SECTION 1: Introduction

In recent years there has been a recognition of the importance of evaluating services from the perspective of the users of that service. This has become more important in the 1990's with the increased emphasis on consumerism and accountability (Bowling 1997). In the area of health care, patient satisfaction surveys have proliferated in the British NHS since the 1980's and the views of the public have been recognised as important in defining health care needs. As a result of this, research into health care needs has moved from an orthodox style where needs were defined in relation to supply, to a more democratic process. The democratisation of health care needs analysis has enabled individuals and communities to participate fully in decision making about services. This is a collaborative "empowering" bottom up approach known as action research where the needs of local communities are assessed through methods such as community meetings, interviews with key people and postal surveys. The methods used by the Clondalkin Drug Task Force to gather information for the new local development plan 2000 – 2003 worked on these principles. According to Ong & Humphris (1994) "the expertise held by users and communities has to be an integral part of needs assessment and to be considered alongside public health and clinical needs assessment". In other words the combination of the community perspective and decision makers views can culminate in the joint development of a plan of action that is appropriate to the community it serves.

Drug users are part of the community in Clondalkin with valuable insights into the merits and downfalls of services presently available. It was with this in mind that the Clondalkin Drug Task Force decided to undertake this investigation so that the findings could feed into the overall community consultative process for the local development plan 2000 – 2003.

The previous local development plan 1997- 1999 assessed drug users needs through a survey of agencies who were providing services to drug users. The Clondalkin Drug Task Force decided to directly consult with drug users because there was a paucity of information on their views of services in the area. This piece of research will hopefully enrich the local development plan with the drug users' perspective, a viewpoint not previously available.

1.1 Aims of the Study

- To gain preliminary statistics on a drug using population in Clondalkin
- To investigate both opiate and other drug use in this population, and to see if a model of the progression into problem drug use in Clondalkin could be developed.
- To assess the types of services this drug using population utilises, and to assess what types of services they would like to see available.
- To examine the types of supports this population have received around their drug misuse and assess how these supports can be developed.
- To investigate the kinds of related problems drug misuse in this population has resulted in i.e. housing, law, family etc.
- To look at the relationship between this population and the Gardai.
- To investigate the similarities and differences between a drug using population in each of the three areas under the remit of the Clondalkin Drug Task Force i.e. North, Southwest and the Village.
- To examine the similarities and differences experienced by this population with regard to the following factors: sex, age, marital status, education, family information.
- To work with and train drug users (active or otherwise) in Clondalkin to administer the questionnaire to drug users in the area.
- To incorporate into a three day training programme with interviewers the concept of a drug users forum in Clondalkin.

1.2 Area Profile

Clondalkin in West Dublin is a predominantly residential area with outlying areas of economic activity. According to the 1996 Census the population of Clondalkin is 55,705. However this does not account for new housing developments since this date and is likely to be an underestimate. There has been a population growth of almost 24% since 1986.

Clondalkin has a predominately low age dependency ration with a higher level of younger than older people resident in the area. Over 30% of the population (17, 194) are under the age of 15 and just over 3% (1,778) are over the age of 65 years.

Having suffered high unemployment rates in the 1980s and early 1990s, Unemployment figures are decreasing in this area. There are still however marked levels of long-term unemployment in the clondalkin area with a substantial prevelence of long-term unemployed older males and those who did not complete formal education among those unemployed in the area. As of October 1999 there were 2,763 unemployed people in Clondalkin. 15% of those still unemployed are older men who have been out of work for over 3 years. According to the 1996 Census 73% of those who are unemployed did not complete second level education.

According to the Clondalkin Partnership (2001) up to 30% of school students are absent on any given day. In some areas of Clondalkin 57% of the population left school before the age of 15. Overall amongst the population of Clondalkin who are not presently in full time education 46% completed second level education and 15% completed third level education.

There are 167 Traveller families in Clondalkin and within these families there are 344 children under the age of 12 years. Although there is a pucity of information relating to the number of people from non-national ethnic groups in the area, Clondalkin Local Employment Services have reported that 20% of their clients are from outside the E.U. Primary schools in Clondalkin may be teaching students with 18 different nationalities.

In April 2000 the number of Lone Parents in Clondalkin had increased to 2,097 compared to 1,112 in the1996 Census. In the Health Board area, which works in Clondalkin, 38.5% of births are non- marital and 5% of births are to teenagers.

There are 2,213 people receiving a disability payment in Clondalkin, this is 4% of the population. 117 adults are in receipt of Domicilliary Carers Allowance i.e. allowance for children with disabilities.

In 1998, according to the Clondalkin Partnership (2001) 326 Heroin users presented for drug treatment. To date the only estimate of the prevalence of opiate use in Clondalkin can be found in a section of the above report i.e. Comiskey 1996. In this reportminimum prevalence estimates of opiate use among males aged 15- 24 by location of residence were made. In Dublin 22 the minimum prevalence estimate for this cohort was 50.2/ 1000 or 5.02% of the population. In this study Dublin 22 had the third highest estimated level of opiate use among males aged 15- 24. There is a paucity of information on the estimated prevalence of opiate use among other drug using populations in Clondalkin e.g. females.

Section 2:The theoretical and policy context of drug misuse

Defining problem drug use or drug misuse is an important factor in developing policies and strategies to increase the quality of life of those involved in problem drug usage. A range of definitions can be given to drug use and/or misuse depending on the inclusion/exclusion of legal/prescribed drugs and alcohol/tobacco.

“The definition of what constitutes a drug problem is not straightforward: depending on the values of the person employing the term. Some regard usage in itself as a problem whereas for others there may need to be some negative consequences- such as long-term health damage, criminal convictions or social exclusion – before drug use is regarded as constituting a problem”. (Ruddle, H et al.: 2000: p.3)

2.1 The context of drug misuse

In defining problem drug use it is essential to note the effect on drug taking not only on the physical health of the user but to adopt a holistic approach to problem drug use. Cullen (1998) adopts such an approach in identifying the effect of drug use as problematic when the ability to participate fully in society is affected, in conjunction with detrimental effects on physical health. In using this approach it becomes evident that problematic drug use effects not only the user but can have negative consequences for their families and communities.

Current policy and service development to tackle problem drug misuse has tended to focus on this holistic approach in the development of community based drug services and in the foundation of the Local Drug Task Forces in 1997.

“Communities are now finally being recognised as having a key role both in the provision of services at community level and also in the development of policies and anti-drugs strategies” (D’Arcy: 2000:18).

This move to community-based planning and delivery of services for problem drug users and their communities has marked a shift in Irish policy from legal models of supply reduction and control, or medical and educational models of demand

reduction, to holistic approaches combining the themes of education, prevention, treatment, aftercare, rehabilitation and supply reduction to address problem drug misuse at a community level.

2.2 Theoretical approaches to drug misuse

There are a daunting number of theories on why people use drugs and why some users become dependent on them. Most studies into the causes of drug use rely upon descriptions of established drug-takers. As a result of this there has been frequent confusion between the causes of drug use and its apparent correlates or even consequences. Few researchers have suggested that drug use in general is caused by any single factor. It seems that it is the outcome of interactions between the drug, the personal characteristics of the individual and their environment (Plant et al 1989). With this in mind three general types of theory on why people use drugs have been suggested. These are constitutional, individual and environmental.

Constitutional /biological theories are concerned with either biological predispositions or with the relationship between a drug and the body. According to this theory inherited factors can predispose some people to develop alcohol- related problems. Likewise using this theoretical approach depressant drugs (e.g alcohol, barbituates, tranquillizers) might appeal to those in need of relaxation, while stimulants might appeal to extroverts who are predisposed to hyperactivity (Lettieri et al 1980).

Individual theories are largely concerned with either unusual personality traits or more general factors such as extroversion, gender or age which may explain a persons willingness to experiment with drug use (Davies 1992). Propensity for risk taking and the use of drugs to help resolve personal problems would also be examined within this theoretical framework.

Environmental theories relate drug use to wider social and cultural factors. Studies within this theoretical approach examine the life of drug users emphasising issues such as broken homes, delinquency, educational and occupational disadvantage (Giggs 1991). This theory also suggests that deprivation sometimes precipitates or

fosters drug use. The effects that peer pressure and the availability of drugs have on drug use would also be investigated under the premise of the environmental approach.

Outside of the above theories which focus on the aetiology or causes of drug use, there are also theories of recovery and relapse. The transtheoretical model of change (Prochaska et al 1992) which identified five stages that an individual moves through before successfully completing substance abuse treatment is one such theory. The five stages identified were (1) pre- contemplation (2) contemplation (3) preparation (4) action and (5) maintenance. This model also known as the "cycle of change" has caught the imagination of addiction specialists over the years because of the emphasis it has placed on motivation in the treatment of addictive behaviours (Davidson 1998). It has also been practically useful in the development of individualised tailored intervention programmes.

Marlatt & Gordan's (1985) relapse prevention theory emphasised the development of coping strategies. It proposed that drug users who use well rehearsed coping strategies will develop increased self efficacy beliefs and a decreased probability of relapse. This theory has been particularly useful in preparing drug treatment clients for high risk situations where relapse is most probable.

According to the first report of the Ministerial Task Force on measures to reduce the demand for drugs (1996), voluntary and statutory submissions unanimously expressed the view that drug misuse is closely associated with social and economic disadvantage. This disadvantage is characterised by unemployment, poor living conditions, low education attainment, high levels of family breakdown and a lack of recreational facilities and other supports.
In 1989 Bury stated that in Ireland heroin and poverty seemed inescapably linked and located most of Irelands problems with drug misuse in Dublin. These factors deserve consideration when examining motivating or predictive factors for an individuals' drug use, particularly when that individual lives in an area that has been desiginated as economically or socially disadvantaged.

2.3 Prevalence of drug misuse

It has recently been estimated that the prevalence of intravenous drug use exceeds five million people worldwide and that heroin and other opiates are the drugs of choice for this population (Mann et al 1992). According to the 1998 annual report on the state of the drugs problem in the E.U. (E.M.C.D.D.A.), the estimated numbers in substitution treatment (generally methadone) in all E.U. member states totals more than 265, 664. The estimated numbers in substitution treatment (generally methadone) in Ireland is 3,000 (E.M.C.D.D.D. 1998) These estimations for both Europe and Ireland do not of course account for the extent of hidden drug misuse. A study carried out in 1996 estimated a population of 13,460 opiate users between the ages of 15 and 24 in Dublin (Comiskey 1996). This corresponds to an estimated prevalence of 21/ 1000 or 2.1% of the population. This study also highlighted the higher prevalence of opiate use among males aged 15-24. In correlation with other studies it is of note that this study identified a higher prevalence of opiate use in those Dublin postal codes which are designated as disadvantaged and are most likely to experience higher levels of unemployment and educational disadvantage.

It is however a telling point to note that the difficulty in developing services and policy to tackle problem drug misuse stems from the paucity of information regarding the extent and nature of drug use in Ireland. O'Brien (2000) notes that the lack of information regarding the extent and nature of drug misuse in Ireland has led to a lack of understanding of the nature of drug misuse and of drug misusers and their needs. This lack of official and uniform information has led to the generation of media sensationalism regarding the issue. Research on drug use in Ireland tends to be conducted regionally and following different theoretical or methodological frameworks, thus preventing the establishment of a concise body of knowledge of the nature and extent of drug use and misuse.

Section 3: Methodology

"The development of trust is an essential part of interviewing on sensitive issues. Particularly when interviewing about illegal activities, establishing the interviewee's confidence is of vital importance" (Wright, S et al : 1998:p.523)

This section of the report will outline and describe the methodological approach adopted to collect the information contained herein and will also outline key issues applicable to conducting research on drug misuse and drug misusers.

3.1 The context of researching personal drug misuse

In conducting research on drug misuse in a local community it was important that the experience of drug misuse be presented in as true and actual an account as possible. This premise formed the rationale for the methodological approach used in this study, that of qualitative interviews with those having reported a personal history of drug misuse.

The rationale for interviewing drug users worked on the premise that they are an important source for identifying needs and designing treatment plans and service provision (Hser et al 1999). Drug users often have specific ideas about the type of treatment or kinds of services they need. Studies have indicated that drug users who were given a choice of treatment options showed greater acceptance of treatment and higher rates of recovery at follow up (Miller 1985). It has been found that drug users who do not obtain the services that meet their expressed needs are less likely to stay and benefit from treatment (Hser et al 1999). This study elicited information from drug users so that their opinions could contribute to a review of treatment services and an assessment of the need for additional services in Clondalkin. Questions were asked not only with regard to drug treatment but also on issues such as housing, the law, family/ relationships etc. so that this assessment could encompass the diversity of service needs a drug user might have in Clondalkin. This is the first time in Clondalkin that drug users have been consulted in a formalised way.

In terms of reliability and consistency studies with drug users have found that this group "may be more conscious of and/ or more truthful about their behaviours than

respondents to national surveys" (Adair et al 1996). The level of interaction drug users have with service providers may contribute to this, as they may have more experience than the general population in answering questions related to personal details. Likewise studies investigating the validity of self reported opiate and cocaine use by out of treatment drug users have found this group provide "moderately valid" self reports (Nelson et al 1980). Drug users have also been found to be open to talking about their experiences and may appreciate the opportunity to share their experiences (Wright et al. 1998). It was with this in mind together with the fact that participants had no direct service relationship with interviewers that an assumption of truthfulness when answering questions was made by the researcher.

However, research into illicit drug misuse by nature of the sensitivity of the subject and anxiety of respondents presents problems particularly in relation to confidentiality and methodology when interviewing is the preferred method. It is essential that a relationship or trust be the premise to research and that confidentiality of respondents' identity and information disclosed be protected. Other factors effecting the quality and reliability of findings are the level of intoxication of respondents, physical and mental health problems which may have resulted from drug misuse, effecting concentration, memory, and enthusiasm of respondents.

Also, in accessing drug users, studies predominantly contain samples of drug users who have presented for and/or undergone treatment. As a result, this sample cannot be said to be fully representative of the total drug using population in an area as they will generally only identify those who have admitted the negative effects of drug misuse in their lives. However, the views of those who have previously experience a drug misuse problem and have undergone treatment can be extremely useful in identifying the needs of those who continue to misuse drugs and may indicate possible services and treatment provision for further development. (Wright et al, 1998, D'Arcy, 2000)

3.2 Research Development

Two former drug users, one male and one female, were recruited through a local drug treatment service to work as research assistants on this project. The rationale for

recruiting drug users as research assistants was that they might have access to a drug using population that is "hard to reach".

All agencies in Clondalkin who work directly with drug users were contacted by the Cairdeas Project and asked if either their present or former clients would be appropriate. The intention was to recruit and train four drug users from each of the 3 areas in Clondalkin i.e. North Clondalkin, Southwest and the Village. Recommendations were made by a number of agencies and a selection as a research assistant was based on reliability of attendance at training sessions .

Training took place over two days and was facilitated by Cairdeas and Clondalkin Drug Task Force staff. During the training each research assistant was assigned a key-worker who could be contacted at any time during the interviewing period. Supports and safety for each research assistant as well as ethical issues were examined at length. It was highlighted that questionnaires should only be administered when the research assistant was comfortable with the situation. Protocols were set on where interviews would take place and the abandonment of an interview if the interviewee was "affected"[1] There was extensive role playing with regard to questionnaire administration with particular attention given to the open- ended questions. Other aspects of the training included the generation of a list of a list of affirmation phrases listening skills, input from research assistants on the layout and wording of the questionnaire and information on other drug users fora.

3.3 Accessing Respondents

A number of strategies were used to generate participants for this study. All services in Clondalkin that worked directly or indirectly with drug users were contacted and some of the participants were accessed in this way. All methadone dispensing G.P.'s were contacted and a number of participants were accessed through two surgeries. The difficulty of accessing participants in Southwest Clondalkin and particularly the Village area, raised questions around the levels and attitudes towards drug use in each of these areas in Clondalkin. In the original plan it was hoped that twenty participants from each of the three areas in Clondalkin would be interviewed. The sample from

[1] "Affected" is a term used to describe an individual who has recently used an intoxicating substance and is therefore not fully lucid.

North Clondalkin was accessed directly by the two research assistants and this proved to be quite time efficient. The sample from South west Clondalkin was mostly generated through Bawnogue Youth & Family Support Group as well as local G.P.'s and personal contacts that researchers had in the area. The sample from the Village area proved to be the most time consuming part of the data collection. The small sample size of 13 participants from the Village area is a reflection of this. A postering campaign was carried out in the Village area and South west Clondalkin to increase participant numbers in each sample. There was no response to this postering campaign. Researchers also attended needle exchanges in both the Aisling Clinic and Ballyfermot Health Centre to increase participant numbers in each of these samples.

3.4 Implementation

This research used qualitative structured interviews using a pre-developed questionnaire. The questionnaire was developed through consultation with researchers in The Children's Research Centre, T.C.D. and the Health Research Board. The first draft of the questionnaire was administered as a pilot to the two research assistants prior to their training. During training the two research assistants who are both former drug users gave feedback on the questionnaire and made recommendations for change. The final questionnaire (Appendix I) included all the recommendations for change that were made during the training sessions. This was done to eliminate time consuming non- productive questions and to give ownership of the questionnaire to the research assistants.

An information pack was developed through consultation with research assistants and was given to each drug user that participated in the study. Respondents were also given a £5.00 gift voucher and a thank you card. A standardised preamable was developed and used by all researchers. In this respondents were made aware of the aims of the research and also the planned use of the research findings. This was done to ensure respondents confidence with the interview process and to increase response (Bowling 1991, Wright et al. : 1998)

Interviews took place at locations that were agreed on by both the interviewer and the interviewee. A consent form was signed at the start of each interview. The questions were coded with numbers to protect the identity of the participants. It took between

one and three hours to complete each interview. The information pack given to participants was designed to answer any questions that the interview may have provoked. Follow up was provided by Cairdeas staff, in the form of further information and or contacts when requested by participants. The research team endeavoured to ensure that any information revealed that was particularly sensitive was dealt with in a supportive manner.

Section 4 - Results

This section contains results of interviews with drug users in the sample. Results are presented in quantitative and qualitative format according to emerging themes. For analysis and discussion of findings see Section 5.

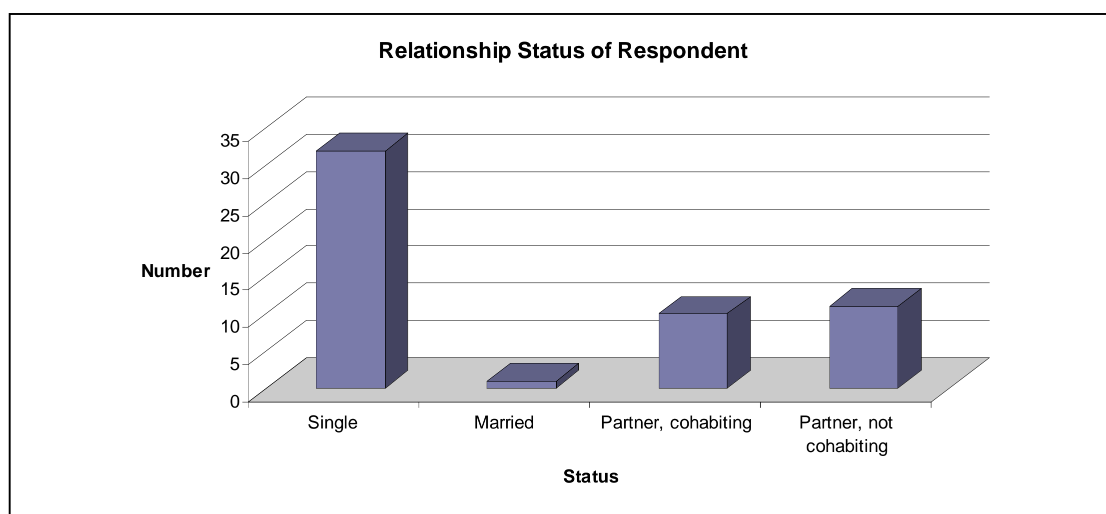
4.1 Demographic profile of respondents

The sample of drug users in this study consisted of 54 current and former drug users all resident in the greater Clondalkin area, 22 of whom (41%) were female and 32 of whom were male (59%). 23 respondents lived in north Clondalkin, 18 in Southwest Clondalkin and 13 in Clondalkin Village. The mean age of respondents was 23.8 years, with ages ranging from 12 to 42 years.

4.1.2 Relationship status of respondents

Of the 54 respondents to the survey, the majority, 32 (59.3%) were single at time of interview. 11 (20.2%) had a partner with whom they did not cohabit, 10 (18.5%) were cohabiting with a partner and 1 (1.9%) respondent was married. Results are shown in figure 4.1.2 below

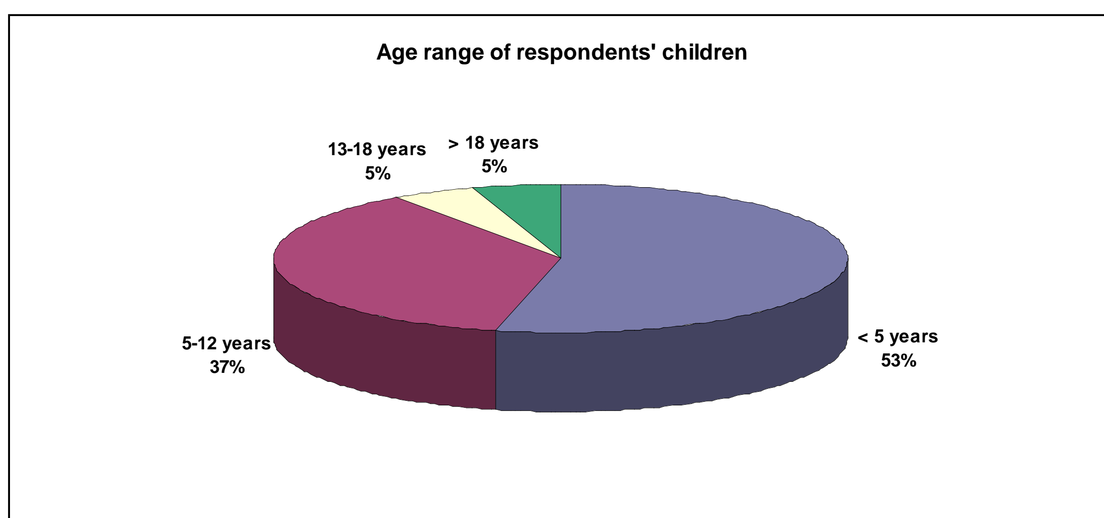
Figure 4.1.2 Relationship Status of Respondent



4.1.3 Parental Status of Respondent

Of the 54 respondents, the majority, 28 (52%) had no children. Of the 26 respondents who had children at time of interview, 15 (58%) had one child, 7 (27%) had two children and 4 (15%) respondents had 3 children. Ages of these children ranged from 6 months to 23 years. Of the 26 respondents who have children, 16 (62%) live with their children, 9 (36%) of the respondents' children live with their other parent and 1 respondent (2%) shares custody of the child with the other parent. Of the 10 respondents whose children did not live with them, all respondents were male. Figures 4.1.3, shown below, gives the age range of respondents children.

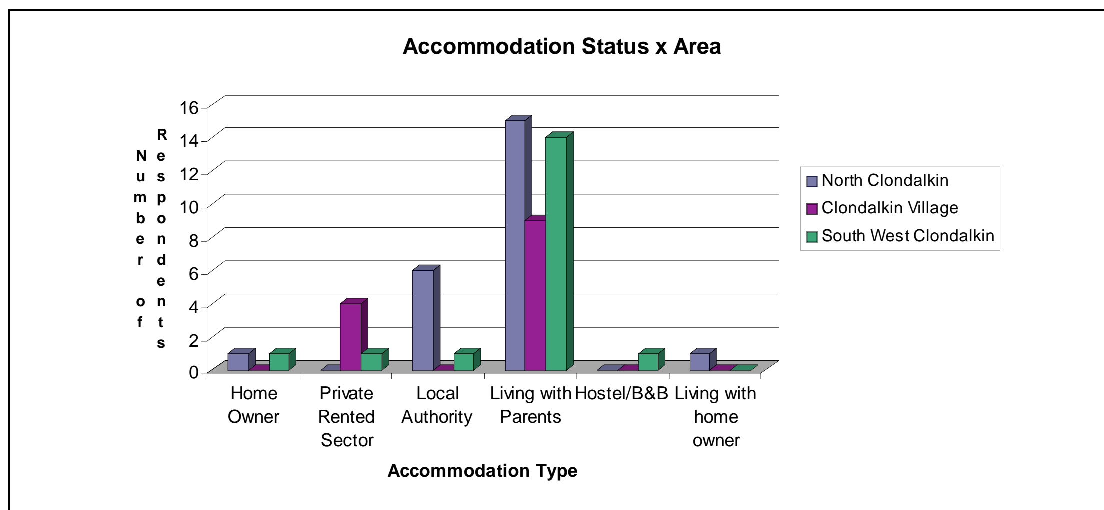
Figure 4.1.3b Age range of respondents' children



4.1.4 Household Status of respondents

The majority, 38 (70.4%) of respondents lived in the family home (with parents) at time of interview. Of these, 26 were male and 12 were female. 7 respondents (13%) were Local Authority tenants while 5 (9.2%) were renting in the private sector. 2 respondents (3.7%) were home owners while 2 respondents were living in hostel/B&B accommodation or living with a home owner respectively. Results are depicted in figure 4.1.4a below. Accommodation status by area is depicted in figure 4.1.4 on the next page.

Figure 4.1.4b Accommodation status of respondents by area



4.1.5 Family Demographics

Of the total number of respondents, 50 (92.2%) grew up with one or both of their parents. 3 (5.6%) grew up with their grandparents and 1 (1.9%) grew up in a care setting. 32 (59%) of the respondents' parents lived together at time of interview. The mean number of blood siblings for respondents was 4.15. Six respondents had step-siblings. 29 (54%) were the middle child and 15 (28%) of respondents were the eldest child in their family while 10 (18%) were the youngest child.

19 (35.2%) of respondents had opiate users in their immediate family.[2] Of these, 17 (90.5%) were members of their family of origin while 2 respondents (9.2%) had partners who were opiate users.

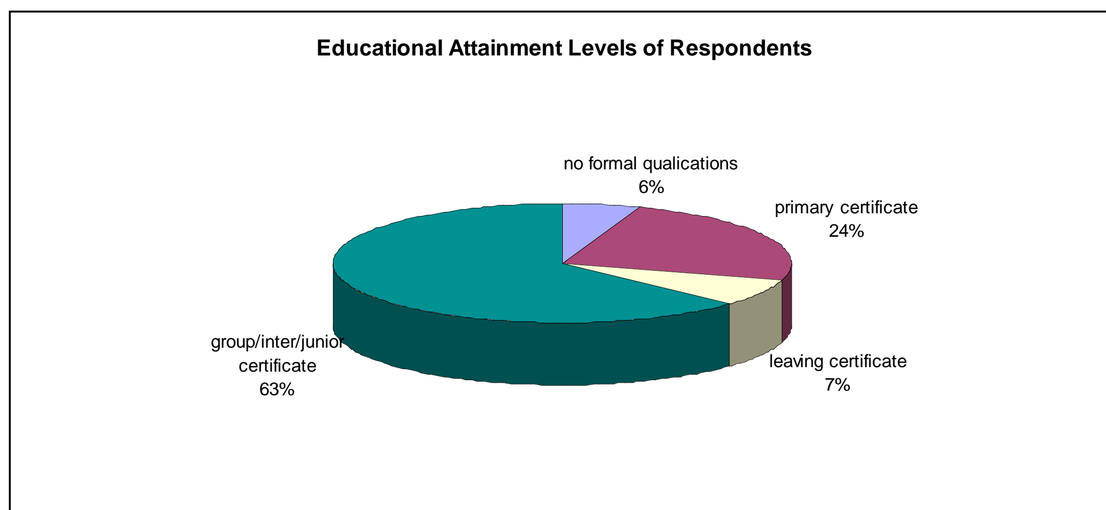
4.1.6 Educational Attainment levels

The majority of respondents, 50 (92.6%) left school without a leaving certificate. 34 (63%) left school having completed a group/intermediate or junior certificate. 13, (24.1%) did not acquire any second level qualifications (having completed primary education) , 4 (7.4%) completed a leaving certificate, while 3 respondents (5.5%) have no formal qualifications. The mean age for completing education among respondents was 15 years with a range of 10-18 years. There was no statistical

[2] For the purposes of this study, immediate family was defined as a sibling, parent, grand-parent, child or partner who was living in the same household as the respondent at time of interview.

significance between the age at which respondents completed education and their gender or area they reside in. Results are shown below in figure 4.1.6.

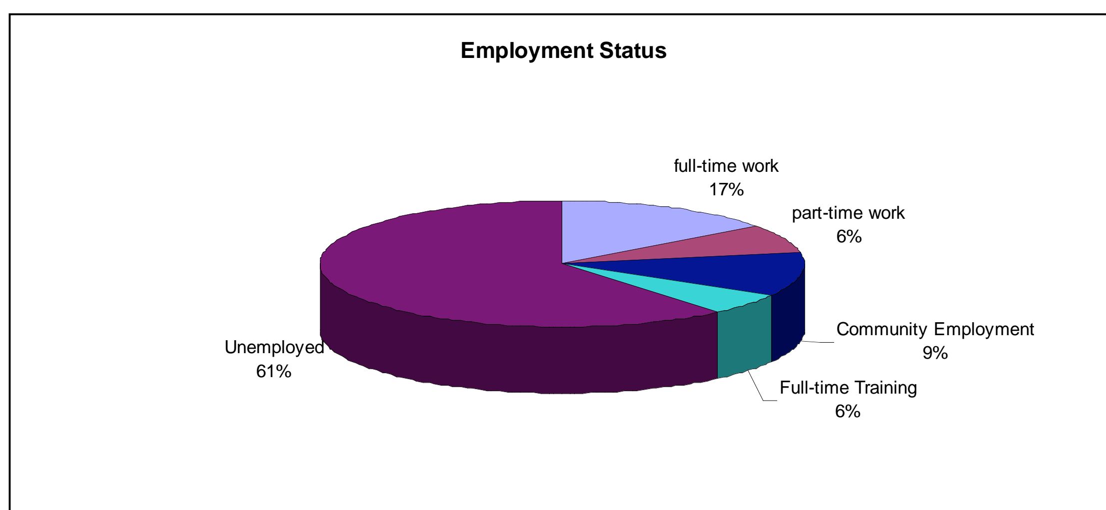
Figure 4.1.6 Educational Attainment Levels of Respondents



4.1.7 Employment Status

The majority, 33 (61%) of respondents were unemployed at time of interview. 9 (17%) were in full-time employment, 5 (9%) were employed in Community Employment schemes and 4 (7%) in part-time work. 3 respondents (6%) were engaged in full-time training. Results are depicted in figures 4.1.7 below

Figure 4.1.7 Employment Status of Respondents



4.1.8 Respondents' Income Source

The primary source of income for 37 (69%) of the participants was some type of social welfare benefit. Of these 17 (46%) were from North Clondalkin, 15 (40.5%) were from Southwest Clondalkin and 5 (13.5%) were from the Village Area. It should be noted that no participants from the Village area were in receipt of One Parent Family Allowance or Disability Allowance.

12 (22%) participants reported that their primary source of income was either full-time or part time work. While, 3 (5.5%)of the participants reported training as their primary source of income.

26 (48%) of the participants identified that they had an additional source of income. For the purpose of this study these additional sources of income were classified as licit or illicit, the breakdown of which is shown below in Figure 4.1.8a and Figure 4.1.8b.

Figure 4.1.8a: Additional Licit Sources of Income

Sources of Income	**Number (n=9)**
Money from Family	2 (22.2%)
Baby- sitting	1 (11.15%)
Other Job	5 (55.5%)
Living off Savings	1 (11.15%)

Figure 4.1.8b : Additional Illicit Sources of Income

Sources of Income	**Number (n=11)**
Shop Lifting	6 (54.5%)
Stealing Cars/ Contents of	2 (18.2%)
Burglary	2 (18.2%)
Drug Dealing	1 (9.1%)

Tables 4.1.8 a & b above show that of the 26 (48%) participants who reported having an additional source of income; 9 (35%) reported having licit additional sources; 11 (42.3%) reported having illicit additional sources while 6 (23%) of the participants had more than one additional source of income, although it is not known whether these were licit or illicit.

4.1.9 Criminal convictions and relationship with the Gardai

38 (70%) of the participants had a criminal conviction. There were no significant area differences in relation to rates of criminal conviction. Of those who had a criminal conviction, 25 (66%) were male and 13 (34%) were female. Of these 17 (45%) males and 5 (13%) females received a custodial sentence. The mean length of prison sentence was 1 year with a range of a couple of weeks to 6 years.

It should be noted that amongst participants who received a conviction all robbery offences were committed by male participants and all shoplifting offences were committed by female participants.

In the last month 37 (69%) participants had not been arrested, 10 (19%) had been arrested for drug searches and 7 (12%) for shoplifting.
40 (70%) participants stated that their drug use had resulted in problems with the law i.e. convictions, prison sentences and arrests. 37 (69%) participants reported a negative relationship with the Gardai, 14 (25%) reported a neutral or "no" relationship and 3 (6%) reported a positive relationship.

Of the 37 (69%) participants who reported a negative relationship with the Gardai, there were frequent references to discrimination from the Gardai because of their drug use. One participant commented that *"…once they know you use drugs they blacklist you" I.D. 35- M. 27 years- S.W.* This however was balanced with references to particular Gardai with whom participants have had a positive experience and is highlighted in the following quote *"…the cop that charged me told the judge that I was getting things together" I.D. 51 – F. 22 years – (Village)*

In general the complaints made by participants in relation to the Gardai were with regard to drug searches and house raids. 7 (13%) participants reported receiving support from a Garda. Respondents were aware of the need to improve relations between the Gardai and drug misusers in the community.
"…I would like to see the Gardai treating addicts with respect and maybe then we will go somewhere". I.D. 14 M. 18 years N. Clondalkin
"…A mediator for problems with the police is needed"- I.D. 17 M. 20 years N.Clondalkin.

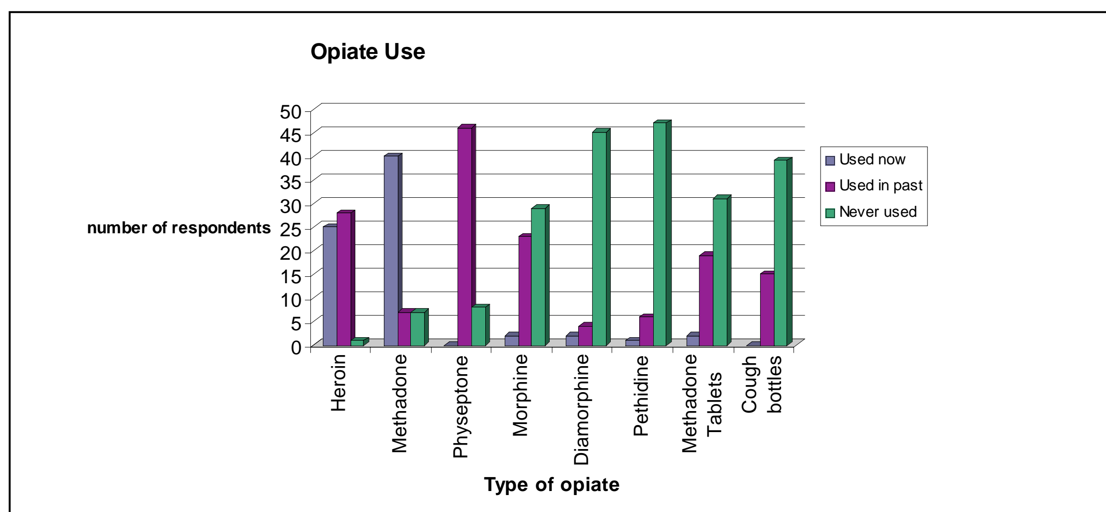
4.2 Nature and Extent of Drug Use

This section contains findings related to patterns and nature of drug use among the sample of respondents. At the time of interview, 45 (83%) of respondents reported using an opiate (namely heroin or methadone), while 9 (17% reported not using opiates. All participants were having or had in the past a self-reported problem with heroin use apart from one respondent who reported use of methadone only. On average, respondents were using one opiate only. With regard to opiate use there were no significant gender or area differences.

4.2.1 Patterns of Opiate Usage

Of the 53 respondents who reported having ever used heroin, 25 currently use heroin while 28 have used heroin in the past. 47 respondents report having used methadone, 40 of whom currently use methadone and 7 of whom have used methadone in the past. 46 respondents used physeptone in the past, while 8 respondents report having never used physeptone*. Of the 25 respondents who reported having ever used morphine, 2 are current users while 23 have used morphine in the past. Diamorphine has been used by 9 respondents and is currently used by 2 respondents and has been used in the past by 7. 7 respondents report having ever used pethidine, 1 respondent currently uses pethidine while 6 report usage in the past. 23 respondents have ever used methadone tablets, 4 currently using and 19 have used in the past**. 15 respondents report having ever used cough bottles as an opiate, none of whom are currently using cough bottles***.

Figure 4.1.2 Patterns of Opiate use

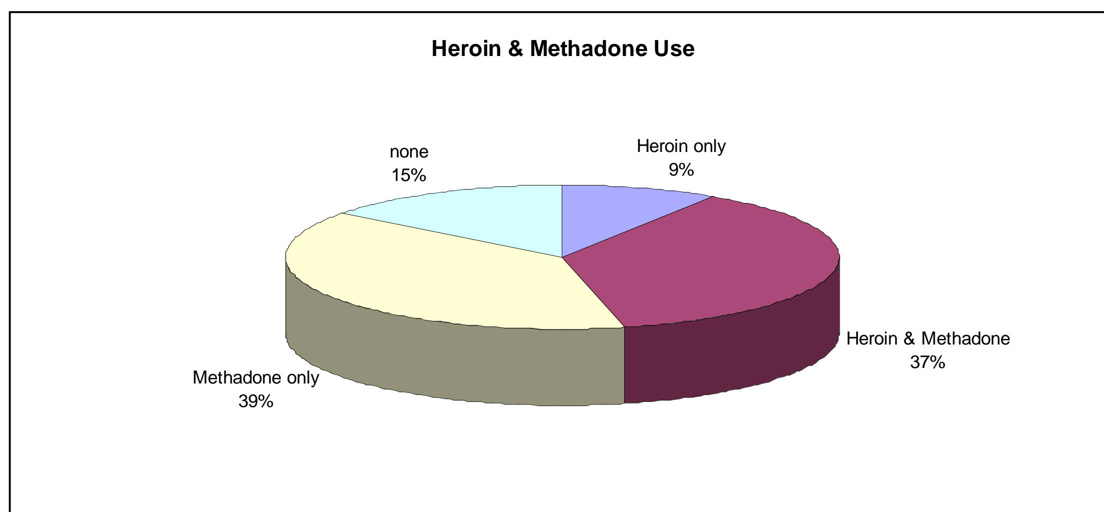


* Physeptone is no longer available in Ireland
**Methadone tablets are only available in the UK
***In recent years Codeine has been removed from cough bottles.

4.2.2 Heroin/methadone use

Of the 46 respondents using heroin/methadone, 5 (9%) use heroin only, 21 (39%) use methadone only, while 20 (37%) use heroin and methadone. Results are depicted in figure 4.2.2 below.

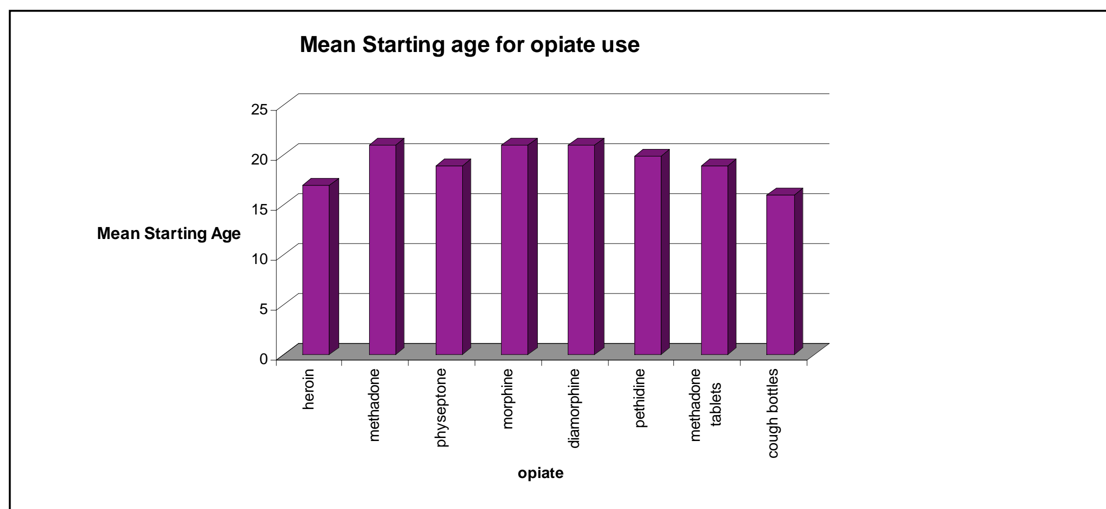
Figure 4.2.2 Percentage use of heroin and/or methadone



4.2.3 Age at which respondent first used opiates

Figure 4.2.3 below depicts the mean starting age that respondents starting using opiates by drug type. The mean starting age for heroin use was 17 years, with an age range of first use of 12-25 years. The mean starting age for methadone use was 21 years, with an age range of 14-40 years. The mean age for first use of physeptone was 19 years with an age range of 14-40 years. The mean starting age for use of morphine and diamorphine use was 21 years with an age range of 16-40 years. First users of pethidine had a mean age of 20 with an age range of 15-40 years. The mean starting age for use of methadone tablets was 19 years with an age range for use of 14-40 years, while users reported first use of cough bottles at a mean age of 16 years, with ages ranging from 12 - 23 years at first use.

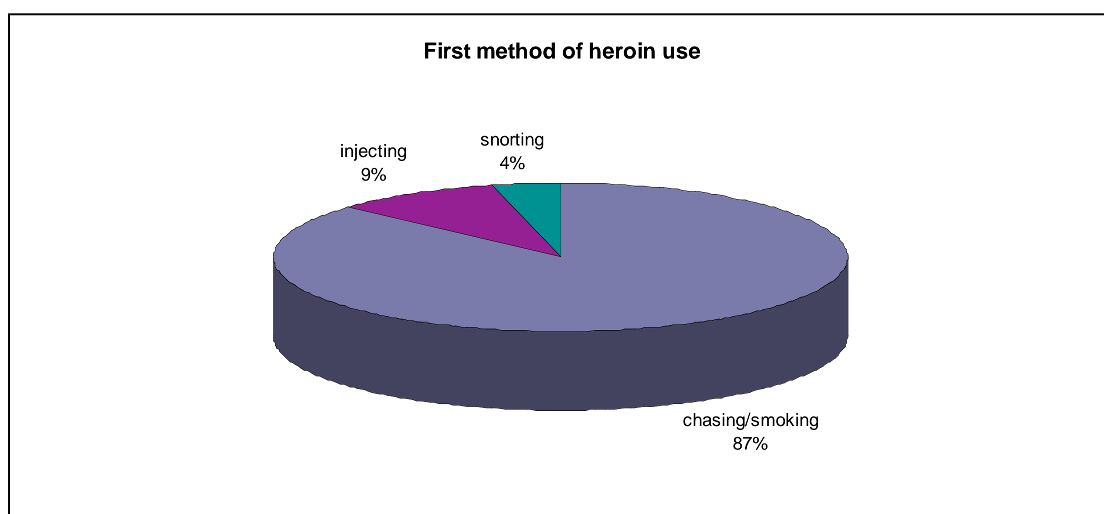
Figure 4.2.3 Mean starting age for opiate use



4.2.4 Method of first use of heroin

Figure 4.2.4 below depicts the method by which respondents first used heroin. The majority, 87% report their first use by "chasing" (smoking) heroin. 9% of respondents reported first injecting heroin, while 4% first snorted heroin.

Figure 4.2.4 Method of first heroin use



4.2.5 Money spent on opiates

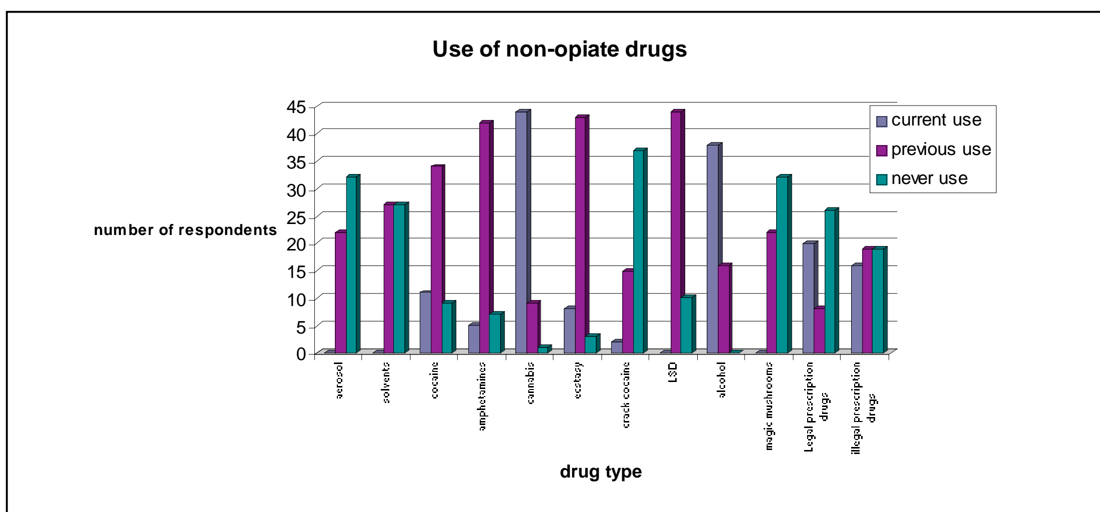
On average participants spent £557.00 on opiates per week with spending ranging from : £00.00 - £1,680 . One participant who reported spending £2,800 on opiates per week was excluded from the mean calculation.

4.2.6 Patterns of usage of non-opiate drugs

In addition to use of opiates, respondents reported polydrug use of non-opiates also. Figure 4.2.6 below depicts respondents previous or current use of non-opiate drugs. 22 respondents (41%) have previously used aerosols. 27, (50%) have used solvents. 45 respondents have ever used cocaine, 11 respondents currently use cocaine, (20%), while 34 (63%) have used cocaine in the past. Amphetamines have been used by 47 respondents, 5 of whom (9%) report current use, while 42 (78%) have used amphetamines in the past. 98% of respondents currently use or have used cannabis in the past. 44 (82%) report current cannabis use, while 9 (16%) have used cannabis in the past. Ecstasy has been used by 95% of respondents, 8 (15%) of whom currently use ecstasy while 43 (80%) have used ecstasy previously. 31% of respondents have ever used crack cocaine, 2 of whom (3%) are currently using, while 15 (28%) report previous use of crack cocaine. 44 (81%) respondents report having used LSD previously. Alcohol has been used by 100% of respondents, 38 (70%) of whom currently use alcohol. 41% of respondents have used magic mushrooms in the past. Legal prescription drugs have been used by 61% of all respondents, 20 of whom (37%) report current use, while 8 (14%) report previous use only. 65% of respondents report having ever used illegal prescription drugs, 16 (30%) use currently, while 19 (35% of total respondents) report having used illegal prescription drugs previously. *

* Legal prescription drugs were classified as such when they were prescribed by a general practitioner. Illegal prescription drugs were classified as such when not obtained through a prescription. In most cases these drugs were benzodiazipines.

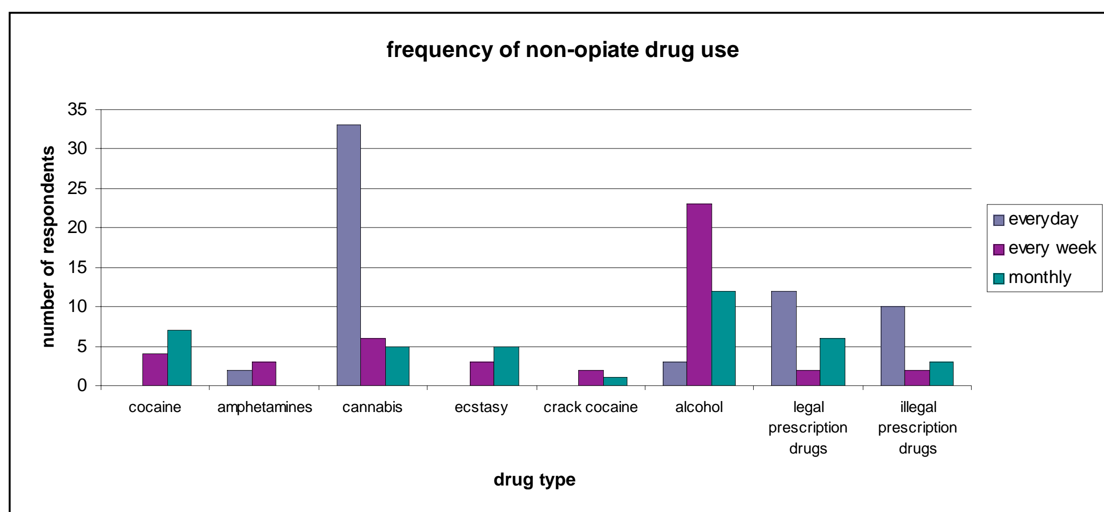
Figure 4.2.6 Patterns of non-opiate drug use



4.2.7 Frequency of non-opiate drug use

Quantities of non-opiate drug use were categorised into everyday, every week or every month. Present levels of non-opiate drug use by respondents are depicted in figure 4.2.7 below.

Figure 4.2.7 Frequency of non-opiate drug use



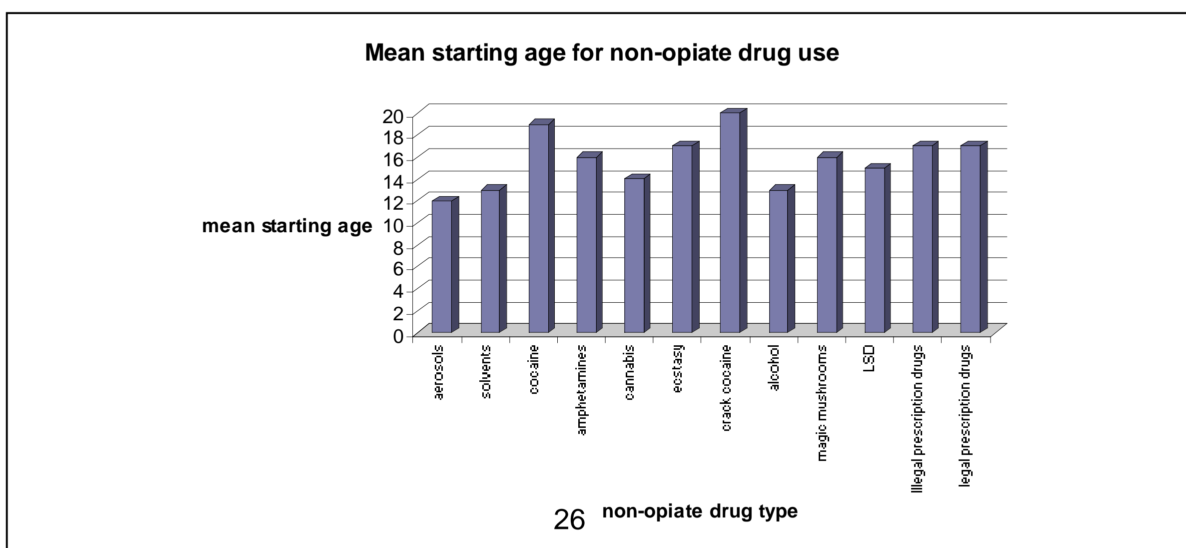
20% of respondents currently use cocaine, 4 (7%) use weekly, while 7 (13%) use monthly. Of the 9.5% of respondents using amphetamines, 2 (4%) use daily while 3 (5.5%) use weekly. Of the 82% of respondents reporting current use of cannabis, 33 (61%) report daily usage, 6 (11.5%) use weekly and 5 (9.5%) use monthly. 15% of respondents report current use of ecstasy, 3 of whom (5.5%) use weekly while 5 (9.5%) report monthly use. Crack cocaine is used by 5.5% of respondents in the sample. 2 (4.4%) report weekly use and 1 (1.5%) uses monthly. Alcohol is used by

70% of respondents. 3 (5%) use daily, 23 (43%) weekly and 12 (22%) monthly. 37% of respondents use legal prescription drugs, 12 (22%) report daily use, while 2 (4%) and 6 (11%) report weekly and monthly use respectively. Of the 28% of respondents using illegal prescription drugs, daily use is reported by 10 (18% while 2 (4%) and 3 (6%) report weekly and monthly usage respectively. On average 3 non-opiate drugs are being used at any one time by respondents. These are most likely to be alcohol, cannabis and legal or illegal prescription drugs.

4.2.8 Age at which respondents first used non-opiate drugs

Figure 4.2.8 below depicts the mean starting age for non-opiate drug use among respondents. The mean starting age for aerosol use was 12 years, with an age range of 10-19 years. The mean age for first use of solvents was 13 years, with an age range of 10-18 years. Cocaine was first used at a mean age of 19 years, with an age range of 14-30 years among respondents. The mean age for starting to use amphetamines was 16 years, with an age range of 13-26 years. Cannabis was first used at a mean age of 14 years, with an age range for first use of 10-19 years. Respondents reported first use of ecstasy at a mean age of 17 years, first use occurring within an age range of 10-31 years. The mean starting age for alcohol use was 13 years, with an age range of 4-22 years. Magic mushrooms were first used by respondents at a mean age of 16 years, with an age range of 12-39 years, while LSD was first used by respondents at the mean age of 15 years, with ages ranging from 11-23 years at first use. Respondents reported first use of illegal and legal prescription drugs at a mean age of 17 years, with ages ranging from 12-28 years and 12-27 years respectively.

Figure 4.2.8 Age of first non-opiate drug use



4.2.9 Polydrug Misuse

Figure 4.2.7 shows that 36 (67%) of the participants are using prescription drugs. This is significant as it has been consistently verified in international research that the concurrent use of opiates and other central nervous system depressants (primarily alcohol and benzodiazepines) is more likely than the use of opiates alone to lead to fatalities.

Table 4.2.9 illustrates the poly- drug use of opiates and alcohol for the 16 (30%) participants who use illegal prescription drugs. Of the 20 participants who use legal prescription drugs, 19 were analysed in relation to their poly- drug use. One participant who reported using cannabis and legal prescription drugs was not included in the analysis. The 16 participants who use illegal prescription drugs were also analysed in relation to their concurrent opiate and alcohol use. In this analysis it can be seen that prescription drugs e.g. benzodiazepines are being used concurrently with opiates and/ or alcohol.

Table 4.2.9 Respondents' use of prescription drugs

Number of other drugs used	**Legal**	**Illegal**
+ Heroin	-	1
+ Methadone	1	1
+ Methadone & Alcohol	5	2
+ Alcohol & Heroin	2	3
+ Heroin & Methadone	2	5
+ Alcohol, Methadone & Heroin	9	4
TOTAL	**19**	**16**
Total Male	*9*	*12*
Total Female	*10*	*4*

4.2.10 Source from which respondents obtain drugs

In general participants obtain opiates and non- opiates in the same locations. 42 (78%) participants "score" on the street. In North Clondalkin14 (61%) of the sample "score" at one location. 5 (38.4%) of those interviewed from Clondalkin Village travelled to the same known location in North Clondalkin to "score". 3 (16.6%) of those interviewed in Southwest Clondalkin also travelled to this same known location in North Clondalkin to "score". On average participants obtain drugs at 2 different locations. 41(76%) of all participants obtain drugs from a dealer. Suppliers tended to be friends/ partners or dealers. There were no significant gender or area differences.

4.3 Health

Survey items included in this section include those concerning the health status and drug-taking practices of respondents which could cause risks to their physical health.

4.3.1 Injecting practices of opiate users

Of the 54 total respondents, 12 smoked and did not inject heroin. Of the remaining 42 injecting heroin users, 8 reported not sharing. Thus, 70% of respondents reported sharing needles. 4 (7%) reported sharing but always using first and 30 (63%) reported sharing needles "both ways"[*].

70.4% of respondents has attended a needle exchange. Comments with regard to the need for a local needle exchange in Clondalkin were made by 6 respondents. Respondents reported use of needle exchange services in the Aisling Clinic, Merchant's Quay Project, Ballyfermot Health Centre and Inchicore Health Centre.

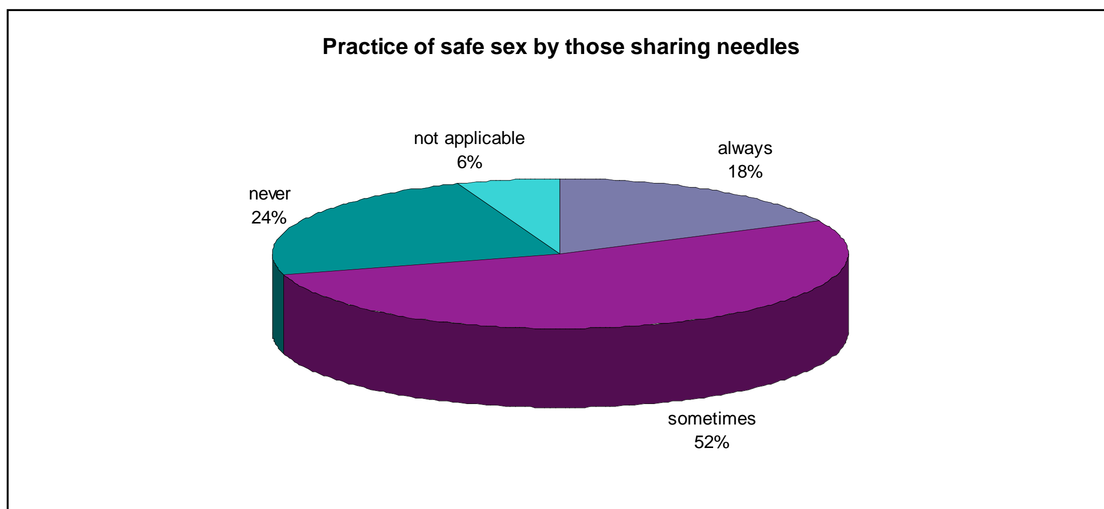
4.3.2 Sexual health of respondents

Respondents were asked whether they practiced safe sex. 24% (13) stated that they always practiced safe sex. 40% (21) practiced safe sex sometimes, while 6% (4) stated that it did not apply to them.

Figure 4.3.2 below illustrates the safe sex practices of those 34 (63%) respondents who reported sharing needles. The majority, 18 (53%) state that they practice safe sex sometimes. 8 (23%) never practice safe sex. 6 (18%) always practice safe sex, while 2 (6%) stated that it did not apply to them. Thus 26 respondents (76%) who share needles did not practice safe sex at time of interview.

[*] "Both ways" indicates sharing needles before and after another person. This was a term that was introduced to the questionnaire by the research assistants, both ex-heroin users.

Figure 4.3.2 Safe sex practices of respondents sharing needles

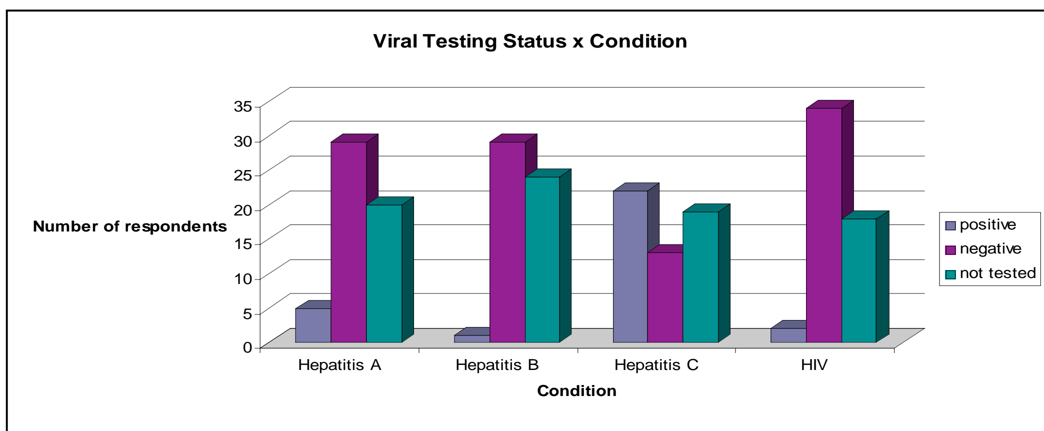


4.3.3 Health/viral testing among respondents

38 (70%) respondents have been tested for one or more virus (i.e. Hepatitis A, B & C or HIV), while 16 (30%) of respondents had never been tested. There was a significant area difference for viral testing, with 54% of respondents with addresses in Clondalkin Village having undergone viral testing compared to 72% of respondents from South West Clondalkin and 78% from North Clondalkin.

Figure 4.3.3 depicts the results of viral testing by condition. Hepatitis C was the most prevalent viral infection amongst respondents. Of the 38 (70%) of respondents who had been tested, 24 (44%) tested positive for one or more viral infection. The remaining 14 (26%) either tested negative or were unaware of their viral infection status. 5 (9%) respondents tested positive for two or more viral infections. Of these, 3 tested positive for both Hepatitis B & C, 2 for Hepatitis C & HIV and 1 for Hepatitis A,B & C.

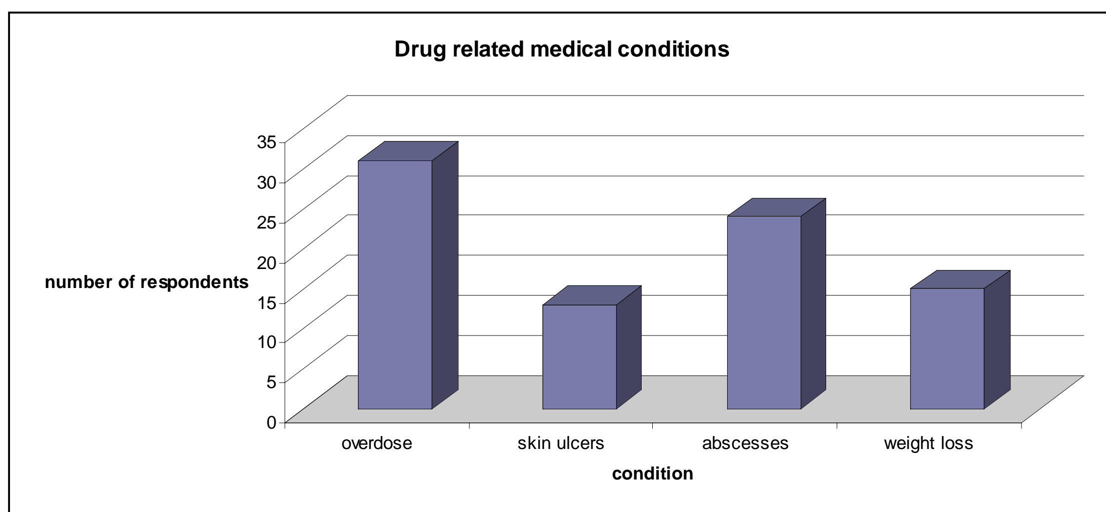
Figure 4.3.3 Viral testing status by condition



4.3.4 Drug related medical conditions

In addition to viral testing status and risks to sexual health from drug taking practices, 42 (78%) respondents reported health problems as a result of drug use, most prevalent conditions being overdose, skin ulcers, abscesses and weight loss. Results are depicted in figure 4.3.4 below. The majority of respondents, 31 (57%) reported having suffered an overdose from drug use. 24, (44%) had suffered from abscesses as a result of drug use. 15 (27.7%) of respondents cited weight loss as a problem as a result of drug use, while 13, (24%) had experienced skin ulcers as a result of drug use.

Figure 4.3.4 Experience of drug related medical conditions among respondents



4.4 Access to drug treatment services by respondents

This section of the questionnaire contains information regarding the type and number of interventions sought by respondents for their drug misuse and its effects.

4.4.1 Type of intervention accessed and respondent satisfaction rating

50 (93%) of the participants have sought some type of intervention for their drug misuse. In this section participants rated methods of intervention on a scale of 1 – 5 i.e. 1= bad, 5= excellent. Reported levels of support provided by these methods of intervention is also included in this section. Participants also reported on how helpful that method of intervention would be for them at the moment, and gave their perception of its availability.

Table 4.4.1 illustrates the number of participants who availed of the following methods of drug intervention and the average rating participants gave these methods on a scale of 1-5.

Table 4.4.1: Drug related interventions and their average ratings

Service	Average rating	Number of respondents' accessing service
Clinical Detoxification	3 – 4	40 (74%)
Clinical Maintenance	4	15 (27%)
Counselling	2	42 (78%)
G.P.	1	32 (59%)
Drop in/ Support	5	27 (50%)
Inpatient Detoxification	3	17 (31%)

Table 4.4.1 above shows that 40 (74%) participants had availed of a clinical detoxification giving it an average rating of 3.5 (good/ very good). Of these 12 (30%) did so once, 10 (25%) did so twice, 4 (10%) did so three times and 8 (20%) did so four times, 3 (7.5%) did so six times, 1 (2.5%) did so eight times, 1 (2.5%) did so nine times and 1 (2.5%) did so twelve times.

15 (27%) participants had availed of clinical maintenance giving it an average rating of 4 (very good). These participants had been on maintenance programmes an average of two times.

42 (78%) participants had availed of counselling. There were mixed reactions from participants on the value of this service and they gave it an average rating of 2 (poor). 35 (65%) participants reported receiving support from a counsellor at some point in their lives.

32 (59%) participants had availed of G.P. services in relation to drug misuse. It is not known what type of support was sought or provided by these G.P.s. Again there were mixed reactions from participants on the value of this method, with an average rating of 1 (bad), ratings were dependent on the relationship participants had with particular G.P.'s. 19 (35%) participants reported receiving support from G.P.'s.

27 (50%) participants have availed of Drop - In Services. This service was given the highest rating score of 5 (excellent) by participants. 28 (51.9%) participants reported receiving support from drop- in services. Recommendations for drop in centres that are specifically designed for recovering addicts were made by a number of participants.

"A drop in, that is drug free where people want to get clean, with people who are serious about their recovery" – I.D. 29, Male- 20yrs (Village)

"Need for a drop in centre specifically for drug addicts, without local parents – not comfortable without young people running it" – I.D. 34- Male 25yrs, (Southwest)

17 (31.5%) participants had availed of in patient detoxification giving it a rating of 3 (good).

In relation to Self Medicated Detoxifications 38 (70.4%) of the participants had experienced "Cold Turkey". Of these 31 (81.6%) reported that they would not be able to do it again and 7 (18.4%) reported that although it was difficult they would do it again.

"Horrible, terrible, like flu except 10 times worse, mental torture"

I.D 1 – male 29yrs- North Clondalkin

"I was in bits. All I wanted was drugs. You get cold sweats, muscle pains all over your body. You do be in bits." I.D 67 – female 23 yrs – Southwest

"I had to do it because I was pregnant, I was in bits. I would not do it again" I.D. 15 – female 27yrs – North Clondalkin

"If I had to, I'd do it again"I.D. 3- female- 29yrs- North Clondalkin.

4.4.2 Sources of support accessed by respondents for drug misuse and effects

Table 4.4.2 below illustrates the number of participants who received support from the a list of possible sources.

Table 4.4.2 Use of support sources for drug misuse by respondents

Support Sources	Number of Participants that received support from this source
Family	42 (78%)
Mobile Bus	0 (0%)
Counsellor	35 (65%)
Social Worker	9 (17%)
Friend	23 (43%)
Work	9 (17%)
School	2 (4%)
Community Service/ Drop in	28 (52%)
Youth Worker	12 (22%)
Gardai	7 (13%)
G.P.	19 (35%)
Needle Exchange	23 (43%)
Treatment Centres	27 (50%)
Other	0 (0%)

Participants on average received 3.8 different types of support. Some sources of support have already been examined in the treatment service section above, however the most common support source for participants was that of family. 42 (78%) participants reported receiving a mixture of emotional, practical and financial support from their family.

23 (42%) participants received support from a friend, 11 (21%) from a youth worker, 9 (16%) from work and 9 (16%) received support from a social worker. Some support agencies in Clondalkin were named by participants as good sources of support. Those named were C.A.S.P., B.Y.&F.S.G., Cuan Dara, R.Y.S., The Tower Programme and the Merchant's Quay Project.

Lack of support particularly in the area of aftercare together with the need for local N.A meetings was highlighted by a number of participants.

"No help with aftercare" – I.D. 46- Male 22yrs (Southwest)

"I would like to have N.A meetings in our area so we don't have to travel" – I.D. 6 Female, 24yrs. (N.Clondalkin)

6 (11.4%) participants felt it would be supportive if there were more ex- users working in treatment centres to provide peer support.

"Ex- users are the best counsellors" – I.D. 28- Male 29yrs (Village)

"More counsellors and drug workers who were addicts" - I.D. 6 Female, 21yrs (N. Clondalkin)

4.4.3 Drug services requested by respondents

Respondents were asked in this section to state which if any of a list of treatment/drug services would help them at the moment and whether they felt these services were available/not available.

34 (62%) of participants thought that a clinic for detox. and maintenance would help them at the moment. 24 (44%) participants felt that although this service would help them it was either unavailable or what was available was not enough. There were no significant gender or area differences with regard to these services, however only 5 (9.3%) of participants perceived this service to be available to them.

Waiting lists were cited by 35 (65%) participants as the biggest problem in accessing treatment.

"Drug addicts need to get help quicker than they are getting it now. Need help straight away. Going away for3-4 months is no good" – I.D. 24 – Female 28yrs. (Village)

"I can't get on anywhere" – I.D. 27- Male 19yrs. (Village)

"Waiting list are too long" – I.D. 5 – Male 25yrs (North Clondalkin)

31 (57%) participants thought that an in- patient service would help them at the moment. Overall 27 (50%) participants felt they had received support from treatment centres.

12 (22%) participants felt counselling would help them at the moment but perceived it to be unavailable.

"Counselling support only for people on treatment programme" – I.D. 52- Male 17yrs (Village)

A number of participants stated that they would like counsellors who were ex- users.
"Ex- users are the best counsellors" – I.D. 28- Male 29yrs- (Village)

Participants from North Clondalkin made significantly more requests for outreach workers than any of the other areas. (42.6%) participants reported receiving practical support from needle exchanges.

19 (35.2%) participants felt that the services of a rehabilitation centre or unit would be helpful but it was perceived to be either unavailable or what was available was not suitable.

33 (61%) participants felt that homeless services or hostels would not help them at the moment. However there were some recommendations made for the provision of services for homeless drug users.
"I'd like to see hostels for kids on drugs" – I.D. 11- Female 36yrs- (North Clondalkin)

32 (59%) participants thought that acupuncture was helpful. 11(21%) participants had found the "black box" (E.S.T.) to be helpful. 18 (33%) participants thought that natural therapies were helpful. 33(61.1%) participants felt that family therapy would not help them at the moment.
Although not prompted on the questionnaire 3 participants felt that crèche services would help them out at the moment, particularly childcare/crèche services for drug users with children who wished to accessed treatment services.

46 (75%) participants stated that a training course would help them at the moment. The option of a training course was perceived to be unavailable by 23 (42%) participants. One of the main recommendations made by participants was for either training courses or activities that would give them something to do.
"Nothing to do- boredom. More likely to go back on heroin" –I.D. 25 –Female 17yrs. (Village)
"Need people to understand why you want to go back to work. Gives you a focus, takes your mind off drugs. Need to be busy".- I.D. 44 – Female, 19yrs, (Southwest)

Overall the mean number of drug services considered to be helpful and perceived to be unavailable was 2.63. Apart from a significant number of participants in North Clondalkin expressing a need for outreach workers / needle exchanges, there were no significant area or gender differences.

4.5 Difficulties as a result of drug use

This section of the questionnaire contained two items to assess the level of difficulties which drug misuse resulted in for respondent's daily lives. Respondents were asked to state the difficulties which their drug use resulted in as an open question and also to note whether specific areas had been adversely affected as a result of drug misuse using a list of specific options. Table 4.61, shown on the next page, illustrates the number of participants who had problems as a result of drug use in a range of specified areas. Only two participants reported that their drug use had resulted in no difficulties.

Table 4.5.1 : Problems experienced as a result of drug misuse

Problem Area	Number of participants who had problems
Treatment Access	35 (65%)
Health	42 (78%)
Law	38 (70%)
Housing	15 (28%)
Employment	26 (48%)
Family/ Relationships	50 (92.2%)
Financial	43 (80%)
Education	16 (30%)

The majority of respondents, 50, (92.2%) noted that drug misuse had caused problems in their family/relationships. Specific problems noted in the open question included; having to leave the family home due to drug taking; difficulties in raising children; conflict, stress and tension in the family home; stealing from family members to fund drug habit; pressure on relationships, broken relationships as a result of drug misuse and lack of trust from family and friends.

"Ruined my life. Nearly ruined my family life as well" I.D. 14-male-29, North Clondalkin.

43 (80%) respondents noted financial difficulties as a result of drug misuse. These included lack of money to live on due to the cost of their drug misuse, accounts of stealing to fund their drug use and accruing debt as a result of the high cost of their drug misuse and spending all available income on drugs.

42 (78%) respondents described health difficulties as a result of their drug misuse. As noted above in section 4.3 these included difficulties from the method of drug use, including skin ulcers, viral infections and overdose. Respondents also noted negative effects on their general health, including respiratory conditions, liver and kidney conditions, high levels of weight loss and general feelings of ill-health. Reference was also made to negative effects on emotional and mental health. Respondents stated feelings of depression, particularly in withdrawing from drugs and methadone, anxiety and paranoia.

38 respondents (70%) stated that their drug misuse has led to difficulties with the law. Included in this area were arrests, convictions and imprisonment for possession and

selling drugs and accounts of stealing to fund drug misuse. Criminal convictions are described in greater detail in section 4.1.9 above.

Difficulties relating to treatment access were noted by 35 (65%) respondents in this section. Descriptions of difficulties in this area included lack of availability of treatment facilities and long waiting lists for treatment.

26 (48%) respondents stated that drug misuse resulted in difficulties in employment. Specific references were made to the inability to find and maintain employment while using drugs and also following treatment and rehabilitation. References were also made to difficulties in attending and seeking employment due to feelings of sickness from drug misuse.

16 (30%) respondents stated that drug misuse resulted to difficulties in their education. These difficulties included absenteeism, early school leaving and expulsion from school as a result of drug misuse and also the effects of drug misuse on their behaviour in class.

15 (28%) respondents noted difficulties in relation to housing as a result of their drug misuse, noting having to leave the family home and rental accommodation and homelessness due to behavioural difficulties and lack of finances as a result of drug misuse. Some respondents also noted housing difficulties in relation to finding accommodation away from areas where drugs were readily available.

In relation to "other" difficulties they had experienced as a result of drug misuse, respondents noted a significant effect on their emotional health and sense of well-being. Negative effects were noted on self-esteem, self perception and confidence. Some respondents also noted feelings of depression and lack of motivation as a result of drug misuse. Some respondents noted that their drug misuse resulted in a feeling that they had no control over their life as a result of their drug misuse. Others noted feelings of anxiety, paranoia and discrimination, loss, fear and isolation as a result of drug misuse.

"Outcast from society – no control of your life" I.D. 24, female 28 yrs, Village.

"I feel I lost my childhood and my life – it took over". I.D. 86, female, 19 yrs, North Clondalkin.
"Lost all my family-going off my head-changed person- horrible person" I.D. 23, female,19 yrs, Southwest.

4.6 Closing comments and policy recommendations

Through the course of the interviews participants shared their views on issues of drug policy or treatment of drug users. The comments included in this section were made by participants with the intention that policy makers would read them. Participants were informed that that this piece of work would feed back into the Clondalkin Drug Task Force Local Development Plan 2000- 2003.

4.6.1 Housing/accommodation issues

Some respondents noted issues relating to difficulties which face drug misusers in finding accommodation and in addressing housing issues. Respondents felt that drug misusers housing issues were not always resolved, one noting that this was due to discrimination.
Specific reference was made to the difficulty of living in an area where drugs are easily accessed and users are known to those who are dealing. Respondents noted difficulties in staying "clean" when they are living in the area where they lived while using.
"Once you get back to Clondalkin they are all back at your door. People hate to see you clean. Clean for two years, back in Neilstown two weeks – Strung- out"I.D. 44 – Female 19yrs- North Clondalkin
"Very difficult to be clean, people calling in for a turn on"I.D. 23 – male 26yrs- North Clondalkin
"Drugs are so freely available it seems like it's normal"I.D. 23 – Male 26yrs- North Clondalkin
"Not wanting to live in an area where heroin is in your face"I.D. 28- Male, 29yrs- Village
"I think my drug addiction is caused by my social economic background" I.D.23- Male, 26yrs- North Clondalkin

At the time of data collection there was one Estate Officer for North Clondalkin and this individual attended a variety of local resident association meetings and other meetings relating to local issues. He also held a "drop-in" clinic once a week at a local community centre with a Community Garda.

"Estate officers are a good idea but should let addicts know they are there for them as well, addicts have housing rights" I.D. 19- Female, 25yrs- North Clondalkin

4.6.2 Legislation

"Until the powers that be recognise the need to change the law on drug use, drug abuse will continue. Hash should be legal and other drugs should be regulated"
I.D. 18- Male 25yrs, North Clondalkin

4.6.3 Prevention/ Awareness and education

Respondents commented on the importnace of providing drug awareness and prevention programmes and services, particularly at school and community level with younger people. Information to families of drug users was also felt to be of use by some respondents.

–"More community awareness programmes about drugs in the schools. Talks in schools from recovering addicts. More awareness for mothers in denial about their children's drug use, which, makes it more difficult for any treatment service to go into areas." I.D. 29 – Male 20yrs –Village

4.6.4 Treatment and rehabilitation services

Respondents noted the lack of services to assist drug misusers and their families. Treatment and rehabilitation were noted as essential to deal with drug misuse problems in communities. Although a further explanation of the effectiveness of types of treatment/drug services is given in sections 4.5.1 and 4.5.3 above, some general statements relating to drug services are contained here to highlight the views of the drug misusers responding to the questionnaire. Specific reference was given to outreach strategies and the need for more flexible treatment facilities at a local and community level.

"If there was more treatment then a lot of problems would be solved i.e. vigilantes, robberies, family, fights between drug users"
I.D. 46- Male 22yrs- Southwest

“Maintenance is only a numbers game for the government, not to help the addict”

I.D. 28 – Male 29yrs, Village

“Should be special medical treatment for abscesses without hassle and with respect”

I.D. 19- Female 25yrs- North Clondalkin

“Need to find drug users, don’t expect them to come to you”

I.D. 32- Female, 19yrs- Village

Section 5: Discussion

In this section the findings from this study will be examined in the light of previous research with drug users and around drug use. Particular reference will be made to the findings on drug use in Clondalkin which were included in the Clondalkin Drug Task Force – Local Development Plan 1997- 1999. This document provided the only source of baseline data of the drug misuse in the Clondalkin area. The Profile of drug use in Clondalkin which was included in the previous local Development Plan (1997- 1999) was compiled through the following research methods:

(1:) A four agency survey on drug using clients, including:

- ***Teencounselling***
- ***Ronanstown Youth Service***
- ***Probation & Welfare Service***
- ***Clondalkin Addiction Support Programme (C.A.S.P.)***

(2:) A review of the clients in contact with the Aisling Clinic (Eastern Health Board)

(3:) Additional data from the Ronanstown Youth Service around treatment options, availability of treatment options and contacts with other services.

(4:) A review of clients from Clondalkin presenting to the Eastern Health Board Addiction Services.

(5:) Preliminary Findings of a Garda Survey into illicit drug use and related criminal activity.

For the remainder of this section any findings from the Clondalkin Drug Task Force – Local Development Plan 1997- 1999 will be referenced as C.D.T.F. 1997- 1999.

5.1 Demographic Profile

5.1.1Age

It would appear from this research that drug users particularly in North Clondalkin are becoming older- the average age of participants from North Clondalkin was 25.9 yrs. Previous research (C.D.T.F. 1997- 1999) indicated that problem drug use appeared to be a "youth phenomenon" and there is no reason to assume that this is not still the case. Participants in this study however, ranged from 16yrs to 42yrs and this implies that problem drug use is not restricted to the 15 – 24 age group and that drug use in Clondalkin is a phenomenon that affects a lot of age groups. The differences in mean ages, from the three areas indicates that drug users in Southwest Clondalkin tend to be younger than those in other areas of Clondalkin. This may be relevant when

considering treatment provision for each area under the Clondalkin Drug Task Force remit.

5.1.2 Relationship Status

Some differences were found with regard to the relationship status of participants between this and previous research. In the C.D.T.F. (1997- 1999) 85% of drug users were classified as single. However, in this study the percentage of single drug users was 59.3%. These differences may be accounted for by the older age of participants in this study. Results from the 1996 Census of Population in Clondalkin found that approximately 93% of persons aged between 20- 24 were single and that approximately 50% of persons aged between 25- 29 were single. A relatively small number of participants (3.8%) stated that the person they were in a relationship with was an opiate user. Approximately 37% of those surveyed were in a relationship with someone who was not involved in opiate use. This has a number of implications regarding potential support for drug misusers; namely (1) how a person in a relationship with a drug user can be supported. (2) What supports they can provide for the person they are in a relationship with. (3) What are the health risks for these persons with regard to contracting diseases that can be transmitted both intravenously and through sexual contact?. Research by Rhodes & Quirk (1998) found that drug users sexual relationships can act as agents of risk management and behaviour change. Misovich et al 1997 found that practicing unprotected sexual intercourse with a committed relationship partner, who is not tested for HIV appears to be a major and unrecognised source of HIV risk. Interventions such as partner support groups and information on health issues might benefit this group.

5.1.3 Children and child- care needs

The findings with regard to children and child- care needs suggest a greater role of mothers than fathers in child rearing (Kandel 1990). In the twelve cases of participants who are mothers, their children live with them. In contrast only four out of a total of fourteen participants who are fathers live with their children on a full-time basis. This finding indicates that the provision of parenting support particularly for drug using mothers in Clondalkin should be considered. Previous research with women drug users has suggested that their completion of treatment is dependent on the well- being of their children (Hughes et al 1995). A number of studies with

mothers who are drug users indicated that they were likely to perceive themselves as inadequate parents and that they were particularly at risk for loneliness and isolation (Tucker 1979,Coiten 1980, Graham et al 1997). This is relevant to this study in light of the fact that all mothers who were interviewed were their children's primary carers. In this study requests for childcare were made by 9.5% of all those surveyed and all those requests were made by female participants. Given that other researchers have found that childcare is central to the treatment of women drug users with children (Nelson- Zlupko 1996). The implementation of recommendations made on the "Childcare needs of drug using parents in Clondalkin" (Doran & Chualáin 2000) would be strongly endorsed by this piece of research. With regard to participants who are fathers, the finding that the majority of male parents in this study do not live with their children needs further investigation. It should be noted that according to statistics on lone parents provided by the Department of Social Welfare the female parent is generally the primary carer for children when parents separate. Research into why this occurs and what supports these fathers need deserves attention. With regard to research in this area there is currently a paucity of information on drug using fathers (Hogan 1998).

5.1.4 Housing status & Family

As in previous research (C.D.T.F. '97-'99) the majority (70.4%) of participants live in the family home. There were however significant gender differences with regard to this, with considerably more male participants (65%) residing in the family home than female participants (35%). Problems with family life as a result of drug user was reported by 93% of these surveyed and this high percentage implies that it is important to involve a drug users family in the treatment process. Although 61% of participants felt that family therapy would not help them, research has found that "family based therapy is more effective than other treatments in engaging and retaining … and also in the reduction of drug use" (Waldron 1996). Given that 93% of participants reported family problems perhaps it is not surprising that the majority of participants would not be interested in family therapy. In the context of this report family therapy would involve all family members attending therapy and they would then be collectively helped to alter problematic communication problems. Cormack & Carr (1999) stated that family therapy is more effective than drug education for parents but not more effective than training that includes both drug education and a

communication and conflict resolution skills training component. The results of this study suggests that the provision of such training for families (particularly parents) of drug users would be beneficial for both the drug user and their family. It would incorporate the provision of some support around family problems with regard to drug use while at the same time not putting drug users and their families into a therapeutic situation that they would not be receptive to. It should be noted that 78% of those surveyed reported receiving a mixture of emotional, practical and financial support from their families.

It is also of interest to note that 35.2% of respondents had opiate users in their immediate family. Of these, 90.5% were members of their family of origin while 2 respondents had partners who were opiate users. These results indicate that drug misuse in Clondalkin may permeate particular families where there is a likelihood for families to consist of more than one family member who is an opiate user. Respondents also reported accessing drugs through family members.

5.1.5 Education

In a report on School Absenteeisim in Clondalkin (Mc Sorley 1997) it was stated that amongst a group of 17 non- attendees 9 gravitated towards drugs and crime, "these children are wide open to drugs". The fact that 92.6% of participants in this study finished school before completing their Leaving Certificate would seem to indicate a link amongst those surveyed, between finishing school early and becoming involved in drug use. Recommendations made in the School Absenteeism report which included specific statutory responses as well as interventions with priority groups might have benefited these participants. It would appear that those surveyed finished school mainly as a result of expulsion, seeking work or wanting to leave. Interventions with schools around supporting pupils to remain in the education system will not be of use to the participants in this study but may be a useful strategy for future drug use prevention.

5.1.6 Employment

Rates of unemployment amongst those who participated in this study were almost 20% less than the unemployment rates recorded in the C.D.T.F. '97- '99. Of the 21 respondents who were not unemployed at time of interview, 3 were in full-time

training and 9 were engagedin full-time employment. The remaining 9 were involved in part-time employment or Community Employment (CE)(part-time in nature).

There is however an area difference to be noted in the numbers accessing training and/or Community Employment programmes. Whereas all of those respondents accessing full-time training were from North Clondalkin, CE was only accessed by those from South-West Clondalkin. Further exploration and information provision in conjunction with services which drug misusers access for information and support may be of use to ensure that drug misusers can access the full range of employment and training opportunities in the area, regardless of where they live.

5.1.7 Income Sources and Offending behaviours

With regard to additional income sources and offending behaviour significant gender differences were found i.e. all shoplifting offences were committed by female participants while all robbery offences were committed by male participants . Although the numbers of participants who committed both shoplifting and robbing offences were small in this study it does indicate that any education programmes around offending behaviours should be sensitive to gender differences such as these.

The primary source of income for 69% of the participants was some type of social welfare payment. Of the 48% participants who reported having an additional source of income; 35% reported having licit additional sources; 42.3% reported having illicit additional sources while 23% of the participants had more than one additional source of income, although it is not known whether these were licit or illicit. It is thus evident that although a significant majority of respondents are in receipt of a social welfare payment, most rely on additional sources of income, whether licit or illicit. Further information on welfare and other entitlements may be of assistance in provision of services for drug misusers in Clondalkin, including information on training and employment opportunities, particularly labour market programmes to which most respondents would be entitled to access due to their receipt of social welfare payments.

5.1.8 Criminal Convictions

With regard to the level of criminal convictions amongst participants there was very little difference between findings: (70%) and those of the C.D.T.F. '97- '99: (75%). 70% of respondents also reported that drug misuse that resulted in difficulties with the law.

A large number of participants (67%) reported a negative relationship with the Gardai. The fact however, that 14% of those surveyed reported receiving support from a Garda deserves further attention. Developing this supportive relationship between drug users and the Gardai might be a useful initiative. The E.M.C.D.D.A. report 1998 recommended that alternatives to custody particularly for first of minor offences by drug users should be considered. Suggestions for what these alternatives could be included treatment (in some instances compulsory) and work in the community.

On a local level the development of a drug users forum that would provide drug user representation at meetings where the local Gardai and community discuss policing issues would be beneficial. The North Clondalkin Community Forum and the Community Links in Southwest Clondalkin would be appropriate for this type of interaction. The development of formal mechanisms whereby representatives of local drug users could meet with Garda representatives to examine ways in which relations between them could be improved would also be useful. Some of the comments received with regard to local Gardai were particularly negative and this needs attention. Although drug users by their nature are involved in illegal activities and the Garda Siochana's main responsibility is to stop these activities there are still opportunities for flexibility in this relationship. Dialogue such as those already mentioned and projects that would enable the Gardai and local drug users to work together could help to reduce the negative perception that drug users have of the Gardai. One such project might include information seminars between local Gardai and a drug users forum. In this, perspectives on what it is like to be both a Garda and a drug user could be provided for each group. Initiatives such as this might help to reduce the level of hostility towards Gardai that those surveyed reported.

5.2 Nature and Extent of Drug Use

5.2.1 Patterns of Drug Use

The phenomenon of polydrug use amongst those surveyed can be clearly seen. With regard to non- opiates from a list of twelve, only four namely aerosols, solvents, magic mushrooms and crack- cocaine had not been used at one point by over 50% of the participants. When current usage of non- opiates was examined it was found that cannabis and prescription drugs mainly benzodiazepines were most likely to be used on a daily basis. The relatively high percentage of those surveyed that used both prescription drugs and cannabis on a daily basis is consistent with previous research (Ross, Darke & Hall 1997) and warrants further attention i.e. specific research into the use of these substances and the options available for those whose use is problematic. Levels of alcohol and amphetamine use amongst those surveyed, though relatively low on a daily basis 4% and 5 % respectively may also warrant further research. This is a major cause for concern as a number of recent studies have found that the concurrent misuse of benzodiazepines and/ or alcohol with opiates is a major overdose risk factor (EMCDDA, 1999; NDARC, 1998; WHO, 1998) The heightened risk of overdose is a result of the respiratory depressant effects of opiates heightened by the use of other Central Nervous System depressants such as benzodiazepines and alcohol (Darke & Zadar, 1996). Heroin and methadone were the most frequently cited opiates being used by participants. The levels of heroin use were consistent with previous findings in the C.D.T.F ‘97- ’99 i.e. an overall usage of 98.1% in this study with 90% usage being cited in C.D.T.F. ‘97- ’99.

5.2.2 Progression of Drug Use

With regard to patterns of progression into drug use the results would seen to suggest that participants in this study usually began using alcohol or cannabis, moved onto illicit street drugs (which included heroin) and finally started using methadone at a mean starting age of 21 years. Unlike other previous research (Mackesy et al 1997) which has found that serious drug users were substantially different from the general population in their progression into drug use, participants in this study do seem to have followed the same patterns of experimental that is generally found amongst a group of young people (Carr 1999). This general pattern begins with experimental use of alcohol and solvents followed by cannabis and then other street drugs. In Mackesy et al 1997 it was found that serious drug users used cannabis before using alcohol, however in this study the mean starting age was 13yrs for alcohol and 14yrs for cannabis. Likewise the Mackesy et al 1997 finding of earlier initiation of the use of illicit drugs other than cannabis was not consistent with results from this study. Although these findings on the progression of drug use by participants suggest that experimentation with street drugs lead to problem drug use this finding needs further qualification. A large body of research supports the claim that experimentation with "street" drugs is a youth rather than a heroin user phenomenon (Davidson 1998), therefore the different factors which stop experimentation becoming a problem in some instances and result in problem drug use in other instances need to be defined. This research does not provide those factors- and therefore cannot put forward a comprehensive model for the progression of problem drug use in Clondalkin. What can be deduced from the findings is that in general this group of drug users began experimenting with street drugs at a young age (average- 13yrs) and that that experimentation was one of the factors that resulted in their problem with drug use. It also highlights the fact that some participants in this study began experimenting with aerosols, solvents, alcohol, cannabis and ecstasy at the age of 10yrs. This would seem to imply that if drug prevention in Clondalkin is to be effective it needs to begin at a very early age. It also indicates that in some cases participants in this study did not follow a normative pattern of experimentation i.e. experimentation at 10yrs is younger than average. Further research is needed to investigate the factors that prompt or provide the opportunity for 10yr olds in Clondalkin to experiment with ecstasy and other illicit street drugs.

5.3 Health

5.3.1 Injecting & Safe Sex Behaviours

The transition from smoking to injecting heroin was evident in this study. 87% of participants reported smoking heroin as the first way they used, whereas only 31% reported this method as the last way they used heroin. This is consistent with research that has found that the majority of heroin users will change their method of use from smoking to injecting particularly if they have been using heroin for a long period (Swift et al 1999). Reasons for making this transition are primarily due to drug effect and cost effectiveness, reverse transitions are rare. When injecting behaviours were examined 70% of participants in this study reported sharing needles. It has been argued that “drug sharing plays a crucial role in the social organisation of the drug using subculture” (Grund et al 1996) however it has also been argued that “drug users generally prefer not to use each others needles and do not conceive of needle sharing as a key- dimension to their identity” (Carlson et al 1996). As 70% of participants in this study had attended a needle exchange this would seem to indicate that heroin users in Clondalkin prefer not to use each others needles. Those surveyed had made attempts to avoid needle sharing. Nevertheless even if those surveyed would have preferred not to share needles in practice only 30% were safe in their injecting behaviours. When the safe sex practices – i.e. the use of condoms, of participants who shared needles was examined it was found that 25 (46%) of all those surveyed shared needles and did not practice safe sex. It would seem therefore that the reasons why this group of drug users practice these risky behaviours needs to be examined. The lack of a local needle exchange was highlighted by participants and deserves consideration as one reason for needle sharing and unsafe sex practices – “a needle exchange will provide sterile injecting paraphenalia and condoms”.(Lapey, J.D. 1998) (The debate on needle exchanges is contentious and can be highly emotive particularly when it involves the local community). It has been found however that needle exchanges generally reach a group of intravenous drug users with long histories of injection drug use who remain at significant risk for HIV (Lurie 1993). It should also be noted that 42.6% of participants reported receiving practical support from needle exchanges. It is possible that those surveyed particularly the 46% who share needles and practice unsafe sex would benefit from a needle exchange in Clondalkin and this should be considered by the policy makers. Outside of needle exchanges the level of risky behaviours amongst participants highlights the need for

continual, sustained intervention to help maintain safer sex and drug using behaviours in high-risk groups. Studies have found that there is a need for continued study, refinement and evaluation of outreach strategies in order to enroll a broad spectrum of vulnerable groups in HIV prevention activities (Cunningham, Williams et al 1999). Those providing services need to investigate what would be the best means of providing this intervention for high- risk groups in Clondalkin.

5.3.2 S.T.I. testing

When participants responded to questions on S.T.I. infection it was found that 78% of those surveyed had never been tested. Those providing services need to investigate what would be the best means of providing this intervention for high- risk groups in Clondalkin. These findings highlighted the need for the provision of convenient testing centres for the drug using population in Clondalkin.

Amongst those who had been tested the highest rates of infection were for Hepatitis C with 40.7% of all those surveyed reporting that they were Hepatitis C positive.
When participants responded to questions on their status with regard to Hepatitis B, C, A and HIV it was found that over a third of those surveyed had never been tested for these conditions. Over 75.9% of participants were either Hepatitis C positive or had never been tested for the condition. It should be noted that the E.M.C.D.D.A. 1998 report cited that 84% of Irelands drug using population were Hepatitis C positive. When intravenous drug users share needles and other injecting paraphernalia they are at risk of contracting Hepatitis C. The increased provision of sterile injecting equipment together with more information on Hepatitis C. might be useful in reducing the levels of infection amongst the drug using population in Clondalkin.

5.3.3 Other Health Issues

Levels of skin ulcers and abscesses amongst those surveyed – 24% and 57.4% respectively brought attention to the need for more information on injecting techniques to be provided in Clondalkin. It also highlighted the need for primary health care delivery to drug users.

57.4% of participants had experienced a non- fatal overdose and this finding was higher than that found by Mc Gregor et al 1998 where it was stated that 48% of a drug

using sample in South Australia had experienced at least one non- fatal overdose. Reasons for this slightly higher rate of overdoses amongst those surveyed might merit further attention through research into the circumstances surrounding non- fatal overdoses amongst drug users in Clondalkin.

5.4 Service Provision

5.4.1 Use of drug treatment services

As in the C.D.T.F. '97- '99 where 53.5% had "failed one or more detoxifications" approximately 54% of those surveyed in this study had undergone more than one clinical detox. (Here it is assumed that failure means that a drug user undergoing detox. fails when he/ she does not complete the programme or resumes using the substance from which they had been detoxified). It should be noted that the number of times someone has been in treatment is significantly correlated with reductions in recidivism (Merril 1998). Participants were asked to rate services on a scale of 1-5 i.e. 1 = bad, 5 = excellent. This was done for a number of reasons but primarily to gain an insight into the perceived success level of users of treatment services. Clinical detox. was not given a very high rating by those surveyed with the majority of participants giving it a 3 or 4. This provides some support for the claim made in the C.D.T.F. '97- '99 that "*detoxification in isolation may be an inadequate form of treatment*". This may be related to the fact that clinical detox. tends to be completed in a relatively short time period and Schuster & Kilbey 1992 found that "long term programmes show more favourable outcomes than short term programmes. Changes in types of treatment being opted for by drug users could be seen in the findings i.e. in this study 27% of participants had availed of clinical maintenance (it is not known whether or not however this was their preferred treatment option) whereas in the Clondalkin Drug Task Force '97 – 99 approximately 3% of these surveyed would have opted for clinical maintenance. Ratings of this service in this study were higher than those for clinical detox. The largest difference in the findings from this and the C.D.T.F. '97- '99 study was with regard to perceived availability of treatment options. In the C.D.T.F. '97 – '99 report approximately 5% of those surveyed perceived their treatment option to be "not available" in this study 65% of those surveyed perceived their treatment option to be "not available". This finding further supports what is already known to those both working and involved in drug use in Clondalkin i.e. the present situation with regard to waiting lists is causing hardship to those drug users

who are actively seeking treatment. It also highlights how much the situation around treatment availability has deteriorated since the C.D.T.F. '97- '99 report was written. It seems clear from this finding that any action that would result in a shortening of the present waiting lists in treatment centres would benefit those surveyed in this study and possibly all drug users in Clondalkin.

According to the E.M.C.D.D.A. 1998 "Treatment should be matched to individual needs and provided within a broader context of community involvement and after-care provision". Lack of support around after-care was cited by a number of participants, and indicates that more co- operation is needed between treatment facilities and general health and social service providers so that effective aftercare is available in Clondalkin.

5.4.2 Counselling

It has been found that "regular and frequent counselling is necessary for treatment success" (Fiorentine & Anglin 1995).In this study 78% of participants had availed of counselling, and it received an average rating of 2(=fair). This indicates that the majority of participants were not satisfied with the type of counselling that they had received. There is limited research examining counselling effectiveness (Onken & Blaine, 1990) however the degree of empathy in the counsellor- client relationship has been associated with positive treatment outcomes (Luborsky et al 1985). Likewise more frequent counselling has been associated with lower levels of relapse – even for individuals who successfully complete outpatient programmes (Fiorentine & Anglin 1995). 22% of those surveyed felt counselling would help them at the moment but perceived it to be unavailable. These findings indicate that the participants who could access counselling were not satisfied with it and over a fifth of those surveyed could not avail of any counselling. These findings highlight the need to provide more counselling support for those who request it and to consult with drug users around the type of counselling they are most comfortable with. It should be noted that 65% of participants reported receiving support from a counsellor at some point in their lives.

5.4.3 Other Services

Other services that were rated in this study were general practitioners and drop- ins. General practitioners received the lowest rating from participants (1 = bad). In light of

this finding it may be useful to examine the therapeutic role that general practitioners have with drug using patients. An investigation into ways in which drug users needs can be incorporated into the practices of methadone dispensing G.P's may be warranted. Drop- ins received the highest ratings from participants and this indicates that the semi- structured nature of such services was rated highly by this drug using population. This finding can be linked to the requests made by those surveyed for "something to do" activities. 75% of participants stated that a training course would help them at the moment. The possibility of incorporating information and facilitation of training courses at local drop- ins for drug users would probably benefit those surveyed. The development of new and existing drop- ins that would facilitate both active drug users and ex- drug users who are drug free was emphasised by participants.

5.4.4 Support Sources

When support sources were examined by those surveyed the issue of peer support from drug users was raised by 11.4% of participants. Peer support interventions have been found to be an effective tool in drug prevention and harm- reduction activities (Hunter et al 1997). In the book Street Drugs, Tyler (1996) stated that "addicts are constantly reporting that the most powerful resource available to them is other users – so long as they are constructively motivated". Developing a network of peer support for drug users in Clondalkin where professional drug agencies would enlist and pay current and ex- users is something that deserves consideration. It would provide "something to do" activities for drug users and put a value on the experience and insight drug users have in relation to the kind of support that active or ex- users might require.

5.5 Policy Issues and conclusions

Most of the issues raised by participants regarding policy issues have already been discussed i.e. treatment. The issues of Estate Officers and Methadone Maintenance need to be addressed. With regard to Estate Officers it might be useful if S.D.C.C. provided information on the housing rights of drug users particularly in light of the 1996 Housing- Miscellaneous Provisions- Act. Were such information to be provided a lot of confusion and stress on the part of ex- drug users might be avoided. With regard to methadone maintenance one participant in this study expressed the view

that "maintenance is only a numbers game for the Government, not to help the addict". This view cannot be ignored as a considerable body of research exists documenting that client perception of methadone treatment is predominantly negative (Rosenbaum 1988). Although this negative view of methadone was only expressed by one participant it still highlights the fact that any assessment of methadone particularly methadone maintenance should consider the views of those receiving as well as those providing services.

5.5.2 Gender Differences

Very few significant gender differences were found in this study. Unlike previous research where it has been found that women "consume smaller quantities of drugs but progress more quickly to advanced stages of addiction than men" (Corrigan 1987) there were no significant differences in the way in which male and female participants in this study reported their drug taking behaviour. Likewise contrary to research which has found that "women were more likely to report consistent condom use than were men" (Grella et al 1996) no such difference was evident from this data. Gender differences were found with regard to prison sentences and criminal convictions with more male participants reporting involvement with the criminal justice system, this is consistent with previous findings (Luthar et al 1993). The gender differences that were found regarding children and childcare needs and offending behaviours have already been discussed, these deserve attention in the form of gender specific interventions. In the area of employment it is important to note that no female participants were in full time employment and that female participants in general had a higher rate of unemployment. Specific research may be necessary to uncover the reasons for this, however the unemployment rate of female participants may have been related to their role as primary carers for their children. The gender differences seen where a significantly higher percentage of male participants lived in the family home could also be explained by female participants role as primary carers i.e. they would be more likely to qualify for local authority housing. Overall therefore it would appear that the most significant gender specific needs were expressed by female participants who had children. It should be noted that the smaller number of female participants i.e. 22 female and 32 male may have contributed to these findings.

5.5.3 Area Differences

One of the aims of this study was to investigate similarities and differences between the drug using population in the three areas under the remit of the Clondalkin Drug Task Force i.e. North, Southwest and the Village area. Some differences were found particularly when comparing the Clondalkin Village to the other two areas. The difficulties that arose when collecting data in the Village area and the subsequent small sample is probably the most significant difference. These difficulties as outlined in the methodology supports the view put forward by Kenny 2000 in his report "Responding to the drugs problem in the Village Area of Clondalkin" where it was stated that drug use in the Village "remains somewhat hidden". Likewise it lends weight to the concept that "the drug problem in the Village is not huge but there are concerns about its potential to escalate" (Kenny 2000). The small sample also indicated that drug use in the Village is not as prevalent as it is in North & Southwest Clondalkin, hence the increased difficulty in recruiting participants from the Village. On examination of the data collected from the Village area participants, it is clear that in general their drug using patterns are similar to the other areas and this is evidence that there should be concern with regard to the escalation of drug use in the village. Differences were however found with regard to housing, education, employment, income source and levels of convictions in the Village when compared to North and Southwest Clondalkin. No participant from the Village was a tenant of S.D.C.C., all had completed at least one state examination, unemployment levels were lower than the other areas and there were more participants in full- time work. Levels of convictions were slightly lower in the Village area and no- one surveyed from the Village received lone parent family allowance or disability benefit. The recommendations made by Kenny 2000 which suggested a focussed intervention with an emphasis on creating awareness and the provision of education programmes would appear to be an appropriate first step in addressing drug use in the Village. It should be pointed out however that in the main the needs of participants in the Village may be exacerbated by the lack of treatment facilities presently available and the necessity for drug users from the Village to travel in order to receive any drug services.

Participants from North Clondalkin differed from the other areas in that there were no participants from this area renting from a private landlord, there were significantly more requests by North Clondalkin participants for outreach workers and a

considerably higher number of these participants "scored" illicit street drugs, at a specifically named point in the North Clondalkin area.

With regard to Southwest Clondalkin participants from this area were younger than the other two areas, the mean age of participants from Southwest Clondalkin was 21.3yrs. Outside of this there no participants from Southwest Clondalkin in part-time employment or in training.

On examination of the results sections which deal with self-medicated detoxification and emotional difficulties resulting from drug misuse it is evident that the experiences that drug users have in Clondalkin are not in the main specific to area. Participants are quoted from all areas and what they describe, the problems they encounter and the needs they express reflect on some level an underlying similarity between all those interviewed regardless of area. This underlying similarity seems to be the difficulty of addiction and the pain that it has brought to both themselves and the people they are close to.

Section 6: Conclusions, Recommendations & Implications for Further Research

This study aimed to provide a relatively in-depth description of the lives and service needs of drug users in Clondalkin. This did not promise to be a definitive study per se but an exploratory piece and therefore is compromised by the following limitations.

6.1 Limitations of the Study

6.1.1 Generalizability

An important question to be asked in relation to this report is how representative those who were surveyed are of the general drug using population in Clondalkin. Although the employment of ex- drug users as research assistants was done in an attempt to access drug users who are "hard to reach" i.e. not accessing services, the majority of those interviewed were in contact with local drug services. The participants were not randomly selected and the main criteria for interviewing was availability, therefore there was a gender imbalance i.e. more males than females interviewed and an area imbalance i.e. different numbers of participants from each respective Clondalkin area. Time restrictions resulted in the imbalances and within the time restrictions numerous efforts were made to avoid this, however females and participants from Clondalkin Village were particularly difficult to access. It should be noted that in the C.D.T.F. 1997- 1999 it was found that in Clondalkin drug users are predominantly male and that it was found that drug use was more concentrated in areas of Clondalkin other than the Village.

6.1.2 Questionnaire Design

The questionnaire underwent a number of revisions prior to its' administration to participants , however following administration a number of flaws were detected. These were namely (1) the absence of tobacco as a variable in the general drug use section and (2) the lack of standardised measurement values being assigned to each drug in both the general and opiate drug use sections. The question which sought information on secondary income sources was asked relatively early during

interviewing and might have elicited more information if it was asked at a later point. In general this question may have been too ambiguous and possibly should have made it clearer that criminal activity which resulted in money was a secondary source of income.

6.2 Recommendations and implications for future policy and service provision

In this section the main findings from this piece of research will be highlighted and recommendations will be made in an attempt to build a strong policy response to drug use in Clondalkin. As the majority of those surveyed were receiving treatment for drug use, the information presented here should not be considered as portraying the total picture of drug use in Clondalkin, but rather as an overview of a key element of it.

6.2.1 Prevalence

There were no accurate figures available on the current prevalence figures of drug use in Clondalkin. A comprehensive prevalence study needs to be undertaken to provide this information. Such a study would incorporate the drug- using population that are accessing treatment and the so called “hard to reach” drug users that are not accessing services.

6.2.2 Clondalkin Village

The research has pointed to the difficulties in accessing drug users in Clondalkin Village. It would appear that drug use in the Village “remains somewhat hidden”, that the level of problem drug use is lower than in North and Southwest Clondalkin but that drug use in this area has the potential to escalate. The implementation of the recommendations made by Kenny (2000) would be an appropriate way to approach problem drug use in the Clondalkin Village. These recommendations are :

- Development of Community Information and Awareness
- Development of Prevention/ Education Activities
- Expansion of Treatment and Related Services

6.2.3 Prescription Drugs and Cannabis

Specific research into problem use of prescription drugs and cannabis is needed in Clondalkin. A large number of those surveyed use these substances on a daily basis. The development of treatment strategies for those whose use is problematic needs to be examined. The development of a benzodiazepine protocol by the Health Authority would be of benefit in relation to this issue.

6.2.4 Education Programmes

Preventative education programmes need to be implemented at an early stage of primary school education in Clondalkin. Experimentation with substances can begin at primary school level therefore information on drug use needs to be provided for this age- group. Research into the supports needed and the motivating factors for drug use in this young age group is urgently needed.

The information gathered in this piece of research should be used as a resource tool in future drug prevention education programmes.

6.2.4 Women Drug Users

This study found that women drug users who are parents have specific support needs particularly in the area of childcare provision. Co- operation between agencies providing drug treatment services and childcare agencies needs to be developed.

6.2.5 Family

The research recognises the importance of a drug user's family in treating problem drug use. The provision of family therapy needs to become more widely available. For those drug users who would not view this type of therapy as appropriate the implementation of drug education training for parents of drug users with a communication and conflict resolution skills training component is recommended.

6.2.6 High Risk Behaviours

The findings on injecting behaviours and safe sex practices is a huge cause for concern. There were a considerable proportion of those surveyed whose high risk behaviours in this area needs to be addressed. There is an urgent need for appropriate intervention which could take the form of the following short- term and long term strategies. In the short- term there is a need for all drug treatment agencies and those who work indirectly with drug users to put an increased emphasis on the risks involved in sharing injecting equipment and unsafe sex. In the long- term the development of a local needle exchange with the support of local communities would be an important step in reducing the high levels of this type of risk behaviour.

6.2.7 Health Status

Over a third of those surveyed were unaware of their HIV, Hepatitis A, B or C status. The provision of a local health testing centre that could incorporate Genito- Urinary Medical health care and would provide follow- up support around test results would be an appropriate response to this finding. Such a testing centre could be incorporated into existing drug treatment agencies and could be a specific service for drug users.
The number of participants who were Hepatitis C positive was relatively high and indicates that there is a need for support for drug users in Clondalkin who are living with Hepatitis C. This could be provided through information on diet and the facilitation of complimentary medical treatment such as acupuncture. Family support for a family where a member is Hepatitis C positive is also recommended.

6.2.8 Waiting Lists

Waiting lists in drug treatment agencies was the single biggest problem that those surveyed had in accessing treatment. The present situation with regard to waiting lists is unacceptable and causing considerable hardship to communities and drug users. Any action that would result in a shortening of these waiting lists should be undertaken as soon as possible. Emergency intervention and support for drug users on waiting lists is recommended.

6.2.9 Counselling

The availability and type of counselling services that are offered to drug users needs to be examined. There were low levels of satisfaction for counselling services

recorded in this study. The lack of choice in how these services are presented to drug users needs to addressed. More consultation with drug users on the type of counselling services available in the area is recommended. A pilot scheme that would sponsor ex- drug users to acquire addiction counselling qualifications and then work in the local area for an agreed contractual period should be considered. Such a scheme would have benefits for both active and ex- drug users, providing training opportunities for ex- drug users and a counselling resource for active drug users. It was highlighted that drug users in Clondalkin Village have difficulty accessing counselling, the provision of drug counselling in Clondalkin Village is recommended.

6.2.10Gender Differences

There were very few significant gender differences found. Those found mostly related to drug using parents, (where males and females differed significantly on levels of primary care provision for children).Other differences related to the criminal justice system and employment levels. It was found that offending behaviour tends to be gender specific and therefore training into the prevention of re- offending such incorporate this. The higher levels of unemeployment amongst female participants was an interesting finding and the factors that contibute to this may need to be investigated in future research.

6.2.11 Partner Support

Strategies already in place that provide support for partners of drug users such as support groups should be maintained and developed. The area of health risk management for this group needs to be targetted and information on safe- injecting techniques, HIV and Hepatitis prevention should be provided. Partners of drug users who are not drug users themselves can act as powerful agents of risk management and behaviour change with regard to needle sharing and unsafe sex. Initiatives already in place should keep this in mind.

6.2.12 Early School Leaving

There were indications from the research of a link between leaving school early and becoming involved in drug use. Further research into this area is needed in order to test this indicated link. A large majority of those surveyed had left school before completing their Leaving Certificate. The main reasons for leaving were expulsion,

seeking work or wanting to leave. Continued interventions to support pupils to remain in the education system might be a useful strategy for future drug use prevention.

6.2.13 Age of Drug Users

Drug use in Clondalkin is a phenomenon that still mainly affects young people, however it is not restricted to any particular age group and drug services should always be mindful of this.

6.2.14 Non- fatal Overdoses

Relative to international research there were high rates of non- fatal overdoses recorded in this study. An investigation into the reasons for this finding, and the supports that are needed around the issue of non- fatal overdoses deserves further attention. It may also be useful to provide local drug users with training in first aid with a particular emphasis on drug related first aid issues i.e. overdoses.

6.2.15 Detoxification Programmes

The efficacy of detoxification programmes in isolation would have to be questioned from these findings. The development of slower detoxification programmes with increased emphasis on aftercare might reduce this “revolving door” phenomenon that was evident from the results with regard to detoxification programmes.

It was evident from the results that participants had experienced “Cold Turkey” many as an initiative to stop their heroin use. Any support that could be provided by agencies for drug users going through a home detoxification is recommended.

Levels of support provided by methadone dispensing general practitioners was given the lowest rating by those surveyed. Initiatives that could incorporate the needs of drug users into the practices of these general practitioners might be a useful first step in the enhancement of this support source for drug users.

The support provided by “drop- in’s” was given the highest rating by participants. There were a large number of requests for training and this suggested that the possibility of incorporating information and facilitation of training courses at local drop- in’s should be developed. Those drop- in’s that already provide this service

should be supported fully. The development of separate facilities for active drug users and ex- drug users in the form of local drop- in's is recommended.

Lack of support in the area of aftercare is an important issue for drug users in Clondalkin. Cooperation is needed between treatment facilities and general health and social service providers so that effective aftercare is available in the area.

6.2.16 Accommodation provision and access

Confusion with regard to the rights of drug users in relation to the "Miscellaneous Housing Act 1996" was evident amongst those surveyed. The development of a pamphlet that would outline clearly who this act relates to and its powers and limitations would provide clarification for both drug users and the wider community. This could be developed in expansion of information services for drug misusers on social services and welfare rights and entitlements. Linkage to existing community information services could be further developed to improve access to information services for drug misusers in the Clondalkin community.

6.2.17 Relationships with Garda Siochana

A large majority of those surveyed reported a negative relationship with the Gardai, however a significant minority reported receiving support from them. Initiatives should be undertaken to develop this supportive relationship. Such initiatives might include the development of a drug users forum that would represent the views of drug users at meetings with local Gardai representatives (e.g. North Clondalkin Community Forum, South- west Community Links). It might also involve information seminars between local drug users and Gardai and the development of formal mechanisms in which local drug users and Gardai could examine ways in which relations between them could be improved.

6.3 Implications for Future Research

- The development of this piece of research with a larger study is recommended. This would entail interviewing more drug users in each of the three areas so that the generalizability of those interviewed to the general drug using population in Clondalkin would increase.

- The initiation of a longitudinal piece of research in Clondalkin into patterns of drug use by young people should be considered. This would facilitate the development of a model of the progression into the problem drug use in the area.

- Specific research into the area of the problem use of prescriptive drugs and cannabis in Clondalkin is imperative. Research into this area needs to be initiated as soon as possible so that realistic treatment strategies can be developed.

- The links between early school leaving and problem drug use need to be investigated. Research in this area would be instructive to both educators and drug agencies in the development of drug prevention education.

- A study into the phenomenon of drug use by children i.e. twelve years or under in Clondalkin is recommended. There is general paucity of information of drug use amongst this age group, however the present study found that children in Clondalkin are experimenting with illicit street drugs from the age of ten. Information on the supports needed for children and the motivating factors which lead to experimentation is needed.

- Employment levels for female drug users was particularly low, reasons for this may need to be investigated through a piece of research. This piece of research might facilitate the establishment of initiatives to reduce the unemployment levels among female drug users in Clondalkin.

- The levels of non- fatal overdoses amongst drug users in Clondalkin is a cause for concern and deserves further attention. Research in this area might provide information on how a reduction in the levels of non- fatal overdoses in the area could be achieved.

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