

CRACKING ON

A HARM REDUCTION REPORT

**BASED ON THE FINDINGS OF
A STREET OUTREACH HARM REDUCTION SERVICE
FOR CRACK COCAINE IN CLONDALKIN.**

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ABSTRACT

This report presents information gathered by the Bawnogue Youth and Family Support Group (BYFSG) street outreach worker during the twelve month period, January to December 2012, as part of a crack cocaine harm reduction service in the greater Clondalkin area.

Out of a total of 119 clients of the street outreach service, 84 availed of the crack pipe distribution service and in doing so they shared information with the street outreach worker which together with information gathered on cards and behavioural observations, created the basis for the data analysed in this report.

What is clear from the information presented is that crack cocaine use has become a widespread, sustained and frequent part of the drug using scene in Clondalkin particularly among female drug users.

However, clients were aware of the risks of blood borne virus transmission as a result of their drug taking practices and were willing to engage in a service which could help them to minimise this risk as long as it did not require a significant change to their drug taking technique or interfere with the drug taking experience.

Through a process of trial, consultation and observation, the BYFSG street outreach worker was able to illicit information on the most effective type of crack pipe which met the requirements of the drug users while at the same time minimising the risks of blood borne virus and other disease transmission.

This report outlines not only the information gathered to inform a more effective harm reduction strategy for crack cocaine use, but also lists the barriers to implementing such a strategy and how they might be addressed.

The report also outlines a number of proposals for future consideration in relation to the development of a comprehensive community approach to harm reduction practices and crack cocaine use.

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BY THE BAWNOGUE YOUTH AND FAMILY SUPPORT GROUP
Informing a Harm Reduction Response to an Emerging Drug Using Trend

This report provides a retrospective analysis of information gathered by the Bawnogue Youth and Family Support Group (BYFSG) street outreach harm reduction service in Clondalkin which provides interventions through the distribution of needles and crack pipes.



THE SERVICE

The Bawnogue Youth and Family Support Group, soon to be known as Clondalkin Tus Nua, began as a local response to heroin use in the South West area of Clondalkin. With funding from the Health Service Executive (HSE), Department of Social Protection (DSP) and the Clondalkin Drug Task Force, the Bawnogue Youth & Family Support Group contact centre was opened in September 1999.

Originally situated in the Bawnogue Shopping Centre, the organisation moved into a new purpose built premises on the New Nangor Road in November 2011.

With a catchment area that reaches from Bawnogue to the Naas Road, the BYFSG provides a service which includes one to one key working sessions, a daily drop-in service, counselling, complimentary therapies, a rehabilitation day programme “Station 1”, a street based outreach harm reduction service, family support, group support sessions and education/ therapeutic workshops.

Our catchment area is Southwest Clondalkin but the Street based harm reduction service covers all of the Clondalkin area.

INTRODUCTION

The Clondalkin Drugs Task Force strategy plan 2009-2016, Executive Summary acknowledges that “crack cocaine is an emerging problem” in the Clondalkin area.

Crack cocaine is a drug which comes in rock or crystal form making it a purer and therefore stronger drug than powder cocaine. It is mainly smoked through a pipe but can be melted down and injected. The “high” experienced from crack is intense but short lived and is usually followed by intense depression, edginess and a craving for more of the drug. Crack can leave people feeling paranoid, angry, hostile and anxious. The long term effects of crack cocaine use include severe damage to the heart, liver and kidneys. Users are also more likely to have infectious diseases, (talktofrank.com).

Current research suggests that the crack markets operating in Dublin are closed markets with dealers operating a number of methods to market the drug including selling it in combination with other drugs, offering heroin users crack instead of heroin and targeting drug users outside methadone clinics, (Connolly et al: 2008).

Research analysis from previous studies on the use of crack cocaine has been restrained by the limited amount of data available through the criminal justice and health care systems. Other issues such as the under-reporting of crack use due to users’ fear of sanctions or fears that they may lose access to their children, need to be addressed, (Connolly et al: 2008).

AIMS

The overall aim of this report is to inform a universal harm reduction strategy for Clondalkin specifically in response to new and emerging trends in crack cocaine use.

Ultimately, it is hoped that a clearer picture will emerge about the qualities of the most effective form of crack pipe to distribute as part of a comprehensive harm reduction strategy.

OBJECTIVES

The main objective of the report is to inform the harm reduction strategy for the entire Clondalkin area. This is in line with the objective of the National Drugs Strategy 2009-2016 “To ensure the availability of data to accurately inform decisions on the initiatives to tackle problem substance use”, (NDS:2009:7)

The other objectives are to increase service provider knowledge on the nature of crack pipe use and to inform strategies relating to preventing blood borne virus and TB transmission among the drug using population.



CONTEXT

Crack cocaine is a serious and increasing problem for a small number of marginalised drug users in Dublin, many of whom are former opiate users. A high proportion of crack cocaine users are male, homeless, unemployed and do not have formal educational qualifications, (Connolly et al 2008).

There are currently two harm reduction services in operation within the Greater Clondalkin area. The Bawnogue Youth and Family Support Group (BYFSG) operate in South West Clondalkin and offer a street outreach needle exchange and street outreach crack pipe distribution service for the entire Clondalkin area.

Clondalkin Addiction Support Programme (CASP) operates in the North Clondalkin area and provides needle exchange and methadone maintenance treatment on site.

Anecdotal evidence emerged from the BYFSG street outreach service in 2011 of an increase in the use of crack cocaine among drug users in the Clondalkin area. In response to this, the BYFSG street outreach worker decided to conduct a survey of various types of crack pipe to ascertain the pipe qualities that may maximise harm reduction.

SPECIFIC HARMS ASSOCIATED WITH CRACK PIPE USE

The spread of diseases such as HIV and Hepatitis A, B and C are particular concerns in relation to the sharing of crack pipes for drug use. In addition, anecdotal evidence suggests an increase in the number of drug users presenting with TB in the Dublin area.

Similarly, a 2009 Vancouver study observed that “use of crack cocaine has become one of the strongest risk factors for HIV seroconversion”. This is in relation to smoking crack as mouth wounds caused by crack pipes make people more vulnerable to infection, (Brunner:2013).

Complications in relation to respiratory infection can also be a concern for those infected with the HIV virus where opportunistic infections can lead to more severe illness such as pneumonia.

REVIEW OF THE RELEVANT LITERATURE

Intravenous drug use and transmission of blood borne viruses have been at the heart of harm reduction strategies in Ireland since the emergence of HIV and AIDS in the mid 1980s. This was compounded by the discovery of Hepatitis C in 1989 and the realisation that this virus could be spread through the sharing of all drug-using paraphernalia.

Until recently, the spread of Hepatitis C focused on transmission through injecting equipment rather than other forms of drug use. The 2004 NCAD review entitled *Harm Reduction Approaches in Ireland and Evidence from the International Literature* stated that “Research on HCV transmission associated with sharing pipes and other equipment to date is insufficient and needs to be developed (NACD:2004:39). So far, the literature on this subject remains limited.

A 2008 study by the Hepatitis C Trust in Canada concluded that transmission of HCV through sharing crack pipes was possible, “HCV transmission from an infected host onto paraphernalia as a precondition of HCV host-to-host transmission via shared crack paraphernalia use seems possible, with oral sores and paraphernalia condition constituting possible modifiers.” (heptrust.org.uk).

Similarly, a 2008 study in the Downtown Eastside of Vancouver which examined “opportunities to learn and barriers to change” regarding crack cocaine use underlined that the transmission of viruses such as Hepatitis B and Hepatitis C are known to be high risk issues for people using crack cocaine through the sharing of crack pipes and other paraphernalia, (Boyd, Johnson & Moffat: 2008).

The Vancouver report, which was published in the Harm Reduction Journal, also suggested that harm reduction education is most successful when it is informed by current practices with crack use and most effectively delivered through informal interactions by peers and outreach workers, (Boyd, Johnson & Moffat: 2008).

Finally, a report carried out by the Canal Communities Local Drugs Task Force in 2010 concluded that “crack will become a problem for at least some of those who are currently using it on methadone”. The report also states that “the long-term effects of opiates and cocaine used in this way are not well researched” and that the result of this kind of drug use is “likely to cause increased morbidity”, (Saris & O’Reilly:2010:64)

Fundamentally, the literature seems to agree that the risk of HIV and HCV transmission through sharing crack pipes is a genuine risk for people who use drugs. However, there remains a lack of clear evidence on the general drug using behaviour of crack cocaine use in general, particularly in relation to those who are also on Methadone Maintenance Treatment (MMT).

METHODOLOGY

The data presented in this report is based on a retrospective analysis of information gathered by the BYFSG street outreach worker and his behavioural observations over a twelve month period from January to December 2012.

The information was recorded as part of the street harm reduction service. The data is mainly qualitative in nature but some quantitative data has been included where possible.

This was an ethnographic survey which drew on the participant observations of the street outreach worker while distributing crack pipes as part of an existing harm reduction service. Therefore, the cohort for this report involved adult males and females using pipes to smoke crack cocaine in the Greater Clondalkin area.

The BYFSG Street Outreach Worker gathered information on an anonymised card recording non invasive questions. The information gathered was transcribed onto a computer as soon the street outreach worker returned to his office.

The observational data was sometimes noted immediately on the card and sometimes included retrospectively as soon as the street outreach worker returned to his office.

The street outreach worker was mindful that his method of collecting information contained non-identifying data, was not coercive in any way and that all information was given with informed consent, freely and without prejudice.



INTERAGENCY COLLABORATION

The street outreach worker liaised with a street outreach worker from another Task Force area in Dublin towards the end of the study to compare information, observations and anecdotal evidence. Information on crack pipes which had received positive feedback was shared so that they too could engage in feedback from their clients.

The street outreach worker also liaised with the Health Service Executive (HSE) Harm Reduction Officer towards the end of this study to share information, observations and anecdotal evidence.

ETHICAL CONSIDERATIONS

Ethical considerations regarding the use of data gathered during the course of this survey was observed referring to the Data Protection Acts 1988 and 2003 and advice was sought from a range of professionals working in the area of addiction and MMT.

These considerations included the need for informed client consent, ensuring the prevention of distress, harm and risk to the clients and the worker, protection of the client, confidentiality and anonymity, a commitment to honesty and trust and a promotion of ethical intervention and advocacy.

TIME FRAME

- The street outreach harm reduction programme aimed at crack users began operation in January 2012.
- Retrospective analysis of data collected began in September and ended in December 2012.
- A report was written up and sent to the printer in March 2013.

CONFIDENTIALITY:

The confidentiality of clients was protected and maintained by using a classified coding system. Each harm reduction client was given a unique harm reduction number comprising a numerical and alphabetical code.

The information noted and referenced was only available to the outreach worker. The client was also given a separate number for the main client register at BYFSG so that no other workers would be able to identify that a client may also have been part of the harm reduction service.

This system ensured that the harm reduction client information was kept confidential from all other workers in the project.

The client information cards were kept under lock and key and only one member of the outreach team had access. The information was eventually transferred to an Excel spreadsheet and was secured by password so that only the outreach team could access it.

DATA ANALYSIS

For the purposes of this report, the people availing of the crack pipe street outreach service are referred to as clients.

The BYFSG street outreach worker was employed for twenty hours per week during the twelve month period that the information was gathered.

The number of clients who availed of the street outreach service during 2012 was **119**. From this number, **84** availed of the Crack Pipe distribution Kits and of these, **62** were male and **22** were female.

The figure for female clients is interesting to note as there were only **29** female clients of the street outreach service in total. This means that **76%** of the female clients using the BYFSG Street Outreach Service were crack cocaine users.

FREQUENCY OF USE

16 of the clients (20%) shared information on the frequency of their crack pipe use.

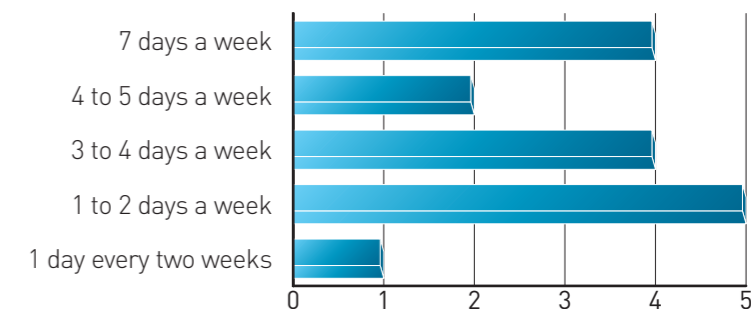
4 used 7 days a week

2 used 4 to 5 days a week

4 used 3 to 4 days a week

5 used 1 to 2 days a week

1 used 1 day every two weeks



If these figures were equated to the overall number (84) it would show results as follows;

23% use 7 days a week

12% use 4 to 5 days a week

23.5% use 3 to 4 days a week

29.5% use 1 to 2 days a week

6% use 1 day in two weeks

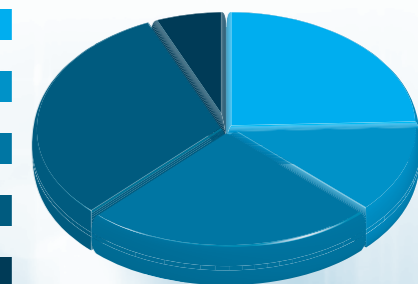
7 days a week

4 to 5 days a week

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1 to 2 days a week

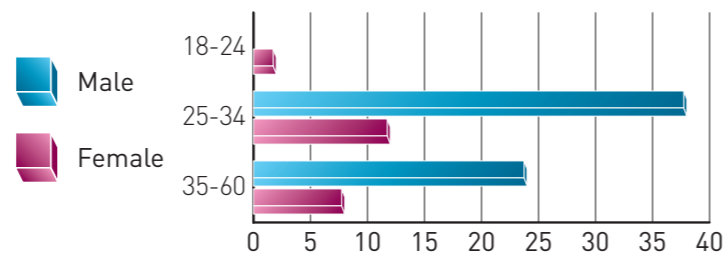
1 day every two weeks



The drug using trend that these figures point to is regular, sustained crack cocaine use with almost 60% of clients using every other day or more.

AGE PROFILE

Age	Male	Female
18-24	0	2
25-34	38	12
35-60	24	8



Of the 84 clients, 44 were poly drug users and of these, there were 35 who used heroin.

62 (68%) of the male clients using the street outreach service asked for crack pipes. 21 (25%) of the overall 84 clients using the street outreach service also asked for needle exchange.

A question regarding client's use of MMT was included on the anonymised cards and it was found that 77 (91%) of the clients who smoked crack were also on MMT. Of the 7 clients who were not on MMT, 4 were poly drug users, 2 used crack only and 1 was on Suboxone.

From the 84 clients, 7 revealed that they were HIV positive. 2 of the clients died in 2012 and one of these was HIV positive. 5 of the clients revealed that they were Hep C positive.

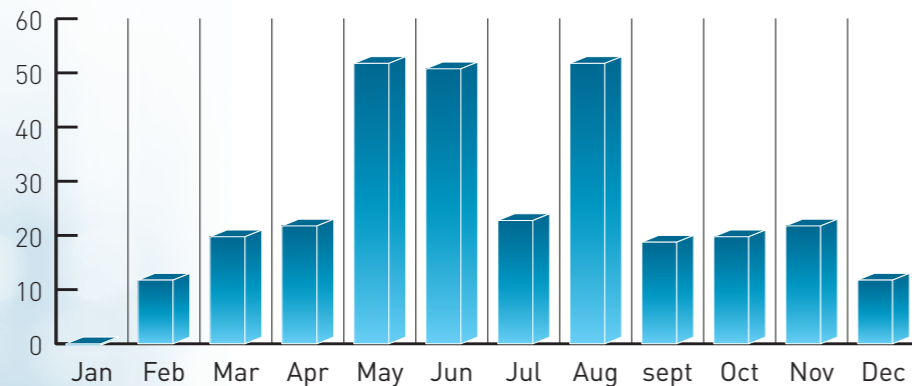
Please note, the word "revealed" is used here deliberately as clients were not asked about their HIV or Hep C status and volunteered this information without prompting.

STREET PRICING: AS OF DECEMBER 2012

.2 of a gram = 20 euro
 .3 of a gram = 30 – 35 euro
 .5 of a gram = 50 euro
 1.5 of a gram = 120 euro

Crack pipes distributed by month;

January = 1
 February = 13
 March = 21
 April = 23
 May = 53
 June = 52
 July = 24
 August = 53
 September = 20
 October = 21
 November = 23
 December = 13



OUTREACH WORKER OBSERVATIONS

A trusting relationship developed quickly between the outreach worker and the crack cocaine users. Because of this, a number of observations were made through repeated interaction with various clients over the year.

The following is a list of casual observational findings noted by the street outreach worker which were transcribed and noted during and after each distribution period.

- *The crack pipes received a positive response from the clients who seemed to appreciate that their well-being was being considered.*
- *The information picture cards in the harm reduction kits led to increased awareness of BBVF transmission among clients.*
- *Scoring increased on social welfare paydays.*
- *Poly drug use in the Clondalkin area includes Chrystal Meth/Heroin/Cannabis/Benzos.*
- *Some Gardai were reported taking pipes from clients and stamping on them to break them.*
- *Homelessness was not an issue for the clients accessing this service.*
- *Crack pipe use did not increase because of the crack pipe street outreach distribution with most of the clients reporting that their use remained the same.*
- *Engagement increased with the street outreach worker when the pipes were of good quality and decreased when the quality of the pipe decreased. This tells us that the client will not use a pipe that they are unhappy with.*

CRACK PIPE – IDEAL QUALITIES FOR HARM REDUCTION

Having sampled seven different types of crack pipe among the service users during the period January to December 2012, it was found that the ideal type of pipe for reducing the harm associated with this form of activity are;

1. Small and easy to conceal
2. Come with a purpose fit gauze
3. Easy to retain residue
4. Does not involve a change of smoking technique
5. Quick and easy to use
6. Does not have a negative effect on the drug taking experience in so far as the "high" is not diminished.



PIPE DESCRIPTION

The first three pipes all required a change of smoking technique. The first pipe was a small straight glass tube about 10cm long with a 6mm hole at each end. This pipe came with a piece of rubber to attach for the mouth piece in order to prevent the lips from burning. It was not supplied with gauze and according to clients, was not useful for crack smoking.

The second pipe was a glass pipe about the same length as the first but L shaped rather than straight and with an 8mm hole at the cup end and a 6mm hole at the other. This pipe came with a rubber mouth piece and tin foil to place over the cup end. This also received a bad reaction from the clients although not as negative as the first pipe.

The third pipe was a long straight glass pipe about 20 cm long and about 10mm in diameter. It came with gauzes which needed to be folded over and pushed down into the pipe with a wooden stick that was also supplied. The clients refused to use this pipe as they felt it would be too awkward and required a lot of work.

The fourth pipe turned out to be the most effective of all seven pipes sourced by the street outreach service according to the feedback received by the clients.

This pipe is made of Pyrex heat resistant glass and is about 10 cm long. It comes in one piece with a small hole of about 10mm diameter at each end.

A small piece of disposable gauze is distributed with the pipe and fits into the cup of the pipe.

These pipes are easy to clean, easy to conceal and do not involve any change of technique for the client.

Information on where these pipes are sourced can be obtained from the BYFSG street outreach worker.



HARM REDUCTION KITS

The street outreach worker distributed prepared harm reduction kits to clients which included;

Condoms x 2

1 Glass pipe

1 pack of gauzes x 5

1 pack of swabs

1 Harm reduction information card

1 Outreach information card

1 list of relevant emergency help lines

DISCUSSION

The observations from this year long survey of crack pipe distribution in the greater Clondalkin area would suggest that crack cocaine use has become widespread and part of the norm in terms of poly drug use activity in the area.

The recent international evidence supports the risks of blood borne virus transmission through the sharing of crack pipes and other paraphernalia. This information is essential to the understanding of effective harm reduction strategies in the context of poly drug use practices.

The statistics show that the majority of crack cocaine users in the Clondalkin area are between 25 and 34 years of age. While there are more male clients than female, the ratio of female clients of the crack pipe outreach service is higher (76%).

The high number of male users in the 35 – 60 bracket is likely to reflect former heroin users who are now using crack cocaine and probably also on MMT. Just over 50% of the clients engaged in poly drug use which included injecting heroin for the majority.

CRACK USE AND METHADONE MAINTENANCE TREATMENT

The crack pipe survey highlighted new data in relation to the numbers of clients reporting to be on MMT.

According to the statistics collected by the BYFSG street outreach worker, **77 (91%)** of those who availed of the crack pipe street outreach distribution service were also on MMT.

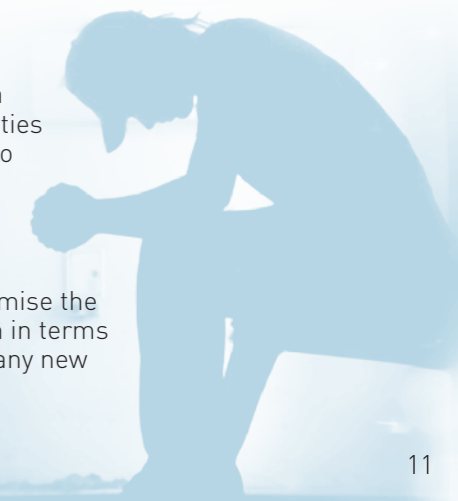
It is important to realise that this is not the same as saying that **91%** of those on MMT are also using crack cocaine. A distinction must be made here as the data analysed refers to clients using crack cocaine and not those on MMT.

However, a recent Irish study (Ducray et al: 2011) finding a link between cocaine use whilst on MMT and increased heroin intake and an increased frequency of injecting is very pertinent and requires further reflection, enquiry and analysis.

BARRIERS TO EFFECTIVE HARM REDUCTION OUTCOMES

Through the distribution of seven different types of crack pipe and the follow-up feedback from the clients, it was possible for the harm reduction street outreach worker to identify a pipe (no. 4) which had specific qualities to maximise harm reduction practices. These qualities have been listed earlier, however, just as pertinent is the information gathered in relation to the possible barriers to change in drug use which could impede effective harm reduction outcomes.

This report would suggest that crack users are aware of the possible harms caused by sharing their drug paraphernalia and are eager to obtain a good quality pipe that can maximise the drug using experience while at the same time, minimising the harmful risks to their health in terms of blood borne virus and TB transmission. However, it is also important to the clients that any new pipes do not require a change of smoking technique.



Three major barriers to effective harm reduction outcomes were identified by the BYFSG street outreach worker as follows;

1. *Changing technique:* A pipe that would need a change of technique in smoking crack tends to be less effective for clients as they do not like changing their technique.
2. *Taste:* The flavour of the crack from a well used crack pipe provided some element of added pleasure to the activity making it very difficult to get users to discard their pipe after each use.
3. *Residue:* It was found that clients like to scrape the residue crack that can build up on the pipe to get an extra few smokes.

In terms of harm reduction practices it is ideal that clients would discard their pipes after each use and this is the information given by the BYFSG street outreach worker. It is not enough to attach a fresh mouth piece to the pipe as it is possible for TB to be transmitted from one client to another as the virus can live in the pipe itself, (Boyd, Johnson & Moffat:2008)

CLIENT ENGAGEMENT

Initial uptake of the pipes was slow as the first three pipes were not very effective. The street outreach worker distributed four different types of pipe before discovering a pipe which improved the experience for the client in a way which did not significantly alter the smoking technique and which improved the harm reduction properties of the pipe.

The 50% decrease in engagement with the harm reduction service in July was due to the street outreach worker's holiday period and the fall off between September and December was possibly due to the fact that at this point, most of the clients had a pipe. The quality of the pipes was also changing and clients wanted to retain the pipe that they felt was working well (pipe no.4).

The Canada study (Boyd, Johnson and Moffat:2008) referred to in the review of the literature also states that a fall off in engagement is normal after a certain period because of the issues mentioned above.

Information emerged from the data in relation to the extent of female use of crack cocaine which appears to correspond to the most recent national figures on traumatic drug-related deaths among women.

The figures presented by the BYFSG street outreach service raise questions about the changing nature of drug use among female drug users in Clondalkin. Indeed, recent figures from the Health Research Board (2013) show that the majority (62%) of drug-related deaths in 2010, which may be directly or indirectly related to trauma or medical conditions were among women.

It is clear that this is an area which needs further investigation before more concrete conclusions can be drawn. Perhaps further in dept analysis and reflection on the trend in crack cocaine use among female drugs users in the Clondalkin area is also needed.

Any concerns that the distribution of crack pipes can increase the frequency of crack cocaine use are not backed up in the findings of this report. It has been suggested from the street outreach worker's observations that street outreach crack pipe distribution had no impact on the quantity or frequency of client's use of crack cocaine. However, further analysis from similar services in the future might present a more comprehensive understanding of this issue.

What is clear is that the majority of research to date, points to street outreach as being the most effective method of engaging with clients for crack pipe distribution, as opposed to drop in services normally associated with needle exchange. However, it is important to bear in mind the difficulties of this form of engagement from a legal stand point, which can create a barrier to delivering the service in the first place. Working with the knowledge and support of the local Gardai is essential in this regard.

SUMMARY

This report highlights the effectiveness of street harm reduction services in dealing with the risks of blood borne virus transmission from the use of crack pipes which is backed up by recent international research.

In order to continue to provide a crack cocaine street harm reduction service effectively in the Clondalkin area it is important to have the support of the local Gardai and to engage with clients in a manner which is mindful of their needs and concerns.

The findings point to the need for more reflection and analysis on the links between crack cocaine use and MMT and on the extent of crack cocaine use among women.

While this report focuses on harm reduction practices in relation to crack cocaine, it is clear that poly drug use remains the most pertinent issue in establishing comprehensive harm reduction strategies in the greater Clondalkin area.

The new information presented in this report is based on the data collected on the effectiveness of the crack pipes themselves. It is hoped that this information will be of use to other crack cocaine harm reduction services in the future.

LIMITATIONS OF THE REPORT

Due to the illegal nature of drug taking, the time spent with clients was limited as users are aware of the possibility of being caught by the Gardai.

Observational data by its very nature is subjective and open to interpretation.

It was decided not to include any information in relation to crack dealing activity as it could cause danger to the clients or street outreach worker.

Including such information could also compromise the trust built up between the street outreach worker and the clients.



RECOMMENDATIONS

1. Information sharing between harm reduction street outreach workers across all Local Drugs Task Force areas needs to improve and a network established.
2. Clients should be encouraged to engage in harm reduction services without fear of sanctions in treatment or legal implications.
3. Training on drug related issues needs to happen beyond local drug treatment projects such as, schools, youth services, new and minority communities and the Gardai. This is particularly the case in relation to blood borne virus transmission.
4. The stigma and prejudice experienced by people who use crack cocaine needs to be addressed and awareness of this issue should be raised in the wider community through regular training programmes.
5. There is a need for greater consultation between all those working in the drug treatment profession and clients in assessing the needs of those clients particularly in relation to harm reduction practices.
6. Further research into the links between crack cocaine use and MMT is required.

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