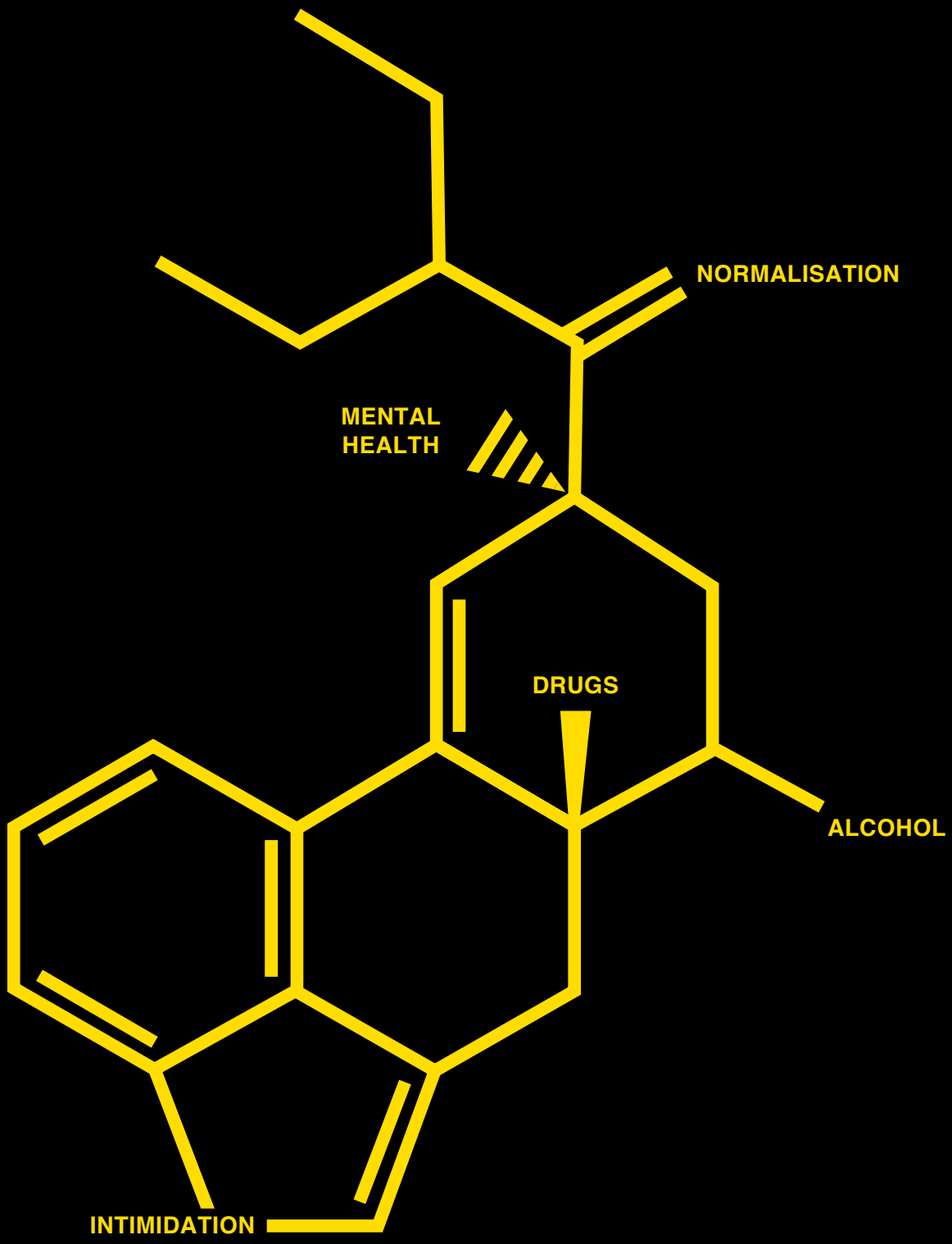
ISSN: 2737-7369

Blanchardstown Local Drug and Alcohol Task Force

Drug and Alcohol Trends Monitoring System (DATMS) 2024: Year 9



NORMALISATION
MENTAL
HEALTH
DRUGS
ALCOHOL
INTIMIDATION

Janet Robinson and Jim Doherty
Researchers

NORMALISATION
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DATMS REPORTS

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

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

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

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

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

YEAR 6 *Drug and Alcohol Trends Monitoring System: The value of community-based addiction services: 'I know I'd still be drinking if it wasn't for this service…I'd be dead without it'*. 2020 data, published 2021.

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

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

YEAR 9 *Drug and Alcohol Trends Monitoring System*. 2023 data, published 2024.

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ACKNOWLEDGEMENTS

We want to thank the research participants for participating in this research study. We would like to acknowledge local service providers for providing data and facilitating the recruitment of research participants. We also want to thank the Health Research Board and the Healthcare Pricing Office of the Economic and Social Research Institute for providing data. We thank the National Advisory Committee on Drugs and Alcohol for permission to use their drug trend monitoring system questionnaire. Finally, we thank the BLDATF staff Linda Silvester, Mary Morris, Maxine Lacey, Laura Curtis and Philip Jennings for their support.

INTRODUCTION

The Blanchardstown Local Drug and Alcohol Task Force (BLDATF) is one of fourteen Local Drug and Alcohol Task Forces established in 1997 in response to high levels of drug misuse within communities. We are responsible for implementing the National Substance Misuse Strategy and facilitating a more coordinated response in tackling drug and alcohol use and misuse in Dublin 15.

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

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

LIST OF YEAR 9 MAPS

1. EXECUTIVE SUMMARY

RESEARCH OBJECTIVES & METHOD

In 2015 we developed our DATMS in Dublin 15. The objective was to establish an evidence base for drug use in Dublin 15 and use this data to inform local service provision. The study is repeated annually to always have current information and monitor changes over time. This report documents the ninth year of our DATMS. The Year 1 reporting period began June 2014, Year 2 began June 2015, Year 3 to 9 is from 2017 to 2023. The DATMS employs a mixed method design comprised of primary and secondary data sources. Years 1 to 5 and 7 to 9 involved a trend report, and Year 6 involved a qualitative longitudinal study that explored clients' experiences of attending treatment and family support services.

INCREASE IN DRUG-RELATED HARM & LOW-LEVELS OF HELP SEEKING

From 2012, there has been a significant increase in the number of people affected by drug and alcohol use in Dubin 15.

CONSEQUENCES OF ALCOHOL & DRUG USE	
295 to 693 (↑ 135%)	Cases treated for alcohol & drugs from 2016 to 2023
149 to 817 (↑ 448%)	Family members receiving support from 2017 to 2023
169 to 377 (↑ 123%)	Treatment episodes for mental health & behavioural disorders associated with drug & alcohol use from 2012 to 2023
17 to 56 (↑ 229%)	Treatment episodes for poisonings associated with drug & alcohol use from 2012 to 2023

Prevalence and treatment demand data identify that the overall rate of help-seeking is low. This data also identifies factors that contribute to drug use. The most frequently used drugs highlight how the accessibility and normalisation of drugs impacts use. Alcohol's legal status makes it the most accessible which partly explains why it is the most frequently used. Also, drugs that are normalised are the most frequently used drugs. These drugs are perceived to be widely used, risk free and socially acceptable, and this perception promotes use.

ALCOHOL Most frequently used drug in Dublin 15	
76,129 (81%)	General population aged 15+ who used alcohol in the last year
20,253 (63%)	General population aged 15-34 years who used alcohol in the last month
41,432 (67%)	General population aged 35 years & over who used alcohol in the last month
1,513 (41%)	Students aged 15 & 16 who used alcohol in the last month
591 (16%)	Students aged 15 & 16 who were drunk in the last month
47,933 (51%)	General population aged 15+ who are low-risk drinkers
35,715 (38%)	General population aged 15+ who are hazardous drinkers
10,339 (11%)	General population aged 15+ who are alcohol dependent
144 (1%)	Cases treated for alcohol in 2023 (% of alcohol dependent population)
4,698 to 12,416 (14% to 37%)	Hidden harm: Children aged under 18 affected by parental alcohol dependency

CANNABIS Most frequently used illegal drug Dublin 15	
9,399 (10%)	General population aged 15+ who used cannabis in the last year
3,215 (10%)	General population aged 15-34 years who used cannabis in the last month
1,237 (2%)	General population aged 35 years & over who used cannabis in the last month
332 (9%)	Students aged 15 & 16 who used cannabis in the last month
221 (6%)	Students aged 15 & 16 who are high-risk cannabis users
2,820 (3%)	General population aged 15+ who are cannabis dependent
131 (5%)	Cases treated for cannabis in 2023 (% of cannabis dependent population)
5,053 to 8,053 (15% to 24%)	Hidden harm: Children aged under 18 affected by parental illegal drug use

TREND ANALYSIS

A trend analysis from Years 1 to 9 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.

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 9 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 eight 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 9, over 55% of secondary schools had evidence of drug dealing, with Years 5 and 9 reporting 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) Year 9 was the first year that drug dealing in local primary schools was reported. These schools include those with and without DEIS status, indicating that drug use is a community wide issue that crosses all socio-economic boundaries.

6) All eight years of the DATMS trend data reported drug use before and during school time in local secondary schools. Since Year 2, the evidence reports that these schools were a mixture of affluent and socio-economically deprived and included those with and without DEIS status. From Year 3, participants reported drug use in at least 80% of local secondary schools, with Years 5, 8 and 9 reporting drug use in all schools.

- 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.

7) Year 9 was the first year that drug use in local primary schools was reported. These schools include those with and without DEIS status, indicating that drug use is a community wide issue that crosses all socio-economic boundaries.

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

In all eight 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 among treated and untreated drug users in Dublin 15.

2) Since Year 3, participants reported the need to improve treatment programmes for under 18s and young people aged 18 to 25. 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.

3) Since Year 2, an increase in the amount of under 18s dealing drugs has been reported. Over the reporting period, 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.

4) All eight 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.

5) 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 9, cannabis herb was the most commonly used drug, followed by alcohol; since Year 2, an increase in the use of cannabis herb and cocaine powder was reported
- Treated adult drug users: From 2016 to 2023, 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 these drugs 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, factors contributing to drug use, and the consequences of drug and alcohol use.

1) Treatment demand data reported an increase in the number of cases seeking support which may be associated with an increase in drug use:

- Treated drug users aged under 18 increased by 51% from 51 in Year 1 to 77 in Year 9
- NDTRS data reports treated adult cases increased by 152% from 244 in 2016 to 616 in 2023
- From 2017 to 2023, the number of family members receiving support increased by 448% from 149 in 2017 to 817 in 2023

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
Cannabis herb	↑	↑	↑	↑
Cocaine powder	↑	↑	↑	↑
Alcohol		↑	↑	↑
Ketamine			↑	↑
Benzodiazepines, z drugs		↑		
Crack cocaine		↑		

Year 9 treated and untreated drug users also reported an increase in the use of the following drugs:

Drug type	Treated drug users		Untreated drug users	
	Young	Adult	Young	Adult
Cannabis oil	↑	↑	↑	↑
Methylphenidate	↑	↑	↑	↑
Nitrous oxide	↑		↑	↑
MDMA	↑		↑	↑
Cannabis edibles		↑	↑	↑
GHB/GBL		↑	↑	↑
Benzodiazepines, z drugs			↑	↑
Ketamine	↑			
Pregabalin (Lyrica)		↑		
OTC codeine		↑		
Methamphetamine		↑		
Amphetamines			↑	↑

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 which identifies how demand influences the local drug market. This increase in demand has also increased the number of drug distributors. The majority of the drugs that have increased in availability are the most commonly used:

- Since Year 1, an increase in the availability of benzodiazepines and z drugs has been reported; since Year 4, synthetic (NPS) benzodiazepines and z drugs were reported to be more commonly available than authentic tablets
- Since Year 3, an increase in the availability of cannabis herb, powder and crack cocaine has been reported
- Since Year 7, an increase in the availability of ketamine, methamphetamine and nitrous oxide has been reported
- Since Year 8, an increase in the availability of cannabis oil has been reported
- Year 9 reported an increase in the availability of MDMA and alcohol

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 table below reports the new drugs that have entered the local market, the year they were first reported to the DATMS, and the current status of use.

DATMS Year	Drug	Year 9 status
Year 1	Lean (syrup)	Use of drug not reported
Year 2	GHB/GBL	Not commonly used though increasing in popularity
Year 3	Cannabis oil	Among the most commonly used drugs
Year 4	Cannabis wax	Not commonly used
	Nitrous oxide	Increase in use especially among untreated young drug users
Year 5	Cannabis edibles	Increase in use
	Cannabis drinks	Use of drug not reported
Year 7	Methylphenidate	Increase in use
Year 9	Barbie, Pink, Pink lemonade	New to market
	Hexahydrocannabinol oil (HHC)	New to market

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

5) Year 9 reported changes in the profile of drug use during school time, to include drug use in primary schools and an increase in drug use in secondary schools in Dublin 15. Young people reported an increase in the use of cannabis oil and edibles during school due to the potential ability to use them without discovery. Cannabis oil used in vaping equipment can be odourless when smoked. Cannabis edibles in the form of sweets can hide their psychoactive nature.

6) As reported above, since Year 3, the normalisation of drug use was reported as a factor contributing to the increase in drug use among treated and untreated drug users in Dublin 15.

TREATED DRUG & ALCOHOL USE

Treated drug users aged under 18

- Treated cases aged under 18 increased by 51% from 51 in Year 1 to 77 in Year 9, though fluctuations in this trend were reported during this period
- From Years 1 to 9, the majority of cases were male, white Irish and aged from 15 years, cannabis herb was the most commonly used drug, followed by alcohol
- Changes in the profile of treated cases:
  - From Years 1 to 9, an increase in the use of cannabis herb and cocaine powder were reported
  - From Years 3 to 9, 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 9, the majority of cases were in education. There has been an increase in the number of secondary schools and training centres attended by treated cases aged under 18, from 54% (7) in Year 1 to 64% (9) in Year 9
  - New trends are emerging in Dublin 15 among treated young drug users:
    - A reduction in alcohol use and increase in drug use; also reported by untreated young drug users
    - The increasing use of vaping devices to consume cannabis oil to such an extent that it is now a common mode of administration; demand associated with increasing availability in local shops; also reported by treated adult drug users and untreated drug users
    - The availability and use of two new drugs: a pink powder comprised of stimulant and hallucinogenic drug types (ketamine, MDMA and cocaine), names include barbie, pink and pink lemonade; hexahydrocannabinol (HHC) oil, a synthetic cannabinoid; both drugs also reported by treated adult drug users and untreated drug users

Treated drug users aged 18 and over

- NDTRS data reports treated cases increased by 152% from 244 in 2016 to 616 in 2023. From 2016 to 2023:
  - The majority of treated cases were Irish, male, aged 35 to 44 years
  - About a third of cases were in treatment for the first time
  - The five main problem drugs were cocaine, alcohol, heroin, cannabis and benzodiazepines
  - Over the reporting period, there has been a 644% increase in cases treated for cocaine with this drug becoming the most common main problem drug
  - From 2016 to 2023, the majority of cases were treated for polydrug use, with the exception of 2019

- From Years 1 to 9, treated adult drug users reported an increase in the use of cannabis herb, alcohol, powder and crack cocaine, benzodiazepines and z drugs
- New trends may be emerging in Dublin 15 among treated adult drug users:
  - An increase in the use of cocaine powder without the use of alcohol (dry sniffing)
  - Changing patterns of drug injecting, with an increase in injecting of opioid and stimulant drugs and polydrug injecting
    - Since Year 8, treated drug users reported an increase in the injection of cocaine powder
    - Year 9 reported an increase in the injection of crack cocaine, and polydrug injecting of heroin and cocaine (powder or crack), heroin and methamphetamine, ketamine and cocaine powder
    - The injection of ketamine was first reported to the DATMS in Year 9, it is not a common mode of administration
  - Changes in cannabis oil use and the emergence of new drugs reported above in 'Treated drug users aged under 18' section

UNTREATED DRUG & ALCOHOL USE

- All eight years of the DATMS trend data reported similar profiles of untreated drug use by young people and adults:
  - Alcohol, cannabis herb, MDMA, cocaine powder, benzodiazepines and z drugs were the main drugs used
  - Polydrug use was the norm, and alcohol was an integral part of it
  - Changes in the profile of untreated drug use included:
    - From Years 1 to 9, untreated young and adult drug users have continued to report an increase in the use of cannabis herb, cocaine powder and ketamine; over this reporting period, untreated adult drug users also reported an increase in alcohol use
    - Since Year 3, an increase in the use of benzodiazepines and z drugs has been reported
    - Since Year 5, an increase in the use of nitrous oxide has been reported; and since Year 7, nitrous oxide has become an integral part of polydrug use for young people
    - Since Year 7, an increase in the use of cannabis edibles has been reported
  - New trends may be emerging in Dublin 15 among untreated drug users:
    - Since Year 8 it has been reported that young people have reduced their alcohol consumption while increasing their consumption of other drugs (also reported by treated young drug users)

    - Changes in cannabis oil use and the emergence of new drugs reported above in 'Treated drug users aged under 18' section
- Prevalence rates estimated 24,753 (77%) of Dublin 15 residents aged 15 to 34 years used alcohol in the last year and 48,234 (78%) aged from 35 years; and 5,786 (18%) of Dublin 15 residents aged 15 to 34 years used illegal drugs in the last year and 2,474 (4%) aged from 35 years
- Prevalence rates of cannabis and alcohol dependence among the general population and treatment demand data identify low levels of help-seeking among cannabis and alcohol dependent people in Dublin 15; 1% (144) of people with alcohol dependence and 5% (131) of people with cannabis dependence sought treatment in 2023

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. Since Year 3, drug runners have become younger, and drug dealers have become older. The norm age for drug runners is 12 and the youngest age is 7 years. The norm age for drug dealers is 15 and the youngest age is 12 years.
- 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 eight years of the DATMS trend data reported the family context as a risk factor for the normalisation of drug and alcohol use and the development of inter-generational drug and alcohol dependence
- Since Year 7 we have quantified the extent of hidden harm within the community; hidden harm relates to treated drug use and family support cases with children aged under 18. From Year 7 to 9, there has been a 6% increase in the incidence of children affected by familial drug or alcohol use, from 385 to 409 of treated drug use and family support cases
    - Prevalence rates estimate from 15% to 24% (5,053-8,053) of children were impacted by parental illicit drug use in Dublin 15, and from 14% to 37% (4,698-12,416) were impacted by parental alcohol dependency in Dublin 15
    - The number of family support cases from 2021 to 2023 accounts for between 3% and 9% of these estimates which identifies that our data underrepresents the extent of hidden harm in Dublin 15

MENTAL HEALTH

- Poor mental health is a risk factor for drug use which identifies the importance of early intervention
- From Years 1 to 9, 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 2023 reported the following:
  - Overall, the number of treatment episodes for mental health and behavioural disorders associated with drug and alcohol use increased by 123% from 169 in 2012 to 377 in 2023
  - Overall, the number of treatment episodes for poisonings increased by 229% from 17 in 2021 to 56 in 2023

SOCIAL CONSEQUENCES

- All eight years of the DATMS trend data reported the negative impact drug use has on family relationships, employment, finances, housing and education
- Family
  - From 2017 to 2023, the number of family members receiving support increased by 448% from 149 in 2017 to 817 in 2023
  - Over the reporting period, there has been a significant increase in the number of family members who attended evidence-based/informed programmes
- Education
  - Impact of drug use on primary and secondary education reported above in the 'Trend Analysis' section
- Drug-related crime
  - All eight years of the DATMS trend data reported the existence of drug-related crime in Dublin 15
  - From Years 3 to 5, drug-related intimidation was the most frequently occurring crime, this changed to anti-social behaviour in Year 7 and from Year 8 visible drug use
  - Since Year 3, participants reported an increase in most drug-related crimes

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 living in Dublin 15
- The number of children who received support for psychological issues increased by 165% from 17 in Year 5 to 45 in Year 9

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
  - Rehabilitation services including education and training programmes, and pro-social activities assist the development of recovery capital

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
- Increase effectiveness of treatment services by maintaining fidelity to evidence-based programmes
- Improve capacity of stabilisation programmes, and drug-free day programmes
- Improve access to childcare for people attending day and residential programmes
- Increase out-of-hours service provision

- Improve access to detoxification programmes
- Increase access to mental health services for children, young people and adults

Family support

- Increase access to family support services for under 18s

Community safety

- Increase Gardai relationship with communities to potentially increase the effectiveness of drug-related intimidation initiative DRIVE

Rehabilitation

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

2. DATMS RESEARCH OBJECTIVES & METHOD

RESEARCH OBJECTIVES

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

RESEARCH MODEL

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

PRIMARY QUANTITATIVE DATA: DATMS YEAR 9 (2023)	
Drug treatment data	• Profile drug users treated in Dublin 15* • Treated drug users area of residence visually represented on Dublin 15 map^ • Changes in drug use and drug-related issues~
Untreated drug use~	• Profile of untreated drug use • Changes in drug use and drug-related issues • Factors contributing to drug use
Family members affected by drug use~	• Profile of family members attending local family support services and peer-led groups • Family members area of residence visually represented on Dublin 15 map∞ • Hidden Harm: Under 18s affected by family members drug use visually represented on Dublin 15 map** • Impact of drug use on families

* For the profile of treated cases aged under 18, Years 1 to 9 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 NDTRS LINK System (online web-based reporting system) reduced data reporting times: prior to this, NDTRS data was time lagged and DATMS data produced current data
- To increase data quality: DATMS data has no unique identifiers and treated drug users are counted more than once if they attend more than one local service; while the NDTRS data has no unique identifiers, the system has the capacity to remove duplicate cases thus providing more robust data
- To end duplication in data reporting i.e. local services reporting to the BLDATF and NDTRS

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

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

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

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

RESEARCH PARTICIPANTS

The number and type of participants that participated in Year 9 is reported in the table below; participant numbers for Years 4, 5, 7 and 8 have been included for comparison purposes (Table 2.1).

Table 2.1: Number and type of participants, DATMS Year 4, 5, 7-9 (2018, 2019, 2021-2023)

Participant type	Number of participants				
	Year 4	Year 5	Year 7	Year 8	Year 9
Service providers	36	26	26	26	42
Treated drug users*~	27	31	23	41	36
Untreated drug users*~	19	13	10	24	25
Young people*~	8	0✲	10	9	18
Family members affected by drug use~	22	14	5	14	5
Community member	0	1	2	1	4
Total	**112**	**85**	**76**	**115**	**130**

* 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 9 (2023)	
Drug prevalence indicators	• National Drug and Alcohol Survey (Health Research Board): prevalence of drug use among general population aged 15+ years in Ireland • Irish Health Behaviour in School-aged Children Study 2018 (Department of Health & Galway Health Promotion Research Centre, National University of Ireland): prevalence of alcohol use among young people in Ireland aged 15 to 17 years
Drug treatment indicator	• National Drug Treatment Reporting System (Health Research Board): treated drug and alcohol use in Ireland
Other drug-related indicators	• Hospital In-Patient Enquiry Scheme (Healthcare Pricing Office): drug and alcohol related morbidity from in-patient discharges from national acute hospitals • National Drug-Related Deaths Index (Health Research Board): census of drug-related deaths in Ireland
Mental health	• Profile of under 18 and adult treatment demand for mental health services

METHODOLOGICAL LIMITATIONS & GAPS IN EVIDENCE BASE

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

PARTICIPANT TARGET GROUPS

In relation to the primary data sources, local services and community members work hard to assist with the recruitment of research participants. In all eight 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 9 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. Year 9 participant numbers are higher than previous years and include a higher representation of young people including those who are untreated drug users.

However, there are gaps in our evidence base due to under-representation of two target groups: young people (aged 18 to 24 years) in treatment, and young people and untreated drug users from the Traveller Community.

Table 2.2: Representation of participant target groups, DATMS Year 1 to 9

Target Group		Year 1	Year 2	Year 3	Year 4	Year 5	Year 7	Year 8	Year 9
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. However, in Year 9 the Irish Traveller community was under-represented and in particular, young people and untreated drug users from this community.

  Since Year 4, the profile of treated drug users reported drug use by the White Irish, Irish African, Irish Eastern European and Irish Traveller communities. In Year 9, young people aged 18 to 24 years in treatment were under-represented. Over the lifetime of the DATMS, treated drug use among the Irish Asian community has rarely been reported.

  Since Year 1, family members represented in the DATMS were from the White Irish community. Family members from all other ethnicities have not been represented in the DATMS, except for Year 7 which included family members from Irish Eastern European communities, and Year 9 which included family members from Irish African communities.

GAPS IN EVIDENCE BASE

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

Table 2.3: Gaps in local evidence base, DATMS Year 9 (2023)

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 opioid substitution treatment.
Drug-related indicator	A profile of drug use and harm reduction practices of HSE needle and syringe exchange attendees has never been available from the HSE Addiction Services.
At-risk youth population	A profile of the at-risk youth population including mapping data has not been available from the Blanchardstown Youth Service and Tulsa Education Welfare Service services since Year 3.
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 9 data was provided by Genesis and SASSY.

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

Analysis of the census provides the socio-demographic profile of the Dublin 15 population from 2006 to 2022 (Central Statistics Office (CSO), 2006, 2011, 2016, 2022; Charts 3.1 to 3.6).

Over this period, the following population changes have occurred:

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

Chart 3.1: Dublin 15 population, CSO 2006 to 2022

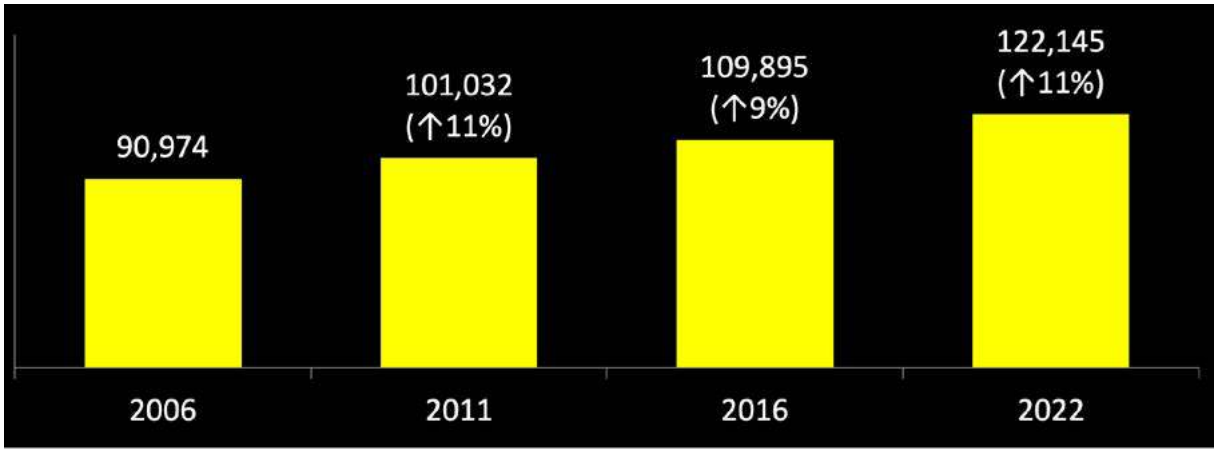


Chart 3.2: Dublin 15 population by age range, CSO 2006 to 2022

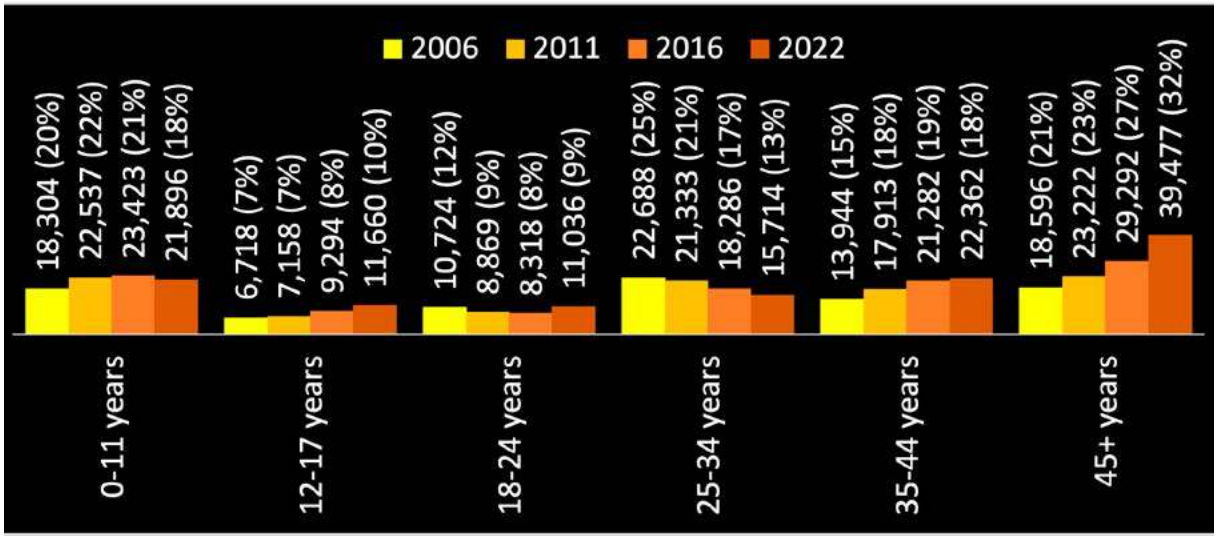
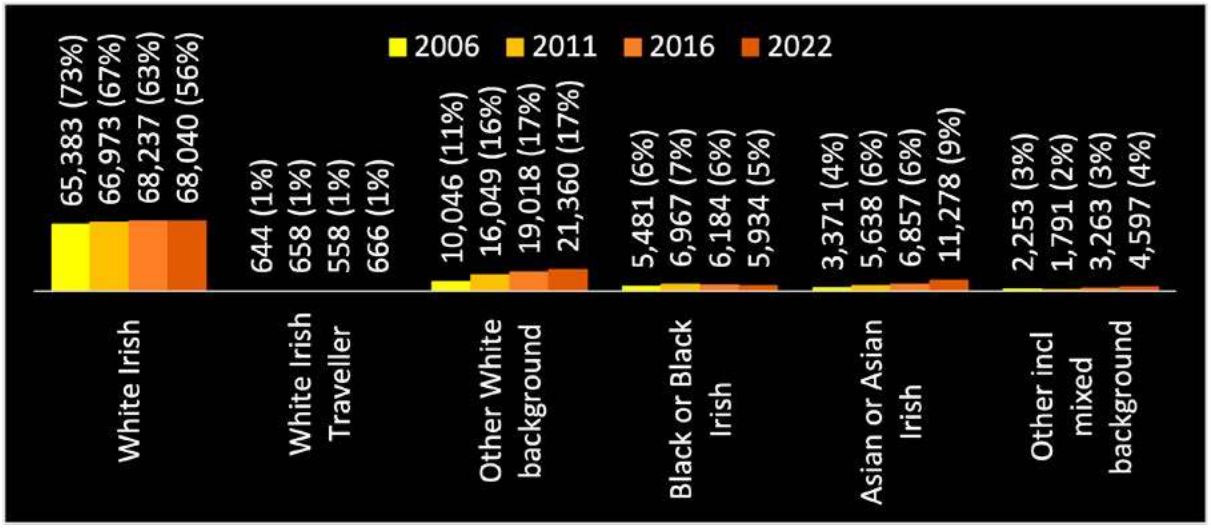
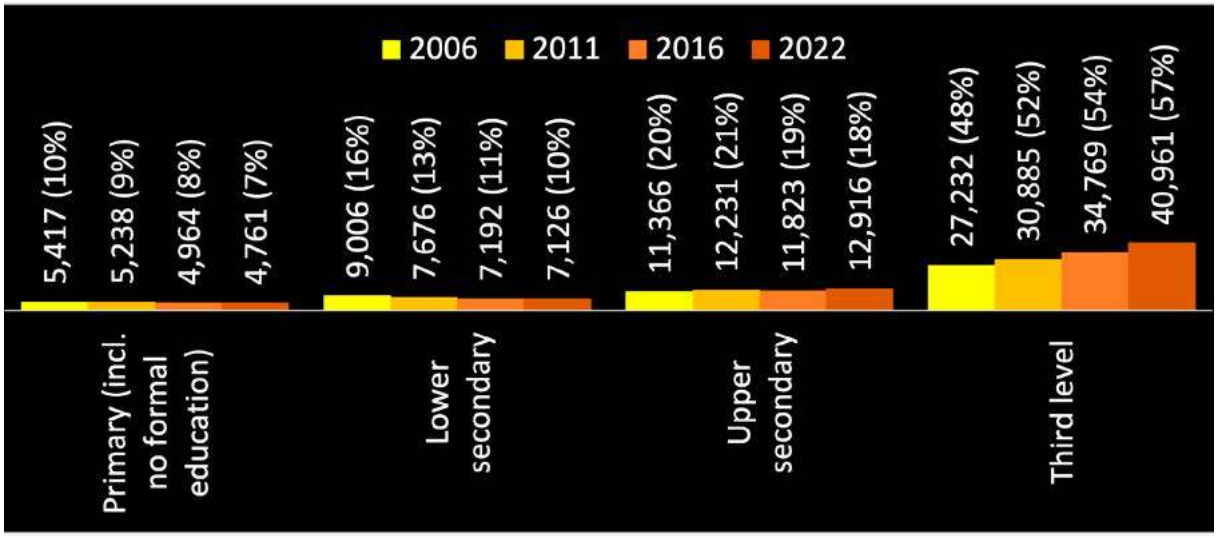


Chart 3.3: Dublin 15 population by ethnicity, CSO 2006 to 2022



Category totals less than population totals as category ‘unknown’ not included

Chart 3.4: Educational attainment of Dublin 15 population aged 15 years and over, CSO 2006 to 2022



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

Chart 3.5: Economic status of Dublin 15 population aged 15 years and over, CSO 2006 to 2022

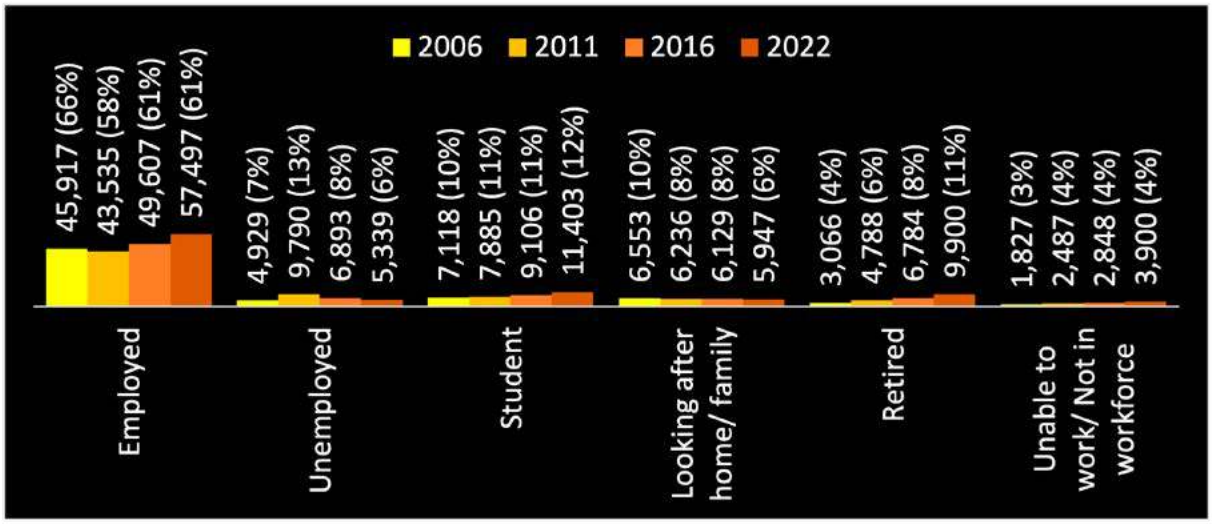
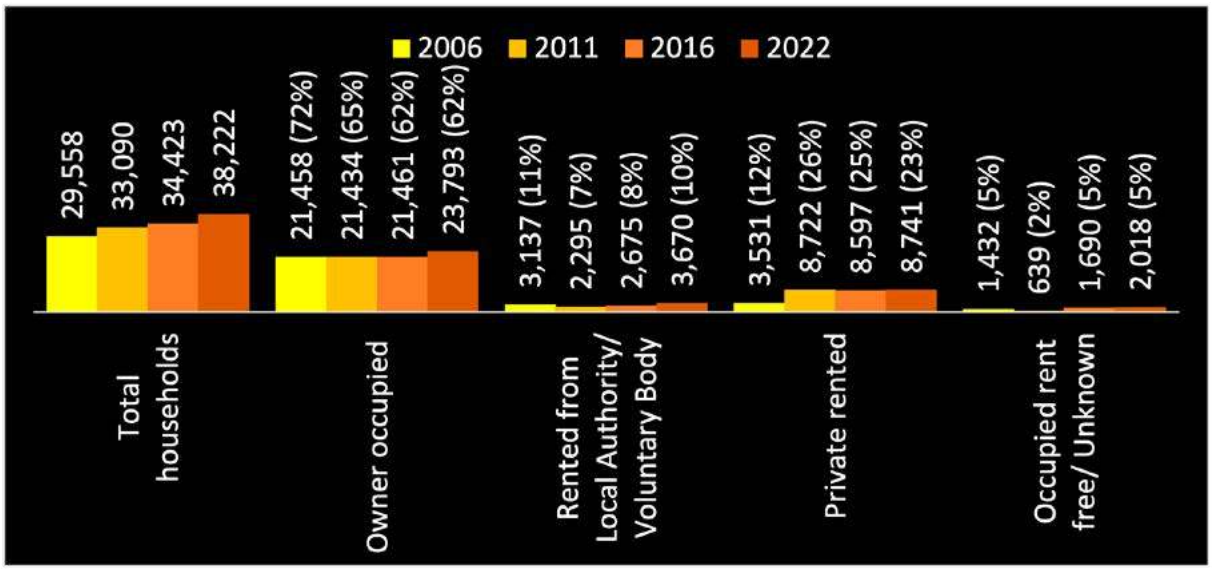
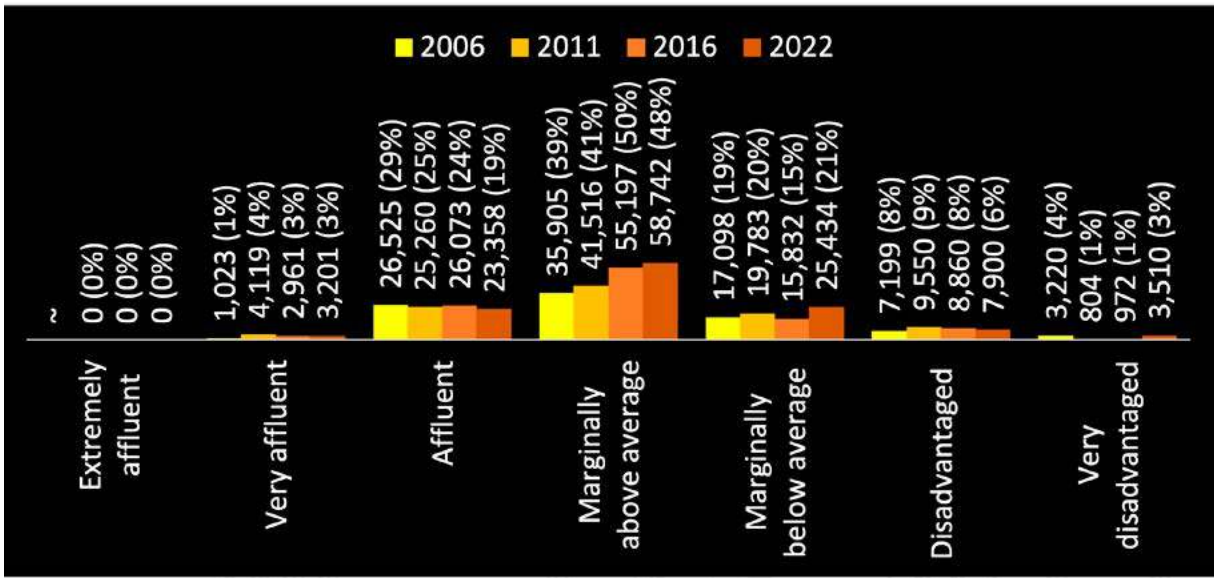


Chart 3.6: Dublin 15 households by type of occupancy, CSO 2006 to 2022



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

Chart 3.7: Dublin 15 population by Deprivation Index, 2006 to 2022



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

Chart 3.8: Dublin 15 socio-economically deprived population, Deprivation Index 2006 to 2022

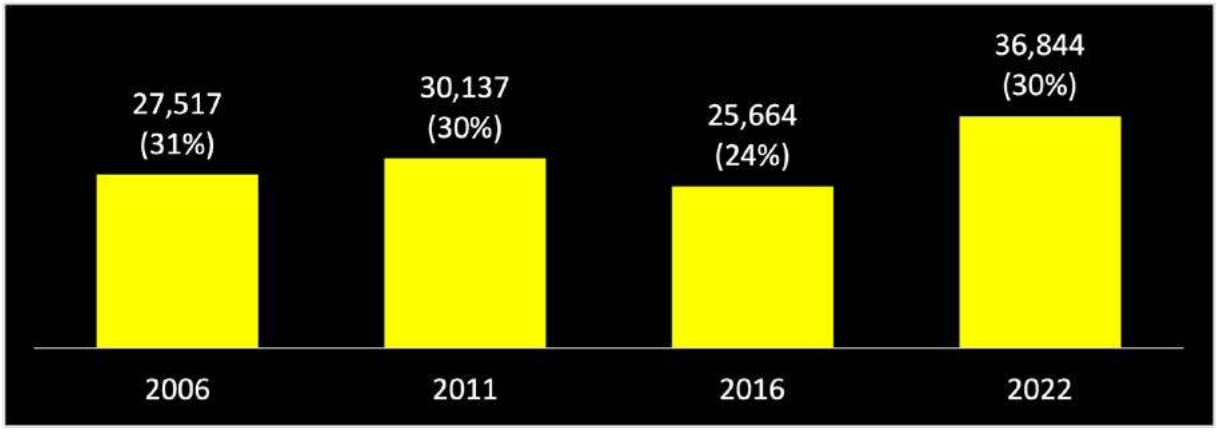
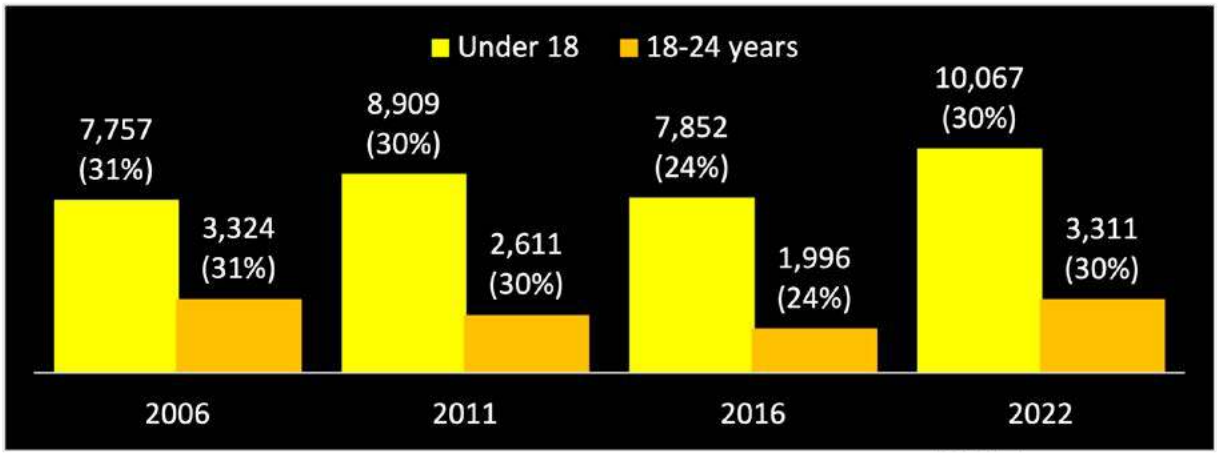
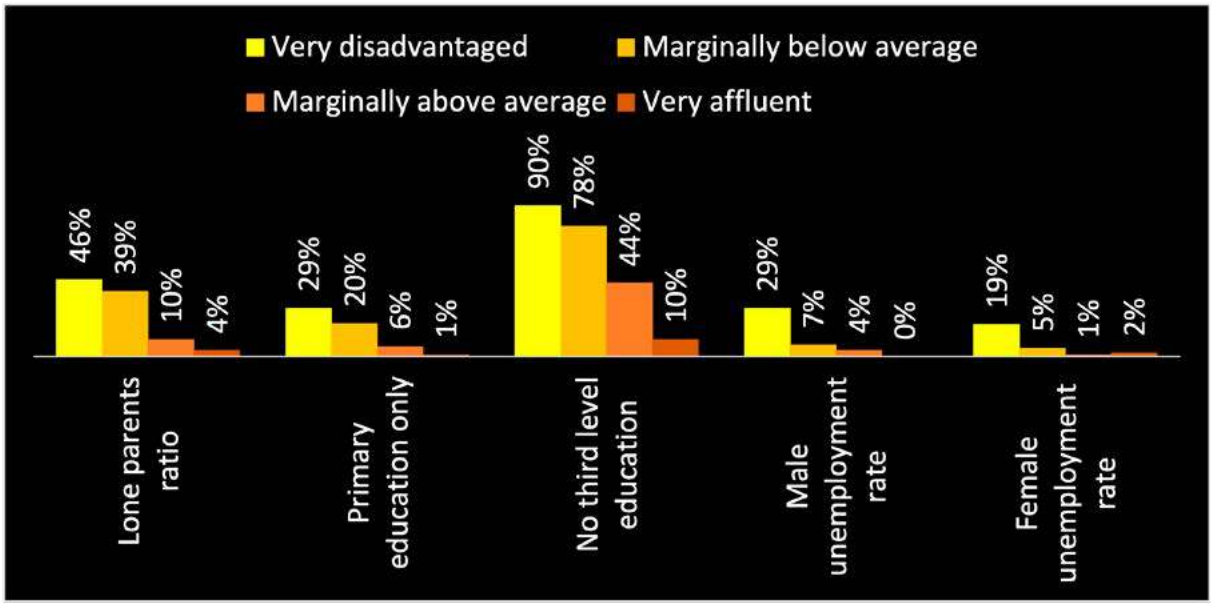


Chart 3.9: Dublin 15 socio-economically deprived youth population, Deprivation Index 2006 to 2022



The following chart describes the socio-demographic and economic characteristics associated with different levels of deprivation and affluence (Chart 3.10). It identifies that the most disadvantaged have the lowest levels of educational attainment and the highest rates of lone parents and unemployment; as affluence increases, the converse is reported.

Chart 3.10: Socio-demographic and economic characteristics of four Small Area deprivation and affluence categories in Dublin 15, Deprivation Index 2022



4. TREATED DRUG AND ALCOHOL USE

Treatment demand data contains no unique identifiers and treated drug users may be counted more than once if they attend more than one service. Thus, the Year 9 profile of treated drug use reports the number of treatment episodes (cases) rather than the number of people treated.

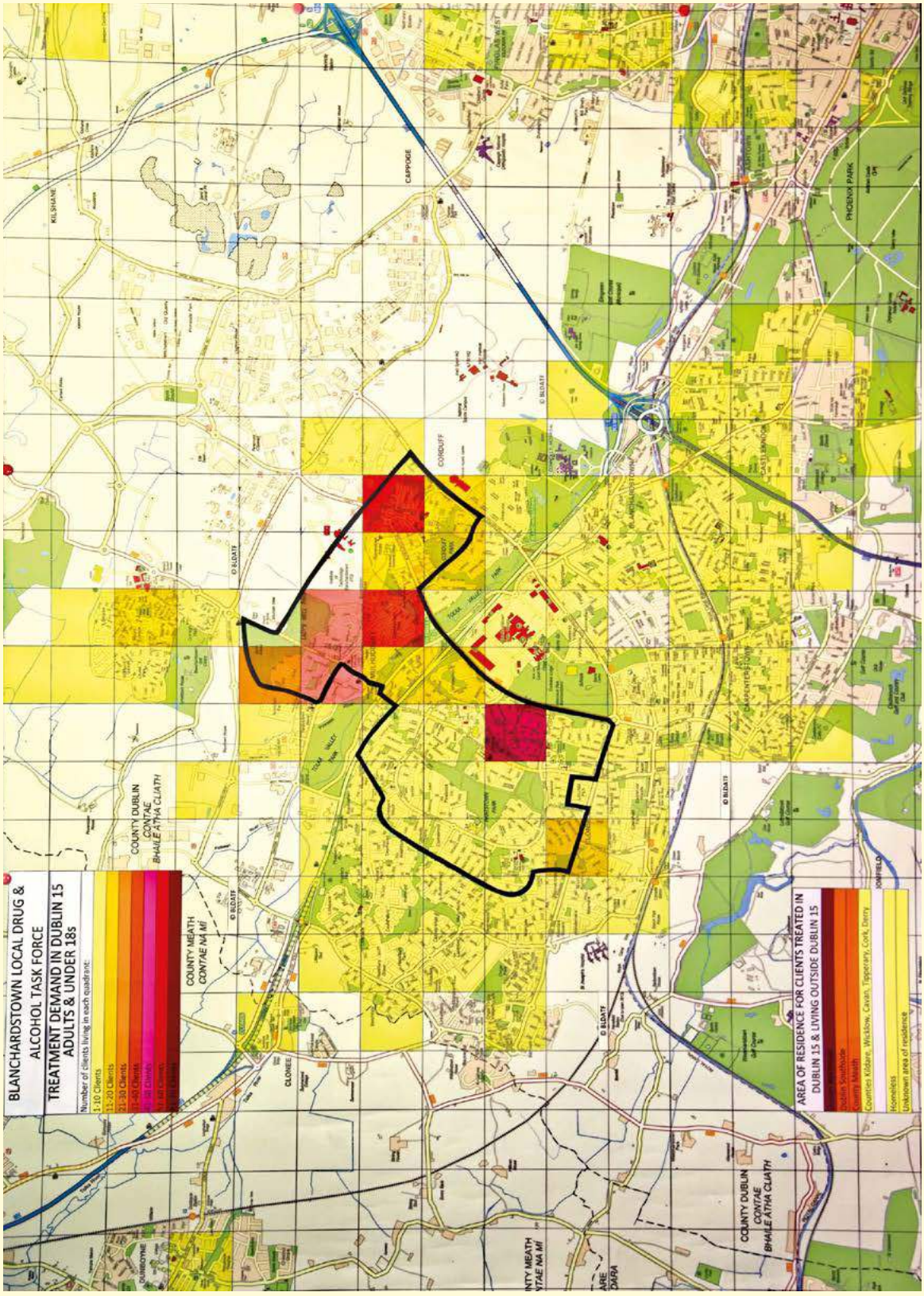
MAPPING TREATMENT DEMAND

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

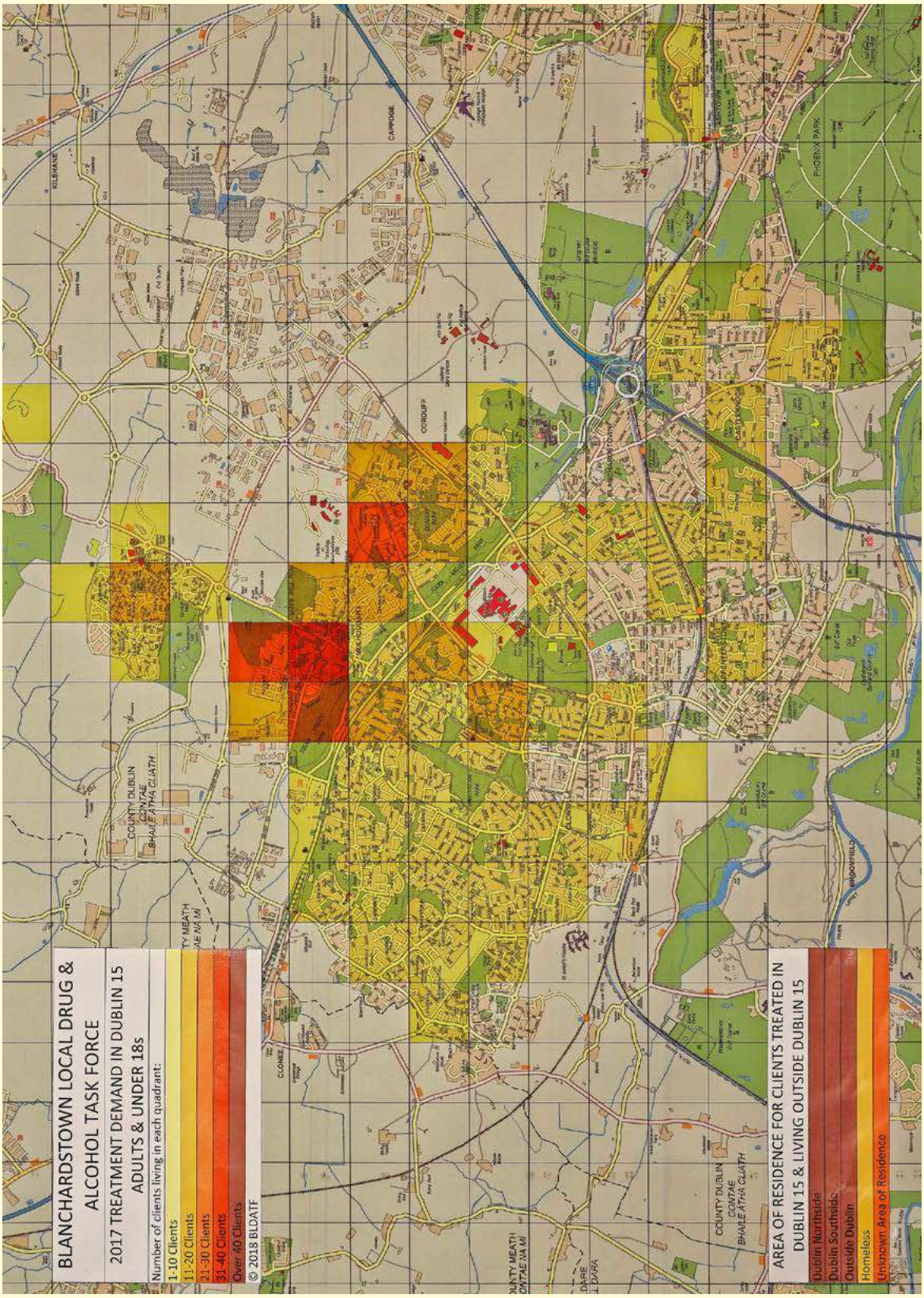
Mapping treatment demand in Year 9 identified the following:

- In 2023, treated cases were from Dublin 15, outside Dublin 15 and homeless (see maps overleaf)
- The majority of treated cases were from Dublin 15:
  - Treated drug users were from every community in Dublin 15, though most lived in socio-economically deprived areas
  - Drug and alcohol dependence is a community wide issue crossing all socio-economic boundaries
- All previous mapping data reported similar findings [Years 2 to 5 and 7 to 8]

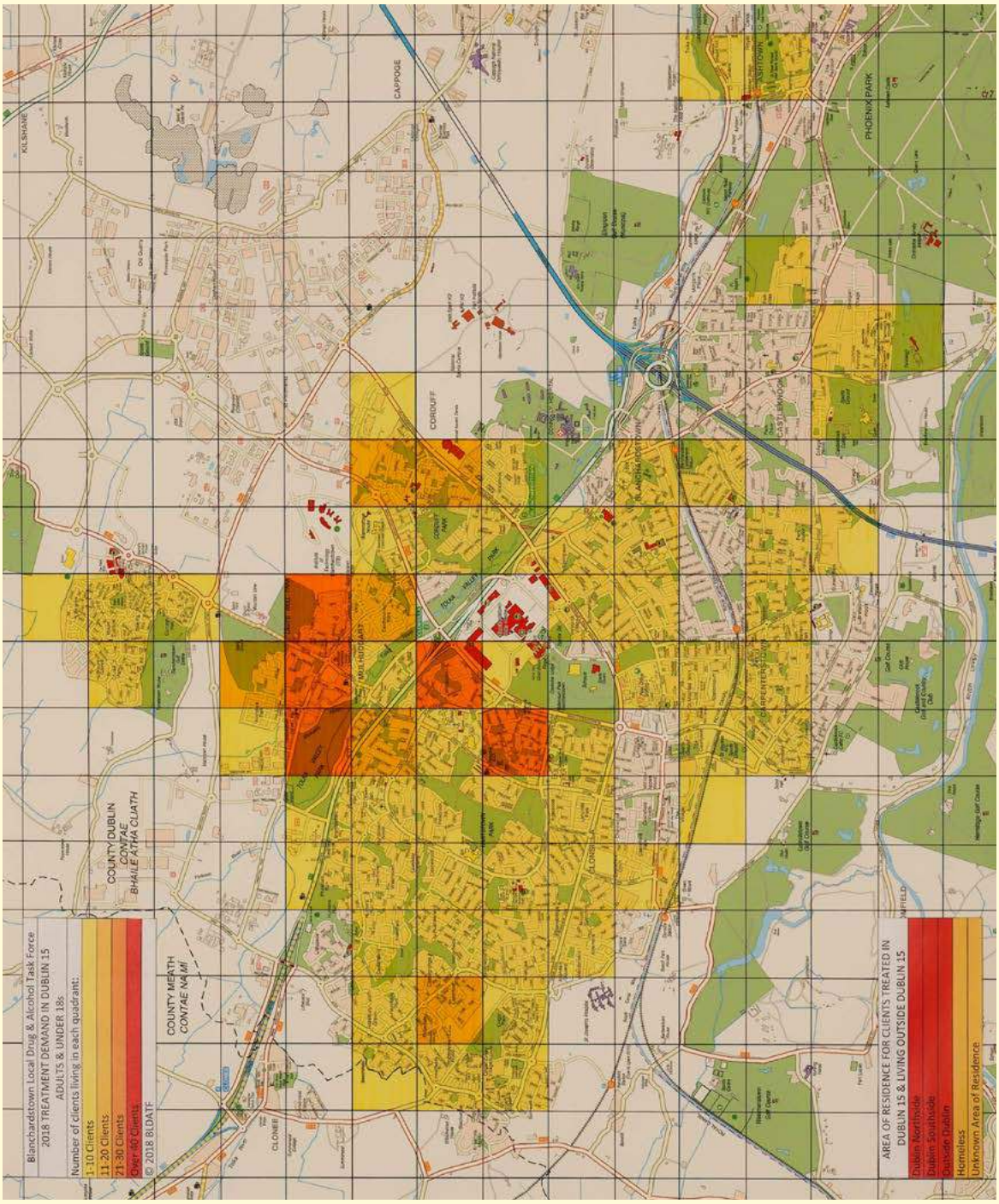
YEAR 2 Treatment Demand in Dublin 15 Adults & Under 18s



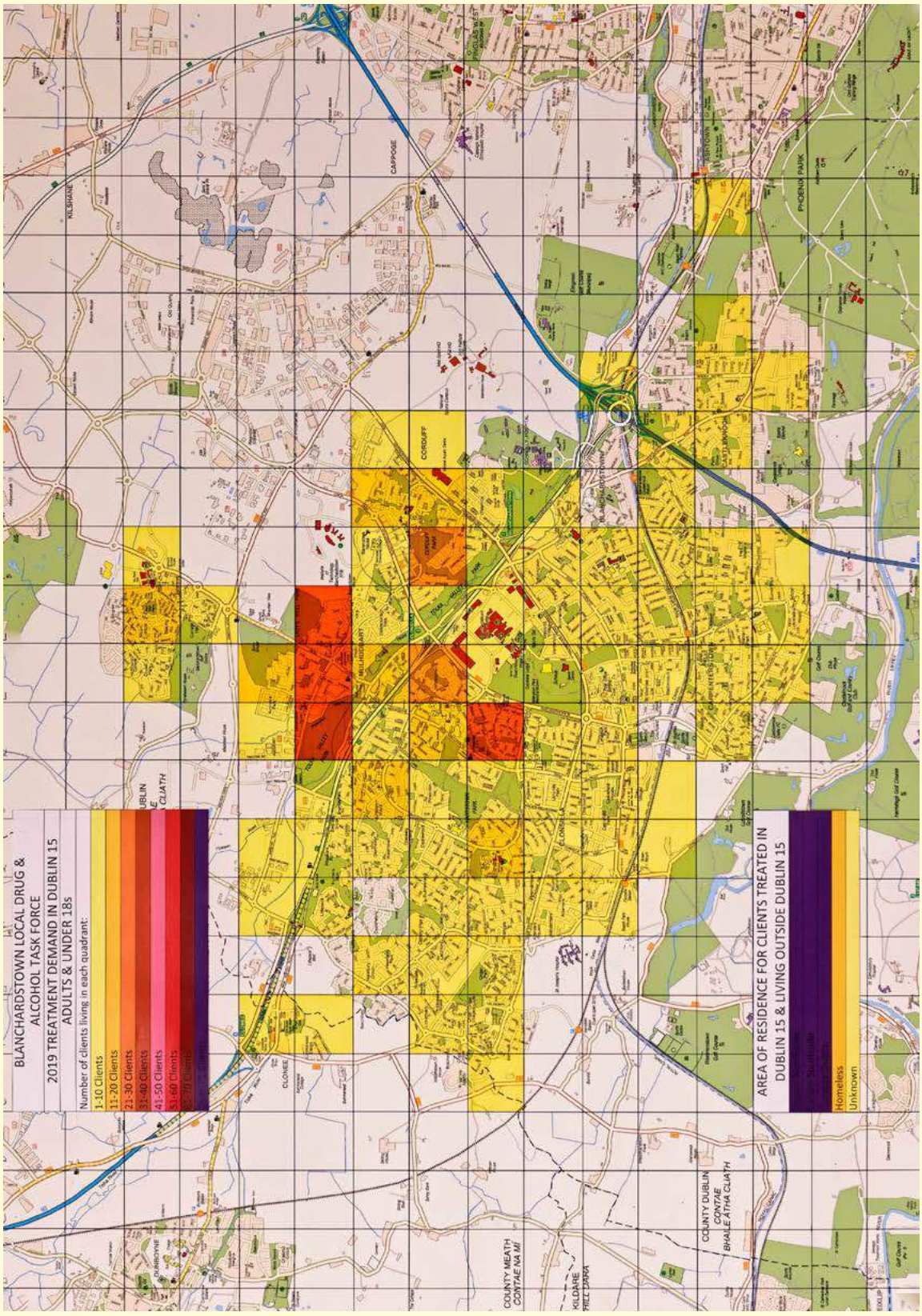
YEAR 3 Treatment Demand in Dublin 15 Adults & Under 18s



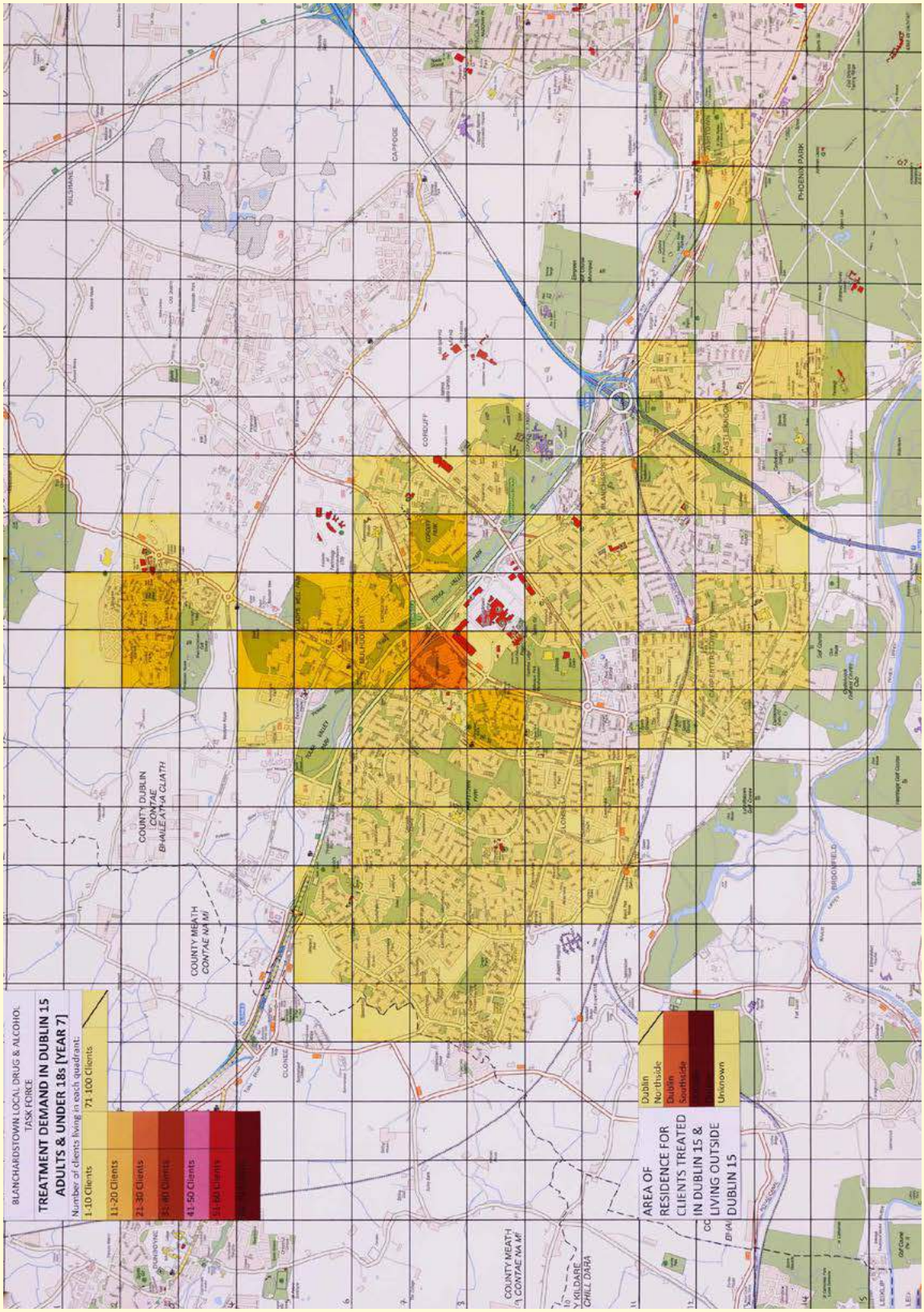
YEAR 4 Treatment Demand in Dublin 15 Adults & Under 18s



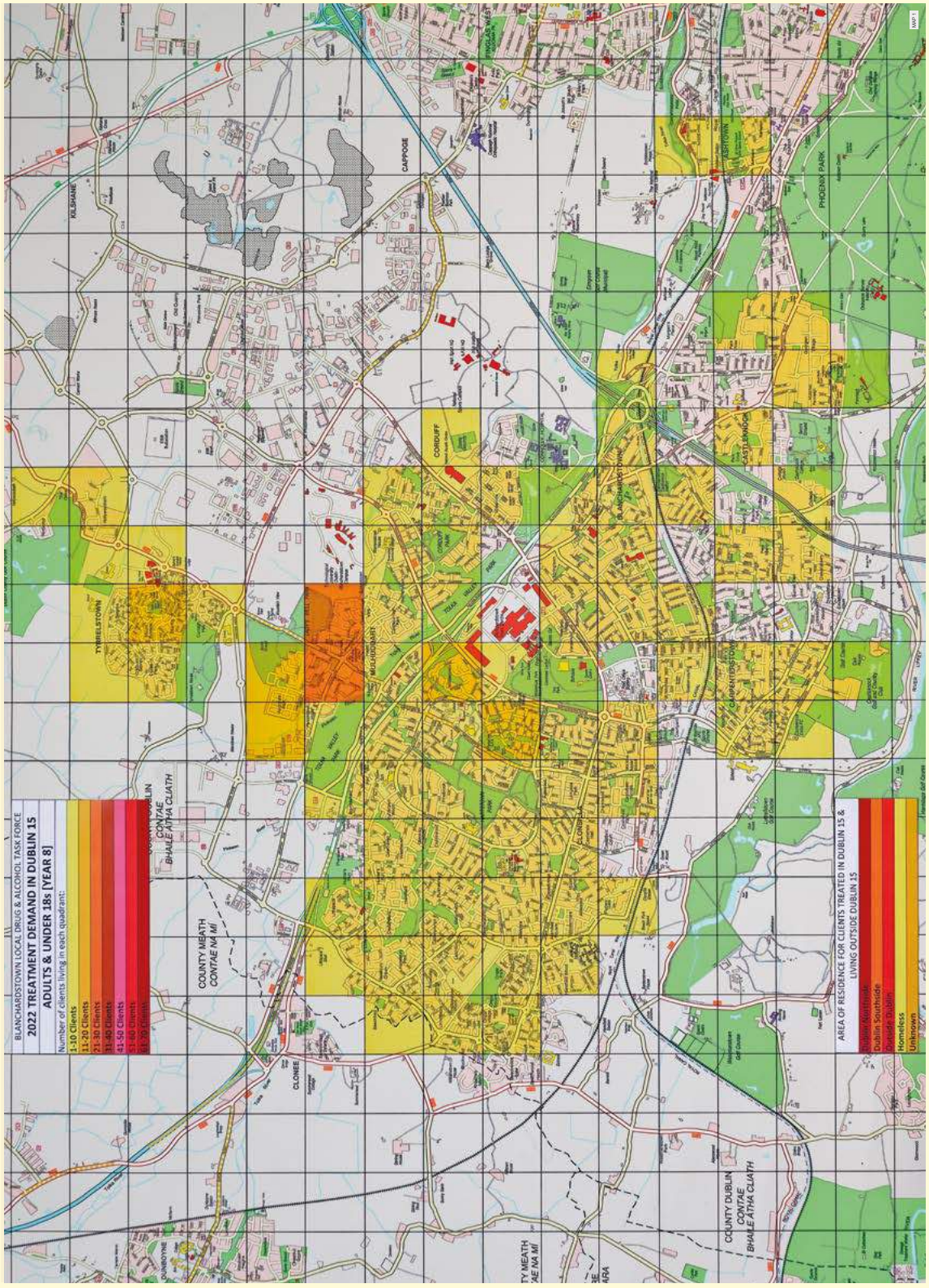
YEAR 5 Treatment Demand in Dublin 15 Adults & Under 18s



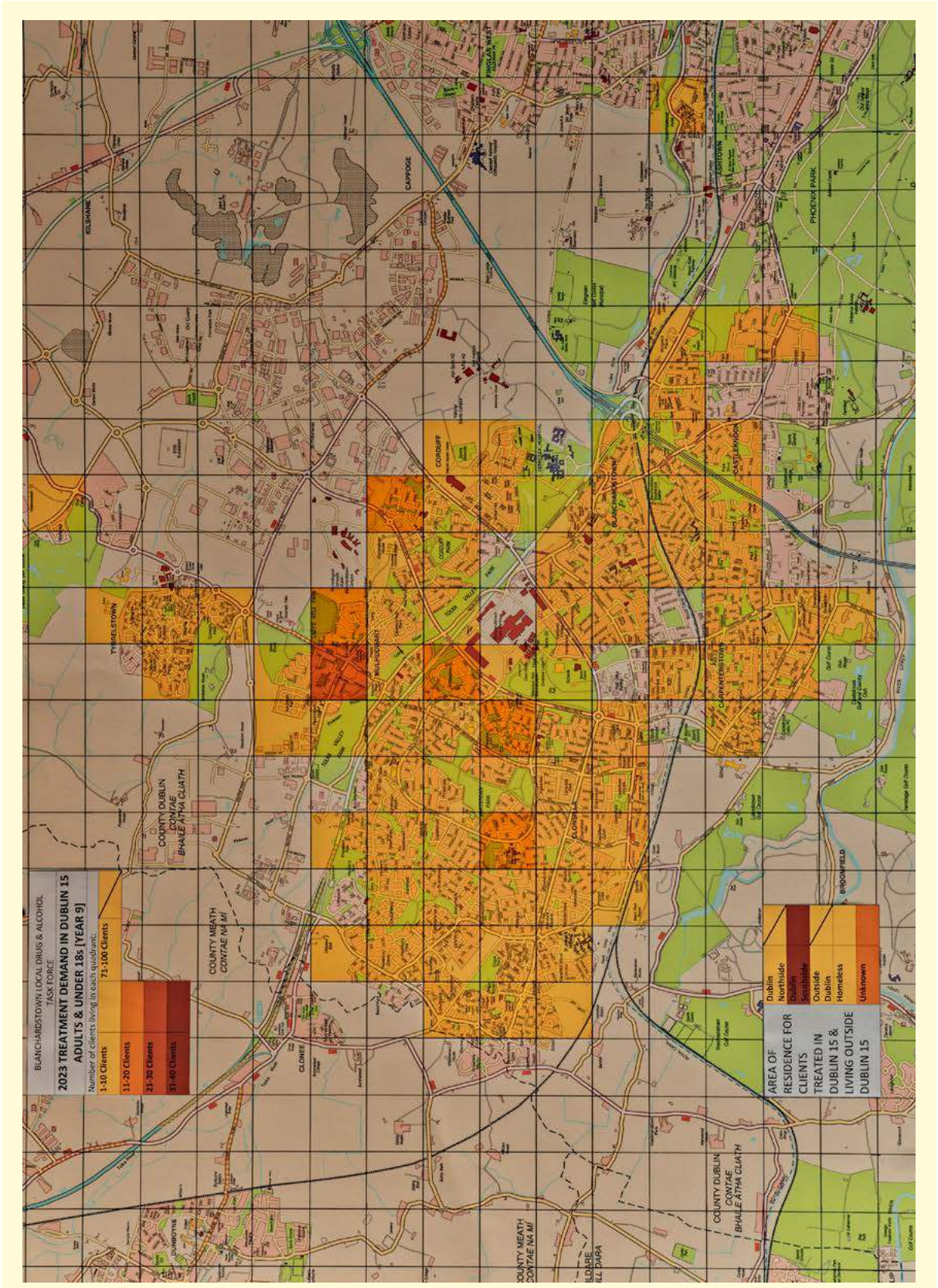
YEAR 7 Treatment Demand in Dublin 15 Adults & Under 18s



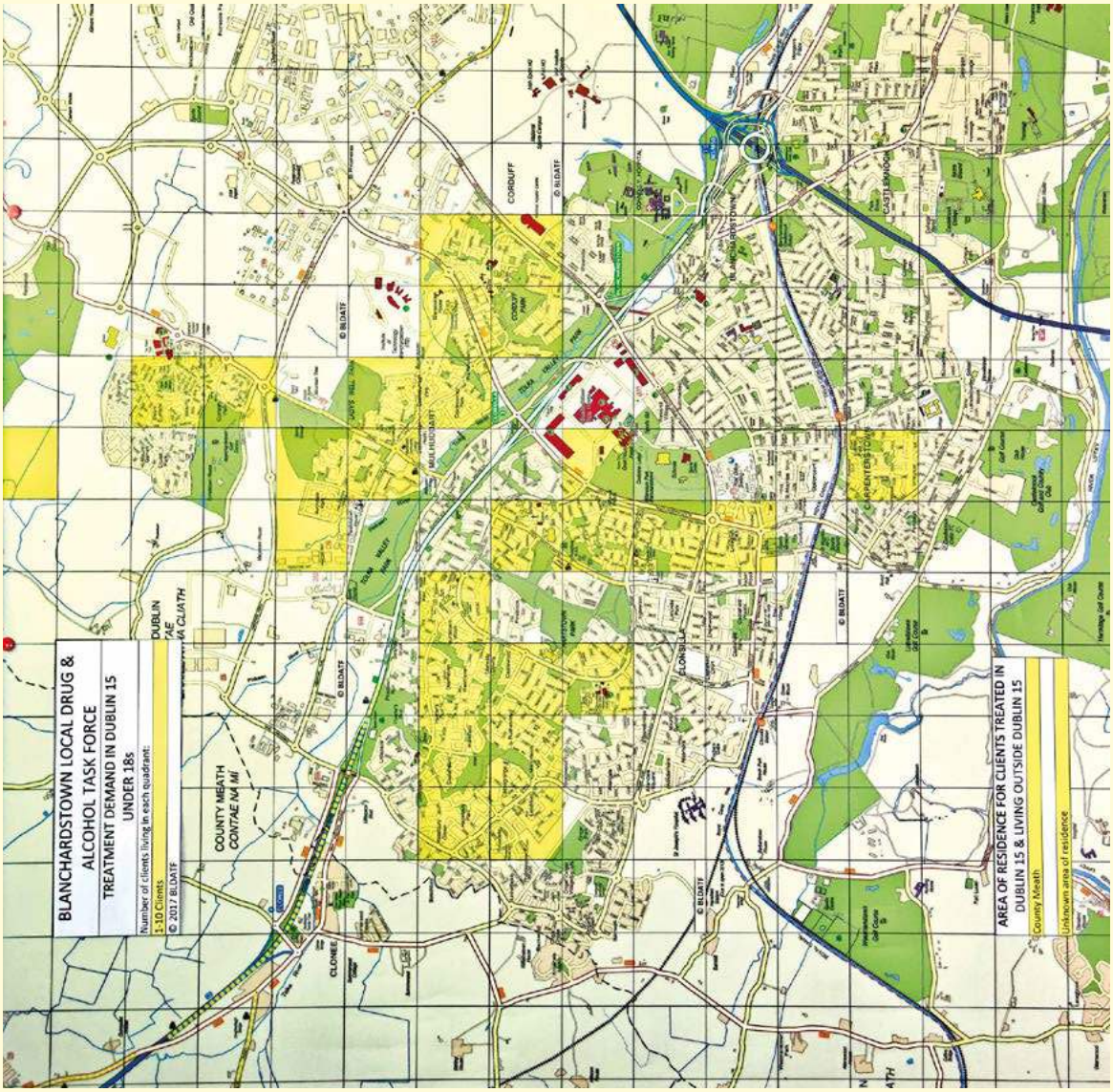
YEAR 8 Treatment Demand in Dublin 15 Adults & Under 18s



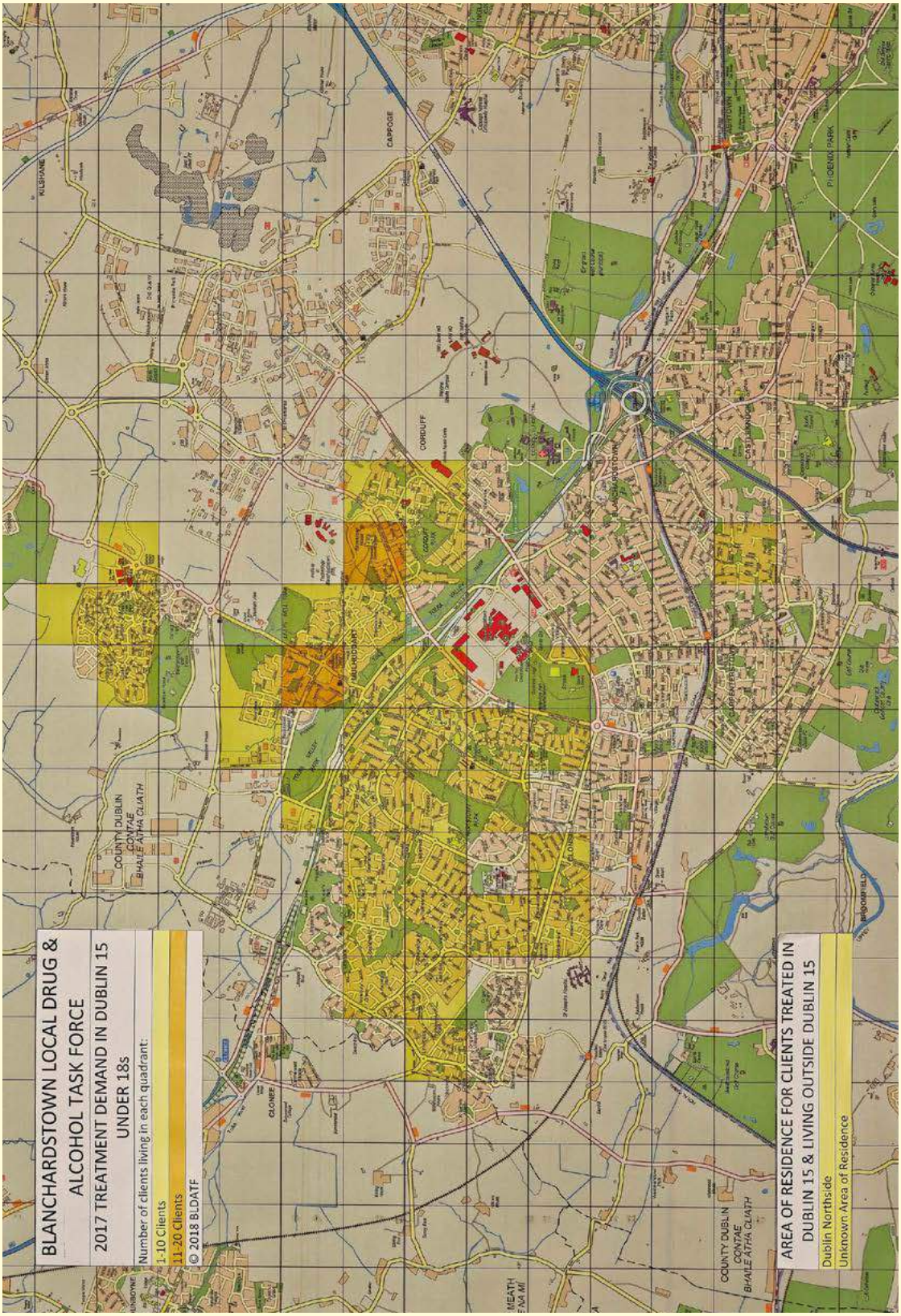
YEAR 9 Treatment Demand in Dublin 15 Adults & Under 18s



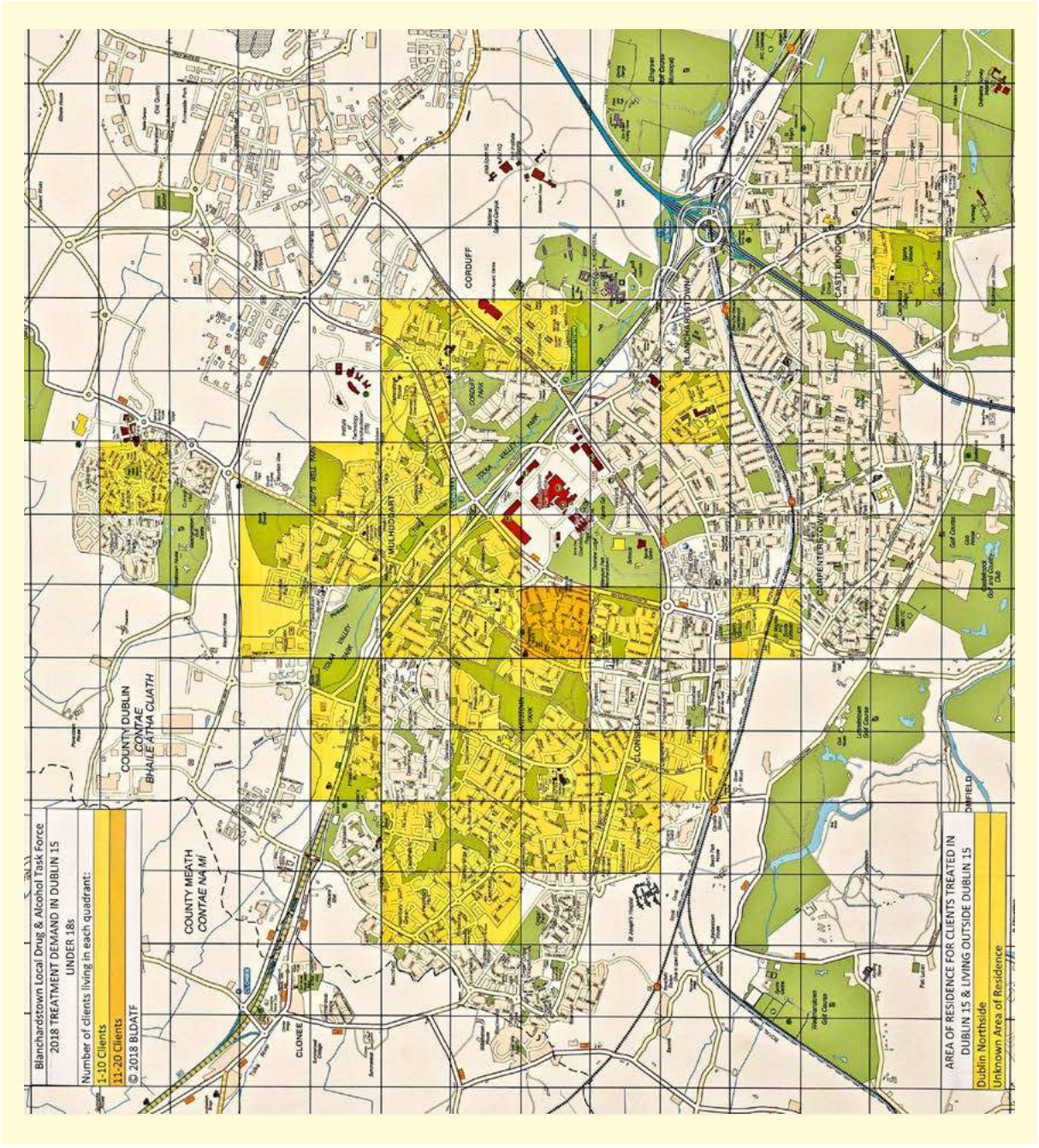
YEAR 2 Treatment Demand in Dublin 15 Under 18s



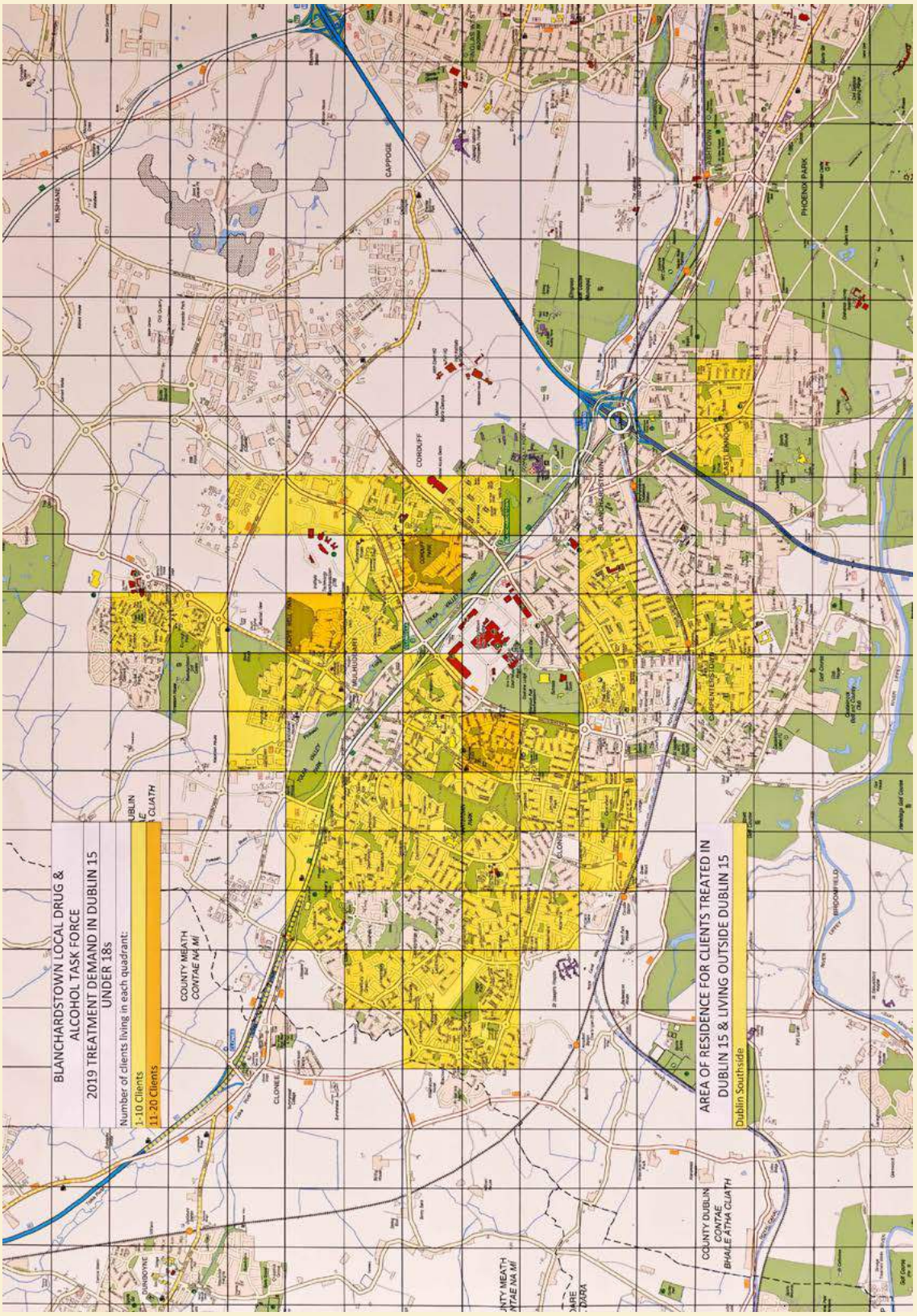
YEAR 3 Treatment Demand in Dublin 15 Under 18s



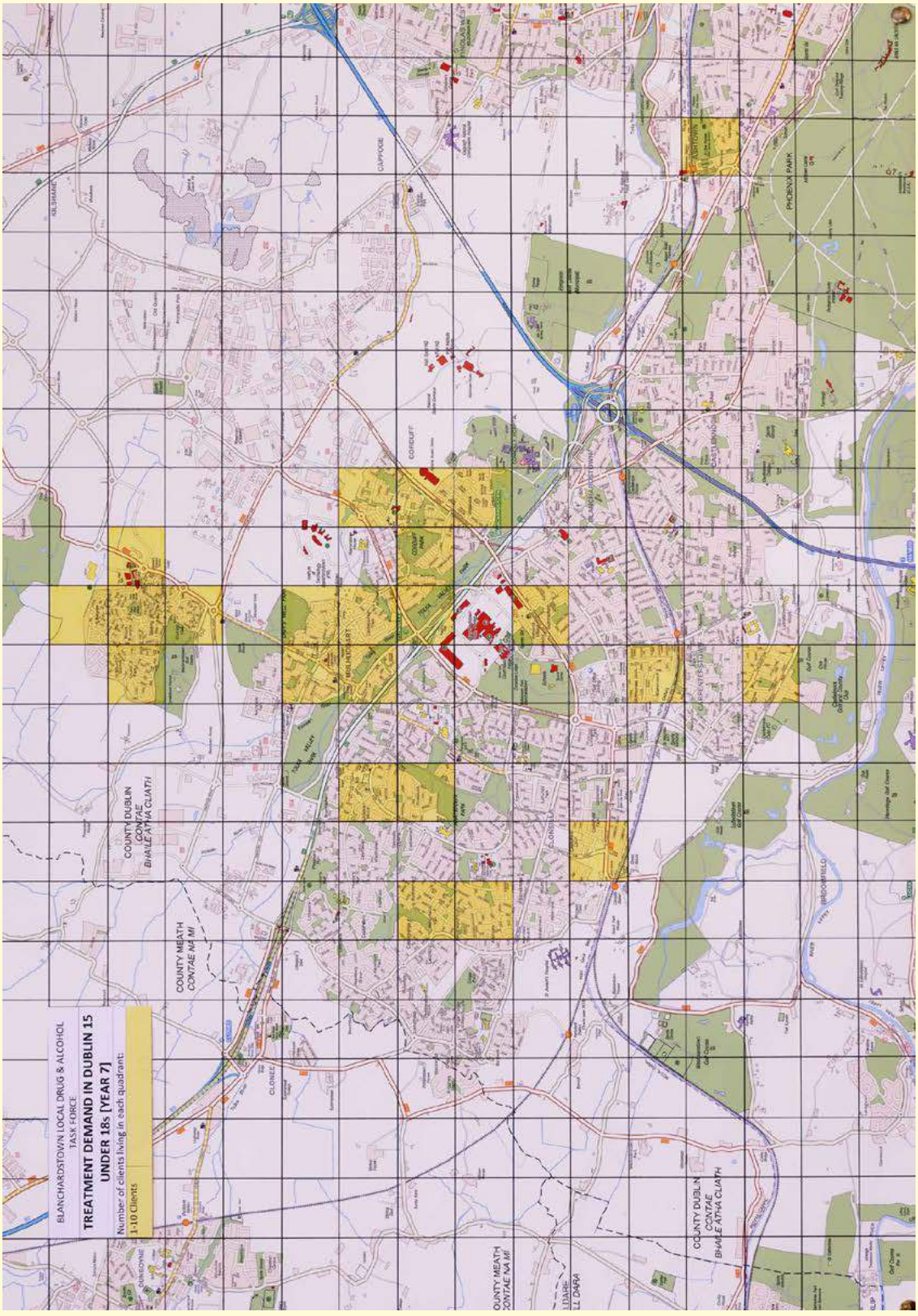
YEAR 4 Treatment Demand in Dublin 15 Under 18s



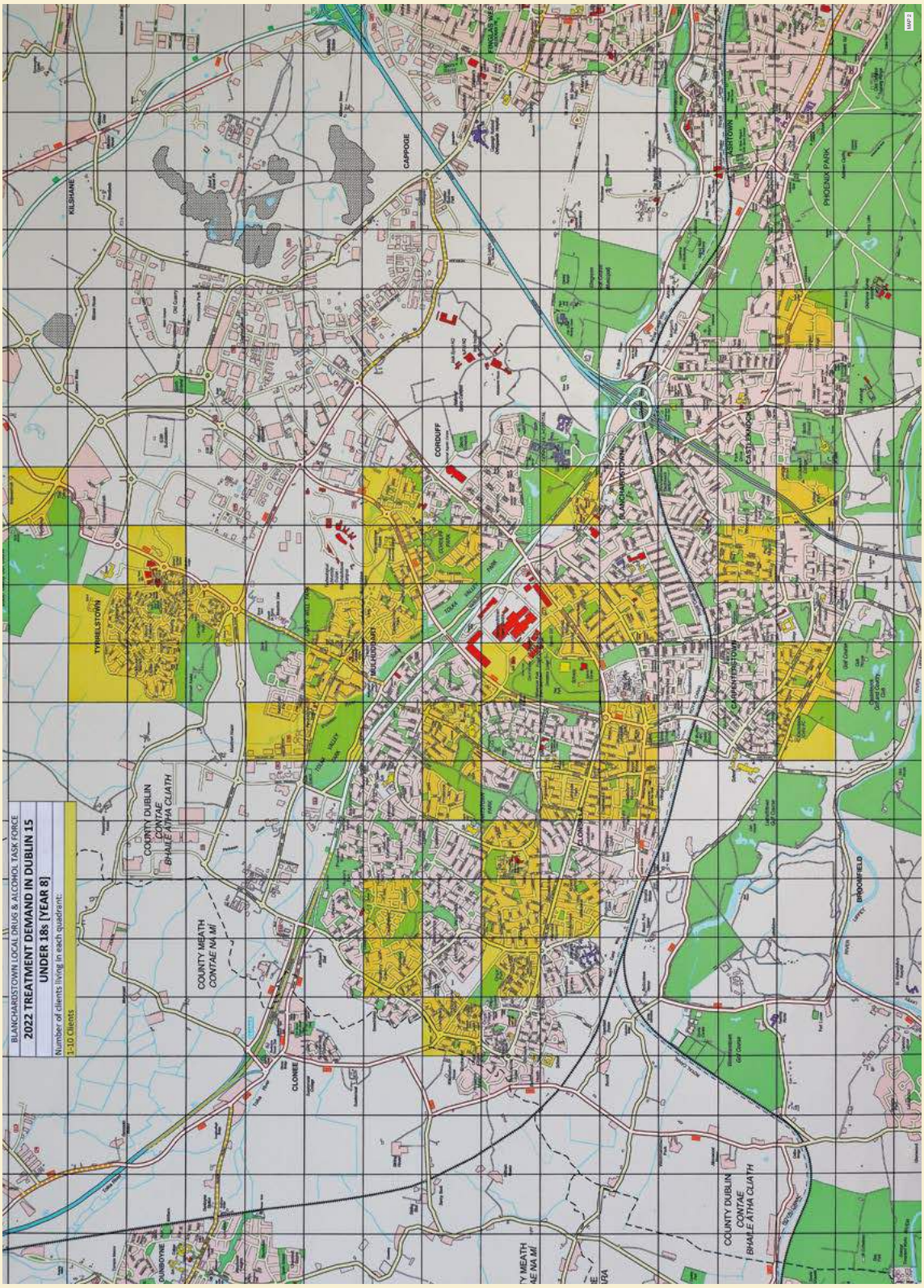
YEAR 5 Treatment Demand in Dublin 15 Under 18s



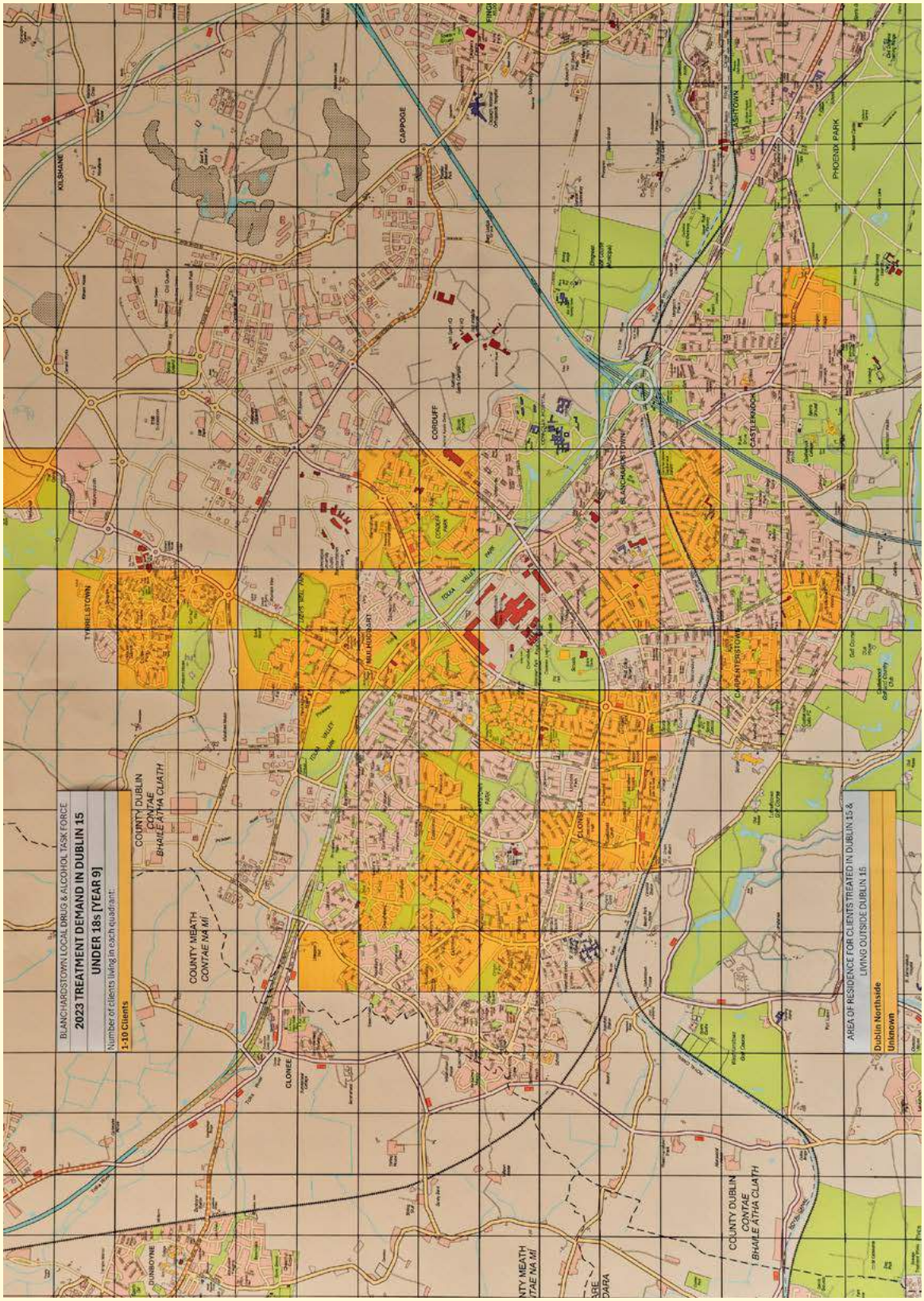
YEAR 7 Treatment Demand in Dublin 15 Under 18s



YEAR 8 Treatment Demand in Dublin 15 Under 18s



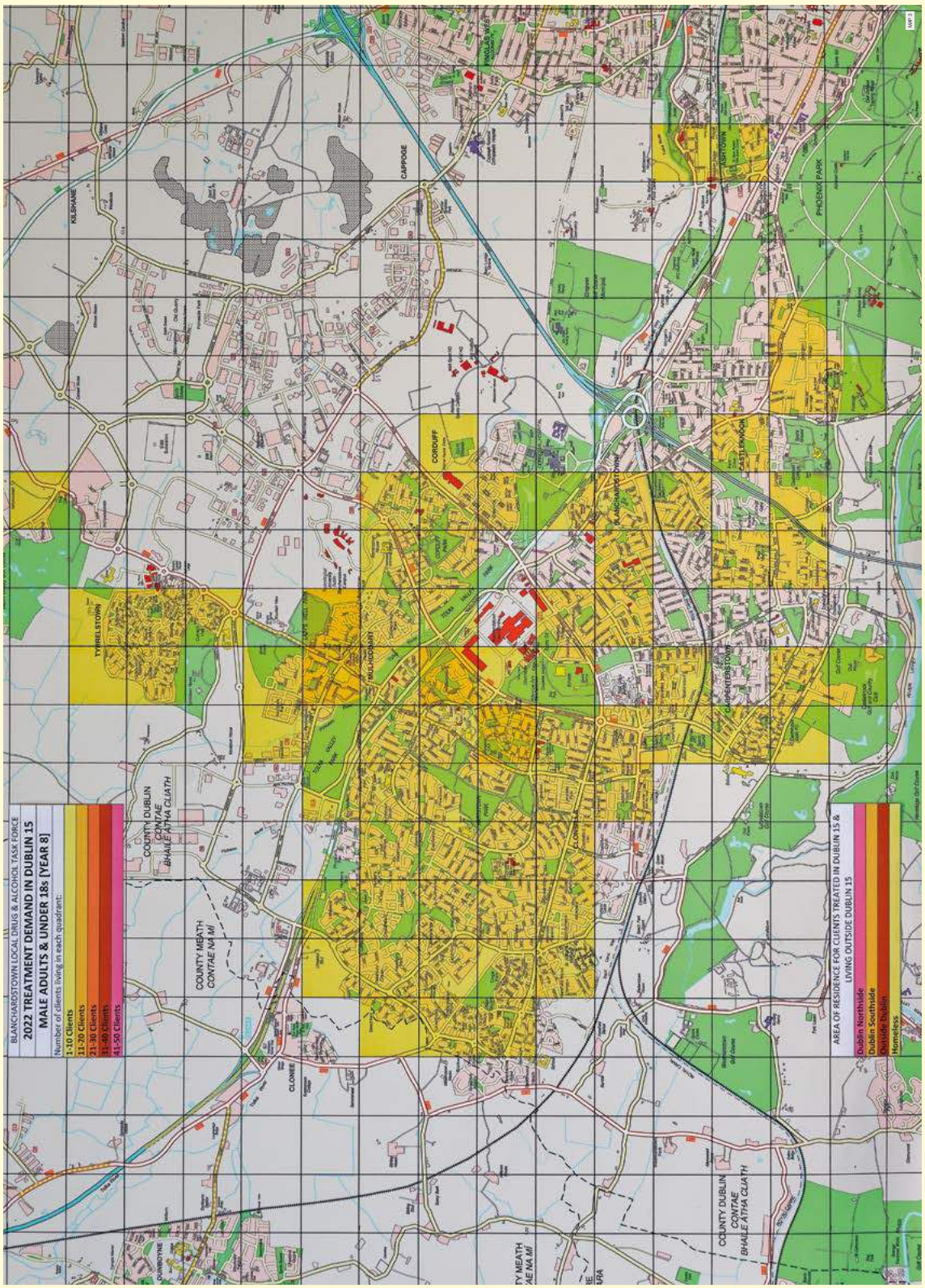
YEAR 9 Treatment Demand in Dublin 15 Under 18s



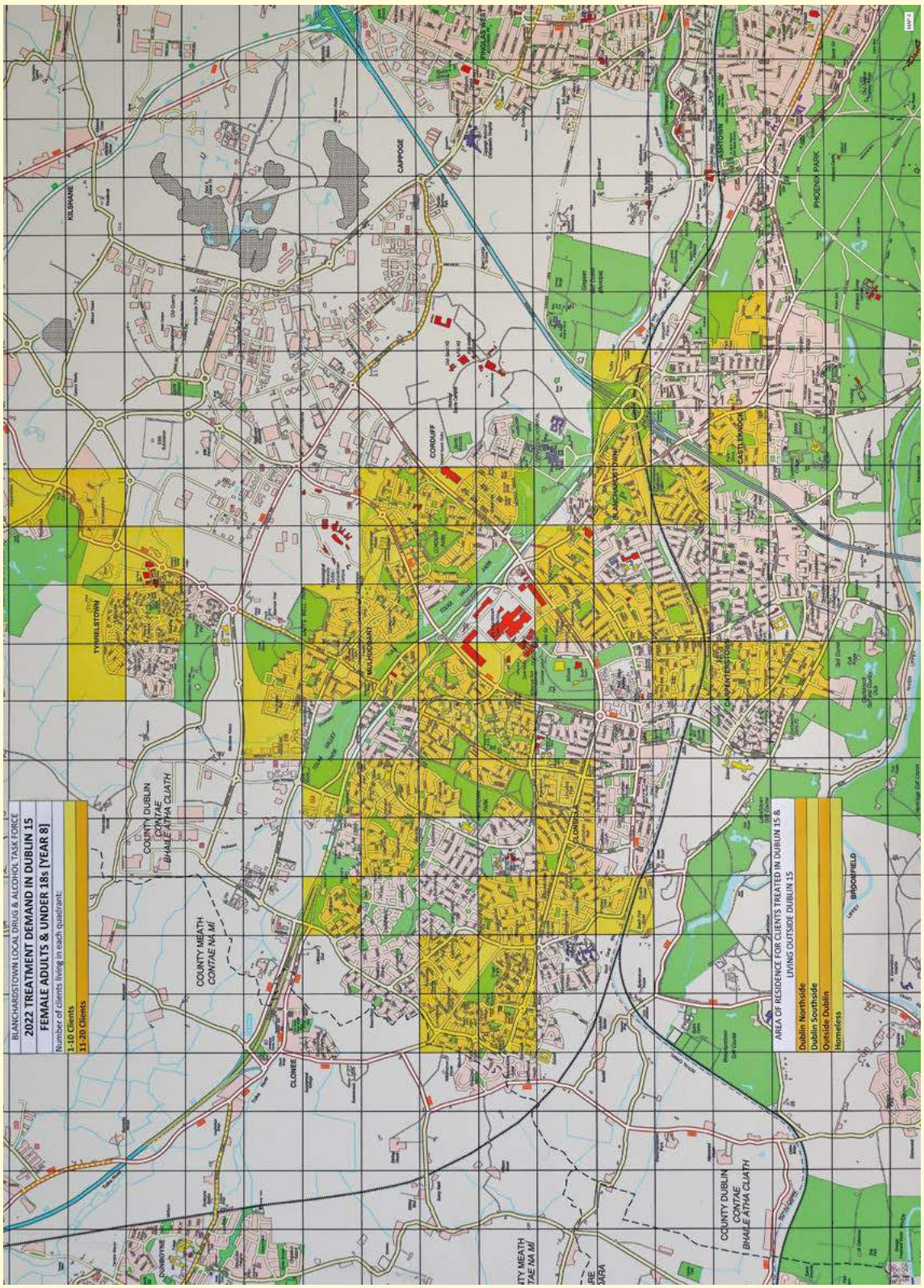
Treatment demand for alcohol and drug users: Gender

We mapped treatment demand for alcohol and drug users for Year 8 and Year 9 by gender. These maps identified a gendered difference whereby there were more males than females in treatment.

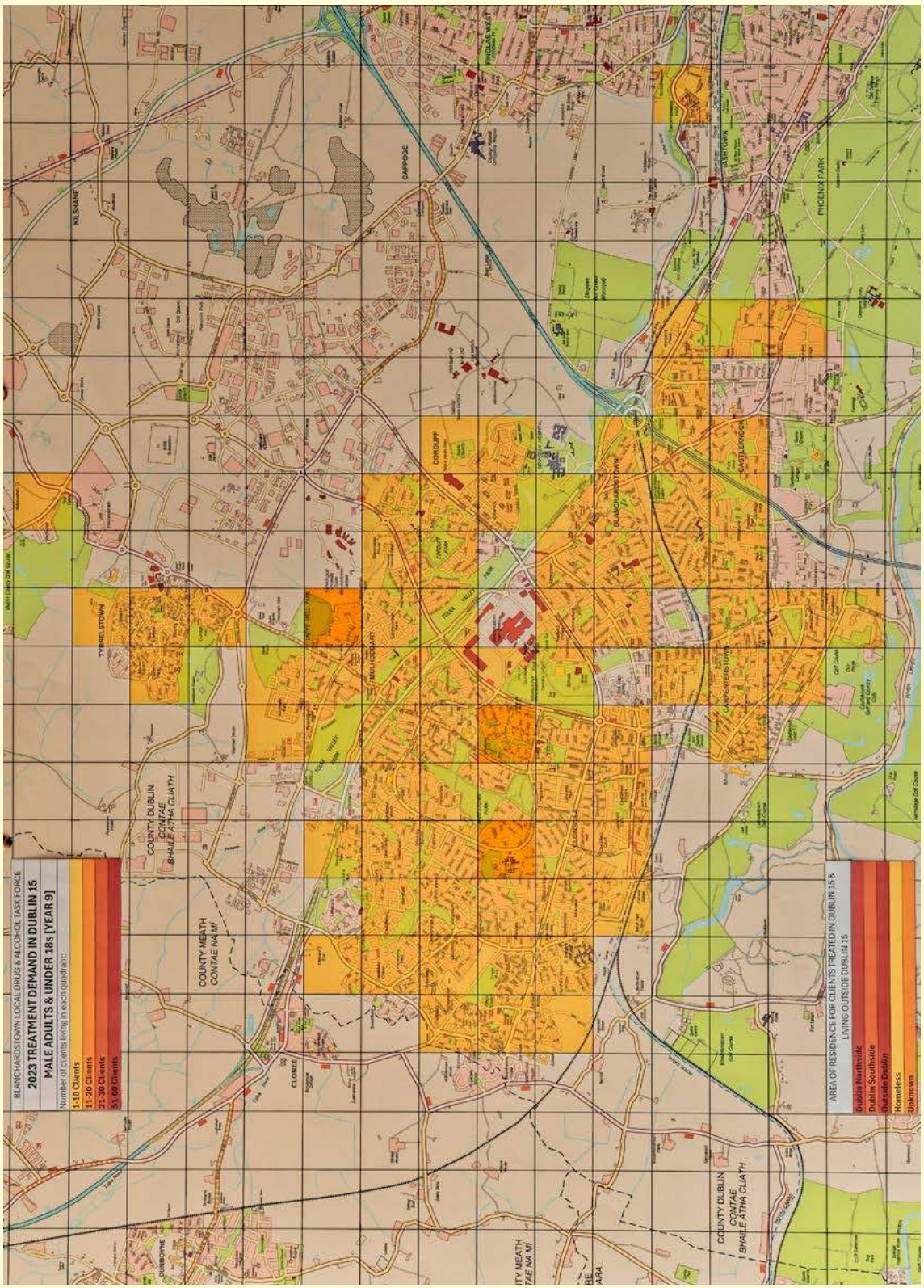
YEAR 8 Treatment Demand in Dublin 15, Male Adults and Under 18s 2022



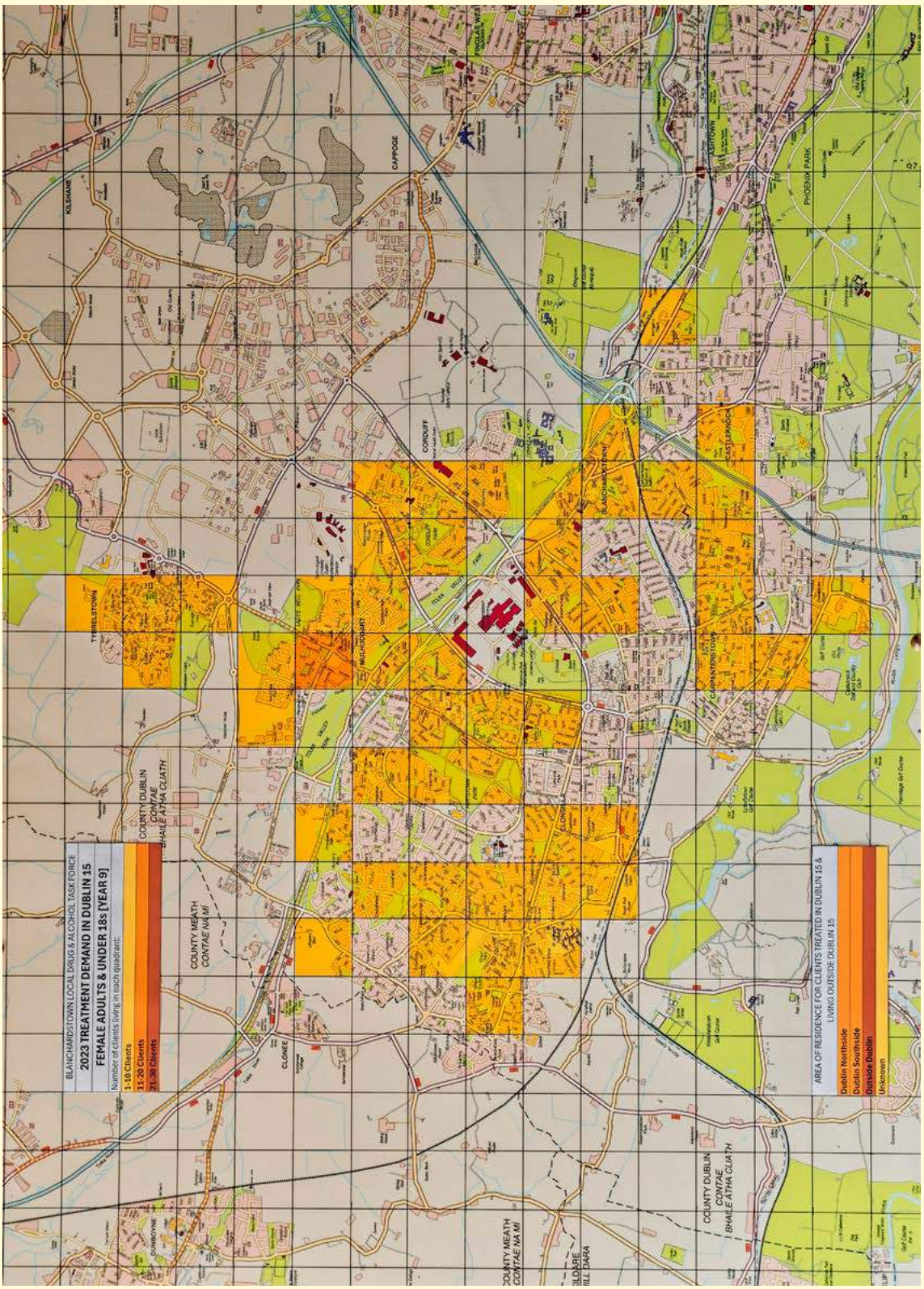
YEAR 8 Treatment Demand in Dublin 15, Female Adults and Under 18s 2022



YEAR 9 Treatment Demand in Dublin 15, Male Adults and Under 18s 2023



YEAR 9 Treatment Demand in Dublin 15, Female Adults and Under 18s 2023



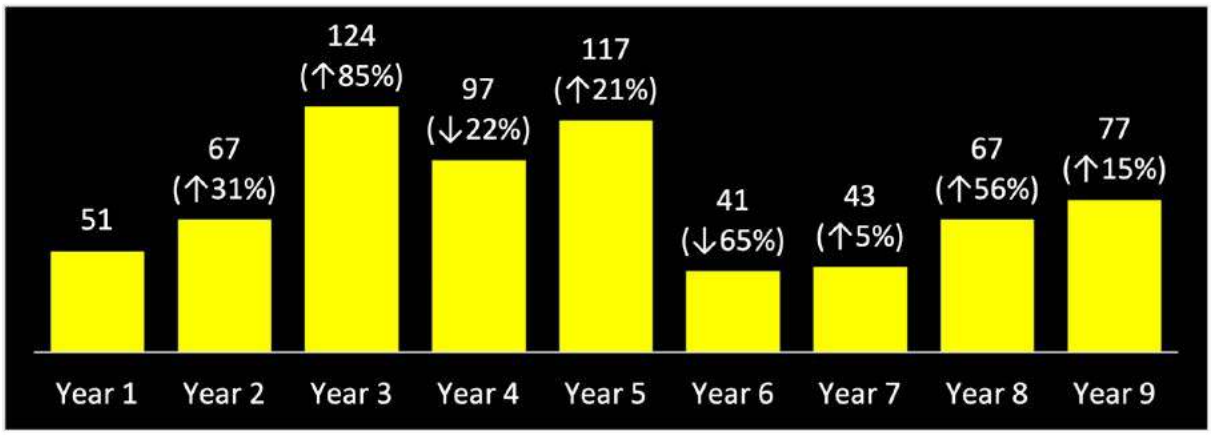
TREATED DRUG & ALCOHOL USERS AGED UNDER 18

TREATMENT DEMAND

The profile of treated drug use reports nine years of data. Year 1 reporting period began June 2014, Year 2 began June 2015, Year 3 to 9 is from 2017 to 2023. Data was provided by the Blanchardstown Youth Service Drug Education Prevention programme, D15 CAT and SASSY.

Overall, the number of treated cases aged under 18 increased by 51% from 51 in Year 1 to 77 in Year 9, though fluctuations in this trend were reported during this period (Chart 4.1). The decrease in cases from Year 5 may in part 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 9



From Years 1 to 9, up to 1% of the Dublin 15 population aged 12 to 17 years attended treatment for drug and/or alcohol use (Table 4.1). This underestimates treatment demand as it does not include young people treated outside Dublin 15, privately or those not accessing any services. This estimate has flaws as CSO data relates to individuals, and treatment demand data refers to cases. However, it has been included for service planning purposes.

Table 4.1: Percentage of Dublin 15 population aged 12 to 17 years treated in local community and statutory services, DATMS Year 1 to 9

DATMS Year	D15 population aged 12 to 17 (CSO)	% of D15 population aged 12 to 17 in treatment
Year 1	7,158*	1%
Year 2	7,158*	1%
Year 3	9,294^	1%
Year 4	9,294^	1%
Year 5	9,294^	1%
Year 7	9,294^	0.5%
Year 8	11,660”	0.6%
Year 9	11,660”	0.7%

* CSO 2011
^ CSO 2016
” CSO 2022

SOCIO-DEMOGRAPHIC PROFILE

Over the reporting period, the majority of treated cases aged under 18 were male and white Irish (Charts 4.2 to 4.4).

Chart 4.2: Treated cases aged under 18 by gender, DATMS Year 1 to 9

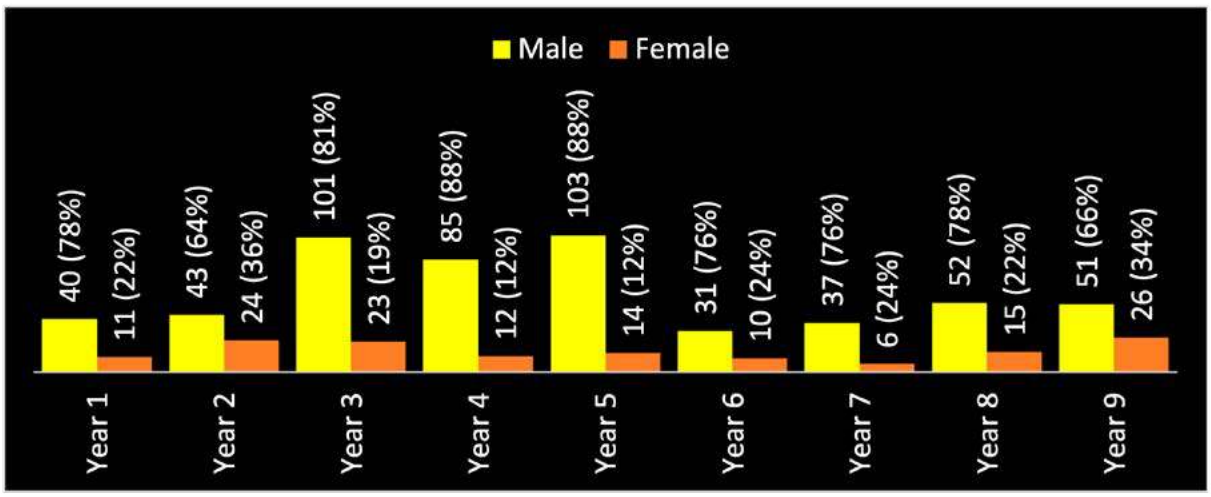
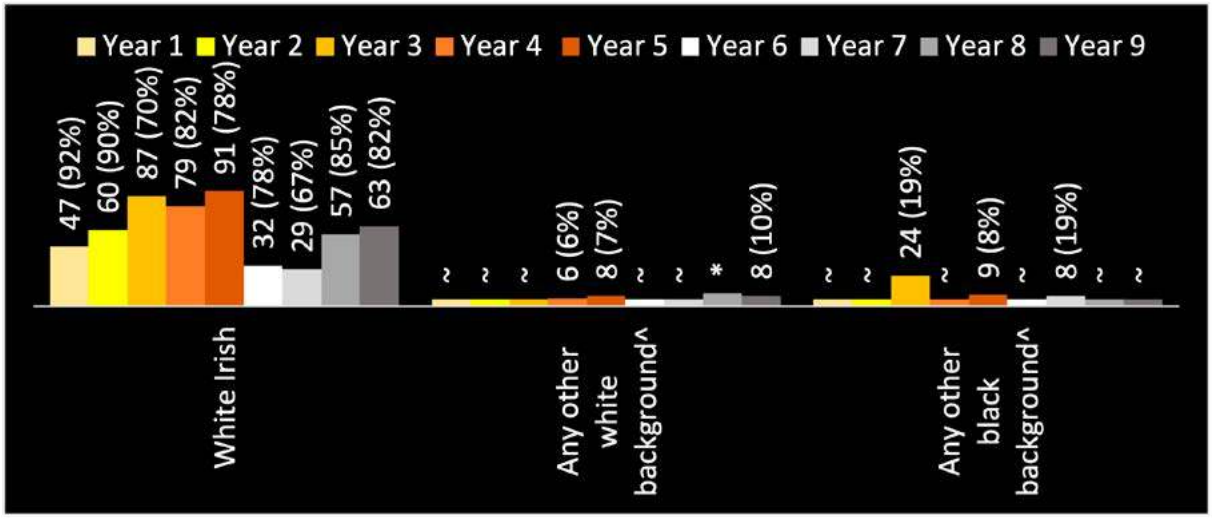
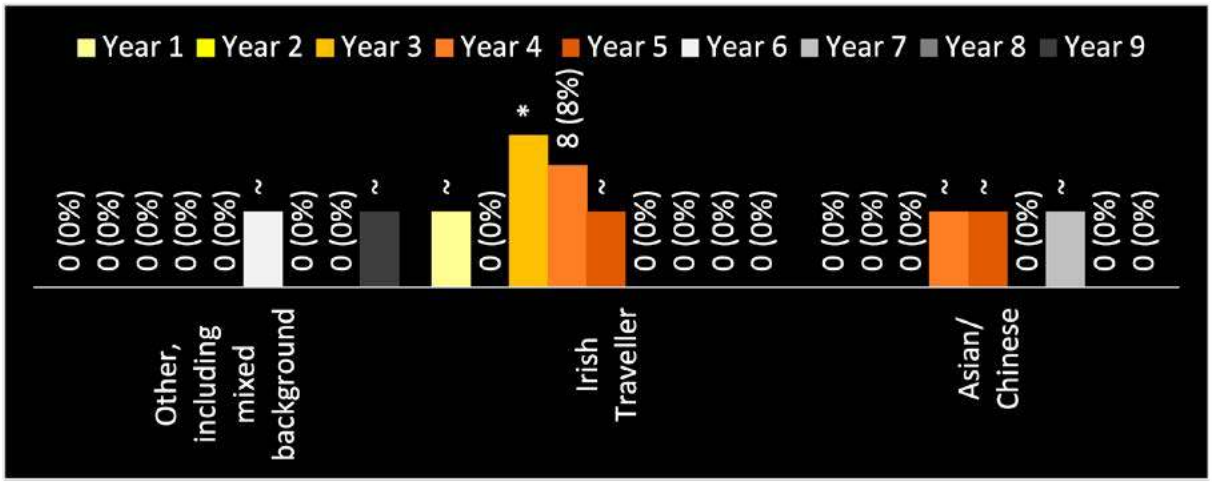


Chart 4.3: Treated cases aged under 18 by ethnicity, DATMS Year 1 to 9



~ 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

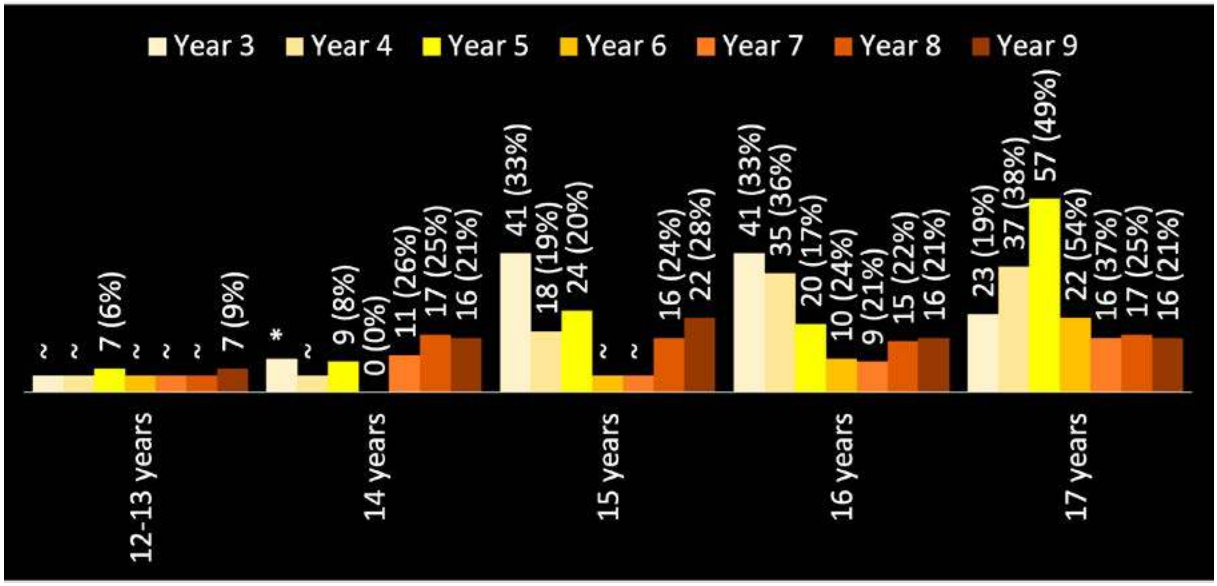
Chart 4.4: Treated cases aged under 18 by ethnicity, DATMS Year 1 to 9



~ 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, 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 9, the majority of treated cases were aged from 15 years (Chart 4.5).

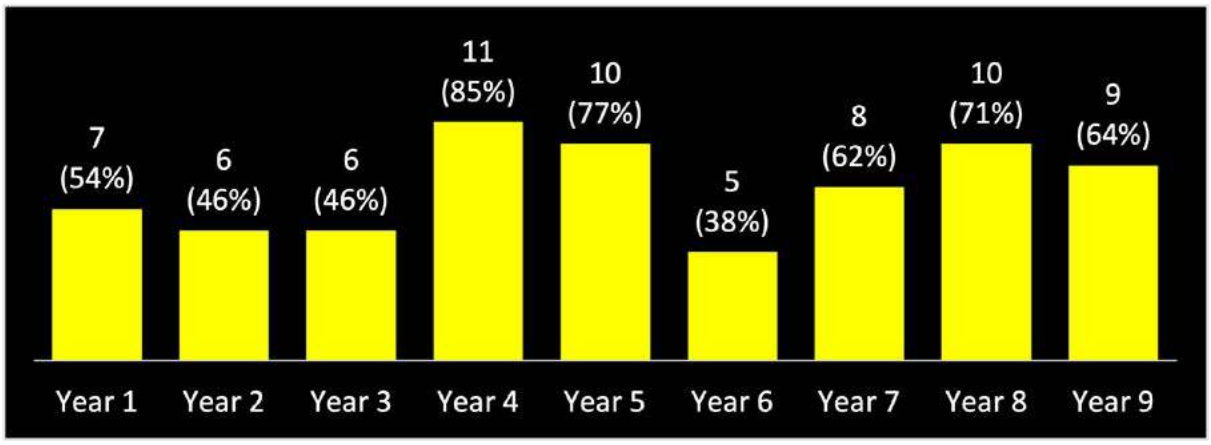
Chart 4.5: Treated cases by age, DATMS Year 3 to 9 (2017-2023)



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

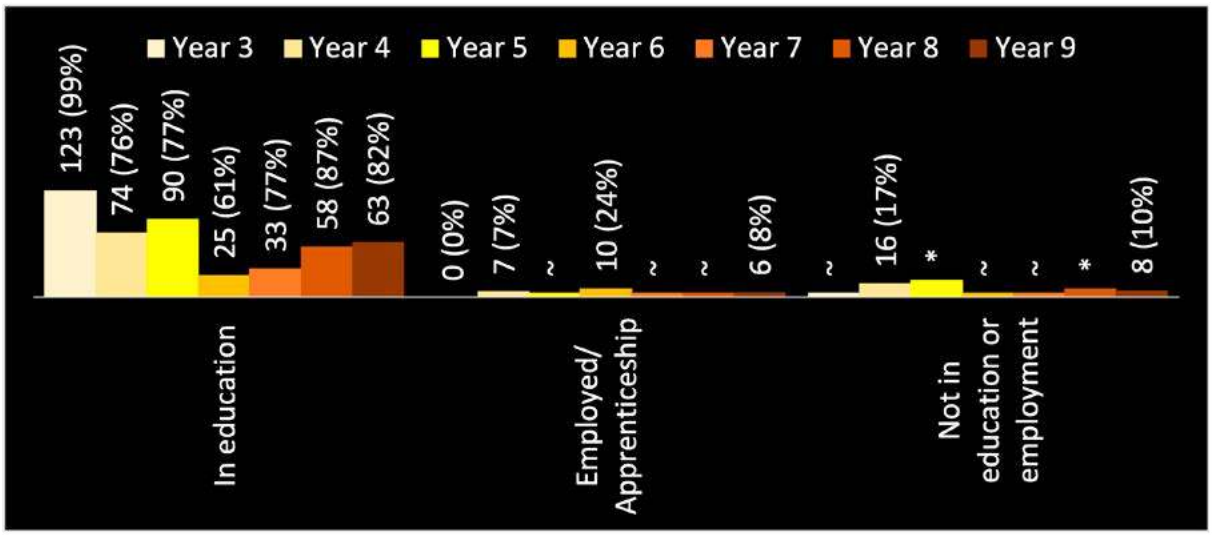
From Year 1 to 7 there were ten mainstream secondary schools and three training centres in Dublin 15. In Year 8, this increased to eleven mainstream secondary schools. From Years 1 to 9, there has been an increase in the number of secondary schools and training centres attended by treated cases aged under 18 (Chart 4.6). In Years 4, 5, 7 to 9, 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 4.6: Secondary schools/training centres in Dublin 15 attended by treated cases aged under 18, DATMS Year 1 to 9



From Years 3 to 9, the majority of treated cases were in education (Chart 4.7).

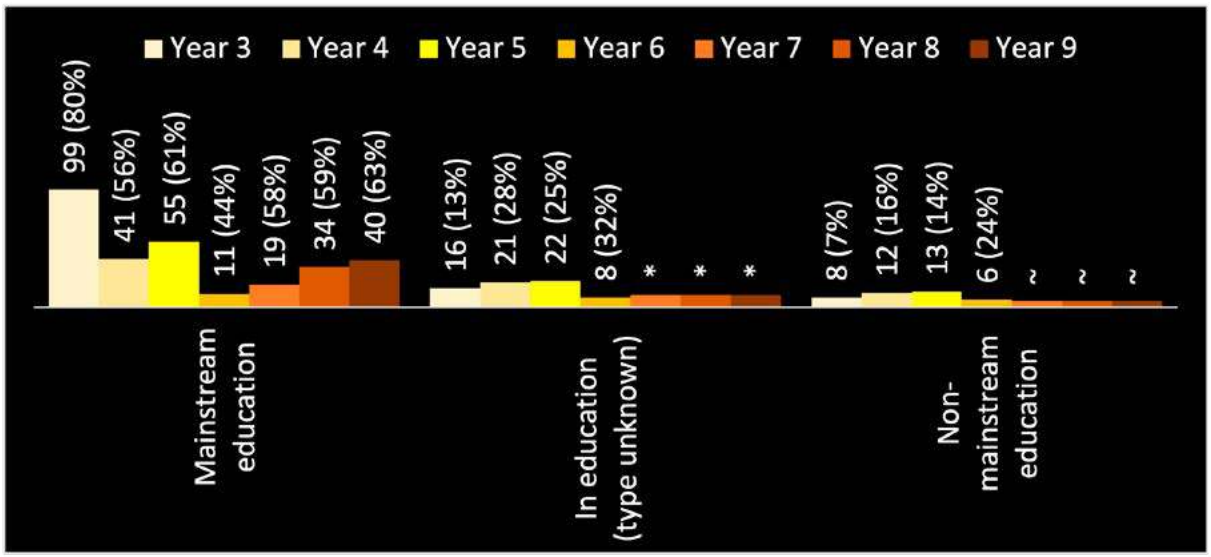
Chart 4.7: Treated cases aged under 18 by education and employment status, DATMS Year 3 to 9 (2017-2023)



~ 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
Annual totals less than 100% as unknown cases removed

From Years 3 to 9, the majority of treated cases aged under 18 were in mainstream education (Chart 4.8).

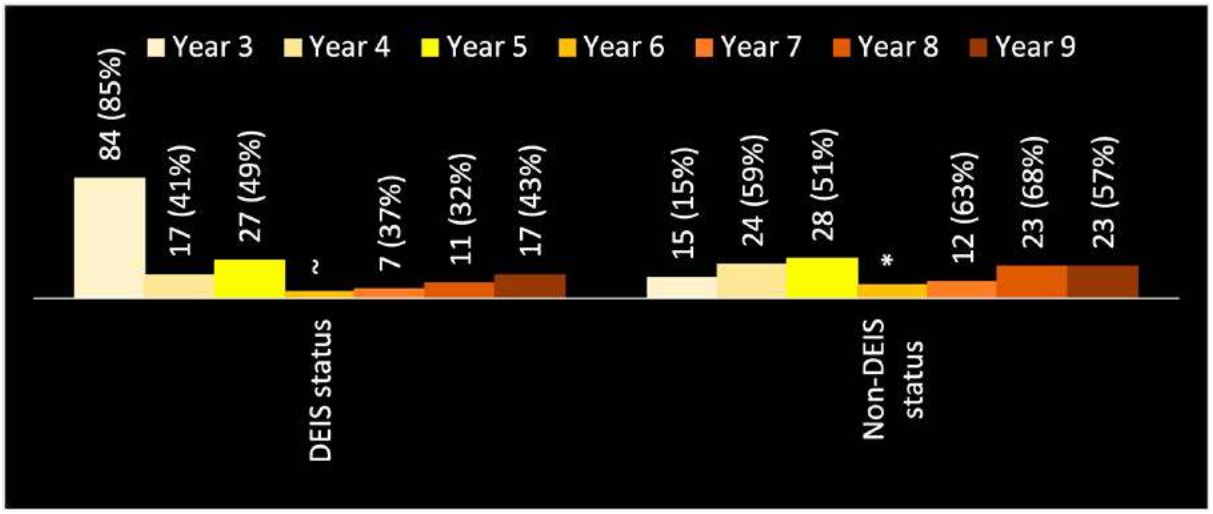
Chart 4.8: Treated cases aged under 18 by education status, DATMS Year 3 to 9 (2017-2023)



~ 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 4.9). Once again indicating that drug use is a community wide issue crossing all socio-economic boundaries.

Chart 4.9: Treated cases aged under 18 by DEIS status of mainstream education, DATMS Year 3 to 9 (2017-2023)

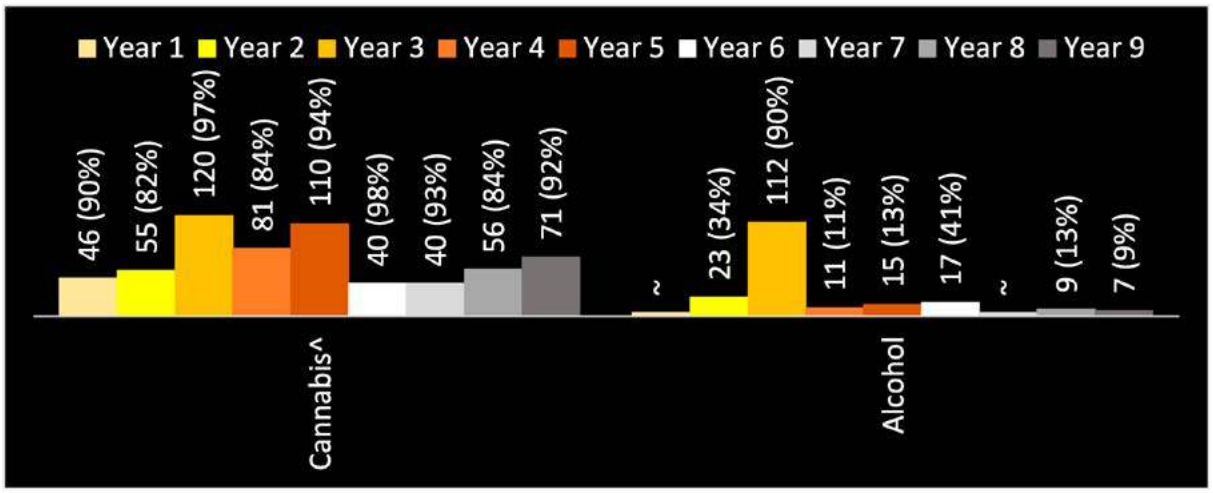


~ Number of cases too small to be reported (5 or less)
* Number of cases greater than 5 not reported to ensure cases with 5 or less are not disclosed

PROFILE OF DRUG & ALCOHOL USE

The main problem drugs used by treated cases aged under 18 were similar for all reporting periods, with cannabis herb the most commonly used, followed by alcohol (Chart 4.10). Over the reporting period, main problem drugs also included cocaine powder, benzodiazepines, z drugs, MDMA, LSD, solvents and ketamine (number of cases were too small to be reported).

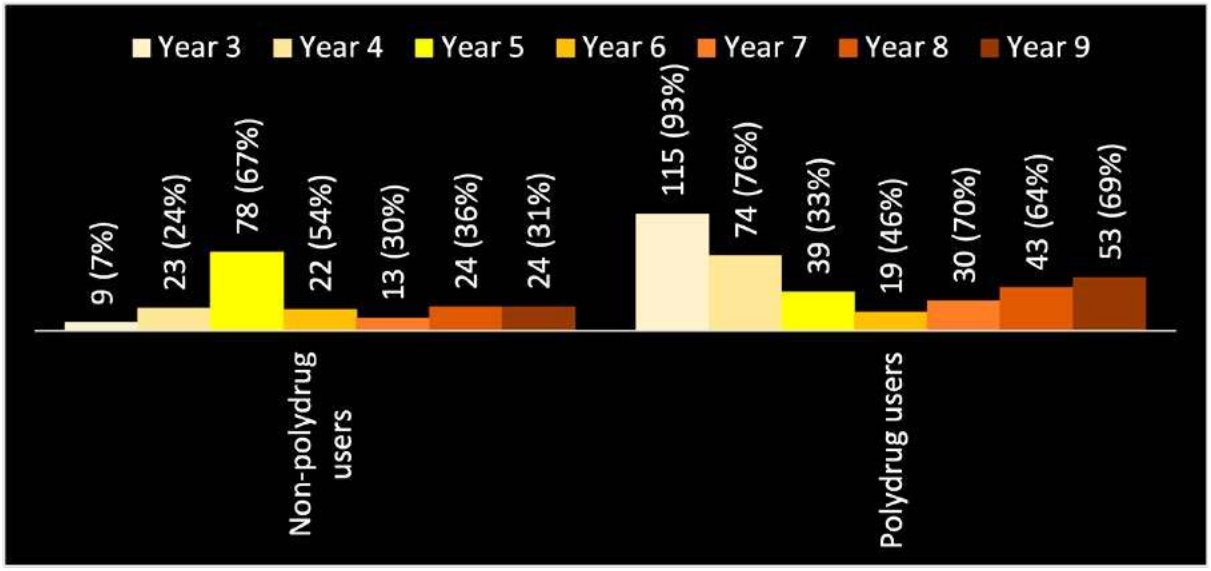
Chart 4.10: Treated cases aged under 18 by main problem drug, DATMS Year 1 to 9



^ Herb and resin (predominantly herb)
~ Number of cases too small to be reported (5 or less)

From Years 2 to 9, some treated drug users were treated for more than one main problem drug. From Years 3 to 9, 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 4.11). Over the reporting period, cannabis and alcohol were the most common form of polydrug use.

Chart 4.11: Treated cases aged under 18 by polydrug use, DATMS Year 3 to 9 (2017-2023)



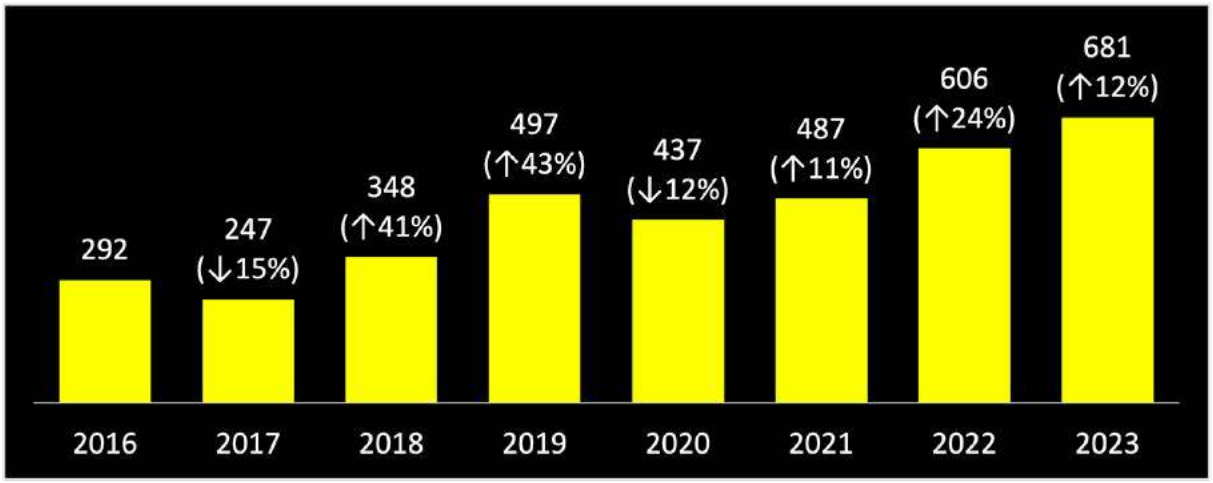
ADULT TREATED DRUG & ALCOHOL USERS

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 2023 provides the profile of adult treated drug use for Year 9. This data reports a profile of all cases living in the BLDATF area who accessed community and statutory services.

TREATMENT DEMAND

From 2016 to 2023, there has been a 133% increase in the number of cases assessed and/or treated (Chart 4.12). This increase may be related to an increase in drug use in Dublin 15, and an increase in data returns to the NDTRS.

Chart 4.12: All cases living in BLDATF area, NDTRS 2016 to 2023



From Years 1 to 9, 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.

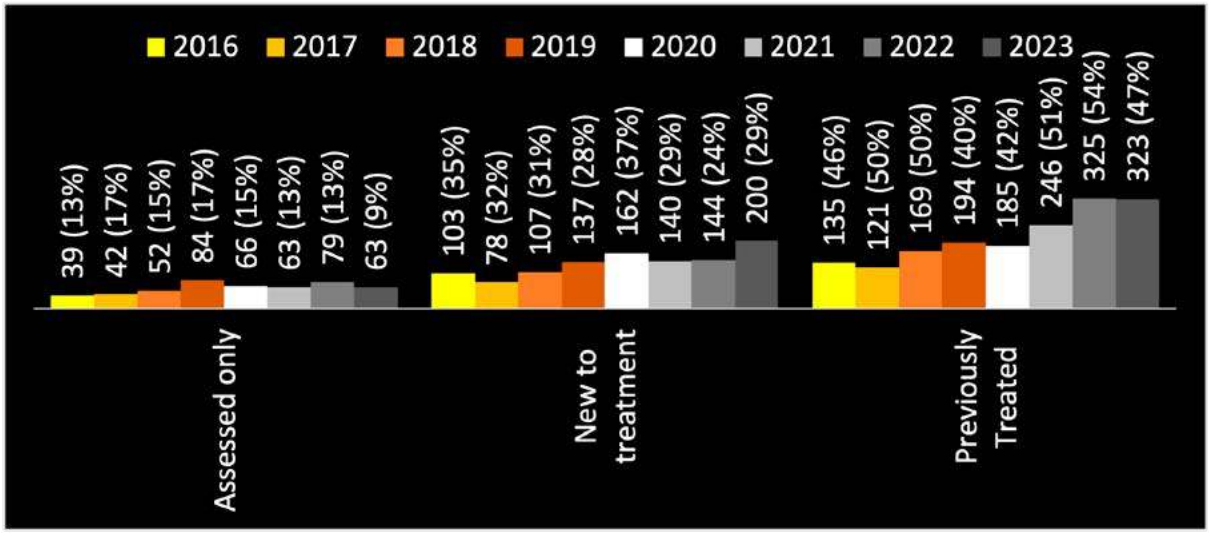
Table 4.2: Percentage of Dublin 15 population aged 18 to 64 years treated in local community and statutory services, DATMS Year 1 to 9

DATMS Year	D15 population aged 18 to 64 (CSO)	% of D15 population aged 18 to 64 in treatment
Year 1	66,480*	0.5%~
Year 2	66,480*	0.4%
Year 3	69,807^	0.4%
Year 4	69,807^	0.5%
Year 5	69,807^	0.7%
Year 6	69,807^	0.6%
Year 7	69,807^	0.7%
Year 8	77,382”	0.8%
Year 9	77,382”	0.9%

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

Over the reporting period, the NDTRS data reported that the majority of cases were in treatment for more than one year, and about a third were new to treatment (Chart 4.13).

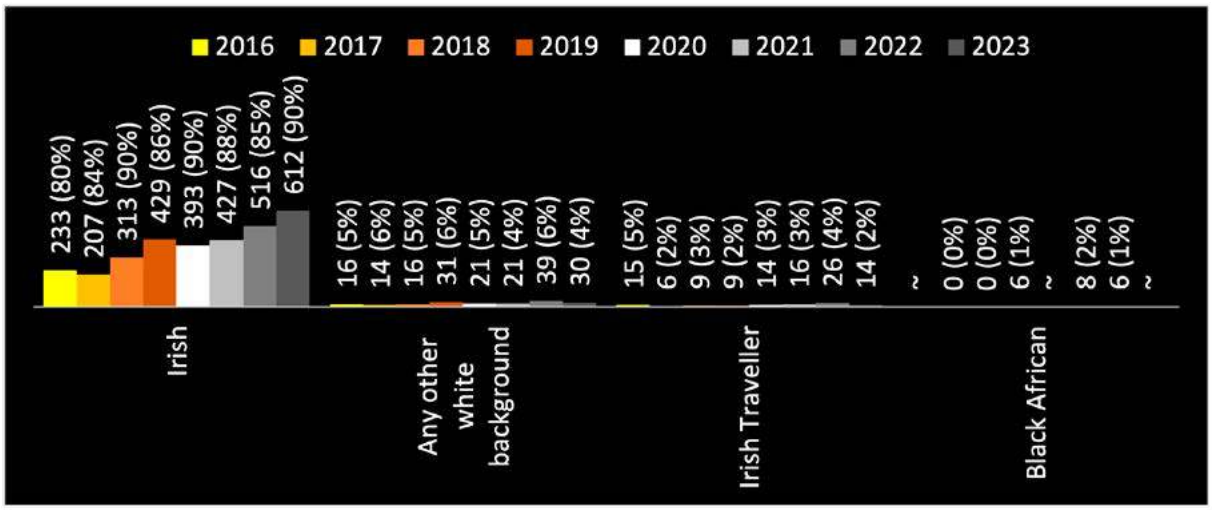
Chart 4.13: All cases living in BLDATF area by treatment status, NDTRS 2016 to 2023



Annual totals less than 100% as unknown cases removed

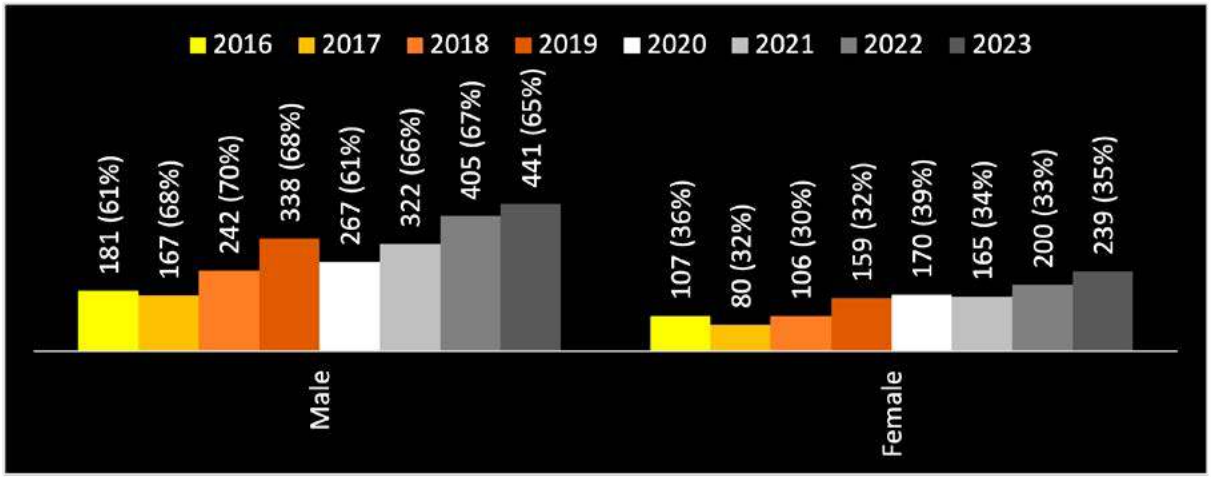
A demographic profile of all cases reports that the majority of cases were Irish, male and aged 35 to 44 years (Charts 4.14 to 4.16).

Chart 4.14: All cases living in BLDATF area by ethnicity, NDTRS 2016 to 2023



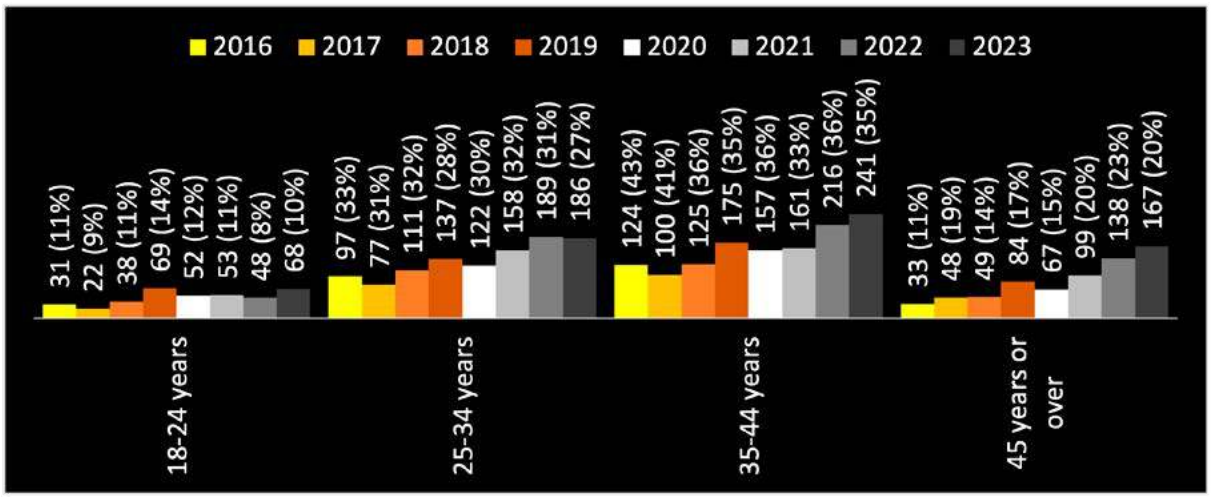
~ Number of cases too small to be reported (5 or less)
Over the reporting period, the number of cases belonging to the following ethnicities was too small to be reported: Roma, Asian or Asian Irish, Black or Black Irish, and other including mixed background

Chart 4.15: All cases living in BLDATF area by gender, NDTRS 2016 to 2023



Totals less than 100% as unknown cases removed

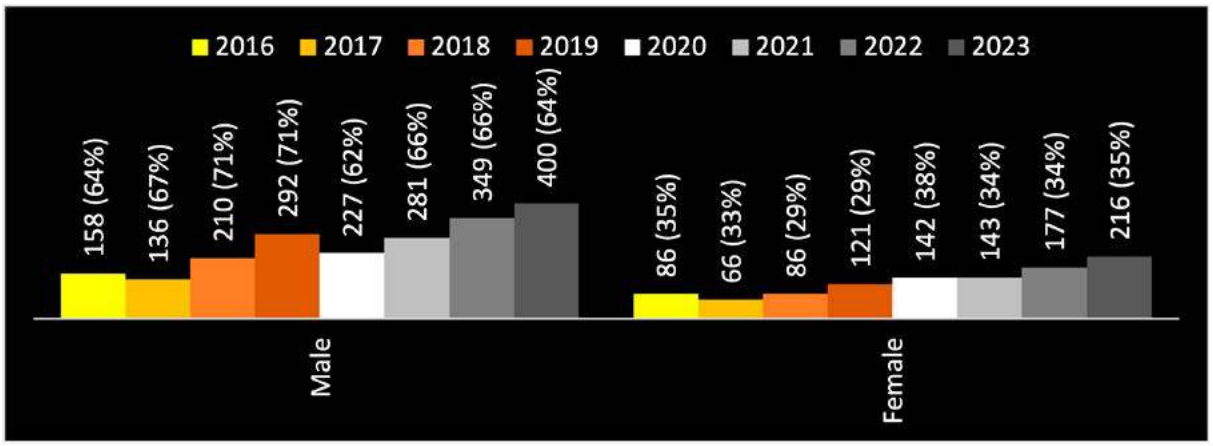
Chart 4.16: All cases living in BLDATF area by age, NDTRS 2016 to 2023



Totals less than 100% as unknown cases removed

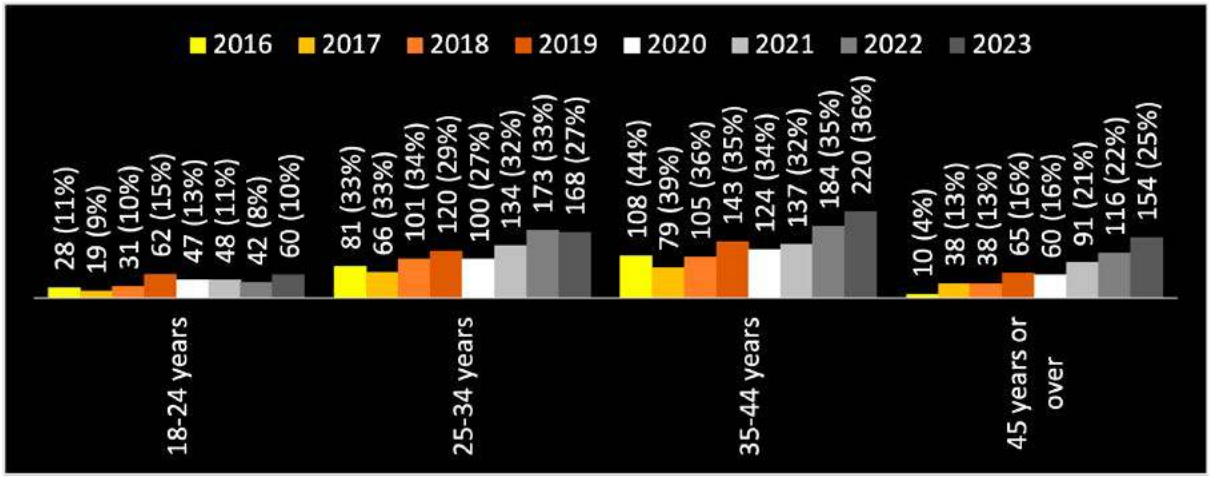
The remaining NDTRS analysis relates to treated cases living in the BLDATF area. From 2016 to 2023, the majority of treated cases were male and aged 35 to 44 years (Charts 4.17 and 4.18).

Chart 4.17: Treated cases living in BLDATF area by gender, NDTRS 2016 to 2023



Totals less than 100% as unknown cases removed

Chart 4.18: Treated cases living in BLDATF area by age, NDTRS 2016 to 2023

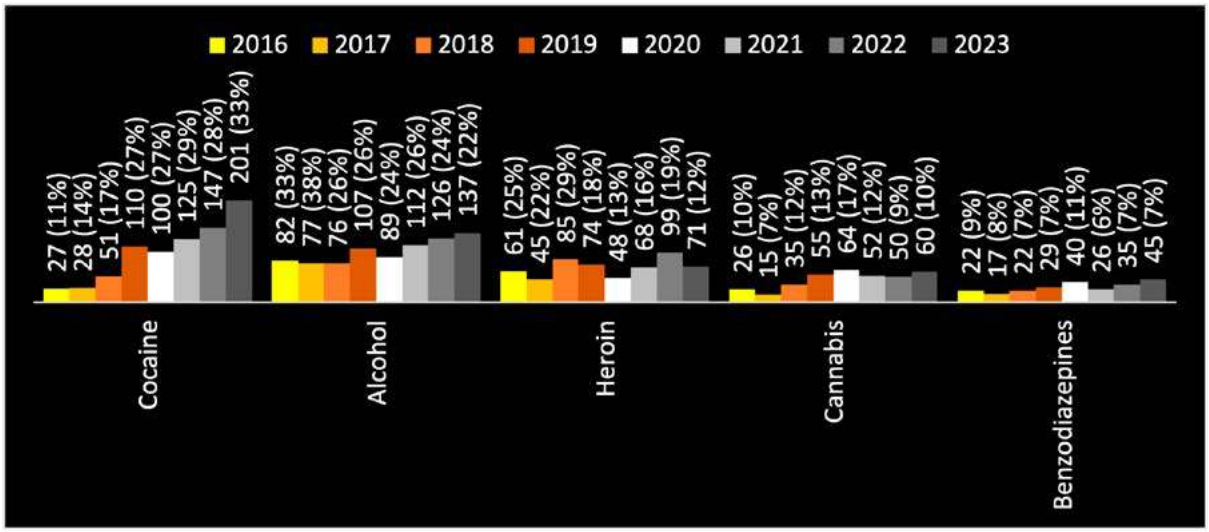


Totals less than 100% as unknown cases removed

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 4.19), with an increase in the number of cases treated for these drugs during this time. From 2016 to 2023, there has been a 644% increase in the number of cases treated for cocaine, with this drug becoming the most common main problem drug.

Chart 4.19: Treated cases living in BLDATF area by main problem drug, NDTRS 2016 to 2023

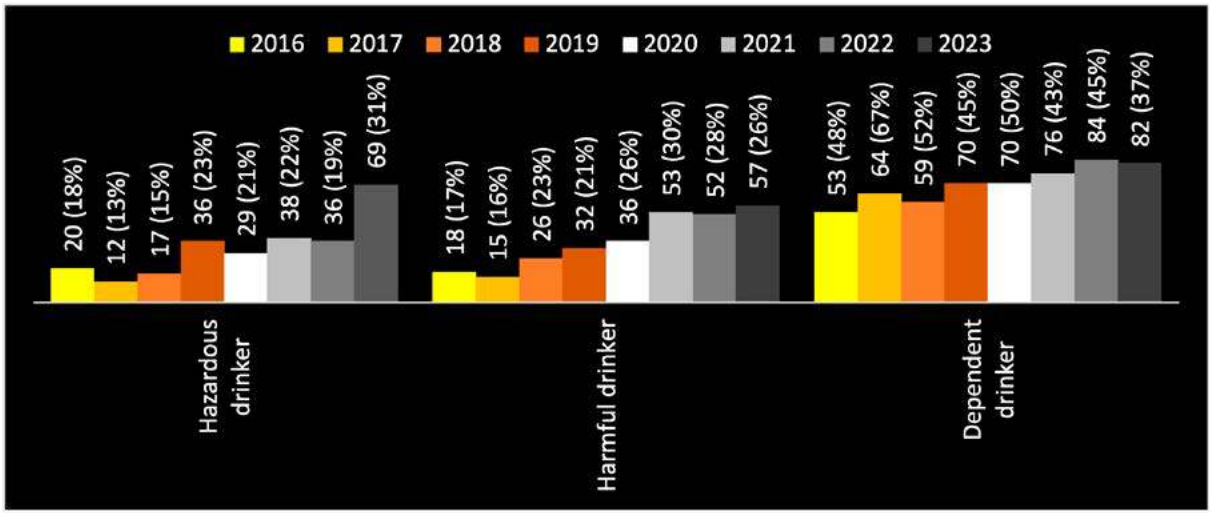


NDTRS cases treated for alcohol are categorised by the extent of the problem, from hazardous to harmful or dependent drinking. The Health Research Board's definition of these categories is as follows (Health Research Board, 2016):

- ***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*

Over the reporting period, 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 4.20).

Chart 4.20: Treated cases living in BLDATF area by extent of alcohol problem, NDTRS 2016 to 2023



Annual totals less than 100% as unknown cases removed
Includes all cases treated for alcohol use (main problem and additional problem drugs)

From 2016 to 2023, the majority of cases were treated for polydrug use, with the exception of 2019 where the majority were treated for non-polydrug use (Charts 4.21 and 4.22).

Chart 4.21: Treated cases living in BLDATF area by polydrug use, NDTRS 2016 to 2023

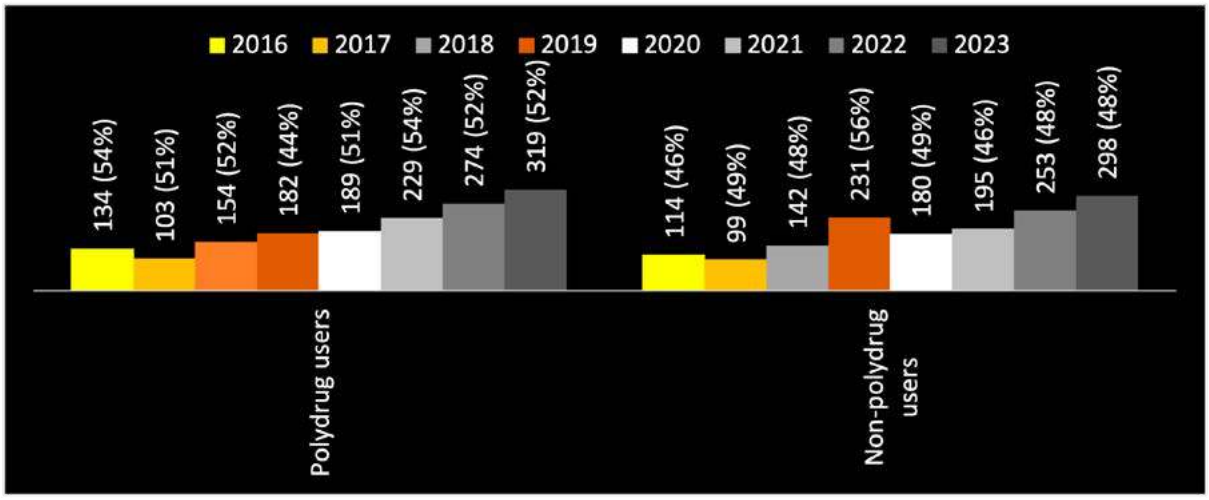
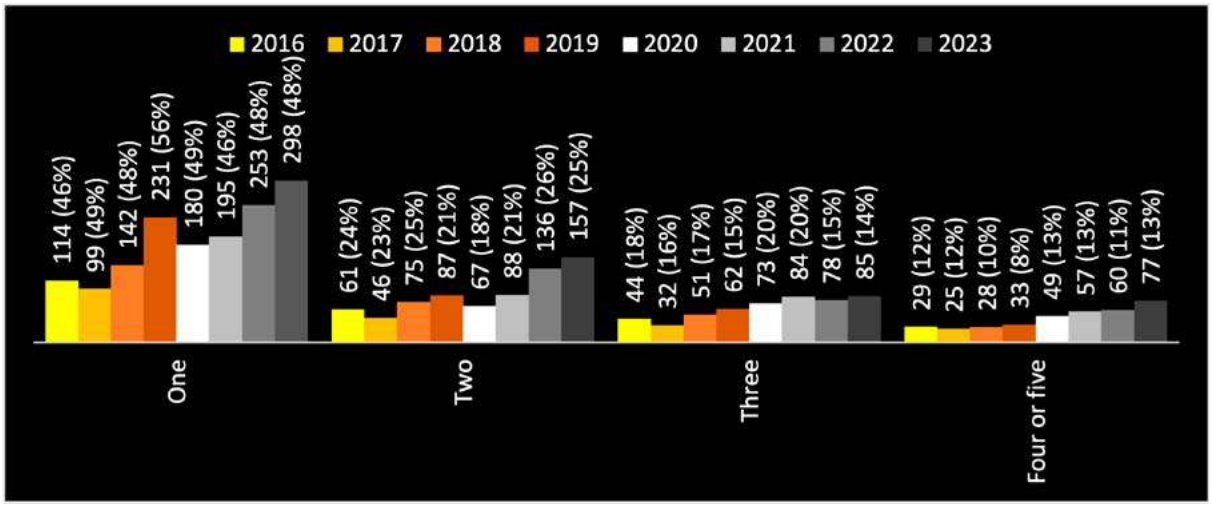


Chart 4.22: Treated cases living in BLDATF area by number of problem drugs, NDTRS 2016 to 2023



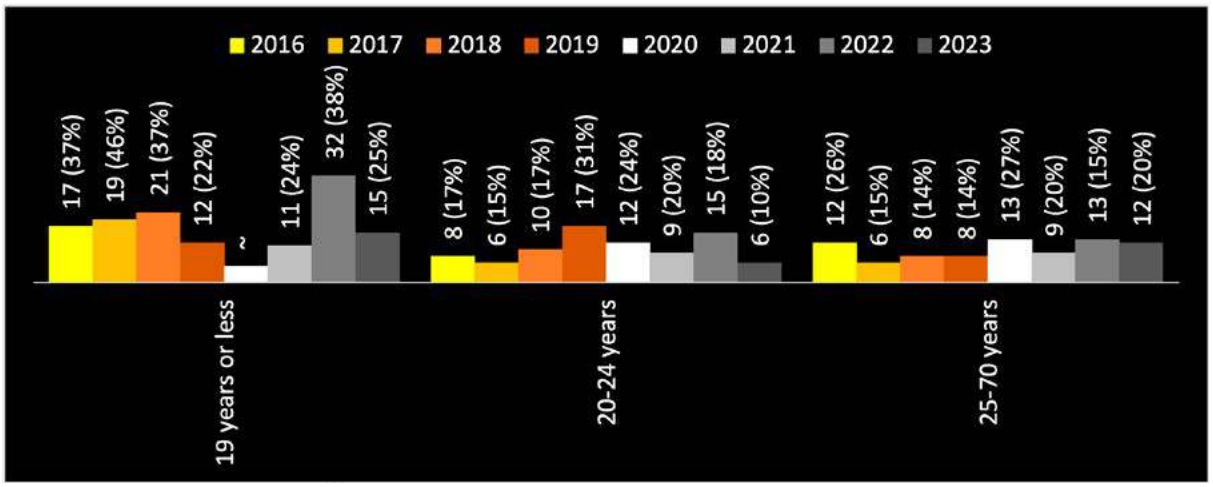
OPIOID SUBSTITUTION TREATMENT

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

HIGH-RISK DRUG USE

High-risk drug use includes injecting drug use, sharing injecting equipment and other drug paraphernalia. From 2016 to 2023, the NDTRS data reported the age treated cases began injecting, with the majority aged 19 or less (Chart 4.23).

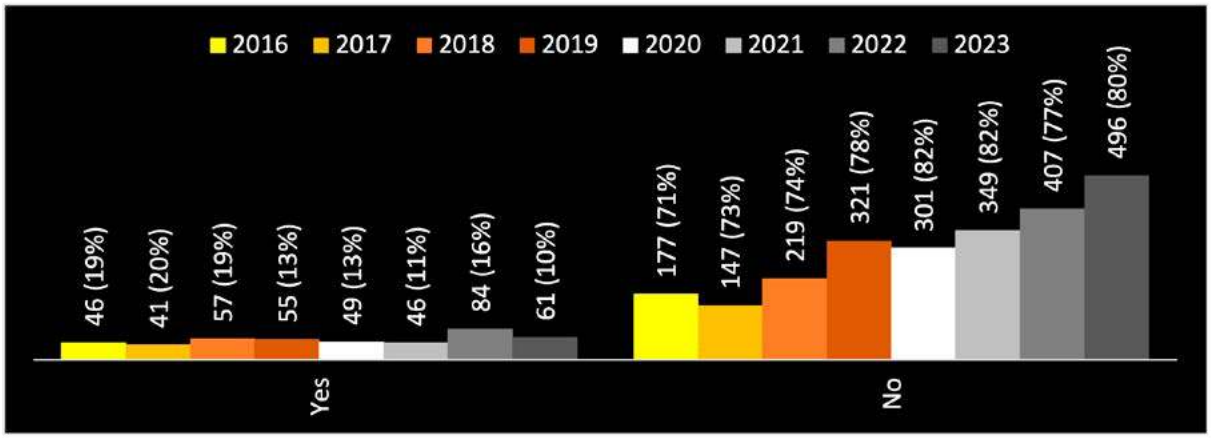
Chart 4.23: Treated cases living in BLDATF area by age first injected, NDTRS 2016 to 2023



Annual totals less than 100% as unknown cases removed
~ Number of cases too small to be reported (5 or less)

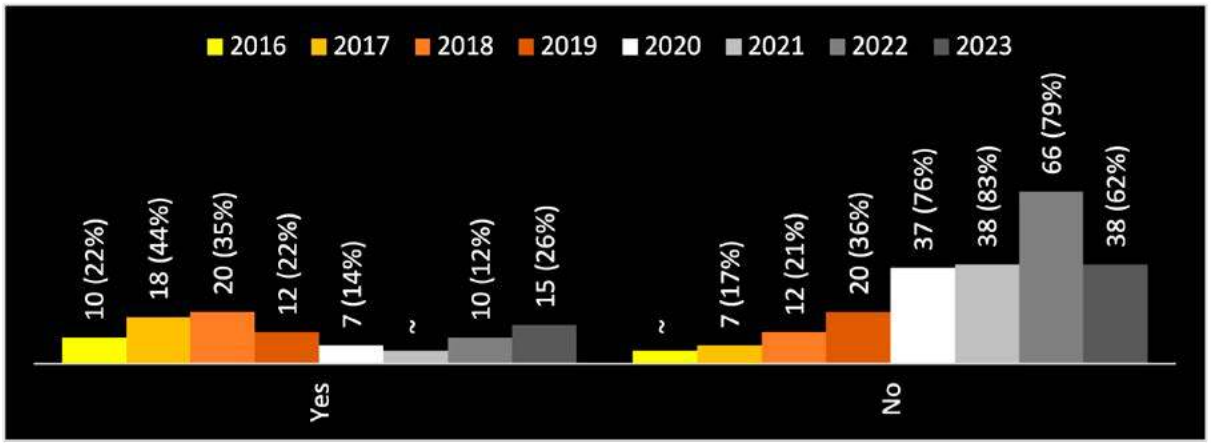
Over the reporting period, an increase in lifetime and current injecting drug use was reported (Charts 4.24 and 4.25).

Chart 4.24: Treated cases living in BLDATF area by lifetime injecting drug use, NDTRS 2016 to 2023



Annual totals less than 100% as unknown cases removed

Chart 4.25: Treated cases living in BLDATF area by current injecting status, NDTRS 2016 to 2023



Annual totals less than 100% as unknown cases removed
~ Number of cases too small to be reported (5 or less)

From Years 1 to 9, 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 injected by treated adult drug users in Dublin 15, DATMS Year 1 to 9

Drug type	Year 1	Year 2	Year 3	Year 4	Year 5	Year 7	Year 8	Year 9
Heroin	√	√	√	√	√	√	√	√
Cocaine powder	√	√	√	√	√	√	√	√
Crack cocaine	√	√	√	√	√	√	√	√
Methamphetamine	*	√	*	*	*	*	√	√
Ketamine	+	+	+	+	+	+	+	+
Benzodiazepines, Z drugs	√	√	√	√	√	√	√	*
Amphetamines~	√	√	√	√	*	*	√	*
Opioid (Oxycodone)	^	√	√	√	*	√	*	*
Opioid (Fentanyl)	✲	✲	✲	√	*	*	*	*

√ Drugs injected
\+ Injecting of drug first reported in Year 9
* Injecting of drug not reported
~ Includes New Psychoactive Substances, Mephedrone
^ Injecting of drug first reported in Year 2
✲ Injecting of drug first reported in Year 4

It is possible that a new trend is emerging in Dublin 15, with treated drug users reporting an increase in injecting of opioid and stimulant drugs and polydrug injecting. Since Year 8, treated drug users reported an increase in the injection of cocaine powder and methamphetamine. From Years 1 to 8, participants reported that injecting crack cocaine was not common, and smoking was the most commonly used method for taking this drug. Year 9 reported an increase in the injection of crack cocaine, and polydrug injecting of heroin and cocaine (powder or crack), heroin and methamphetamine, ketamine and cocaine powder. The injection of ketamine was first reported to the DATMS in Year 9, it is not a common mode of administration. The changing patterns of drug injecting, the increase in polydrug use by injection of opioid and stimulant drugs was also reported in Europe (EUDA[1], 2024).

From Years 1 to 9, treated drug users reported injecting anabolic steroids. From Years 1 to 3, treated drug users reported injecting skin tanning drugs though since Year 4, there was little evidence of the injection of these drugs by treated drug users; since Year 8 participants reported that these drugs are now more commonly ingested through nasal sprays[2].

1 European Union Drugs Agency, formerly the European Monitoring Centre for Drugs & Drug Addiction (EMCDDA)

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

CHANGES IN TREATED DRUG & ALCOHOL USE

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

TREATED YOUNG DRUG USERS

From Years 1 to 9, an increase in the use of cannabis herb and cocaine powder was reported among treated young drug users. Since Year 4, an increase in the use of cannabis oil and ketamine was reported. Since Year 7, an increase in the use of nitrous oxide has been reported. Year 9 also reported an increase in the use of other drugs (Table 4.4).

Table 4.4: Changes in drug use by treated young drug users in Dublin 15, DATMS Year 1 to 9

Drug type	Year 2	Year 3	Year 4	Year 5	Year 7	Year 8	Year 9
Cannabis herb	↑	↑	↑	↑	↑	↑	↑
Cocaine powder	↑	↑	↑	↑	↑	↑	↑
Cannabis oil	^	^	↑	↑	↑	↑	↑
Ketamine	*	*	↑	↑	↑	↑	↑
Nitrous oxide	✡	✡	✡	*	↑	↑	↑
MDMA	*	*	↑	↑	*	*	↑
Methylphenidate	**	**	**	**	**	^^^	↑
Benzodiazepines, Z drugs	↑	*	↑	↑	*	↓	*
Alcohol	↑	↑	↑	↑	↑	↑	↓
Cannabis edibles ✡✡	×	×	×	×	*	↑	↓
Barbie, Pink, Pink lemonade	□	□	□	□	□	□	□
Cannabis wax	×	×	×	×	↑	↑	xxx
Lean (Syrup)~	*	*	↑	*	***	*	xxx
Cannabis drinks	×	×	×	×	***	^^^	xxx

↑ Increase in use of drug
^ Use of drug first reported in Year 3
* No change in use of drug
✡ Use of drug first reported in Year 4
** Use of drug first reported in Year 7
^^^ Use of drug not reported in Year 8
↓ Decrease in use of drug
✡✡ Sweets/chocolates
× Use of drug first reported in Year 5
□ Use of drug first reported in Year 9
xxx Use of drug not reported in Year 9
*** Use of drug not reported in Year 7
~ Cough medicine mixed with carbonated drink and sweets

TREATED ADULT DRUG USERS

From Years 1 to 9, treated adult drug users reported an increase in the use of cannabis herb, alcohol, powder and crack cocaine, benzodiazepines and z drugs. Since Year 5, an increase in the use of over-the-counter codeine has been reported. Since Year 7, an increase in the use of methamphetamine and cannabis edibles has been reported. Cannabis oil, pregabalin and GHB/GBL have been increasing in prevalence since Year 8. Year 9 also reported an increase in the use of other drugs (Table 4.5).

Table 4.5: Changes in drug use by treated adult drug users in Dublin 15, DATMS Year 1 to 9

Drug type	Year 2	Year 3	Year 4	Year 5	Year 7	Year 8	Year 9
Cannabis herb	↑	↑	↑	↑	↑	↑	↑
Alcohol	↑	↑	↑	↑	↑	↑	↑
Cocaine powder	↑	↑	↑	↑	↑	↑	↑
Crack cocaine	↑	↑	↑	↑	↑	↑	↑
Benzodiazepines, Z drugs	↑	↑	↑	↑	↑	↑	↑
Pregabalin (Lyrica)	↑	*	↑	↑	*	↑	↑
Methamphetamine	*	↑	*	xx	↑	↑	↑
Cannabis oil	^	^	↑	↑	*	↑	↑
OTC Codeine	*	*	*	↑	↑	↑	↑
Cannabis edibles ✲✲	×	×	×	×	↑	↑	↑
GHB/GBL	~	*	*	xx	↓	↑	↑
Methylphenidate	**	**	**	**	**	^^^	↑
Prescribed opiates~~	↑	↑	*	↑	↑	↑	*
Amphetamines	*	*	*	*	↑	*	*
Methadone	*	*	*	*	*	*	*
Heroin	*	↓	↑	↓	*	*	↓
Cannabis resin	↓	↑	*	*	↓	↓	↓
Nitrous oxide	☐	☐	☐	☐	☐	☐	☐
Barbie, Pink, Pink lemonade	☐	☐	☐	☐	☐	☐	☐
Cannabis wax	✲	✲	✲	↑	*	↑	xxx
Cannabis drinks	×	×	×	×	*	^^^	xxx

↑ Increase in use of drug
* No change in use of drug
xx Use of drug not reported in Year 5
^ Use of drug first reported in Year 3
✲✲ Sweets/chocolates
× Use of drug first reported in Year 5
~ Use of drug first reported in Year 2
↓ Decrease in use of drug
** Use of drug first reported in Year 7
^^^ Use of drug not reported in Year 8

~~ Year 2 Oxycodone; Year 3 Oxycodone, Tramadol, Tylex, Kapake; Year 4 Oxycodone, Tramadol, Tylex; Year 5 Oxycodone, Tramadol, Tylex; Year 7 Oxycodone, Tramadol, Tylex, Kapake, Fentanyl; Year 8 Oxycodone, Tramadol, Tylex, Fentanyl; Year 9 Oxycodone, Tramadol, Tylex, Kapake
☐ Use of drug first reported in Year 9
✲ Use of drug first reported in Year 4
xxx Use of drug not reported in Year 9

Alcohol

Year 8 reported the possibility that a new trend was emerging in Dublin 15, whereby young people were reducing their alcohol consumption while increasing their consumption of other drugs. Year 9 confirms this trend among treated young drug users, who prefer to use cannabis, cocaine powder, ketamine and nitrous oxide; also reported by untreated young drug users.

Cocaine powder

It is possible that a new trend is emerging in Dublin 15, with treated adult drug users reporting an increase in the use of cocaine powder without the use of alcohol (dry sniffing); traditionally, these drugs are used simultaneously.

Cannabis

Year 9 continues to report the use of a range of cannabis products in Dublin 15. The increasing use of vaping devices to consume cannabis oil has been reported by treated young and adult drug users to such an extent that it is now a common mode of administration; also reported by untreated drug users. This changing trend is associated with the increased use of vaping devices in general, plus easy access to oils and vaping devices in local shops. The use of hexahydrocannabinol (HHC) oil was first reported in Year 9. HHC is a new psychoactive substance, a synthetic cannabinoid first identified in Europe in 2022 (EMCDDA, 2023). The EMCDDA reported HHC was identified in 70% of the EU Member States in 2022 and sold as a 'legal' replacement for cannabis products including low-THC cannabis herb, resin, oil and edibles[3].

Benzodiazepines/Z drugs

Service providers reported an increase in use of benzodiazepines and z drugs due to mental health disorders, and in particular neurodevelopmental disorders including attention-deficit/hyperactivity disorder (ADHD), autism and learning difficulties (dyslexia). Since Year 4, treated drug users reported that authentic benzodiazepines and z drugs were rare and synthetic tablets (NPS) were more commonly available. At a European level, the EUDA continues to report the availability of synthetic tablets (EUDA, 2024). Between 2007 and 2023, a total of 36 new benzodiazepines were notified to the EU Early Warning System, with 23 of these appearing on the drug market in 2022. This significant increase in 2022 is most likely associated with an increase in demand.

3 Further data concerning HHC is reported in the chapter 'Untreated drug and alcohol use', chapter 6 section 1 'Accessibility of drugs and alcohol', and chapter 7 section 2 'Social consequences of drug and alcohol use'

New Psychoactive Substances

Treated drug users did not report the use of synthetic drugs (New Psychoactive Substances/NPS). Synthetic drug types include cannabinoids, opioids, sedatives and stimulants that are not controlled by international drug control conventions. As drugs are generally used without completing an analysis of their composition, synthetic types are probably used without users' knowledge[4]. The EUDA reported that new psychoactive substances are a persistent problem in Europe (EUDA, 2024). There was an 8% increase in the number of new psychoactive substances monitored by the EUDA from 880 in 2021 to 950 in 2023. While drug producers continue to create new substances to avoid legal controls, the rate at which these substances are entering the market appears to be slowing, with the exception of benzodiazepines. Between 2016 and 2022, around 50 new psychoactive substances appeared on the market for the first time each year; this fell to 26 in 2023. The EUDA reports health concerns due to increased market integration of established illicit drugs and new psychoactive substances.

New drug: Barbie, Pink, Pink lemonade

The availability and use of a new drug in Year 9 was reported by young and adult treated and untreated drug users. The drug was a pink powder comprised of stimulant and hallucinogenic drug types, with users reporting it was a mix of ketamine, MDMA and cocaine. A range of names were provided including barbie, pink and pink lemonade. In 2023, this drug also emerged in other European countries, where it is known as 'pink cocaine'; it contains a range of synthetic substances (EUDA, 2024).

Injecting drug use

Potential new trend in injecting drug use reported above in 'High-risk drug use' section.

4 The use of NPS also applies to untreated drug users

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 9, 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 at a European level (EUDA, 2024).

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 2023:

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	Cannabis herb	√	√	√	√	√
	Cannabis oil	√	√	√	√	√
	MDMA (pills, powder)	√	√	√	√	
	Cocaine powder	√	√	√	√	
	Ketamine	√	√	√	√	
	Benzodiazepines, Z drugs	√	√	√	√	
	Nitrous oxide	√	√	√	√	
	Alcohol	√	√		√	
Least common	Cannabis edibles^	√	√	√	√	
	Cannabis wax	√	√	√	√	
	Cannabis resin	√	√	√	√	
	Magic mushrooms & LSD	√	√	√	√	
	Amphetamines	√				
	GHB/GBL	√				
	Alcohol			√		
	Barbie, Pink, Pink lemonade	√				
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 2023:

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	Cannabis herb	√	√	√	√	√
	MDMA (pills, powder)	√	√	√	√	
	Cocaine powder	√	√	√	√	
	Benzodiazepines, Z drugs	√	√	√	√	
	Alcohol	√	√		√	
Least common	Ketamine	√	√	√	√	
	Cannabis edibles^	√	√	√	√	
	Cannabis oil	√	√	√	√	
	Cannabis resin	√	√	√	√	
	Nitrous oxide	√	√	√	√	
	Magic mushrooms & LSD	√	√	√	√	
	Amphetamines	√				
	GHB/GBL	√				
	Alcohol			√		
	Barbie, Pink, Pink lemonade	√				
Other drugs used	Anabolic steroids	√	√	√	√	√
	Injected skin tan	√	√			
	Slimming drugs		√			

^ Cakes, sweets, chocolates

UNTREATED POLYDRUG USE

From Years 1 to 9, the profile of untreated drug use has been similar. Polydrug use was the norm, and alcohol was an integral part of it. The most common forms of polydrug use were similar among untreated young and adult drug users. Since Year 7, untreated young drug users reported how like alcohol, nitrous oxide had become an integral part of polydrug use.

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

PATTERNS OF UNTREATED DRUG & ALCOHOL USE

From Years 1 to 9, the pattern of untreated drug use was the same. Alcohol and cannabis herb were used throughout the week, and other drugs were mainly used at the weekend. The frequency of drug use varied from daily and weekly to less regular use. For some young people, drug use occurred before and during school time[5]. The frequency of drug use was age dependent, with those aged 18 and over reporting more regular use.

CHANGES IN UNTREATED DRUG & ALCOHOL USE

DRUG TYPE BY AGE OF FIRST USE

The following reports the age that people in Dublin 15 began using drugs. From Years 3 to 9, fluctuations in the age of initiation for the most commonly used drugs have been reported. For some drug types, MDMA, cocaine powder, benzodiazepines and z drugs, solvents and cannabis oil, a change was reported whereby untreated drug users were getting older. For other drug types, alcohol, cannabis herb and ketamine, the age of initiation has remained stable. The norm age is reported with the youngest age in brackets (Charts 5.1 and 5.2).

5 The use of drugs during school time is discussed further in the chapter 7 section 2 ‘Social consequences of drug and alcohol use’

Chart 5.1: Most commonly used drugs by age of first use, DATMS Year 3 to 9 (2017-2023)

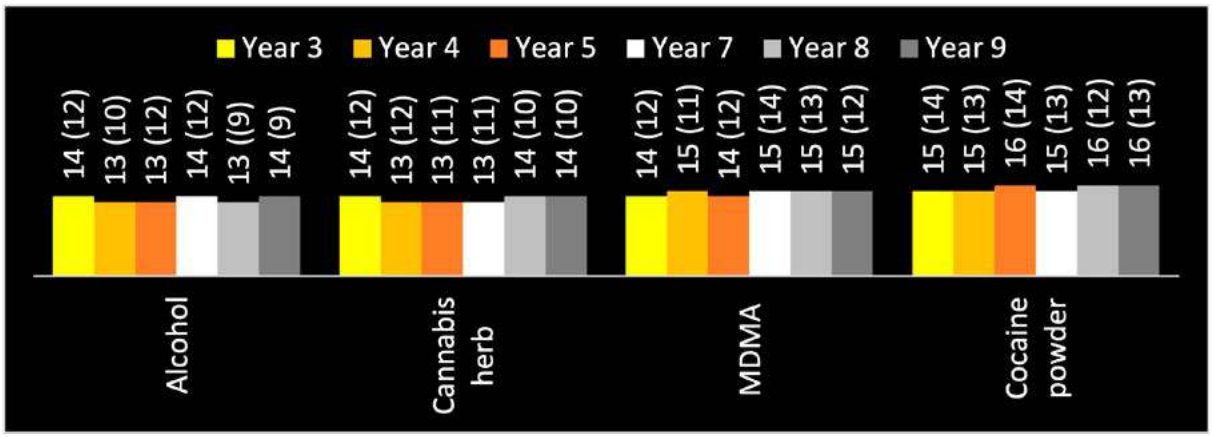
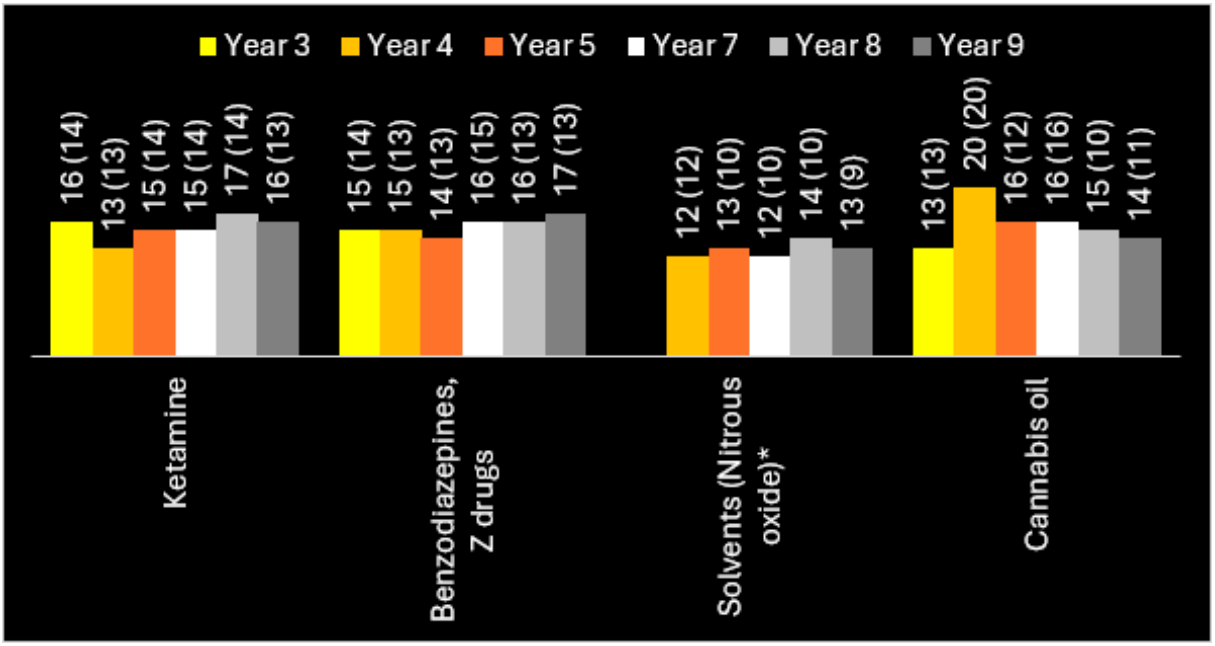


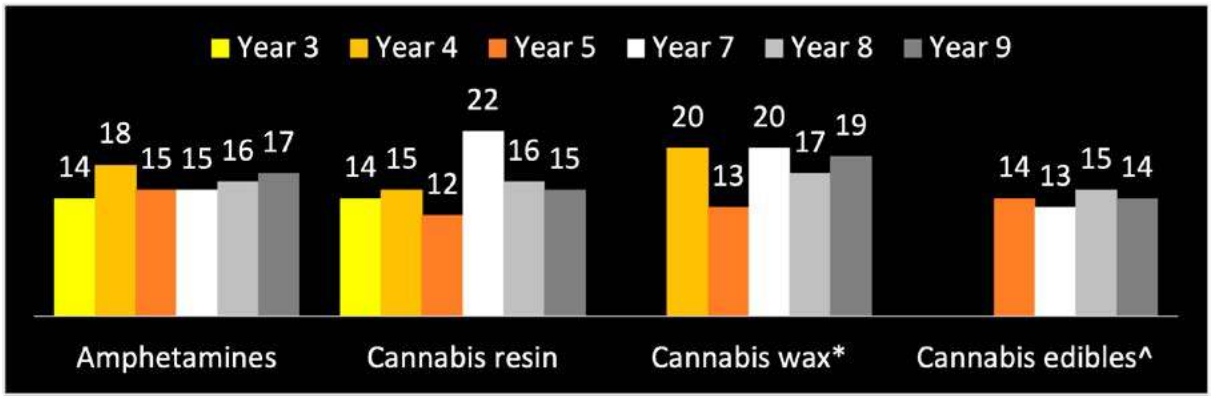
Chart 5.2: Most commonly used drugs by age of first use, DATMS Year 3 to 9 (2017-2023)



* Use of drug first reported in Year 4

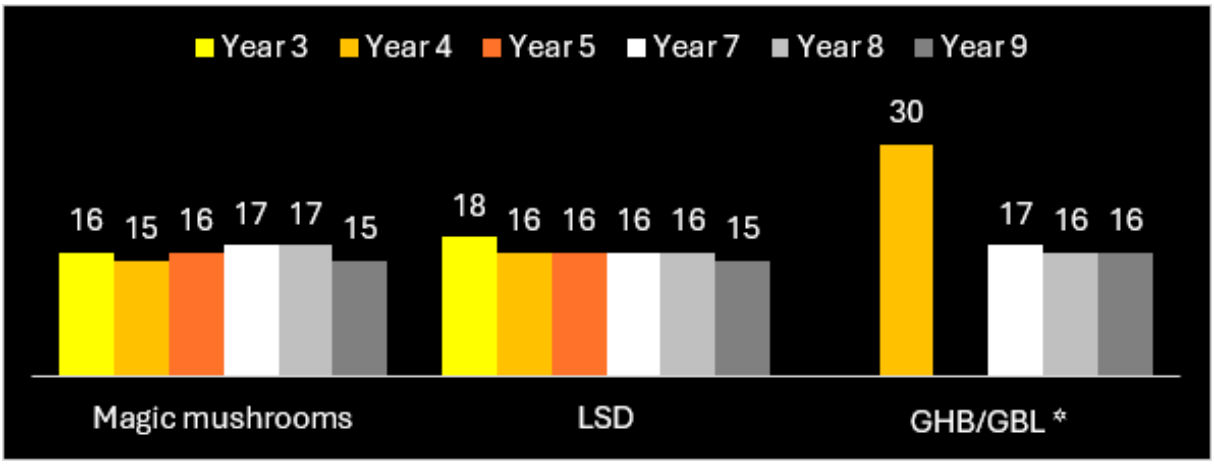
From Years 3 to 9, changes in the norm age of first use of other drugs were also reported (Charts 5.3 to 5.5).

Chart 5.3: Least commonly used drugs by age of first use, DATMS Year 3 to 9 (2017-2023)



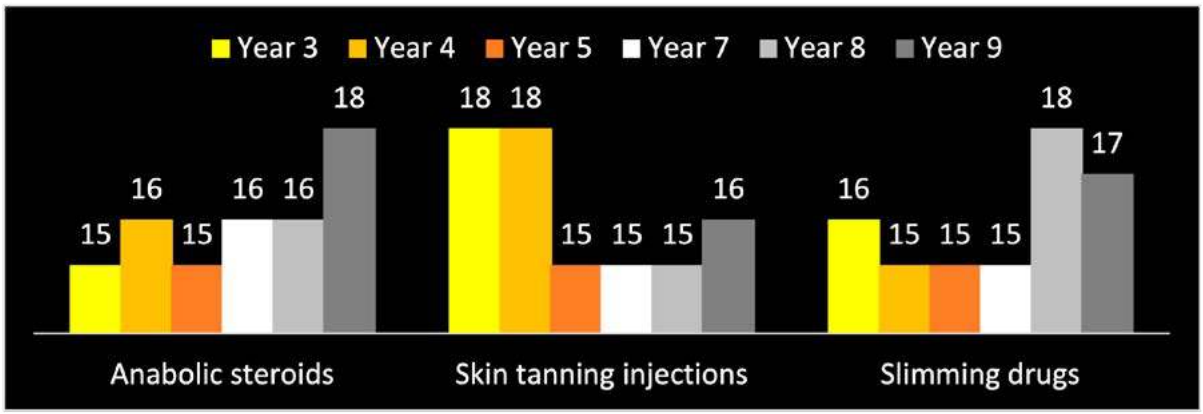
* Use of drug first reported in Year 4
^ Use of drug first reported in Year 5

Chart 5.4: Least commonly used drugs by age of first use, DATMS Year 3 to 9 (2017-2023)



⁕ Use of drug not reported in Year 3 or 5

Chart 5.5: Other drugs used by age of first use, DATMS Year 3 to 9 (2017-2023)



PREVALENCE OF UNTREATED DRUG & ALCOHOL USE

From Years 1 to 9, untreated young and adult drug users have continued to report an increase in the use of alcohol, cannabis herb, cocaine powder and ketamine. Since Year 5, an increase in the use of nitrous oxide was reported. Since Year 7, an increase in the use of cannabis edibles was reported. All changes in the prevalence of drug use are reported in the table below (Table 5.1).

Table 5.1: Changes in prevalence of untreated drug use in Dublin 15, DATMS Year 1 to 9

Drug type	Year 2	Year 3	Year 4	Year 5	Year 7	Year 8	Year 9
Alcohol	↑	↑	↑	↑	↑	↑	↑
Cannabis herb	↑	↑	↑	↑	↑	↑	↑
Cocaine powder	↑	↑	↑	↑	↑	↑	↑
Ketamine	↑	↑	↑	↑	↑	↑	↑
Benzodiazepines, z drugs	*	↑	↑	↑	↑	↑	↑
Cannabis oil	^	^	↑	↑	↑	↑	↑
Nitrous oxide	~	~	~	↑	↑	↑	↑
Cannabis edibles**	x	x	x	x	↑	↑	↑
Amphetamines	*	↓	*	↑	↓	↑	↑
MDMA	*	↑	↓	↑	↑	↓	↑
GHB/GBL	~	*	*	*	↑	*	↑
Methylphenidate	#	#	#	#	#	^^	↑
Alcohol-free drinks	x	x	x	x	*	*	*
Cannabis resin	↑	↓	↓	*	*	*	↓
Cannabis wax	~	~	~	↑	*	↑	↓
Barbie, Pink, Pink lemonade	☐	☐	☐	☐	☐	☐	☐
Lean (syrup)	*	*	↑	↑	*	↑	~~
Crack cocaine	*	*	↑	^^	*	^^	~~

↑ Increase in use of drug
* No change in use of drug
^ Use of drug first reported in Year 3
~ Use of drug first reported in Year 4
** Cakes, sweets, chocolates
x Use of drug first reported in Year 5
↓ Decrease in use of drug
Use of drug first reported in Year 7
^^ Use of drug not reported in Year 8
☐ Use of drug first reported in Year 9
~~ Use of drug not reported in Year 9

Untreated drug users reported additional information concerning the use of the following drugs:

Alcohol

Overall, an increase in the use of alcohol was reported among untreated drug users. However, since Year 8, it is possible that a new trend is beginning in Dublin 15, with reports that young people were reducing their alcohol consumption while increasing their consumption of other drugs; also reported by treated young drug users.

Cannabis

Year 9 continues to report the use of a range of cannabis products in Dublin 15. Cannabis oil has gained in popularity to become one of the most frequently used drugs by young people. This includes an increase in the use of vaping to consume this drug; also reported by treated drug users. This change may be associated with young people's preference for vaping over cigarettes. Plus, cannabis vapes can be odourless and thus evade detection, making them favoured especially in areas of scrutiny including schools. The use of cannabis oil has been reported by untreated drug users for some time, however, Year 9 was the first time the use of HHC[6] was reported.

The ability for drug use to evade detection has also been associated with the increase in the use of cannabis edibles. This relates to cannabis sweets due to their appearance as confectionery. Similar to cannabis oil, these sweets are favoured especially in areas of scrutiny including schools.

The increase in the diversification of cannabis products and routes of administration (vaping and edibles) has also been reported in other European countries, identifying this emerging trend is not isolated to Dublin 15 (EUDA, 2024). The EUDA reports concerns that some of these products contain synthetic cannabinoids which have been associated with cases of severe poisonings. While cannabis oil and edibles have increased in prevalence, cannabis herb remains the most commonly used form of cannabis.

Crack cocaine

Since Year 1, with the exception of Years 5, 8 and 9, the use of crack cocaine by untreated young and adult drug users has been reported. Untreated drug users do not commonly use this drug as it is perceived negatively, and users are stigmatised in the same manner as heroin users.

6 Further information concerning the use of HHC is reported in the chapter 'Treated drug and alcohol use', chapter 6 section 1, 'Accessibility of drugs and alcohol', and chapter 7 section 2 'Social consequences of drug and alcohol use'

New Psychoactive Substances

The use of synthetic drugs was not reported by untreated young or adult drug users. However, as drugs are generally used without completing an analysis of their composition, synthetic types are probably used without users' knowledge. Information concerning these drugs are reported in the chapter 'Treated drug and alcohol use' and the section 'Changes in treated drug and alcohol use'.

New drug: Barbie, Pink, Pink lemonade

The availability and use of a new drug in Year 9 was reported by young and adult untreated drug users. Information concerning this drug is reported in the chapter 'Treated drug and alcohol use' and the section 'Changes in treated drug and alcohol use'.

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. Since Year 8 an increase in the use of GHB/GBL by treated drug users was reported, and Year 9 reported an increase in the use of this drug by untreated drug users. This suggests that over the last few years the prevalence of chemsex has increased. Table 5.2 reports the changing profile of chemsex in Dublin 15 from Years 2 to 9.

Table 5.2: Profile of chemsex in Dublin 15, DATMS Year 2 to 9

Chemsex profile		Year 2	Year 3	Year 4	Year 5	Year 7	Year 8	Year 9
Drug user by type	Treated drug user	√	√	√	x	√	√	√
	Untreated drug user			√	x	√	√	√
Gender	Male	√	√	√	x	√	√	√
	Female			√	x		√	
Age range	30s	√	√	√	x			√
	17-60s				x	√		
	18-40s				x		√	
	40s							√
Ethnicity	White Irish	√	√	√	x	√	√	√
	Irish African				x	√		
	Eastern European				x	√		
Sexual orientation	Homosexual	√	√	√	x	√	√	√
	Heterosexual			√	x	√	√	

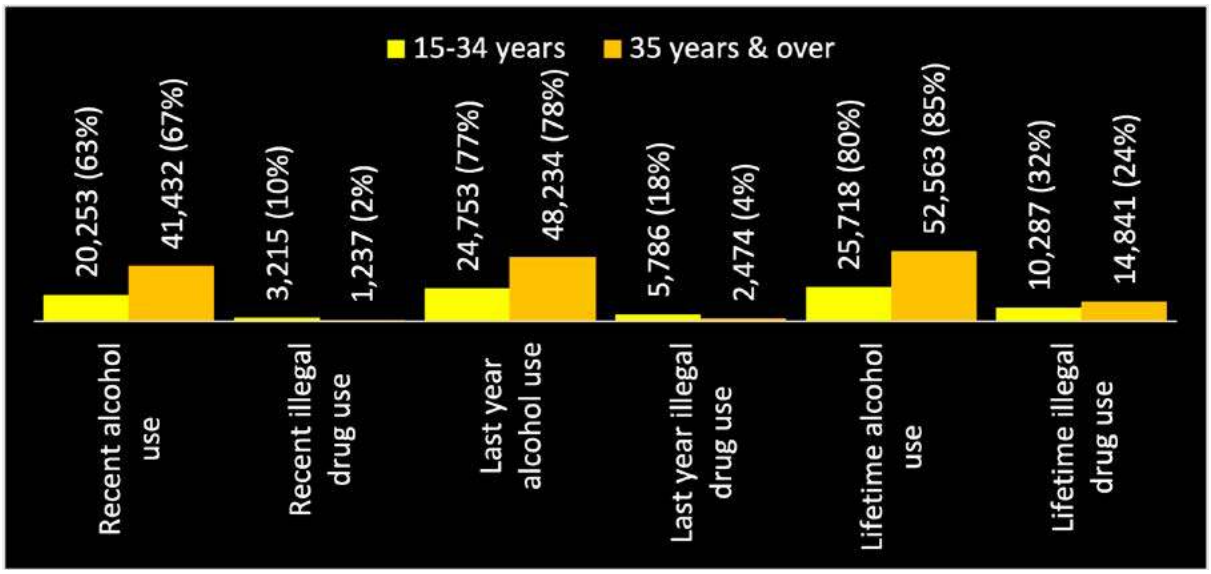
x No data reported

Prevalence rates of drug and alcohol use

The National Drug and Alcohol Survey (NDAS)[7] reports the prevalence of drug use in the general Irish population aged 15+ years (Mongan *et.al*, 2021). 2019/20 prevalence rates of drug use and the 2022 CSO population statistics were used to estimate the number of drug users in Dublin 15 (Chart 5.6). Alcohol is more commonly used than illegal drugs and about two thirds of people aged from 15 in Dublin 15 have used alcohol in the last month. Young people are more likely to use illegal drugs compared to people aged 35 years and over.

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.

Chart 5.6: Recent, last year and lifetime prevalence rates of drug use among Dublin 15 population, NDAS 2019/2020 by CSO 2022



The following analysis from the Irish Health Behaviour in School-aged Children survey provides a further breakdown of the prevalence of alcohol use among young people in Dublin 15 (Kolto et al., 2020). The majority (67%) of teenagers aged 15 to 17 years have used alcohol and 44% have been drunk (Chart 5.7). The research reports an increase in alcohol use and intoxication as young people get older (Chart 5.8). Since Year 1, this increase has also been reported by untreated drug users.

Chart 5.7: Prevalence of alcohol use among 15-17 year olds in Dublin 15, HBSC Survey 2018 by CSO 2022

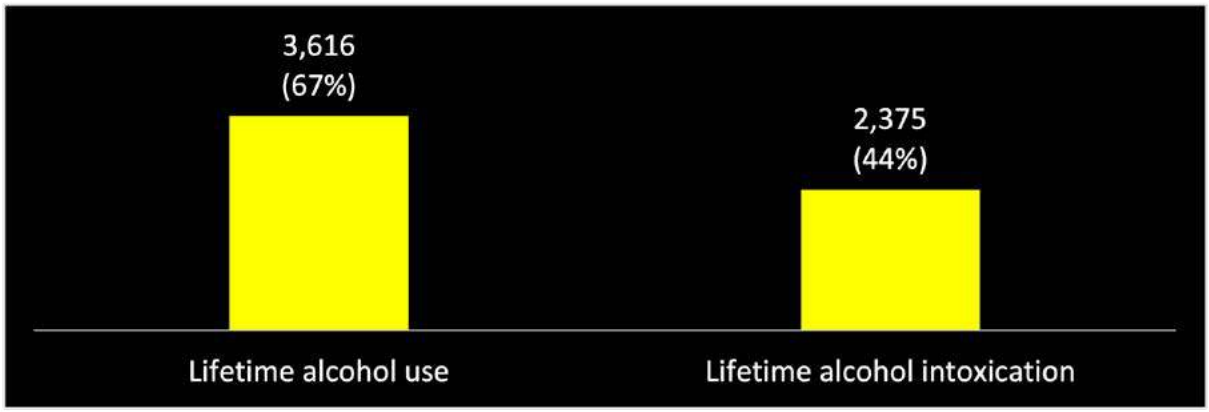
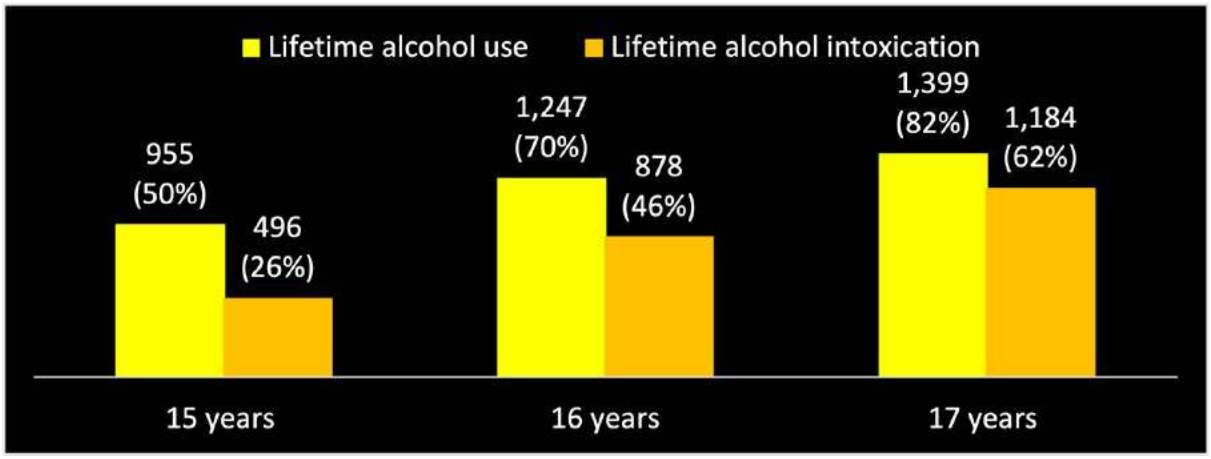


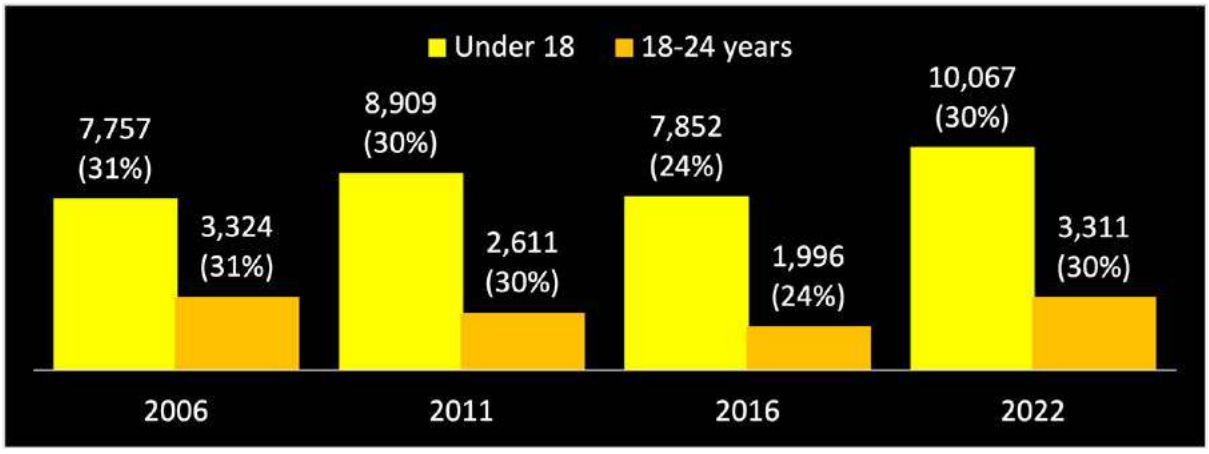
Chart 5.8: Lifetime prevalence rates of alcohol use and intoxication among 15-17 year olds in Dublin 15, HBSC Survey 2018 by CSO 2022



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. Since Year 3, this data has not been provided. Thus, the Deprivation Index has been used to quantify the at-risk youth population of Dublin 15 (Chart 5.9)[8]. The areas where these young people lived were similar to the areas reported in Year 2.

Chart 5.9: Dublin 15 socio-economically deprived youth population, CSO & Deprivation Index 2006 to 2022



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

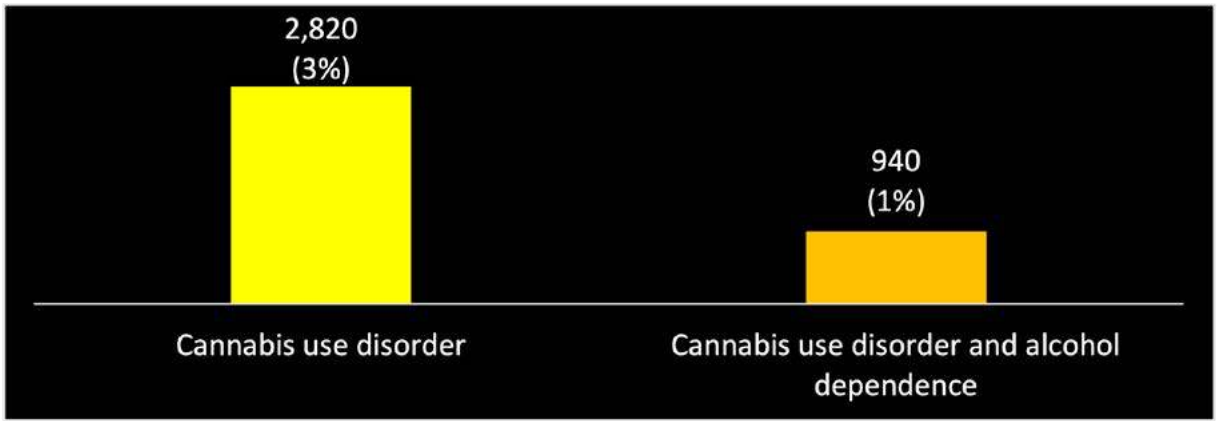
CANNABIS & ALCOHOL DEPENDENCE AMONG DUBLIN 15 GENERAL POPULATION

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

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

The Health Research Board and Department of Public Health and Primary Care have used national datasets to estimate the size of the Irish population that may need cannabis treatment (Mongan et al., 2021). They reported 3% (2,820) of the general population aged 15 years and over with a cannabis use disorder, and 1% (940) with a cannabis use disorder and alcohol dependence (Chart 5.10).

Chart 5.10: Prevalence of cannabis use disorder and alcohol dependence among Dublin 15 general population aged 15 years and over, HRB & Department of Public Health & Primary Care 2021 by CSO 2022

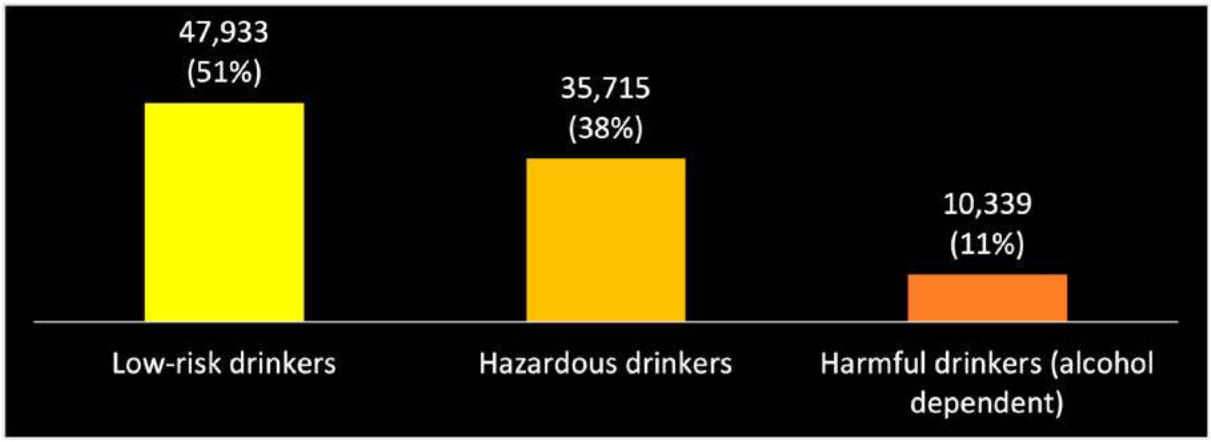


Research completed by the Health Research Board assigns drinking patterns to drinkers in the general population in Ireland (Mongan et al., 2020). The table below describes these drinking patterns.

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

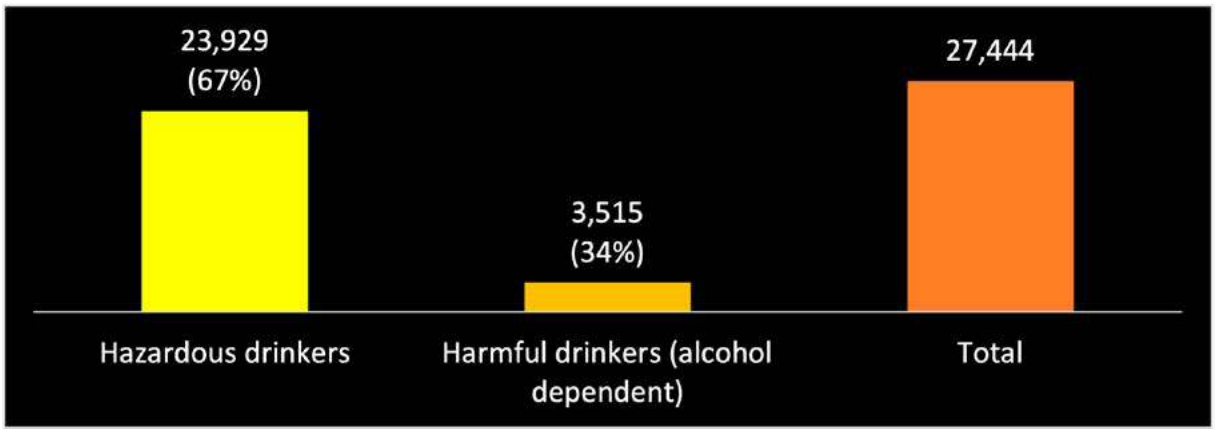
The findings report that hazardous and harmful drinking patterns are common among the Irish general population aged 15 years and over, with 49% of drinkers engaged in these drinking patterns. When the findings are contextualised with NDAS 2019/20 and Dublin 15 census data, they report 46,054 (49%) of drinkers were engaged in hazardous or harmful patterns of drinking, with 10,339 categorised as alcohol dependent drinkers (Chart 5.11).

Chart 5.11: Drinking patterns assigned to Dublin 15 general population & CSO 2022



The research measured drinkers' awareness of their alcohol use. A total of 27,444 (29%) of the general population of drinkers in Dublin 15 were unaware of their risky alcohol consumption; their patterns of alcohol use were hazardous or harmful, but they misclassified themselves as light or moderate drinkers (Chart 5.12).

Chart 5.12: Dublin 15 general population unaware of their hazardous or harmful alcohol consumption & CSO 2022



The researchers report that this lack of awareness is associated with the normalisation of alcohol use, and alcohol marketing and sponsorship that permeates throughout Ireland. They suggested the need *for public health messaging alongside evidence-based policy measures around pricing, availability and marketing to bring about behaviour change among the Irish drinking population*.

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

When these prevalence rates of cannabis and alcohol dependence among the Irish general population are compared with treatment demand data, it is apparent that the overall rate of help-seeking for cannabis and alcohol use by people aged from 15 years is low; 1% of people with alcohol dependence and 5% of people with cannabis dependence sought treatment in 2023.

CANNABIS & ALCOHOL DEPENDENCE AMONG DUBLIN 15 GENERAL POPULATION	
10,339 (11%)	General population aged 15+ who are alcohol dependent
144 (1%)	Cases treated for alcohol in 2023 (% of alcohol dependent population)
2,820 (3%)	General population aged 15+ who are cannabis dependent
131 (5%)	Cases treated for cannabis in 2023 (% of cannabis dependent population)

6. FACTORS CONTRIBUTING TO DRUG & ALCOHOL USE

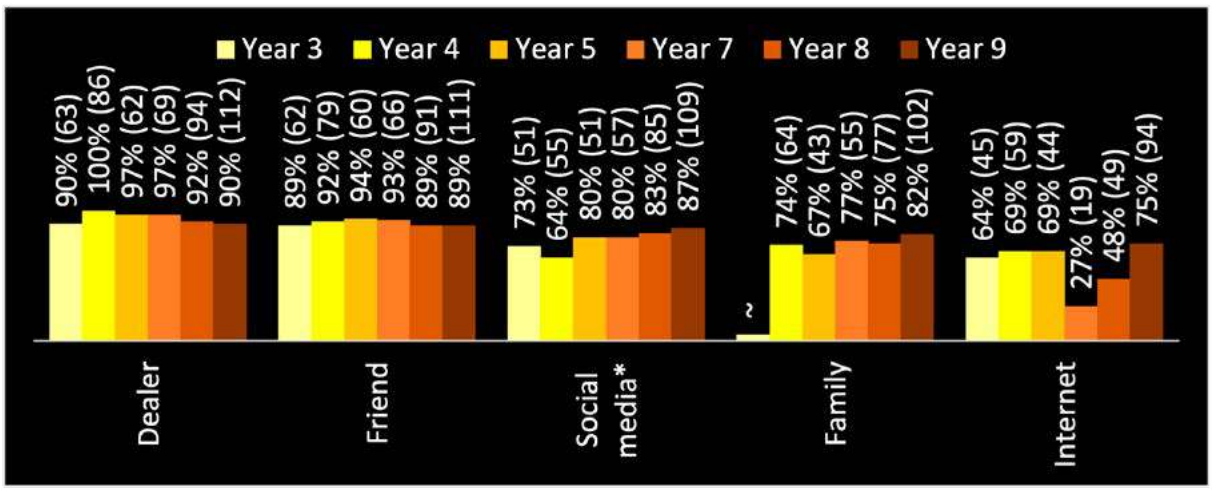
A range of factors contribute to drug and alcohol use in Dublin 15. They include easy access to drugs and alcohol, the normalisation of drug and alcohol use, the family context and mental ill-health.

1) ACCESSIBILITY OF DRUGS & ALCOHOL

METHODS FOR OBTAINING DRUGS

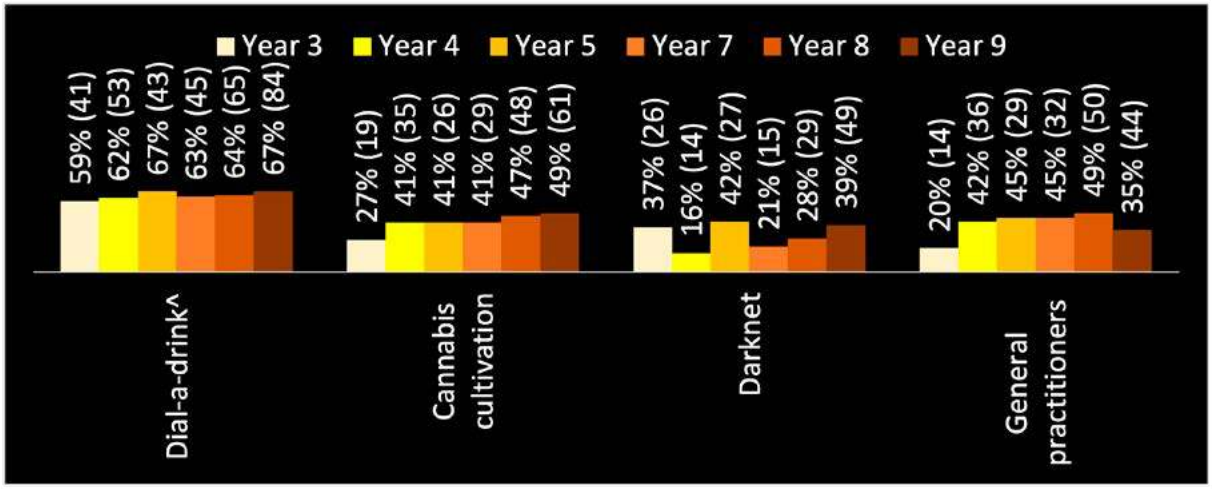
From Years 1 to 9, the main method for obtaining drugs was through local dealers. Years 1 and 2 reported the internet was the second most commonly used method, while Years 3 to 9 reported it was friends. Over the reporting period, the use of social media to obtain drugs has increased. This began with the use of Facebook, Snapchat and Instagram, and from Year 7, an increase in the type of social media utilised was reported with the use of Tik Tok and Telegram. Charts 6.1 and 6.2 report 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 9 (2017-2023)



* Includes Facebook, Snapchat, Instagram, Tik Tok, Telegram
~ Number too small to be reported (5 or less)

Chart 6.2: Methods for obtaining drugs, DATMS Year 3 to 9 (2017-2023)



^ Includes delivery of alcohol and illegal drugs

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

CHANGES IN DRUG AVAILABILITY

From Years 1 to 9, participants reported changes in the availability of drugs in Dublin 15 (Table 6.1). A lot of the drugs that have increased in availability are the most commonly used. Each year the DATMS has reported an increase in the availability of benzodiazepines and z drugs. Since Year 3, an increase in the availability of cannabis herb, powder and crack cocaine has been reported. Since Year 7, an increase in the availability of ketamine, methamphetamine, nitrous oxide was reported. Since Year 8, an increase in the availability of cannabis oil has been reported. Year 9 also reports an increase in the availability of MDMA and alcohol. An increase in drug availability is also reported throughout Europe, characterised by the widespread availability of a broader range of drugs including synthetic types (EUDA, 2024).

Table 6.1: Changes in drug availability in Dublin 15, DATMS Year 1 to 9

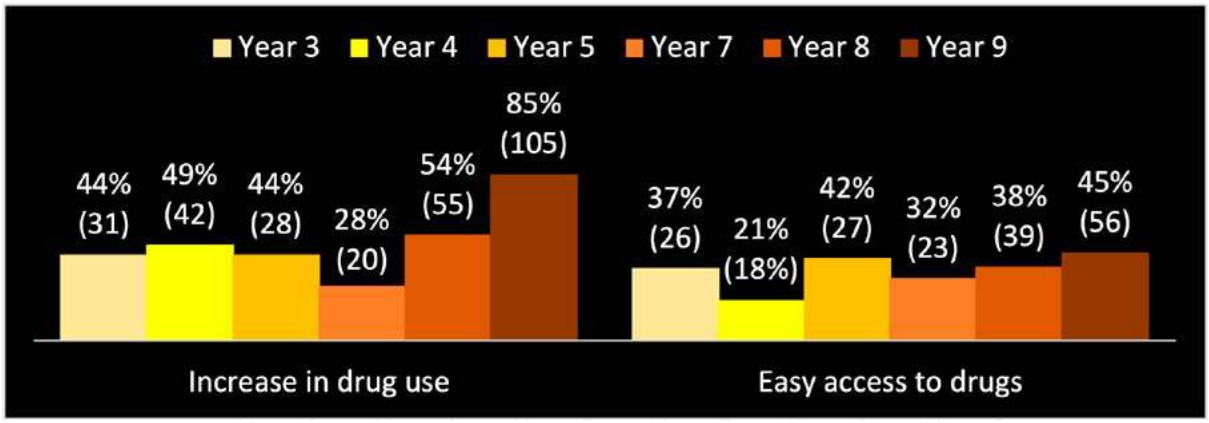
Drug type	Year 1	Year 2	Year 3	Year 4	Year 5	Year 7	Year 8	Year 9
Benzodiazepines, Z drugs	↑	↑	↑	↑	↑	↑	↑	↑
Cannabis herb	↑	*	↑	↑	↑	↑	↑	↑
Crack cocaine	↑	*	↑	↑	↑	↑	↑	↑
Cocaine powder	*	*	↑	↑	↑	↑	↑	↑
Ketamine	*	*	↑	*	*	↑	↑	↑
Methamphetamine	*	*	↑	*	xx	↑	↑	↑
Nitrous oxide	**	**	**	**	*	↑	↑	↑
Cannabis oil	^	^	^	↑	*	*	↑	↑
MDMA	*	*	↑	*	*	↑	*	↑
Alcohol	↑	↑	↑	*	↑	*	*	↑
GHB/GBL	~	~	*	↑	*	↑	↑	*
Cannabis edibles	✲	✲	✲	✲	✲	*	↑	*
Pregabalin (Lyrica)	*	↑	↑	*	*	*	*	*
Steroids	↑	*	*	*	*	*	*	*
Opiate (Oxycodone)	*	↑	*	*	*	*	*	*
Heroin	*	*	↑	↑	*	*	↓	*
Cannabis resin	↓	↑	↓	↓	*	*	↓	*
Cannabis infused drinks	✲	✲	✲	✲	✲	*	^^^	^^^

↑ Increase in drug availability
* No change in drug availability
xx Availability of drug not reported in Year 5
** Availability of drug first reported in Year 4
~ Availability of drug first reported in Year 2
✲ Availability of drug first reported in Year 5
^ Availability of drug first reported in Year 3
↓ Decrease in drug availability
^^^ Availability of drug not reported in Year 8 or 9

Reasons for increase in drug and alcohol availability

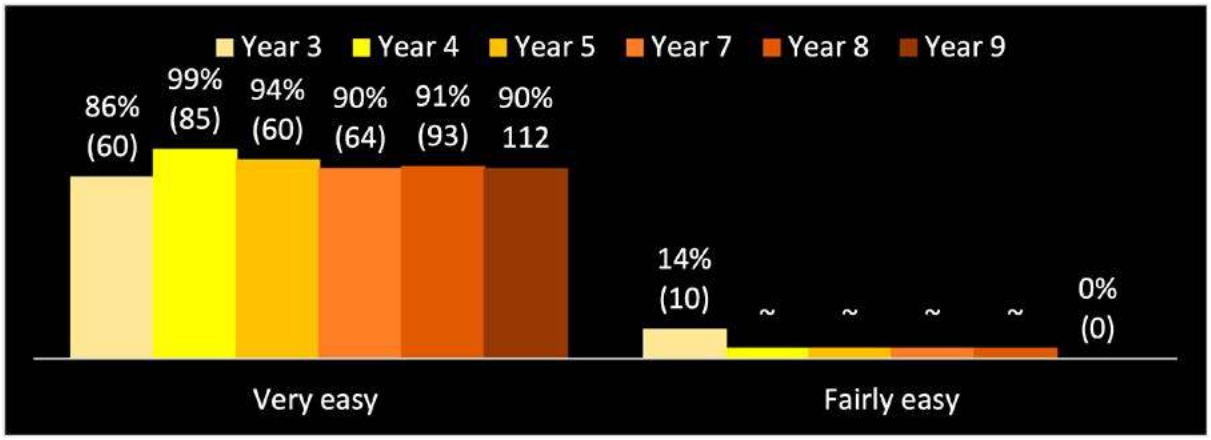
Since Year 3, drug users reported that the main reasons for the increase in drug availability were increased drug use and that they were easily accessed (Chart 6.3).

Chart 6.3: Rationale for increase in drug availability, DATMS Year 3 to 9 (2017-2023)



Since Year 2, treated and untreated drug users have reported an increase in the use of alcohol. The availability of low-price spirits in local supermarkets continues to contribute to this trend. Since Year 3, the normalisation of drug use was reported as a factor contributing to the increase in drug use in Dublin 15[9]. Since Year 5, drug users reported that the increase in drug use identified how demand influences the local drug market. They reported that this increased the number of drug distributors, as high demand means high profit for distributors. This resulted in the development of a more competitive drug market, with dealers employing different tactics to increase market share. This 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. Since Year 3, the majority of participants reported that access to drugs in Dublin 15 was very easy (Chart 6.4).

Chart 6.4: Ease of access to drugs in Dublin 15, DATMS Year 3 to 9 (2017-2023)



~ 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). New trends in access to cannabis products were reported, with Year 9 the first year to report the availability of HHC (NPS cannabis oil) in local shops. While HHC

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

is new to the market[10], it is likely that this method of distribution has been used for some time for other types of cannabis oil. Also, the increasing use of vaping devices to consume cannabis oil due to an increase in availability in local shops has been reported by treated and untreated drug users.

Table 6.2: Factors contributing to ease of access to drugs, DATMS Year 1 to 9

Factors contributing to ease of access to drugs	Year 1	Year 2	Year 3	Year 4	Year 5	Year 7	Year 8	Year 9
Increase in number of dealers			√	√	√	√	√	√
Increase in number of under 18s dealing		√	√	√	√	√	√	√
Dealers making home deliveries^	√	√	√		√	√	√	√
Increase in utilisation of social media			√	√	√	√	√	√
Obtaining drugs from General Practitioners	√	√	√			√		√
Obtaining drugs from the internet	√	√	√					√
NPS Cannabis oil available in local shops								√

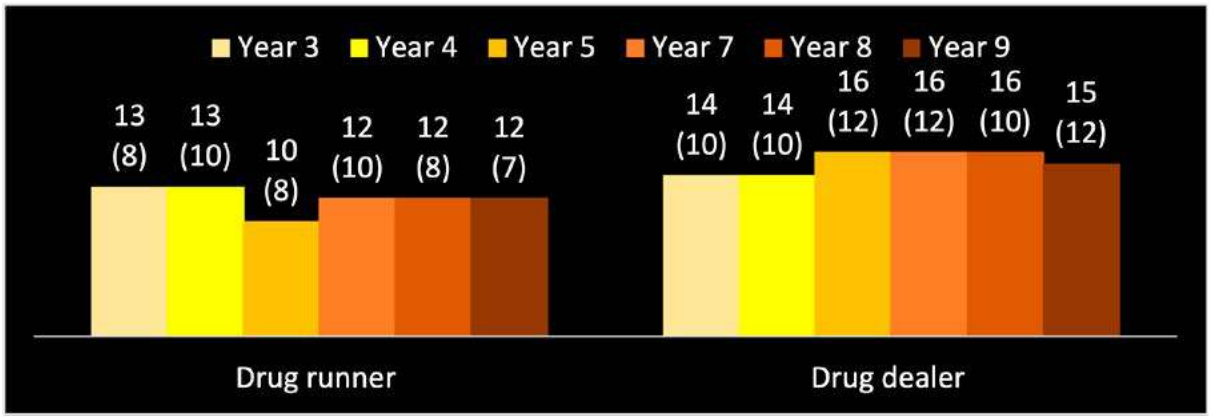
^ Includes Dial-A-Drink

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 9 reported the age of drug runners and dealers in Dublin 15 (Chart 6.5); the norm aged is reported and the youngest age is reported in brackets. Over the reporting period, drug runners have become younger, and drug dealers have become older. Since Year 3, the profile of under 18 drug runners and dealers was similar. They were predominately male, though females also engaged in these activities.

10 Further information concerning HHC is reported in the chapters 'Treated drug and alcohol use' and 'Untreated drug and alcohol use', and chapter 7 section 2 'Social consequences of drug and alcohol use'

Chart 6.5: Drug runners and dealers in Dublin 15 aged under 18, DATMS Year 3 to 9 (2017-2023)



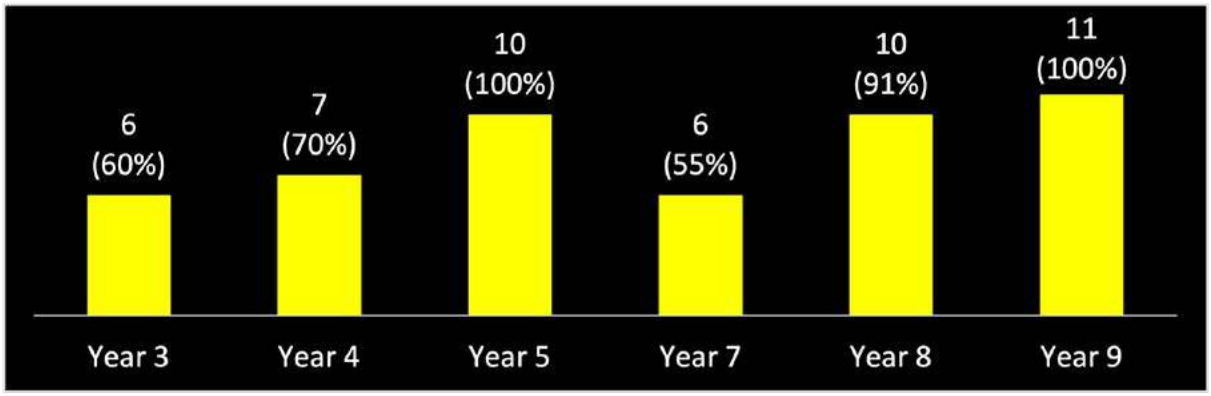
The reasons that children and young people become involved in this criminal activity are multi-faceted and incorporate personal, family and environmental factors. The desire to increase social status is an important driver of drug dealing behaviour and to make 'easy money'. Within a family context, participants reported that older family members were drug dealers. Three environmental factors were reported. Firstly, since Year 2, participants reported increasing drug-related intimidation in Dublin 15. There is likely a link between the increasing levels of drug-related intimidation and under 18s drug running and dealing, whereby young people are forced to hold and sell drugs to pay off debts. Secondly, since Year 1, the normalisation of drug use has featured prominently, whereby drugs are perceived to be socially acceptable[11]. This normalisation may influence a young person's decision to become involved in drug running and dealing as they may not identify the negative consequences of such behaviour. Thirdly, the use of minors for drug distribution has been a long-standing method used by older, larger scale dealers, as due to their age there are fewer criminal consequences. This also has the consequence of easy access to customers, whereby young people distribute drugs to their peers and friends.

Drug dealing in Dublin 15 secondary schools

All years of the DATMS reported that drug dealing occurred in local secondary schools. There were fluctuations in the number of schools with evidence of drug dealing, from 6 in Year 3 to all schools in Year 9. Year 5 also reported drug dealing in all local secondary schools (Chart 6.6)[12]. 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.

11 Further data concerning the normalisation of drug and alcohol use is reported in the following section
12 From Years 3 to 5 there were ten local secondary schools; from Year 7 this increased to eleven schools

Chart 6.6: Number of secondary schools in Dublin 15 with evidence of drug dealing, DATMS Year 3 to 9 (2017-2023)



Drug dealing in Dublin 15 primary schools

Year 9 was the first year that drug dealing in local primary schools was reported to the DATMS[13]. There are 31 primary schools in Dublin 15. Drug dealing was reported in a number of these schools (number of schools not reported to uphold confidentiality). These schools include those with and without DEIS status, indicating that drug dealing is a community wide issue that crosses all socio-economic boundaries.

DRUGS MANUFACTURED IN DUBLIN 15

Years 1 to 9 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. Since Year 3, the production of crack cocaine has been reported in the area.

Table 6.3: Types of drugs manufactured in Dublin 15, DATMS Year 1 to 9

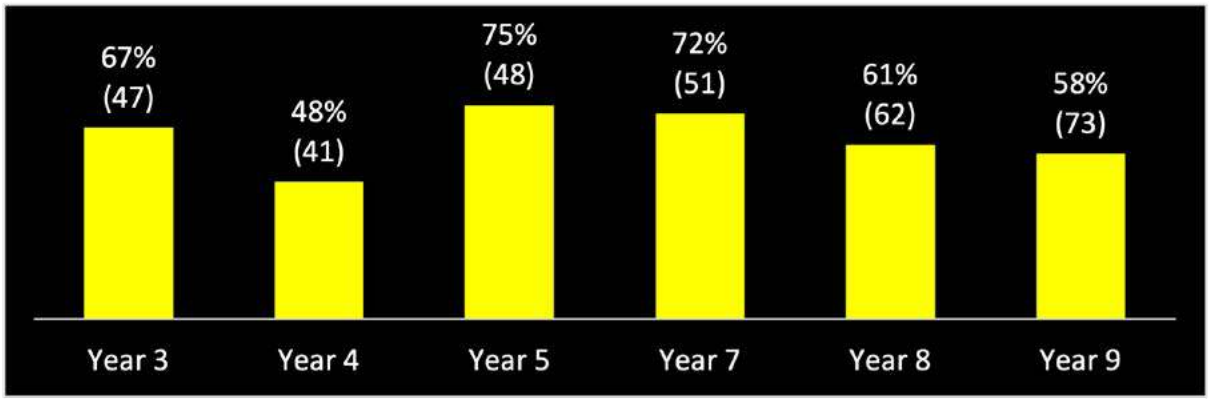
Drug type	Year 1	Year 2	Year 3	Year 4	Year 5	Year 7	Year 8	Year 9
Cannabis herb	√	√	√	√	√	√	√	√
Crack cocaine			√	√	√	√	√	√
Benzodiazepines	√	√	√				√	√
Z drugs			√				√	
Cannabis edibles (cakes)					√		√	
MDMA			√	√	√			
Cannabis oil			√	√	√			
Synthetic stimulants (NPS)					√			

13 Data concerning drug use in Dublin 15 primary schools is reported in chapter 7 section 2 'Social consequences of drug and alcohol use'

DRUGS SOURCED FROM OUTSIDE DUBLIN 15

In Year 9, drug users continued to report that people travelled outside Dublin 15 to obtain drugs (Chart 6.7). Areas travelled to included Dublin City Centre, Finglas, Tallaght, Cabra 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 6.7: Drugs sourced from outside Dublin 15, DATMS Year 3 to 9 (2017-2023)



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
- The use of cannabis was perceived to be similar to the use of cigarettes
- Benzodiazepines and z drugs are perceived to be risk free as they are prescribed drugs

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

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

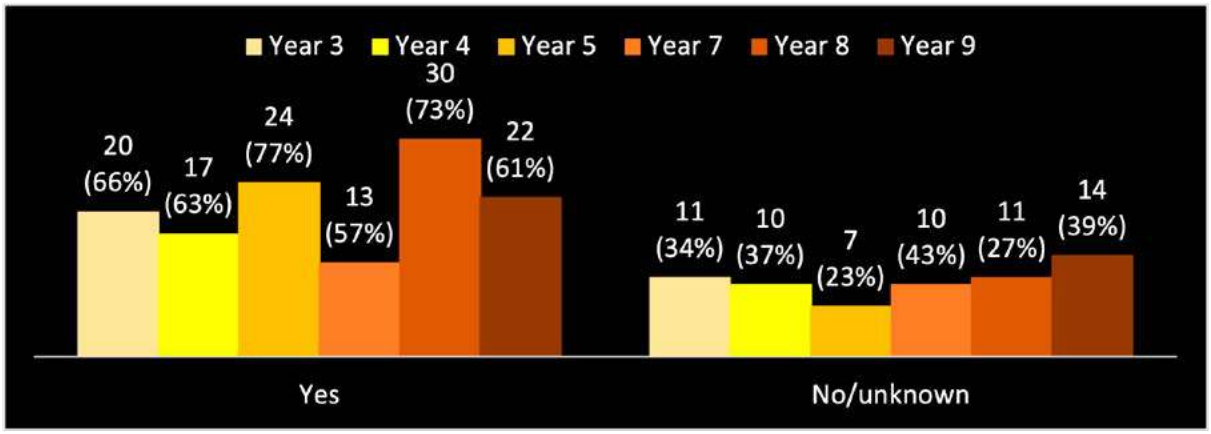
- Increase in drug use among treated and untreated drug users
- Untreated drug users getting younger
- Hindered help-seeking for alcohol and drug use among young people
- Increase in the number of under 18s dealing drugs, thus, contributing to the ease of access to drugs
- Development of inter-generational drug and alcohol dependence
- Main drugs used by treated drug users were those which were normalised[14]

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

3) FAMILY CONTEXT

Since Year 1, the DATMS has reported the negative impact of drug and alcohol dependence within the family. The data reported the family context as a risk factor for the normalisation of drug and alcohol use, and the development of inter-generational drug and alcohol dependence[15]. 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 6.8).

Chart 6.8: Drug and/or alcohol issues among treated drug users family members, DATMS Year 3 to 9 (2017-2023)



From Years 3 to 9, the proportion of treated drug users reporting inter-generational drug and alcohol use spanning two to three generations fluctuated (Chart 6.9).

Chart 6.9: Treated drug users by inter-generational substance use, DATMS Year 3 to 9 (2017-2023)

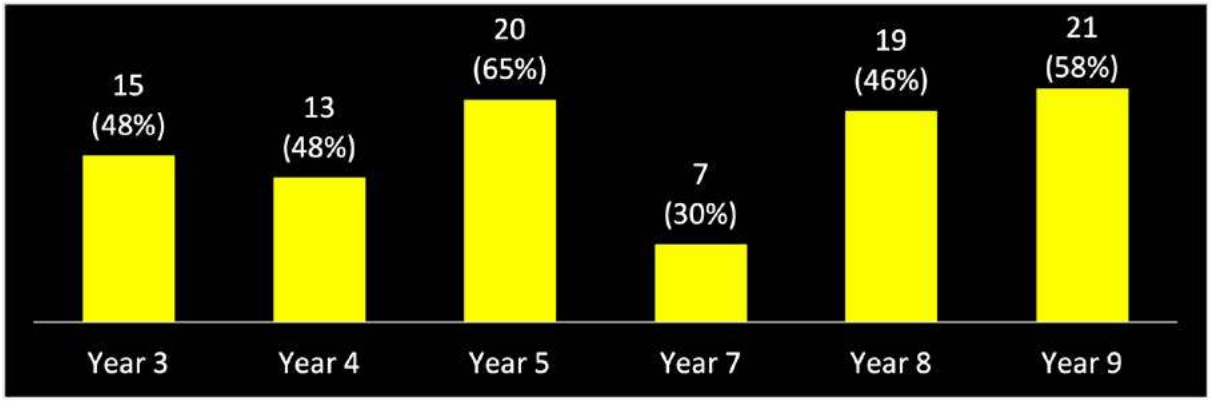
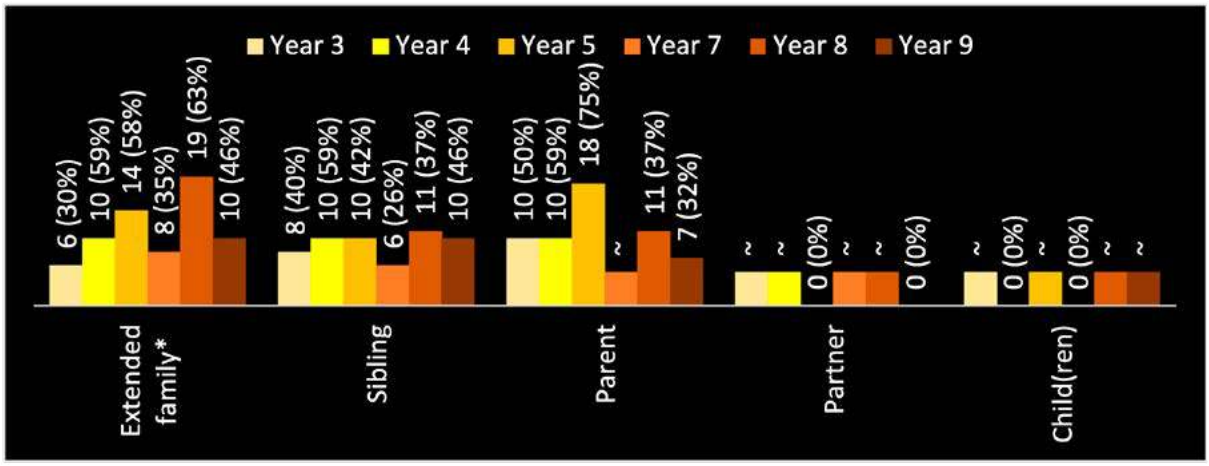


Chart 6.10 reports the type of treated drug users' family members with drug and/or alcohol issues.

15 Further data concerning the impact of drug dependence within the family is reported in chapter 7 section 2 'Social consequences of drug and alcohol use'

Chart 6.10: Type of treated drug users family members with drug and/or alcohol issues, DATMS Year 3 to 9 (2017-2023)



Category totals exceed total number of participants as some treated drug users had more than one drug and/or alcohol dependent family member

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

* Grandparent, uncle/aunt, cousin, niece/nephew

HIDDEN HARM WITHIN THE FAMILY

Since Year 7, we have quantified and mapped the extent of hidden harm within the community. For this study, hidden harm relates to treated drug use and family support cases with children aged under 18. From Year 7 to 9, there has been a 6% increase in the incidence of children affected by familial drug or alcohol use, from 385 to 409 of treated drug use and family support cases (Chart 6.11). In Year 8, this equates to 986 children affected by a family members drug or alcohol use, and in Year 9, 819 children were in this situation. Year 8 and 9 reported that the majority of cases (61% and 63%) had two or more children (Chart 6.12).

Chart 6.11: Incidence of hidden harm in Dublin 15, DATMS Year 7 to 9 (2021-2023)

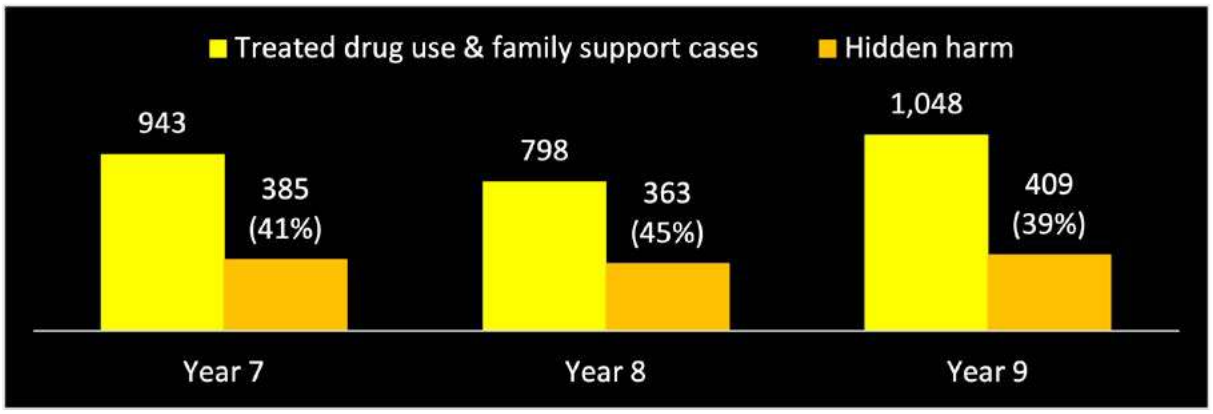
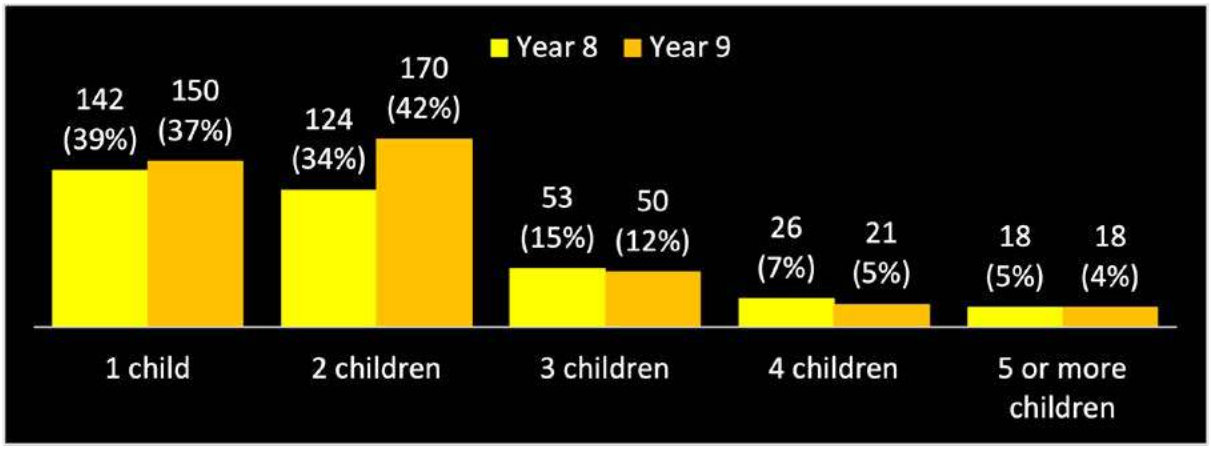


Chart 6.12: Treated drug use and family support cases by number of children aged under 18, DATMS Year 8 & 9 (2022-2023)

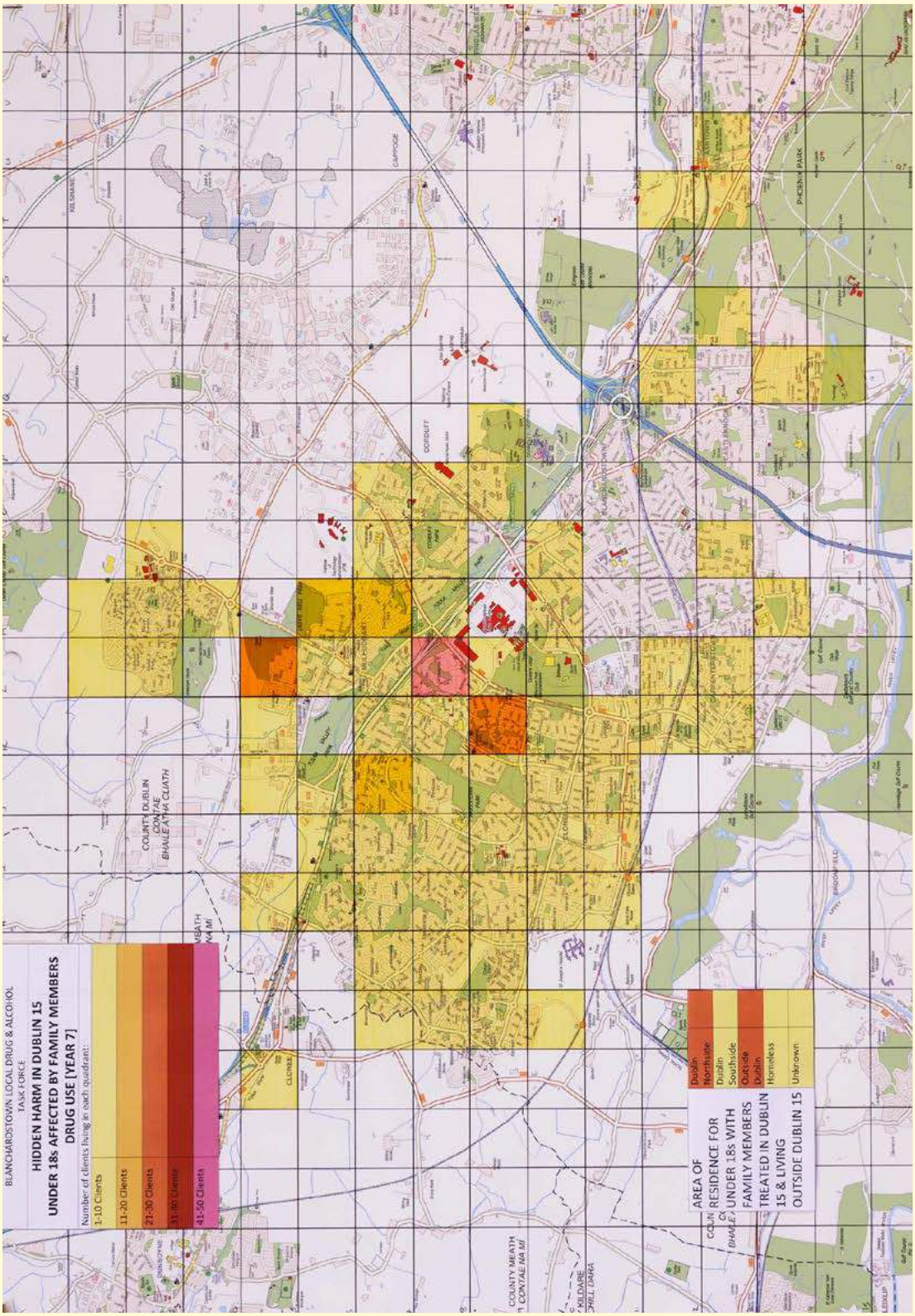


Mapping hidden harm

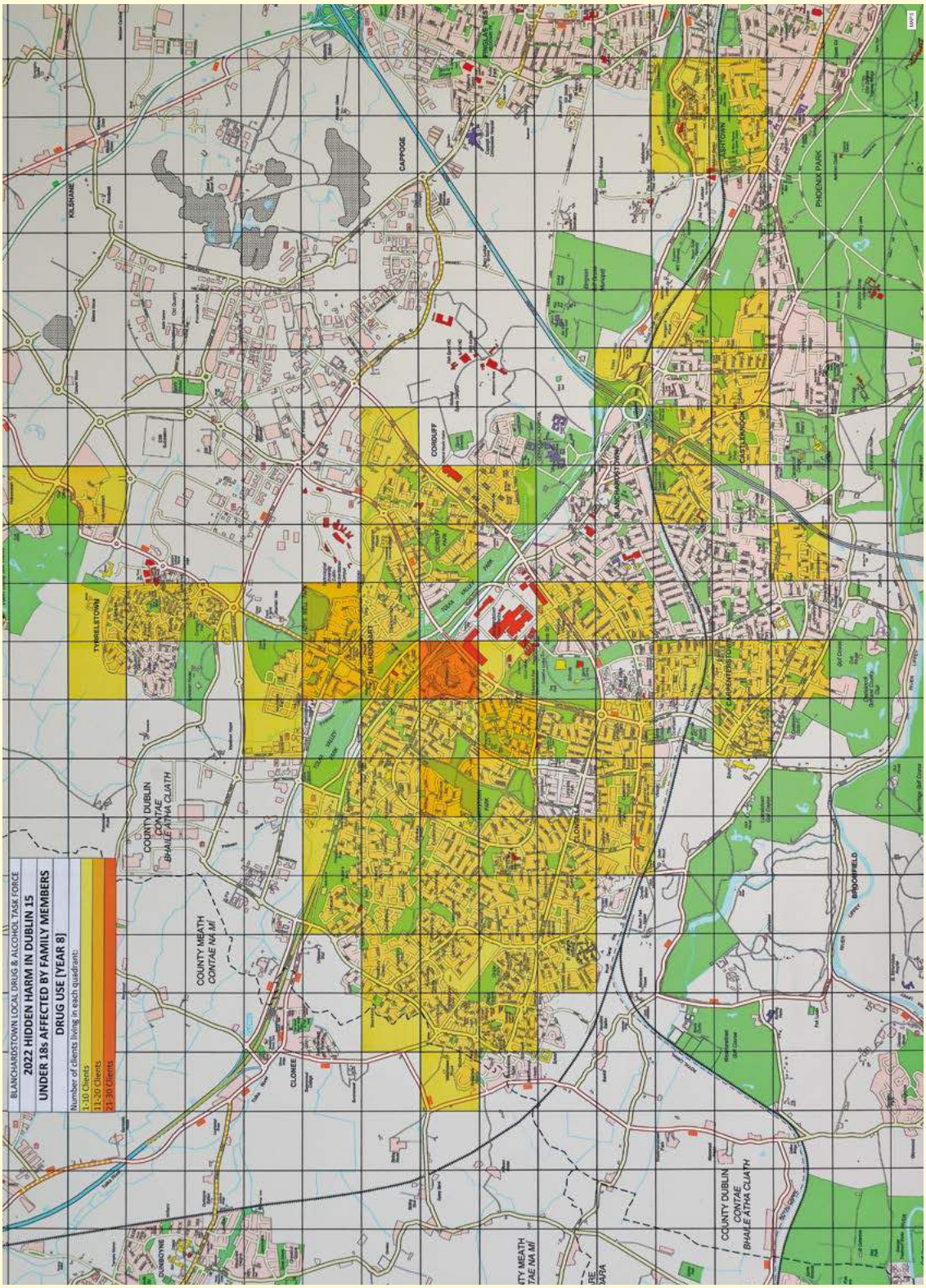
Year 9 Hidden Harm mapping data identifies the following:

- Children aged under 18 who were affected by a family member's drug and alcohol use were from Dublin 15, outside Dublin 15 and homeless (see maps overleaf)
- The majority of cases 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 and 8 mapping data reported similar findings

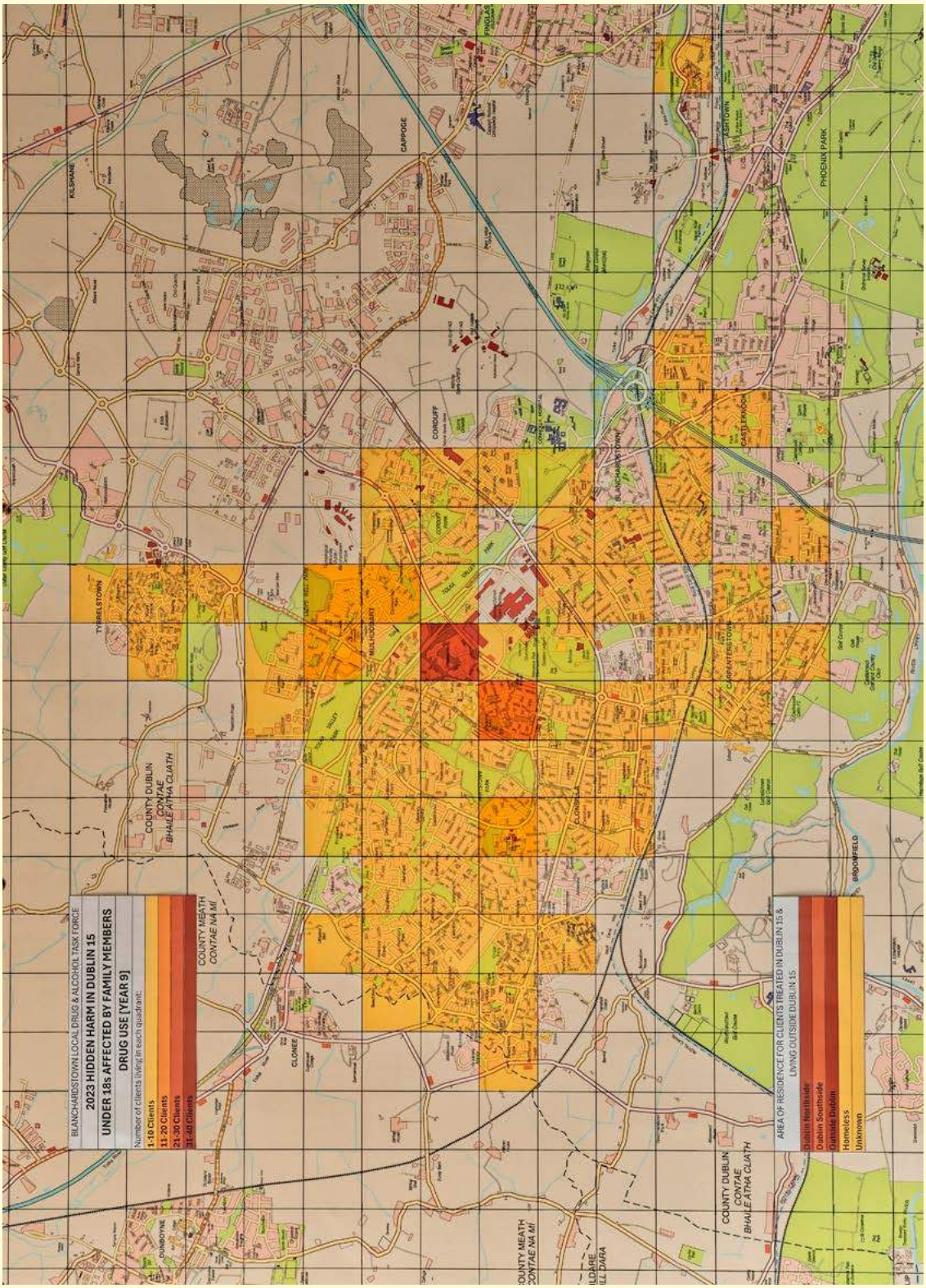
YEAR 7 Hidden Harm in Dublin 15 Under 18s Affected by Family Members Drug Use 2021



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



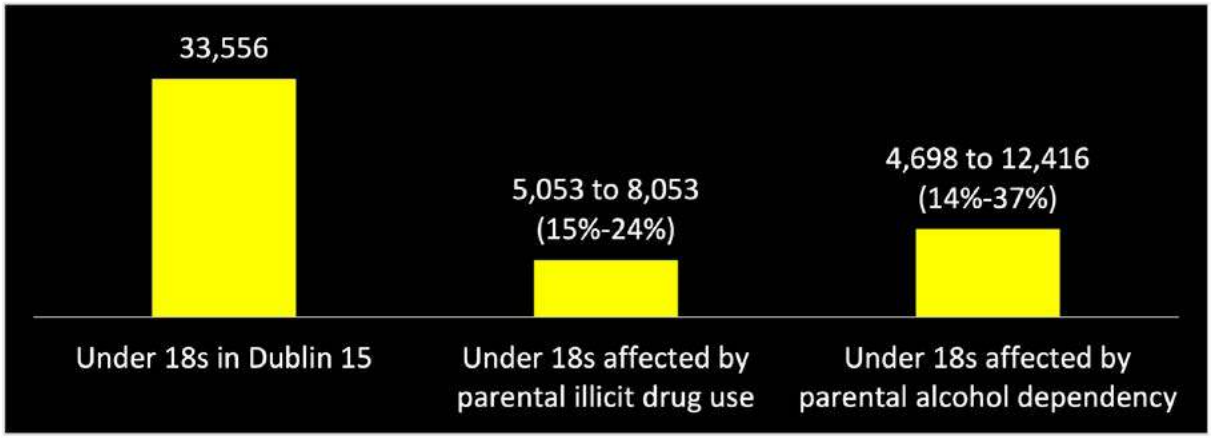
YEAR 9 Hidden Harm in Dublin 15 Under 18s Affected by Family Members Drug Use 2023



Prevalence rates of hidden harm

A methodological framework for estimating the prevalence of children whose parents misuse substances has been developed in the Irish context (Galligan & Comiskey, 2019). These estimates and the 2022 CSO population statistics have been used to estimate the number of children affected by parental drug and alcohol use in Dublin 15. Up to a quarter of children are affected by parental illicit drug use, and up to 37% are affected by parental alcohol dependency (Chart 6.13). These estimates have been compared with the number of treated drug use and family support cases with children aged under 18 from 2021 to 2023. Over this reporting period, the number of cases accounts for between 3% and 9% 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. The data identifies the need for family support services for under 18s.

Chart 6.13: Prevalence of children affected by parental illicit drug use and alcohol dependency in Dublin 15 by CSO 2022



4) MENTAL HEALTH

Poor mental health is a risk factor for drug and alcohol use which identifies the importance of early intervention. The following data reports youth and adult mental health treatment demand in Dublin 15. Treatment demand for these services is higher than reported, as data from some services is not included (Table 6.4). As there are no unique identifiers, the number of cases will be reported rather than the number of individuals treated; thus, individuals may be counted more than once if they attend more than one service.

Table 6.4: Local mental health services by data returns, DATMS Year 3 to 9 (2017-2023)

Service	Year 3	Year 4	Year 5	Year 7	Year 8	Year 9
Genesis Psychotherapy & Family Therapy Service (Genesis)	√	X	√	√	√	√
HSE Addiction Psychiatry Service	X	X	X	X	X	X
HSE Addiction Counselling Service	X	X	X	X	X	X
HSE Substance Abuse Service Specific to Youth (SASSY)	√	√	√	√	√	√
Jigsaw Dublin 15	√	√	√	X	√	X

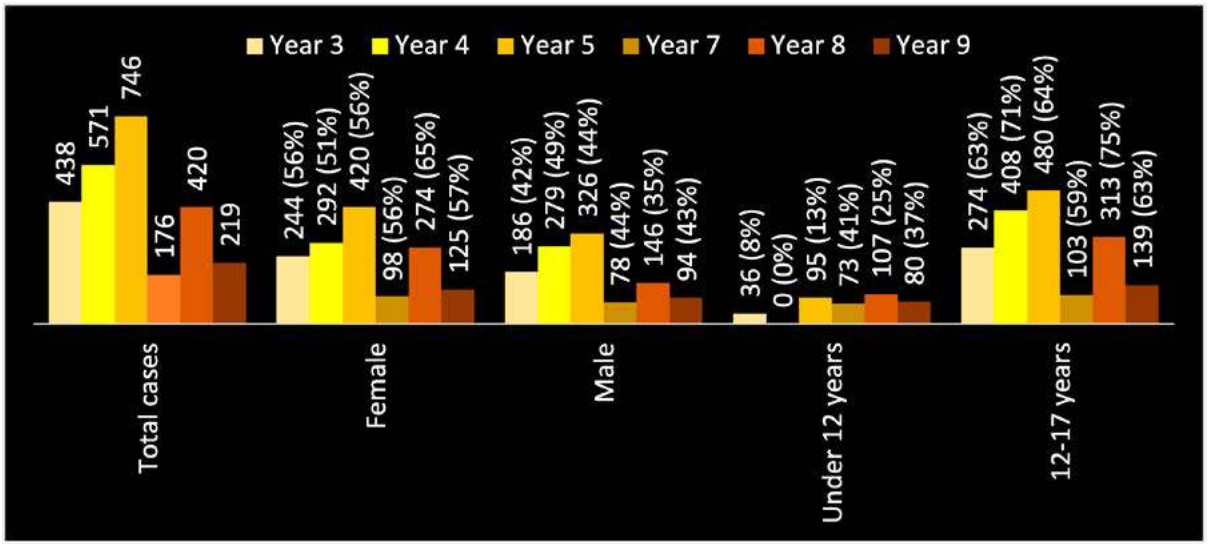
√ Data provided
X No data provided

YOUTH MENTAL HEALTH TREATMENT DEMAND

From 2017 to 2023, there have been fluctuations in the number of under 18s treated for mental health issues (Chart 6.14). The significant decrease in cases from 2019 to 2021 and from 2022 to 2023 is most likely related to poor data returns rather than a reduction in mental health issues among young people. Indeed, other DATMS data sources[16] continue to report an increase in mental health issues among young people in Dublin 15. Over the reporting period, the majority of cases were female and aged 12 to 17 years (Chart 6.14).

16 See paragraph below Chart 6.15

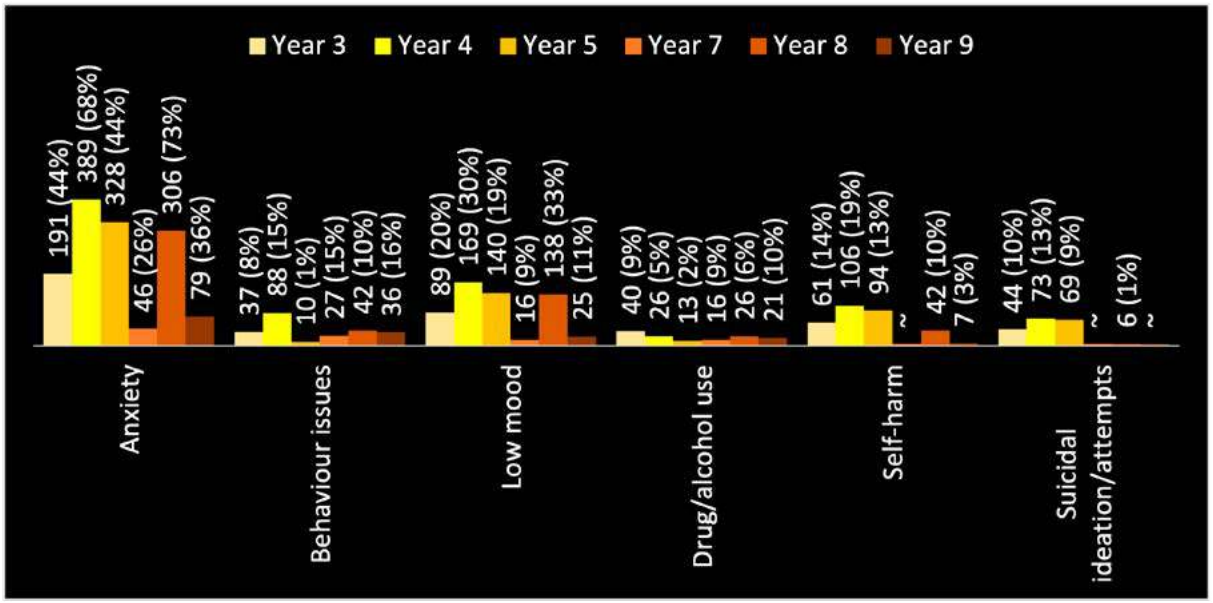
Chart 6.14: Total cases, gender and age of young people, Local mental health services, DATMS Year 3 to 9 (2017-2023)



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

From 2017 to 2023, anxiety was the main mental health issue experienced by young people (Chart 6.15).

Chart 6.15: Mental health issues among young people, Local mental health services, DATMS Year 3 to 9 (2017-2023)



~ Number of cases too small to be reported (5 or less)
Category totals exceed total number of cases as some cases experienced more than one mental health issue

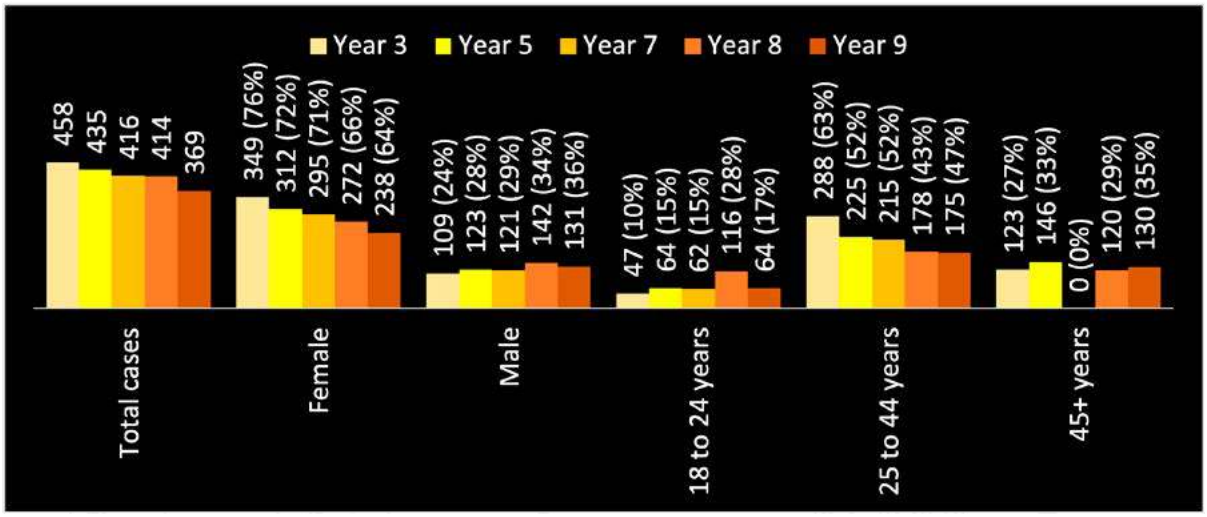
From Years 1 to 9, service providers reported an increase in the incidence of mental health issues (anxiety and mood related issues) among children and young people. Service providers reported the following personal, familial and environmental factors that compromised youth mental health: drug and/or alcohol use, lack of mental health protective factors such as resilience skills, parental mental health and/or drug and

alcohol issues, child neglect, poverty and homelessness. These factors affected children's educational attendance and attainment. Service providers reported the need to increase access to youth mental health services[17]. The negative impact of inter-generational drug use and deprivation on young people's mental health was apparent[18].

ADULT MENTAL HEALTH TREATMENT DEMAND

Over the reporting period, there was a 19% decrease in the number of adults treated for mental health issues in Dublin 15 (Chart 6.16). This decrease is most likely related to poor data returns rather than a reduction in mental health issues among adults. Indeed, other DATMS data sources[19] continue to report an increase in mental health issues among adults in Dublin 15. The majority of cases were female, and some cases were treated for more than one mental health issue (Charts 6.16 and 6.17).

Chart 6.16: Total clients, gender and age range of adults, Local mental health services, DATMS Year 3 to 9 (2017-2023)

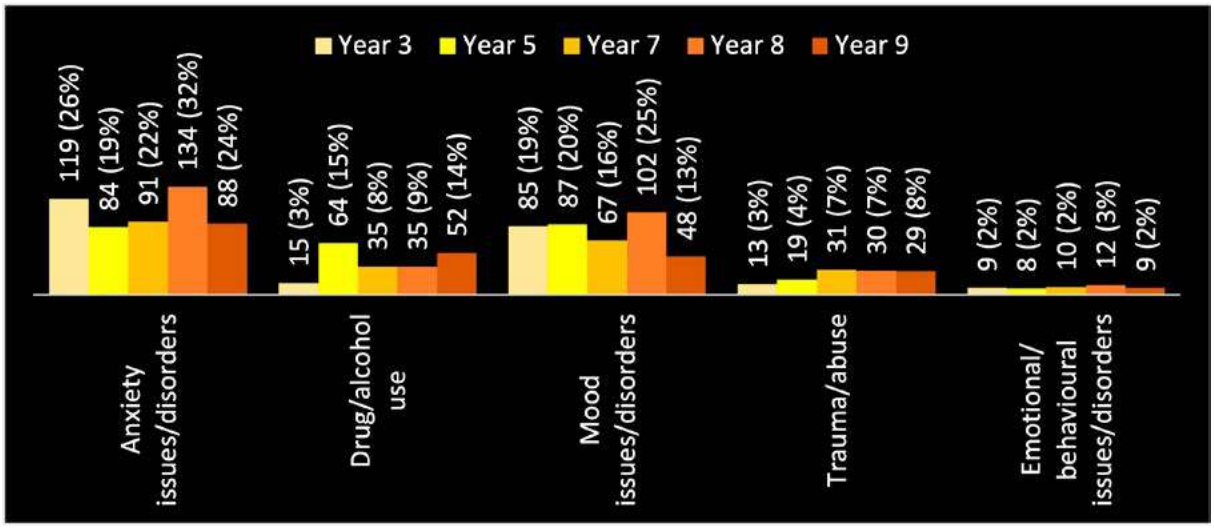


17 The type of mental health services required are reported in chapter 9 'Service provision'

18 Further data concerning the impact drug use has on education is reported in chapter 7 section 2 'Social consequences of drug use'

19 See chapter 7 section 1 'Physical & mental health consequences of drug use'

Chart 6.17: Mental health issues among adults, Local mental health services, DATMS Year 3 to 9 (2017-2023)



Category totals exceed total number of cases as some cases experienced more than one mental health issue/ disorder

7. CONSEQUENCES OF DRUG & ALCOHOL USE

1) PHYSICAL AND MENTAL HEALTH CONSEQUENCES OF DRUG USE

Treated drug users and service providers reported the health-related consequences of drug use for Years 1 to 9. Table 7.1 reports the main physical and mental health issues reported by treated adult drug users in Year 9; similar issues were reported since Year 1.

Table 7.1: Main physical and mental health issues experienced by treated adult drug users, DATMS Year 9 (2023)

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

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

The following data reports youth and adult treatment demand for substance use and mental health issues in Dublin 15. Treatment demand for these services is higher than reported, as data from some services is not included[20]. Over the reporting period, the number of clients treated for drug or alcohol use in local mental health services has increased by 128%; fluctuations in this upward trend were reported during this period (Charts 7.1 and 7.2)[21].

20 Table 6.4 in chapter 6 'Factors contributing to drug and alcohol use' reports local mental health services by data returns

21 Further data concerning the profile of clients treated for mental health issues/disorders is reported in chapter 6 section 4 'Mental health'

Chart 7.1: Mental health and substance use cases by gender, Local mental health services, DATMS Year 3 to 9 (2017-2023)

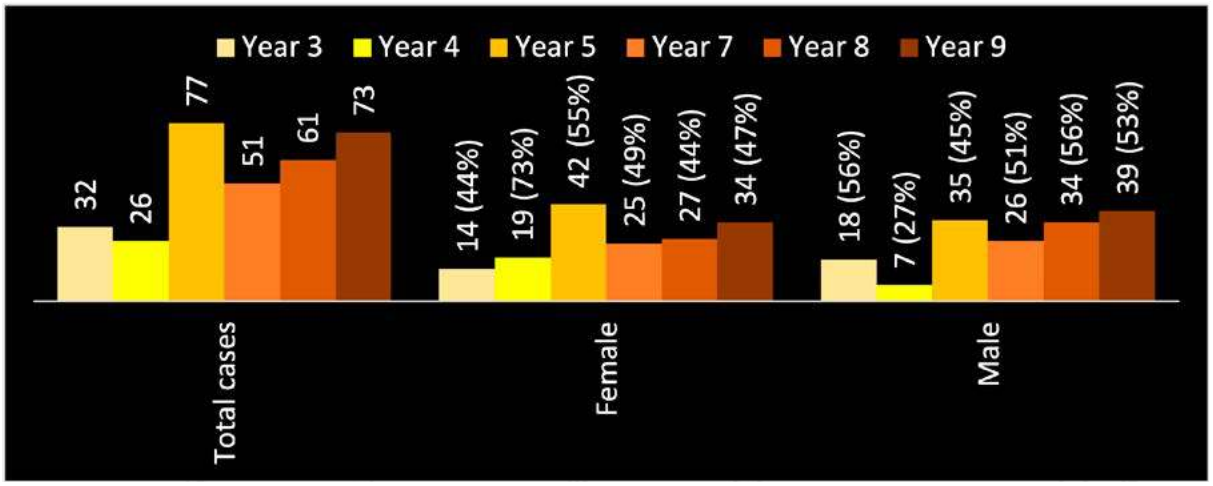
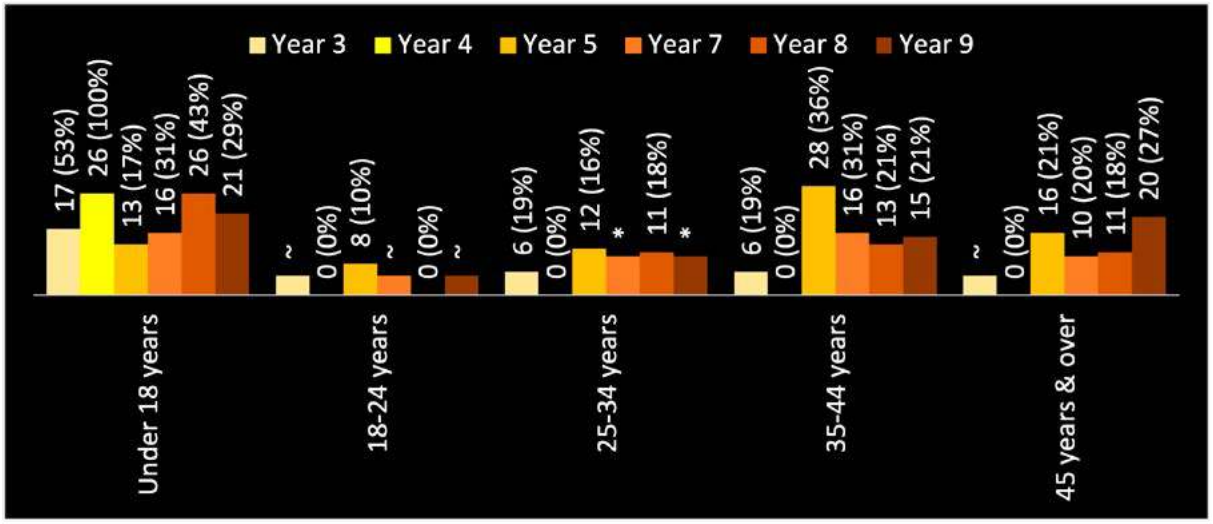


Chart 7.2: Mental health and substance use cases by age, Local mental health services, DATMS Year 3 to 9 (2017-2023)



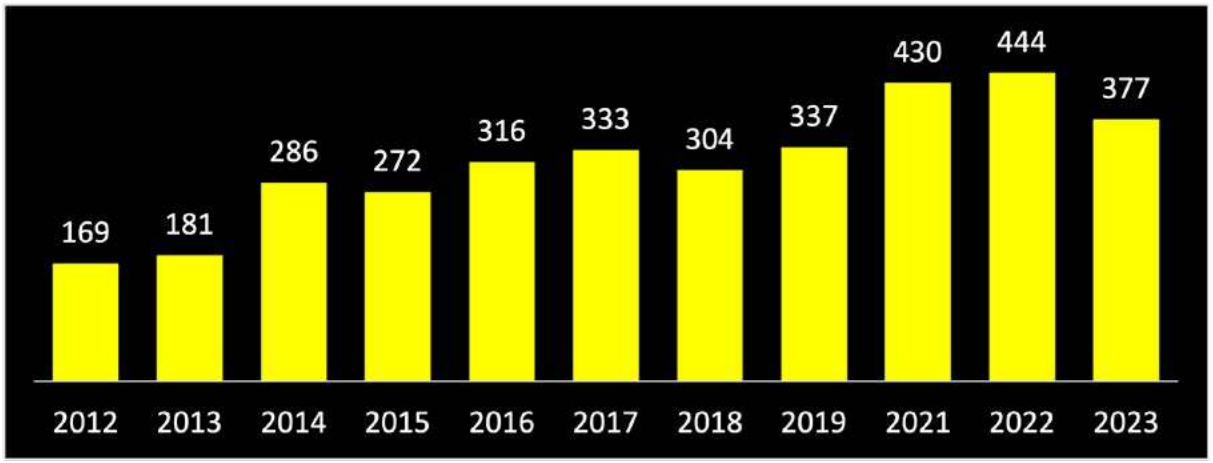
~ Number of clients too small to be reported (5 or less)
* Number of cases greater than 5 and suppressed to ensure cases with 5 or less are not disclosed

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 2023, there were 3,449 treatment episodes for mental health and behavioural disorders[22] associated with drug and alcohol use among Dublin 15 residents (Charts 7.3 to 7.5).

- From 2012 to 2023, the number of treatment episodes for mental health and behavioural disorders associated with drug and alcohol use increased by 123%; 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 2023, 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

Chart 7.3: Treatment episodes for mental health and behavioural disorders due to drug and alcohol use among Dublin 15 residents, HIPE 2012 to 2023



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

Chart 7.4: Treatment episodes for mental health and behavioural disorders due to drug and alcohol use among Dublin 15 residents by gender, HIPE 2012 to 2023

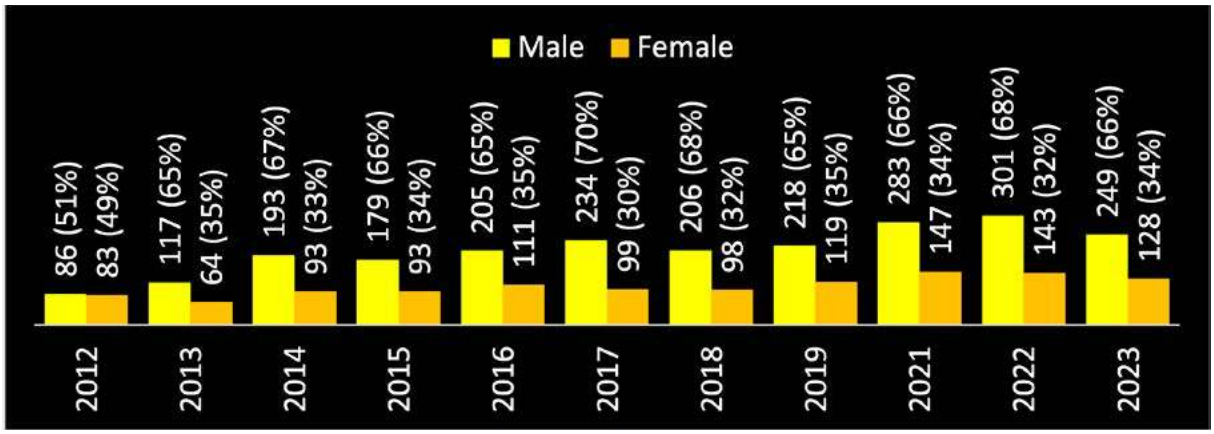
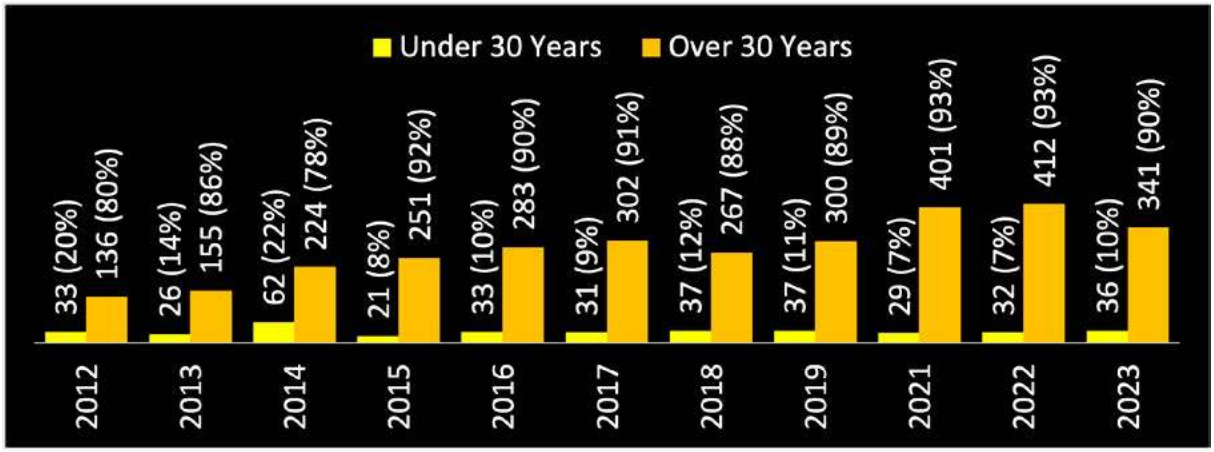


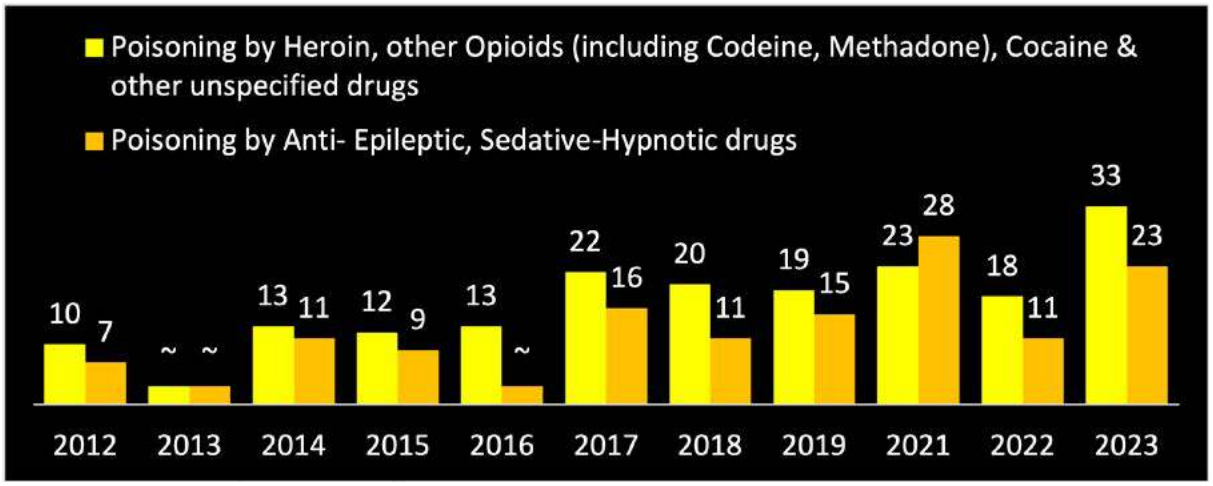
Chart 7.5: Treatment episodes for mental health and behavioural disorders due to drug and alcohol use among Dublin 15 residents by age, HIPE 2012 to 2023



From 2012 to 2023, there were 323 treatment episodes for drug-related poisonings (overdoses) among Dublin 15 residents (Chart 7.6). The poisonings may not have resulted in death.

- From 2012 to 2023, the number of treatment episodes for poisonings increased by 229%; fluctuations in this upward trend were reported during this period
- From 2012 to 2023, the number of treatment episodes for poisonings associated with opioids, cocaine and other drugs increased from 2% to 4% of national treatment episodes
- From 2012 to 2023, the number of treatment episodes for poisonings associated with anti-epileptic and sedative-hypnotic drugs increased from 1% to 3% of national treatment episodes

Chart 7.6: Treatment episodes for drug-related poisonings by drug type among Dublin 15 residents, HIPE 2012 to 2023



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

NATIONAL DRUG-RELATED DEATHS INDEX (NDRDI)

The NDRDI analysis is a summary of drug poisoning deaths in Ireland from 2011 to 2021. Over this reporting period, the number of poisoning deaths increased by 13% from 314 in 2011 to 354 in 2021, though fluctuations in this trend were reported during this period (Chart 7.7) (Health Research Board, 2024).

- Opioids were the main drug group associated with deaths, followed by benzodiazepines, cocaine and alcohol (Chart 7.8); from 2011 to 2021, there were increases in the number of deaths associated with the use of these drugs, with the most significant increase related to the use of powder and crack cocaine.
  - The increase in drug-related deaths may be associated with an increase in drug use. Since Year 2, DATMS trend data reports an increase in drug use in Dublin 15. From Year 2, untreated young and adult drug users reported an increase in the use of cocaine, from Year 3 they reported an increase in the use of benzodiazepines. An increase in the use of alcohol was reported by untreated adult drug users from Year 2. From Year 2, treated young and adult drug users reported an increase in the use of cocaine. An increase in the use of alcohol and benzodiazepines was also reported by treated adult drug users from Year 2.
- Polydrug poisonings increased by 26% from 228 in 2011 to 288 in 2021 (Chart 7.9).

This profile of drug-related deaths is also reported in Europe with opioids as the most commonly implicated substance in drug-related deaths (EUDA, 2024). The EUDA also reports an increase in drug-related deaths associated with stimulant use and polydrug poisonings are the norm.

Chart 7.7: Poisoning deaths by year, NDRDI 2011 to 2021

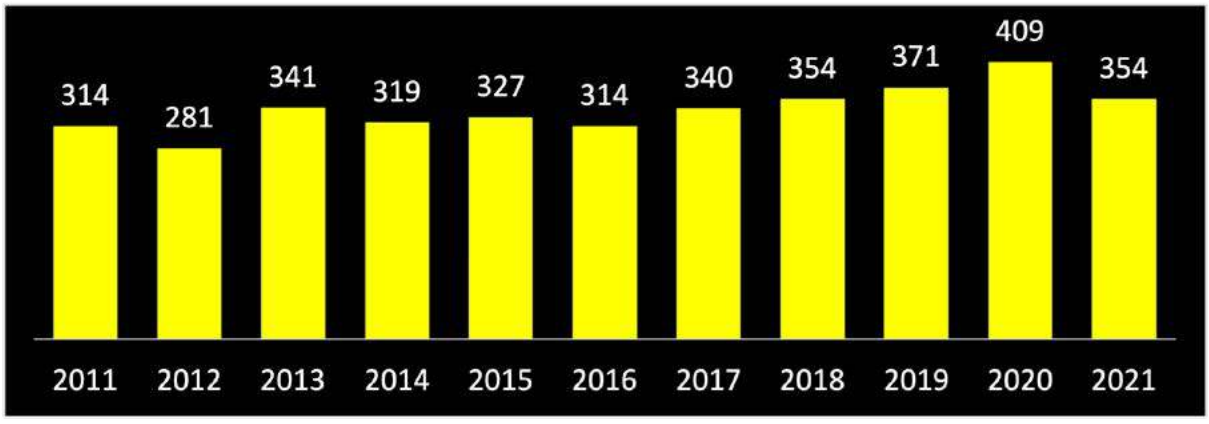


Chart 7.8: Poisoning deaths by drug group, NDRDI 2011 and 2021

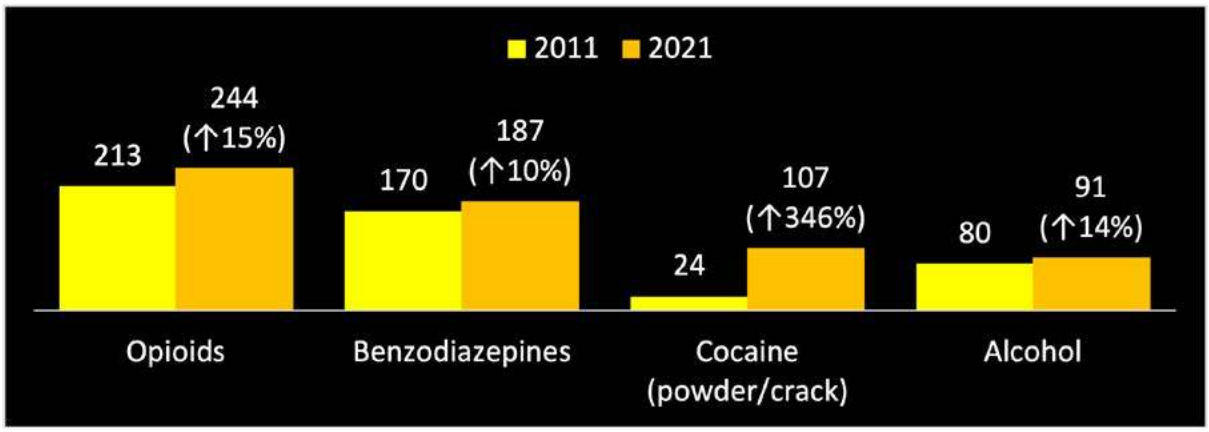
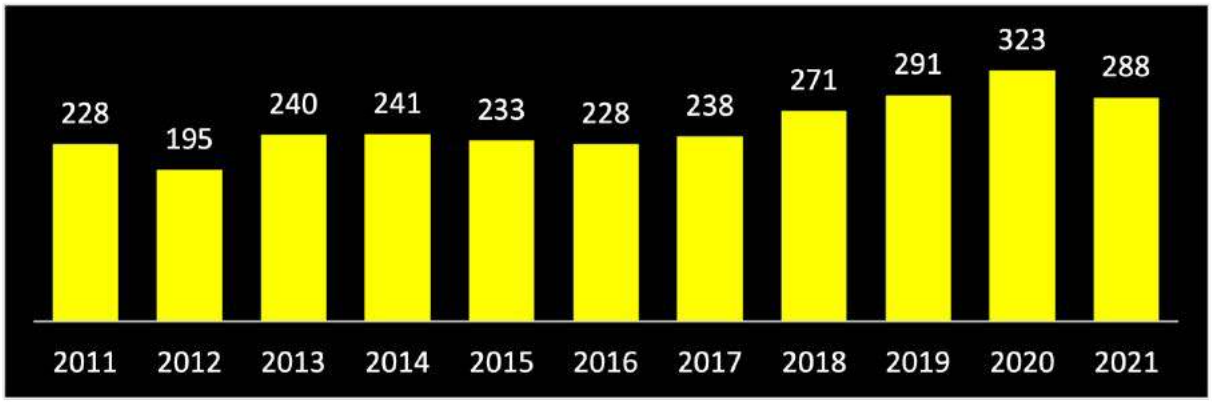


Chart 7.9: Poisoning deaths by polydrug use, NDRDI 2011 to 2021

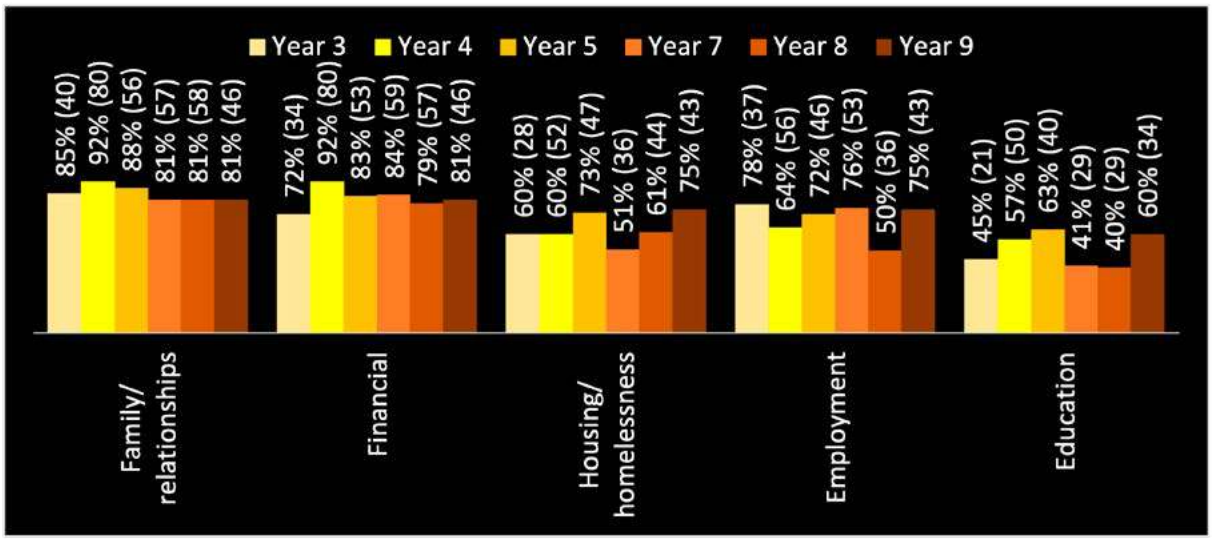


The availability of opioid antagonists can play an important role in preventing fatal opioid overdoses (EUDA, 2024). The availability of naloxone in Dublin 15 is confined to a statutory and community service. Drug users can be prescribed this drug by the HSE Outreach Harm Reduction Service, and Coolmine Therapeutic Community prescribe it to known opiate users who discharge early from their residential programmes.

2) SOCIAL CONSEQUENCES OF DRUG AND ALCOHOL USE

The social consequences of drug and alcohol use were reported to be a barrier to rehabilitation for treated drug users. They include issues with family, employment, finances, housing and education. These consequences have been reported since DATMS Year 1, with many treated drug users and their families experiencing more than one, as they are inextricably linked. Since Year 3 fractured family relationships and financial issues were the most common (Chart 7.10).

Chart 7.10: Social issues experienced by treated drug users, DATMS Year 3 to 9 (2017-2023)



FAMILY

Since Year 1, the negative impact of drug and alcohol dependence within the family has been reported. Family members reported that addiction within the family caused conflict, turmoil and led to the breakdown of relationships and family units[23]. Family members reported that their physical and mental health was compromised, and they had to deal with the fear, violence and financial implications associated with drug-related intimidation. Due to stigma, family members hide the reality of their family life and thus experience social isolation. Family members reported attending family support services, counselling services and peer-led groups. They stated that these services provided supportive and non-judgemental environments that helped them deal with their circumstances.

23 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 chapter 6 section 3 ‘Family context’

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 9 (2017-2023)

Local Community Service/Peer-Led Group	Year 3	Year 4	Year 5	Year 7	Year 8	Year 9
Dublin 15 Family Support Service (BLDATF)	~	√	√	√	√	√
Blakestown Mountview Youth Initiative (BMYI)	√	√	√	√	√	√
Blanchardstown Youth Service, Working to Enhance Blanchardstown (WEB)	X	√	√	√	√	√
Dublin 15 Community Addiction Team (D15 CAT)	~	√	√	√	√	√
Genesis Psychotherapy & Family Support Service (Genesis)	√	X	√	*	√	√
Mulhuddart/Corduff Community Drug & Alcohol Team (M/C CDAT)	√	√	√	√	√	√
Neighbourhood Youth Project (NYP)	√	√	√	√	√	√
Peer-Led Groups	X	√	√	√	√	√

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

Treatment demand

The following data reports a profile of family members who received support from local community services and peer-led groups from 2017 to 2023. 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 448% to 817 in 2023 (Chart 7.11). Over the reporting period, fluctuations in the number of cases were reported. For Years 3, 4 and 8, the number of cases was higher due to incomplete data returns. Charts 7.12 and 7.13 report the gender and age range of cases.

Chart 7.11: Family support cases, Local Family Support Community Services & Peer-Led Groups, DATMS Year 3 to 9 (2017-2023)

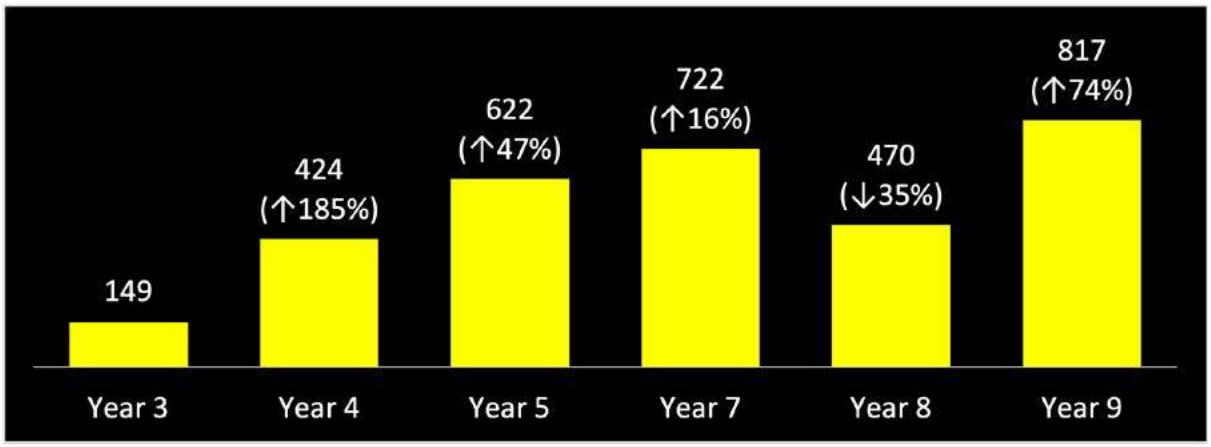


Chart 7.12: Family support cases by gender, Local Family Support Community Services & Peer-Led Groups, DATMS Year 3 to 9 (2017-2023)

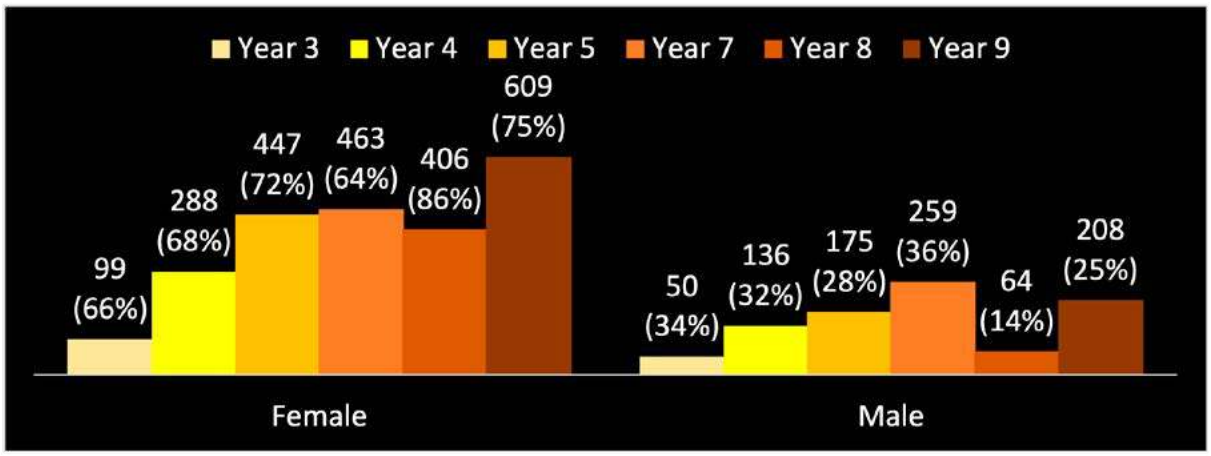
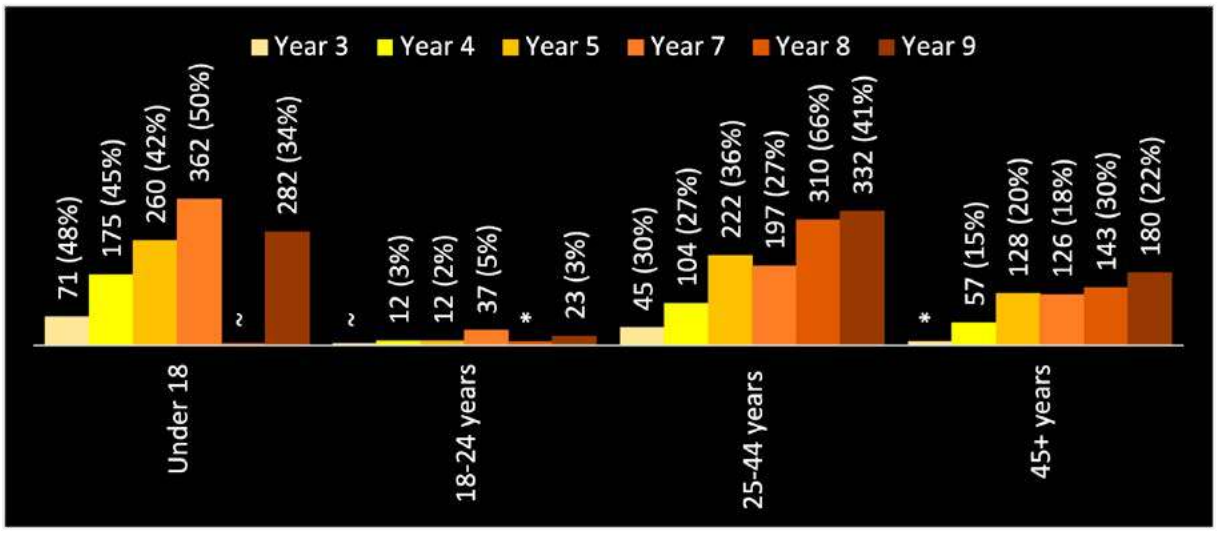


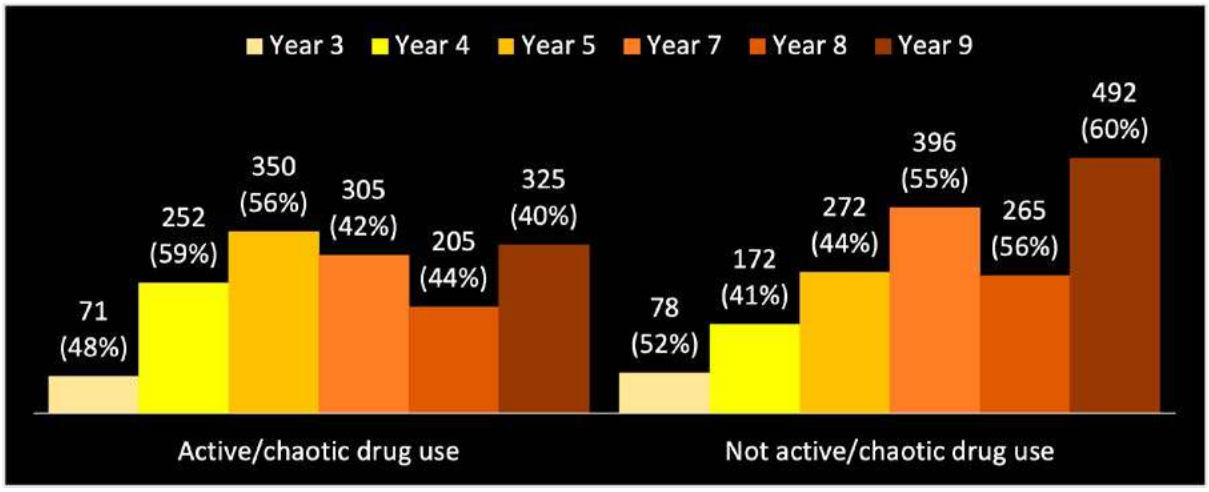
Chart 7.13: Family support cases by age, Local Family Support Community Services & Peer-Led Groups, DATMS Year 3 to 9 (2017-2023)



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

In 2017, 71 cases experienced active or chaotic drug or alcohol use by another family member, and this increased by 358% to 205 in 2022 (Chart 7.14).

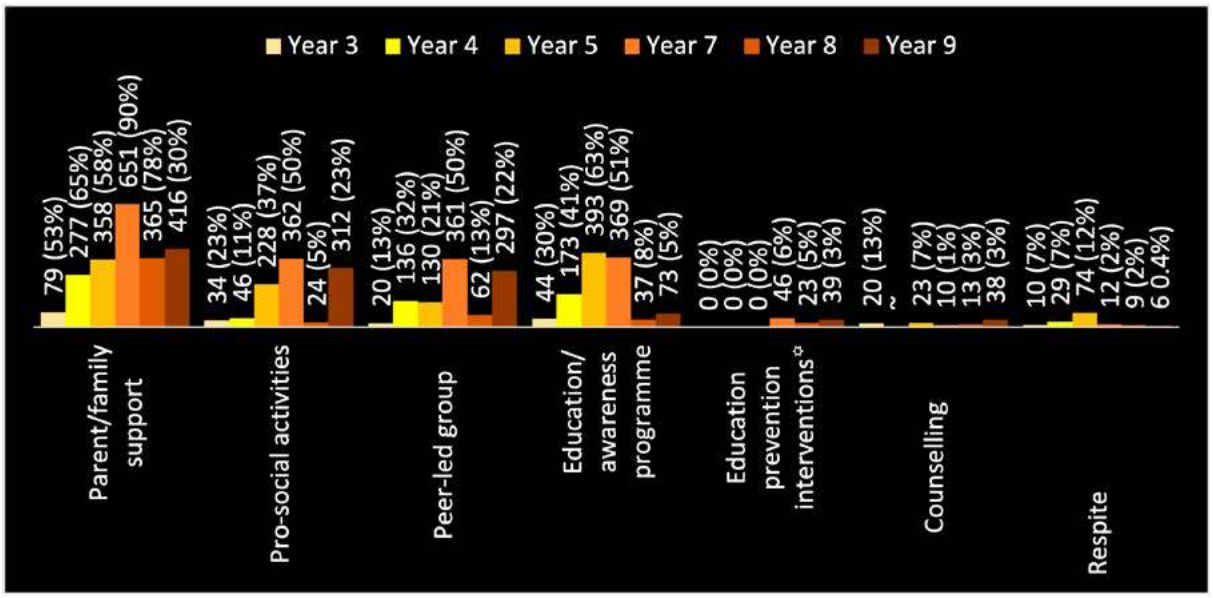
Chart 7.14: Family support cases experiencing active/chaotic drug use by a family member, Local Family Support Community Services & Peer-Led Groups, DATMS Year 3 to 9 (2017-2023)



Totals less than 100% as unknown cases removed

The services received by family members are reported in the chart below (Chart 7.15).

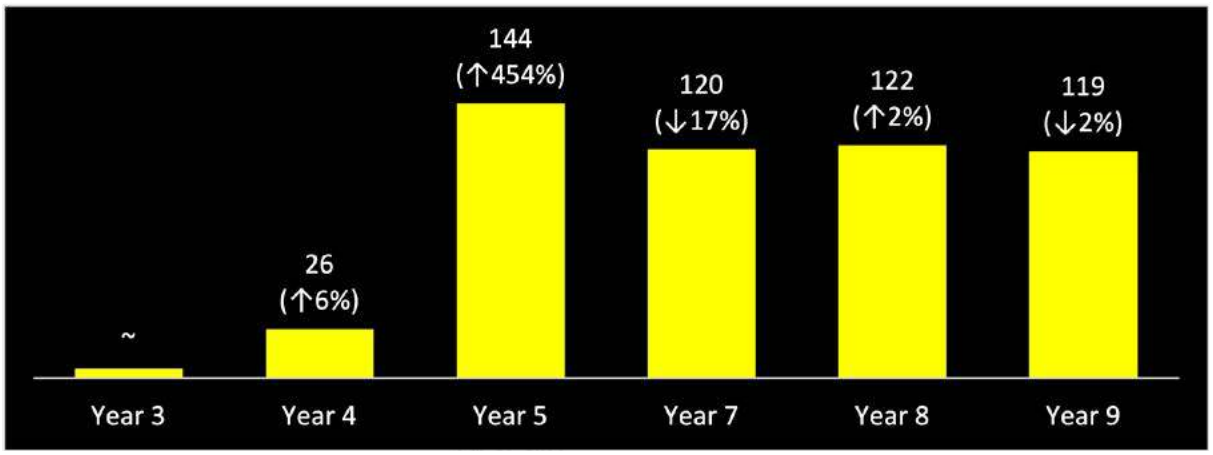
Chart 7.15: Family support cases by service type, Local Family Support Community Services & Peer-Led Groups, DATMS Year 3 to 9 (2017-2023)



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

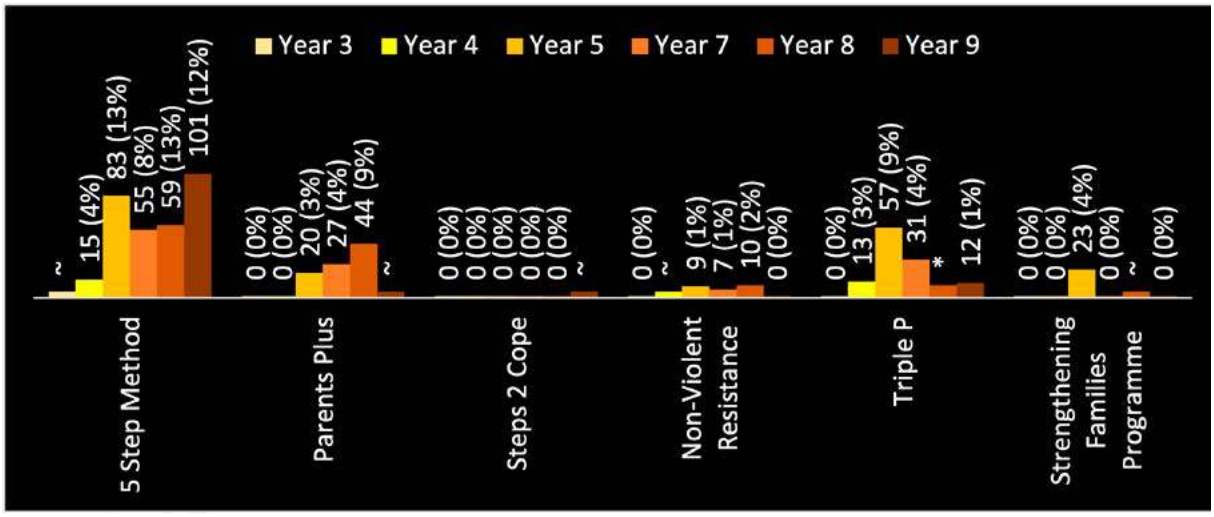
Chart 7.16: Family support cases who attended an evidence-based/informed programme, Local Family Support Community Services & Peer-Led Groups, DATMS Year 3 to 9 (2017-2023)



~ 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 7.17).

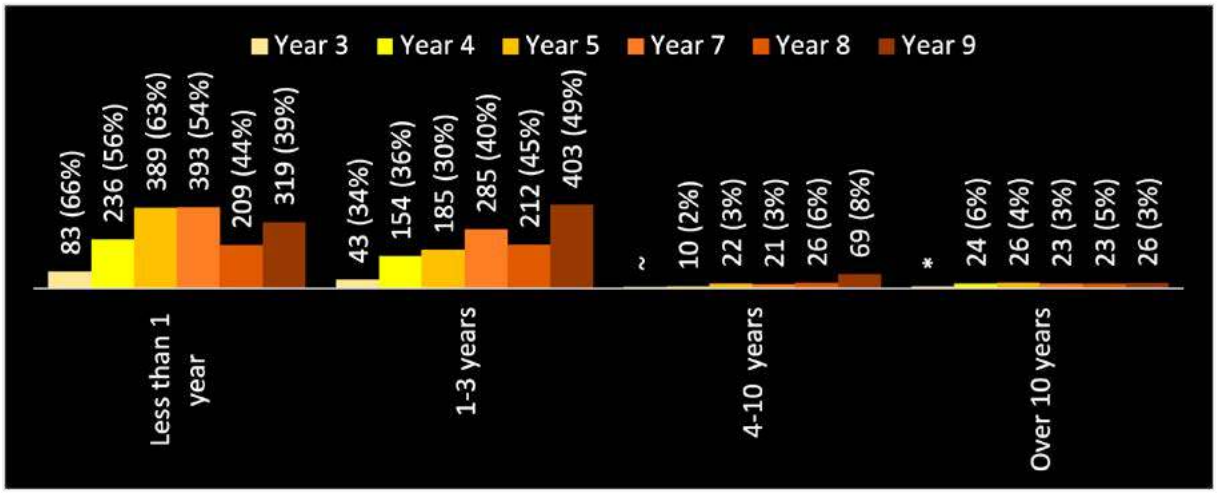
Chart 7.17: Family support cases by evidence-based/informed programme, Local Family Support Community Services & Peer-Led Groups, DATMS Year 3 to 9 (2017-2023)



~ Number of cases too small to be reported (5 or less)
* Number of cases greater than 5 and suppressed to ensure cases with 5 or less are not disclosed
2019 total exceeds total number of cases, as some cases received more than one intervention

From Years 3 to 7, the majority of cases attended local family support services for less than a year, and from Year 8 the majority attended for one to three years (Chart 7.18).

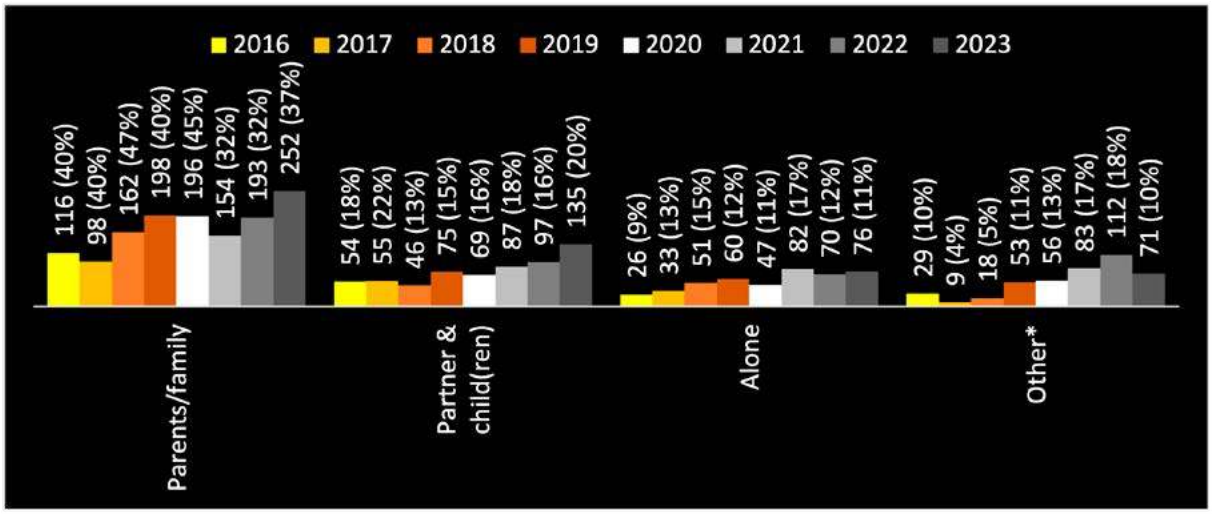
Chart 7.18: Family support cases by length of time in attendance at Local Family Support Community Services & Peer-Led Groups, DATMS Year 3 to 9 (2017-2023)



~ 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

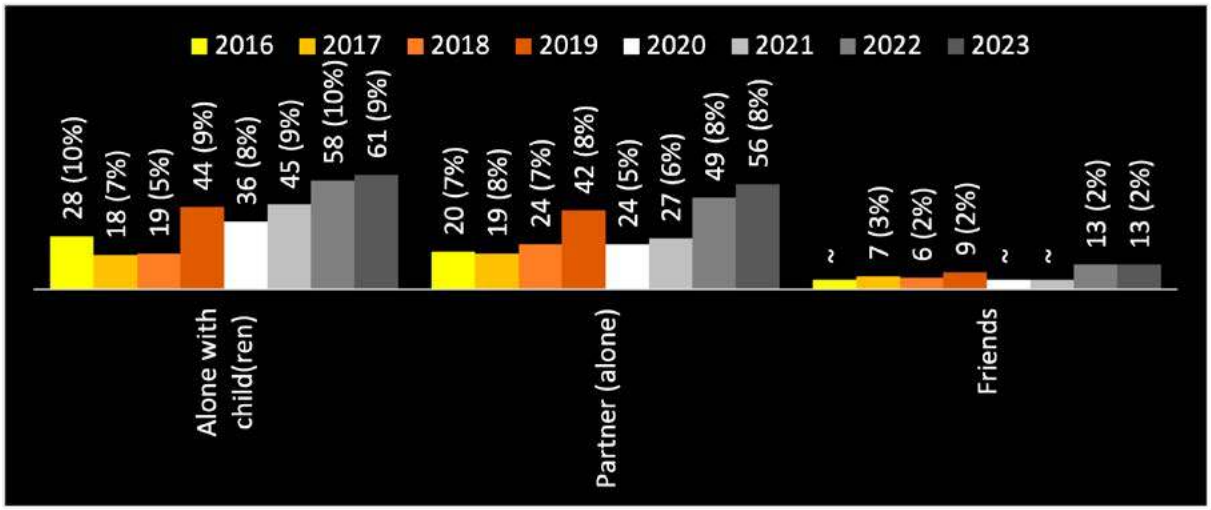
NDTRS data reports the accommodation status of assessed and treated cases. It identifies that from 2016 to 2023 the majority of cases were living with family (Charts 7.19 to 7.21). The number of cases living with family increased by 131% from 218 in 2016 to 504 in 2023 (Chart 7.21). This identifies the need for family support services.

Chart 7.19: All cases living in BLDATF area by accommodation status, NDTRS 2016 to 2023



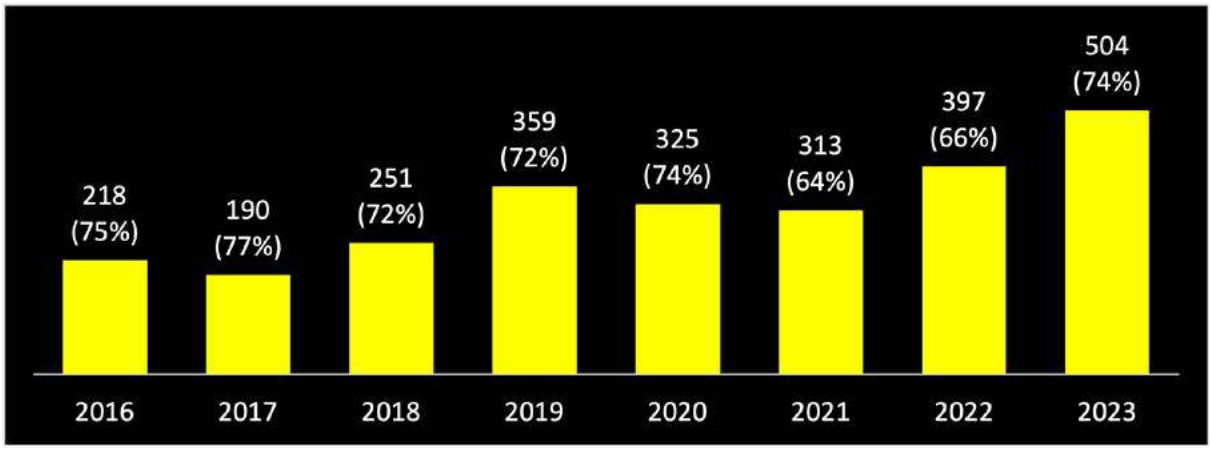
Annual totals less than 100% as unknown cases removed
* Includes cases living in institutions, residential care, halfway houses or prisons

Chart 7.20: All cases living in BLDATF area by accommodation status, NDTRS 2016 to 2023



Annual totals less than 100% as unknown cases removed
~ Number of cases too small to be reported (5 or less)

Chart 7.21: All cases living in BLDATF area with family, NDTRS 2016 to 2023

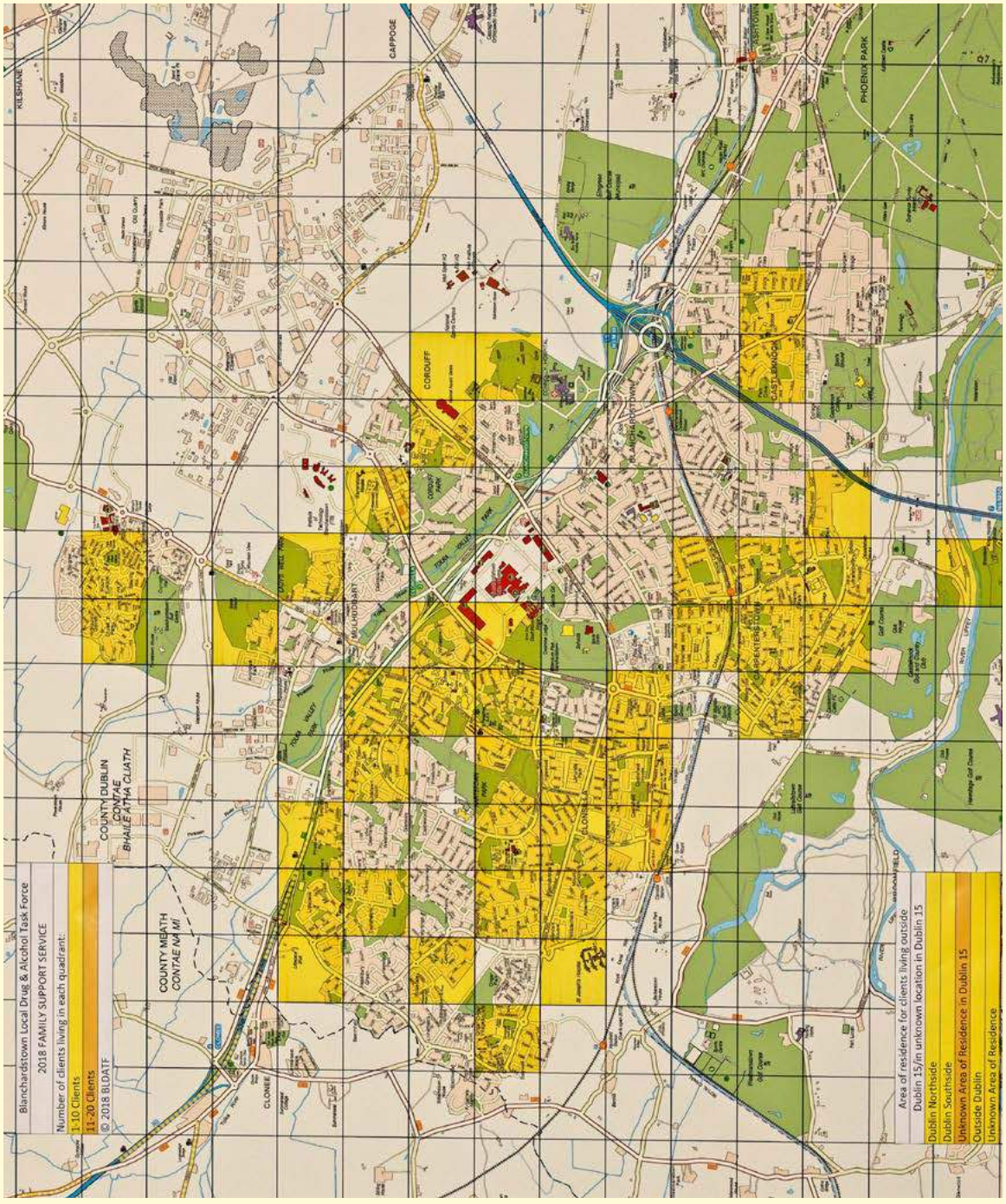


Mapping treatment demand

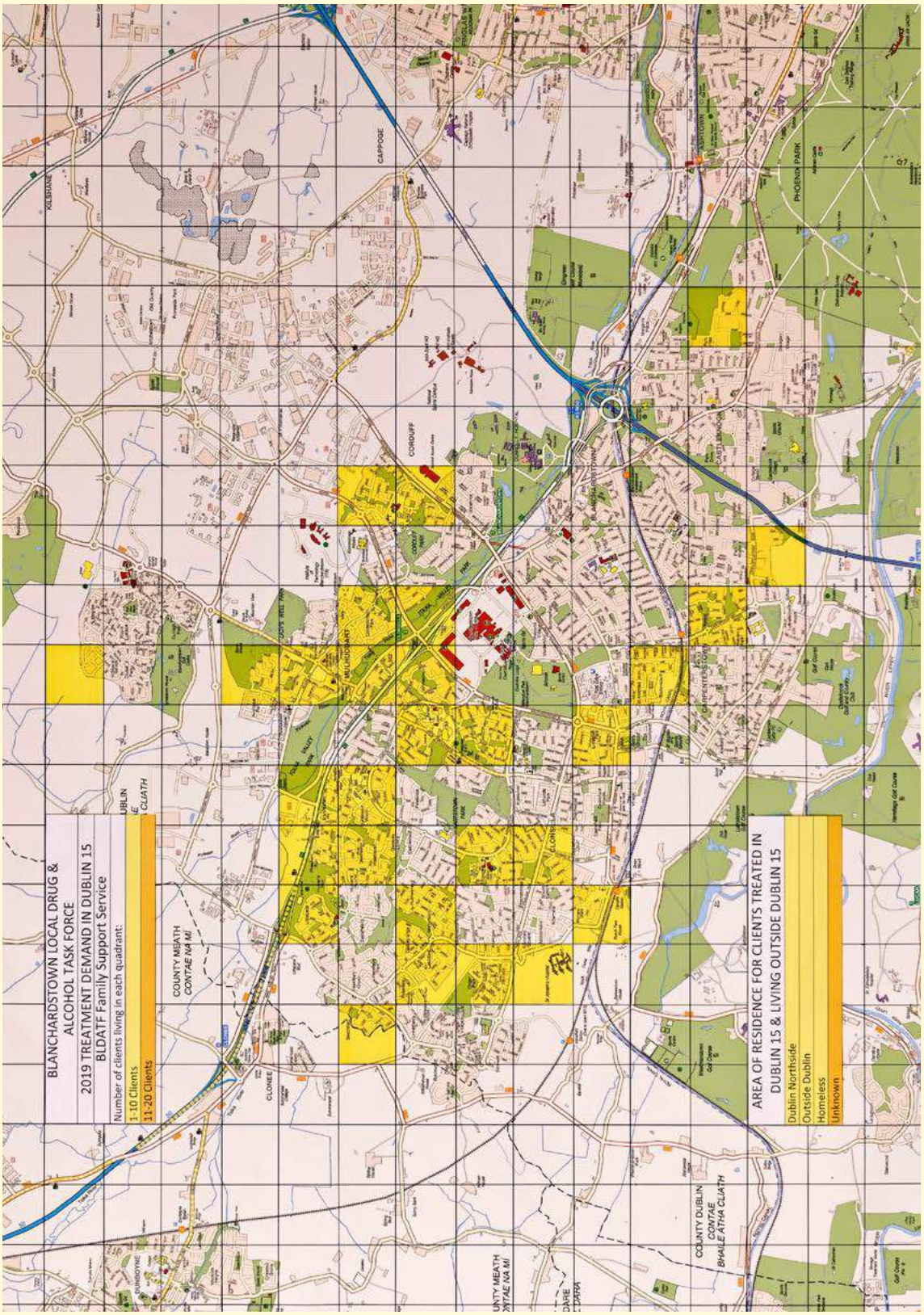
Mapping treatment demand data for family support services and peer-led groups report where family members affected by drug or alcohol use live. Year 4 collected mapping data from the BLDATF Family Support Service. Years 5 and 7 to 9 collected mapping data from the local family support services and peer-led groups. Year 9 mapping data for family support services and peer-led groups identifies the following:

- Clients attending the services were from Dublin 15, outside Dublin 15 and homeless (see maps overleaf)
- The majority of clients were from Dublin 15:
  - The data identifies that clients were from every community in Dublin 15, with higher concentrations of clients living in socio-economically deprived communities
  - Drug and alcohol dependence is a community wide issue crossing all socio-economic boundaries
- Years 4, 5 and 7 to 8 mapping data reported similar findings

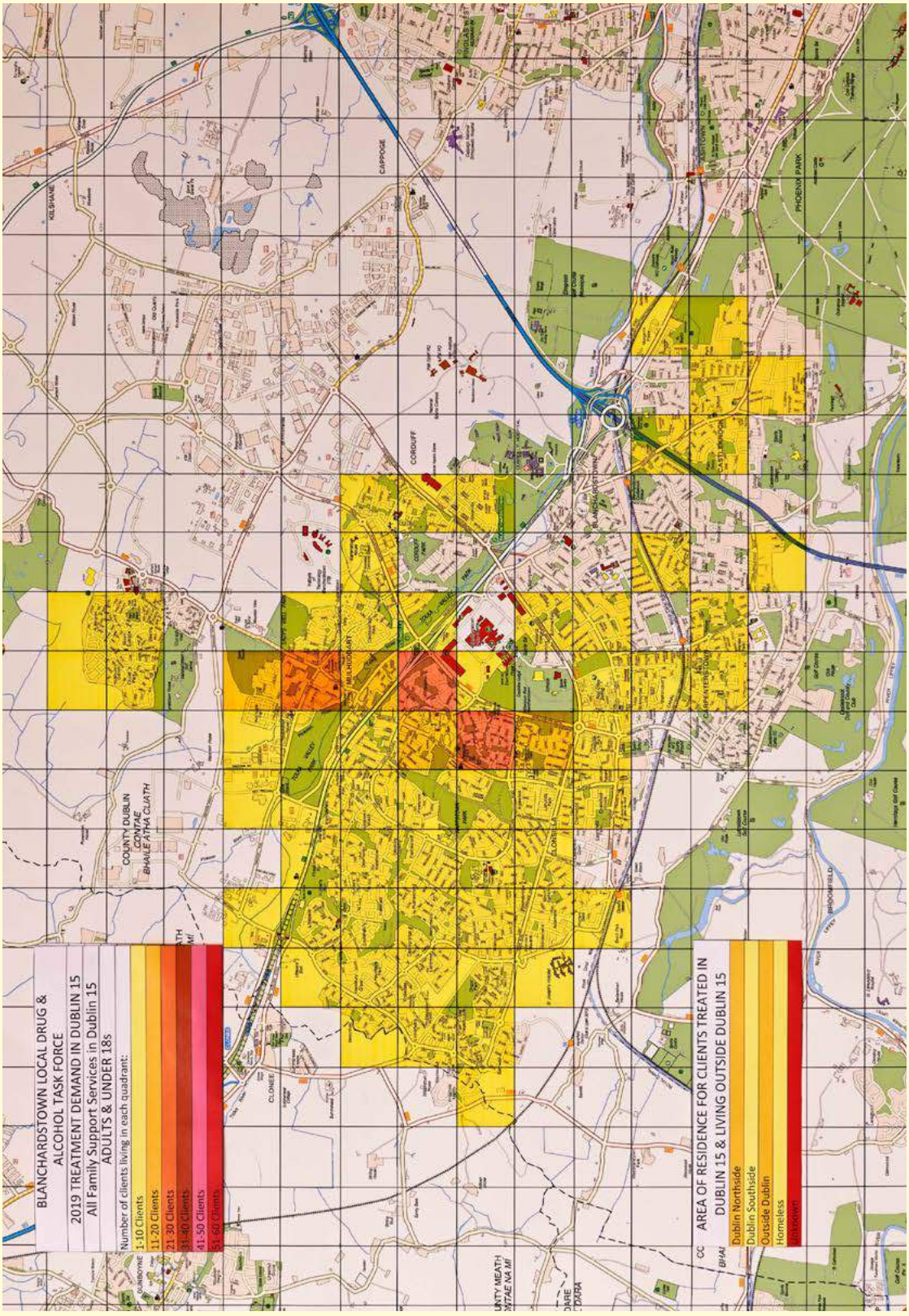
YEAR 4 BLDATF Family Support Service 2018



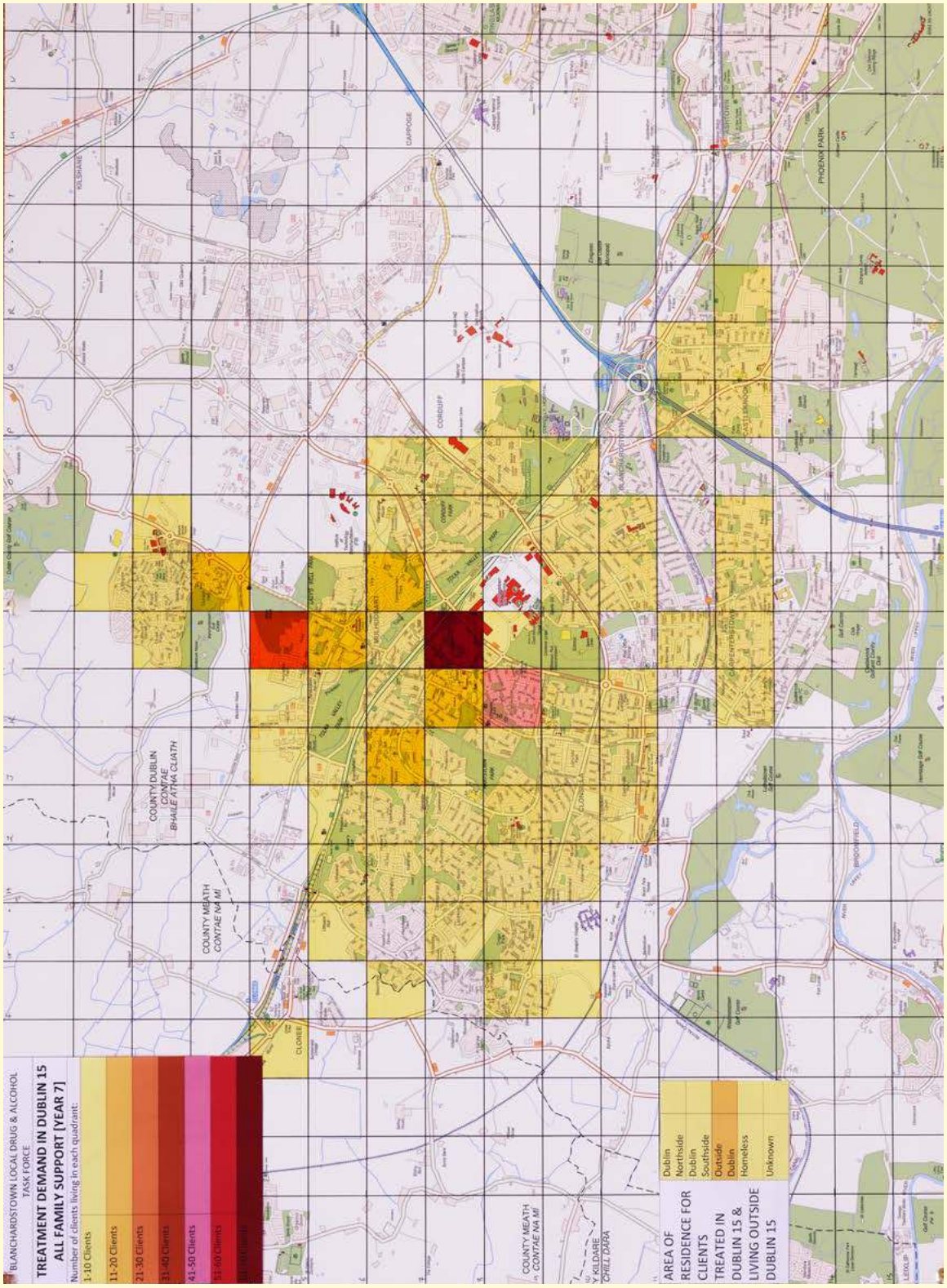
YEAR 5 BLDATF Family Support Service 2019



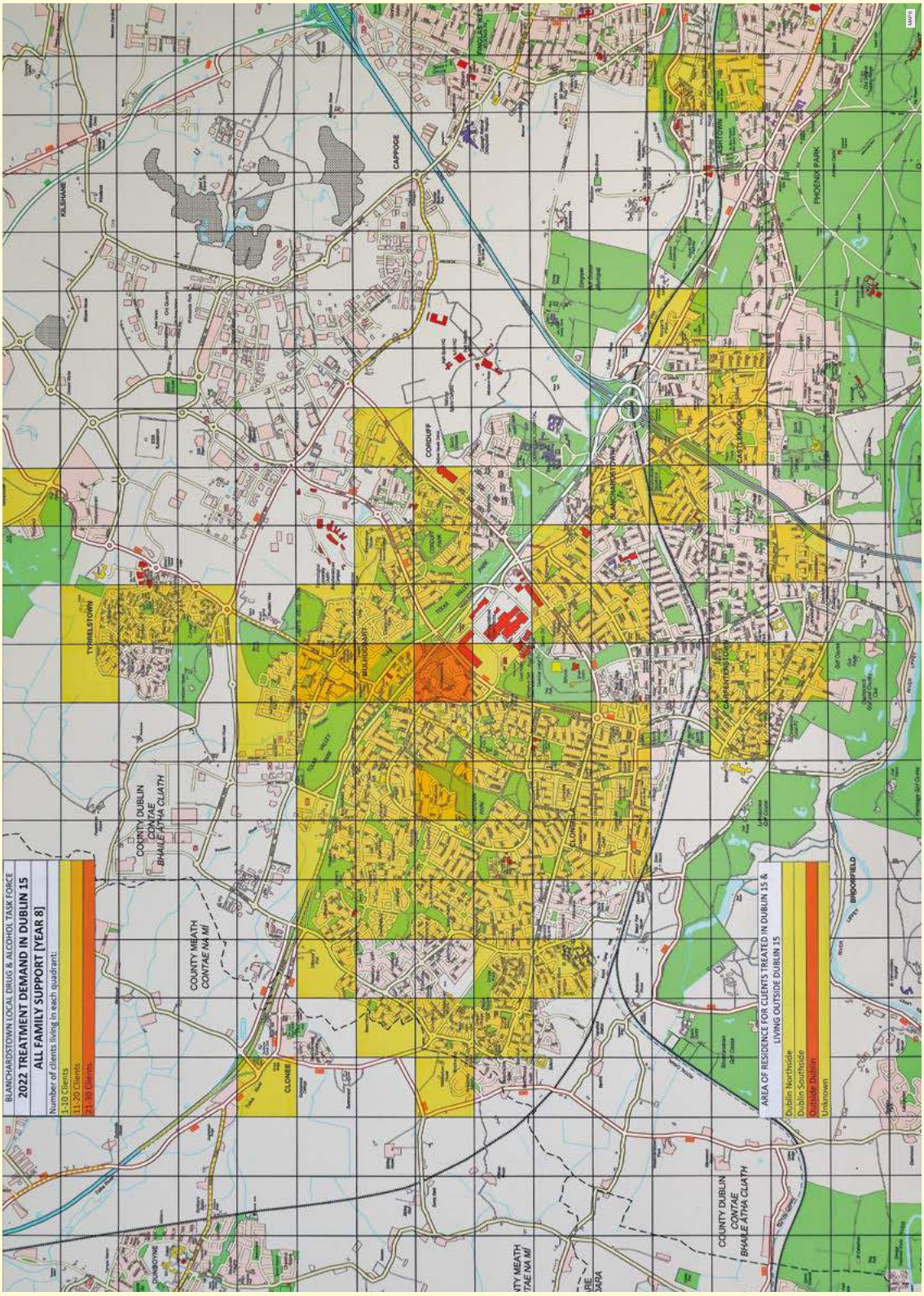
YEAR 5 All Family Support Services in Dublin 15 2019



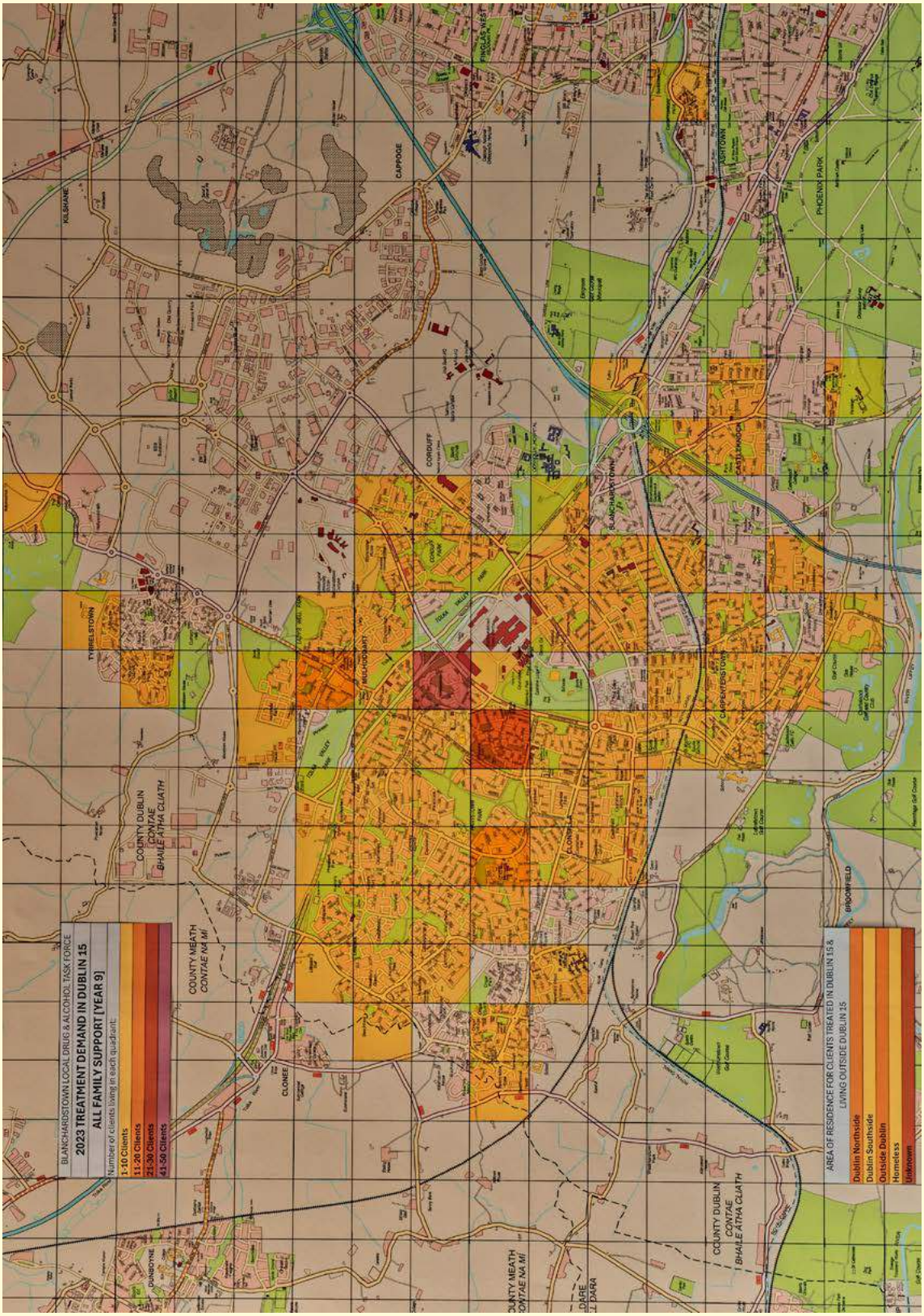
YEAR 7 All Family Support Services in Dublin 15 2021



YEAR 8 All Family Support Services in Dublin 15 2022



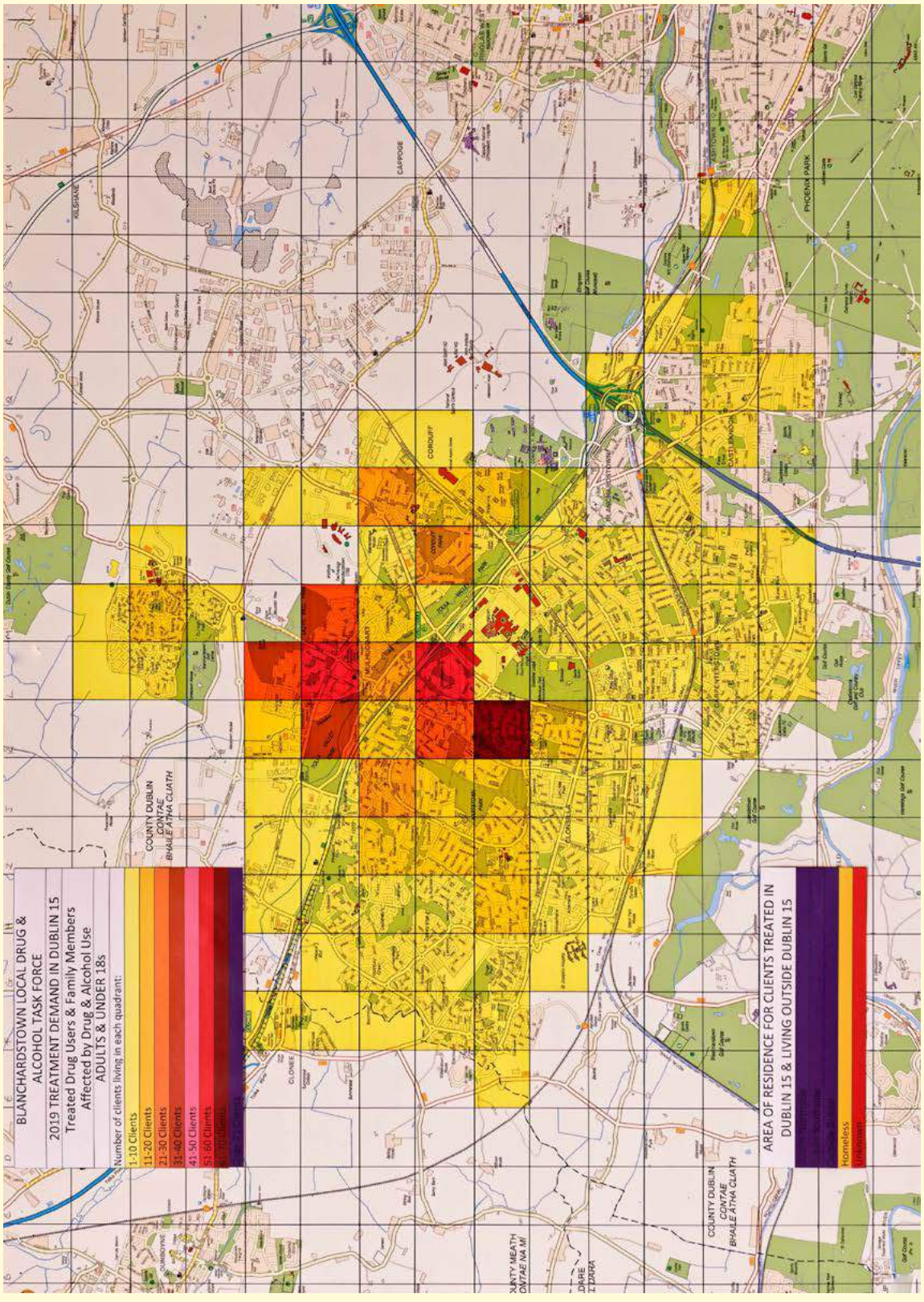
YEAR 9 All Family Support Services in Dublin 15 2023



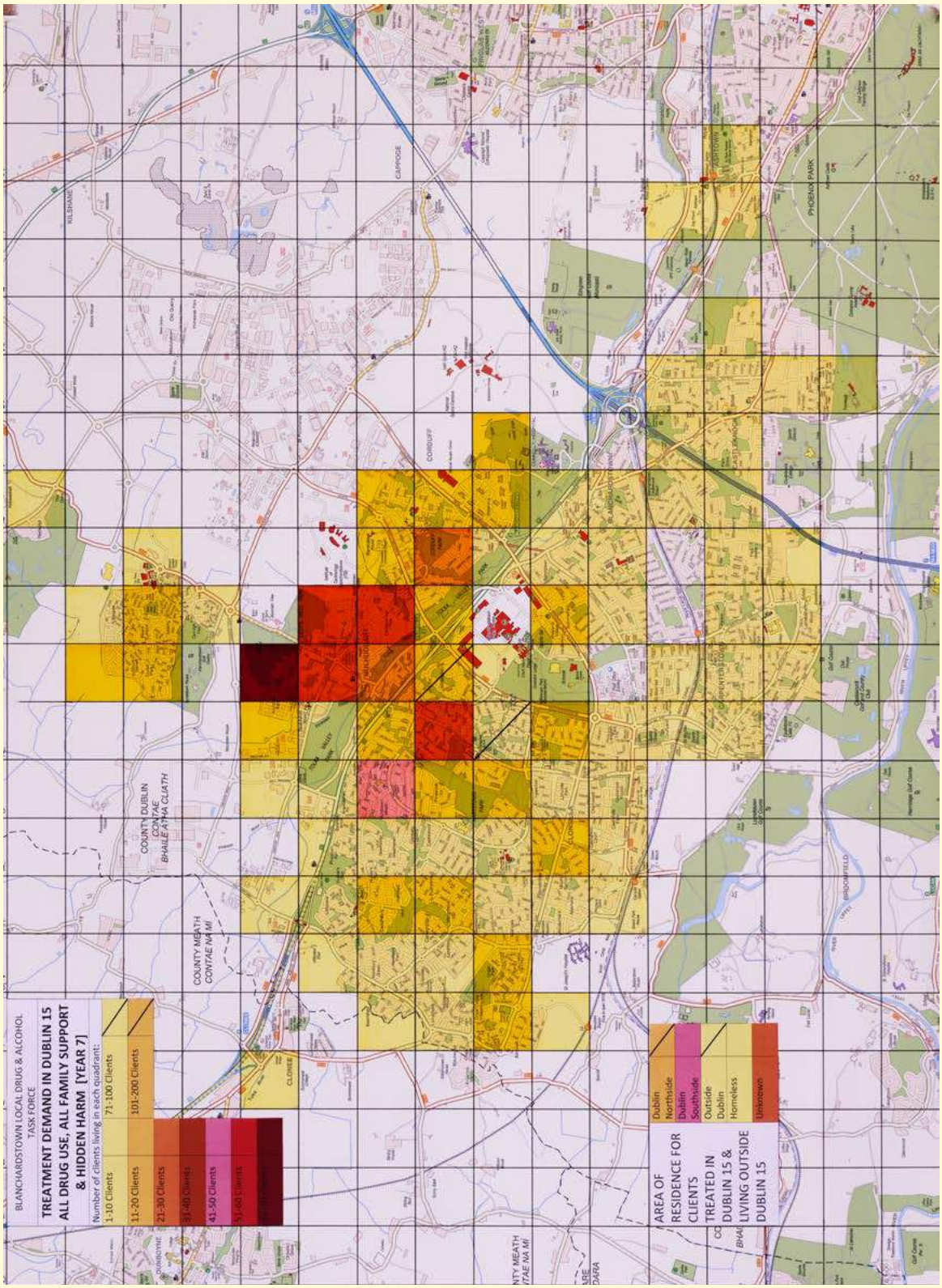
ALL DATMS MAPPING DATA

Since Year 5 we have collated all mapping data together. From Year 7, we mapped treatment demand for alcohol and drug users, family members, and hidden harm together. Similar to all other maps, this map highlights the widespread nature of alcohol and drug dependence in Dublin 15, and how this issue affects people from every community with most affect in socio-economically deprived communities.

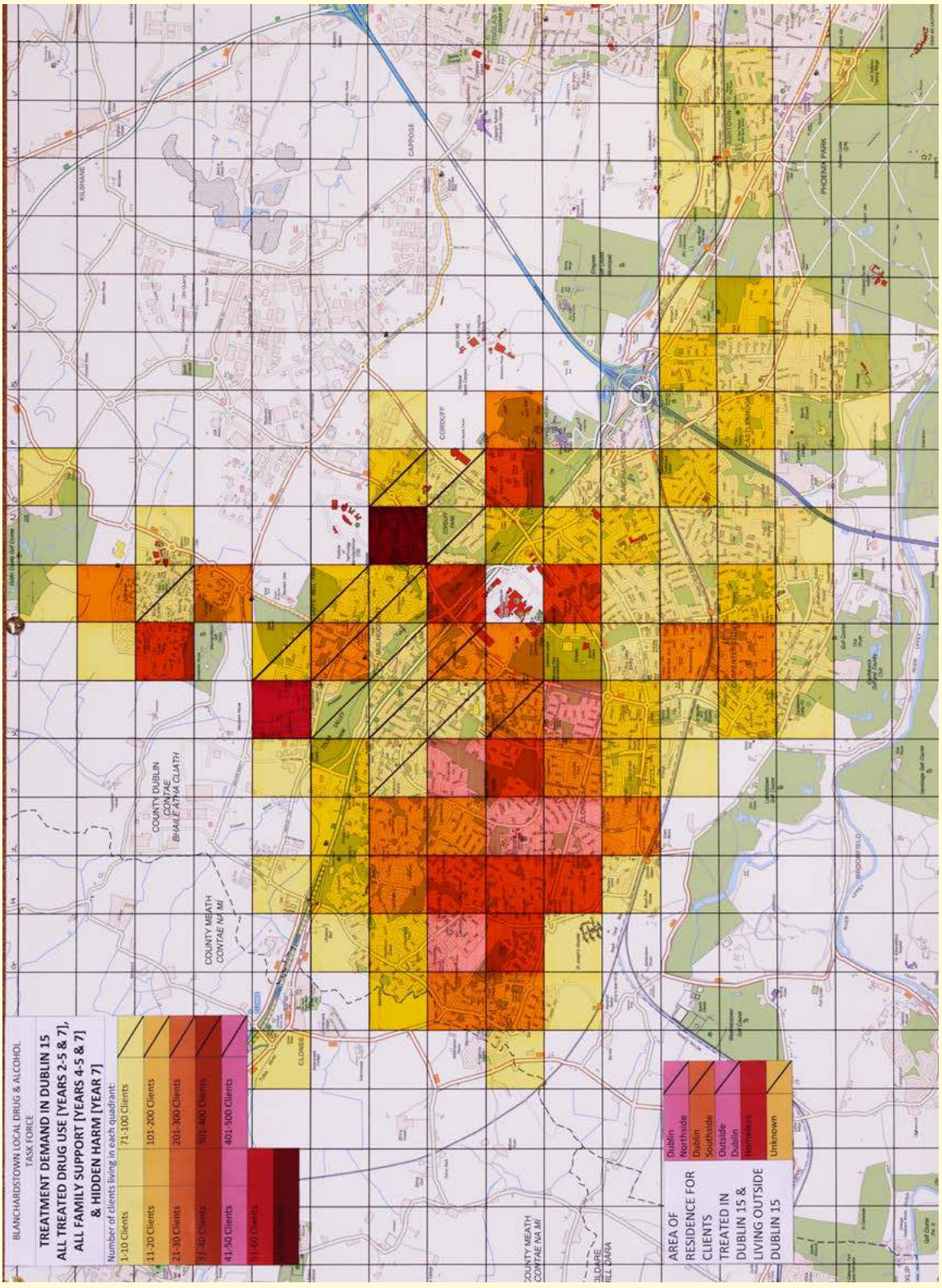
YEAR 5 Treatment Demand in Dublin 15 Treated Drug Users & Family Members affected by Drug & Alcohol Use 2019



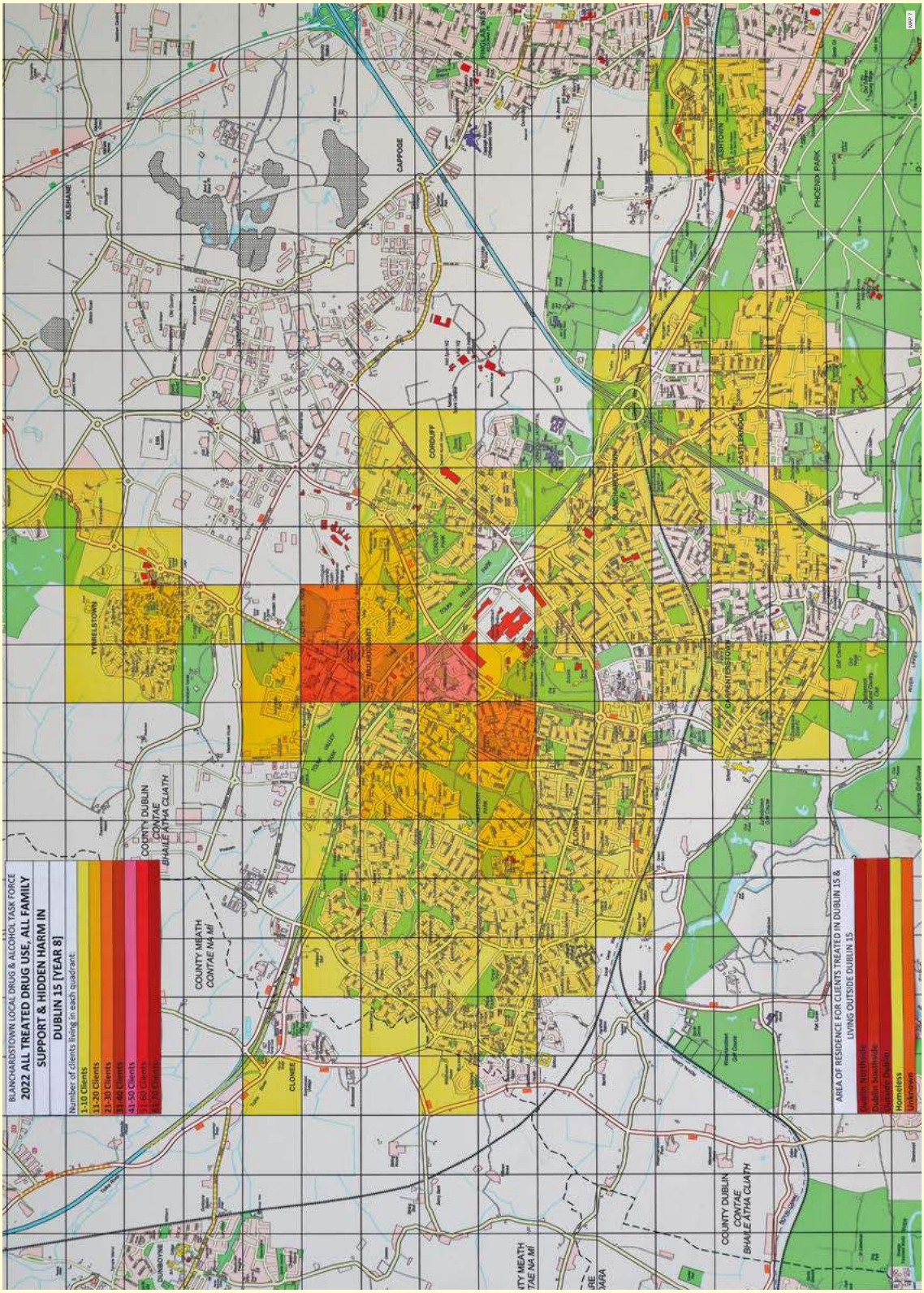
YEAR 7 Treatment Demand in Dublin 15 All Drug Use, All Family Support & Hidden Harm 2021



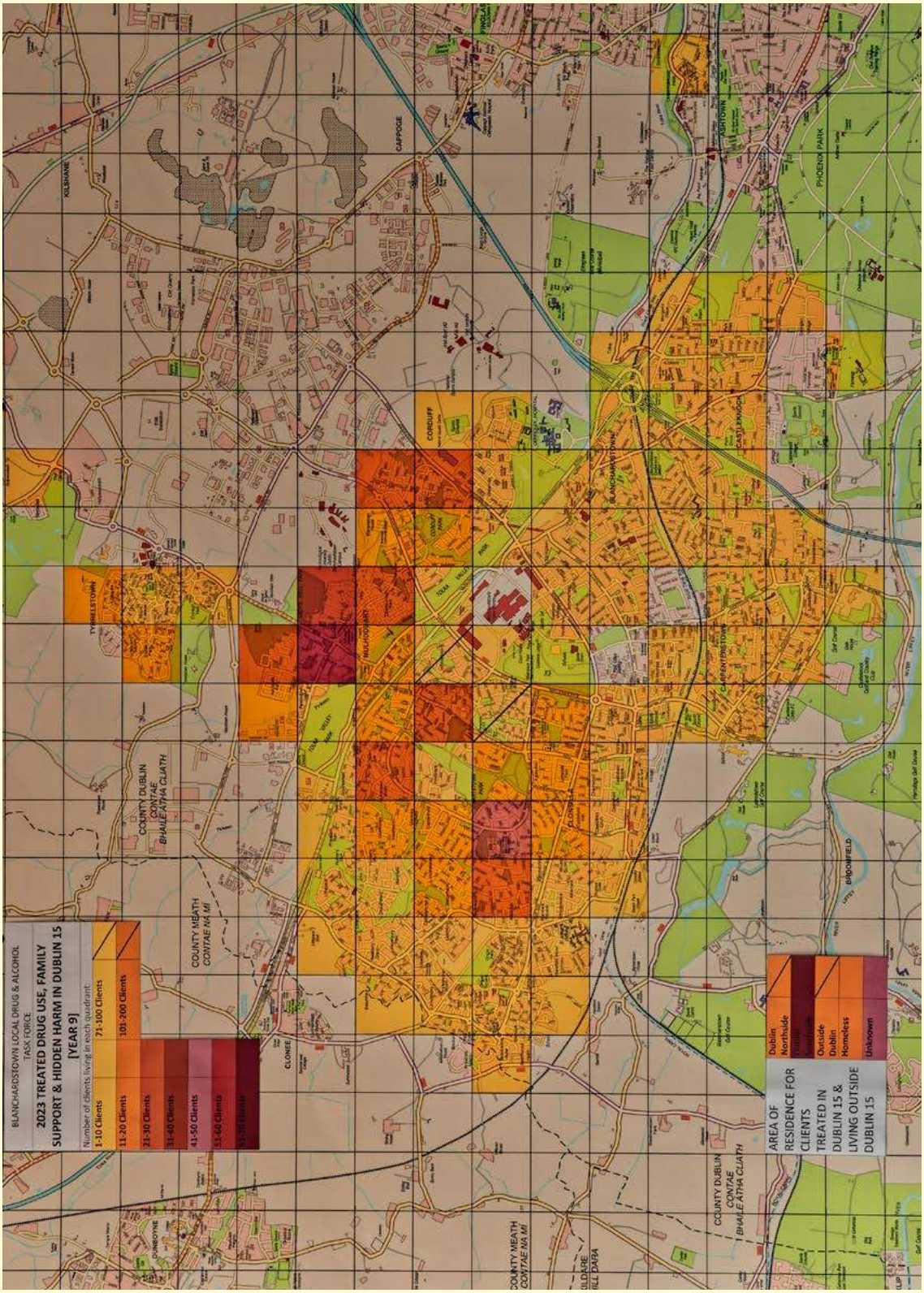
Treatment Demand in Dublin 15 All Treated Drug Use [Years 2-5 & 7], All Family Support [Years 4-5 & 7] & Hidden Harm [Year 7]



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



YEAR 9 Treatment Demand in Dublin 15 Treated Drug Use, Family Support & Hidden Harm in Dublin 15 2023



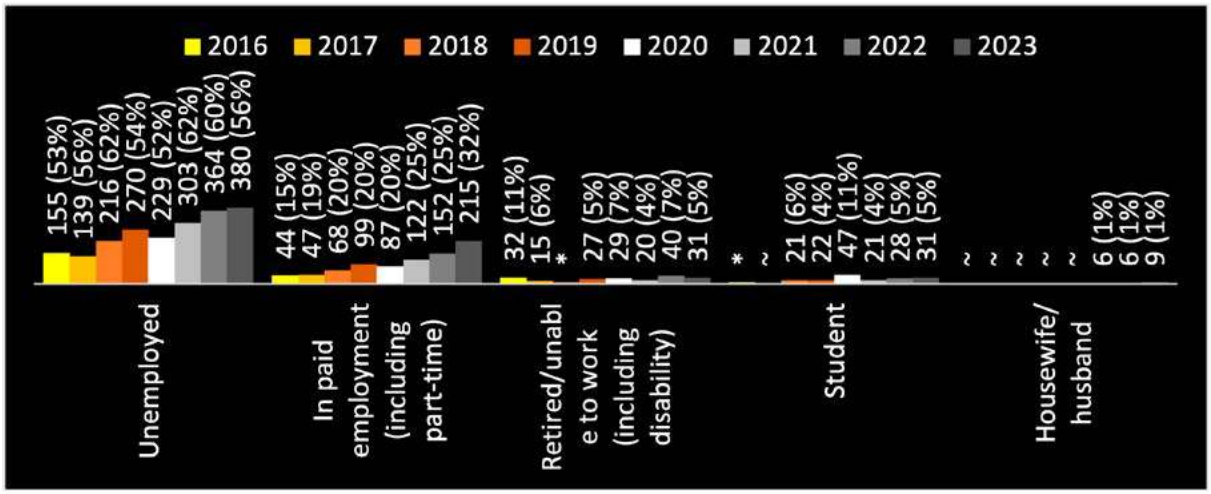
FINANCIAL

From Years 1 to 9, 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 9, 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 2023 were unemployed (Chart 7.22).

Chart 7.22: All cases living in BLDATF area by employment status, NDTRS 2016 to 2023

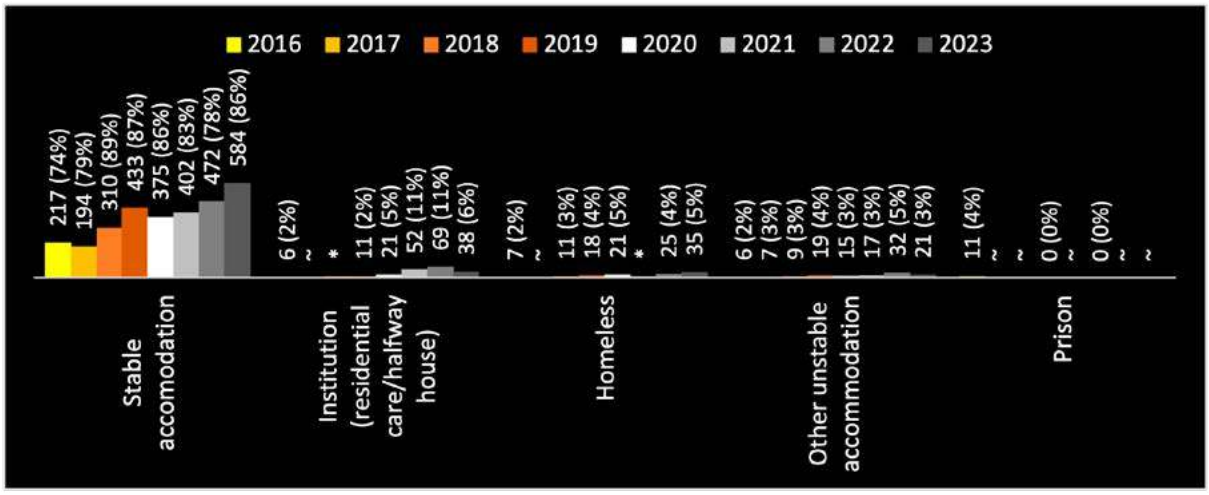


Annual totals less than 100% as unknown cases removed
~ Number of cases too small to be reported (5 or less)
* Number of cases greater than 5 and suppressed to ensure cases with 5 or less are not disclosed

HOUSING

Since Year 1, participants reported that housing was compromised due to drug use and anti-social behaviour, including drug dealing and drug-related intimidation. These anti-social behaviours also impacted negatively on drug users' families and communities. The financial difficulties reported above further compromised housing. For some treated drug users, the consequences included exclusion from the family home and homelessness. NDTRS data from 2016 to 2023 reports the majority of cases assessed or treated were in stable accommodation (Chart 7.23).

Chart 7.23: All cases living in BLDATF area by accommodation status, NDTRS 2016 to 2023



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

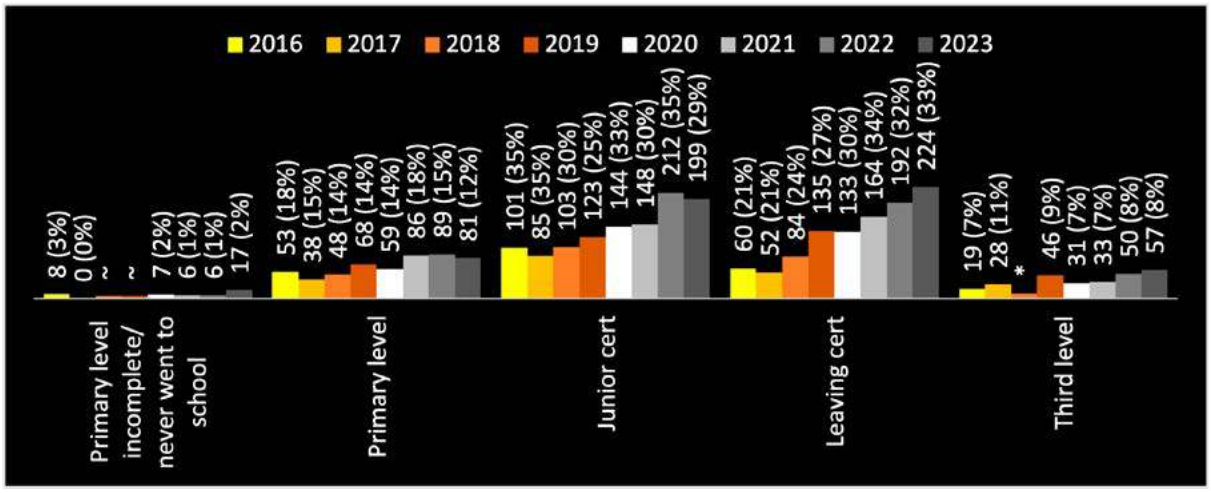
EDUCATION

From Years 1 to 9, service providers reported that drug use by parents and young people affected school attendance, performance and educational attainment and, in some cases, resulted in early school leaving or expulsions.

Under performance in education was also reported by the NDTRS data. Charts 7.24 and 7.25 report cases assessed and treated by the highest level of education completed and the age cases left school from 2016 to 2023. These cases have lower educational attainment when compared with the general population of Dublin 15[24].

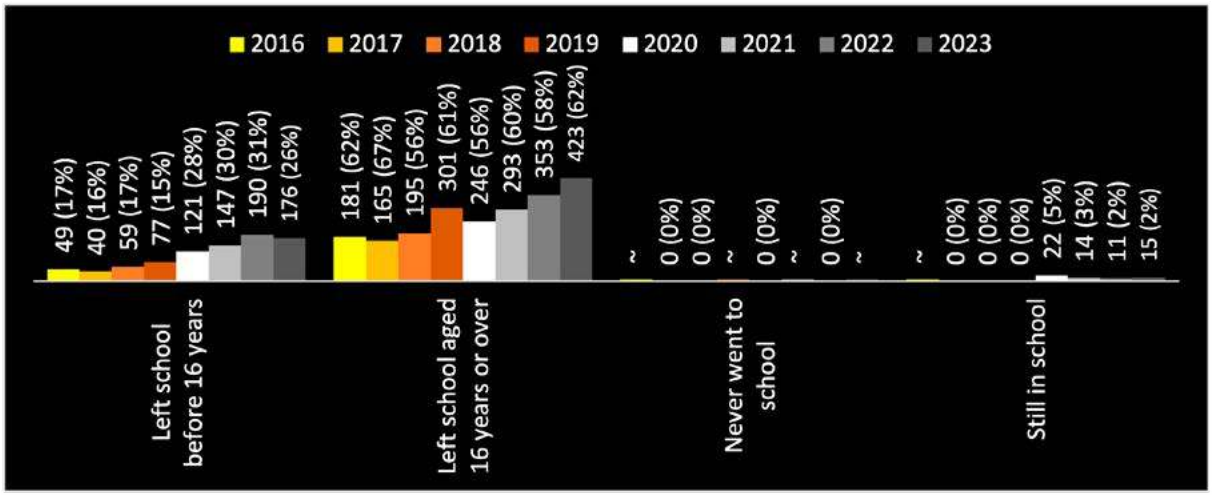
24 Educational attainment of Dublin 15 population reported in chapter 3 'Socio-demographic profile of Dublin 15, 2006-2022'

Chart 7.24: All cases living in BLDATF area by highest level of education completed, NDTRS 2016 to 2023



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

Chart 7.25: All cases living in BLDATF area by age left school, NDTRS 2016 to 2023



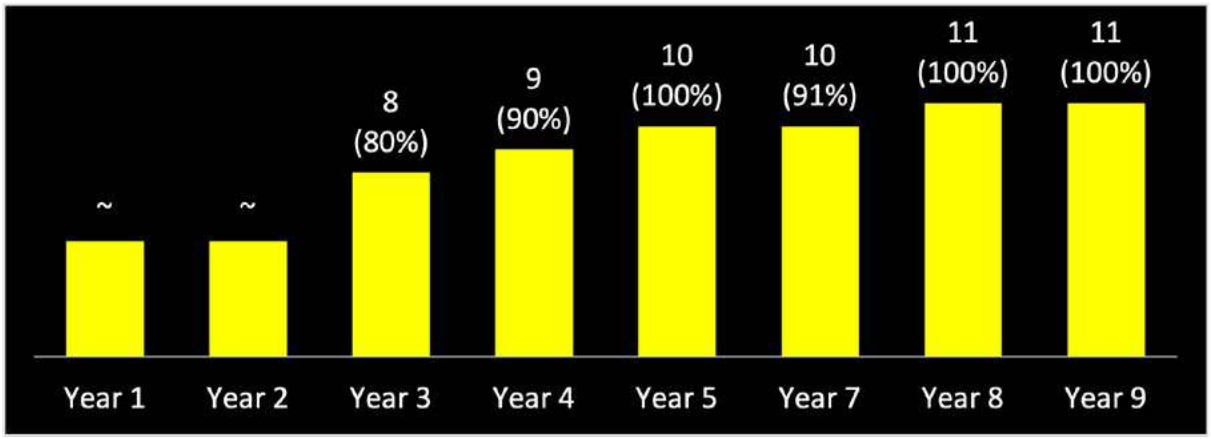
Annual totals less than 100% as unknown cases removed
~ Number of cases too small to be reported (5 or less)

Drug use in Dublin 15 secondary schools

Years 1 to 9 reported that some secondary school students' education was compromised due to drug use before and during school. Since Year 2, participants reported that these schools were a mixture of affluent and socio-economically deprived and included those with and without DEIS status. This indicates that drug use is a community wide issue that crosses all socio-economic boundaries. Since Year 3, participants reported evidence of drug use in almost all local secondary schools, with Years 5, 8 and 9 reporting drug use in all schools (Chart 7.26)[25].

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

Chart 7.26: Number of Dublin 15 secondary schools with evidence of drug use before and during school time, DATMS Year 1 to 9



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

From Years 1 to 9, changes in the profile of school-based drug use have been reported (Table 7.3). These changes include the following:

- Overall, from Years 1 to 9, drug users during school aged from 11 to 17 years
  - From Years 1 to 9, the norm age for the use of cannabis herb, cannabis oil and cocaine powder during school has remained relatively stable, though fluctuations in this trend were reported during this period
  - From Years 1 to 9, the norm age for the use of MDMA and alcohol during school has increased
  - From Years 1 to 9, the norm age for the use of nitrous oxide and cannabis edibles during school has decreased
- Years 1 and 2 reported school-based drug users were White Irish; from Year 3 drug users were reported to be from all ethnic groups
- Years 1 and 2 reported that school-based drug use related to the use of cannabis herb; from Year 3, the types of drugs used during school time increased
  - The use of ketamine during school was first reported in Year 9, which identifies an increase in the types of drugs used during school in Dublin 15
  - Over the reporting period, the diversification of cannabis products to include cannabis oil and edibles has been in part to evade detection[26]. Cannabis oil used in vaping equipment can be odourless when smoked. Cannabis edibles in the form of sweets can hide their psychoactive nature. In Year 9, young people reported an increase in the use of these cannabis products during school due to the potential ability to use them without discovery.

26 Further data concerning HHC is reported in the chapters 'Treated drug and alcohol use', 'Untreated drug and alcohol use', and chapter 6 section 1 'Accessibility of drugs and alcohol'

Table 7.3: Profile of school-based drug users, DATMS Year 1 to 9

Year	Drug type	Norm age	Youngest age	Gender	White Irish	Irish Traveller	Irish African	Irish Eastern European	Irish Asian
1	Cannabis herb	14	12	M & F*	√				
2		14	12	M & F*	√				
3		14	12	M & F*	√		√	√	√
4		13	12	M & F*	√	√	√	√	√
5		15	12	M & F*	√	√	√	√	√
7		13	12	M & F*	√	√	√	√	
8		15	13	M & F*	√	√	√	√	√
9		14	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*	√				
8		15	15	M & F*	√	√	√		
9		14	12	M & F*	√	√	√		
3	MDMA (pills) ^	14	14	M & F*	√				
4		14	14	M & F*	√				
5		14	14	M & F*	√				
7		x	x	x	x	x	x	x	x
8		15	15	M & F*	√				
9		17	17	M & F*	√				
4	Benzodiaz-epine Z drugs ~	13	13	M & F*	√				
5		13	13	M & F*	√				
7		x	x	x	x	x	x	x	x
8		15	15	Males	√		√		
9		++	++	++	++	++	++	++	++
5	Cannabis oil +	14	12	M & F*	√	√	√	√	√
7		x	x	x	x	x	x	x	x
8		✲	✲	✲	✲	✲	✲	✲	✲
9		14	12	M & F*	√	√	√	√	
5	Alcohol +	14	14	Males	√			√	
7		13	13	M & F*	√		√	√	
8		✲	✲	✲	✲	✲	✲	✲	✲
9		15	13	M & F*	√		√	√	
7	Nitrous oxide #	13	13	M & F*	√	√	√	√	
8		13	13	M & F*	√	√	√	√	
9		12	11	M & F*	√	√	√	√	
8	Cannabis edibles”	15	13	M & F*	√	√	√	√	√
9		13	12	M & F*	√		√	√	
9	Ketamine**	14	12	M & F*	√	√	√	√	

* Male & female, though predominately males
^ Use of drug during school first reported in Year 3
~ Use of drug during school first reported in Year 4
+ Use of drug during school first reported in Year 5
# Use of drug during school first reported in Year 7
x Use of drug during school not reported in Year 7
” Use of drug during school first reported in Year 8
✡ Use of drug during school not reported in Year 8
** Use of drug during school first reported in Year 9
++ Use of drug during school not reported in Year 9

Drug use in Dublin 15 primary schools

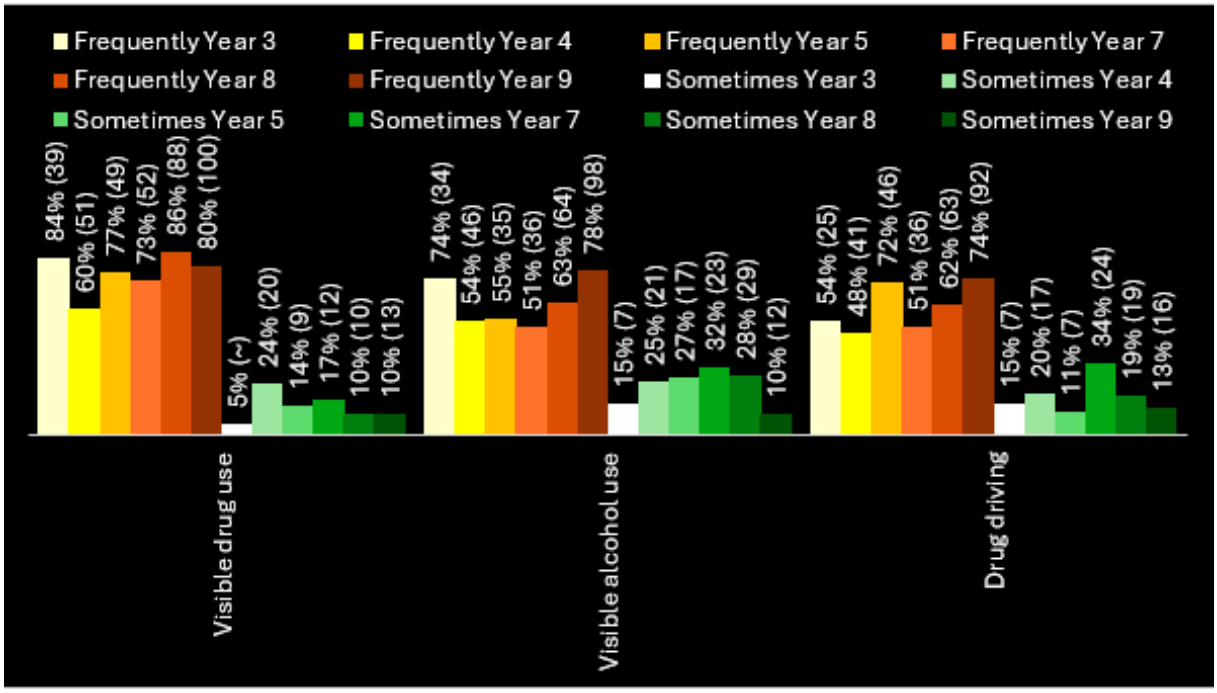
Year 9 was the first year that drug use in local primary schools was reported to the DATMS[27]. There are 31 primary schools in Dublin 15. Drug use was reported in a number of these schools (number of schools not reported to uphold confidentiality). These schools include those with and without DEIS status, indicating that drug use is a community wide issue that crosses all socio-economic boundaries. The profile of primary school-based drug users includes males and females aged from 11 years, with cannabis herb, cannabis oil and nitrous oxide being used during school.

27 Data concerning drug dealing in Dublin 15 primary schools is reported in chapter 6 section 1 ‘Accessibility of drugs and alcohol’

3) DRUG AND ALCOHOL-RELATED CRIME

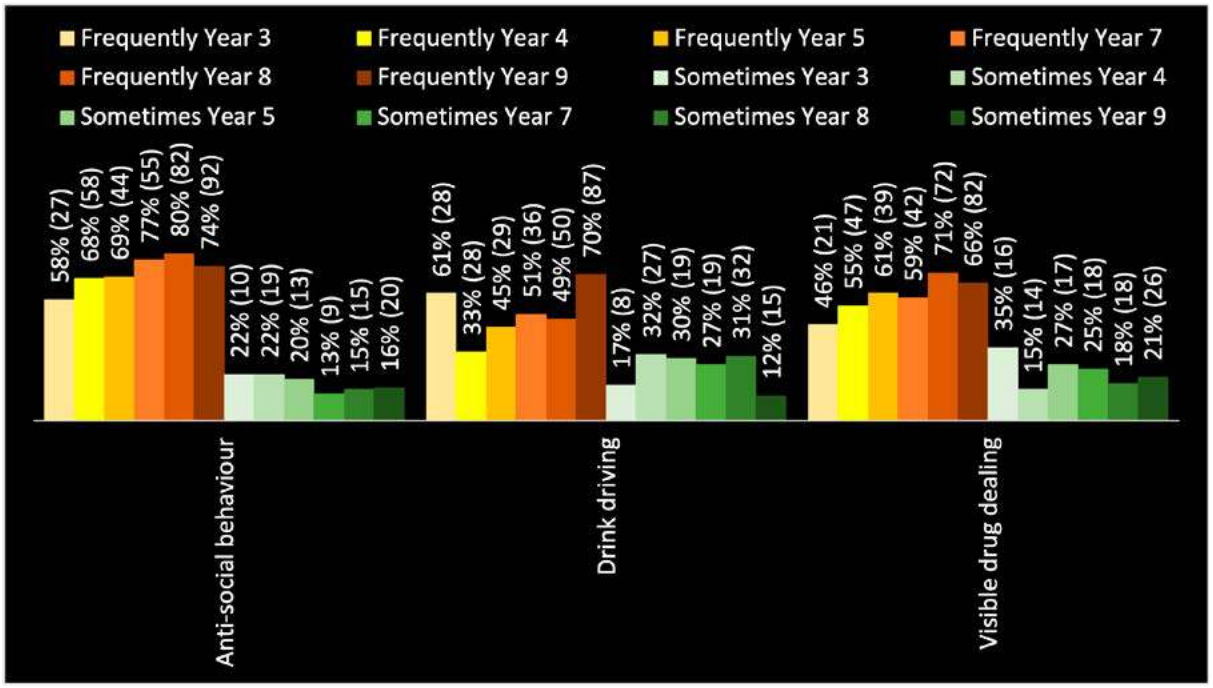
Since Year 1, drug-related crime in Dublin 15 has been reported. From Year 3 to 9 (2017 to 2023), participants reported perceptions concerning the frequency with which drug-related crime occurred (Charts 7.27 to 7.31). Over this reporting period, there have been changes concerning the most frequently occurring drug-related crime. From Years 3 to 5, drug-related intimidation was perceived to be the most frequent, this changed to anti-social behaviour in Year 7 and from Year 8 visible drug use. In relation to drug driving, Year 9 was the first year driving while using nitrous oxide was reported to the DATMS, and participants associated the use of this drug in this context with car collisions.

Chart 7.27: Frequency of drug-related crime in Dublin 15, DATMS Year 3 to 9 (2017-2023)



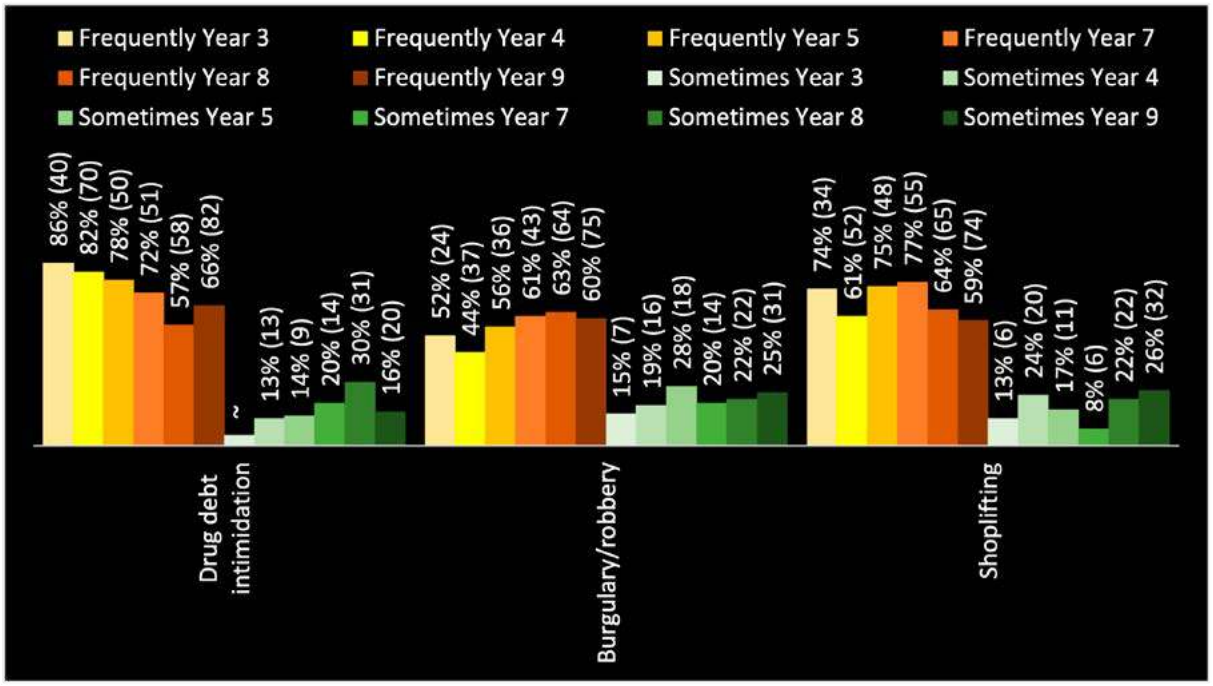
~ Number too small to be reported (5 or less)
Category totals less than 100% as category 'unknown' removed

Chart 7.28: Frequency of drug-related crime in Dublin 15, DATMS Year 3 to 9 (2017-2023)



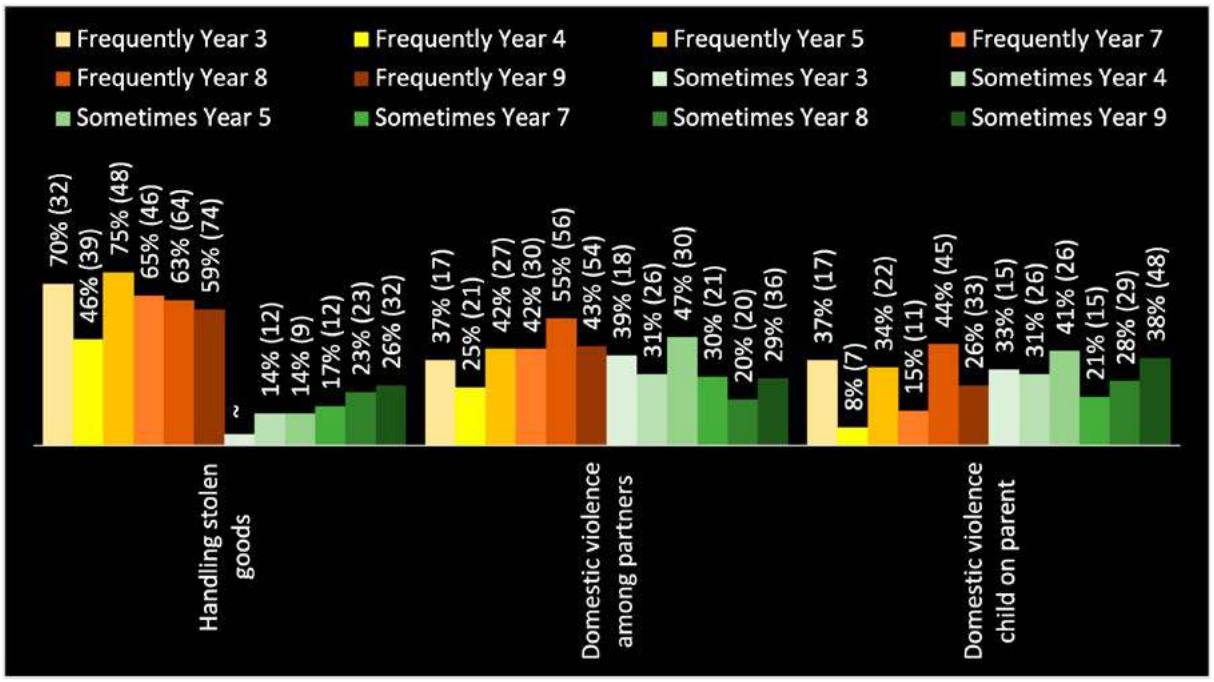
~ Number too small to be reported (5 or less)
Category totals less than 100% as category 'unknown' removed

Chart 7.29: Frequency of drug-related crime in Dublin 15, DATMS Year 3 to 9 (2017-2023)



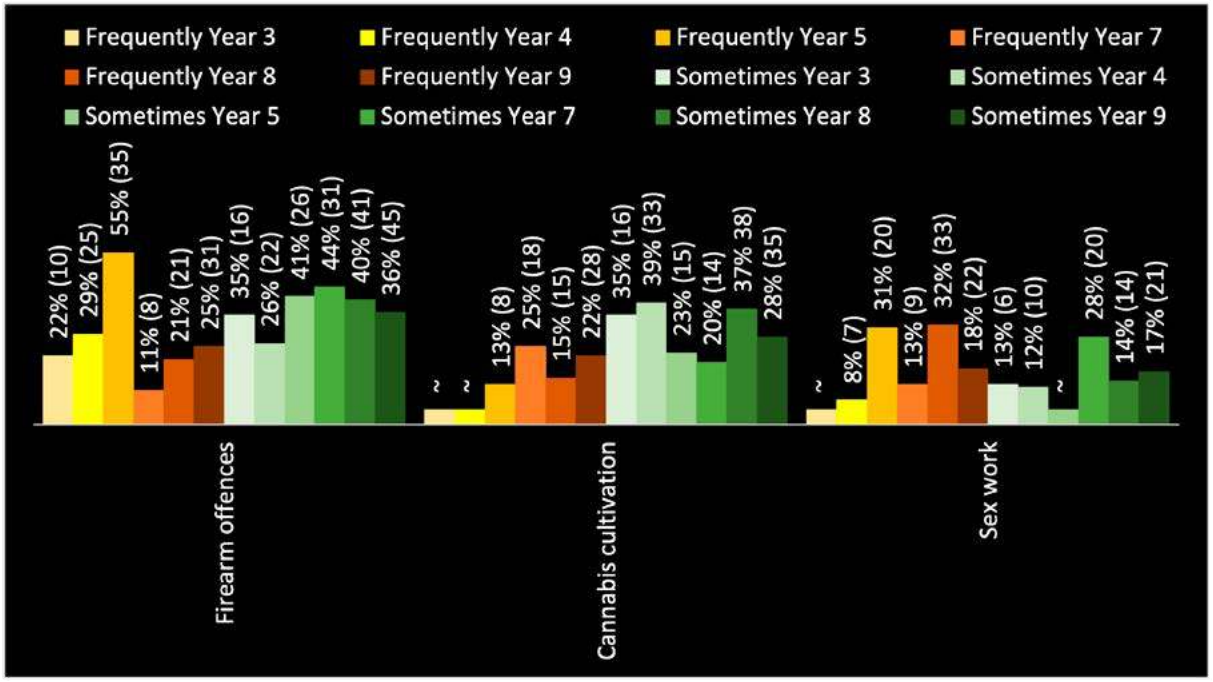
~ Number too small to be reported (5 or less)
Category totals less than 100% as category 'unknown' removed

Chart 7.30: Frequency of drug-related crime in Dublin 15, DATMS Year 3 to 9 (2017-2023)



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

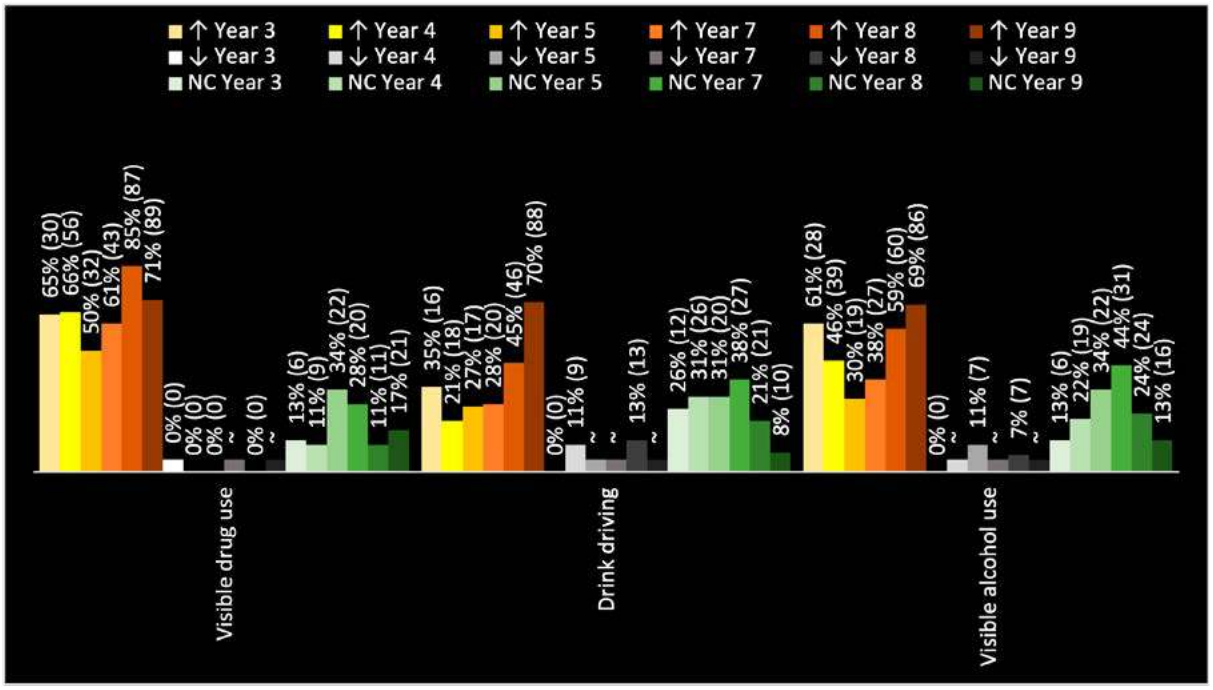
Chart 7.31: Frequency of drug-related crime in Dublin 15, DATMS Year 3 to 9 (2017-2023)



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

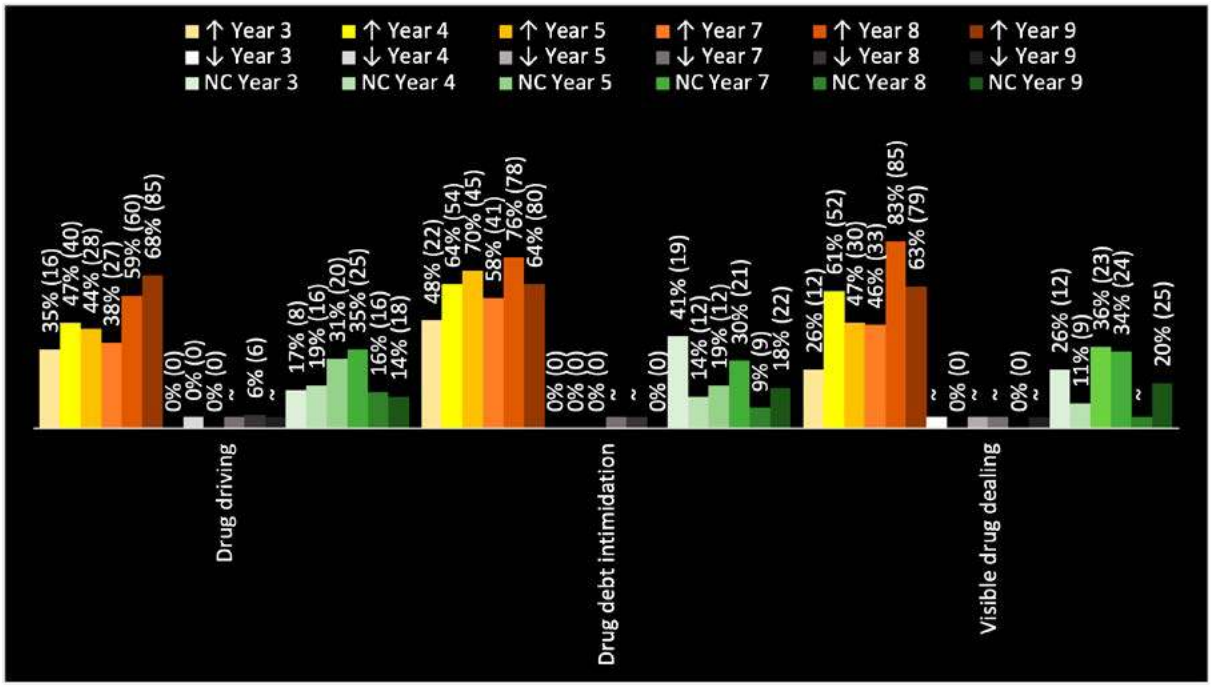
From Years 3 to 9 participants reported perceived changes in the frequency of drug-related crime (Charts 7.32 and 7.36). Since Year 3, an increase in the frequency of most drug-related crimes that can negatively impact the individual, the family and the community was reported. They included drug and drink driving, anti-social behaviour, the visibility of drug dealing, drug-related intimidation, domestic violence (child on parent) and firearm offences.

Chart 7.32: Changes in frequency of drug-related crimes in Dublin 15, DATMS Year 3 to 9 (2017-2023)



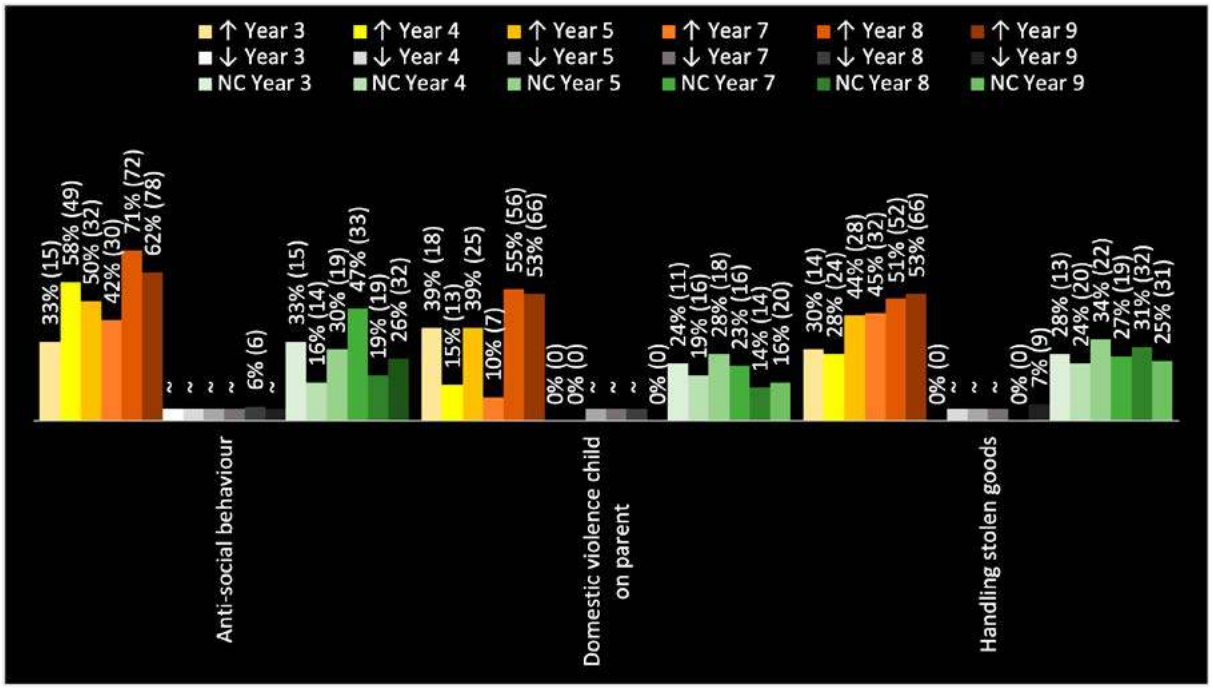
↑ Increase; ↓ Decrease; NC No Change
~ Number too small to be reported (5 or less)
Category totals less than 100% as category 'unknown' removed

Chart 7.33: Changes in frequency of drug-related crimes in Dublin 15, DATMS Year 3 to 9 (2017-2023)



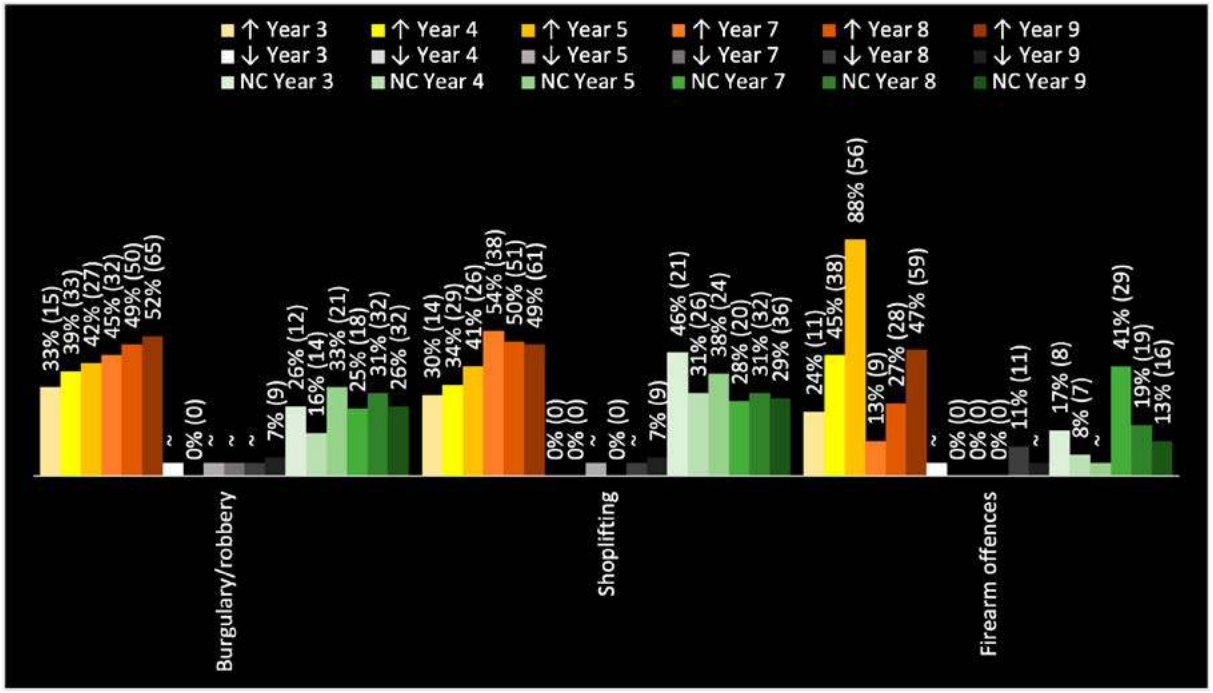
↑ Increase; ↓ Decrease; NC No Change
~ Number too small to be reported (5 or less)
Category totals less than 100% as category 'unknown' removed

Chart 7.34: Changes in frequency of drug-related crimes in Dublin 15, DATMS Year 3 to 9 (2017-2023)



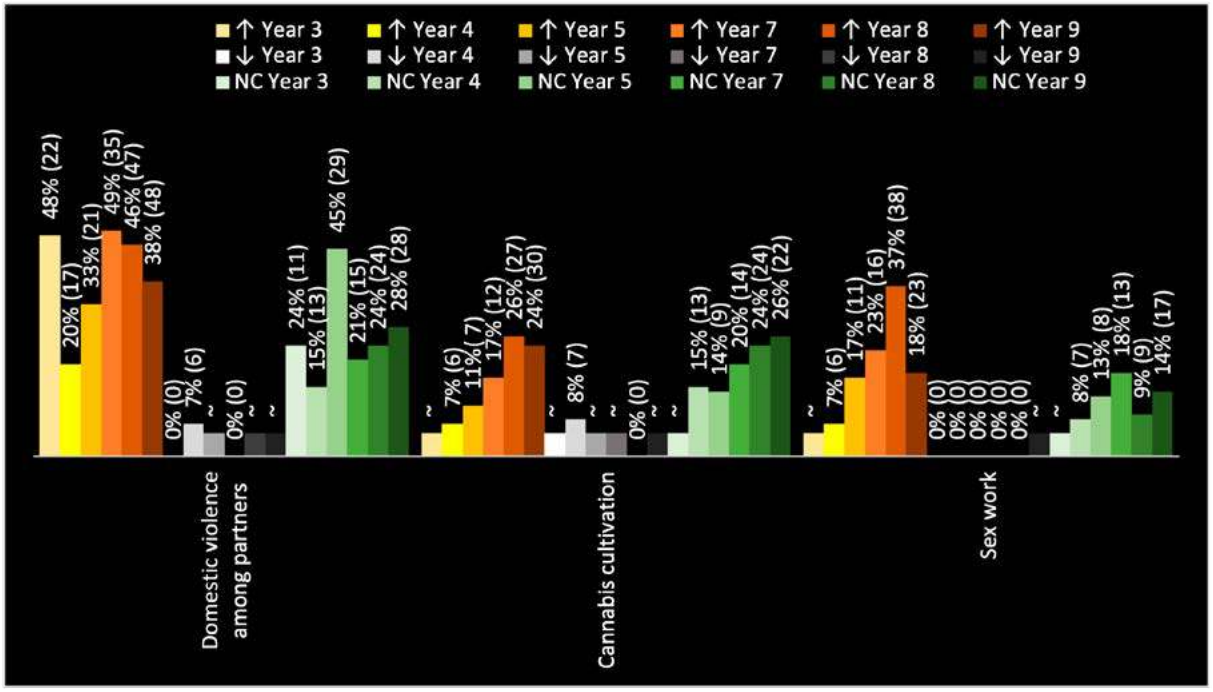
↑ Increase; ↓ Decrease; NC No Change
~ Number too small to be reported (5 or less)
Category totals less than 100% as category 'unknown' removed

Chart 7.35: Changes in frequency of drug-related crimes in Dublin 15, DATMS Year 3 to 9 (2017-2023)



↑ Increase; ↓ Decrease; NC No Change
~ 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 9 (2017-2023)



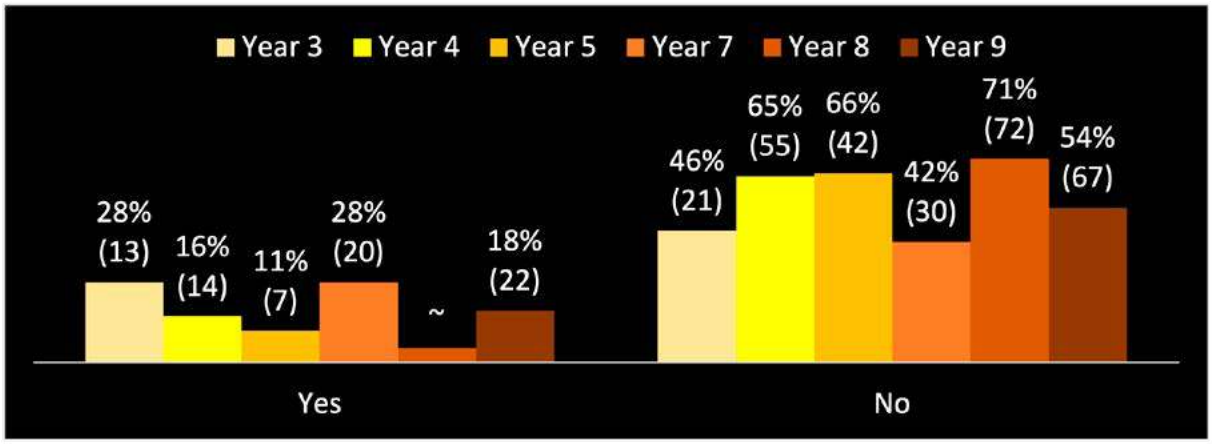
↑ Increase; ↓ Decrease; NC No Change
~ Number too small to be reported (5 or less)
Category totals less than 100% as category 'unknown' removed

Drug-related intimidation

Since Year 1, participants reported that drug-related intimidation takes many forms, including forcing victims to hold drugs or firearms or distribute drugs to pay off debts. This could partly explain the perceived increase in the number of people dealing drugs since Year 2[28]. Drug-related intimidation includes 'cuckooing', a form of criminal exploitation where dealers take over the homes of drug users to facilitate their supply operations. Year 8 was the first time that this form of intimidation was reported to the DATMS. However, this is not a new phenomenon which possibly suggests that its prevalence is increasing in Dublin 15.

Gardai intervention was rarely sought for drug-related intimidation (Chart 7.37), with victims and families paying debts to protect their families.

Chart 7.37: Reporting of drug-related intimidation to Gardai, DATMS Year 3 to 9 (2017-2023)



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

From Years 3 to 9, participants reported that drug-related intimidation was rarely reported to the Gardai because:

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

Data quantifying the extent of drug-related intimidation in Dublin 15 is not available. Gardai data for Years 1 and 2 stated that the number of families reporting drug-related intimidation to Gardai were too small to be reported (to protect anonymity). In Years 3 and 4, An Garda Síochána reported that drug-related intimidation remains an issue in Dublin 15 but due to the confidentiality of their Drug-Related Intimidation Reporting Programme, no data could be provided. Year 5 reported an increase in drug-related

28 Reported in chapter 6 section 1 'Accessibility of drugs and alcohol'

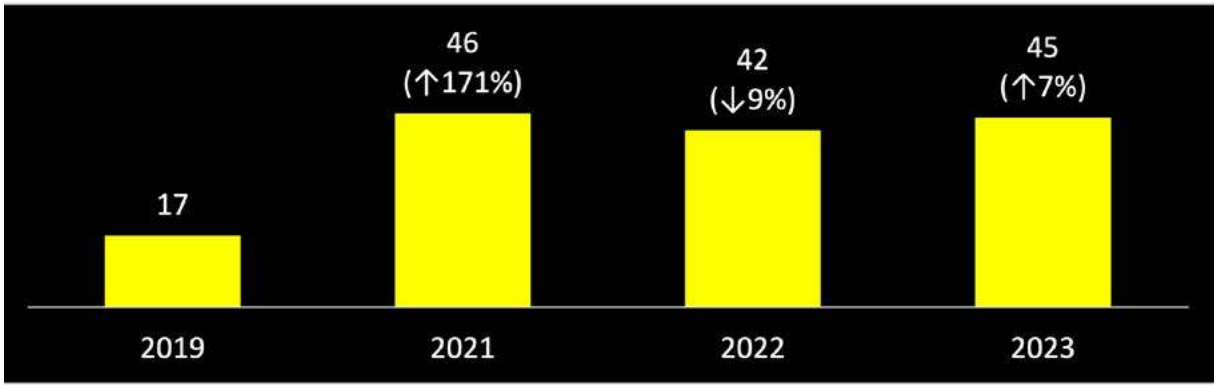
intimidation cases reported, however, An Garda Síochána stated this was most likely due to an increase in awareness about the service rather than an increase in the incidence of this crime. Since Year 7, no data was provided.

Available data concerning the extent of drug-related intimidation reports participants perceptions concerning this crime. Over the reporting period, changes in the frequency of this crime were reported. From Years 3 to 7, drug-related intimidation was one of the most frequently reported drug-related crimes in Dublin 15. Since Year 8, it is no longer the most frequently reported drug-related crime.

8. EDUCATION PREVENTION

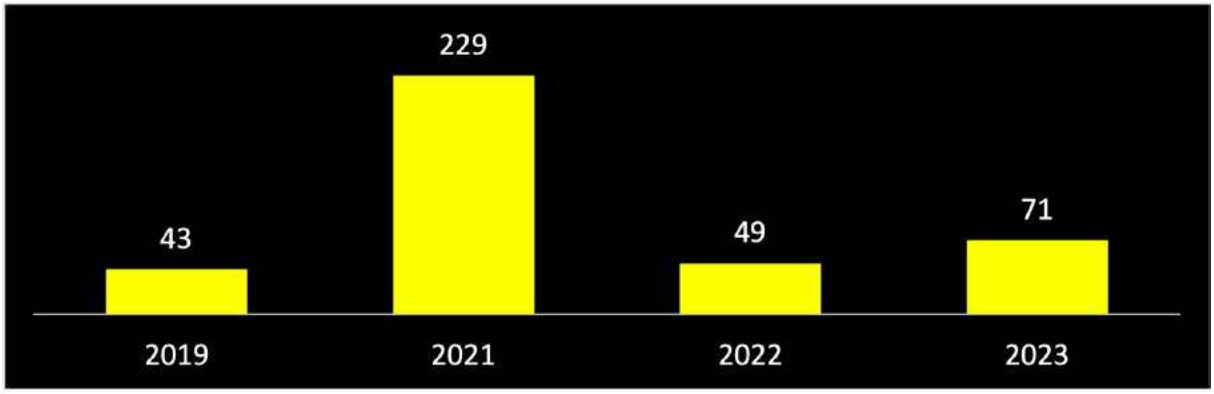
The BLDATF D15 Family Support service coordinates a limited number of educational assessments/interventions which complement the Department of Education's provision. The programme's primary focus is to reduce risk factors for drug and alcohol use and ensure the best outcomes for primary school children and their families living in Dublin 15. D15 Family Support completes an initial intake assessment with the parent(s) to establish if any additional family supports can be offered to complement the referral; additional supports include the Triple P Parenting programme or the 5 Step Method. Sources of referrals are primarily from Dublin 15 DEIS primary schools and statutory services. The number of children who received support for psychological issues increased by 165% from 17 in Year 5 to 45 in Year 9 (Chart 8.1).

Chart 8.1: Education/prevention cases, DATMS Year 5, 7-9 (2019, 2021-2023)



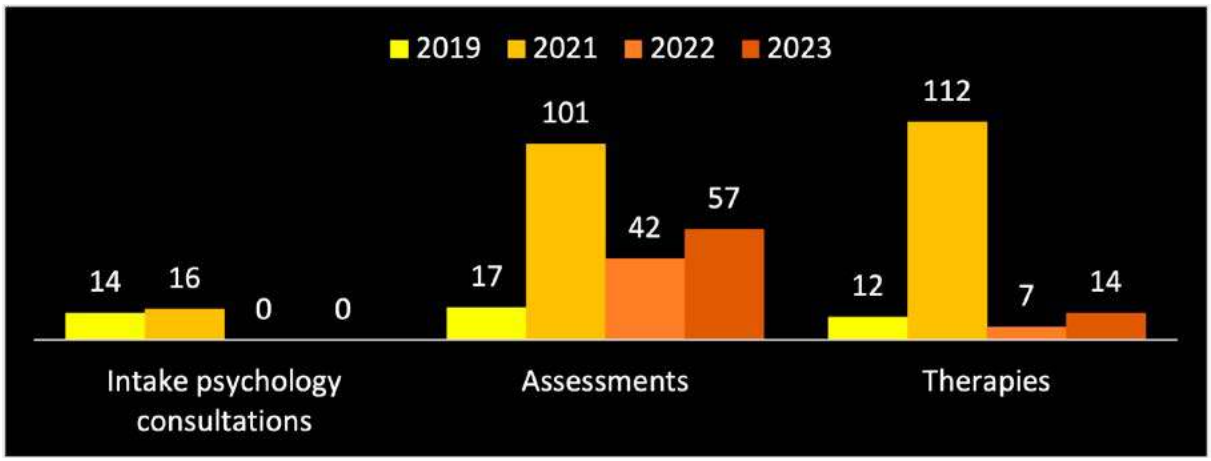
Over the reporting period, the number of education prevention interventions fluctuated (Chart 8.2).

Chart 8.2: Education prevention interventions, DATMS Year 5, 7-9 (2019, 2021-2023)



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 behavioural perspective with their peers. Psychological therapies included speech and language, occupational and cognitive behavioural therapies. A breakdown of support received is reported in the chart below (Chart 8.3).

Chart 8.3: Education prevention interventions, DATMS Year 5, 7-9 (2019, 2021-2023)



Since 2022, the reduction in the number of interventions does not identify a reduction in need but changes to service delivery and cost. The psychologists changed the method for the delivery of therapies from group to one-to-one setting. There was also a large increase in the cost of assessments and the decision was taken to reduce therapies and focus on the assessments.

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, rehabilitation, and family support services provide supportive and non-judgemental environments for young people and adults 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
  - Rehabilitation services including education and training programmes, and pro-social activities assist the development of recovery capital

GAPS IN SERVICE PROVISION IN DUBLIN 15

Gaps 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
  - School-based drug education provision
- Increase knowledge of local service provision on a local and targeted basis; service provision to include:
  - Public awareness campaigns
  - Encourage help seeking behaviours and highlight confidentiality of addiction and family support service provision because *the stigma associated with drug or alcohol use is a barrier to help-seeking and service utilisation*

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 the capacity of youth services to support young people who are drug and alcohol users, and to encourage engagement with addiction services
  - Increase capacity of treatment services for adolescents and young people by the utilisation of service provision methodologies that are age appropriate and encourage engagement
- Improve accessibility and effectiveness of treatment programmes; service provision to include:
  - Increase effectiveness of treatment services by maintaining fidelity to evidence-based programmes
  - Improve capacity of stabilisation programmes
  - *Increase access to drug-free day programmes*
  - *Improve access to childcare for people attending day and residential programmes*
  - Increase access to treatment services for cannabis use
  - Increase availability of Buprenorphine for the treatment of opioid dependence
  - *Out-of-hours services: improve access to stabilisation, treatment and family support services during weekday evenings and weekends*
  - Increase access to addiction services in prison
  - Improve interagency communication and collaboration among addiction services for under 18s and adults; to include communication between addiction and other health care services
- 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
  - School-based services to remove barriers to participation
  - A comprehensive dual diagnosis service for the treatment of all drug types involving partnerships with community, voluntary and statutory mental health and addiction services
- Improve access to general practitioners

FAMILY SUPPORT

- Increase access to family support services for under 18s including school-based services such as counselling, and universal programmes due to the extent of hidden harm in communities

COMMUNITY SAFETY

- Increase Gardai relationship with communities with the aim of increasing the effectiveness of drug-related intimidation initiative DRIVE

REHABILITATION

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

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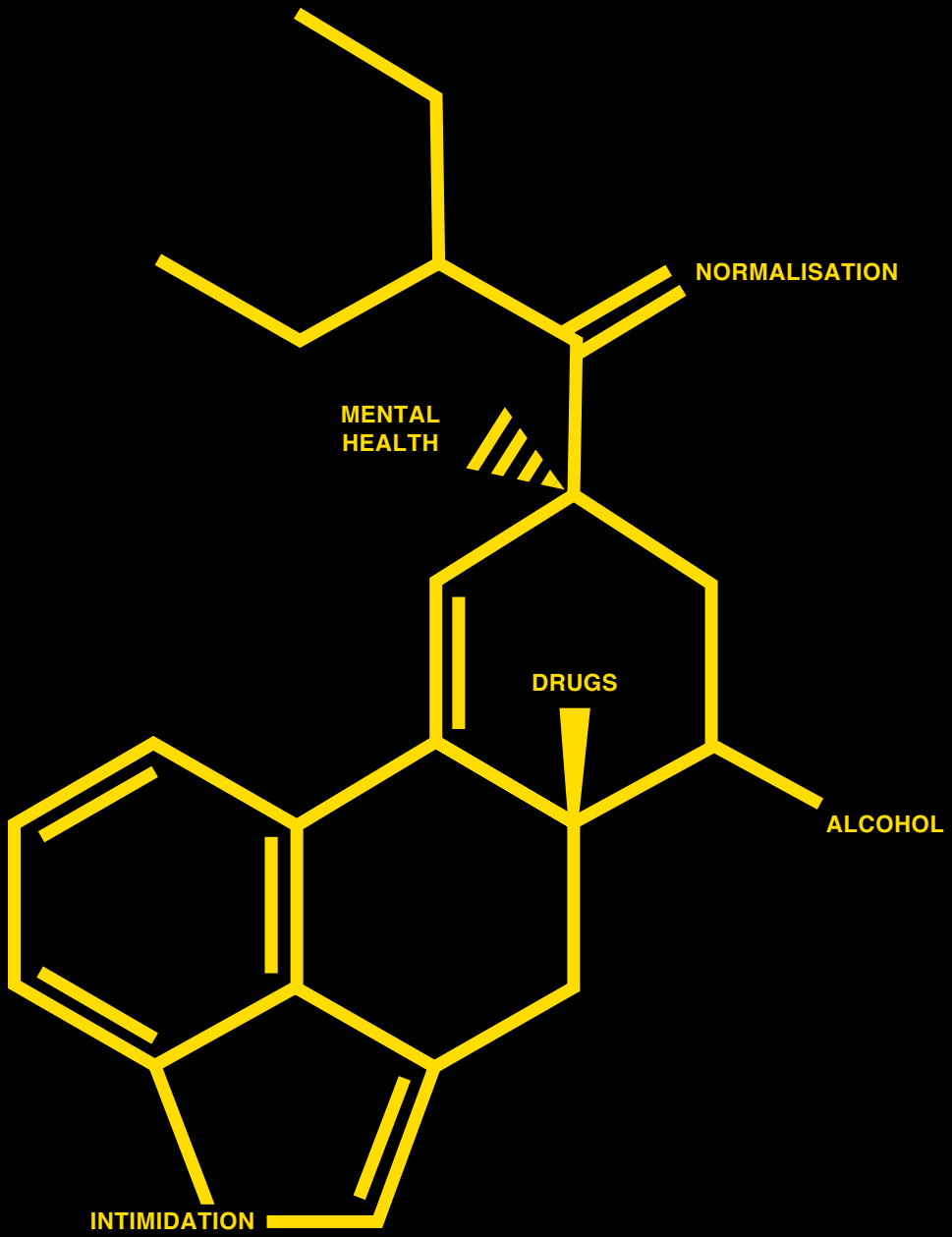
NORMALISATION
MENTAL
HEALTH
DRUGS
ALCOHOL
INTIMIDATION



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