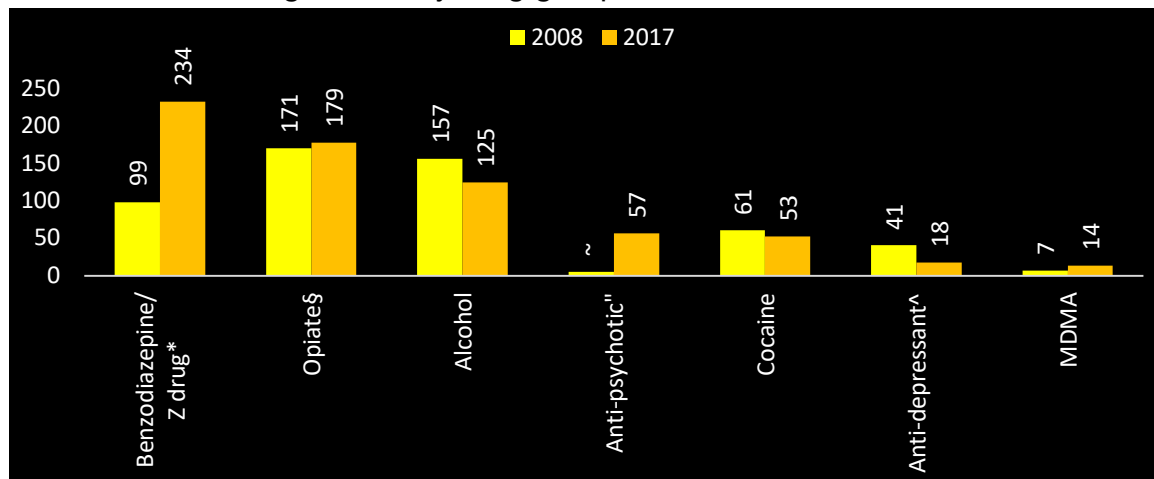


~ Less than 5 deaths

DRUG AND ALCOHOL TRENDS MONITORING SYSTEM YEAR 7

- Benzodiazepines and z drugs were the main drug group associated with deaths, followed by opiates and alcohol (Charts 7.8 and 7.9)
- Polydrug poisonings increased from 50% (192) in 2008 to 58% (218) in 2017
- In 2008, 3% (12) of all poisoning deaths had four or more drugs involved, this increased to 18% (67) in 2017
- Over the reporting period, poisoning deaths among people who were injecting at the time of death decreased from 67 (11%) in 2008 to 34 (4%) in 2017 (Chart 7.10)
- Almost 1 in 10 of 2017 poisoning deaths were among people who were injecting at the time of death

Chart 7.8: Poisoning deaths by drug group, NDRDI 2008 and 2017



Category totals exceed total number of poisoning deaths, as individual cases may have more than one drug implicated in their death

* Includes diazepam, alprazolam, zopiclone, flurazepam, etizolam

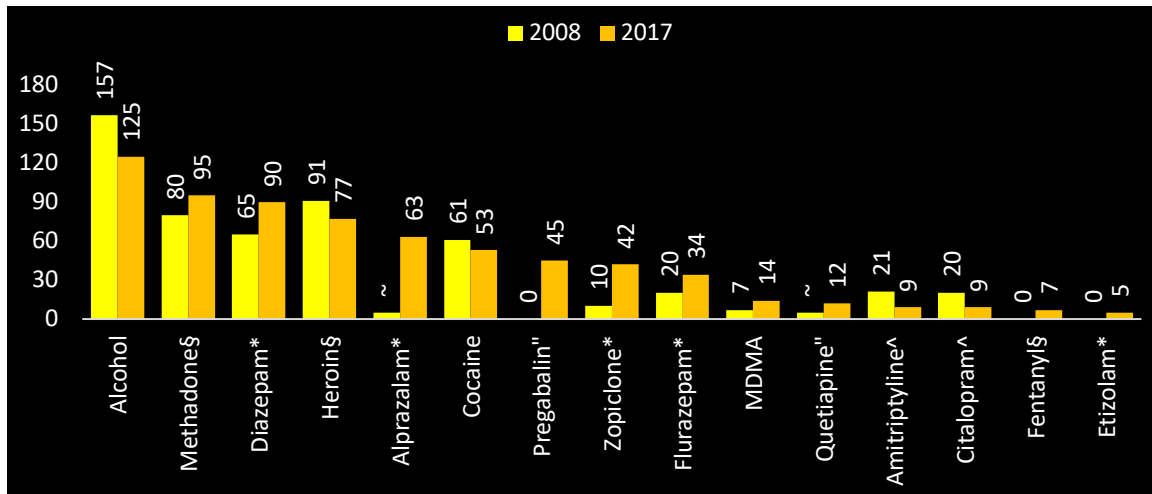
§ Includes methadone, heroin and fentanyl

" Includes pregabalin, quetiapine

~ Less than 5 deaths

^ Includes amitriptyline, citalopram

Chart 7.9: Poisoning deaths by specific drug, NDRDI 2008 and 2017



Category totals exceed total number of poisoning deaths, as individual cases may have more than one drug implicated in their death

§ Opiate

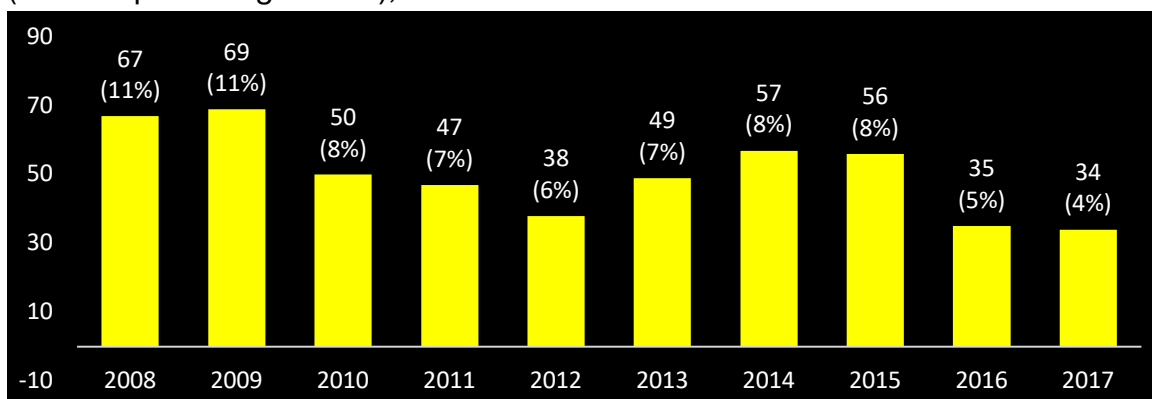
* Benzodiazepine/Z drug

" Anti-psychotic

^ Anti-depressant

~ Less than 5 deaths

Chart 7.10: Poisoning deaths among people who were injecting at time of death (% of all poisoning deaths), NDRDI 2008 to 2017



Key findings non-poisoning deaths

- The number of non-poisoning deaths increased by 69% from 243 in 2008 to 410 in 2017 (Chart 7.11)
- The number of people who died and were living in the BLDATF area remains low compared with other Task Force areas (Chart 7.12)
- In 2017, 196 (48%) deaths were due to trauma; 114 (28%) of these deaths were due to hanging, and 63% of these people had a history of mental health issues
- In 2017, 214 (52%) were due to medical causes, with 56 (14%) due to cardiac events

DRUG AND ALCOHOL TRENDS MONITORING SYSTEM YEAR 7

Chart 7.11: Non-poisoning deaths by year, NDRDI 2008 to 2017

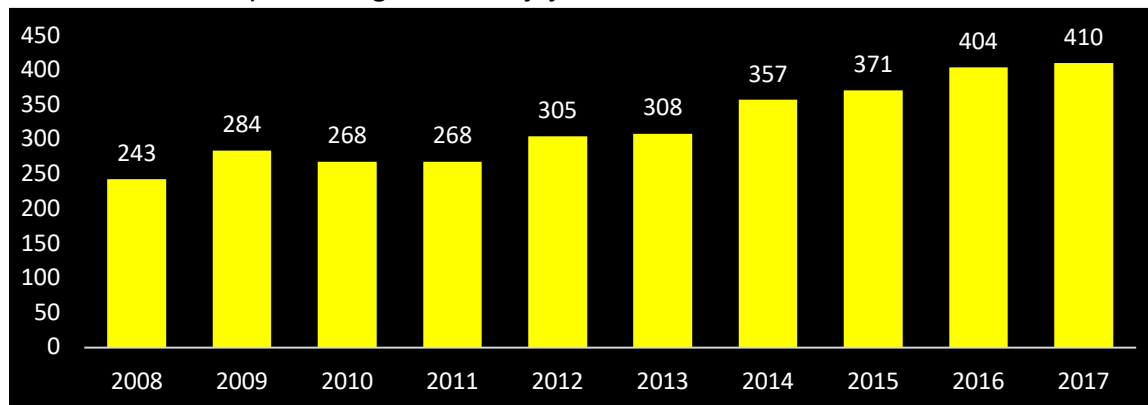
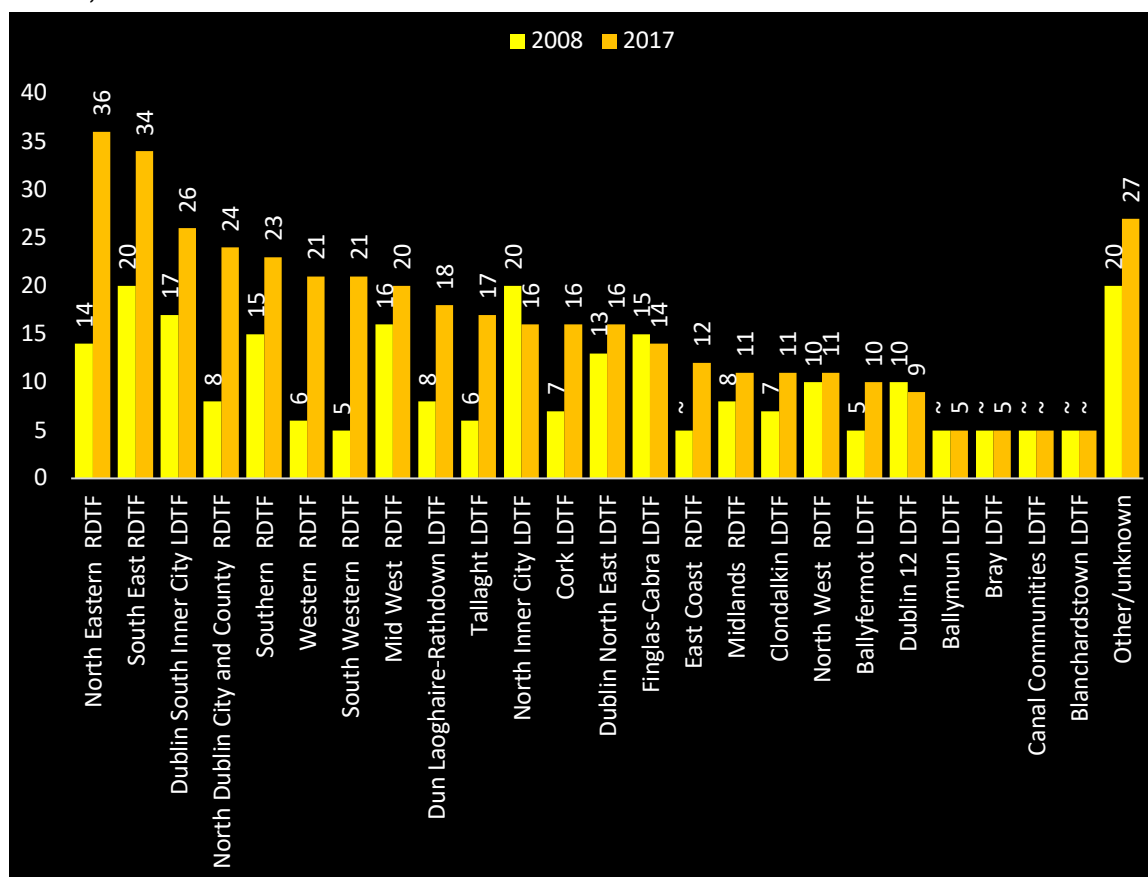


Chart 7.12: Non-poisoning deaths by Regional & Local Drug & Alcohol Task Force areas, NDRDI 2008 and 2017

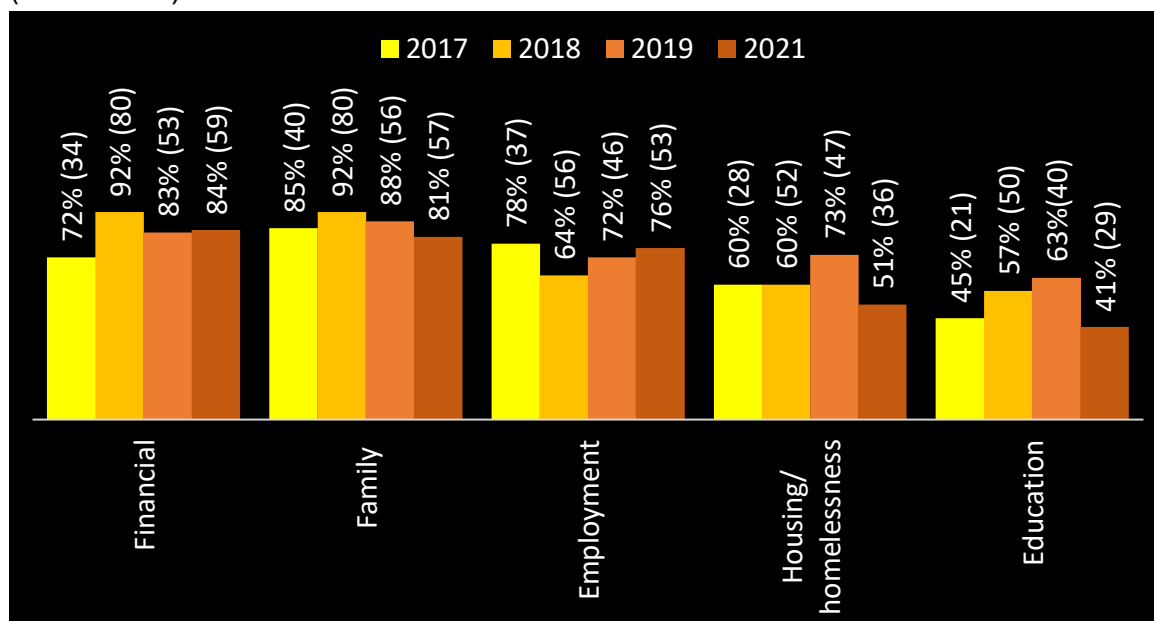


~ Less than 5 deaths

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. Year 7 reported that financial issues and fractured family relationships were the most common (Chart 7.13).

Chart 7.13: Social issues experienced by treated drug users, DATMS Year 3 to 7 (2017-2021)



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, and turmoil and led to the breakdown of relationships and family units²². 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 debt intimidation. Family members reported attending family support services, counselling services and peer-led groups. They stated that these services and groups provided supportive and non-judgemental environments that helped them deal with their family circumstances.

²² 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'

DRUG AND ALCOHOL TRENDS MONITORING SYSTEM YEAR 7

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 5 (2017-2021)

Local Community Service/Peer-Led Group	2017	2018	2019	2021
BLDATF 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

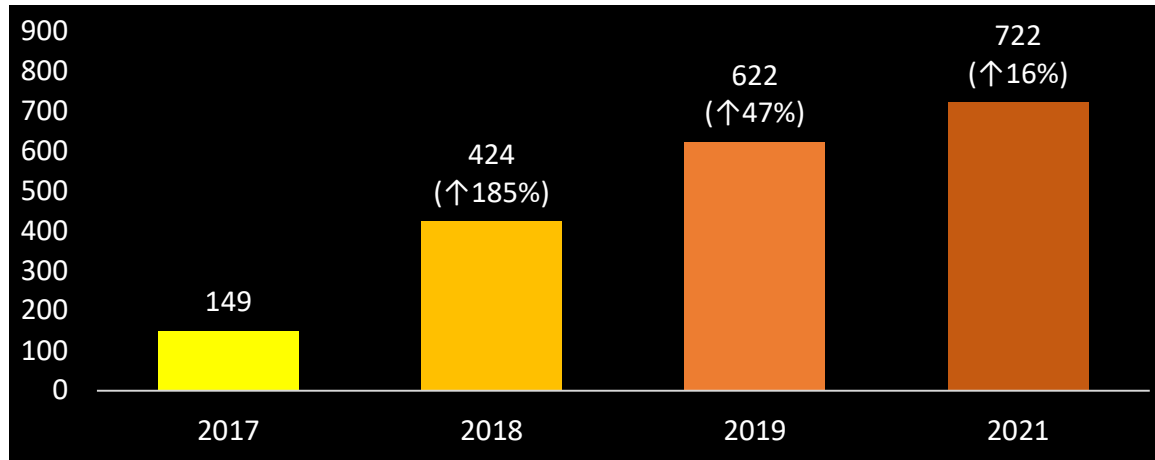
X No data provided

* No data provided; no family members affected by a loved one's drug or alcohol use attended service

Treatment demand

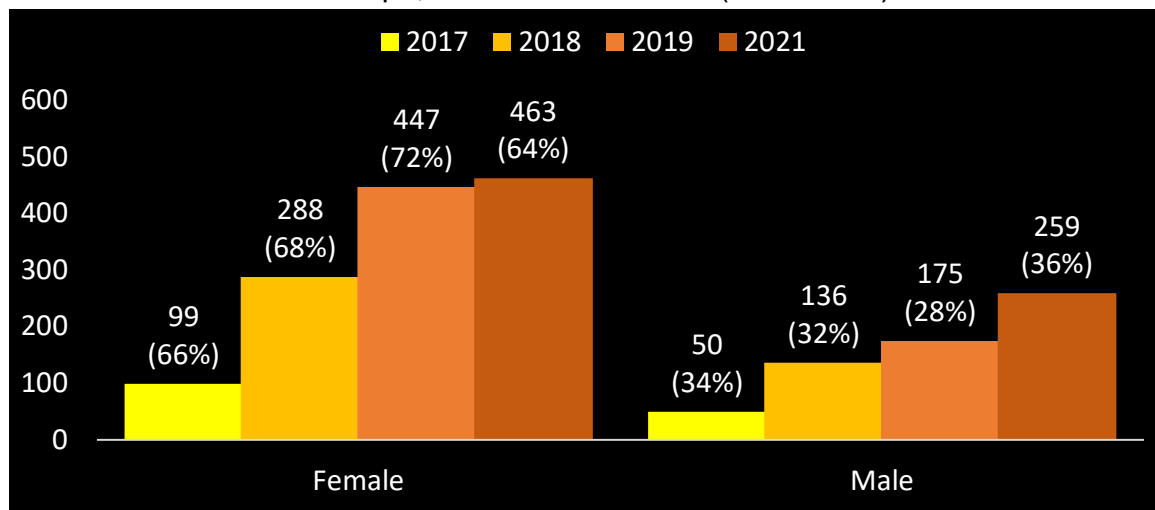
The following data reports a profile of family members who received support from local community services and peer-led groups from 2017 to 2021. Treatment demand data contains no unique identifiers, and clients are counted more than once if they attend more than one service or peer-led group. Thus, this 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 385% to 722 in 2021 (Chart 7.14). For 2017 and 2018, the actual number of cases was higher due to some services and peer-led groups not providing data.

Chart 7.14: Family support cases, Local Family Support Community Services & Peer-Led Groups, DATMS Year 3 to 7 (2017-2021)



Over the reporting period, the majority of cases were female (Chart 7.15).

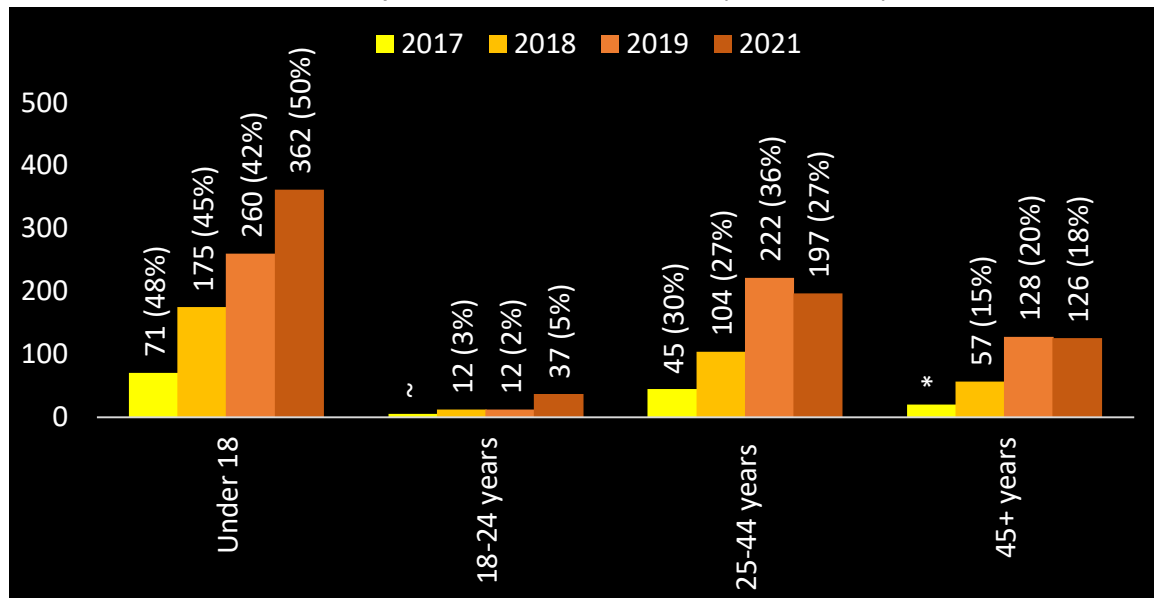
Chart 7.15: Family support cases by gender, Local Family Support Community Services & Peer-Led Groups, DATMS Year 3 to 7 (2017-2021)



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Chart 7.16 reports the age range of cases that attended local family support services and peer-led groups.

Chart 7.16: Family support cases by age, Local Family Support Community Services & Peer-Led Groups, DATMS Year 3 to 7 (2017-2021)

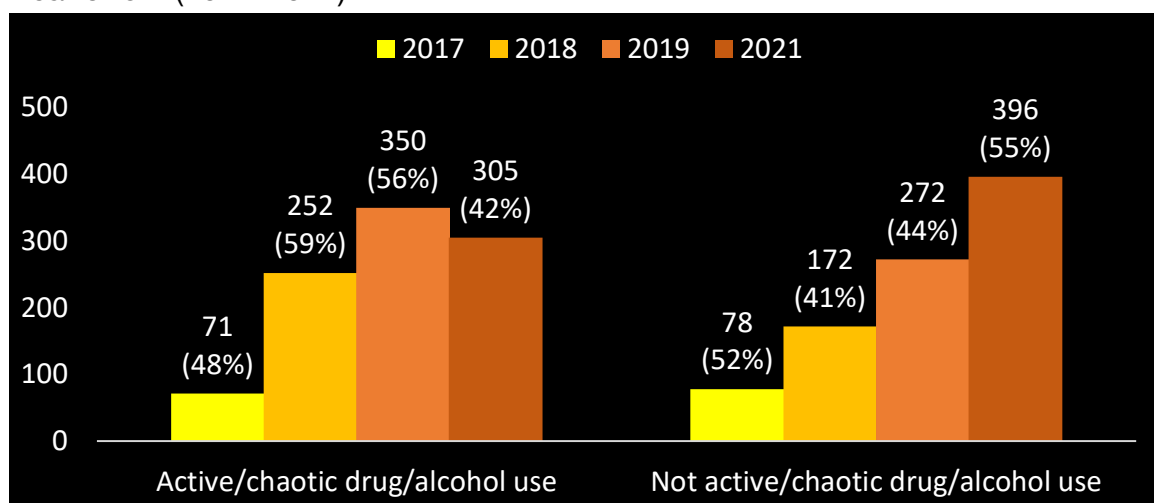


~ Number of cases too small to be reported (5 or less)

* 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 use by another family member, and this increased by 330% to 305 in 2021 (Chart 7.17).

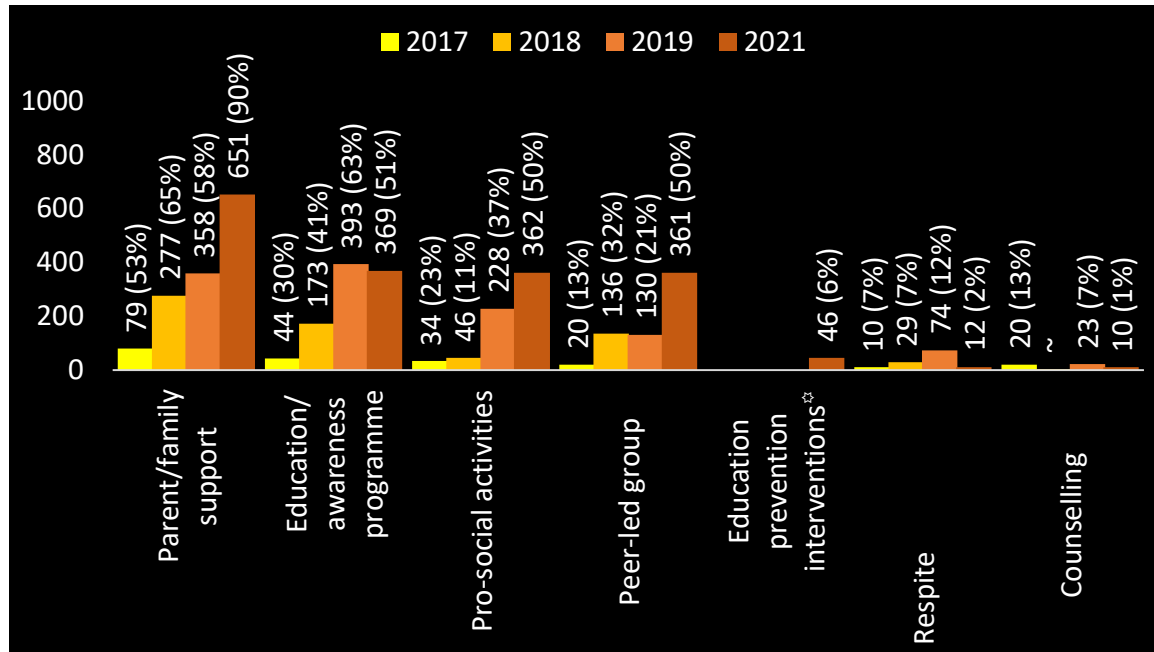
Chart 7.17: Family support cases experiencing active/chaotic drug use by a family member, Local Family Support Community Services & Peer-Led Groups, DATMS Year 3 to 7 (2017-2021)



Totals less than 100% as unknown cases removed

The services received by family members are reported in the chart below (Chart 7.18).

Chart 7.18: Family support cases by service type, Local Family Support Community Services & Peer-Led Groups, DATMS Year 3 to 7 (2017-2021)



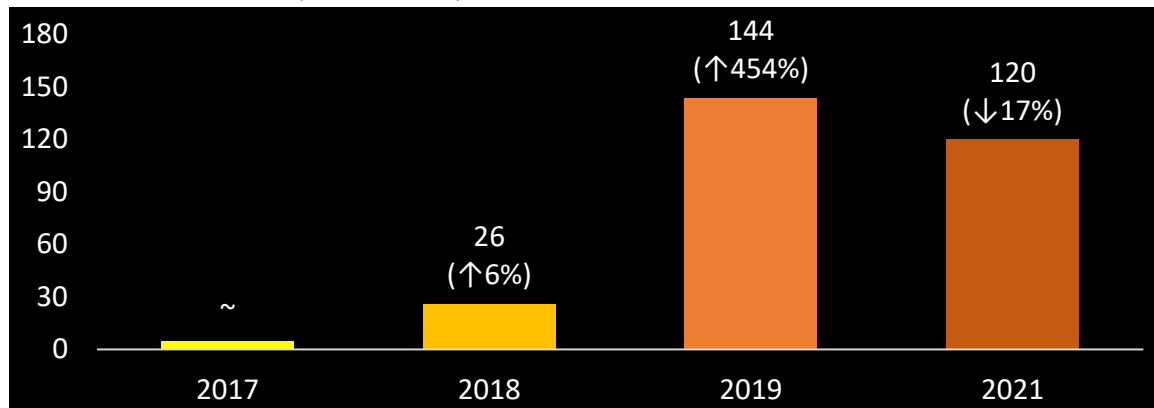
Category totals exceed total number of cases, as some cases received more than one intervention
 ~Number of cases too small to be reported (5 or less)

* 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 7.19). This increase is predominantly associated with the development of the BLDATF Family Support service in 2018.

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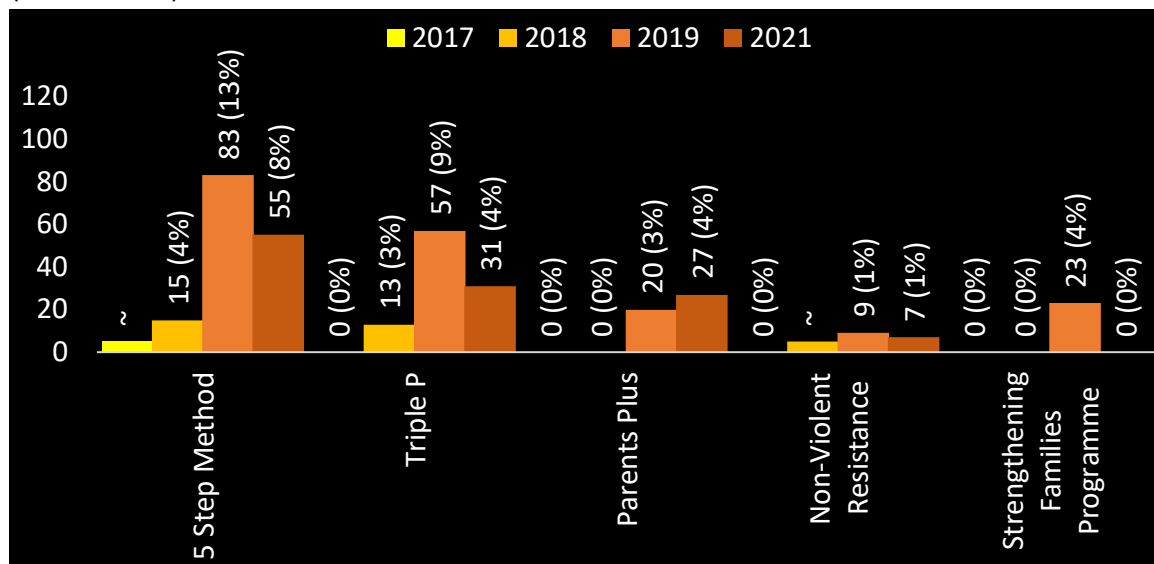
Chart 7.19: Family support cases who attended an evidence-based/informed programme, Local Family Support Community Services & Peer-Led Groups, DATMS Year 3 to 7 (2017-2021)



~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 7.20).

Chart 7.20: Family support cases by evidence-based/informed programme, Local Family Support Community Services & Peer-Led Groups, DATMS Year 3 to 7 (2017-2021)

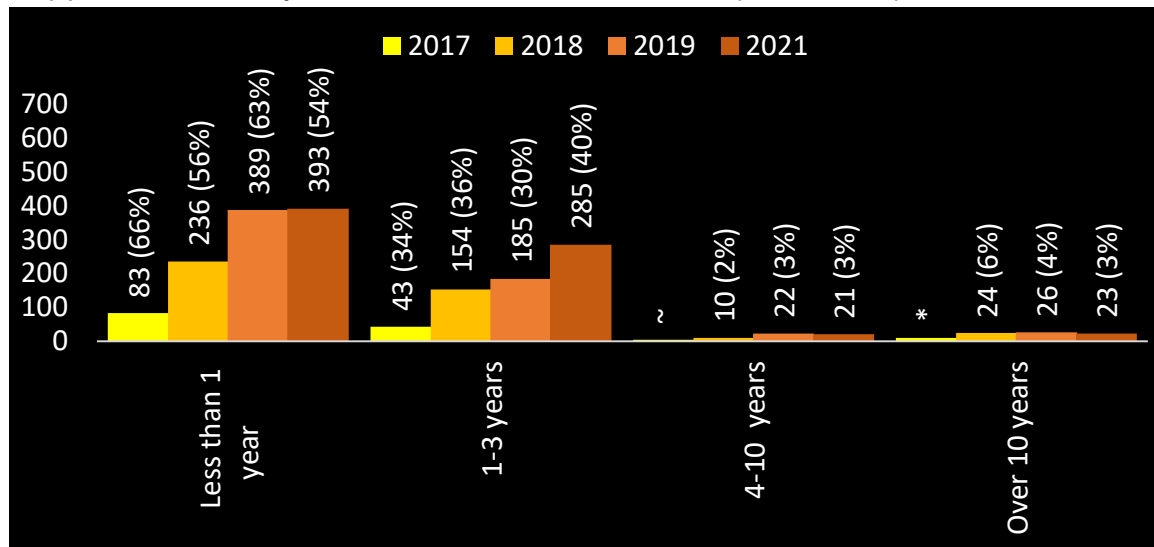


~Number of cases too small to be reported (5 or less)

2019 total exceeds total number of cases, as some cases received more than one intervention

Over the reporting period, the majority of cases attended local family support services for less than a year (Chart 7.21).

Chart 7.21: Family support cases by length of time in attendance at Local Family Support Community Services, DATMS Year 3 to 7 (2017-2021)



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

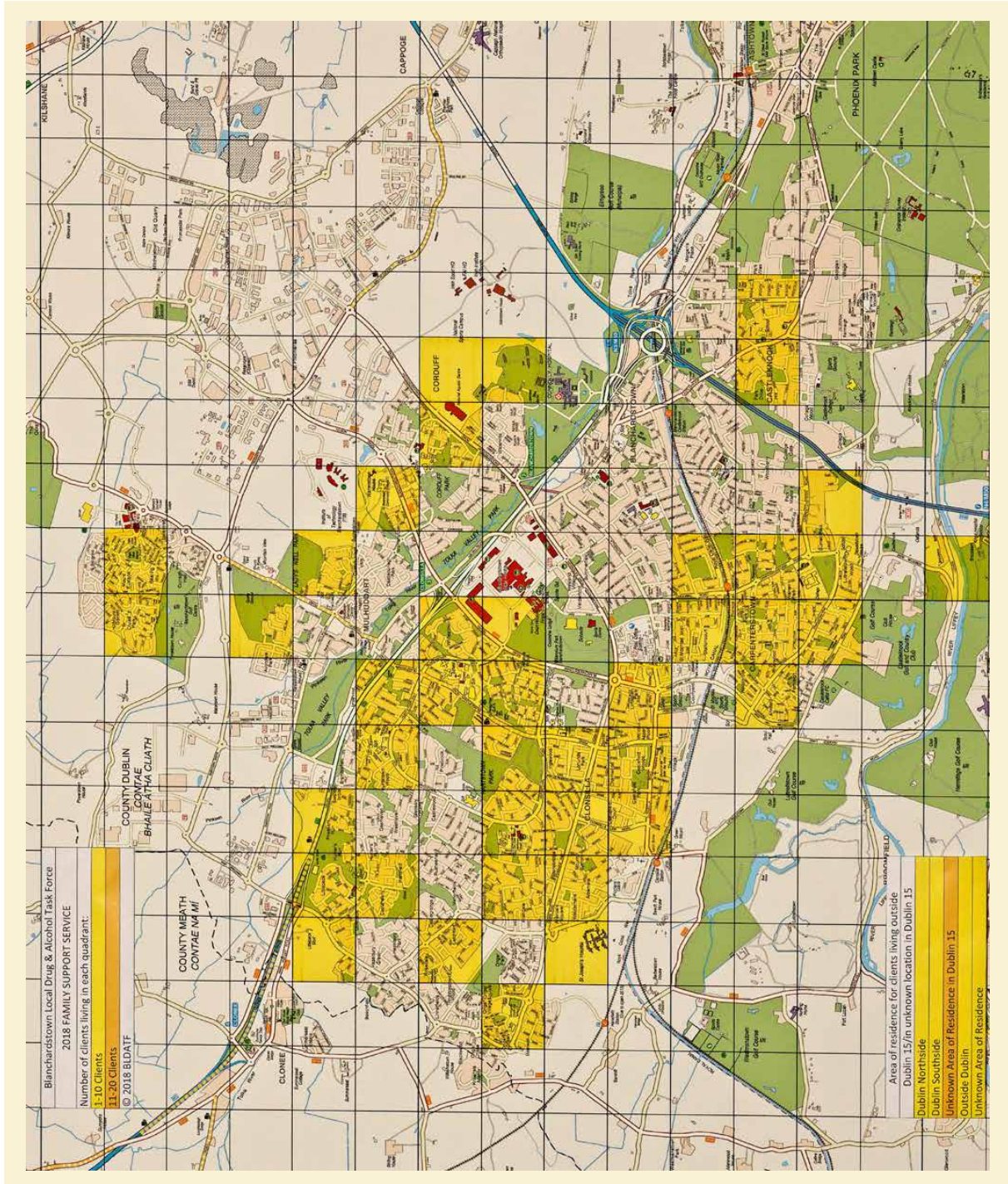
MAPPING TREATMENT DEMAND

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 and 7 collected mapping data from all local family support services and peer-led groups.

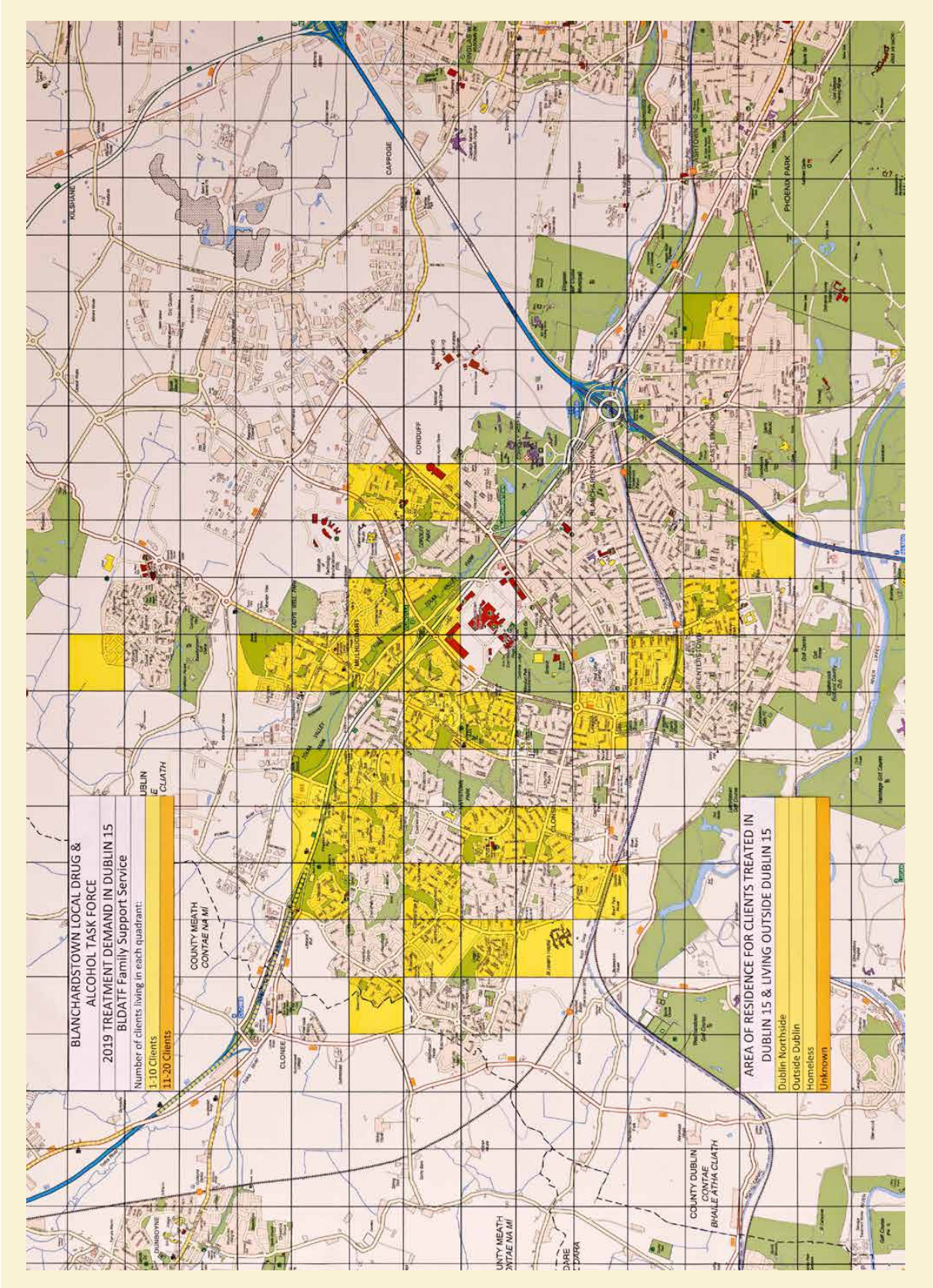
Year 7 mapping data for family support services and peer-led groups identifies the following:

- Clients attending the service 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
- Year 4 and 5 mapping data reported similar findings

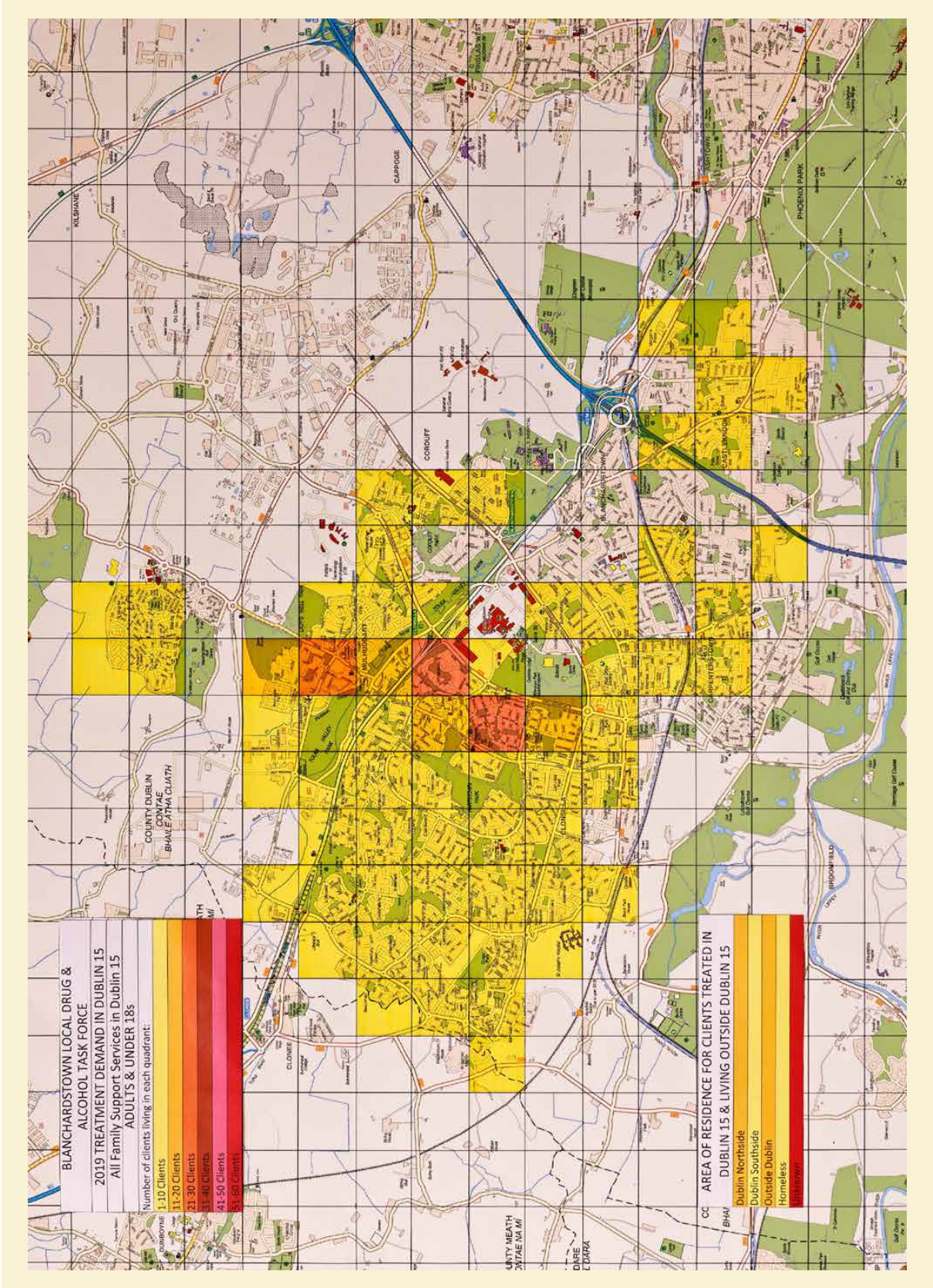
YEAR 4 BLDATF Family Support Service 2018



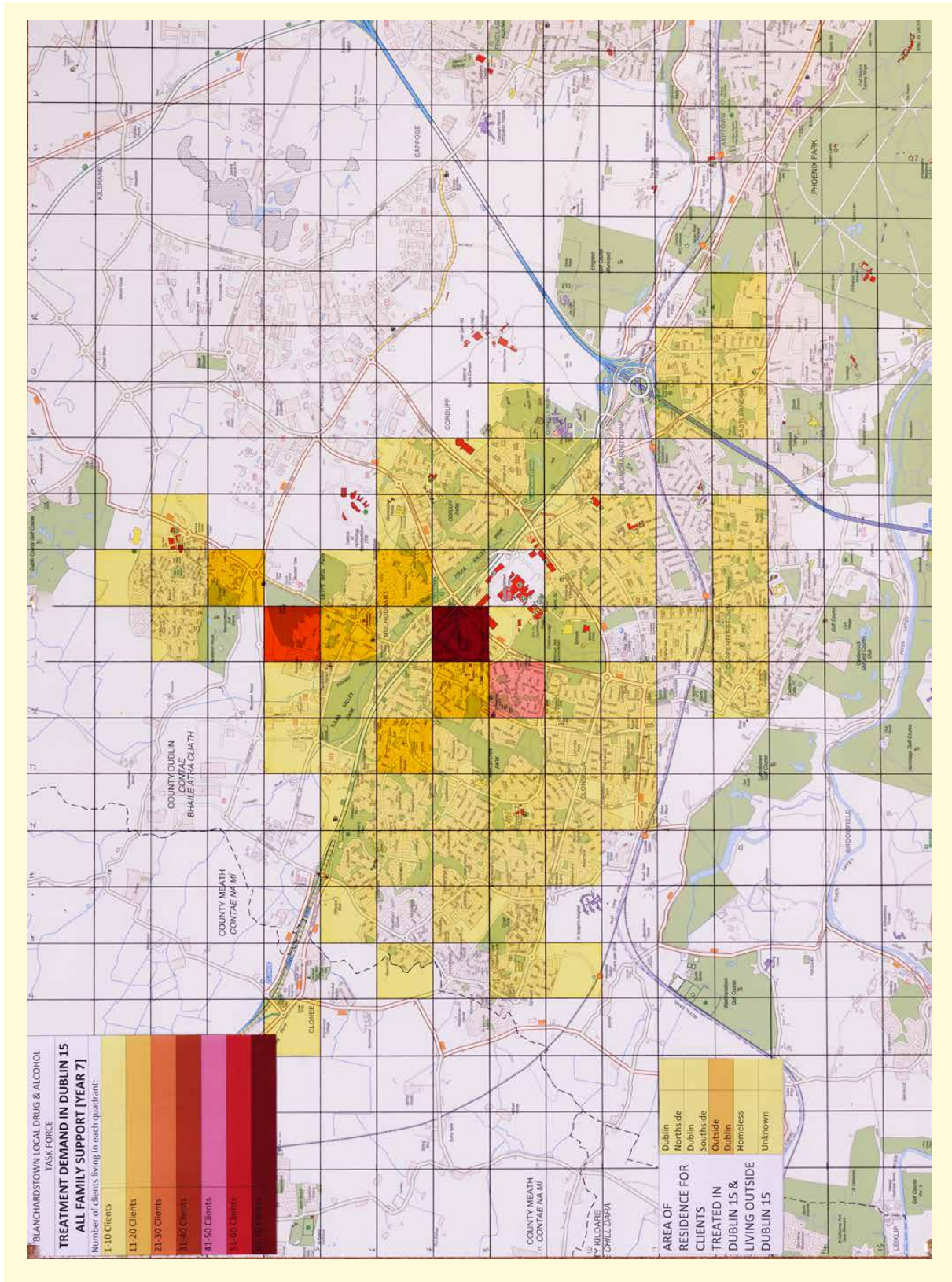
YEAR 5 BLDATF Family Support Service 2019



YEAR 5 All Family Support Services in Dublin 15

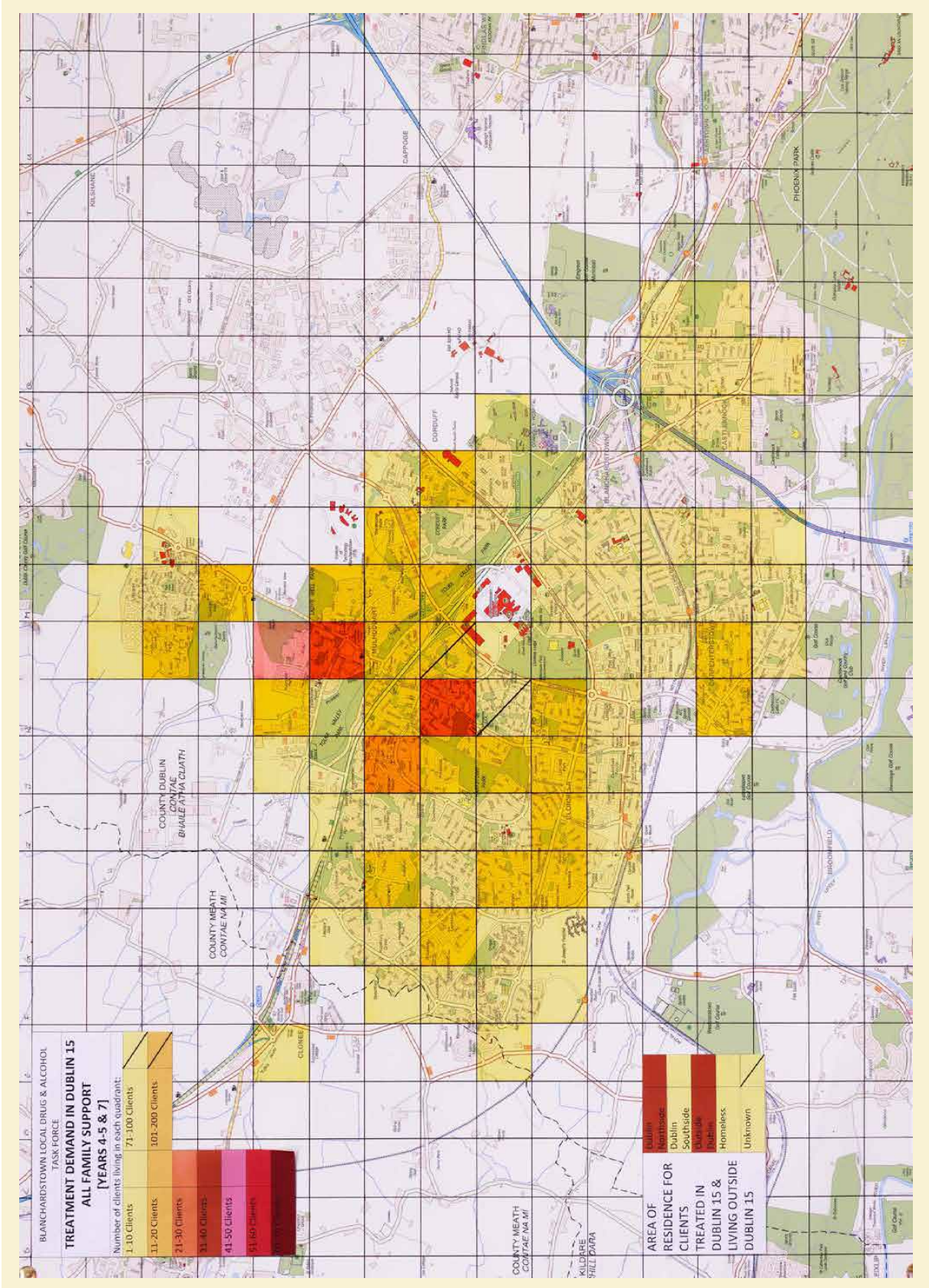


YEAR 7 All Family Support Services in Dublin 15



**DRUG AND ALCOHOL TRENDS
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**All Family Support Services in Dublin 15, All Years
(Years 4-5 & 7)**



YEAR 7 All Family Support Services in Dublin 15

All Family Support Services in Dublin 15, All Years (Years 4-5 & 7)

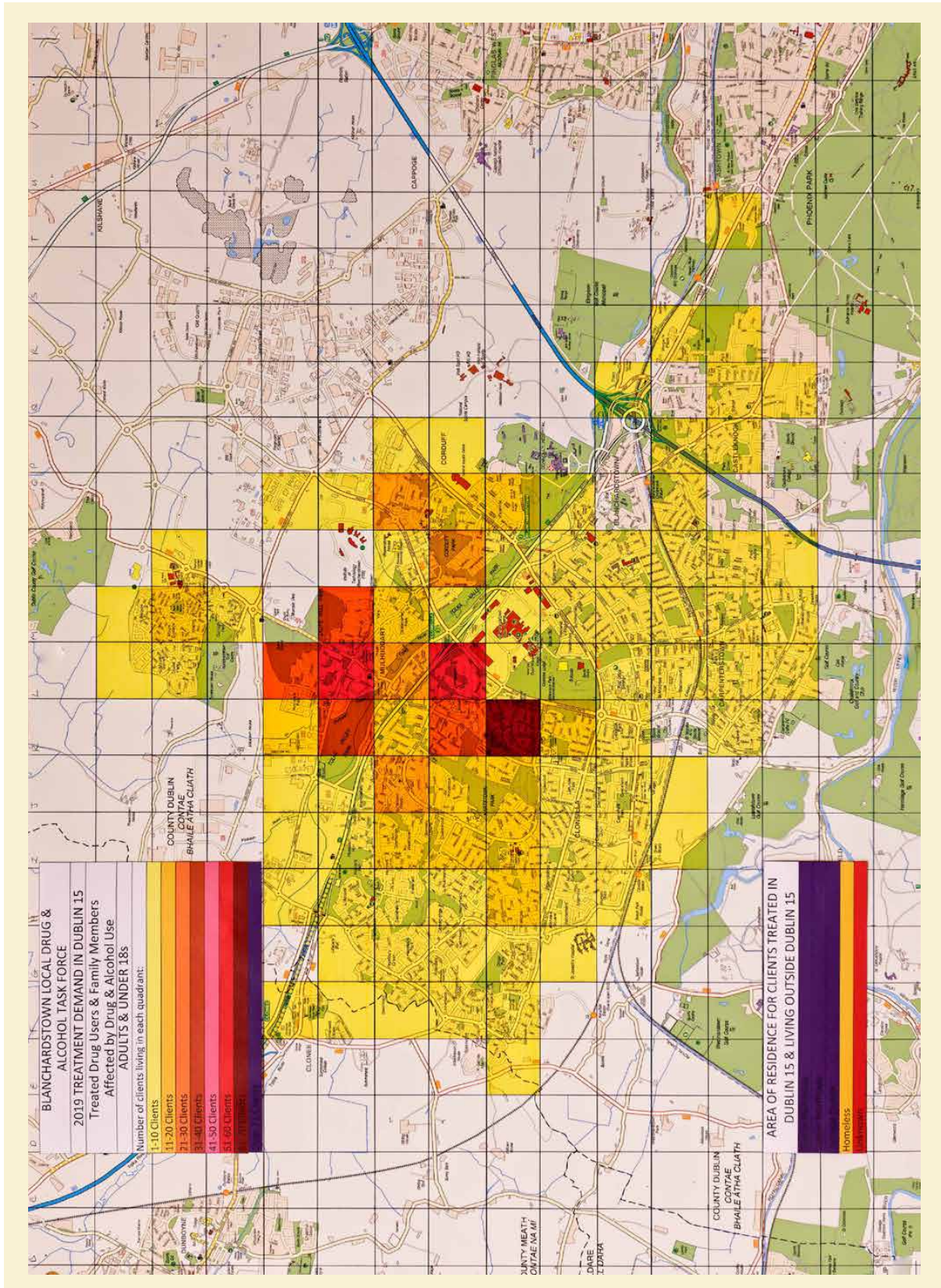
ALL DATMS MAPPING DATA

Year 5 was the first time we mapped treatment demand for alcohol and drug users and family members together. This identified that while drug and alcohol use affects people from every community, it impacts people from socio-economically deprived communities more significantly. Year 7 collated all treatment demand data for alcohol and drug users and family members together, and it also included the hidden harm data. This map provided further evidence that drug and alcohol dependence continues to be a community wide issue crossing all socio-economic boundaries. However, it is more pronounced among socio-economically deprived communities.

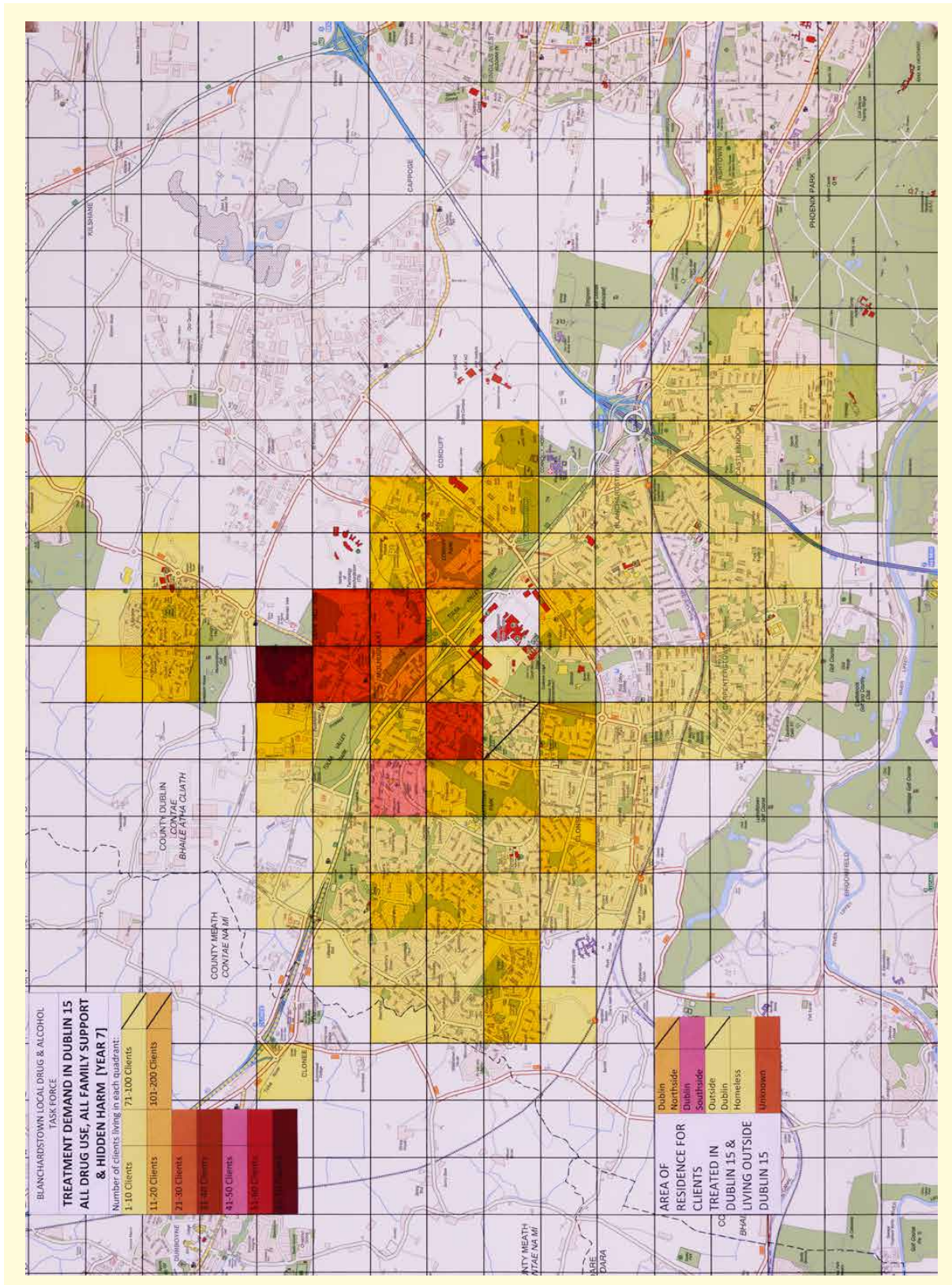
Our final Year 7 map collated all mapping data to date; see map ‘Treatment Demand in Dublin 15 All Treated Drug Use [Years 2-5 & 7], All Family Support [Years 4-5 & 7] & Hidden Harm [Year 7]’. Similar to all other maps, this map highlights the widespread nature of alcohol and drug dependence within Dublin 15, and how this issue affects people from every community with most affect in socio-economically deprived communities.

DRUG AND ALCOHOL TRENDS MONITORING SYSTEM YEAR 7

YEAR 5 Treatment Demand in Dublin 15 Treated Drug Users & Family Members affected by Drug & Alcohol Use 2019

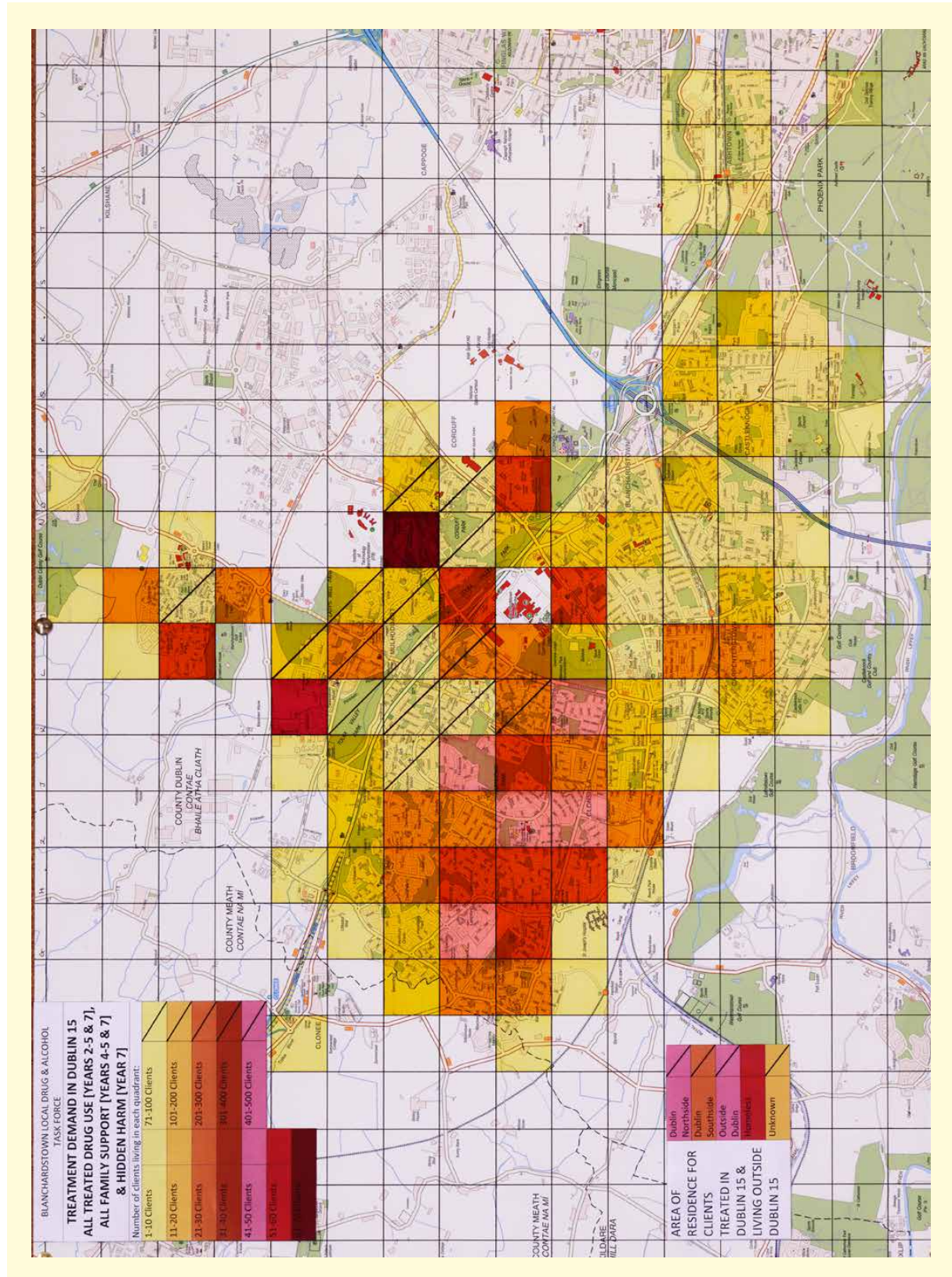


YEAR 7 Treatment Demand in Dublin 15 All Drug Use, All Family Support & Hidden Harm 2021



DRUG AND ALCOHOL TRENDS MONITORING SYSTEM YEAR 7

Treatment Demand in Dublin 15 All Treated Drug Use [Years 2-5 & 7], All Family Support [Years 4-5 & 7] & Hidden Harm [Year 7]

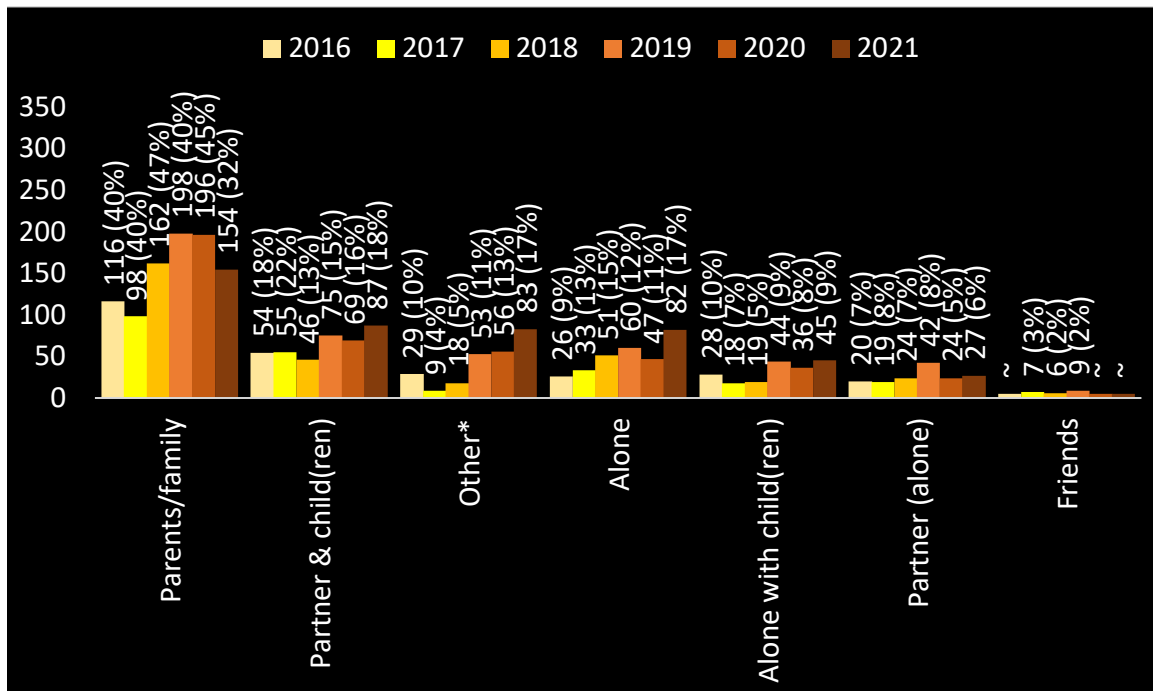


**YEAR 7 Treatment Demand in Dublin
15 All Drug Use, All Family Support &
Hidden Harm 2021**

**Treatment Demand in Dublin 15 All
Treated Drug Use [Years 2-5 & 7],
All Family Support [Years 4-5 & 7] &
Hidden Harm [Year 7]**

NDTRS data reports the accommodation status of assessed and treated cases. It identifies that from 2016 to 2021 the majority of cases were living with family (Charts 7.22 and 7.23). This data identifies the need for family support services.

Chart 7.22: All cases living in BLDATF area by accommodation status, NDTRS 2016 to 2021

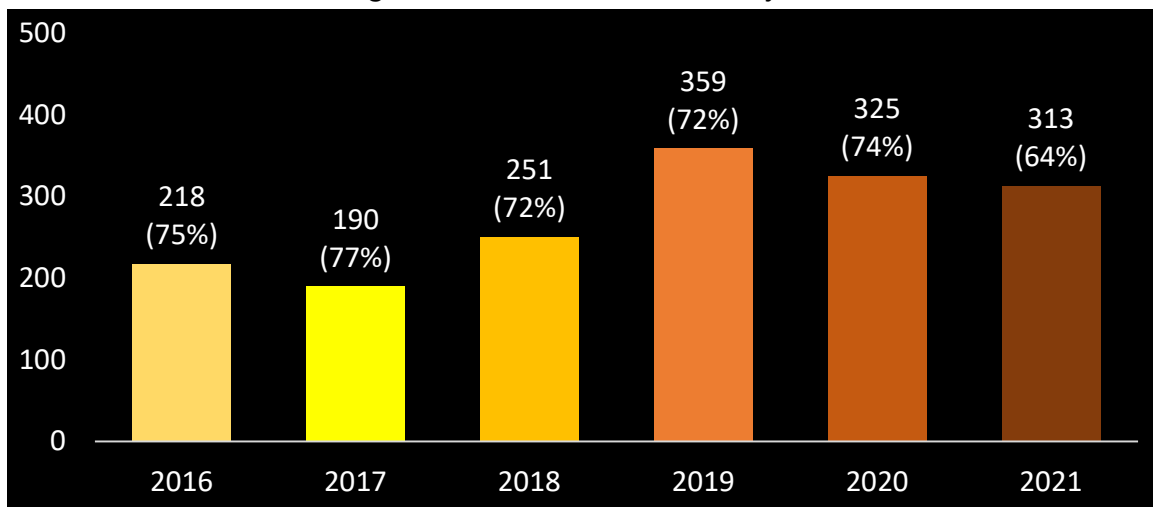


Annual totals less than 100% as unknown cases removed

* Includes cases living in institutions, residential care, halfway houses or prisons

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

Chart 7.23: All cases living in BLDATF area with family, NDTRS 2016 to 2021



DRUG AND ALCOHOL TRENDS MONITORING SYSTEM YEAR 7

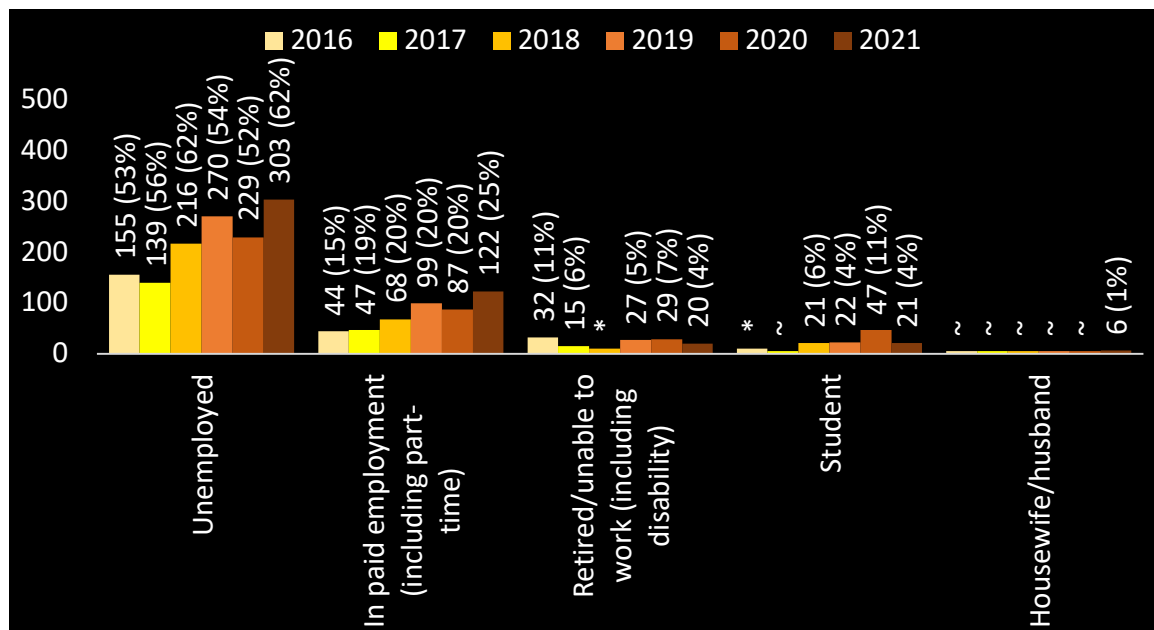
FINANCIAL

From Years 1 to 7, 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 7, 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 2021 were unemployed (Chart 7.24).

Chart 7.24: All cases living in BLDATF area by employment status, NDTRS 2016 to 2021



Annual totals less than 100% as unknown cases removed

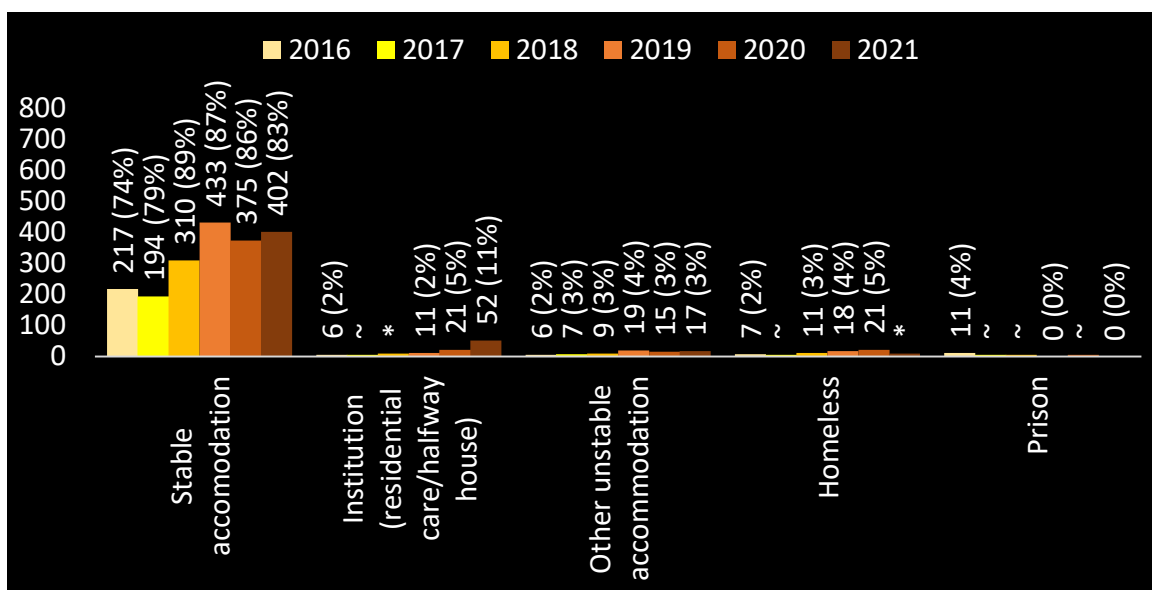
~ Number of cases too small to be reported (5 or less)

* 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 debt 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 2021 reports the majority of cases assessed or treated were in stable accommodation (Chart 7.25).

Chart 7.25: All cases living in BLDATF area by accommodation status, NDTRS 2016 to 2021



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

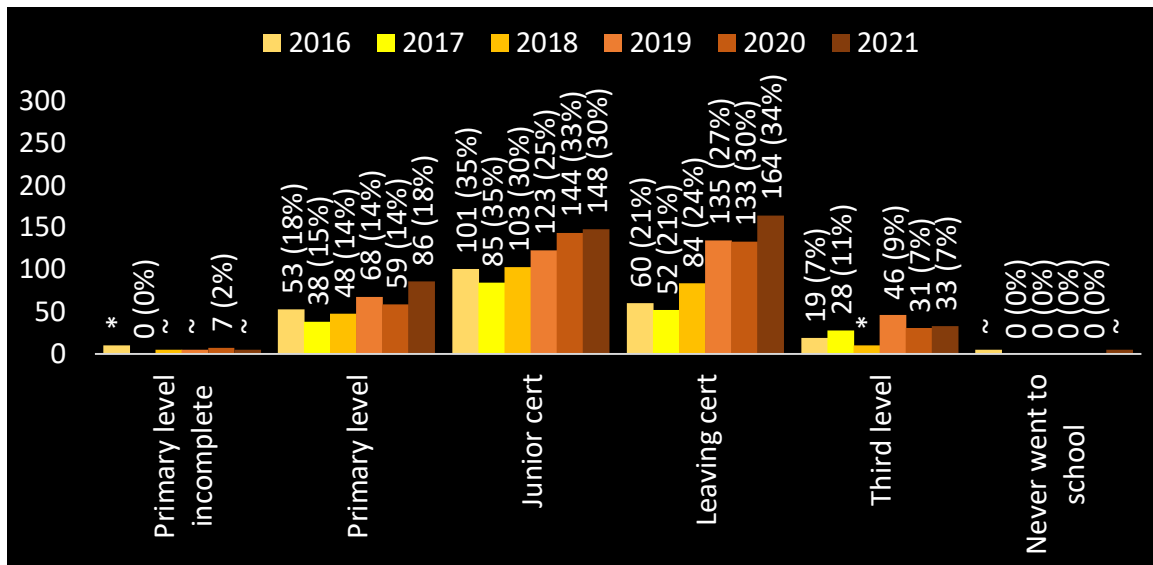
From Years 1 to 7, service providers reported that drug use by parents and young people affected school attendance, performance and educational attainment and, in some cases, resulted in early school leaving or expulsions.

Under performance in education was also reported by the NDTRS data. Charts 7.26 and 7.27 report cases assessed and treated by the highest level of education completed and the age cases left school from 2016 to 2021. These cases have lower educational attainment when compared with the general population of Dublin 15²³.

²³ Educational attainment of Dublin 15 population reported in chapter ‘Socio-demographic profile of Dublin 15, 2006-2016’

DRUG AND ALCOHOL TRENDS MONITORING SYSTEM YEAR 7

Chart 7.26: All cases living in BLDATF area by highest level of education completed, NDTRS 2016 to 2021

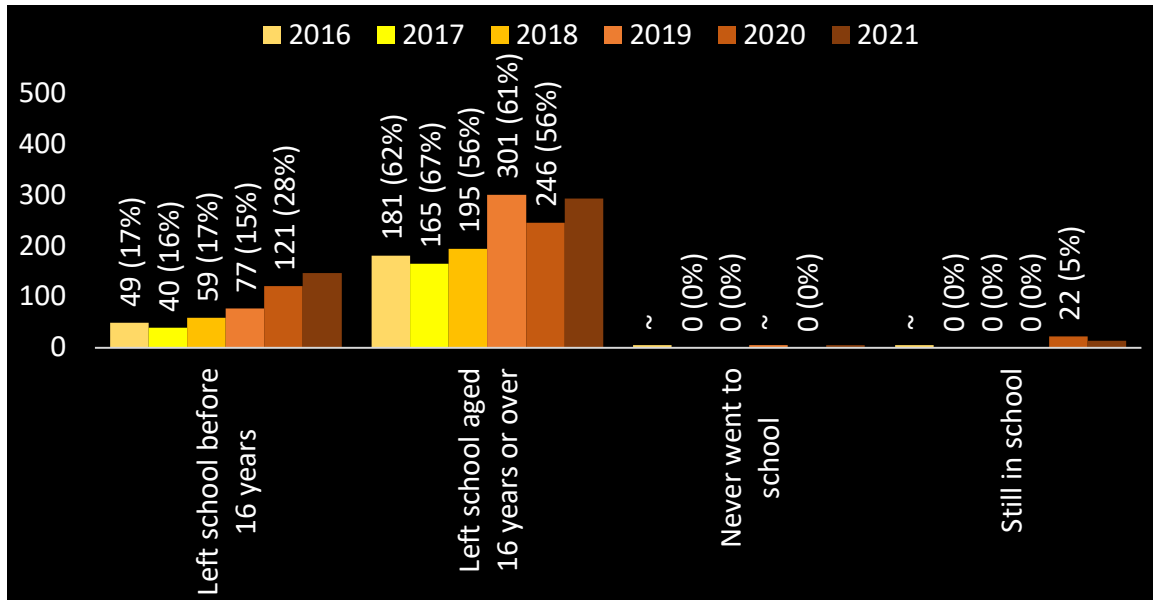


Annual totals less than 100% as unknown cases removed

~ 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 7.27: All cases living in BLDATF area by age left school, NDTRS 2016 to 2021



Annual totals less than 100% as unknown cases removed

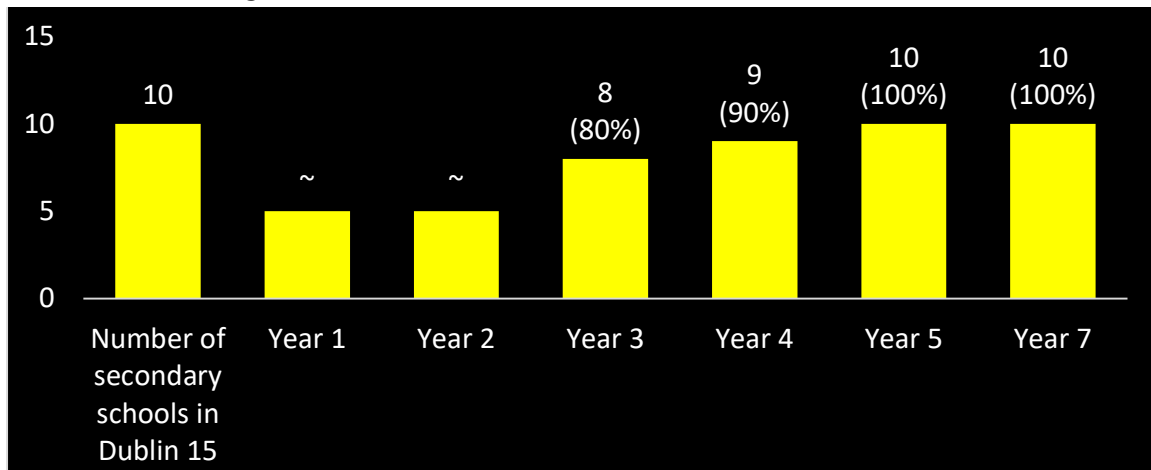
~ Number of cases too small to be reported (5 or less)

Drug use in Dublin 15 secondary schools

Years 1 to 7 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 5, participants reported evidence of drug use in all local secondary schools (Chart 7.28).

Chart 7.28: Number of Dublin 15 secondary schools with evidence of drug use before and during school time, DATMS Year 1 to 7



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

Profile of school-based drug use

From Years 1 to 7, changes in the profile of school-based drug use have been reported (Table 7.3). These changes include the following:

- Overall, Years 1 to 7 reported school-based drug users were getting younger, with the norm age decreasing from 14 to 13 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

DRUG AND ALCOHOL TRENDS MONITORING SYSTEM YEAR 7

Table 7.3: Profile of school-based drug users, DATMS Year 1 to 7

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*	√	√	√	√	
3	Cocaine powder ^	14	14	M & F*	√				
4		15	14	M & F*	√				
5		15	15	M & F*	√		√	√	√
7		15	15	M & F*	√				
3	MDMA (pills) ^	14	14	M & F*	√				
4		14	14	M & F*	√				
5		14	14	M & F*	√				
7		+	+	+	+	+	+	+	+
4	Benzodiazepines Z drugs ~	13	13	M & F*	√				
5		13	13	M & F*	√				
7		+	+	+	+	+	+	+	+
5	Cannabis oil x	14	12	M & F*	√	√	√	√	√
7		+	+	+	+	+	+	+	+
5	Alcohol x	14	14	Males	√			√	
7		13	13	M & F*	√		√	√	
7	Nitrous oxide #	13	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

x Use of drug during school time first reported in Year 5

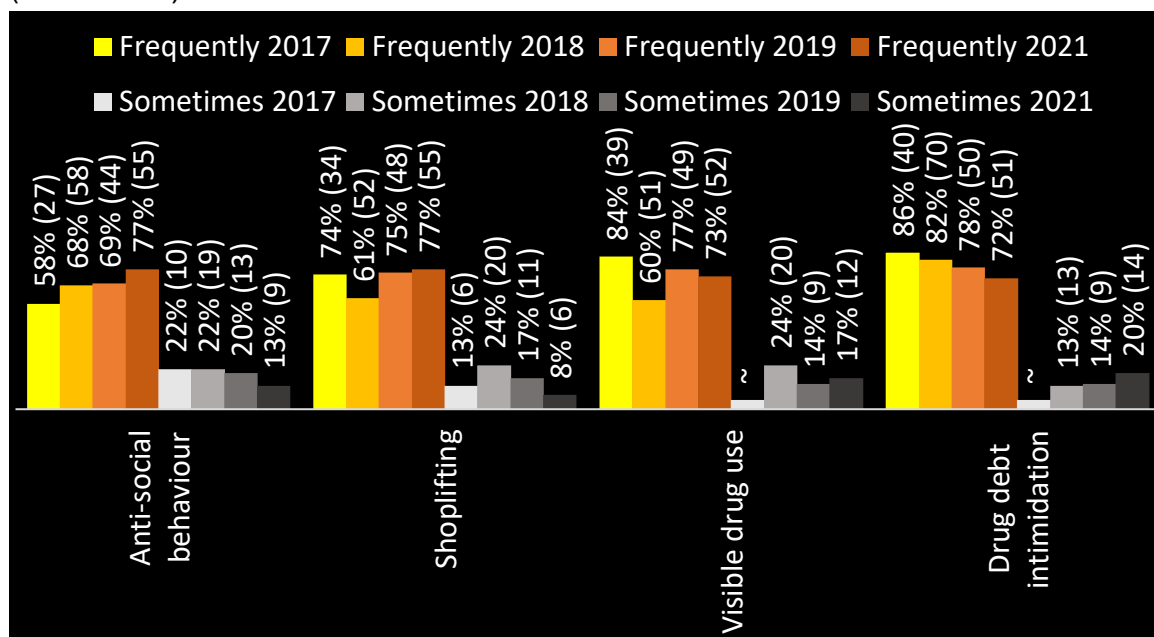
Use of drug during school time first reported in Year 7

+ Use of drug during school time not reported in Year 7

3) DRUG AND ALCOHOL-RELATED CRIME

Since Year 1, drug-related crime in Dublin 15 has been reported. From 2017 to 2021, participants reported perceptions concerning the frequency with which drug-related crime occurred (Charts 7.29 to 7.32). From Years 3 to 5, drug debt intimidation was the most frequently reported drug-related crime. Year 7 reported anti-social behaviour and shoplifting were the most frequently reported drug-related crimes.

Chart 7.29: Frequency of drug-related crime in Dublin 15, DATMS Year 3 to 7 (2017-2021)

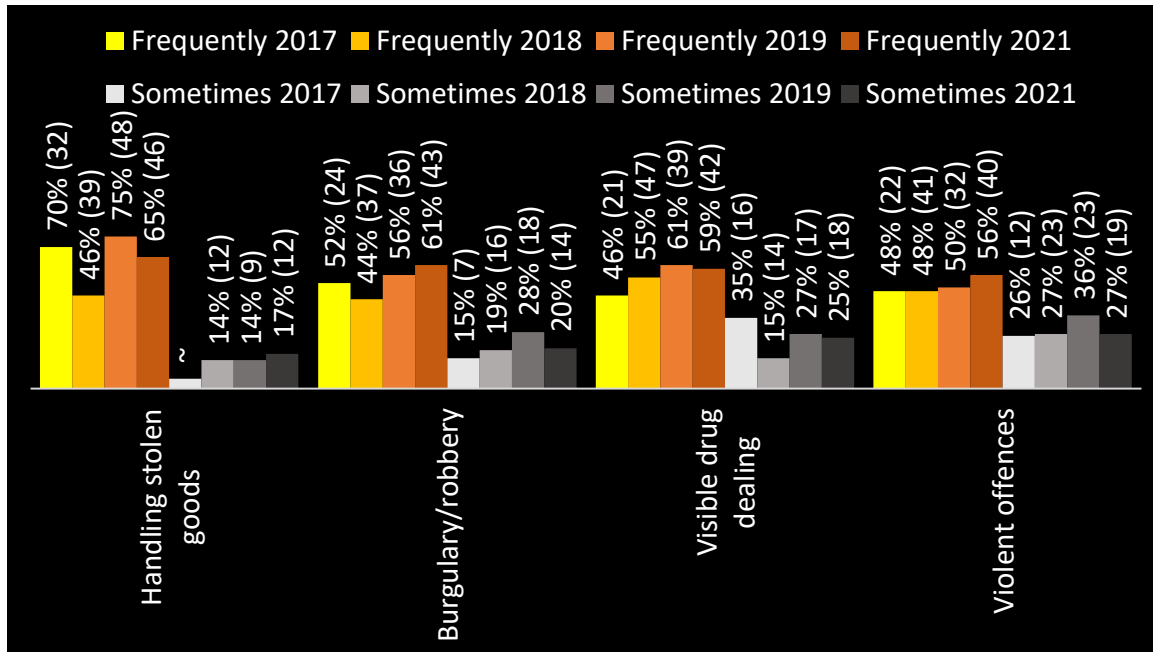


~Number too small to be reported (5 or less)

Category totals less than 100% as category 'unknown' removed

DRUG AND ALCOHOL TRENDS MONITORING SYSTEM YEAR 7

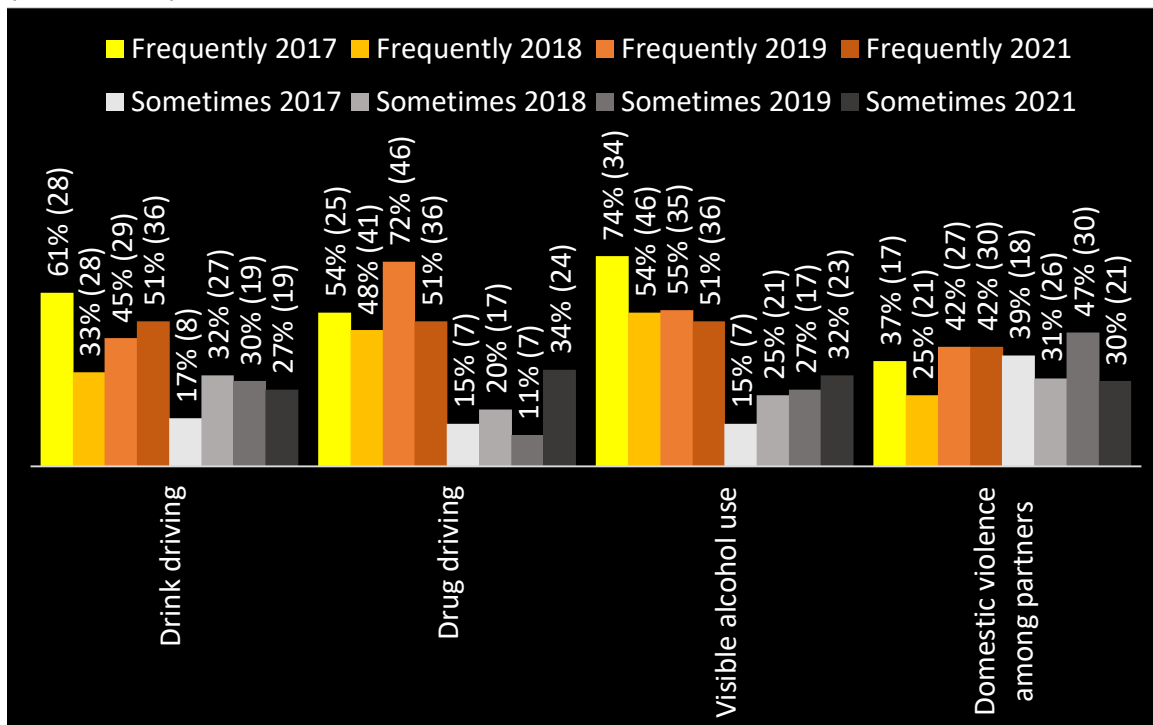
Chart 7.30: Frequency of drug-related crime in Dublin 15, DATMS Year 3 to 7 (2017-2021)



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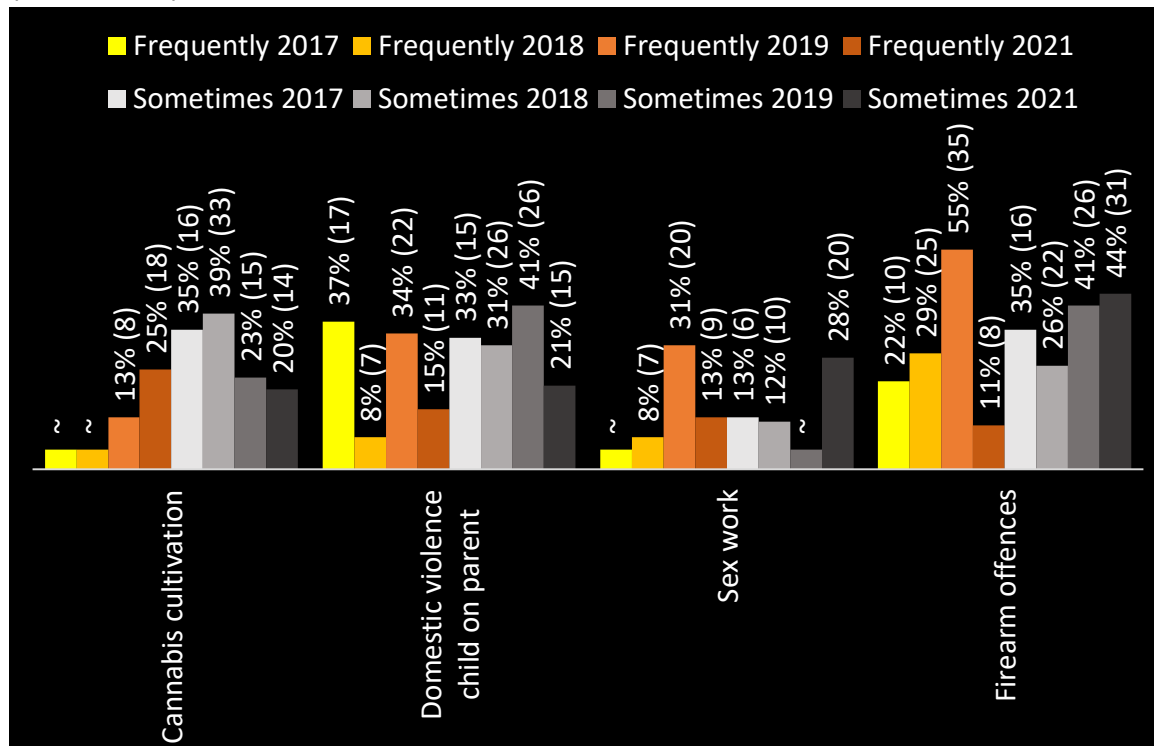
Category totals less than 100% as category 'unknown' removed

Chart 7.31: Frequency of drug-related crime in Dublin 15, DATMS Year 3 to 7 (2017-2021)



Category totals less than 100% as category 'unknown' removed

Chart 7.32: Frequency of drug-related crime in Dublin 15, DATMS Year 3 to 7 (2017-2021)



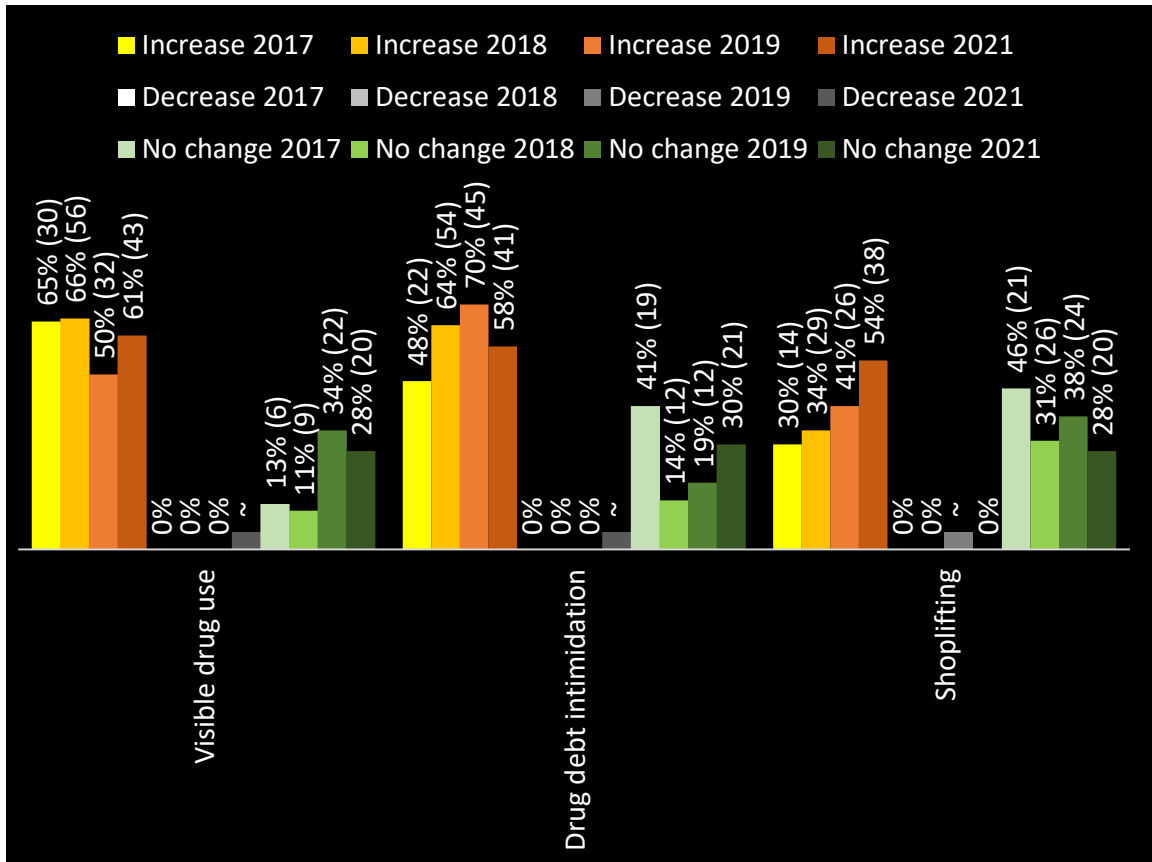
~Number too small to be reported (5 or less)

Category totals less than 100% as category 'unknown' removed

Participants reported perceived changes in the frequency of drug-related crime from Years 3 to 7 (Charts 7.33 and 7.37). Since Year 3, an increase in the frequency of most drug-related crimes was reported. Year 7 participants associated this increase with an increase in the use of powder and crack cocaine.

DRUG AND ALCOHOL TRENDS MONITORING SYSTEM YEAR 7

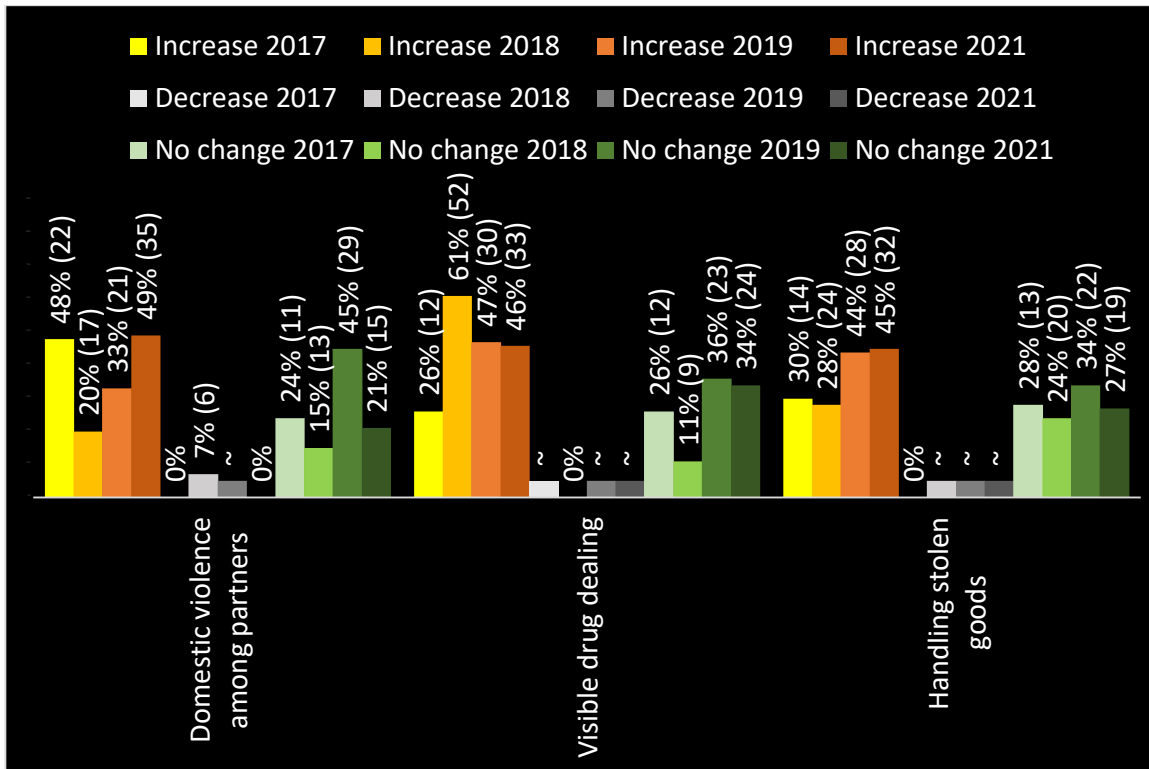
Chart 7.33: Changes in frequency of drug-related crimes in Dublin 15, DATMS Year 3 to 7 (2017-2021)



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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 7 (2017-2021)

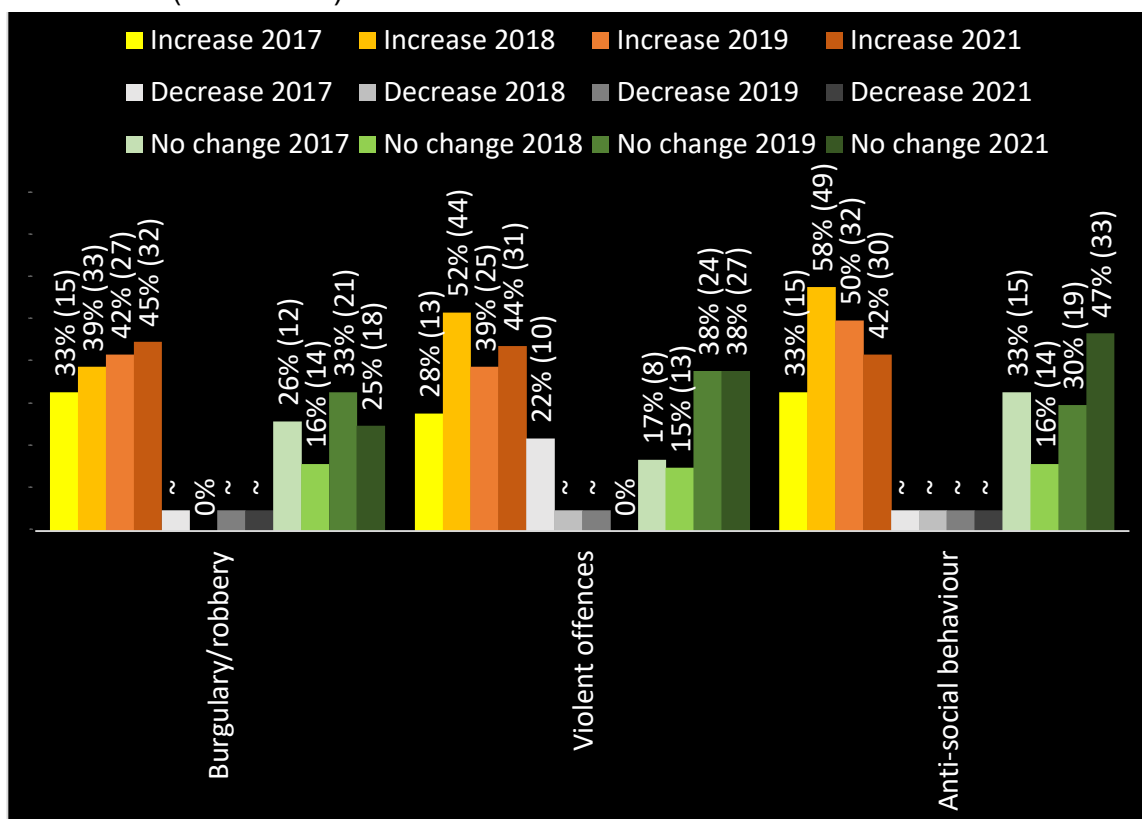


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Category totals less than 100% as category 'unknown' removed

DRUG AND ALCOHOL TRENDS MONITORING SYSTEM YEAR 7

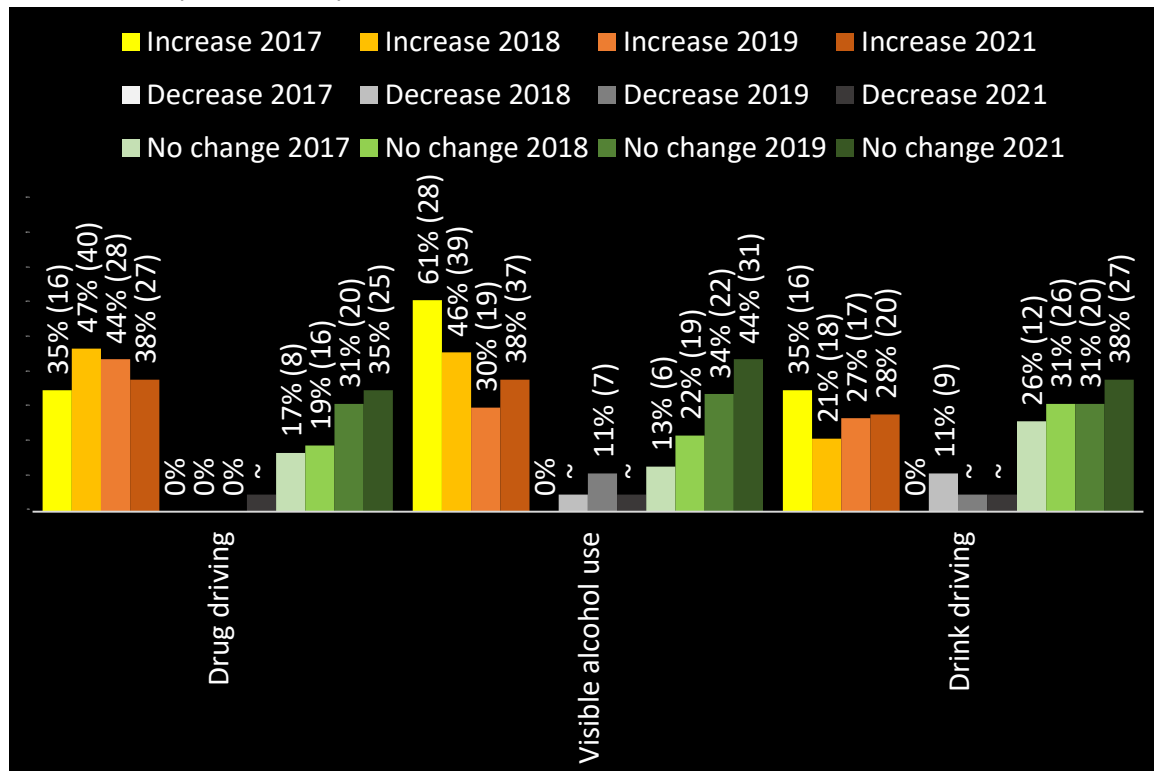
Chart 7.35: Changes in frequency of drug-related crimes in Dublin 15, DATMS Year 3 to 7 (2017-2021)



~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 7 (2017-2021)

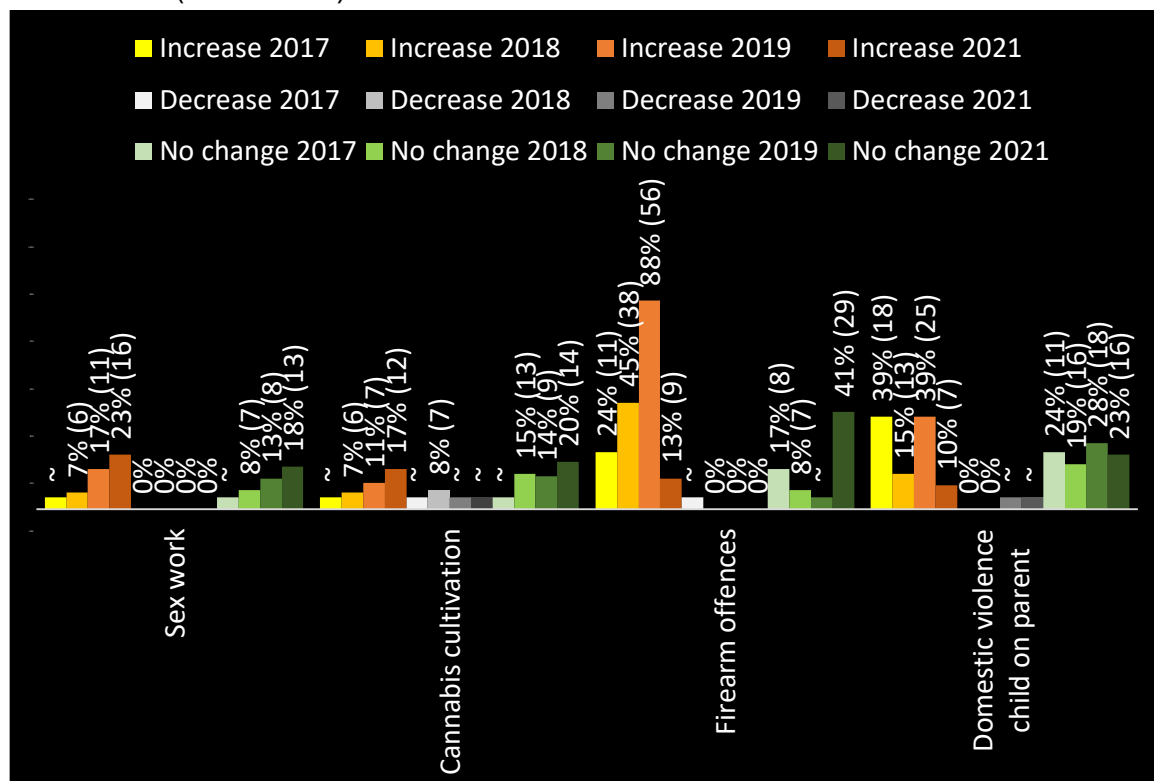


~Number too small to be reported (5 or less)

Category totals less than 100% as category 'unknown' removed

DRUG AND ALCOHOL TRENDS MONITORING SYSTEM YEAR 7

Chart 7.37: Changes in frequency of drug-related crimes in Dublin 15, DATMS Year 3 to 7 (2017-2021)



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

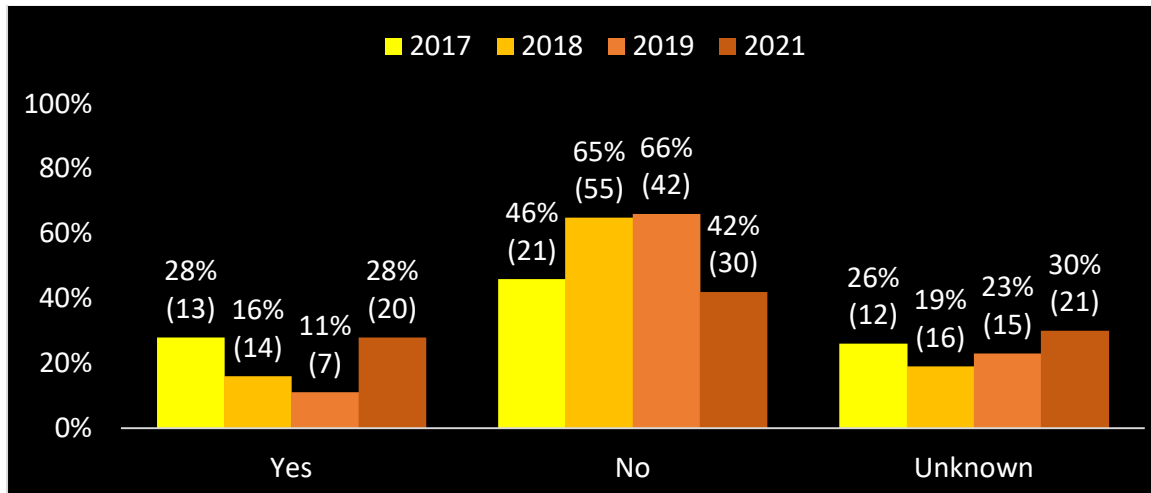
Category totals less than 100% as category 'unknown' removed

Drug debt intimidation

Since Year 1, participants reported that drug debt 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 2²⁴. Gardai intervention was rarely sought (Chart 7.38), with victims and families paying debts to protect their families.

²⁴ Reported in the chapter 'Factors contributing to drug use'

Chart 7.38: Reporting of drug debt intimidation to Gardai, DATMS Year 3 to 7 (2017-2021)



From Years 3 to 7, participants reported that drug debt 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

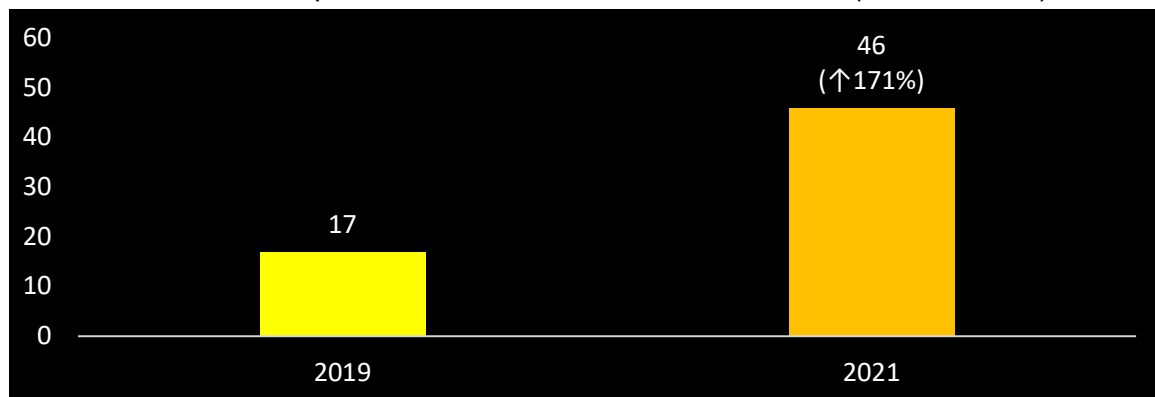
Gardai data for Years 1 and 2 stated that the number of families reporting drug debt intimidation to Gardai were too small to be reported (to protect anonymity). In Years 3 and 4, An Garda Síochána reported that drug debt intimidation remains an issue in Dublin 15. However, due to the confidentiality of the Drug-Related Intimidation Reporting Programme, no data concerning these offences could be provided. Year 5 reported an increase in drug debt 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. While it is difficult to quantify the extent of drug debt intimidation in Dublin 15, as reported above, since Year 3 drug debt intimidation was one of the most frequently reported drug-related crimes in Dublin 15.

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 other statutory services.

The number of children who received support for psychological issues increased by 171% from 17 in Year 5 to 46 in Year 7 (Chart 8.1).

Chart 8.1: Education/prevention cases, DATMS Year 5 & 7 (2019 & 2021)



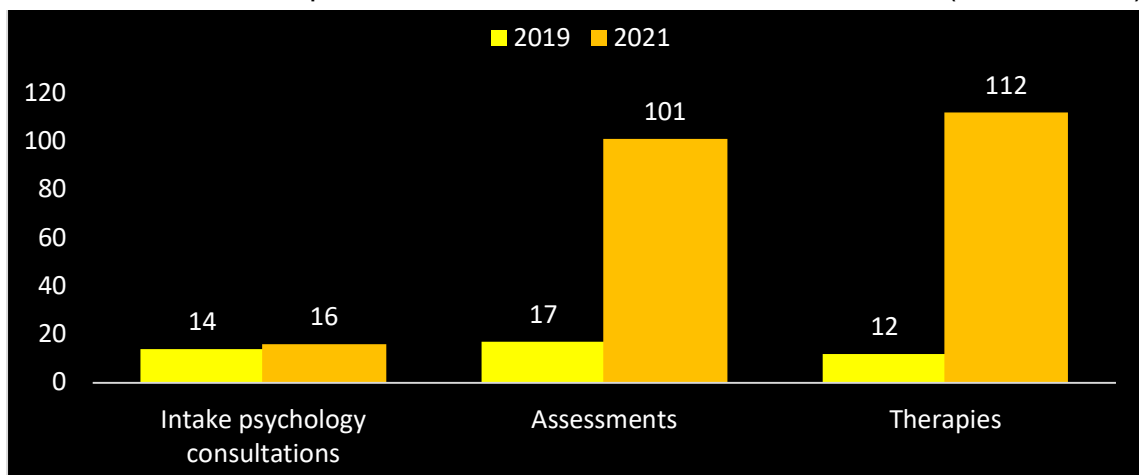
Over the reporting period, education prevention interventions increased by 432% from 43 in 2019 to 229 in 2021 (Chart 8.2).

Chart 8.2: Education prevention interventions, DATMS Year 5 & 7 (2019 & 2021)



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). These interventions are funded by the BLDATF with support from Tusla, Child and Family Agency and the Health Service Executive.

Chart 8.3: Education prevention interventions, DATMS Year 5 & 7 (2019 & 2021)



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 underlined were also reported in previous DATMS reports.

- 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 and 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 IN DUBLIN 15

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

EDUCATION & PREVENTION

- Improve drug prevention programmes for under 18s; service provision to include:
 - Information about drug use, mental health and reducing the stigma associated with seeking help for drug or mental health issues
- Increase knowledge of local service provision on a local and targeted basis; service provision to include:
 - Public awareness of service provision
 - Encourage help seeking behaviours and highlight confidentiality of service provision

TREATMENT

- Improve treatment programmes for adolescents and young people; service provision to include:
 - Work experience/apprenticeships

- 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 accessibility of treatment programmes; service provision to include:
 - Part-time day programmes for women who have children
 - Improve access to childcare
 - Increase access to treatment services for powder and crack cocaine use
 - Improve access to residential treatment services
 - Out-of-hours treatment service including weekends
- Improve access to detoxification programmes including residential and community-based services
- Increase access to counselling, mental health clinical assessments and treatment services for children, young people and adults; service provision to include:
 - Out-of-hours services
 - A comprehensive dual diagnosis service for the treatment of all drug types involving partnerships with community, voluntary and statutory mental health and addiction services

REHABILITATION

- Improve access to aftercare services; service provision to include:
 - Drug-free social club
 - Facilitated support services
- Increase access to training, employment and apprenticeships
- Increase access to housing

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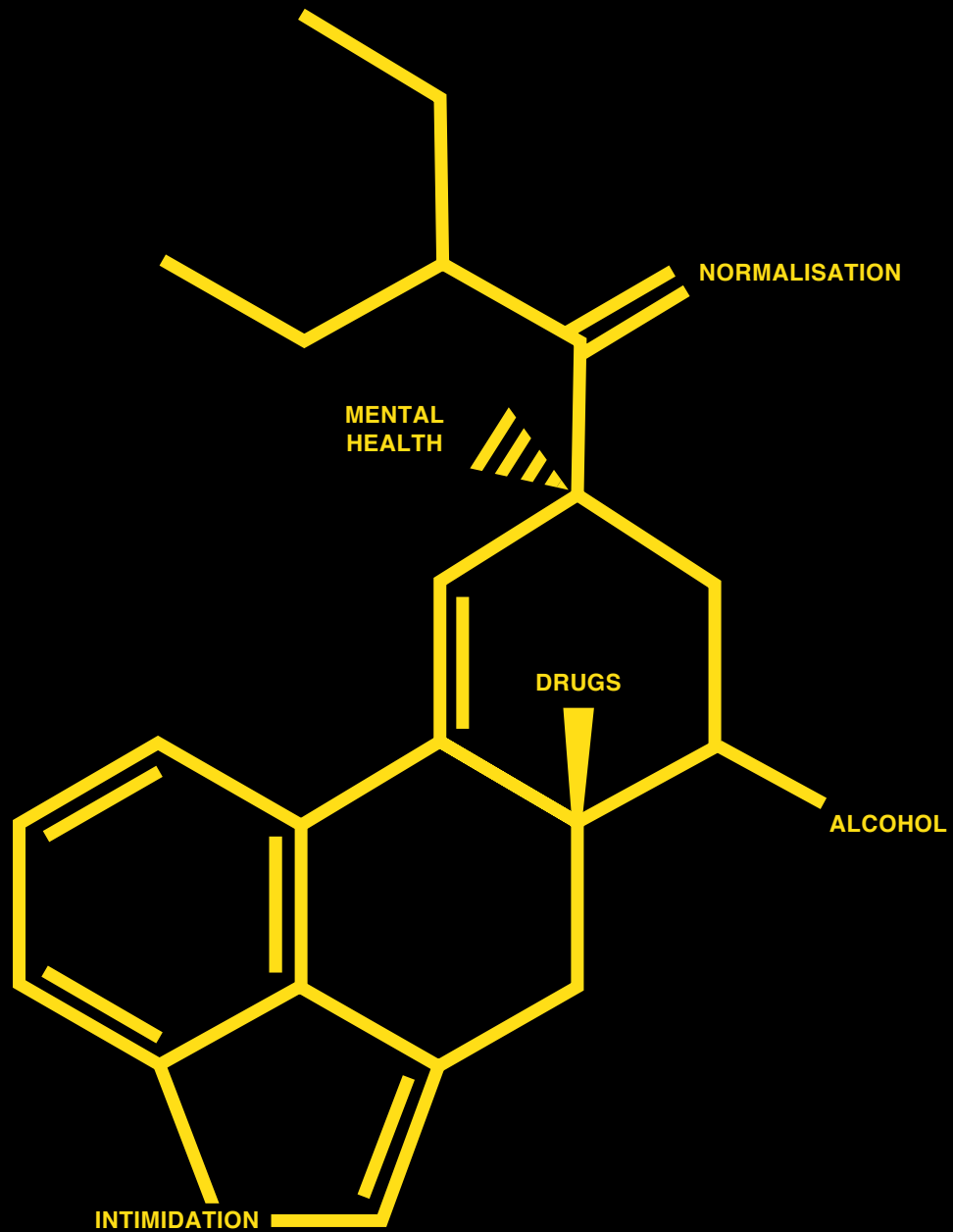
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