

# Citywide Crack cocaine survey

Summer 2019

# Background

2018: Citywide conduct a short email survey of community drugs projects on Benzo and Crack Use locally:

- ▶ Crack cocaine is a **significant** problem in a **small number of communities in Dublin**
- ▶ Some **increase in use** generally across **Dublin and Wicklow**
- ▶ Very **small numbers in other parts of the country**
- ▶ Some patterns of **people travelling in and out of areas for supply**, supply seems to be limited to certain areas

2019: Citywide conduct a more detailed survey solely on crack use to see if there has been a change in the past year.

Questions based on the HRB 2008 Crack Cocaine study\*

\*Connolly J, Foran S, Donovan A, Carew A and Long J (2008) Crack cocaine in the Dublin region: an evidence base for a Dublin crack cocaine strategy.

# HRB 2008 Crack Cocaine Study

Crack cocaine in the Dublin region: an evidence base for a Dublin crack cocaine strategy.

Study of Dublin LDTFs on crack use found:

North inner city is primary crack market in Dublin, also available in Balbriggan, Ballymun, Blanch, Clondalkin, Coolock

Profile of people using crack:

- ▶ 2008 NDTRS showed 71% male, Projects indicate 50/50 split men & women
- ▶ Mainly older although some projects seeing younger people
- ▶ Noted that some young people were not using opiates but using crack to binge on
- ▶ Education levels low - majority had only reached junior cert level and high percentage with primary level only
- ▶ High levels of homelessness
- ▶ People engaged in criminal activity to fund crack use

# 2008 HRB Study Conclusions

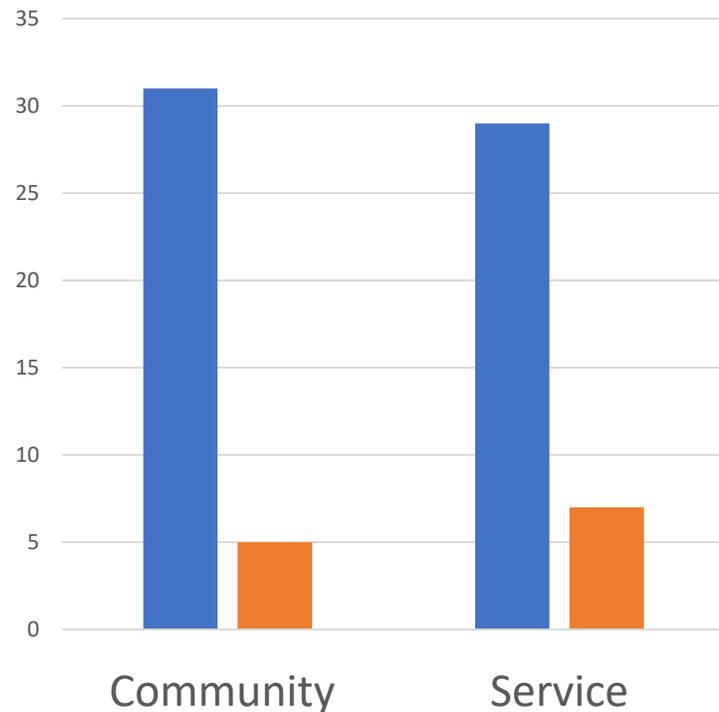
- ▶ Stigma associated with crack use coupled with high price **act as disincentives to growth and spread of its use** (rocks sold at €50 -€100)
- ▶ Many do not report crack use for fear of sanction
- ▶ Training & Information needed for service providers
- ▶ Establishment of stimulant specific services
- ▶ Urgent outreach to women using crack and concern about children
- ▶ Need investigation into young people involvement in illicit drugs market
- ▶ Outreach to people who are homeless and using crack

# 2019 Citywide Crack Cocaine Survey

- ▶ Survey of Community Drugs Projects.
- ▶ Thirty-seven respondents from Projects in 14 DATF Areas (11 local DATFS, all in Dublin and 3 regional DATFs).

Questions loosely based on the 2008 HRB study: *Crack cocaine in the Dublin region: an evidence base for a Dublin crack cocaine strategy*

# In the past year have you seen an increase in crack use in your community and in your service?



**84%** of projects said there is an increase in crack cocaine use in their local community in the **past year**

**79%** of projects said there was an increase in clients of their services using crack cocaine in the **past year**

# Sale of crack in local communities

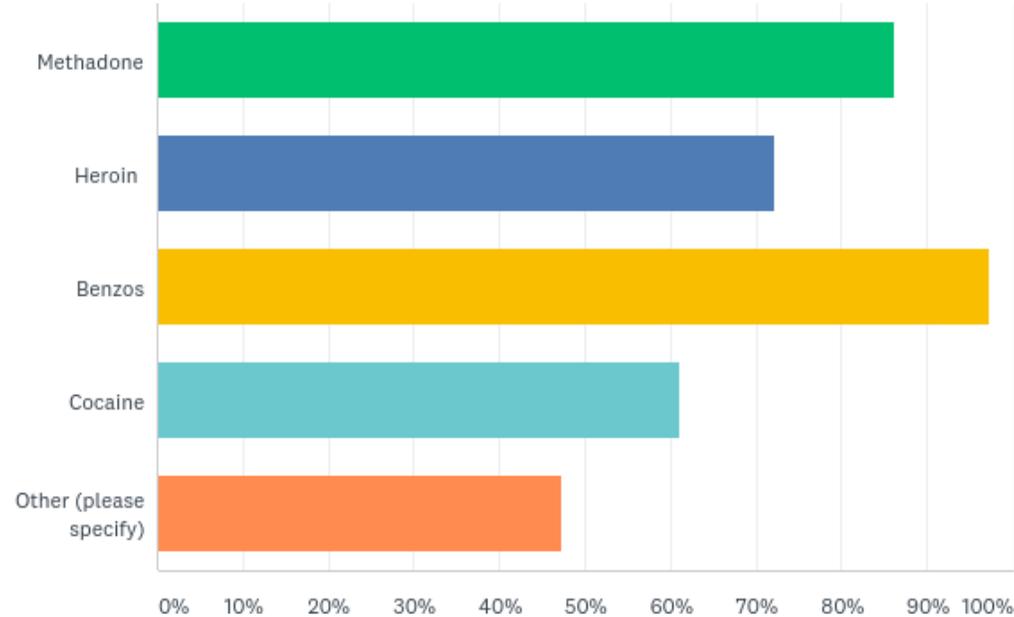
- ▶ 95% of respondents said crack is being sold locally.
- ▶ One project said that people were travelling into their area from outside Dublin to buy it.
- ▶ A small number of projects were aware of people making their own crack following online instructions
- ▶ Average price for a .2gram rock was €20 - €25.
- ▶ WhatsApp messages are sent out to people advertising availability and 'special offers' such as 3 rocks for €50
- ▶ *"It's a competitive market and phone technology is making it harder for people to shake off dealers."*

# Crack Cocaine use

- ▶ The normalisation of crack use was referred to by many respondents and one project commented that *'It is not a shock to hear that someone is using crack; it's more surprising to hear that they have not used'*
- ▶ Crack cocaine use is more visible, projects were able to identify areas locally (doorsteps, laneways) where people regularly use crack.
- ▶ One project that provides a Needle & Syringe Programme (NSP) reported that more people are requesting crack pipes than injecting paraphernalia. Data from one Needle Exchange Programme showed a 60% increase in users of crack cocaine/cocaine powder/snowball to their service in the past year.

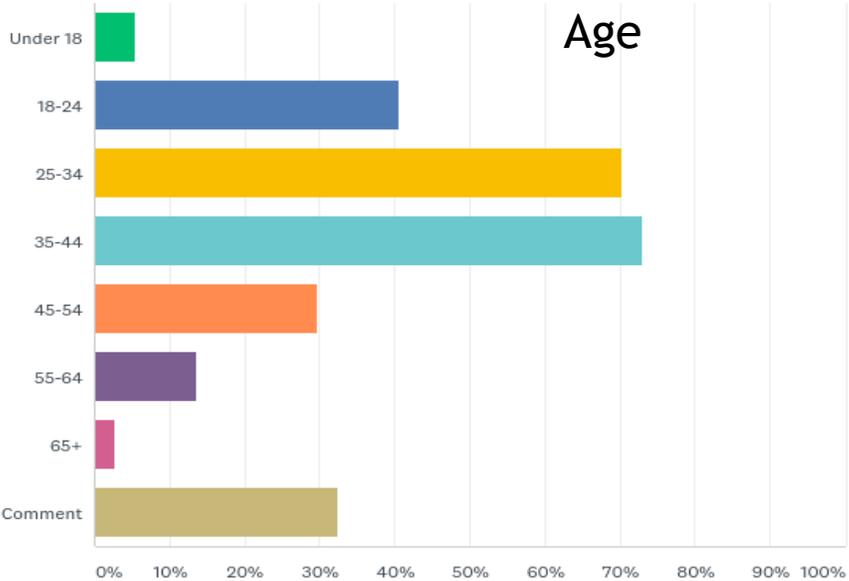
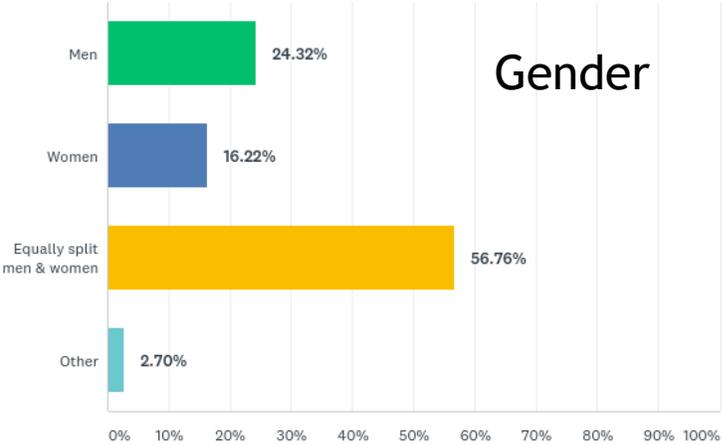
# Poly drug use

- ▶ **Benzos**      **97%**
- ▶ **Methadone:**    **86%**
- ▶ **Heroin:**        **72%**
- ▶ **Cocaine**        **61%**

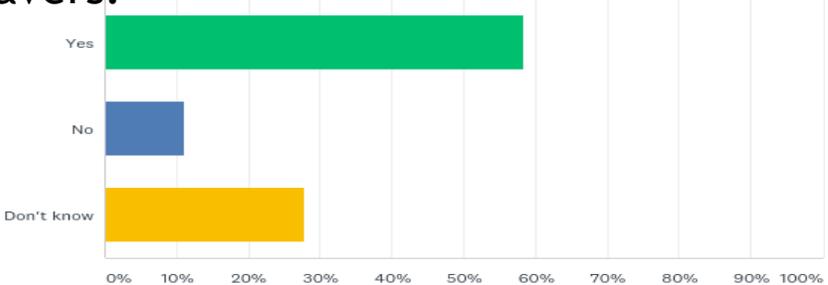


Cannabis/weed was by far the most common additional drug not listed above, followed closely by alcohol. Other drugs mentioned were Lyrica, Z drugs, Steroids, Snowblow, Ketamine, Ecstasy & Chrystal Meth.

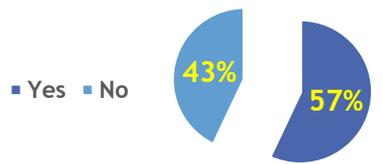
# Profile of service users using crack



Generally are people early school leavers?



Are any of your clients using crack cocaine homeless?



# Engaging in crime to support crack habit

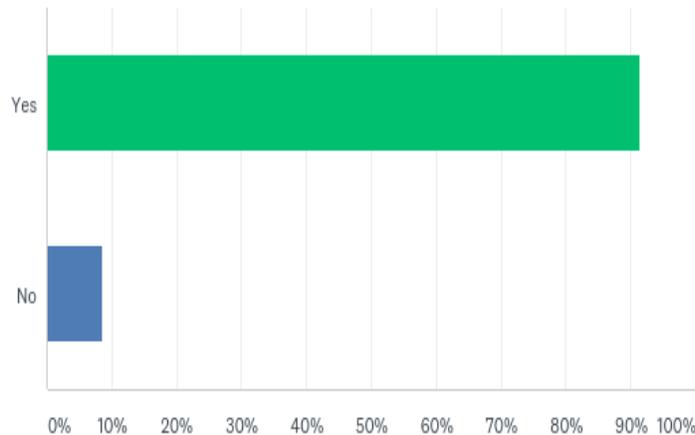
- ▶ 84% aware of people engaging in sex-work and shoplifting/theft to support their crack habit.
- ▶ Only a small number of projects were aware of people selling drugs to support their habit.

## **Drug debt related intimidation**

- ▶ We asked if there was a problem with drug debt intimidation that was linked to crack cocaine in local areas. Although 79% agreed that there was a problem, a number of projects remarked that because of poly drug use it would be difficult to identify whether intimidation experienced was for a crack cocaine debt or for any other drug debt.

# Health problems

Clients experiencing health problems as a result of crack use



- Projects are very concerned about the health of people using crack cocaine and described:
- Malnourishment, weight loss, respiratory problems, abscesses and DVTs.
- Anxiety, mild and severe depression, paranoia, low mood, suicide ideation, anger and aggression and an overall decrease of stability.
- Marked deterioration in health and stability of people who have existing heroin dependency and regularly use crack. But some unsure if crack cocaine use was the primary reason for poor health or whether poly drug generally was the cause.

# Other Problems

- ▶ Isolation, marginalisation and stigma
- ▶ Family and relationship strain and breakdown. Impact on people's mood, levels of aggression, ability to maintain structure in their lives
- ▶ Inability to keep appointments or attend group work can lead to a distancing from social supports and further into isolation.
- ▶ People using crack cocaine often want to achieve stability on their prescribed medication only, but struggle to achieve this due to the high availability of crack use in their area. ***'People want to stop as it makes life so difficult but they are surrounded by dealers and other people using [crack] making it impossible to stop'***

# How are projects responding

- ▶ Crack pipe exchanges, brief interventions, 121 and group work, counselling, harm reduction and education.
- ▶ Some projects provide primary health care, vaccines, food and showers.
- ▶ 14% of projects have specific crack cocaine outreach services.
- ▶ Projects said while working with people who are actively using crack cocaine can be challenging, there is no special programme for crack - it requires the same inputs as any drug. Drop-in services and outreach can be busier and more challenging.
- ▶ *“...client engagements, rapport/trust building are proving more difficult for staff due to people presenting under the influence of/craving crack cocaine who are unwilling to wait for long and talk to staff about their situation”*

# Any other comments...

- ▶ Asked if they felt their project was adequately equipped to work with people who use crack cocaine, all projects said that their staff are qualified, experienced addiction workers who work with people irrespective of the drug they use. However...
- ▶ Projects were subject to substantial budgetary cuts during the financial crisis and funding has remained at the same level for over eight years. **They need additional resources and funding to deliver and expand services.**
- ▶ There is a need for residential stabilisation programmes and respites that are properly supported for people using crack who want to become stable on prescribed meds only.
- ▶ Training: 57% of respondents had received crack cocaine specific training but training took place over 10 years ago and they would welcome additional training.