

# CityWide Drugs Crisis Campaign

Cocaine  
in Local Communities

Survey of Community  
Drug Projects

March 2004.

CityWide Drugs Crisis Campaign



## **Introduction.**

**Numbers of clients using Cocaine**

**Cocaine use in the community**

**Impacts of cocaine**

**Specific Services for Cocaine Users**

**Main concerns**

**Other comments or issues related to cocaine use**

**Conclusion**

## **Introduction.**

In response to requests from a number of community groups across the city, Citywide held its first meeting on the issue of cocaine in September 2002. The purpose of the meeting was to assess the extent of the emerging cocaine problem in Dublin communities and the discussions at the meeting confirmed that cocaine was now a significant issue in many parts of the city. The community organisations identified a need for more information on cocaine, its impact and its treatment.

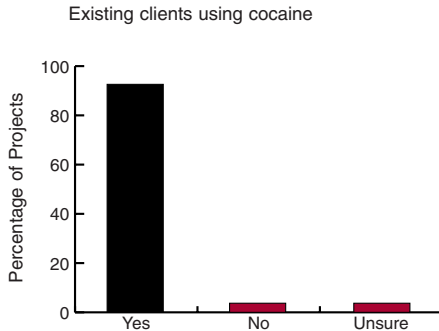
In March 2003 Citywide organised an information/training day on cocaine which was attended by groups from across Dublin. The meeting indicated the need for services for cocaine users to be developed in local communities, but the three ERHA health boards that attended indicated an absence of resources to develop these services. The National Advisory Committee on Drugs (NACD) launched a report on cocaine in December 2003, which also highlighted the need to respond to the growing cocaine problem.

In October 2003 Minister of State Noel Ahern T.D. said in the Dàil that additional guidelines were not required to deal with cocaine abuse in Ireland, because the number of people presenting for treatment represented just 1% of those receiving help for drug abuse. In response to this statement, Citywide carried out a survey of community drug projects to find out if cocaine users are being seen by local services, if so what services can currently be offered to them and what other services may need to be developed. The results of the survey illustrate the experience of groups who are working directly on the ground with drug users in their local communities.

## Methodology

Questionnaires were sent to 59 community drug projects requesting information about cocaine usage amongst clients of services and within communities generally.

**Response 46%:** 27 projects from 12 areas returned questionnaires. Respondents were from projects in the following areas: Dublin 1, 4, 5, 7, 8, 9, 10, 15, 17, 22, 24, & Dun Laoghaire/Rathdown.



## Existing Clients

When asked if any existing clients were using cocaine, 92.6% of respondents answered that existing clients were using cocaine.

### Clients Using Cocaine

(Response: **27/27**)

- **25** projects answered **YES**
- **1** Project answered **UNSURE**
- **1** Project answered **NO** – (Drug-free Project)

### Projects assessed cocaine usage in the following ways:

(Response: **25/27**)

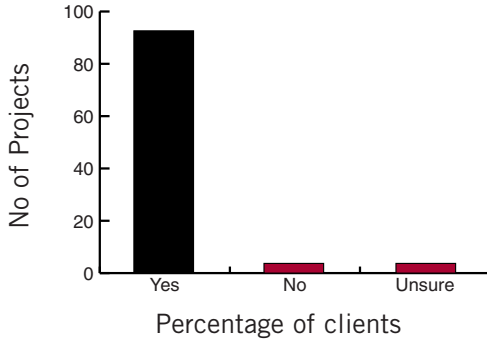
- 6 projects employed urinalysis (or asked for the results of urinalysis)
- 18 assessed usage through interviews/asking clients about cocaine use or by clients revealing use during counselling or group work sessions.
- 2 projects gathered information through outreach/home visits/drop-ins and workshops
- 2 gathered anecdotal information from friends/parents of clients

**Note:** some projects use more than one method of assessing cocaine use

## Numbers of clients using Cocaine

The majority of projects, when asked how many of their existing clients were using cocaine, estimated that between 10% and 50% of clients were using.

(Response: 20/27)



Some projects indicated that clients were using a mixture of cocaine, cocaine and crack and crack alongside their primary opiate drug.

## Cocaine use in the community

All respondents were aware of people in their communities outside of their existing clients who were using cocaine.

(Response: 27/27)

When asked to identify the extent of cocaine use in local communities, 58% of projects noted that cocaine use was on the increase amongst young people. Cocaine is easily available and cheap according to 32% of respondents and 24% of projects could identify where cocaine was being sold. Two projects noted there was a significant difference in the price of cocaine being sold in different parts of their communities. Cocaine was seen to be a harmless social drug and was being used by people who had previously not used drugs according to 20% of respondents. Increased levels of aggression, crime and violence was leading to tensions in a number of areas, with anti-social behaviour keeping residents awake at night. Three projects stated that heroin supplies were being reduced in their areas while cocaine was on the increase.

(Response: 25/27)

**Note:** Some projects gave more than one answer in response to this question



## Impacts of cocaine

Service providers were asked to outline the impact that cocaine use was having on their clients, families of those using and the wider community.

### *Clients*

Most projects (52%) reported that cocaine use was in some way a destabilising factor in a clients progress, citing as examples an increase in aggression, mood swings, agitation and erratic behaviours, resulting in difficulties for staff in dealing with clients. Also noted by 37% were the financial implications of cocaine use (particularly as the 'high' from cocaine does not last long and so it is used more frequently). Health issues especially mental health difficulties were mentioned by 22%, with depression being of particular concern. Projects in the South Inner City and Ballyfermot named the rise in the incidents of Deep Vein Thrombosis (DVT) and abscesses by people injecting cocaine (with heroin – speed-balling) as being very worrying. A South Inner City project also referred to the impact that problematic cocaine use was having on the health of clients who were HIV+ through loss of sleep and appetite. Clients becoming involved in crime in order to cover the costs of their cocaine use and a general increase in crime in areas were noted by 15% of respondents.

(Response: **27/27**)

### *Families*

Conflict within families including domestic rows and an increase in tensions because of high levels of aggression was referred to by 48% of respondents. Just over 29% said parents of people using cocaine were very worried and very unsure of what to do. In the Dublin 8 area, families left the area because of debt associated with cocaine use of a family member, other families were being threatened with eviction by Dublin City Council due to anti-social behaviour. Projects in this area had experience of young people being told to leave their family home because of the disruption their cocaine use caused within the family and this was leading to problems with homelessness. Projects in other areas (15%) reported similar housing issues. Children had been put into care because of their parent's excessive use in the Dublin 8 area. Parents in a child and family project in the Dublin 1 area noted that cocaine use has a negative impact on their parenting skills, making them more impatient with their children.

(Response: **21/27**)

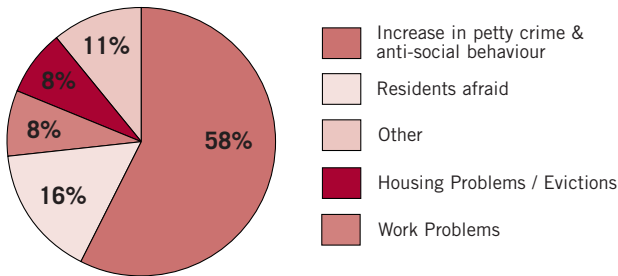
## Community

Drug projects saw significant increases in the levels of criminality and anti-social behaviour because of cocaine use as having a major impact on their communities. Projects in all 12 areas represented in this survey (58% of all respondents) noted increases in petty crime, dealing and other anti-social behaviours. People are afraid in their communities and noise pollution is keeping residents awake at night according to 16% of projects. Housing problems and evictions were again quoted (8%) and one project expressed concern for the long-term impact of re-housing families in areas of re-generation where a family member has been involved in anti-social behaviour. Two projects noted an increase in suicides that they believed could be attributed to increases in depression. Recreational cocaine use is causing work related difficulties for some people according to 8% of projects and one project pointed to hostility towards the African community who were being blamed for the introduction of crack to their area.

(Response: 26/27)

**Note:** Some Projects gave more than one answer in response.

### Impact of cocaine use on local communities



## Specific Services for Cocaine Users

Almost 81% of responding projects attempt to provide some services for cocaine users or deliver general services that cocaine users can access. The remainder (19%) have no services for cocaine use.

(Response 22/27)

### ***Services available in Community Drug Projects***

Elements of alternative therapies are provided for cocaine users by 12 projects (55%) e.g. acupuncture, yoga, reiki, relaxation methods, Indian head massage, massage and home detox through acupuncture and acupressure. The majority (59%) of responding projects provide counselling and 45% provide specific cocaine harm reduction information and educational support. Three projects (14%) provide very practical support such as laundry and washing facilities and nursing care. Only two projects cited needle exchange as a specific service available to cocaine users.

**Note:** Most projects deliver more than one service for cocaine users.

### ***Services that projects are interested in developing:***

Projects are interested in providing the following services: alternative therapies, counselling, cocaine specific education, respite and detoxification. A number of projects answered that they would wish to learn from the experiences of people working with cocaine users in Britain, Europe and the USA.

Asked what would be needed for projects to develop these services, projects answered that they would need:

1. Training
2. Information
3. Resources and funding.

Political will to tackle the problem was seen by the majority of respondents as being of paramount importance.

One South Inner City Project expressed the need to explore establishing a methadone clinic for individuals who alongside their opiate-related issues, present with problematic cocaine use. Clients would be able to access a cocaine users night drop-in and a cocaine specific clinic where individuals identified as problem users would see a prescribing doctor and could receive acupuncture and one-to-one and group counselling/support. This support would be provided alongside a 6-week education and developmental programme. In order for this programme to be developed approval is needed from the SWAHB Drugs AIDS services.

(Response 21/27)

### ***Other services in communities***

Only 26% (7 projects) could name other services in their communities for cocaine use. More than half (56%) said there were no other service available and 5 projects (18%) were unsure if there was anything available in their areas.

(Response 27/27)



## Main concerns

(Response 26/27)

The following are some concerns expressed by service providers about the growth in cocaine use:

- *Fear that the problem will escalate*
- *Existing services are unable to cope*
- *Health risks because of increased need to use – particularly with IV use (DVT/HIV/Hep C etc.)*
- *Clients engaging in high risk behaviours leading to increases in STD's*
- *High levels of depression and mental health difficulties*
- *Poly-drug use patterns are developing*
- *Government refusing to recognise the scale of the problem and if not addressed in a comprehensive way the problem will become similar to the heroin epidemic of the eighties and early nineties.*
- *Young people using/ teenagers are being targeted*
- *Crime and violence is on the increase*
- *Aggression and agitation levels amongst cocaine users*
- *Lack of adequate information and training for project workers and for cocaine users*
- *Cocaine is seen as a “cleaner” drug than heroin*
- *Project staff unable to cope with behaviours of clients using cocaine*

## Other comments or issues related to cocaine use

(Response 26/27)

The following are some of the comments and issues raised:

- There is no political will or leadership to tackle this problem.
- Government is waiting for communities to provide the initiatives for what is going to be a serious additional drug issues on top of the current heroin problem.
- Very disappointed at the refusal to allocate monies from CAB to allow communities to respond in a meaningful way to the drugs issue.
- More needle exchanges are needed to cope with increased need “to use”for IV cocaine users.
- Education needed for users on the dangers of sharing “tooters”.
- Need more education/training/information to be able to work with cocaine users and their families.
- There is a need for respite care.

## Conclusion

This survey is intended to illustrate the extent to which local communities and local community drug projects are dealing with the problem of cocaine use. The survey findings illustrate the significant levels of availability and use of cocaine right across Dublin city and indicate some of the consequences of that use for users, projects, families and communities. The survey clearly shows that existing community drug projects are already responding to the problem, as community groups have always tried to respond to the reality of what is happening on the ground. They have clearly identified the need for more training and resources and these must be made available immediately.





Contact details:

## **CityWide Drugs Crisis Campaign**

175, North Strand Road, Dublin 1

Tel: 836 5090/ 836 5039

Fax: 836 4849

e-mail: [info@citywide.ie](mailto:info@citywide.ie)