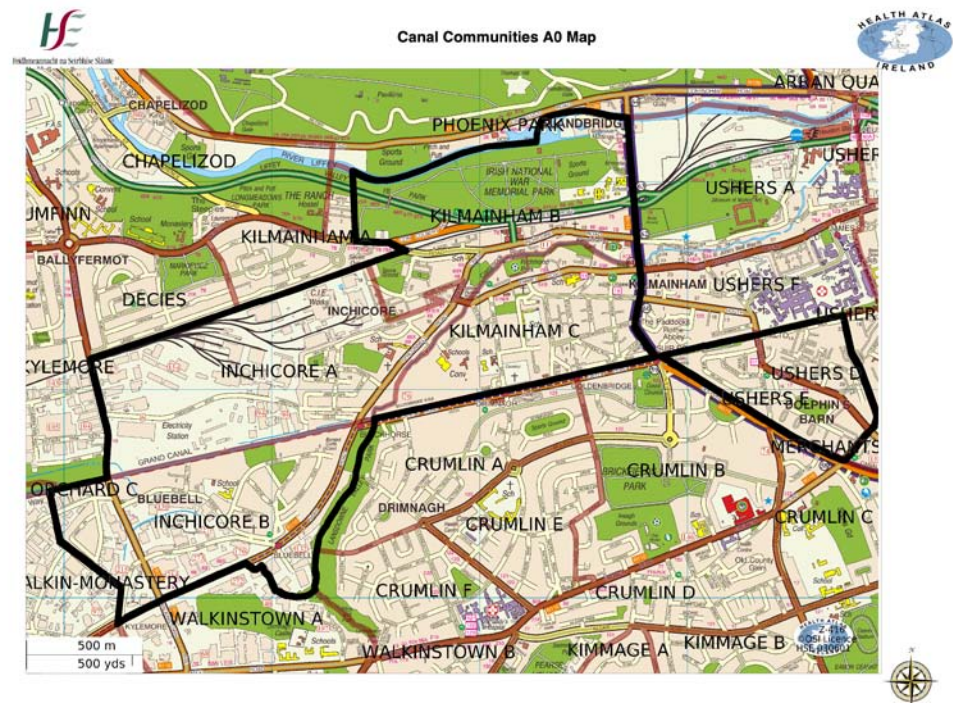


A DIZZYING ARRAY OF SUBSTANCES: AN ETHNOGRAPHIC STUDY OF DRUG USE AND DRUG-USERS IN THE CANAL COMMUNITIES

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Background

- The Task Force was concerned that the ideas and structures that emerged as a response to the Drugs crisis (almost exclusively defined in terms of opiates) in the 1990s might not be as relevant as they once were to drug use today.



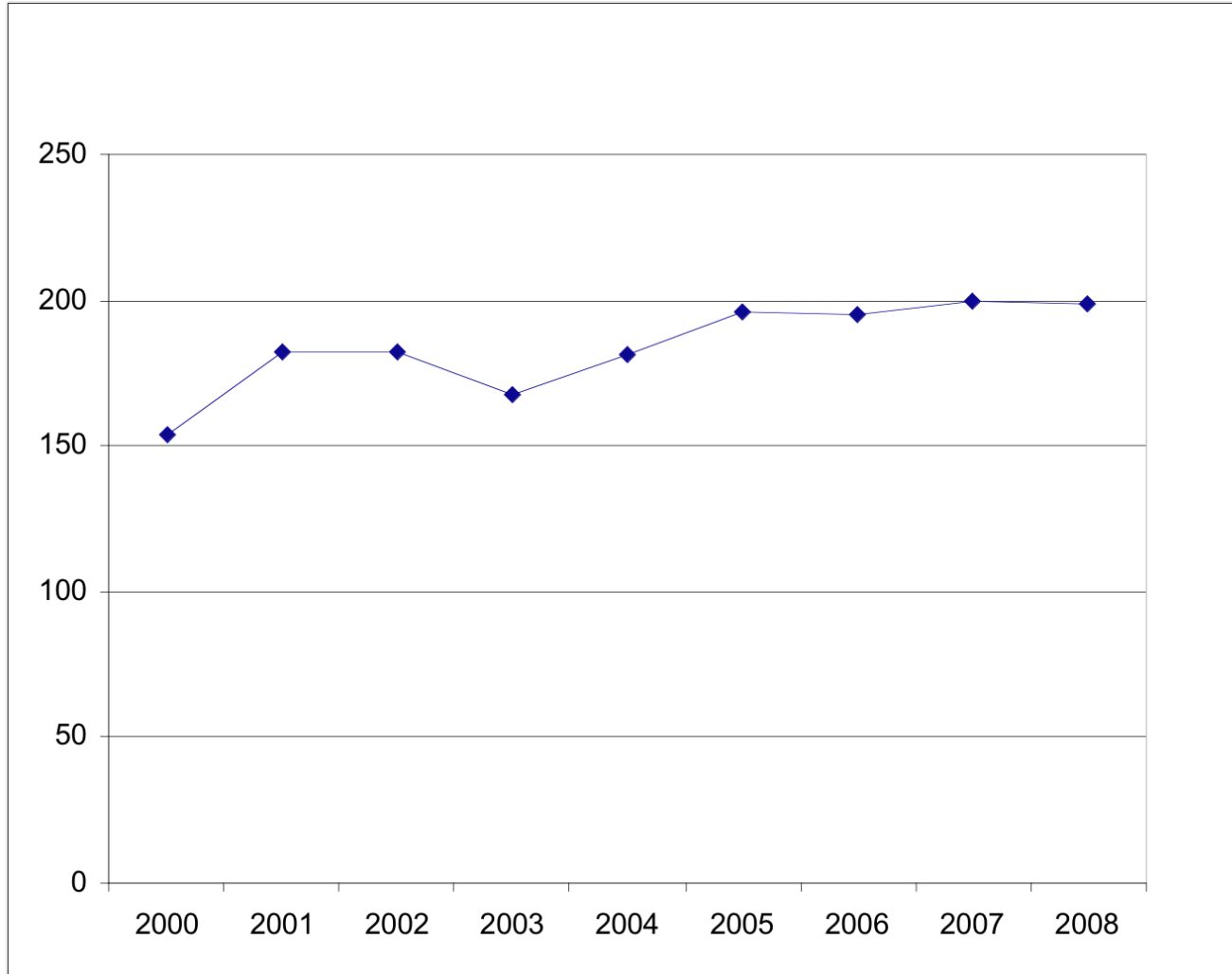
What is a drug user?

- No obvious way to define *a priori* “drug”, “drug use”, and “drug abuse”
 - Legal and socially accepted drugs cause problems
 - Illegal drugs can become normalised
 - Others complement certain social activities, even as they become destructive forces in the lives of certain users.
- What is treatment?
 - Dictated by focus on particular drugs e.g. methadone for heroin
 - Any activity targeted at people who have problems with substance use, and which aims to improve the psychological, medical and social state of individuals who seek help for their problem drug use (HRB)

Over Time

- The nature of the drug problem and the social characteristics of the population area have and are changing.
- People at different ages reflect different patterns at different times
 - Paul now 48 ex IV heroin user (80s)
 - Mary (37) started smoking heroin to come down from E in the mid 90s (later injecting)
 - Carol (25) as part of the second wave in St Michaels started smoking heroin in the late 90s. Never injected
 - Dee (20) started snorting coke regularly about 3 years ago. A mix of drugs drink and constant hash but not heroin

View from the top (CTL)



*† Data
provided by
the Central
Treatment List
to the NDTRS
2009*

View from the ground

- The CCLDTF wanted a sense of the lived context of current drug use and abuse in their area which would help make resolve some of the contradictions between their understanding of the drugs problem in their patch and some of the official data.

Methods

- Ethnography: looking at the lived context of current drug use and abuse.
 - as not just one particular method of data collection, but as a style of research that is distinguished by its objectives, which are to understand social meanings and the activities of people in a given setting. Its approach involves a close association with, and often participation in these settings. (Brewer 2000)

Results



People I

- Set I: engaged ‘in treatment’ both Carol and Sandra like most of our sample used other legal and illegal substances.
Benzodiazepines were used for different purposes through out drug using careers

Sixty-eight of our survey respondents (74%) took either prescribed or non-prescribed minor tranquilizers

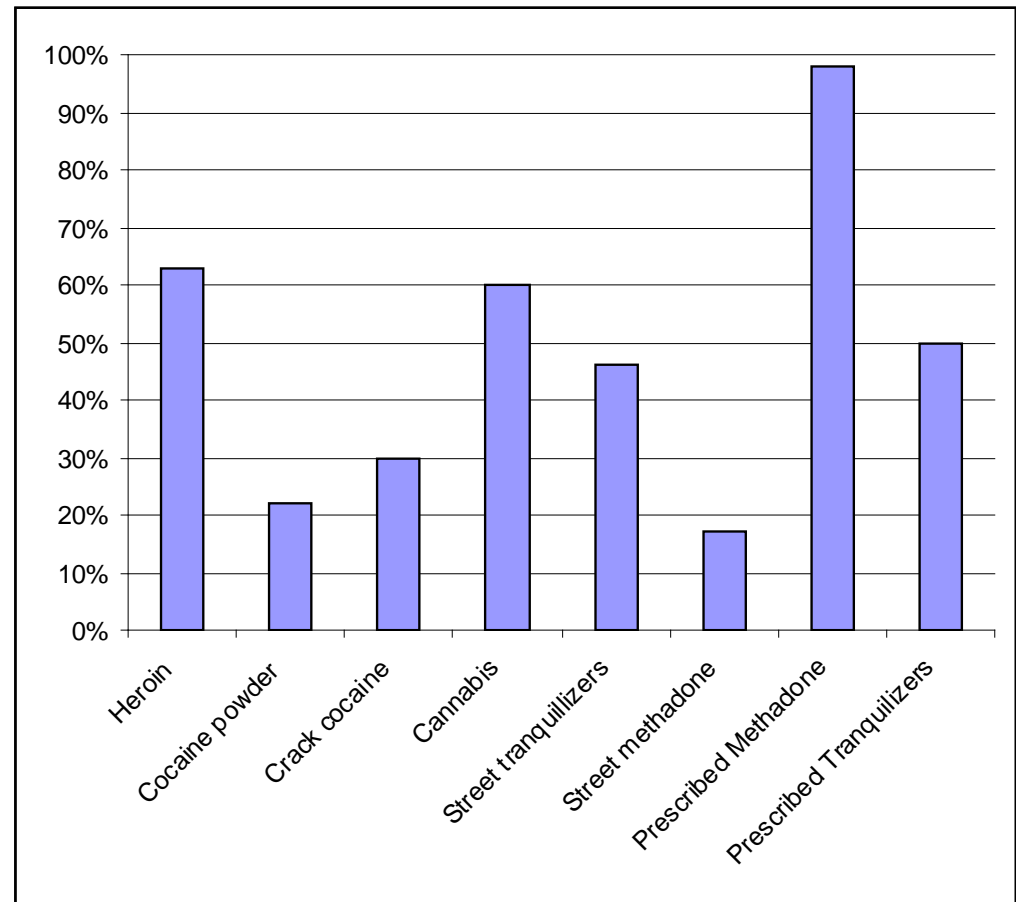
People II

- Set II: outside of drug 'treatment' Kim will try anything but heroin, while Mark still on methadone is not hoping to 'improve further'.



Findings I

- Poly-drug use is the default setting for the overwhelming majority of problematic drug use in the Canal Communities.
- People, not drugs, should be the focus of treatment.



Proportion of survey respondents using different drugs in the past 3 months (n=92)

Methadone

- Methadone at the heart of an opiate- centric treatment/service infrastructure
- Unclear what comes after stability is achieved
- Methadone removes the need to use heroin but does not remove its use



Findings II

- crack use is increasing among those who are already 'on treatment' for opiates.
 - *30% of those surveyed smoked crack in the previous three months.*





Findings III

- Heroin use has been re-stigmatized amongst young people in the Canal Communities. This sense is supported by a variety of other data, such as the slowing of the number of young people going onto the Central Treatment List (CTL).

Findings IV

*Of our 92 respondents
71 had snorted coke in the past.
49 had shared snorting paraphernalia*

There are few clear locally meaningful markers of problematic cocaine (either powder or crack) use, especially in comparison to problematic opiate use. Thus, while we have found cocaine use to be widespread, it is very hard to generalise a 'typical' coke user.

We asked our survey respondents to list those in their immediate network with a coke addiction. 185 people were listed. Of these only 6 were reported as receiving treatment for this addiction.



Findings V

- Overall, drug-dealing seems to be professionalizing at its entry level, and leaving drug use for ‘treatment’ does not necessarily mean that one leaves the business of drugs.



Conclusion

- No one uses just one drug (poly drug use)
- Much drug use in 'treatment' with crack use becoming common
- Much non-opiate drug use out side 'treatment'
- Most with opiate addiction on 'treatment'
- Lack of an after moment for many parked on methadone



Conclusion II

- Drugs are intertwined into lives of individuals families and communities as social products, social practices, central to certain scenes, a source of pleasure and a way of avoiding pain or boredom
- The clear-cut categories of government policy, such as ‘drug-user’ and ‘treatment’ are difficult to discern at the local level. At the same time, ironically, the flexible understanding of ‘treatment’ by Local Drugs Task Forces is often difficult to justify to government funders. This divide needs to be bridged.



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