KEYNOTE PAPER 2

YOUNG IRISH DRUG USERS AND THEIR COMMUNITIES

by Barry Cullen

Following on from Howard Parker's paper I want to put the issue of drug use and young people in Ireland into context. One of the main difficulties in relation to Irish research is that there is not enough of it. What the research does indicate is that in this country there are two types of illicit drug use phenomena - 'drug-use' and problem drug-use' which are described below.

EUROPEAN SURVEY

Recent research we can refer to is that recently used in the European Monitoring Centre for Drugs and Drug Addiction which highlighted the extent of drug use among Irish teenagers and used figures from a European School Survey Project on Alcohol and other Drugs. The Irish part of this research was conducted by Dr. Mark Morgan in St. Patrick's College and it indicated that 37 percent of Irish students (16 years of age) had said they had used cannabis at some time, which is higher than the European average of 12%. On its own, and particularly bearing in mind that the research does not include young people who have left school, this research does not indicate a process towards normalisation, but it does indicate a sizeable number of young people using drugs and the figures are on a par with the UK study undertaken in the same research project. In fact, 16 year olds in Ireland and the UK reported relatively higher levels of illicit drug use than other countries in the study. Further, over three-fifths of the Irish respondents were of the opinion that cannabis was easily obtained and just over half were of the view that ecstasy was easy to get. These are slightly above the figures for Northern Ireland, England, Scotland and Wales.

HEALTH RESEARCH BOARD REPORT

The second body of research we can refer to is the Health Research Board's central monitoring of treated drug use - i.e. data collected from people who are in the drug treatment system because they present as having drug problems. This data does not tell us anything about drug-users who do not present as having problems. Data is available for the Greater Dublin area from 1990 to 1995 and national data is available only from the 1995 report. This national research paints a picture of a divided country in terms of types and the concentration of drug problems - there is a Dublin problem and an outside Dublin problem. The research shows that the primary drugs of use - for which persons sought treatment in Dublin - were opiates (87%) and that heroin was the most likely opiate to have been used. The age at which drugs were first taken was 15-19 years and the first drugs taken were most likely to have been opiates. The research verifies a picture familiar to those working in drug treatment centres, that the drug problem in Dublin is primarily a heroin problem concentrated among young people who are unemployed, who have left school, and who live in the inner city and the local authority housing estates around the outer perimeter - a concentration that prompted the Government last year to set up local drugs task forces in eleven distinct sub-areas in Dublin city.

The picture outside Dublin is of a distinct problem with cannabis as the primary drug used and also use of ecstasy. The drug-user is most likely to be a young male, slightly less likely to be unemployed, less likely to have left school at or before school-leaving age, will cite cannabis as the primary drug of use and will have started to use as a teenager.

Although the data presented does not allow for useful comparisons between Dublin and outside Dublin it does raise an interesting question: Why do people present to treatment facilities outside Dublin with cannabis as the primary drug used when the same does not occur in Dublin? Is it the case that cannabis use in Dublin is now normalised and not considered - by many who use it - problematic?

DISTINGUISHING PROBLEMS

In the Children's Research Centre we are currently undertaking research in conjunction with community and youth projects in one of the Local Drugs Task Force areas. This research initially focused on the social experiences of two groups of young people - drug-users and non-drug users - growing up in socially disadvantaged areas considered high-risk for drug problems. At an early, pilot stage of developing definitions, parameters and methodologies, it became apparent that we needed to distinguish three and not two groups: *non-drug-users* (or abstainers), *drug-users* and *problem drug-users*. The middle group typically consists of persons who use cannabis and/or other illicit drugs on an experimental and/or recreational basis whereas the latter group consists of persons who have tended to use opiates and who have also sought treatment, of one sort or another, for this use.

Many difficulties in relation to policies on drug problems arise because of the failure to make these distinctions between recreational or occasional drug use and problem drug use. Such distinctions need to be understood across a variety of variables, types of drugs, quantities used, place of use, individual and social contexts in which use takes place as well as causes, effects (i.e., both long and short-term) and wider social impact. Across these distinctions and variables however, it needs to be emphasised that the occasional, recreational use of cannabis, ecstasy and alcohol does not lend itself to an easy comparison with the habitual use of injectable opiates.

DRUG-USE

Drug-use is something that takes place on a widespread basis throughout Ireland. It is visible in every town, village and townland. It is an activity engaged in at some stage or another by most people - if they don't do it with illicit drugs, they do it with alcohol or legally prescribed drugs. They do it for kicks, for fun, to forget momentarily about pressing problems, to assist love-making, to avoid lovemaking, to keep in touch with their God and to get some insight into their devils.

DRUG PROBLEMS

Drug problems, on the other hand, are experienced by a relatively small number of people, albeit concentrated in a very small number of communities. Drug problems are when persons' use of drugs has serious consequences in relation to their health, their psychological state, their social relationships, their capacity to work, their involvement with serious crime, their ability to partake in society at a level that most others rightly take for granted, and their capacity to avoid premature death. Drug problems also have serious and often catastrophic consequences for the immediate families and communities of those who are most directly affected including extraordinary levels of crime and lawlessness, community disintegration, and widespread social and emotional traumas.

This approach to separating-out different types of drug-users inevitably leads to a reassessment of drug problems to understand their complexity. Drug use needs to be seen not only in terms of substances and their effects on individuals but in terms of differences in individual attitudes, personalities and socialisation processes that influences intake and behaviour and in terms of the social, economic and cultural environment in which the drug use takes place.

When drug policies focus only on the physiological and psychological effects as if these were the same across territories, social classes and generations, they lose a sense of this complexity. In this way there is an emphasis on national and international legal contexts for controlling individual behaviours - the same laws in the US, Western Europe, South America and Asia. This approach does not take sufficient account of local context. In reality, it makes more sense to see drug problems as a collection of local drug problems that differ across space and time and often requiring different policy responses and strategies. The main drugs of use and the circumstances and contexts in which they are used differ across communities, across groups and across generations, and drugs policies need to reflect this.

CONSTRAINTS OF DRUG POLICIES

Thankfully government - in its decision to set up local drugs task forces - has begun to recognise these realities. However, despite it travelling some distance to understand the complexity of these problems, government policy itself remains located within the constraints of the tendency, internationally, to see drug-use behaviour in black and white terms. *Drug-use is bad; non-drug-use is good.* Rather than unravel this complexity it seems a lot easier to go to war on drugs: to make laws and to create a control industry. Don't misunderstand my doubts about the efficacy of this approach. I share most people's concerns about the activities of those who would seek to profit from other's misfortune. Drug dealers, whiskey and tobacco smugglers and persons who launder money in foreign bank accounts are the type of people who, throughout history, have always taken advantage of the unusual circumstances of war and other conflicts, to accumulate capital and to profiteer, and I have no quarrel with law that controls profiteering. However, a war framework is hardly a good platform for good law. The first casualty of war, as they say, is truth. War spawns propaganda and the cynical use of phrases such as "zero tolerance", "one man crime wave" and the spurious notion of "drug-free society". None of these are a proper substitute for thoughtful policies that promote the concerns of young people and debate about the use of drugs. This rhetoric in relation to "drug wars" needs to be rationally revisited. The notion that people who advocate alternative conceptions, or models, can be ridiculed as being "soft on crime" or "soft on drugs" needs to be challenged as indeed, the notion that there could only be *abstinence-only* treatment modules was successfully challenged in recent years, when, in the face of the public health crisis arising from HIV, more humane and reasonable *harm reduction* responses were introduced.

EFFECTS ON COMMUNITIES

Insofar as society is engaged in this "war on drugs" then the war zones are the inner city flat complexes and suburban local authority housing estates who have already been devastated by other social and economic problems. Sixteen years ago, in 1981, a piece of what you could call popular epidemiological research was conducted in a flat complex in the south inner city area of Dublin. It was the first piece of local head-counting in relation to drug problems conducted in this country during what became known as the "first opiate epidemic, 1979-1985" (opiate-use was virtually unknown as a problem prior to 1979). This community has a population of 1,200 and in 1981 an estimated youth (15-24yrs.) population of less than 200.

The counting was done by three community workers and a local curate. They estimated 57 individual young people who were using heroin in this small community and a further five who were in prison on drug-related offences (total 62). At an institutional level these figures were disbelieved by the authorities for two whole years, and eventually the figures were not considered valid until a Health Research Board-sponsored study in 1985 estimated that the true figure for 1981 was somewhere between 81 and 100. Over thirty-five percent of the age cohort 15-24 in this small community were using heroin intravenously and this fact was being denied by the authorities - because it *was just* popular epidemiological research. At the time that this local research was being conducted local workers had submitted proposals for outreach education and prevention materials including proposals for basic *harm reduction.* They received no official support for these requests.

As things stand today, 26 of the 62 young people identified by community workers in this small community in 1981 have since died prematurely (i.e. 42% of those who used and 13% of the total age cohort). A further four are this day very seriously ill. I am sure if one was to analyse the HRB figures the level of deaths would be even greater. We should not lose sight of the effect of the loss through death of such a percentage of young people on such a small community. And, the effects are felt wider: the number of children who have been bereaved who are being raised by grannies, relatives or in care; the number of families who have experienced two, three and even more deaths; the same experience is replicated in five other nearby flat complexes.

This is an effect of "war on drugs" policy, an effect as equally devastating as the "Troubles" have had on individual Northern Ireland communities. We have to

realise that one of the main effects of constant drug dealing and police activity in this drug war is community disintegration. The drug war has contributed to the emergence of large numbers of unemployed and unemployable youth whose lives have become inextricably linked to drug crimes and who in turn are becoming the parents of yet another generation of children who may get caught in a cycle of poverty, criminality and addiction. We need to get away from our moralising about drugs and call off the war that is destroying these communities and concentrate on policies that are capable of convincing their residents that with institutional supports they could obtain other real benefits from the economy's growing wealth.

Of course one of the more obvious limitations of the "war on drugs" approach is that it is so easily perceived by young people as a war on them, as a war on their aspirations - on their appetite for pleasure and thrills. Young people cannot be coerced to stop seeking pleasure for to do so only adds to the thrill and indeed, the risks. The desires will, undoubtedly be satisfied. The desire to use mood-altering substances is deeply ingrained in human nature: it cannot be wished away through legislation or coercion. The more young people are denied important experiences the more the probability that they will undergo these experiences in ways that are harmful to themselves and society. The issue therefore, is not one of setting out to deprive young people of their desires but rather for society to examine how it can accommodate and limit young people's desires in ways that shows respect. This is an issue for teachers, youth workers and community workers and for the people who formulate the policies that they implement. If we insist an having an education system that is focused almost exclusively on academic achievement then we are limiting the potential of this system to provide meaningful alternatives; if we insist on seeing youth workers as merely a buffer between those who do and who don't do well in education then we are denying them the opportunity to have real impact where education failed; and if we see community facilities - sports, recreation, games, clubs - as the preserve of private investment and capital, then we are reducing some practical alternatives to mere commodities.

BEING CREATIVE

I want to draw your attention to a recent Hallow e'en event that was held in a south inner city community called "Burning the Demons - Embracing the Future". This event arose from an arts/photograph project in which a group of young people photographed the buildings, people and culture of the area. The photos were collaged on a computer and a final design was hand painted on 8' by 4' panels. It took over a year to complete and young people showed immense dedication to the task. The panels show a group of young people swinging from a large arm that is bent over the top of a flat complex: a syringe is stuck in the arm. The panels were erected as a mural at the local community centre - which was also a polling station for the 1997 presidential election. On the evening of Hallow e'en the mural was ceremoniously removed and the panels were carried with a procession with a samba band, torches, whistles and shouts, throughout the area, through the flats complexes, the streets with houses, and eventually placed on a massive bonfire - the traditional site for such bonfires each year. As a local youth band sang familiar pop songs the bonfire blazed. It was a true community event - it crossed class boundaries; it crossed generations; it involved creativity; it was exciting; it involved fire; it was thrilling; it was emotional and it had an important impact on young people. It made them feel important and valued in the context of doing something that they shared with other members of their community.

LITANY OF FAILURES

If you want to really develop alternatives for young people you have to be able to demonstrate similar levels of innovation and creativity. Anybody who has observed developments in Dublin's drug problem over the last twenty-five years could not but be appalled with how at an institutional level there has been an absence of such innovation and creativity. Indeed, the last twenty years has witnessed many institutional failures. Let me recount some of them: during the period that is now so often referred to as one when Dublin experienced an opiate epidemic, 1979-1985, government went on the record reporting that there was no serious heroin problem. When it became apparent, even at an official level, that a serious drug problem was evident, and that it was most prevalent in a small number of working class communities, an official strategy was adopted to deny this and this fact was not properly conceded until the publication of the Rabbitte report last year.

At an early stage of managing the problem the main thrust of official responses was to support the abstinence-only model as espoused by the Drug Treatment Centre and Coolemine. Even when the limitations of these responses were eventually acknowledged in a government report in 1991, it was decided to operate a dual-system of service delivery rather than face down these acknowledged limitations. Meanwhile, despite an at times hostile institutional climate, a number of important community initiatives got under way, including the Ballymun Youth Action Project which has developed important preventive and training initiatives; the Ana Liffey Drug Project which stuck its neck out to operate harm reduction approaches when these were neither popular nor profitable and the Rialto Community Drug Team which has illustrated that it is possible to mobilise community support for local drug treatment services.

NEW RESPONSES

There have been other local, indigenous and voluntary initiatives and in fairness to the Eastern Health Board, it has, in recent years, demonstrated a new willingness and capacity to become engaged with these. Significantly, the health board has become increasingly reliant on partnerships with local and voluntary groups to assist it in promoting and developing its new range of services. There is an acute irony in all of this and for those of you who have not witnessed it, one of the most striking manifestations of this is evident in the discussions that take place in rundown community buildings in which local volunteers are involved in decisions about methadone doses and controls. If a handful of volunteers, with the backup of a part-time clinical assistant and personnel from a community project, can successfully manage the local operation of treatment services for what, in some instances, are significant numbers of drug users, why, when these services are provided centrally to no more than a small multiple of what is provided in any

single local centre, does this central provision require such vast institutional and professional supports. You can reverse this: if the medical professions require this level of investment to support their provision of services at a central level, why can't the same level of investment exist at a local level through local and indigenous providers.

LIMITATIONS OF INSTITUTIONAL RESPONSES

We need to recognise the limited capabilities of institutional services and responses, and to acknowledge that community and voluntary agencies have shown more insight and innovation. For demonstrating these capabilities, the latter agencies should be rewarded and assisted in developing other services and approaches. In particular there needs to be a better resourcing of local support systems for young people who have, or who are about to have, drug problems. Maybe harm reduction messages are best provided by people who already operate from within the drug scene; maybe counselling and helpline services need to be more accessible and staffed by people who can be trusted by young drug users. Maybe we need comprehensive local drug centres where young people can be encouraged to move out of the drug scene and potential additional participants discouraged, within a model that is facilitative rather than coercive. Whatever, I would feel a lot more hopeful about the potential of such centres if they were to be promoted and developed within local or indigenous structures - and with the direct involvement of young people - than if they were to be structured around medical and professional hierarchies, and also if they were to reject the notion that you simply tell young people not to use drugs, in favour of adopting a much more practical approach of providing young people with practical and accessible information about the relative dangers and limitations of different types of drugs.

CONCLUSION

Finally, I am reminded that a few years ago it was evident to anybody who worked within the voluntary drug treatment system that it was especially difficult to respond to situations where child care issues arose as a result of parents' problem drug use. On the one hand, drug workers were not adequately equipped to deal with child care issues and social workers felt incompetent in relation to drug problems. Over time and through directly working with these difficulties, the fears and obstacles were overcome and there are some indications that social services are finding it possible to combine drug treatment responses with child welfare responses. I have a sense that the situation is somewhat similar today in relation to young people. Drug agencies don't feel adequately skilled or equipped to work with young people and youth workers are fearful of working with drug problems. We need to demystify some of these fears and develop a new confidence that it is possible to deal with these problems from a rational perspective. I hope that today's seminar goes some of the way of facilitating this.

I want to finish off on a much lighter note and indeed a hopeful note. I recently came across a photograph and could not resist the temptation to show it to you today. It's a photograph of a group of men outside a courthouse in Morgan Place nineteen years ago. This group of people are not on drugs charges, although they look as if they might be. They appeared in court for refusing to be bound over for the peace after they participated in a street protest on the issue of building new houses in the inner city. One of them, the long-haired one in the centre, spent an overnight in prison for refusing to sign the bond binding him to keep the peace. He is of course, currently a member of the National Drugs Strategy Team and he has agreed to address this meeting later to summarise the proceedings and provide some indications as to how further discussion on these issues could be facilitated. Poacher turned gamekeeper - so there is some possibility of change!