Treating Drug Addiction:

An Evaluation of Addiction Response Crumlin

Main Report

Kieran McKeown & Grace Fitzgerald

Kieran McKeown Limited,
Social & Economic Research Consultants,
16 Hollybank Road, Drumcondra, Dublin 9.
Phone and Fax 01-8309506. E-Mail: kmckeown@iol.ie

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Addiction Response Crumlin (ARC)
101 Cashel Road, Crumlin, Dublin 12. Phone 01-456 3131

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Bridgewater Centre, Conyngham Road, Islandbridge, Dublin 8.

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Note: Clients referred to as drug users in this report use prescribed drugs e.g. methadone

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Acknowledgements

This report has benefited greatly from the assistance of many people and we wish to thank them. The report was prepared with the guidance and support of the management and staff of Addiction Response Crumlin (ARC). Their names are listed in Table 1 and Table 2.

Table 1 Management Committee of ARC, 1999

Name	Position	Occupation
Sunniva Finlay	Chair	Community Outreach Worker
Eugene Dudley	Secretary	Civil servant
David Masterson	Treasurer	Psychology Student
Kay Conlon	Member	Volunteer
Marie Kane	Member	Volunteer
Kathleen Murphy	Member	Family Support
Marie Long	Member	Family Support
Gail Hawthron	Member	EHB Nurse
Eunan McDonald	Member	Priest
Mary Trainer	Member	Probation and Welfare
Seamus Murphy	Member	Financial Journalist
Emily Murphy	Member	Volunteer

Table 2 Staff of ARC, 1999

Name Position	Started	
Susan Collins	Co-ordinator	Dec 97
Lorraine Stewart	Administrator	Dec 97
Bernie Butler	Outreach Worker	Dec 97
Josie Russell	Outreach Worker	Dec 97
Philip Murray	Outreach Worker	Nov 98
Cindy De Burca	Outreach Worker	Sept 99
Andrew Sexton	Outreach Worker	August 99

The core of the report is essentially about the clients of ARC. We am extremely grateful to them for their co-operation and openness in completing the questionnaires and in our discussions with them.

The research was funded by the Combat Poverty Agency under its Grants Scheme on Poverty, Drug use and Policy: Developing Policy from Local Responses. We join with ARC in expressing our gratitude to the Agency for its interest and support for this work.

In acknowledging the assistance received, we also wish to follow the time-honoured tradition of retaining full responsibility for the report and for any errors that it may contain.

Kieran McKeown and Grace Fitzgerald.

Introduction

This report was prepared for Addiction Response Crumlin (ARC). ARC was established in June 1996 in response to the problems of drug use in the Crumlin area and the lack of any local services for drug users. Many of the founder members of ARC were prompted by the tragic death of a family member through drug addiction and decided to take action.

The main purpose of the report is to describe the work of ARC and evaluate its impact. In order to achieve this objective, we used the following methodologies in preparing the report (see McKeown, 1999):

- **a review of national policy on drug treatment services**
- **a comparative analysis of the population in Crumlin with Dublin City and Ireland**
- **a survey of 91 clients out of a total case load of 100 who used ARC in December 1997**
- **focus group discussions with current clients**
- **focus group discussions with staff.**

The report comprises six chapters. Chapters One describes the work of ARC. Chapter Two describes the national policy context on drug treatment and rehabilitation. Chapter Three provides a socio-economic profile of Crumlin and compares it with Dublin City and Ireland. Chapter Four profiles the characteristics of ARC clients. Chapter Five assesses the impact of ARC on its clients. Chapter Six pulls together the main findings of the report and highlights the key issues that require attention. In order to make the report as accessible and readable as possible, we have placed all of the statistical tables in an appendix to each chapter.

Chapter One - Background and Context

1.1 Introduction

This chapter describes how Addiction Response Crumlin (ARC) was set up, how it is organised and how its services are delivered. The project is the first of its type to offer a service to drug users in the Crumlin area despite the fact that drug use, as revealed in a 1995 study of the area , is seen as Crumlin's biggest problem not only by local people but also by local statutory and voluntary service providers (Boldt, 1995).
The chapter is divided into a number of sections covering: origins (1.2), mission statement (1.3), management (1.4), staff (1.5), premises (1.6), services (1.7), contract with clients (1.8), throughput of clients (1.9) and cost (1.10). A brief summary of the chapter is presented in section 1.11.

1.2 Origins

ARC was established in June 1996 in response to the problems of drug use in the Crumlin area and the lack of any local services for drug users. Drug treatment services have been available for many years at the National Drug Treatment Centre in Pearse Street, Dublin 2 but many drug users have negative experiences of this service because of what they perceive as its inflexible and uncaring regime.

Many of the founder members of ARC were prompted by the tragic death of a family member from drug addiction and all have been personally affected by seeing at first hand the devastating effects of addiction. They were also aware that some of the biggest drug dealers in Dublin were living in the Crumlin area. Although the Dublin 12 Drugs Task Force estimate that there are between 700 and 800 heroin users in the Crumlin and Kimmage area, some of the local residents associations expressed concern that ARC was bringing a drug problem into the area. The experience of those involved in setting up the project is that most people are hostile towards drug users and to the establishment of any treatment and rehabilitation services for them within their neighbourhood. In this respect, Crumlin is no different to other parts of Dublin which have a drug problem and it is always easier to mobilise support for excluding drug pushers than for developing drug services for recovering misusers.

A small committee, mainly comprising mothers, was formed. They wrote to the Eastern Health Board asking them to provide drug treatment and rehabilitation services for the Crumlin area. This produced little effect; however the existence of the committee led drug users to approach it asking for help in getting access to a methadone treatment programme. The committee responded to this by helping to recruit General Practitioners (GPs) who were willing to prescribe methadone for local drug users; they also helped to find pharmacists who would be willing to dispense the methadone.

The committee of ARC established a "buddy system" for some drug users which continues to exist (see Chapter Five and Table A5.3); otherwise the week's supply might be consumed on the first day and a chaotic pattern of using street drugs might ensue for the remainder of the week. In some cases the weekly supply of methadone is held by the client's parents while in others the clients must go the pharmacy each day to consume the prescribed amount.

In November 1996, the project secured co-operation of both the Eastern Health Board and Trinity Court for a urine screening programme. Urine samples are collected from clients twice a week under the supervision of Eastern Health Board staff; the urine who uses them to check if clients are adhering to their contact with ARC, particularly the requirement that no other drugs are to be used along with methadone.

1.3 Mission Statement

ARC formulated its mission statement in June 1998 in order to express formally the vision and values underlining its work. It is reproduced in Table 1.1.

Table 1.1 Mission Statement of Addiction Response Crumlin

"ARC recognises that the causes of heroin addiction are linked to social injustice and inequality in our society. We believe however that people can and do recover from addiction and go on to reach their full potential. ARC aims to provide a holistic service that is client-centred, caring, non-judgmental and delivered with a professional approach. The project is community driven and based on community development principles. It aims to develop the self-esteem and confidence of clients and to provide them with alternative life options so that they can reach their full potential as human beings.
The service provided by ARC recognises the interdependence of the individual, the family and the community. ARC believes that addiction is an issue for the whole community and aims to raise community awareness of the problem, its impact add how to respond".

1.4 Management of Project

The Management Committee of ARC comprises 12 people, mostly women and mothers, and all from the Crumlin area. The committee meets once every two weeks. Their names, positions and occupations are summarised in Table 1 of the Acknowledgements.

1.5 Staff of Project

The day-to-day running of ARC is the responsibility of staff as listed in Table 2 of the Acknowledgements. In addition to its own staff, the project is also supported by doctors who prescribe methadone to clients: three doctors prescribe from the centre. Clients are also referred to one of three addiction counsellors employed by the Eastern Health Board in Community Care Area 4 while some clients also attend the Merchant's Quay Project for counselling.

The main function of staff is to support clients on the treatment programme. This takes a variety of forms: the "buddy system"; driving to pharmacies outside the area to collect the methadone for clients since only four of the pharmacies in the catchment area dispense methadone; visiting clients in the home in order to offer practical help with health, social services, housing or whatever the presenting need; visiting the parents of clients in order to help overcome the isolation, loneliness and stigma which is often associated with addiction in the family; facilitating group activities for clients and parents in order to build up their supports and confidence. The project has organised addiction studies courses for people in the area in order to raise awareness and understanding of the problems of addiction. These courses stretched over 20 evenings and one weekend between 1997/98 and 1998/99. ARC also delivered a drugs information course (70 hours) as part of a course on Community Development held in Drimnagh.

1.6 Premises

ARC operates from Crumlin Hall at 101 Cashel Road. The hall, which is on a long lease from Dublin Corporation to Kimmage Crumlin Community Association, is one of the few openly accessible community buildings in the Crumlin area and is used by a variety of groups including FAS for its Community Employment Programme, the Dublin 12 Local Drugs Task Force, the KWCD Partnership, the Citizen's Information Centre, and the bingo club.

In 1998, the hall was refurbished with funds from the KWCD Partnership (IR£50,000) and the Dublin 12 Local Drugs Task Force (IR£33,000); this resulted in the creation of seven new offices and a kitchen. ARC have the use of three offices in the hall: an office for administration, a consulting room for the prescribing doctors, and an interview room where staff and counsellors work with clients on a one-to-one basis. The project also has the use of the main hall for working with groups of clients and parents.

1.7 The Service

The basic core of the service is that clients are prescribed methadone in order to stabilise their drug use and reduce the harm caused by the over-use and poly-use of drugs; once stabilised, clients are then supported and challenged to begin a process of detoxification and rehabilitation. The weekly prescribing of methadone, combined with the twice weekly testing of urine to see if other drugs are being used, are crucial ingredients of the service. In this respect, the service provided by ARC is not fundamentally different to the treatment services offered in other health board satellite clinics. In addition to methadone treatment, the project offers a range of support groups - women's group, men's group, art group, drama group and parents group - to enhance the treatment process and these have varying degrees of uptake among the client group (see Chapter Five and Table A5.2).The main focus of these groups is on activities such as art, music, relaxation and general information on health and related issues. The numbers attending the groups tend to vary between five and ten. Staff have identified the lack of childcare facilities as one of the factors inhibiting participation in these groups, particularly by women, and are taking measures to address it.

The schedule of services run by ARC at Crumlin Hall is summarised in Table 1.2.

Table 1.2 Services of ARC at 101 Cashel Road, 1988

Day	Time	Service
Monday	2.30 pm - 4.30 pm	Urine Screening
	2.30 pm - 6.30 pm	Everyday
	4.30 pm - 6.30 pm	Men's Group
Tuesday	2.00 pm - 4.30 pm	Drama Group
	5.00 pm - 7.00 pm	Doctor's prescribing clinic
Wednesday	2.00 pm - 5.00 pm	Doctor's prescribing clinic
	4.30 pm - 6.30 pm	Art Group
	2.30 pm - 6.00 pm	Everyday
Thursday	11.30 am - 1.30 pm	Women's Group
	5.00 pm - 7.00 pm	Doctor's prescribing clinic
Friday	10.00 am - 12.00 pm	Everyday
	2.00 pm - 4.00 pm	Doctor's prescribing clinic
	2.30 pm - 4.30 pm	Urine Screening
Saturday	5.30 pm - 7.30 pm	Parent's Group

One of the main differences between ARC and the health board clinics is that project staff - who are not employed by the Eastern Health Board - control admissions to, and suspensions from, the programme in consultation with the prescribing doctor. The Eastern Health Board believe that this function should be left exclusively to the prescribing doctor; the project believes that this should be a shared decision reflecting the partnership between the community and the health board.

Between 1997 and 1998, the project endeavoured to expand its treatment services into a more comprehensive rehabilitation programme. Funding for this purpose was secured from FAS under the Special Category of its Community Employment Programme but it was impossible to find premises to deliver the programme. A number of suitable premises were identified - one owned by a religious order, one owned by the Vocational Education Committee and one owned by a private developer - but access was blocked because of hostility to drug users. This programme has now commenced and is housed in a community premises.

1.8 Contract Between Project and Clients

Clients are admitted to the programme as places become available if they meet two conditions: they must live in the catchment area and they must be confirmed heroin users. The latter condition is confirmed by urine analysis - based on three tests over three consecutive weeks - and is designed to ensure that the service is confined exclusively to those who are known to be addicted. Once admitted, the client is required to sign a contract as summarised in Table 1.3.

Table 1.3 Contract to he Signed by All Clients at ARC

1. 1, Urine samples will be taken in the Club between the hours of 2.30 pm and 4.00 pm on Mondays and Fridays. All clients must attend unless excused specifically by their support worker.
2. No tottering outside the hall or surrounding areas is permitted. Any violation of this will result in immediate suspension from the programme for a period of no less than six months.
3. No sale of medication/narcotics (or any illegal substance) by any client will be tolerated in the hall or on the ARC programme in general.
4. Only the use of paracetemol for pain relief is permitted. Substances which contain (Solpadine, etc) will interfere with urine tests, and no excuse for taking these substances will be accepted. If in doubt, ask your doctor or pharmacist. A list of prohibited analgesics is available from your support worker.
5 I agree to attend my doctor once a week.
6. I agree to be respectful and courteous to other clients, ARC volunteers, management and staff, EHB personnel and all others using the premises.
7. I agree to keep the premises tidy.
8. I understand that due to this being a community programme, confidentiality is somewhat limited.
9. I will not discuss my treatment with other clients.
10. I am aware that my registration will be made available to the Central Drug Registrar, Trinity Court, as required by law.
11. If I decide to go on holidays, one month's notice must be given to my doctor and assigned support worker.
12. I agree that the ARC Co-ordinator and my support worker will have access to my urine results.
13. I have read and understand the above contract and agree to comply to the terms and conditions therein.

Client Signature: _____
Support Worker Signature: _____

Failure to comply with the contract - as a result of taking proscribed drugs, for example - will normally result in a warning prior to suspension. Suspension may be for a week or longer - including indefinite suspension - depending on the seriousness of the breach and the overall disposition of the client to the programme. As revealed in Chapter Five below, about a quarter of clients (24,26%) have been suspended at one time or another (Table A5.7). All of the clients to whom we spoke felt that the project was always fair in its procedures and decisions.

1.9 Throughput of Clients

The number of clients using ARC in the two and a half years between June 1996 and December 1998 was around 250. The average number of clients at any time during 1998 was around 75 with a waiting list of around 30.

For the purpose of this evaluation, we tried to interview every client attending ARC in December 1997. Of the 100 clients at that time, we managed to interview 91 of them.

1.10 Cost of Project

The cost of running the project between December 1997 - when funding was first allocated - and December 1998, is summarised in Table 1.4. This reveals a total outlay of IR£259,702. Approximately one third of this was spent on capital costs (refurbishment) and two thirds on running costs (staff and overheads).

Table 1.4 Income and Expenditure of ARC, December 1997 to December 1998

Income	IR£	Expenditure	IR£
National Drug Strategy Team	43,000	Refurbishment of premises	90,000
D12 Local Drugs Task Force	166,702	Staff and overheads	169,702
KWCD Partnership	50,000	-	-
Total	259,702	Total	259,702

1.11 Summary and Conclusion

ARC was established in June 1996 in response to the problems of drug use in the Crumlin area. The project is the first of its type to offer a local service to drug users in Crumlin despite the fact that drug use, as revealed in a 1995 study of the area, is perceived by local people and by local statutory and voluntary service providers as Crumlin's biggest problem (Boldt, 1995). Many of the founder members of ARC were prompted to take action by the tragic death of a family member from drug addiction and all have been personally affected by seeing at first hand the devastating effects of addiction. However the experience of those involved in setting up the project is that many people are hostile towards drug users and to the establishment of any treatment and rehabilitation services for them within their neighbourhood. In this respect, Crumlin is no different to other parts of Dublin which have a drug problem and it is always easier to mobilise support for excluding drug pushers than for developing drug services for recovering misusers.

From the beginning, ARC has helped local drug users to find doctors (GPs) who are willing to prescribe methadone and pharmacists who are willing to dispense it. The committee established a "buddy system" for some drug users which continues to exist. In some cases the weekly supply of methadone is held by the client's parents while in others the clients goes the pharmacy each day to consume the prescribed amount. In November 1996, the project secured the co-operation of both the Eastern Health Board and Trinity Court for a urine screening programme to check if clients are adhering to their contract with ARC, particularly the requirement that no other drugs may be used along with methadone.

ARC operates from Crumlin Hall at 101 Cashel Road. In 1998, the hall was refurbished with funds from the KWCD Partnership (IR£50,000) and the Dublin 12 Local Drugs Task Force (IR£33,000). Its management committee comprises 12 people, mostly women and mothers, and all from the Crumlin area. It has five staff, all but one of whom comes from the Crumlin area. In addition to its own staff, the project is supported by doctors who prescribe methadone to clients: three doctors prescribe from the centre. Clients are also referred to one of three addiction counsellors employed by the Eastern Health Board in Community Care Area 4.

The main function of staff is to support clients on the methadone treatment programme. This takes a variety of forms: the "buddy system" as just described; driving to pharmacies outside the area to collect methadone for clients since only four of the pharmacies in the catchment area dispense methadone; visiting clients at home in order to offer practical help with health, social services, housing or whatever their presenting need; visiting the parents of clients in order to help overcome the isolation, loneliness and stigma which is often associated with addiction in the family; facilitating group activities for clients and parents in order to build up

their supports and confidence. The project has also organised an addiction course for people in the area - attended by eighteen women and five men - in order to raise awareness and understanding of the problems of addiction; this stretched over 20 evenings and one weekend between 1997 and 1998. A second year of this course ran between 1998 and 1999.

In addition to methadone treatment, the project offers its clients a range of support groups - women's group, men's group, art group, drama group and parents group - to enhance the treatment process and these have varying degrees of uptake among the client group, usually between five and ten clients per group per week. One of the differences between ARC and the health board's satellite clinics is that project staff - who are not employed by the Eastern Health Board - control admissions to and suspensions from the programme in consultation with the prescribing doctor. The Eastern Health Board believe that this function should be left exclusively to the prescribing doctor; the project believes that this should be a shared decision reflecting the partnership between the community and the health board.

Between 1997 and 1998, the project endeavoured to expand its treatment services into a more comprehensive rehabilitation programme. Funding for this purpose was secured from FAS under the Special Category of its Community Employment Programme but it was impossible to find premises to deliver the programme. A number of suitable premises were identified - one owned by a religious order, one owned by the Vocational Education Committee and one owned by a private developer - but access was blocked because of hostility to drug users. This programme has now commenced and is housed in a community premises.

The number of clients using ARC in the two and a half years between June 1996 and December 1998 was around 250. The average number of clients receiving a service at any time during 1998 was around 75 with a waiting list of around 30.

The cost of running ARC between December 1997 - when funding was first allocated - and December 1998, was IR£259,702. Approximately one third of this was spent on capital costs (refurbishment) and two thirds on running costs (staff and overheads).

The experience of ARC demonstrates the enormous contribution which a local community can make to addressing the problem of drug addiction. Government policy increasingly acknowledges the important role which the community and voluntary sector can play in addressing drug use and other forms of disadvantage and the work of ARC confirms the correctness of this policy approach. However the work of ARC also demonstrates the difficulties which many community groups in Dublin are experiencing in trying to work in partnership with the statutory agencies but more particularly with other local residents. ARC has received considerable support from the community but this is still much less than required to fully develop a comprehensive drug rehabilitation service. The resistance of other local players in the community to the use of premises for drug services has made ARC'S work more difficult. These experiences highlight the importance of local leadership in tackling the drug problem, particularly by those who control access to resources such as facilities. However the ARC experience also demonstrates the enormous impact which local communities can make to solving the drug problem when that leadership is in evidence. We demonstrate this more fully in subsequent chapters by detailing the impact which the project has had on the lives of its clients.

Chapter Two - The Policy Context

2.1 Introduction

National policy on drug treatment services has evolved in the course of the 1990s through a number of key policy reports. These are:

1. the Government Strategy to Prevent Drug Misuse published in May 1991.
2. the first report of the Ministerial Task Force on Measures to Reduce the Demand for Drugs published in October 1996.
3. the second report of the Ministerial Task Force on Measures to Reduce the Demand for Drugs published in May 1997.
4. the Lord Mayor's Commission on Drugs published in May 1997.
5. the report of the Methadone Treatment Services Review Group which was published in January 1988.

These reports are briefly reviewed here in order to set the overall policy context for the work of ARC.

2.2 Government Strategy to Prevent Drug Misuse

The broad parameters of public policy on drug use and HIV/AIDS were set down in the *Government Strategy to Prevent Drug Misuse* published in May 1991 (Department of Health, 1991). This strategy was produced in consultation with the National Co-ordinating Committee on Drug Abuse (composed mainly of senior civil servants) which was reconstituted in May 1990, and took account of submissions received from 22 statutory and voluntary organisations. The measures in the *Government Strategy to Prevent Drug Misuse* were classified into three broad categories: (1) measures to reduce the supply of drugs (2) measures to reduce the demand for drugs (3) measures to increase access to treatment and rehabilitation, both for drug users and persons with HIV/AIDS.

The *Government Strategy to Prevent Drug Misuse* identified three actions which would help to reduce the supply of drugs in Ireland (Department of Health, 1991, Chapter Two). These actions, which have been implemented with varying degrees of success, are:

- a streamlining of controls contained in the Misuse of Drugs Acts 1977 - 1984 and the Misuse of Drugs Regulations 1988.
- confiscation of the proceeds of drug trafficking in accordance with the United Nations Convention.
- increased powers for Customs Authorities to combat the importation of drugs concealed in body cavities.

The demand for drugs comes from two sources: (1) from existing drug users and (2) from potentially new drug users. Demand reduction from potentially new drug users focuses specifically on dissuading young persons from starting to take drugs. The main ways for doing this are through education, both formal and informal. The *Government Strategy to Prevent Drug Misuse* identifies four measures to help reduce the demand for drugs among this group (Department of Health, 1991, pp.14-15). These are:

- the development of a Drug Education Programme for schools, teacher training colleges and education departments of universities.
- the extension of in-service training for teachers on drug-related matters.
- the development by the Department of Education of adequate attractive leisure activities for young people and the use of the informal education element of youth and sports programmes for dealing with drug related issues.
- the establishment of formal links between the educational, treatment and community services and the prisons.

These provisions have been strengthened considerably by the Ministerial Task Force on Measures to Reduce the Demand for Drugs (1996; 1997).

Demand reduction measures for existing drug users effectively involve treatment and rehabilitation. The *Government Strategy to Prevent Drug Misuse* acknowledged that "there is no integrated approach to the treatment and the occupational and social re-integration of drug misusers" (Ibid, p. 19). The major innovation of the 1991 strategy was to acknowledge the need for a "multiplicity of treatment approaches" to include both drug-free strategies - which, up to then, had been almost the only strategy - and harm reduction strategies. The *Government Strategy to Prevent Drug Misuse* stated: "Of its nature, the treatment, care and management of the drug misuser does not lend itself to any 'one-solution approach'. The Government accepts that the provision of services aimed at the achievement of drug-free society only or harm reduction programmes solely are inappropriate. There is a need to make available to the drug misuser, a range of possible approaches and the means of access to the service(s) most appropriate to his/her immediate needs and capabilities. A fundamental consideration in this respect is to ensure that services available are attractive and accessible in order to encourage misusers to avail of them and to motivate them to continue with treatment" (Department of Health, p.l6).

It is clear that the *Government Strategy to Prevent Drug Misuse* represents a move away from an approach which was driven chiefly by the medical, specialist-abstinence model and towards a more problem-focused one. From the perspective of many of the drug users seeking treatment in Dublin, the main difference which resulted from the Government Strategy to *Prevent Drug Misuse* was the setting up of "satellite clinics" for the distribution of methadone. Between 1991 and 1997, around 25 clinics were set up for the distribution of methadone throughout the Greater Dublin Area, often in the face of considerable opposition from local communities. The number of GPs prescribing methadone at the end of 1997 was 81 and there were 70 pharmacies dispensing it.

The rationale for setting up these satellite clinics was that they would provide accessible treatment for drug users and would in turn be part of an integrated treatment and rehabilitation programme. In reality this has not happened and many of them appear to be little more than methadone clinics with inadequate counselling and no rehabilitation options to offer clients.

2.3 First Report of the Ministerial Task Force on Measures to Reduce the Demand for Drugs

A new impetus was given to the development of services for drug users with the establishment of the Ministerial Task Force on Measures to Reduce the Demand for Drugs in 1995. In its First Report, published in October 1996, the Ministerial Task Force established a new set of structures for tackling the drugs problem, which included the following:

- a Cabinet Drugs Committee - since renamed the Cabinet Committee on Social Inclusion and Drugs - which meets monthly to overview the work of the National Drugs Strategy Team, the National Anti-Poverty Strategy and the Local Development Programme)
- a National Drugs Strategy Team, comprising a Policy Team and an Operational Team, which reports to the Cabinet Drugs Committee and comprises representatives from all relevant departments as well as agencies both statutory and voluntary.
- a Regional Co-ordinating Committee in each Health Board area comprising both statutory and voluntary representation.
- a Local Drugs Task Force in 12 areas of Dublin (north inner city, south inner city, north east Dublin, Ballyfermot, Ballymun, Blanchardstown, Clondalkin, Tallaght, the Canal Communities, Kimmage / Walkinstown / Crumlin / Drimnagh, Finglas/Cabra and parts of Dun Laoghaire / Rathdown) and one in Cork (north Cork city).

In Dublin, the catchment areas for each of the Local Drugs Task Forces - with the exception of the north and south inner city - are broadly similar to the Partnership areas under the Operational Programme for Local Urban and Rural Development (1994-1999). In many cases, there is also a substantial overlap in the membership of both organisations in each area. These areas were selected because, on the basis of objective criteria, they are the most disadvantaged parts of Dublin. This method of tackling the drug problem is seen by one commentator as possibly the most significant innovation in Irish drugs policy in recent years: "For the first time ever, Irish policy makers have publicly and unequivocally accepted that a causal link exists between poverty and serious drug problems, and that demand reduction measures should be selectively aimed at those neighbourhoods or communities where a high prevalence of drug problems coincides with generalised social exclusion or disadvantage" (Butler, 1997, p.164).

The First Report of the Ministerial Task Force envisages a two stage approach to meeting the needs of

drug users. The first stage, known as treatment, involves stabilising the drug user through prescribing methadone, a heroin substitute. The second stage involves rehabilitation through occupational and social skills training.

The treatment stage is essentially about harm reduction since "methadone maintenance programmes have a crucial role in stabilising injecting addicts, whose behaviour threatens families and whole communities" (Ministerial Task Force on Measures to Reduce the Demand for Drugs, 1996, p.41). In other words, the objectives of the treatment programme are to reduce the harm caused by drugs to the users' health and to minimise the damage caused to society by removing the need to become involved in crime in order to feed the drug habit. The Ministerial Task Force - possibly prompted more by enthusiasm than realism - set a target to eliminate all waiting lists for methadone maintenance by the end of 1997 but this was not achieved.

The rehabilitation stage involves engaging with drug users through pre-training, training and work experience programmes. These programmes are focused on helping drug users to lead a more normal and routine lifestyle and to prepare for entry to the world of work. Building upon the creative use of the Community Employment programme in other drug rehabilitation contexts (such as the Merchants' Quay Project), the Ministerial Task Force made the commitment that "priority status will be given to all Community Employment applications offering work experience/training for recovering addicts that are integrated with other support services" (Ministerial Task Force on Measures to Reduce the Demand for Drugs, 1996, p.42). The Ministerial Task Force also endorsed the value of two rehabilitation projects set up by the Eastern Health Board - Soilse (established in 1992) and SAOL Women's Project (established in 1995) - suggesting that they could "serve as models for other such projects" (1996, p.42). It also emphasised that other agencies - both statutory as well as community/voluntary - would need to take the initiative in setting up similar rehabilitation projects. That is what ARC has done.

2.4 Second Report of the Ministerial Task Force on Measures to Reduce the Demand for Drugs

The second report of the Ministerial Task Force was published in May 1997. One of its key recommendations was the establishment of a Youth Services Development Fund to develop youth services in disadvantaged areas where there is a significant drug problem. The Ministerial Task Force specified that the remit of the Youth Services Development Fund should be "to provide premises and facilities in disadvantaged communities, based on development proposals prepared by relevant statutory agencies, taking account of the views of other relevant local bodies" (Ministerial Task Force on Measures to Reduce the Demand for Drugs, 1996, p.53). The Ministerial Task Force also recommended that staff be put in place in these areas to lead the development of youth services and that training and employment for youth leaders from disadvantaged communities should be provided through Community Employment and other social economy measures.

Following the change of Government in June 1997, a Programme for Young People at Risk was established, the centrepiece of which is the Young People's Facilities and Services Fund. In January 1988, the fund was allocated IR£30 million over a period of three years, of which IR£20 million is to be targeted in the 13 Local Drugs Task Force areas. Monies from the fund are allocated on the basis of an integrated plan from each area which is to be prepared by a group comprising representatives from the VEC, the Local Authority and the Local Drugs Task Force.

2.5 Lord Mayor's Commission on Drugs

In March 1997, the Lord Mayor of Dublin established a Commission on Drugs, drawing its membership from all the key interests in the statutory, community and voluntary sector. Its report is an important consolidation of informed opinion on various aspects of the response needed to address the drug problem in the capital city. In the area of treatment and rehabilitation, its recommendations are broadly in line with the first report of the Ministerial Task Force on Measures to Reduce the Demand for Drugs and include the following:

- the concept of social employment should be developed as a rehabilitation option.
- residential rehabilitation should be considered as an alternative to imprisonment.
- guidance and advocacy services should be established to counter discrimination for former drug users in employment, training and education take up.
- social rehabilitation type models should be expanded to cover areas where problems are most acute. These should be tailored to meet local needs. Such models should include participative adult education, personal, life and vocational skills and counselling. Access should be available to all those who are stable on medication.
- extra resources should be deployed towards the establishment of drug-free treatment models tailored to the different socio-economic and cultural environment of drug users. This should not be at the expense of other treatment options but should be in addition to them. (Lord Mayor's Commission on Drugs, 1997).

A key insight in the Lord Mayor's Commission is that treatment and rehabilitation need to be linked much more tightly than is often the case. Methadone maintenance programmes, on their own, merely replace one form of drug dependence with another, even if they make a valuable contribution to harm reduction in the process. As the report of the Lord Mayor's Commission on Drugs states: "Methadone is a medication; its benefits or deficits are conditional on how it is used. It is not a cure for opiate addiction but serves to relieve cravings and withdrawals and can act as a stabilising factor or bridging mechanism towards recovery. This is the rationale to enlist people in the rehabilitation process" (Ibid). The danger of mistaking the goal of methadone maintenance with the goal of rehabilitation has been strongly highlighted by another commentator in the following terms: "there is a real fear and genuine possibility that methadone maintenance will create a new, more docile but still unwelcome and utterly despondent culture of State-controlled drug dependency" (O'Mahony, 1996). These observations highlight the importance of ensuring that all drug users are offered both treatment and rehabilitation and preferably at the same time. This is a key issue in all drug treatment services including ARC.

2.6 Report of the Methadone Treatment Services Review Group

The Review Group on Methadone Treatment Services was established in January 1997 and reported one year later in January 1998. The most significant outcome of the Review Group was its recommendation that a protocol for the prescribing of methadone - which had been developed five years earlier in 1993 - should be implemented. According to this protocol, only General Practitioners (GPs) who are approved, trained and contracted by the health board, can prescribe methadone. GPs may be offered either a "level 1 contract" which allows them to prescribe for a maximum of 15 drug users or a "level 2 contract" which allows them to prescribe for a maximum of 35 drug users. In parallel with this, a new prescription form was introduced in July 1998 for the exclusive purpose of prescribing methadone. Similarly, only pharmacists approved and contracted by the health boards may dispense methadone. Pharmacists can only prescribe to a maximum of 50 clients who have a treatment card and a correctly written prescription on the appropriate prescription form; the prescription also indicates if the methadone is to be consumed in the presence of the pharmacist or not. The treatment card is designed to ensure that every person on prescribed methadone is centrally registered so that the danger of clients receiving methadone from more than one source is minimised. Under the Protocol, the Eastern Health Board and the Drug Treatment Centre in Pearse Street are committed to providing on-going support to GPs and pharmacists in the methadone treatment programme. On the 1 October 1998, the Protocol became fully operational.

A significant recommendation of the Review Group was that "methadone should be available free of charge to all persons undergoing methadone treatment for opiate dependence" (Methadone Treatment Services Review Group, 1988, p.20). Prior to this, some drug users found that GPs were charging a premium for prescribing methadone - on top of the patient's medical card - and there was anecdotal evidence that the amounts of methadone prescribed sometimes bore little relation to the medical requirements of the drug user.

The Review Group also recommended that "treatment for opiate misuse should be provided in the misusers' own local area wherever possible, as recommended by the Pharmaceutical Society of Ireland, the Medical Council, and the Irish College of General Practitioners" (Methadone Treatment Services Review Group, p.21). In practice, many GPs and pharmacists are unwilling to prescribe or dispense to drug users because of what they perceive as the adverse effects on their other customers and clients. This remains a core problem in areas like Crumlin and has resulted in some drug users waiting a long time to get on a methadone maintenance programme while those who are on the programme have often to travel considerable distances from their local area to get a GP who will prescribe or a pharmacist who will dispense.

2.7 Summary and Conclusions

This chapter has shown the development and consolidation of drug policy over the past decade. The policy has a number of key features which are worth noting:

1. there is an acknowledgement that drug use and disadvantage are closely connected and that a targeted approach to the problem is essential.
2. the drug problem requires a multi-faceted approach involving supply reduction, demand reduction and services to treat and rehabilitate existing drug users. By definition, this requires a co-ordinated approach by all of the key agencies.
3. the debate on the relative merits of harm reduction and abstinence approaches has effectively been settled, at least for the time being, in favour of the harm reduction approach. The adoption of a harm reduction approach through the methadone treatment programme is a pragmatic policy choice which promises to reduce the harm and suffering caused by drug use although the ultimate goal is still abstinence.
4. there has been a significant expansion in drug treatment services in the latter half of the 1990s and the system for prescribing and dispensing of methadone has been tightened to ensure that there is improved access to it but also ensuring that it is not subject to misuse.
5. one of the themes which resonates throughout all of the policy documents is the emphasis on the role of the community and voluntary sector in tackling the problem of drug use and the potential of this sector to work in partnership with the statutory agencies. This is a principle on which there is no disagreement although the practical implications of working in partnership between the voluntary/community sector and the statutory sector are still being developed.
6. finally, and most important, there is a considerable lag between the development of appropriate policies - which many acknowledge are now in place - and the delivery of appropriate services to drug users, particularly treatment and rehabilitation services. Many drug users do not have access to treatment services and most do not have access to rehabilitation services. This is the most important challenge facing all of the key agencies involved, both statutory and voluntary, as well as local communities and it is this challenge to which ARC is responding.

Chapter Three - Profile of Crumlin, Dublin

3.1 Introduction

The Crumlin area is located to the south west of Dublin city. When the area was first developed in the 1930s and 1940s by Dublin Corporation, to relieve congestion in the inner city, it was part of Dublin's outer suburbs; now, with the expansion of the Greater Dublin Area, it is probably more accurate to regard it as part of Dublin's inner suburbs. Some of the famous names associated with Crumlin include Brendan and Domnic Behan who moved to 70 Kildare Road at the age of fourteen as well as more infamous gang leaders including Martin Cahill (The General) who ran a snooker hall there and the Dunnes who were major drug dealers living in the area (Coleman, 1988, p.2).

As the term is used here, the Crumlin area is an approximately rectangular area bounded by Parnell Road, Crumlin Road, Saint Mary's Road, Saint Agnes Road, Kimmage Road West, Kimmage Road Lower and Harold's Cross Road. This is how the Crumlin area is defined locally and is ARC'S catchment area as defined in its constitution. From a statistical point of view, the area comprises seven Wards or District Electoral Divisions: Crumlin C&D, Kimmage A&B&C&D&E.

In this chapter we provide a profile of some of the key characterises of the area drawing upon statistics from the Census of Population. In order to draw attention to the unique features of Crumlin, we compare it to Dublin city and Ireland on each of the variables used in the analysis. We begin by analysing how the population has evolved over the past 100 years relative to Dublin city and Ireland (section 3.2). We then proceed to an analysis of the key socio-economic characteristics of the area including housing (3.3), age (3.4), marital status (3.5), families (3.6,3.7 and 3.8), labour force characteristics (3.9), social class (3.10) and educational achievement (3.11). Finally, a summary of the chapter and some concluding remarks are presented in 3.12.

3.2 Population

The population of Crumlin, Dublin and Ireland for selected years between 1891 and 1996 is summarised in Table 3.1. This reveals a very different pattern for each of the three areas.

The major development of Crumlin took place between 1936 and 1946 when, as a result of massive housing construction by Dublin Corporation, the population grew from 12,480 to 31,593 in this period. As a result, most of the houses in Crumlin are now about 50 years old. Many of those who first occupied these houses were young families who came from the inner city of Dublin as part of a re-housing programme. In the five years between 1946 and 1951, the population increased again reflecting the growth in family size and reach its peak of 37,684 in 1951. Since that year, the population of Crumlin has fallen in every inter-censal period as households went through the different stages in the life cycle; in 1996 the population of Crumlin stood at 21,527, just over half of what it was in 1951.

Dublin city, the area administered by Dublin Corporation, grew rapidly during the first half of this century and reached its peak size of 567,802 by 1966. This growth was due in large measure to the building programme of Dublin Corporation which replaced large over-crowded and under-maintained tenements with large flat complexes. For nearly thirty years after 1966, the population of Dublin city declined as suburban growth of population, shopping centres, industrial estates and universities drew investment away from the centre to the periphery and created a doughnut effect - an empty centre and a congested periphery - similar to other European and American cities. As a result of the introduction of tax incentives for inner city developments, Dublin city has shown signs of significant growth throughout the 1990s and this is evident not only from the 1996 Census of Population but from a visual inspection of the inner city of Dublin.

The growth pattern in Ireland is different to both Crumlin and Dublin. As is well known, the population of Ireland declined continually for over 100 years after the great famine of 1845-1847. The low point was reached in 1961 when the population fell to 2.8 million. Since then, the population has grown steadily and in 1996 it stood at 3.6 million.

3.3 Housing Age and Tenure

As already indicated, most of the houses in Crumlin were built in the 1940s and are now around 50 years old. This is illustrated in Table 3.2. As would be expected, Dublin and Ireland are different in that the age of houses is much more varied, reflecting a more even pattern of house building over time.

Table 3.2 Year in which were Built in Crumlin, Dublin City and Ireland, 1991

Year Built	Crumlin (%)	Dublin (%)	Ireland (%)
Pre-1919	4	20	20
1919-1940	47	18	13
1941-1960	35	25	14
1961-1970	3	13	11
1971-1980	5	12	22
1981-1985	4	5	11
1986+	2	4	7
Not stated	0	3	2
Total %	**100**	**100**	**100**
Total N	**7,065**	**150,506**	**1,019,723**

The term housing tenure is used to describe whether a house or flat is owned or rented. Table 3.3 summarises the housing tenure in Crumlin, Dublin and Ireland for 1946,1961,1981 and 1991. This table needs to be seen in the context that Irish housing policy has always favoured home ownership and a variety of policy instruments - such as generous tax allowances on the mortgage interest repayments and the sale of local authority houses at discount prices - have promoted this objective. As a result of this policy, Ireland has one of the highest levels of home ownership in Europe with eight out of ten homes being owner occupied. Crumlin is a particularly good example of an area where local authority houses were sold off to their tenants. In 1961, three quarters of all houses in Crumlin were rented from Dublin Corporation; by 1981 this had fallen to a quarter and fell further by 1991. The converse of this is that home ownership in Crumlin rose from 15% in 1961 to 67% in 1981, rising again to 78% in 1991. As a result, the level of home ownership in Crumlin and Ireland is now virtually identical. Dublin city also reflects the growth in home ownership as a result of the decline in both local authority and private rented sectors. In 1991, nearly two thirds of all houses in Dublin city were owner occupied.

Most of the households in Crumlin (92%) live in conventional houses rather than flats, as Table 3.4 reveals. This is identical to Ireland and considerably higher than Dublin where over a quarter (27%) of all households live in flats.

Table 3.4 Type of Accommodation in which Households Live In Crumlin, Dublin City and Ireland, 1996

Marital Status	Crumlin (%)	Dublin (%)	Ireland (%)
Conventional house/flat	92	73	92
Flat/bedsit	8	27	7
Caravan/mobile home	0	0	1
Total	**100**	**100**	**100**

3.4 Age Structure

The age structure of the population in Crumlin, Dublin and Ireland in 1996 is summarised in Table 3.5. This reveals that Crumlin and Dublin have almost identical age structures with populations that are slightly older than the rest of Ireland. Less than a fifth (18%) of the population in Crumlin are under the age of 15 compared to nearly a quarter (24%) in this age bracket in Ireland. Crumlin, like Dublin, also has a slightly lower rate of age dependency than in Ireland; the age dependency rate is measured by adding the number of persons under the age 15 and over 65 years and expressing this as a percentage of the number of persons between the ages of 15 and 64 years.

Table 3.5 Age Structure of Population in Crumlin, Dublin City and Ireland, 1996

Age Status	Crumlin (%)	Dublin (%)	Ireland (%)
Under 15 years	18	18	24
15 to 19 years	7	8	9
20 to 64 years	60	61	56
65 years and over	15	13	11
Total	**100**	**100**	**100**
Dependency ratio*	**48**	**46**	**54**

* The dependency ratio is calculated by adding the number of persons under the age 15 and over 65 years and expressing this as a percentage of the number of persons between the ages of 15 and 64 years.

33.5 Marital Status

The marital status of the population in Crumlin, Dublin and Ireland in 1996 is summarised in Table 3.6. Again both Crumlin and Dublin are similar in having approximately equal proportions of persons who are single (44%) and married (44%) in the 20 year and over bracket. By contrast, Ireland has a lower proportion of persons who are single (33%) and a much higher proportion who are married (56%). In turn, as we shall see in the next section, this difference is reflected in a different distribution of family and non-family households and in different family structures.

Table 3.6 Marital Status of the Population Over Nineteen Years in Crumlin, Dublin City and Ireland, 1996

Marital Status	Crumlin (%)	Dublin (%)	Ireland (%)
Single	44	44	33
Married	42	43	56
Separated	4	5	3
Widowed	10	8	8
Total	**100**	**100**	**100**

3.6 Family and Non-Family Households

Table 3.7 shows the distribution of family and non-family households in Crumlin, Dublin and Ireland in 1996. For statistical purposes, a family household exists when the parent(s) and child(ren) are living together or when a couple without children are living together. By contrast, a non-family unit is where the person lives alone, or with other unrelated persons, or lives with relatives who are not parents or children. Using these definitions, it emerges that both Crumlin and Dublin have a significantly lower proportion of family households than in Ireland. In Ireland, nearly three quarters (72%) of all households are family based compared to less than two thirds (62%) in Crumlin and Dublin (58%). This reflects the higher proportion of single persons in Crumlin and Dublin although this is not the only factor since some single persons may be children living with their parent(s) or they may be parents who are unmarried or living with their children as lone parents because of separation or widowhood.

Table 3.7 Family and Non-Family Households in Crumlin, Dublin City and Ireland, 1996

Household Composition	Crumlin (%)	Dublin (%)	Ireland (%)
Family households	62	58	72
Non-Family households	38	42	28
Total	**100**	**100**	**100**

The average household size in Crumlin (2.75 persons) and Dublin (2.67 persons) is quite similar and both are lower than in Ireland (3.14), as Table 3.8 reveals.

Table 3.8 Average Persons Per Household of the Population in Crumlin, Dublin City and Ireland, 1996

Persons Per Household	Crumlin (N)	Dublin (N)	Ireland (N)
Average persons per household	2.75	2.67	3.14

We now look in more detail at the composition of family households

3.7 Types of Families

Table 3.9 summarises the different types of family households in Crumlin, Dublin and Ireland in 1996. This shows that about four out often families in Crumlin (44%) involve couples with children compared to around five out often in Dublin (47%) and Ireland (54%). Crumlin and Dublin have similar proportions of one parent families - about one in five (19%) - whereas in Ireland the proportion of one parent families is just over one in ten (13%).

Table 3.9 Types of Families in Crumlin, Dublin City and Ireland, 1996

Types of Families	Crumlin (%)	Dublin (%)	Ireland (%)
Couples + no children	25	25	22
Couples + children	44	47	54
Mother + children	16	16	11
Father + children	3	2	2
Other*	12	10	11
Total	100	100	100

* Other refers to other household combinations where others (additional to parents and children) are present in the household or where there are two or more family units in the household.

There is a perception among many people living and working in Crumlin that lone parenthood and lack of support for families in general is a significant problem in the community. This was revealed in a 1995 survey of local people, local statutory agencies and voluntary service providers (Boldt, 1995, pp. 6 and 16). The report quotes a colourful description of one respondent who believed that in Crumlin "single parents have become status symbols in a pram pushing culture" (Ibid, p. 7) while others believe that "many of the problems in Crumlin are related to parenting and poor relationships in families. Lone parents and separated couples were perceived as not receiving the help and support that they require to look after their children" (Ibid, p. 7). Within the realm of lone parenthood, mothers plus children make up 16% of all families but the proportion of fathers plus children is slightly higher in Crumlin (3%) than elsewhere (2%).

3.8 Stage in the Family Cycle for Families with Children

The concept of family cycle refers to the fact that families with children go through a cycle beginning with the birth of the children and ending when they become adults. The distribution of families with children along the different stages of this cycle in Crumlin, Dublin and Ireland in 1996 is summarised in Table 3.10. This reveals that half of the families with children in Crumlin (50%) have reached the adult stage where the eldest child is over 20 years. This is similar to Dublin (46%) but considerably higher than in Ireland where just over a third are in this stage (37%). In general, there is a slightly lower proportion of families with children in Crumlin at each of the earlier stages of the family life cycle compared to Ireland. This reflects the older age structure of the population in Crumlin as already noted. Nevertheless it should also be noted that a fifth of all families with children are at either the pre-school or early school stage.

Table 3.10 Stage in the Family Cycle for Families with Children in Crumlin, Dublin City and Ireland, 1996

Stage in the Family Cycle	Crumlin (%)	Dublin (%)	Ireland (%)
Pre-school (oldest child is 0-4 yrs)	10	12	12
Early-school (oldest child is 5-9 yrs)	11	13	14
Pre-adolescent (oldest child is 10-14 yrs)	13	13	16
Adolescent (oldest child is 15-19 yrs)	16	16	21
Adult (oldest child is 20+ yrs)	50	46	37
Total	**100**	**100**	**100**

3.9 Labour Force Characteristics

All persons over the age of 15 are classified for statistical purposes as either inside or outside the labour force. In turn, those inside the labour force are deemed to be economically active (even if they are unemployed) and those who are not in the labour force are deemed to be economically inactive (even if they are busy on home duties)! Table 3.11 describes the labour force characteristics of the population in Crumlin, Dublin and Ireland in 1996. This reveals that Crumlin, Dublin and Ireland have similar labour force participation rates with nearly six out of ten adults over the age of 15 in the labour force. However Crumlin has a slightly higher unemployment rate (20%) than Dublin (18%) and a much higher unemployment rate than Ireland (13%). In 1997, the unemployment rate in Ireland fell to 11% but it is not known if the corresponding rate for Crumlin has fallen in tandem (Labour Force Survey, 1997, p. 12). For comparative purposes it is worth noting that the unemployment rate in Ireland in 1998 was 6.4% reflecting the buoyancy of the "Celtic tiger" in the second half of the 1990s (Quarterly National Household Survey, 199). It is also significant to note that, of those outside the labour force, Crumlin has a lower proportion of students (7%) compared to Dublin (11%) or Ireland (12%) and this is consistent with general picture on educational performance which is discussed below.

Table 3.11 Labour Force Characteristics of the Population Aged 15+ in Crumlin, Dublin City and Ireland, 1996

Labour Force Characteristics	Crumlin (%)	Dublin (%)	Ireland (%)
Inside the Labour Force	58	58	55
At work	45	47	47
First job seeker	1	1	1
Unemployed	12	10	7
Outside the Labour Force	42	42	45
Student	7	11	12
Home duties	19	16	20
Retired	12	12	9
Unable to work	4	3	3
Total	**100**	**100**	**100**
Unemployment rate*	***20***	***18***	***13***

* The unemployment rate is defined as the number of persons who are unemployed as a percentage of the number of persons in the labour force the latter being defined as those at work plus those who are unemployed but seeking work.

Part of the self-perception of Crumlin, as revealed in a 1995 survey of local people as well as local statutory and voluntary service providers, is that unemployment is a major problem in the area (Boldt, 1995, pp. 6 and 16). The report quotes some of the views expressed as follows: "Some members of the sample said that unemployment has 'plagued the area' and that 'a dependency culture has emerged' in which many people were 'milking the (welfare) system dry'". These comments reinforce the data in Table 3.11 and give expression to the human consequences of unemployment.

Further information on unemployment is summarised in Table 3.12 which shows the duration of unemployment in Crumlin, Dublin and Ireland in 1996. From this it emerges that Crumlin has a higher level of long-term unemployment - defined as those who have been unemployed for one year or more - than Dublin or Ireland. In Crumlin, six out often (60%) of those who are unemployed have been unemployed for one year or more compared to about five out of ten in Dublin (52%) and Ireland (54%).

Table 3.12 Duration of Unemployment in Crumlin, Dublin City and Ireland, 1996

Duration of Unemployment	Crumlin (%)	Dublin (%)	Ireland (%)
Men	**100**	**100**	**100**
Less than one year	25	18	22
One year or more	61	55	57
Not stated	24	28	21
Women	**100**	**100**	**100**
Less than one year	20	23	31
One year or more	59	47	47
Not stated	21	30	22
Total Men and Women	**100**	**100**	**100**
Less than one year	17	20	25
One year or more	60	52	54
Not stated	23	28	21

3.10 Social Class Characteristics

Social class characteristics are determined by one's occupation; in the case of the unemployed, it is determined by the occupation in which they were last employed. Table 3.13 summarises the social class characteristics of the population in Crumlin, Dublin and Ireland in 1996. This reveals that Crumlin has a higher proportion of persons in manual occupations (55%) compared to Dublin (40%) and Ireland (43%); conversely, it has a lower proportion of managerial and professional workers (16%) compared to Dublin (24%) or Ireland (27%). In other words, Crumlin is a traditional working class community which, as we have seen, has been hit hard by high levels of unemployment and, as we know, these have persisted for at least 15 years.

Table 3.13 Social Class Characteristics of the Population Aged 15+ in Crumlin, Dublin City and Ireland, 1996

Social Class Characteristics	Crumlin (%)	Dublin (%)	Ireland (%)
Professional workers	3	6	5
Managerial and technical	13	18	22
Non-manual	18	19	18
Skilled manual	25	19	21
Semiskilled manual	18	13	13
Unskilled	12	8	9
All others gainfully occupied	11	17	12
Total	**100**	**100**	**100**

3.11 Education Characteristics

One indicator of the education level in a community is the number of adults who have left school before the statutory minimum age of 15; this is normally referred to as early school leaving. Table 3.14 summarises data on this indicator for Crumlin, Dublin and Ireland in 1996. From this it emerges that more than a third (36%) of all adults in Crumlin left school before the age of 15. This is much higher than in Dublin or Ireland where about a fifth of all adults left before the age of 15.

Table 3.14 Extent of Early School Leaving in Crumlin, Dublin City and Ireland, 1996

Crumlin, Dublin City and Ireland, 1996 Early school leaving	Crumlin (%)	Dublin (%)	Ireland (%)
Men who left school before 15	35	22	21
Women who left school before 15	37	24	19
Men and Women who left school before 15	36	23	20

There is evidence from a 1995 study on Crumlin that early school leaving is perceived as a serious problem by service providers and that services are needed to address it: “In general, those interviewed support the view that there should be more facilities for young people, especially for those who are early school leavers. Gardai, principals, priests and community workers all agree that the needs of early school leavers should be given priority. Early school leavers were seen to be more likely to become involved in activities which are harmful to themselves and the community. It was felt that this group needs ‘something in the community to give them a sense of belonging and pride in themselves’ (Boldt, 1995, p.7). Another study carried out in the same year also acknowledged the need for more youth services in the area (Kelleher and Associates, 1995, p. 13).

Another indicator of education in a community is the highest level of education achieved. For simplicity, we have classified education levels into three categories: lower second level (such as Junior Certificate or equivalent), higher second level (such as Leaving Certificate or its technical/vocational equivalent), third level (comprising sub-degree, degree and post-degree). Table 3.15 summarises data on this indicator for Crumlin, Dublin and Ireland in 1996. This data shows that the nearly two thirds of all adults in Crumlin (62%) have never progressed beyond lower second level; this is considerably higher than in Dublin or Ireland where only half fall into this category. Conversely, the proportion of Crumlin adults who progress to third level (14%) is much lower than in Dublin (21%) or Ireland (19%). This pattern is consistent with other studies which show that the rate of admission to higher education from the Dublin 12 postal district - which includes Crumlin - was 18%, nearly half the rate (32%) for Dublin city and county (Clancy, 1995, Table 37).

Table 3.15 Highest Level of Education Achieved in Crumlin, Dublin City and Ireland, 1996

Highest Level of Education Achieved	Crumlin (%)	Dublin (%)	Ireland (%)
Lower second level	62	47	49
Higher second level	22	25	29
Third level	14	21	19
Not stated	2	6	3
Total	**100**	**100**	**100**

We know that all six of the primary schools in Crumlin have the Home-School-Community Liaison Scheme and two of these also have the Early Start Pre-School Programme. However none of the schools fall within the Breaking the Cycle of Disadvantage Initiative which offers special grants to 33 disadvantaged schools in urban areas and 25 clusters of rural schools. In 1997 and 1998, an educational project with 16 places (two pupils from each of the secondary schools in the area) was run by Saint Agnes Social Service Centre in Crumlin village with funding from the KWCD Partnership to encourage young people to stay on at secondary school and to involve their parents more fully in their education. The experience of ARC is that the number of places on the Early Start Preschool Programme is inadequate vis a vis the demand and moreover "the people availing of places tend to be those who are more advantaged and aware".

3.12 Summary and Conclusion

This chapter presented a brief statistical profile of Crumlin area. When the area was first developed by Dublin Corporation in the 1930s and 1940s it was then part of Dublin's outer suburbs; indeed many of those who were moved there from the inner city regarded it as part of "the wilds" (Craft, 1971, p.68) and Brendan Behan indignantly described it as the "bogs" (Behan, 1965, p.21). Now, with the expansion of the Greater Dublin Area, it is probably more accurate to regard it as part of Dublin's inner suburbs.

As the term is used here, the Crumlin area is an approximately rectangular area bounded by Parnell Road, Crumlin Road, Saint Mary's Road, Saint Agnes Road, Kimmage Road West, Kimmage Road Lower and Harold's Cross Road. This is how the Crumlin area is defined locally and is ARC'S catchment area as defined in its constitution.

Our analysis revealed that the population of Crumlin nearly tripled between 1936 and 1946 - from 12,480 to 31,593 - as a result of Dublin Corporation's house building programme there. It follows that most of

the houses in Crumlin are now over 50 years old. The population of Crumlin reached a peak of 37,684 in 1951 and has fallen in every inter-censal period since then; in 1996 the population of Crumlin stood at 21,527, just over half of what it was in 1951.

Crumlin is like the rest of Ireland in terms of housing tenure with about eight out of ten houses in owner occupation. Crumlin is a particularly good example of how home ownership has been promoted in Ireland through the sale of local authority houses as well as through tax allowances on mortgages. In 1961, only 15% of all houses in Crumlin were in owner occupation; this rose to 67% in 1981, rising again to 78% in 1991. Most of the people in Crumlin (92%) live in conventional houses rather than flats. This is identical to Ireland and considerably higher than Dublin where over a quarter (27%) of all households live in flats.

Crumlin and Dublin have almost identical age structures with populations that are generally older than the rest of Ireland. Less than a fifth (18%) of the population in Crumlin are under the age of 15 compared to nearly a quarter (24%) in this age bracket in Ireland. Crumlin, like Dublin, also has a slightly lower rate of age dependency than in Ireland.

Crumlin and Dublin are similar in having approximately equal proportions of persons who are single (44%) and married (44%). By contrast, Ireland has a lower proportion of persons who are single (33%) and a much higher proportion who are married (56%). Partly as a reflection of this, both Crumlin and Dublin have a significantly lower proportion of family households than in Ireland. In Ireland, nearly three quarters (72%) of all households are family based compared to less than two thirds in Crumlin (62%) and Dublin (58%). The average household size in Crumlin (2.75 persons) and Dublin (2.67 persons) is quite similar and both are lower than in Ireland (3.14).

Four out of ten families in Crumlin (44%) are made up of couples with children; this compares to around five out of ten in Dublin (47%) and Ireland (54%). Crumlin and Dublin have similar proportions of one parent families - about one in five (19%) - whereas in Ireland the proportion of one parent families is just over one in ten (13%).

Half of the families with children in Crumlin (50%) have reached the adult stage where the eldest child is over 20 years. This is similar to Dublin (46%) but considerably higher than in Ireland where just over a third are in this stage (37%). In general, there is a slightly lower proportion of families with children in Crumlin at each of the earlier stages of the family life cycle compared to Ireland. This reflects the older age structure of the population in Crumlin as already noted. Nevertheless it should also be noted that a fifth of all families with children are at either the pre-school or early school stage.

All persons over the age of 15 are classified for statistical purposes as either inside or outside the labour force. In turn, those inside the labour force are deemed to be economically active (even if they are unemployed) and those who are not in the labour force are deemed to be economically inactive (even if they are busy on home duties)! Using these definitions, the statistics show that Crumlin, Dublin and Ireland have similar labour force participation rates with nearly six out of ten adults over the age of 15 in the labour force. However in 1996 Crumlin had a slightly higher unemployment rate (20%) than Dublin (18%) and a much higher unemployment rate than Ireland (13%). Since then unemployment in Ireland has fallen to 6% in 1998 although we do not know how well Crumlin has shared in the growth of the "celtic tiger" in the second half of the 1990s since the relevant statistics are not available.

In addition to having a high level of unemployment, Crumlin also had a higher level of long-term unemployment in 1996 - defined as those who have been unemployed for one year or more - than Dublin or Ireland. In Crumlin, six out often (60%) of those who are unemployed have been unemployed for one year or more compared to about five out of ten in Dublin (52%) and Ireland (54%).

In terms of social class, Crumlin has a higher proportion of persons in manual occupations (55%) compared to Dublin (40%) and Ireland (43%); conversely, it also has a lower proportion of managerial and professional workers (16%) compared to Dublin (24%) or Ireland (27%). In other words, Crumlin is a traditional working class community.

More than a third (36%) of all adults in Crumlin left school before the age of 15. This is much higher than in Dublin or Ireland where about a fifth of all adults left before the age of 15. There is also evidence from

a 1995 study on Crumlin that early school leaving is perceived as a serious problem by service providers and that services are needed to address it: "In general, those interviewed support the view that there should be more facilities for young people, especially for those who are early school leavers. Gardai, principals, priests and community workers all agree that the needs of early school leavers should be given priority. Early school leavers were seen to be more likely to become involved in activities which are harmful to themselves and the community. It was felt that this group needs 'something in the community to give them a sense of belonging and pride in themselves' (Boldt, 1995, p.7). Another study carried out in the same year also acknowledged the need for more youth services in the area (Kelleher and Associates, 1995, p.l3).

Our analysis also showed that nearly two thirds of all adults in Crumlin (62%) have never progressed beyond lower second level education which is the contemporary equivalent of the Junior Certificate; this is a poorer level of educational achievement compared to Dublin or Ireland. Moreover this pattern is consistent with other studies (Clancy, 1995, Table 37) which show that the rate of admission to higher education from the Dublin 12 postal district - which includes Crumlin - was just about half (18%) the rate for Dublin city and county (32%).

Notwithstanding the high levels of educational disadvantage in Crumlin, none of its schools fall within the Breaking the Cycle of Disadvantage Initiative because other schools are even more disadvantaged; this initiative offers special grants to 33 disadvantaged schools in urban areas and 25 clusters of rural schools. We know that all six of the primary schools in Crumlin have the Home-School-Community Liaison Scheme and two of these also have the Early Start Pre-School Programme. The experience of ARC is that the number of places on the Early Start Pre-School Programme is inadequate vis a vis the demand and moreover "the people availing of places tend to be those who are more advantaged and aware". Between 1997 and 1999, an educational project with 16 places (two pupils from each of the secondary schools in the area) was run by Saint Agnes Social Service Centre in Crumlin village with funding from the KWCD Partnership to encourage young people to stay on at secondary school and to involve their parents more fully in their education. All of these initiatives are praiseworthy but are not enough to address to scale of the problems presented.

To the casual observer, Crumlin is not very different to many other working class communities. It has two very large Catholic Churches - Saint Agnes and Saint Bernadette - and community centres attached to them which are used mainly to provide services for elderly people. The area is served by a large number of local schools and has a number of vibrant sports clubs for soccer, Gaelic football, hurling and camogie although, as might be expected, these do not attract the participation of drug users. It has two youth clubs although only one of them is active and there are no cubs or scout groupings. The area also has a number of residents associations although these tend to become active only when there is a threat - or a perceived threat - to their neighbourhood, as ARC experienced.

Our analysis suggests that Crumlin, notwithstanding its strengths as a community, has some serious problems. It has a serious unemployment problem (at least until the mid-1990s and possibly beyond) and an even more serious problem of educational under-achievement. These two problems are closely related because poor levels of educational achievement almost inevitably lead to unemployment. In turn, parents who experience educational underachievement and unemployment are often instrumental in handing on these disadvantages to their children. Clearly this is a cycle that needs to be broken by supporting families through preschool and early school interventions as well as structured activities for both young and older adolescents. These interventions require resources as well as the active engagement of parents - mothers and fathers - in that process. The case for greater supports for families and children is also suggested by the relatively high proportion of lone parent families in Crumlin and by the fact, as we shall see in the next chapter, that many drug users are themselves parents. All of these needs have also been identified in previous research (Boldt, 1995; Kelleher and Associates, 1995) and add strength to the case for more concerted and co-ordinated interventions by all the statutory and voluntary agencies in the area.

The problems of unemployment, educational underachievement and the lack of family supports are part of the context in which drug use arises. They do not cause drug use however but, in association with other factors which we analyse in the next chapter -particularly associated with family and upbringing experiences as well as experiences in school - they increase the likelihood that a young person may become involved in drug use. As such, the socio-economic context in Crumlin might be seen as part of the necessary conditions for drug use to emerge; the sufficient conditions have their roots in the personal and family experiences of each person and it is these which we analyse in the next chapter.

Chapter Four - Profile of Clients

4.1 Introduction

This chapter describes the characteristics of clients prior to attending Addiction Response Crumlin (ARC). All clients who attended in December 1997 were selected for interview. At that time, ARC had approximately 100 clients and most of these (91) were interviewed. As explained in Chapter One, all clients who come to ARC are heroin users who wish to stabilise their lives by taking a heroin substitute called methadone as the first step on the way to becoming drug free. Of the 91 clients covered in the survey, the majority (66, 73%) were still on methadone at the time of the interview in October 1998 but a quarter (25, 27%) had progressed to a drug-free life. Twice as many men (61, 67%) as women (30, 33%) attend ARC in a pattern which is similar to that found in other treatment services for drug users in Dublin (O'Brien and Moran, 1998, p89). However the achievement of a drug-free lifestyle was greater among women (37%) than among men (23%). Table 4.1 gives a breakdown of the ARC clients interviewed for the study by gender and drug status.

Table 4.1 Breakdown of ARC Clients Who Were Interviewed

Variable	Men		Women		Total	
	N	%	N	%	N	%
Drug User	47	77	19	63	66	73
Drug Free	14	23	11	37	25	27
Total	**61**	**100**	**30**	**100**	**91**	**100**

In order to throw light on the differences between clients who are drug users and drug free and between men and women, the data from the interviews is broken down by each of these categories and is summarised in the Appendix to Chapter Four. Using this approach, the chapter describes the characteristics of clients including the place where they were brought up (section 4.2), their age (section 4.3), their marital and parenting status (section 4.4), their living arrangements (section 4.5), their educational attainment (section 4.6) and their employment status (section 4.7). The chapter also describes the background characteristics of clients including their family home (section 4.8), their siblings (section 4.9), the socio-economic status of parents (section 4.11), their family problems (section 4.12), their family relationships (section 4.13), their siblings'drug use (section 4.14), their own drug use (section 4.15), and their with the law (section 4.16). Finally the chapter ends with a summary and conclusion (section 4.17).

4.2 Where Brought Up

ARC, as the name suggests, was set up to address the needs of drug users in the Crumlin area. As we have seen in Chapter One, it is a condition of service that clients live in the Crumlin area. It is not surprising therefore that three quarters (66, 73%) of all clients were brought up in Crumlin and nearly nine out often (79,87%) now live there (Table A4.1 and Table A4.2). It is interesting to observe that drug free women clients were more likely to live outside the Crumlin area than any other category of client and this may reflect their need to sever connections with people and places associated with former drug use.

4.3 Age

The average age of ARC clients at the time of admission was 24 years (Table A4.3). Men clients tended to be slightly older (25 years) than women clients (23 years). In turn, drug using clients tended to be slightly older (25 years) than drug free clients (22.5 years).

4.4 Marital and Parenting Status

The majority of clients (62, 68%) were single when first admitted to ARC (Table A4.4a) and this has not changed since attending the project (Table A4.4b). The exception to this is drug free women clients of whom nearly three quarters (8, 73%) were cohabiting. The majority of clients (56,62%) are also parents (Table A4.5). Women are more likely to be parents than men (54% compared to 77%) with very little difference between those who are drug users and those who are drug free. From the perspective of joint parenting - a right of all children enshrined in the UN Convention on the Rights of the Child and an ideal supported by the Commission on the Family (1996 and 1998) - it is noteworthy that only six out of ten (59%) of the parents are living with their children (Table A4.6). Closer inspection reveals that all but one of the mothers but only a third of fathers (11, 33%) are living with their children. Moreover drug free fathers were more likely to be living with their children than drug using fathers suggesting that drug use may have a negative impact on fathers living with their children. Notwithstanding the separation of fathers from children, it is noteworthy that nearly half (45%) of the separated fathers see their children more than once a week (Table A4.7). At the other extreme, a third of fathers - particularly drug using fathers - never see their children.

4.5 Living Arrangements

The majority of ARC clients (61,67%) live with their parents (Table A4.8). Men clients are more likely to be living with parents (70%) than women clients (61%). Most of the women who are living with their parents are also living with their own children and sometimes their partner as well, indicating the importance of the extended family in supporting vulnerable young mothers; at the same time, this may be a factor inhibiting the access of fathers to their children (see McKeown, Ferguson and Rooney, 1997). Women clients - especially those who are drug free - are also more likely than any other category to be living away from parents with their partners and children.

4.6 Educational Attainment

The analysis in Chapter Three indicated that educational under-attainment - as measured by early school leaving and the low educational qualifications - is a serious problem in Crumlin. ARC clients also present evidence of serious educational deficits with more than a quarter (26, 29%) leaving school before the statutory minimum age of fifteen (Table A4.9). This compares with a national average rate of early school leaving of around 8% (Hannan, 1998, p.28). Men clients were twice as likely as women clients to leave school early (34% compared to 17%) with no significant difference between drug using and drug free clients. The vast majority of those who left school early simply dropped out rather than being expelled (Table A4.10). The main immediate consequence of early school leaving is that young people leave the education system without any qualifications. This is also true of ARC clients nearly half of whom (41,45%) have never taken a public examination (Table A4.11). Men are more likely than women to have never taken an examination (57% compared to 37%). There is no marked difference between drug using and drug free clients in terms of qualifications. Moreover most of those who have qualifications tend to have nothing higher than the Junior Certificate. Only 13% of ARC clients have a Leaving Certificate compared to over 80% of those who leave school each year (Hannan, 1998, p.28).

4.7 Employment Status

The link between unemployment and low levels of education is well established through the Annual School Leavers Survey (McCoy and Whelan, 1996; Collins and Williams, 1998) and it is not surprising to find high levels of unemployment among ARC clients. Nearly seven out of ten clients (63,69%) were unemployed at the time of their admission to the project (Table A4.12). There is little difference between men and women but drug free clients were more likely to be unemployed than drug using clients.

4.8 Family Home

The majority of clients (65, 71%) were brought up in the family home only (Table A4.13). Although comparative data for the rest of Ireland is not available it seems a little surprising that nearly a quarter (22%) of clients spent part of their upbringing with relatives or friends. Even more surprising is the fact that 4% of them spent some time in residential care given that only 0.2% of children under the age of 18 years were in any form of health board care in 1989 (McKeown, Fitzgerald and Deehan, 1993, p.40). These findings suggest that a significant minority of clients experienced some disruption in the family home during their upbringing.

4.9 Siblings

On average, each ARC client has 4.4 full siblings (Table A4.14). Although this is higher than the average number of children per family (2.3) in Ireland in 1996, it is fairly close to the norm of 4-6 children per family which obtained in Ireland up the 1970s when most of the clients were born (see Clancy, 1984, p.21). Men clients tend to come from larger families (5.1 siblings) than women clients (4.1 siblings) but the difference between drug using clients (5.1 siblings) and drug free clients (3.7 siblings) is even more pronounced.

4.10 Marital Status of Parents

Most of the parents of ARC clients (77, 85%) are married to each other (Table A4.15). There is no significant difference between the different categories of client - men, women, drug user, drug free. It is clear from above (see 4.4) that ARC clients do not seem to share their parents' propensity to marry.

4.11 Socio-economic Status of Parents

Crumlin, as we saw in Chapter Three, is a traditional working class community. It was built by Dublin Corporation over fifty years ago although most of the houses have since been sold into home ownership. As might be expected, ARC clients share the same general social class characteristics of the community. About six out often clients (53,58%) were brought in a home which was rented from Dublin Corporation but four out often (37,41%) lived in an owner occupied house (Table A4.16). Most clients grew up in a family home where the father was employed or self-employed (82%), a substantial proportion of mothers also worked (40%), and where the main source of family income was work rather than social welfare (Table A4.17a. TableA4.17b and Table A4.18). It is unlikely therefore, other things being equal, that the families of ARC clients experienced significant financial poverty. However, as we shall see, poverty is not just a financial matter.

4.12 Family Problems

Many ARC clients were brought up in families which seem to have significant problems and point to a poverty of relationships and family life in their upbringing. Nearly two thirds (58, 64%) experienced frequent conflicts or violence in the home and more than half (49, 54%) experienced alcohol abuse by parents (Table A4.19a). Child physical abuse was also experienced by about a third of all ARC clients (28, 31%) while an even larger proportion experienced the loss of a parent through separation, imprisonment or death (33, 36%). There is relatively little difference between the upbringing experiences of men and women but drug free men experienced an above-average number of family problems (3.9) while drug free women experienced a below-average number of family problems (1.5).

A disturbing feature in the lives of many clients, given that 70% of the men and 61% of the women still live at home with their parents, is that many continue to experience problems such as frequent conflicts/violence in the home (43%) and alcohol abuse by parents (26%) (Table A4.19b). More than one in ten continue to experience physical abuse (11,12%). It would seem that this could only make the task of overcoming addiction more difficult but, for reasons that remain unclear, drug free men experienced more family problems than any other category of client while drug free women experienced the least number of problems.

4.13 Family Relationships

Notwithstanding the family problems experienced by many ARC clients, the majority seem to have fairly good relationships with their parents, especially their mothers. Nearly all clients (86, 94%) described the relationship with their mothers as good or fair while two thirds (61, 67%) described the relationship with their fathers in this way (Table A4.20). It is significant however that a quarter of all clients (22,24%) have a poor relationship with their father and men were more likely than women to have a poorer relationship with their fathers. This pattern still persists in current relationships between clients and their parents ((Table A4.21). It is quite extraordinary to note however that nearly a fifth (17,19%) of all fathers are now deceased bearing in mind that the average age of clients is still only 24 years.

The quality of relationship between clients and their parents is also mirrored in the support received for attending ARC. The vast majority of mothers (86%) are supportive of their children attending ARC but this falls to 63% in the case of fathers (Table A4.22).

4.14 Siblings and Drug Use

ARC clients are equally divided between those who have siblings who are addicted to drugs (50%) and those who do not (50%) (Table A4.23). Drug free men were most likely to have siblings who are addicted to drugs (79%) while drug free women were least likely to have drug using siblings (30%). This is not easy to explain. Nevertheless the prevalence of drug use among siblings serves to underline how addiction, whether to drugs or alcohol, has a family dimension as well as an individual dimension. Moreover most siblings were still taking drugs while the client was attending ARC which probably adds to the difficulty of making a recovery. (Table A4.24). The most dramatic indication of the severity of drug use among some siblings is that a fifth (20%) of clients in this category have lost a brother or sister through drug use (Table A4.25). Drug free men were most likely to have lost a sibling through drugs (45%) while drug free women were least likely (0%).

It is also worth noting in this context that nearly every client (89,98%) believes that most people in their neighbourhood are taking drugs (Table A4.26). Moreover most clients (86,95%) know of people in their neighbourhood who have died of drugs (Table A4.27). In view of these findings, it is not difficult to see how many clients could reasonably believe that “everyone is on drugs” and that this is a normal way of life. It can be very difficult for drug users to break out of this close knit network of drug use.

4.15 Clients' Drug Use

The primary drug taken by all clients prior to ARC was heroin (Table A4.28). The vast majority injected (79, 87%) but some also smoked (58, 64%) (Table A4.29). Possibly as a result of injecting, one third (31,34%) of all clients have Hepatitis C while a tenth have abscesses (Table A4.30), On average, clients have been taking drugs for 6.5 years with men being addicted for longer than women (7.8 years compared to 3.9 years) (Table A4.31).

The main methods of getting money to procure drugs were robbing (68%), the dole (64%) and working (40%) (Table A4.32). Men were twice as likely as women to rob for drugs (84% compared to 37%) in part because some women were supported in their habit by their boyfriends. Very few clients were involved in selling drugs (8, 9%) and only six clients - three men and three women - were involved in prostitution.

4.16 Drugs and the Law

The illegal nature of drug use and some of the methods used to finance it typically brings many drug users into contact with the law. Indeed it has been estimated that about two thirds (66%) of all crimes in the Garda Siochana's Dublin Metropolitan Area are drug related (Keogh, 1997). It is hardly surprising therefore that two thirds (60,66%) of all clients had been arrested prior to coming to ARC (Table A4.33). More than half (51,56%) had appeared in court and nearly a third (32,35%) have been in prison. In each of these instances, men were more likely to come in contact with the law than women. The differences between men and women is most pronounced in terms of the amount of time spent in prison: men who have been to prison have spent an average of 4.2 years there compared to 9 months in prison for women (Table A4.34).

4.17 Summary and Conclusion

This chapter described the characteristics of 91 clients who attended ARC in 1997. At that time, ARC had approximately 100 clients and most of these (91) were interviewed for the evaluation. The results show that the client group contains twice as many men (61, 67%) as women (30, 33%) in a pattern which is similar to that found in other treatment services for drug users in Dublin (O'Brien and Moran, 1998, p89). Most of the clients come from Crumlin and have an average age of 24 years; men clients tended to be slightly older (25 years) than women clients (23 years).

The majority of clients (62,68%) were single when first admitted to ARC although the majority of clients (56,62%) are also parents. From the perspective of joint parenting - a right of all children to be brought up by both parents which is enshrined in the UN Convention on the Rights of the Child and an ideal supported by the Commission on the Family (1996 and 1998) - it is noteworthy that all but one of the mothers but only a third of fathers (33%) are living with their children.

The majority of ARC clients (61, 67%) live with their parents. Most of the women who live with their parents are also living with their own children and sometimes with their partner as well, indicating the importance of the extended family in supporting vulnerable young mothers; at the same time, this may also be a factor inhibiting the access of fathers to their children (see McKeown, Ferguson and Rooney, 1997).

ARC clients present evidence of serious educational deficits with more than a quarter (26,29%) leaving school before the statutory minimum age of fifteen. This compares with a national average rate of early school leaving of around 8% (Hannan, 1998, p.28). Nearly half the clients (41, 45%) have never taken a public examination while most of those with qualifications tend to have nothing higher than the Junior Certificate. Only 13% of ARC clients have a Leaving Certificate compared to over 80% of those who leave school each year (Hannan, 1998, p.28). For each of these indicators, men are significantly more educationally disadvantaged than women.

The link between unemployment and low levels of education is well established through the Annual School Leavers Survey (McCoy and Whelan, 1996; Collins and Williams, 1998) and it is not surprising to find high levels of unemployment among ARC clients. Nearly seven out of ten clients (63, 69%) were unemployed at the time of their admission to the project.

The majority of clients (65,71%) were brought up in the family home. Although comparative data for the rest of Ireland is not available it seems a little surprising that nearly a quarter (24%) of clients spent part of their upbringing with relatives or friends. These findings suggest that a significant minority of clients may have experienced some disruption in the family home during their upbringing.

Most of the parents of ARC clients (77,85%) are married to each other and have about five children each. Although this is higher than the average number of children per family (2.3) in Ireland in 1996, it is fairly close to the norm of 4-6 children per family which obtained in Ireland up the 1970s when most of the clients were born (see Clancy, 1984, p.21).

Like the rest of Crumlin, most clients come from a working class background. About six out of ten clients (53, 58%) were brought in a home which was rented from Dublin Corporation but four out of ten (37, 41%) families owned their home. The main source of income in eight out often families was work rather than social welfare.

Many ARC clients were brought up in families which seem to have significant problems such as frequent conflicts or violence in the home (58,64%) as well as alcohol abuse by parents (49,54%). Child physical abuse was also experienced by about a third of all ARC clients (28,31%) while an even larger proportion experienced the loss of a parent through separation, imprisonment or death (33,36%). A disturbing feature in the lives of many clients, given that 70% of the men and 61% of the women still live at home with their parents, is that many continue to experience problems such as frequent conflicts/violence in the home (43%) and alcohol abuse by parents (26%). Notwithstanding these problems, the majority of clients seem to have fairly good relationships with their parents, especially their mothers. Nearly all clients (86,95%) described the relationship with their mothers as good or fair while two thirds (61, 67%) described the relationship with their fathers in this way. It is significant however that a quarter of all clients have a poor relationship with their father and men were more likely than women to have a poorer relationship with their fathers.

Exactly half of all clients have siblings who are addicted to drugs (50%) and most of these were still using while the client was attending ARC. A fifth of clients in this category (9, 20%) have lost a brother or sister through drug use.

The primary drug taken of all clients prior to ARC was heroin and was mainly taken intravenously Possibly as a result of injecting, one third (31,34%) of all clients have Hepatitis C while a tenth have abscesses (9,10%). Many relied on robbing (68%), the dole (64%) and working (40%) to get money to pay for their habit. On average, clients have been taking drugs for 6.5 years with men being addicted to drugs for longer than women (7.8 years compared to 3.9 years).

The illegal nature of drug use and some of the methods used to finance it typically brings many drug users into contact with the law. Indeed it has been estimated that about two thirds (66%) of all crimes in the Garda Siochana's Dublin Metropolitan Area are drug related (Keogh, 1997). It is hardly surprising therefore that two thirds (60,66%) of all clients had been arrested prior to coming to ARC. More than half (50,55%) had appeared in court and nearly a third (29,31%) have been in prison. In each of these instances, men were more likely to come in contact with the law than women. The differences between men and women is most pronounced in terms of the amount of time spent in prison: men who have been to prison have spent an average of 4.2 years there compared to 9 months in prison for women.

These results raise a number of issues about the needs of drug users which require attention. Six issues in particular are suggested by our reflections on the data. First, it is important to see drug use as both the consequence as much as the cause of harm in people's lives. It is true that drug use is the cause of much harm in terms of personal and family relationships, victimising innocent people through crime, spending long and fruitless years in prison, poor health and diseases such as Hepatitis C and abscesses, etc. At the same time, it is hard to avoid the impression that drug use is also a consequence of the harm done to the lives of young people through serious family problems in their upbringing such as frequent conflicts and

violence in the home and parental addiction to alcohol, as well as the almost complete failure of the education system to provide a minimally adequate preparation for adult life and work. The outcome of these forces is that young people - but especially young men - do not, and perhaps cannot, make the transition to the adult world of work and parenting and become stuck in the outcast world of addiction. It is vital therefore to address all the sources of harm in these young lives, of which drug use is only one, so that they can take their rightful place in society. This implies adopting a holistic approach to the needs of drug users and the corresponding requirement for different agencies - whether in the areas of health, education, training, employment or law - to co-ordinate their activities in order to remove the harmful blockages which hindered drug users from becoming fully adult members of society.

Second, many clients seem to have been brought up in vulnerable and stressful families where conflict and addiction to alcohol was, and continues to be, the norm. Possibly as a result of this, many also have siblings who are addicted to drugs and many perceive the entire neighbourhood and community to be full of drug users. This indicates that drug use is not just an individual problem although it is certainly that; it is also a family problem and a community problem and needs to be acknowledged as such. In some instances at least, the addiction of ARC clients to drugs is no more than a mirror image of their parent(s) addiction to alcohol. This means that overcoming drug use must address the needs of drug users and their families as well as the needs of the wider community in terms of access of quality services and opportunities. In the longer term, it means preventing drug use by supporting vulnerable families to overcome their problems and ensuring that all of the services in the community - particularly in the areas of childcare, family support, education, training, youth services - are capable of preparing young people for the transition into adult life. This is clearly not the case at present.

Third, the issue of education merits special attention. We have already seen in Chapter Three that the entire community of Crumlin has a level of early school leaving which is twice the national average and a participation rate in higher education which is half that of Dublin city and county (Clancy, 1995,Table 37). ARC clients - but especially the men clients - confirm that the inter-generational cycle of educational disadvantage persists within Crumlin in terms of early school leaving and the fact that just over one out of ten have a Leaving Certificate compared to more than eight out of ten of their peers in the rest of Ireland (Hannan, 1998, p.28). There are many factors which contribute to this situation both within the home and the community. However the failure of schools in the Crumlin - which at one time claimed to have the largest primary school in all of Europe - needs to be publicly acknowledged and addressed. The possibility must be seriously considered that all of the major institutions in Crumlin - the family, the school, the community - are contributing to educational disadvantage by believing that its children are not capable of performing as well as children in other parts of Dublin or Ireland. This culture of low expectations needs to be challenged and changed using whatever resources are necessary to do so. In breaking the cycle of educational disadvantage, the current needs of clients for education and training should not be overlooked. It is clear that the future employment prospects of many clients are not promising with their current levels of education and training and both FAS and the VEC should play a key role in meeting this need.

Fourth, the parenting of children remains a central issue particularly in view of the fact that nearly two thirds of all clients are parents. These children are being brought up in a variety of family and household situations such as lone parenting in a separate household or in the extended family household as well as joint parenting in a separate household or in the extended family household. However the extent of lone parenting is considerable with two thirds of the men not living with their children although a third of these see their children weekly. To some extent, this is further evidence of how young men are failing to make the transition to adult life by not becoming actively involved in parenting which also has the effect of placing all responsibility for child-rearing on the mother (see McKeown, Ferguson and Rooney, 1998). This situation places enormous burdens on mothers particularly if they are drug users. Moreover this situation falls short of the ideal that every child has a right to be jointly parented wherever possible as enshrined in the UN Convention on the Rights of the Child which Ireland ratified in 1992 and reinforced by the Commission on the Family (1996 and 1998). This suggests that supports for the parenting role of drug users - both fathers and mothers - is crucially important if children are to be given all the opportunities necessary for their growth and development.

It is encouraging that ARC have proposals to develop a childcare facility for the children of clients as well as a full-time programme for parents. However the project has been unable to find premises for this

service. Ironically, this is not because there are no suitable premises for this purpose in the community but because there is not a willingness to allow community-based facilities to be used for this purpose. It is also encouraging to note in this context that a prototype intervention to support families where one parent is a drug user is being piloted by the Eastern Health Board in Community Care Area Five with financial support from the National Drugs Strategy Team (Crumlin is in Community Care Area Four). In this area, one of the primary reasons for admission to care in 1997 was opiate dependence and the associated problems of child neglect and abuse. This intervention is staffed by a sub-team under the direction of the manager of the social work and child care team and is concerned exclusively with families where there is an opiate dependency problem. According to the Children's Research Centre at Trinity College Dublin who are evaluating the prototype, the intervention has two main elements: "Firstly, parents are assisted to develop a more stable and structured environment in which they can support their children. This involves regular home-visiting, facilitating access to children who are in care, and a continuous focus on family stabilisation, preservation and reunification, as appropriate. Secondly, children are assisted through play, creativity and counselling, to develop the skills necessary to deal with emotional and behaviour problems that have arisen" (Children's Research Centre, 1988, p. 1). It is our view that an intervention like this is badly needed in the Crumlin area.

Fifth, in addition to family supports and childcare, there appears to be a particular need to develop services for young people. Earlier studies have also found that disadvantaged youth are the most needy group in Crumlin (Boldt, 1995; Kelleher and Associates, 1995). This group is more likely to be early school leavers, to be involved in drugs and crime, to be unemployed and to be isolated from youth services. Youth and recreational activities could be important for these young people as a way of channelling their energy and skills and sharing in the pleasure and fun of games and other recreational activities. It is perhaps too often forgotten that young people become involved in drugs because they seek in them the pleasure that is absent from other part of their lives.

The sixth and final issue concerns the gender differences between ARC clients. It is striking to note, on the basis of the information collected, that men seem to be consistently more harmed by their life experiences than women. They are more likely than women to have dropped out of school and to have no educational qualifications. In family life, they are more likely to have had a poor relationship with their father while growing up and, perhaps related to this, they are also much more likely than women to be separated from their children. In terms of drugs, men out-number women within ARC by a ratio of two to one in a pattern which is even more pronounced in all drug treatment centres in Dublin throughout the 1990s where one typically finds at least 70% men and at most 30% women (O'Brien and Moran, 1998, p89); other studies, both in Ireland and elsewhere confirm the much higher prevalence of drug use among men than among women (see Comiskey, 1997, p.6). In addition, men in ARC tend to be addicted to drugs for twice as long as women and to spend five times longer in prison.

These patterns raise questions about the rationale which informs public policy on gender not only in the specific area of drugs but in the area of health generally (see for example, Department of Health, 1997; Eastern Health Board, 1997). In particular, they raise questions as to why gender issues are invariably interpreted in drugs and health policy as women's issues and why there are two drugs projects specifically for women in the Dublin area - Saol in the north inner city and the Women's Health Project in Baggot Street Hospital - but none specifically tailored towards men. This imbalance might be justified if drug treatment services were predominantly male in orientation but there is almost no awareness of men's issues in these treatment services. The rationale for gender specific initiatives for drug using women is typically based on the fact that they often have parenting responsibilities and supporting vulnerable parents is clearly desirable. However when parenting is interpreted as mothering only - as in these and other initiatives like the community mothers programme - then its effect, however unintended, may be to promote lone parenting and the continuing absence of men from active fathering. If gender specific projects have a role in drug treatment as in other areas of health policy - and this may be justified in some cases - then these projects need to cover both genders and they also need to reflect the overall gender composition of the target group in question. This is not the case at present.

Chapter Five - Changes in Clients After Attending ARC

5.1 Introduction

This chapter describes the main changes which have occurred in the lives of clients since attending Addiction Response Crumlin (ARC). It is worth emphasising from the beginning that these changes may, or may not, be a consequence of attending ARC; within the present study it is impossible to show scientifically that the changes were caused solely by ARC. Notwithstanding this methodological limitation, it is not inappropriate to assume that ARC probably made some contribution to the changes in clients which we describe here.

We begin with the most immediately important change - both for clients and for ARC - which is the drug use pattern and their rate of progression by clients to a drug free life (section 5.2). In this context, we examine if the rate of progression to a drug free life is related to the service inputs received from ARC (section 5.3) and their attendance on the project {section 5.4). The chapter also describes changes reported by clients in the areas of detoxification (section 5.5), health and social gain (section 5.6), employment (section 5.7), education and training (section 5.8) and criminal activities (section 5.9). The chapter concludes by summarising the key findings and raising some issues about the impact of the ARC and how it might be improved (section 5.10). The tables on which the chapter is based are in the Appendix to Chapter Five.

5.2 Progression to a Drug Free Life

Since it was established in June 1996 ARC has adopted the treatment approach of stabilising clients on the heroin substitute methadone and offering ancillary services such as advice, counselling and various group activities. The rationale for this approach is that clients who stabilise on methadone can, after a suitable period of time, progress to detoxification and then begin living a drug free life (see McKeown, 1998). In view of this, it is appropriate to ask how far clients have progressed along the route of stabilisation towards a drug free life.

One way of measuring ARC'S success therefore is to establish the proportion of clients who have stabilised on methadone, the proportion who have become drug free and the proportion who are still using either heroin or a combination of other drugs. Given that all clients who come to ARC are either using heroin or a combination of other drugs, it is significant to note that nearly three quarters of all clients (66, 72%) have progressed beyond this point to a more stable habit or to a drug free life (Table A5.1). Nearly half of all clients (44,48%) are on methadone but more than a quarter (25,27%) have become drug free; a similar proportion (22, 24%) appear to have made no improvement. It is noteworthy that the achievement of a drug-free lifestyle was greater among women (37%) than among men (23%) even though there are twice as many men (61, 67%) as women (30, 33%) attend ARC.

Comparative data on drug treatment outcomes in Ireland is not easy to come by since many evaluations tend to focus on client satisfaction and related variables rather than on changes in drug using behaviour (see for example Harrison and McCormack, 1994; Bowden, 1998). However one evaluation of the Merchants' Quay Project in 1993 found that only half of the clients showed any improvement in their drug using behaviour compared to three quarters of ARC clients (McKeown, Fitzgerald and Deehan, 1993, p.71). A programme in the north inner city of Dublin aimed specifically at producing drug free outcomes has reported that more than a third (30,37%) of its 81 admissions had become opiate free (Crowley, Callery and McColgan, 1998). This would appear to be a superior outcome to ARC although it should be borne in mind that ARC is not oriented exclusively to drug free outcomes and is therefore much less selective in its intake. Overall therefore ARC is an effective form of intervention for drug users and compares favourably in its outcomes with other drug prevention programmes.

5.3 Service Inputs from ARC

A key service input provided by ARC is the prescription of methadone and the related monitoring of its use through urine and blood analysis. The project also provides a drop-in service, counselling and various forms of group work such as womens' and mens' groups, art, drama and music groups. All clients - apart from those who are drug free - are on methadone but there is also a very high uptake up of the drop-in service (83, 91%) and the counselling service (67, 74%) (Table A5.2). Well over half participate in some form of group activity and nearly half (44, 48%) attend Narcotics Anonymous.

Methadone is prescribed on a weekly basis but, given the nature of addiction, ARC has established a dispensing system which ensures that the client can only access a daily dosage at a time. This means that a person trusted by both ARC and the client is nominated to hold the methadone and administer it on a daily basis. In nearly half of all cases (31,48%), the prescription is held by the parents or other family member (Table A5.3). ARC staff hold the prescription in a third of cases (21,33%) and the chemist dispenses daily in a fifth of cases (12,19%).

5.4 Attendance at ARC

On average, clients spend 14 months in ARC (Table A5.4). Former clients spent 12 months on the project while current clients spent 15 months. Of particular interest is the fact that drug free clients - most of whom are former clients - spend less time on the project than drug using clients (11 months compared to 15 months). In addition, drug free women spend considerably less time on the project than drug free men (9 months compared to 13 months). Obviously clients can only become drug free in their own time but the findings suggest that the likelihood of becoming drug free does not increase with length of time on the project. Indeed our interviews with clients indicated that many of those who have stabilised on methadone regard themselves as drug free and this may help account for the longer time spend by drug using clients on the project. This may have implications for the case management of individual clients which is discussed in the conclusion to this chapter.

The overall rate of attendance at ARC is good. More than six out of ten (52,57%) have never dropped out or been suspended (Table A5.5). There is no difference between drug free and drug using clients in this regard although drug free women were least likely to either drop out or be suspended.

5.5 Detoxification of Clients

Detoxification is the process of cleansing the body of all traces of drugs and beginning a drug free life. It is a difficult, painful and unavoidable part of the battle to overcome drugs and requires a high level of motivation. In view of this it is noteworthy that seven out of ten clients (64, 70%) have detoxed twice on average; the remainder (27,30%) have never detoxed (Table A5.6). This finding is consistent with the observation of one group of commentators that "addiction is a chronic relapsing condition with periods of abstinence and periods of relapse" (Crowley, Callery and McColgan, 1998). Of particular significance is the fact that drug using clients have detoxed more often than drug free clients (2.2 times compared to 1.6 times) which suggests that drug using clients may not be any less motivated than drug free clients. Drug using women were more likely to detox than any other category of client. The high level of motivation among many clients to address their drug problem is also suggested by the fact that over two thirds of them (62, 68%) have used other drug services prior to ARC most notably Trinity Court Drug Treatment Centre and Merchants' Quay Project (Table A5.7). Drug free women were least likely to have used other services.

5.6 Health Gain and Social Gain

An effective drug treatment service, like any health service, should produce both "health gains" and "social gains". Health gain, as the term is normally used, refers to "the cure or alleviation of an illness or disability" while social gain refers to the "broader aspects of the quality of life" (Department of Health, 1994, p.l6). It is appropriate therefore to ask about the health gains and the social gains produced by ARC.

Beginning with health gain, the survey of clients indicated very significant improvements in their self-assessed state of health. All drug free clients claimed that their health had improved since attending ARC and eight out of ten drug using clients (53, 80%) reported an improvement in health (Table A5.8). This is significant particularly in view of the fact, as described in Chapter Four, that four out of ten have know drug-related illnesses, particularly Hepatitis C (see Table A4.30). It is perhaps because of this that less than two thirds of clients (57, 62%) rate their health as good or excellent (Table A5.9). The difference between drug free and drug using clients is particularly pronounced when they are asked to assess their own state of health: most of the drug free clients rate their health as good or excellent (34,96%) compared to only half (33, 50%) of the drug using clients. Women drug users appear to be the least healthy with just over a third (7,37%) assessing their current state of health as good or excellent.

Turning to social gain, the survey of clients revealed that nearly nine out of ten clients (80, 89%) reported an improvement in the quality of their lives (Table A5.10). As might be expected, drug free clients were more likely to report an improvement than drug using clients. Clients also reported improvements in the quality of their relationships, particularly with their mothers (76%), fathers (59%), siblings (69%), partners (69%), children (73%) and friends (60%) (Table A5.11).

5.7 Changes in Employment

There have been substantial improvements in the employment situation of clients since attending ARC. In Chapter Four we saw that more than two out of three clients (63,69%) were unemployed prior to attending ARC (see Table A4.12). Since attending ARC, this has fallen by over 20% (Table A5.12). The reduction in unemployment was twice as great for drug free clients as for drug using clients (40% compared to 20%) and, within this group, it was three times greater for men than for women (57% compared to 18%). There can be little doubt that the reduction in unemployment was influenced by the work of ARC in helping clients to live a more stable lifestyle. At the same time, this reduction in unemployment occurred at a time when unemployment in Ireland was dramatically halved from 12% in June 1996 to 6% June 1998 (Quarterly national Household Survey, 1999). It is also noteworthy that the level of unemployment among ARC clients (40, 44%) is still more than seven times higher than the national level of unemployment.

5.8 Changes in Education

The substantial improvement in the employment situation of clients - especially drug free clients - occurred despite any significant changes in the overall level of education or training. This is noteworthy in view of the fact, as we saw in Chapter Four, that the education level of clients is very low with nearly half (45%) having no qualifications whatever (Table A4.11). Since attending ARC, less than one in five (15,16%) have attended any education or training programme (Table A4.13). Drug free clients, but especially drug free men, were much more likely to have attended an education or training programme since attending ARC. The low level of uptake of education and training programmes suggests that many clients may be working at low levels of pay and conditions and their positions may be difficult to sustain if there was a downturn in the economy.

5.9 Changes in Criminal Activities

The illicit nature of drug use inevitably means breaking the law in various ways and, as we saw in Chapter Five, two thirds of clients (62,68%) admitted that they robbed in order to pay for their addiction

prior to attending ARC (Table A4.32), almost identical to the proportion who had come in contact with the law through arrest, court or imprisonment (Table A4.33). Since attending ARC, there is a dramatic reduction in the involvement of clients in criminal activity to just over one fifth (21, 23%) (Table A4.14). As might be expected, drug using clients have more than three times the level of involvement in criminal activity as drug free clients (29% compared to 8%) and, perhaps more unusually, women drug users are nearly twice as involved in criminal activity as men drug users (42% compared to 23%).

The dramatic reduction in criminal activity is clearly a benefit to the clients themselves and to their victims. It also involves a considerable savings to the state in terms of reducing the costs associated with arrest, court proceedings and imprisonment. Since attending ARC, arrests among clients fall from 66% to 21%, court appearances fell from 66% to 13% and imprisonment fell from 35% to 1% (Table A4.15). It is well nigh to impossible to estimate the amount of savings involved but there is little doubt that it is very considerable.

5.10 Summary and Conclusions

This chapter described the main changes in the lives of clients since attending ARC. Although it would be difficult to prove that all of these changes were directly caused by ARC it is reasonable to assume that the project had an influential role in bringing them about.

Given that all clients who come to ARC are either using heroin or a combination of other drugs, it is significant to note that nearly three quarters of all clients (66, 72%) have progressed beyond this point to a more stable habit or to a drug free life. Nearly half of all clients (44, 48%) are on methadone but more than a quarter (25, 27%) have become drug free; a similar proportion (22, 24%) appear to have made no improvement. The achievement of a drug-free lifestyle was greater among women (37%) than among men (23%). This result compares favourably with the outcomes of other treatment programmes (see for example McKeown, Fitzgerald and Deehan, 1993; Crowley, Callery and McColgan, 1998).

On average, clients spend 14 months in ARC. Drug free clients spend less time on the project than drug using clients (11 months compared to 15 months). In addition, drug free women spend considerably less time on the project than drug free men (9 months compared to 13 months).

In order to become drug free, clients go through a detoxification process. Seven out often clients (64, 70%) have detoxed twice on average; the remainder (27, 30%) have never detoxed. Of particular significance is the fact that drug using clients have detoxed more often than drug free clients (2.2 times compared to 1.6 times) which suggests that drug using clients may not be any less motivated than drug free clients. Drug using women were more likely to detox than any other category of client.

The progress made by clients in stabilising or eliminating their drug use is a clear health gain associated with the project. Health gain, as the term is normally used, refers to “the cure or alleviation of an illness or disability” (Department of Health, 1994, p.l6). All drug free clients and eight out of ten drug using clients claimed that their health had improved since attending ARC. Nevertheless it is significant that less than two thirds of clients (57,62%) rate their health as good or excellent in view of the young age of clients; only half the drug using clients (33,50%) rated their health as good or excellent. Women drug users rate themselves as least healthy. Turning to social gain, which is normally taken to mean “broader aspects of the quality of life” (Department of Health, 1994, p.l6), the survey revealed that nearly nine out of ten clients (80, 89%) reported an improvement in the quality of their lives; this was particularly pronounced among the drug free clients. Clients also reported improvements in the quality of their relationships with their mothers, fathers, siblings, partners, children and friends.

Unemployment among clients fell by over 20% since they started attending ARC. The decline in unemployment was twice as great for drug free clients as for drug using clients (40% reduction compared to 20% reduction) and, within this group, it was three times greater for men than for women (57% compared to 18%). The scale of this decline needs to be seen in the context that that unemployment in

Ireland was halved from 12% to 6% between June 1996 and June 1998 and ARC clients as a whole still have a much higher unemployment rate (44%) compared to the rest of Ireland. It is also worth noting that nearly half of all clients have no qualifications and - with the possible exception of drug free men -there has been very little uptake of education or training since attending ARC.

Since attending ARC, there has been a dramatic reduction in the involvement of clients in criminal activity; prior to attending ARC two out of three clients were involved in criminal activities compared to just over a fifth since attending ARC. This has resulted in a corresponding decrease in the number of arrests, court proceedings and imprisonments and represents a huge if unquantifiable saving for the state, the victims of crime and the clients themselves.

These findings raise three issues which are worth considering in more detail. The first issue concerns the impact of the project. Our analysis has shown that ARC is having a decisively positive impact on the lives of clients and is meeting a genuine need in the community. It is effective in stabilising drug users and helping them progress to a drug free life. As a consequence of this, it is improving the quality of life for clients as well as the quality of their family relationships. It is making a huge contribution to the reduction of drug-related crime with corresponding savings in state resources because of fewer arrests, court proceedings and prison sentences; more immeasurable but possibly more significant is the reduction in harm caused to the victims of crime and to the drug users themselves. There is little doubt that many clients have been able to avail of new employment opportunities as a result of their contact with ARC. These outcomes indicate that ARC is providing an effective and much needed service in Crumlin and deserves the support of the community as well as the statutory and voluntary agencies which have a role in responding to the needs of these clients.

The second issue concerns the scope for improving the effectiveness of ARC service. It is not clear how much scope actually exists although some of the findings point to the possibility that a more effective management of individual cases may help clients in moving to a drug free life. This possibility is suggested by the fact that drug free clients spend less time on the project than drug using clients and by the tendency for some drug using clients who are on methadone to see themselves as already drug free. Staff in ARC offer a highly personalised and supportive service to each client. At the same time the service can be ad hoc and there seems to be little emphasis on developing and negotiating a detailed care plan with each client which would involve a mutual commitment by the project and the client to that plan. In particular, the service in ARC seems to lack a systematic approach to case management which would involve setting targets in all the key areas of need. It is possible that the absence of such an approach is leading some drug clients to drift on the project and to see methadone maintenance as a point of destination rather than a point of departure for the next stage of recovery. It is also possible that the absence of care planning may be leading to the project to overlook the need to link clients into education and training initiatives which would contribute to their overall personal development as well as improving their position in the labour market. Quite apart from these considerations, the potential of a more systematically organised care plan for each client would be worth considering on the grounds that it would help to ensure that each client receives a uniformly high quality service.

The third issue concerns the different needs of drug using men and women. Our analysis indicates that, proportionately speaking, fewer men become drug free than women. Moreover those that become drug free take longer on the project to achieve it. At the same time, men seem more likely than women to take up employment as well as education and training. This suggests that men may need more intense support during and after detoxing than is currently on offer. By contrast, women drug users were more likely to assess their health as poor and to be more involved in criminal activities than men. None of them have undertaken any education or training programmes and women in general tend to have higher levels of unemployment than men. These considerations, in conjunction with the fact that many women are also active mothers, point to the need for more careful consideration of how to promote womens' health, their personal development and their overall level of education and training. In drawing attention to some of the different needs of men and women it is important to emphasise that drug use is not primarily a gender issue. All clients have the same core needs stemming from their addiction and the difficult life circumstances which each has experienced and each requires a carefully negotiated and well resourced care plan to meet those needs.

Chapter Six - Summary and Conclusions

6.1 Introduction

This report was prepared for Addiction Response Crumlin (ARC) for the purpose of describing its work and evaluating its impact. We now summarise the main findings and conclusions of the report. The chapter begins with a brief description of the work of ARC (section 6.2) and the national policy context on drug treatment services within which it operates (section 6.3). We also set the scene by giving a socio-economic profile of Crumlin and comparing it with Dublin City and Ireland (section 6.4). The characteristics of clients and the impact of ARC on their lives are then summarised (section 6.5 and section 6.6). Finally, a number of key issues are identified (section 6.7); we refrain from making specific recommendations since this is best left to ARC and the other agencies with whom it works as they reflect upon the issues raised in the report.

6.2 The Work of ARC

ARC was established in June 1996 in response to the problems of drug use in the Crumlin area. The project is the first of its type to offer a local service to drug users in Crumlin despite the fact that drug use, as revealed in a 1995 study of the area, is perceived by local people and by local statutory and voluntary service providers as Crumlin's biggest problem (Boldt, 1995). Many of the founder members of ARC were prompted to take action by the tragic death of a family member from drug addiction and all have been personally affected by seeing at first hand the devastating effects of addiction. However the experience of those involved in setting up the project is that many people are hostile towards drug users and to the establishment of any treatment and rehabilitation services for them within their neighbourhood. In this respect, Crumlin is no different to other parts of Dublin which have a drug problem and it is always easier to mobilise support for excluding drug pushers than for developing drug services for recovering misusers.

From the beginning, ARC has helped local drug users to find doctors (GPs) who are willing to prescribe methadone and pharmacists who are willing to dispense it. The committee established a "buddy system" for some drug users which continues to exist. In some cases the weekly supply of methadone is held by the client's parents while in others the clients goes the pharmacy each day to consume the prescribed amount. In November 1996, the project secured the co-operation of both the Eastern Health Board and Trinity Court for a urine screening programme to check if clients are adhering to their contract with ARC, particularly the requirement that no other drugs may be used along with methadone.

ARC operates from Crumlin Hall at 101 Cashel Road. In 1998; the hall was refurbished with funds from the KWCD Partnership (IR£50,000) and the Dublin 12 Local Drugs Task Force (IR£33,000). Its management committee comprises 12 people, mostly women and mothers, and all from the Crumlin area. It has five staff. In addition to its own staff, the project is supported by doctors who prescribe methadone to clients: three doctors prescribe from the centre. Clients are also referred to one of three addiction counsellors employed by the Eastern Health Board in Community Care Area 4.

The main function of staff is to support clients on the methadone treatment programme. This takes a variety of forms: the "buddy system" as just described; driving to pharmacies outside the area to collect methadone for clients since only four of the pharmacies in the catchment area dispense methadone; visiting clients at home in order to offer practical help with health, social services, housing or whatever their presenting need; visiting the parents of clients in order to help overcome the isolation, loneliness and stigma which is often associated with addiction in the family; facilitating group activities for clients and parents in order to build up their supports and confidence. The project has also organised an addiction course for people in the area - attended by eighteen women and five men - in order to raise awareness and understanding of the problems of addiction; this stretched over 20 evenings and one weekend between 1997 and 1998. A second year of this course ran between 1998 and 1999.

In addition to methadone treatment, the project offers its clients a range of support groups - women's group, men's group, art group, drama group and parents group - to enhance the treatment process and these have varying degrees of uptake among the client group, usually between five and ten clients per group per week. One of the differences between ARC and the health board's satellite clinics is that project staff - who are not employed by the Eastern Health Board - control admissions to and suspensions from the programme in consultation with the prescribing doctor. The Eastern Health Board believe that this function should be left exclusively to the prescribing doctor; the project believes that this should be a shared decision reflecting the partnership between the community and the health board.

Between 1997 and 1998, the project endeavoured to expand its treatment services into a more comprehensive rehabilitation programme. Funding for this purpose was secured from FAS under the Special Category of its Community Employment Programme but it was impossible to find premises to deliver the programme. A number of suitable premises were identified - one owned by a religious order, one owned by the Vocational Education Committee and one owned by a private developer - but access was blocked because of hostility to drug users. This programme has now commenced and is housed in a community premises.

The number of clients using ARC in the two and a half years between June 1996 and December 1998 was around 250. The average number of clients receiving a service at any time during 1998 was around 75 with a waiting list of around 30.

The cost of running ARC between December 1997 - when funding was first allocated - and December 1998, was IR£259,702. Approximately one third of this was spent on capital costs (refurbishment) and two thirds on running costs (staff and overheads).

The experience of ARC demonstrates the enormous contribution which a local community can make to addressing the problem of drug addiction. Government policy increasingly acknowledges the important role which the community and voluntary sector can play in addressing drug use and other forms of disadvantage and the work of ARC confirms the correctness of this policy approach. However the work of ARC also demonstrates the difficulties which many community groups in Dublin are experiencing in trying to work in partnership with the statutory agencies but more particularly with other local residents. ARC has received considerable support from the community but this is still much less than required to fully develop a comprehensive drug rehabilitation service. The resistance of other local players in the community to the use of premises for drug services has made ARC'S work more difficult. These experiences highlight the importance of local leadership in tackling the drug problem, particularly by those who control access to resources such as facilities. However the ARC experience also demonstrates the enormous impact which local communities can make to solving the drug problem when that leadership is in evidence.

6.3 Policy Context

Throughout the 1990s, drug policy in Ireland has been developed and consolidated through a number of core documents most notably:

- The Government Strategy to Prevent Drug Misuse published in May 1991.
- The first report of the Ministerial Task Force on Measures to Reduce the Demand for Drugs published in October 1996.
- The second report of the Ministerial Task Force on Measures to Reduce the Demand for Drugs published in May 1997.
- The Lord Mayor's Commission on Drugs published in May 1997.
- The report of the Methadone Treatment Services Review Group which was published in January 1988.

Our review of these documents revealed that national drug policy is characterised by a number of key features as follows:

1. there is an acknowledgement that drug use and disadvantage are closely connected and that a targeted approach to the problem is essential.
2. the drug problem requires a multi-faceted approach involving supply reduction, demand reduction and services to treat and rehabilitate existing drug users. By definition, this requires a co-ordinated approach by all of the key agencies.
3. the debate on the relative merits of harm reduction and abstinence approaches has effectively been settled, at least for the time being, in favour of the harm reduction approach. The adoption of a harm reduction approach through the methadone treatment programme is a pragmatic policy choice which promises to reduce the harm and suffering caused by drug use although the ultimate goal is still abstinence.
4. there has been a significant expansion in drug treatment services in the latter half of the 1990s and the system for prescribing and dispensing of methadone has been tightened to ensure that there is improved access to it but also ensuring that it is not subject to misuse.
5. one of the themes which resonates throughout all of the policy documents is the emphasis on the role of the community and voluntary sector in tackling the problem of drug use and the potential of this sector to work in partnership with the statutory agencies. This is a principle on which there is no disagreement although the practical implications of working in partnership between the voluntary/community sector and the statutory sector are still being developed.
6. finally, and most important, there is a considerable lag between the development of appropriate policies - which many acknowledge are now in place - and the delivery of appropriate services to drug users, particularly treatment and rehabilitation services. Many drug users do not have access to treatment services and most do not have access to rehabilitation services. This is the most important challenge facing all of the key agencies involved, both statutory and voluntary, as well as local communities and it is this challenge to which ARC is responding.

6.4 Crumlin

Crumlin was first developed by Dublin Corporation in the 1930s and 1940s. At that time it was part of Dublin's outer suburbs; indeed many of those who were moved there from the inner city regarded it as part of "the wilds" (Craft, 1971, p.68) and Brendan Behan indignantly described it as the"bogs"(Behan, 1965, p.21). Now, with the expansion of the Greater Dublin Area, it is probably more accurate to regard it as part of Dublin's inner suburbs.

As the term is used here, the Crumlin area is an approximately rectangular area bounded by Parnell Road, Crumlin Road, Saint Mary's Road, Saint Agnes Road, Kimmage Road West, Kimmage Road Lower and Harold's Cross Road. This is how the Crumlin area is defined locally and is ARC'S catchment area as defined in its constitution.

Our analysis revealed that the population of Crumlin nearly tripled between 1936 and 1946 - from 12,480 to 31,593 - as a result of Dublin Corporation's house building programme there. It follows that most of the houses in Crumlin are now over 50 years old. The population of Crumlin reached a peak of 37,684 in 1951 and has fallen in every inter-censal period since then; in 1996 the population of Crumlin stood at 21,527, just over half of what it was in 1951.

Crumlin is like the rest of Ireland in terms of housing tenure with about eight out of ten houses in owner occupation. Crumlin is a particularly good example of how home ownership has been promoted in Ireland through the sale of local authority houses as well as through tax allowances on mortgages. In 1961, only 15% of all houses in Crumlin were in owner occupation; this rose to 67% in 1981, rising again to 78% in 1991. Most of the people in Crumlin (92%) live in conventional houses rather than flats. This is identical to Ireland and considerably higher than Dublin where over a quarter (27%) of all households live in flats.

Crumlin and Dublin have almost identical age structures with populations that are generally older than the rest of Ireland. Less than a fifth (18%) of the population in Crumlin are under the age of 15 compared to nearly a quarter (24%) in this age bracket in Ireland. Crumlin, like Dublin, also has a slightly lower rate of age dependency than in Ireland.

Crumlin and Dublin are similar in having approximately equal proportions of persons who are single (44%) and married (44%). By contrast, Ireland has a lower proportion of persons who are single (33%) and a much higher proportion who are married (56%). Partly as a reflection of this, both Crumlin and Dublin have a significantly lower proportion of family households than in Ireland. In Ireland, nearly three quarters (72%) of all households are family based compared to less than two thirds in Crumlin (62%) and Dublin (58%). The average household size in Crumlin (2.75 persons) and Dublin (2.67 persons) is quite similar and both are lower than in Ireland (3.14).

Four out of ten families in Crumlin (44%) are made up of couples with children; this compares to around five out of ten in Dublin (47%) and Ireland (54%). Crumlin and Dublin have similar proportions of one parent families - about one in five (19%) - whereas in Ireland the proportion of one parent families is just over one in ten (13%).

Half of the families with children in Crumlin (50%) have reached the adult stage where the eldest child is over 20 years. This is similar to Dublin (46%) but considerably higher than in Ireland where just over a third are in this stage (37%). In general, there is a slightly lower proportion of families with children in Crumlin at each of the earlier stages of the family life cycle compared to Ireland. This reflects the older age structure of the population in Crumlin as already noted. Nevertheless it should also be noted that a fifth of all families with children are at either the pre-school or early school stage.

All persons over the age of 15 are classified for statistical purposes as either inside or outside the labour force. In turn, those inside the labour force are deemed to be economically active (even if they are unemployed) and those who are not in the labour force are deemed to be economically inactive (even if they are busy on home duties)! Using these definitions, the statistics show that Crumlin, Dublin and Ireland have similar labour force participation rates with nearly six out of ten adults over the age of 15 in the labour force. However in 1996 Crumlin had a slightly higher unemployment rate (20%) than Dublin (18%) and a much higher unemployment rate than Ireland (13%). Since then unemployment in Ireland has fallen to 6% in 1998 although we do not know how well Crumlin has shared in the growth of the "Celtic Tiger" in the second half of the 1990s since the relevant statistics are not available.

In addition to having a high level of unemployment, Crumlin also had a higher level of long-term unemployment in 1996 - defined as those who have been unemployed for one year or more - than Dublin or Ireland. In Crumlin, six out of ten (60%) of those who are unemployed have been unemployed for one year or more compared to about five out of ten in Dublin (52%) and Ireland (54%).

In terms of social class, Crumlin has a higher proportion of persons in manual occupations (55%) compared to Dublin (40%) and Ireland (43%); conversely, it also has a lower proportion of managerial and professional workers (16%) compared to Dublin (24%) or Ireland (27%). In other words, Crumlin is a traditional working class community.

More than a third (36%) of all adults in Crumlin left school before the age of 15. This is much higher than in Dublin or Ireland where about a fifth of all adults left before the age of 15. There is also evidence from a 1995 study on Crumlin that early school leaving is perceived as a serious problem by service providers and that services are needed to address it: "In general, those interviewed support the view that there should be more facilities for young people, especially for those who are early school leavers. Gardai, principals, priests and community workers all agree that the needs of early school leavers should be given priority. Early school leavers were seen to be more likely to become involved in activities which are harmful to themselves and the community. It was felt that this group needs "something in the community to give them a sense of belonging and pride in themselves' (Boldt, 1995, p.7). Another study carried out in the same year also acknowledged the need for more youth services in the area (Kelleher and Associates, 1995, p.l3).

Our analysis also showed that nearly two thirds of all adults in Crumlin (62%) have never progressed beyond lower second level education which is the contemporary equivalent of the Junior Certificate; this is a poorer level of educational achievement compared to Dublin or Ireland. Moreover this pattern is consistent with other studies (Clancy, 1995, Table 37) which show that the rate of admission to higher education from the Dublin 12 postal district - which includes Crumlin - was just about half (18%) the rate for Dublin city and county (32%).

Notwithstanding the high levels of educational disadvantage in Crumlin, none of its schools fall within the Breaking the Cycle of Disadvantage Initiative because other schools are even more disadvantaged; this initiative offers special grants to 33 disadvantaged schools in urban areas and 25 clusters of rural schools. We know that all six of the primary schools in Crumlin have the Home-School-Community Liaison Scheme and two of these also have the Early Start Pre-School Programme. The experience of ARC is that the number of places on the Early Start Pre-School Programme is inadequate vis a vis the demand and moreover "the people availing of places tend to be those who are more advantaged and aware". Between 1997 and 1999, an educational project with 16 places (two pupils from each of the secondary schools in the area) was run by Saint Agnes Social Service Centre in Crumlin village with funding from the KWCD Partnership to encourage young people to stay on at secondary school and to involve their parents more fully in their education. All of these initiatives are praiseworthy but are not enough to address to scale of the problems presented.

To the casual observer, Crumlin is not very different to many other working class communities. It has two very large Catholic Churches - Saint Agnes and Saint Bernadette - and community centres attached to them which are used mainly to provide services for elderly people. The area is served by a large number of local schools and has a number of vibrant sports clubs for soccer, Gaelic football, hurling and camogie although, as might be expected, these do not attract the participation of drug users. It has two youth clubs although only one of them is active and there are no cubs or scout groupings. The area also has a number of residents associations although these tend to become active only when there is a threat - or a perceived threat - to their neighbourhood, as ARC experienced.

Our analysis suggests that Crumlin, notwithstanding its strengths as a community, has some serious problems. It has a serious unemployment problem (at least until the mid-1990s and possibly beyond) and an even more serious problem of educational under-achievement. These two problems are closely related because poor levels of educational achievement almost inevitably lead to unemployment. In turn, parents who experience educational underachievement and unemployment are often instrumental in handing on these disadvantages to their children. Clearly this is a cycle that needs to be broken by supporting families through preschool and early school interventions as well as structured activities for both young and older adolescents. These interventions require resources as well as the active engagement of parents - mothers and fathers - in that process. The case for greater supports for families and children is also suggested by the relatively high proportion of lone parent families in Crumlin and by the fact, as we shall see in the next section, that many drug users are themselves parents. All of these needs have also been identified in previous research (Boldt, 1995; Kelleher and Associates, 1995) and add strength to the case for more concerted and co-ordinated interventions by all the statutory and voluntary agencies in the area.

The problems of unemployment, educational underachievement and the lack of family supports are part of the context in which drug use arises. They do not cause drug use however but they increase the likelihood that a young person may become involved in drug use. As such, the socio-economic context in Crumlin might be seen as part of the necessary conditions for drug use to emerge; the sufficient conditions have their roots in the personal and family experiences of each person as we shall now see.

6.5 Profile of ARC Clients

We analysed the characteristics of 91 clients who attended ARC in 1997. At that time, ARC had approximately 100 clients and most of these (91) were interviewed for the evaluation. The results show that the client group contains twice as many men (61, 67%) as women (30,33%) in a pattern which is similar to that found in other treatment services for drug users in Dublin (O'Brien and Moran, 1998, p89). Most of the clients come from Crumlin and have an average age of 24 years; men clients tended to be slightly older (25 years) than women clients (23 years).

The majority of clients (62,68%) were single when first admitted to ARC although the majority of clients (56,62%) are also parents. From the perspective of joint parenting - a right of all children to be brought up by both parents which is enshrined in the UN Convention on the Rights of the Child and an ideal supported by the Commission on the Family (1996 and 1998) - it is noteworthy that all but one of the mothers but only a third of fathers (33%) are living with their children.

The majority of ARC clients (61, 67%) live with their parents. Most of the women who live with their parents are also living with their own children and sometimes with their partner as well, indicating the importance of the extended family in supporting vulnerable young mothers; at the same time, this may also be a factor inhibiting the access of fathers to their children (see McKeown, Ferguson and Rooney, 1997),

ARC clients present evidence of serious educational deficits with more than a quarter (26, 29%) leaving school before the statutory minimum age of fifteen. This compares with a national average rate of early school leaving of around 8% (Hannan, 1998, p.28). Nearly half the clients (41,45%) have never taken a public examination while most of those with qualifications tend to have nothing higher than the Junior Certificate. Only 13% of ARC clients have a Leaving Certificate compared to over 80% of those who leave school each year (Hannan, 1998, p.28). For each of these indicators, men are significantly more educationally disadvantaged than women.

The link between unemployment and low levels of education is well established through the Annual School Leavers Survey (McCoy and Whelan, 1996; Collins and Williams, 1998) and it is not surprising to find high levels of unemployment among ARC clients. Nearly seven out of ten clients (63, 69%) were unemployed at the time of their admission to the project.

The majority of clients (65,71%) were brought up in the family home. Although comparative data for the rest of Ireland is not available it seems a little surprising that nearly a quarter (24%) of clients spent part of their upbringing with relatives or friends. These findings suggest that a significant minority of clients may have experienced some disruption in the family home during their upbringing.

Most of the parents of ARC clients (77, 85%) are married to each other and have about five children each. Although this is higher than the average number of children per family (2.3) in Ireland in 1996, it is fairly close to the norm of 4-6 children per family which obtained in Ireland up the 1970s when most of the clients were born (see Clancy, 1984, p.21).

Like the rest of Crumlin, most clients come from a working class background. About six out often clients (53, 58%) were brought in a home which was rented from Dublin Corporation but four out often (37,41%) families owned their home. The main source of income in eight out of ten families was work rather than social welfare.

Many ARC clients were brought up in families which seem to have significant problems such as frequent conflicts or violence in the home (58,64%) as well as alcohol abuse by parents (49,54%). Child physical abuse was also experienced by about a third of all ARC clients (28,31%) while an even larger proportion experienced the loss of a parent through separation, imprisonment or death (33,36%). A disturbing feature in the lives of many clients, given that 70% of the men and 61% of the women still live at home with their parents, is that many continue to experience problems such as frequent conflicts/violence in the home (43%) and alcohol abuse by parents (26%). Notwithstanding these problems, the majority of clients seem to have fairly good relationships with their parents, especially their mothers. Nearly all clients (86, 95%) described the relationship with their mothers as good or fair while two thirds (61, 67%) described the relationship with their fathers in this way. It is significant however that a quarter of all clients have a poor relationship with their father and men were more likely than women to have a poorer relationship with their fathers.

Exactly half of all clients have siblings who are addicted to drugs (50%) and most of these were still using while the client was attending ARC. A fifth of clients in this category (9, 20%) have lost a brother or sister through drug use.

The primary drug taken of all clients prior to ARC was heroin and was mainly taken intravenously. Possibly as a result of injecting, one third (31,34%) of all clients have Hepatitis C while a tenth have abscesses (9,10%). Many relied on robbing (68%), the dole (64%) and working (40%) to get money to pay for their habit. On average, clients have been taking drugs for 6.5 years with men being addicted to drugs for longer than women (7.8 years compared to 3.9 years).

The illegal nature of drug use and some of the methods used to finance it typically brings many drug users into contact with the law. Indeed it has been estimated that about two thirds (66%) of all crimes in the Garda Siochana's Dublin Metropolitan Area are drug related (Keogh, 1997). It is hardly surprising therefore that two thirds (60, 66%) of all clients had been arrested prior to coming to ARC. More than half (50,55%) had appeared in court and nearly a third (29,31%) have been in prison. In each of these instances, men were more likely to come in contact with the law than women. The difference between men and women is most pronounced in terms of the amount of time spent in prison: men who have been to prison have spent an average of 4.2 years there compared to 9 months in prison for women.

6.6 Changes in Clients Since Attending ARC

Given that all clients who come to ARC are either using heroin or a combination of other drugs, it is significant to note that nearly three quarters of all clients (66, 72%) have progressed beyond this point to a more stable habit or to a drug free life. Nearly half of all clients (44, 48%) are on methadone but more than a quarter (25, 27%) have become drug free; a similar proportion (22, 24%) appear to have made no improvement. The achievement of a drug-free lifestyle was greater among women (37%) than among men (23%). This result compares favourably with the outcomes of other treatment programmes (see for example McKeown, Fitzgerald and Deehan, 1993; Crowley, Callery and McColgan, 1998).

On average, clients spend 14 months in ARC. Drug free clients spend less time on the project than drug using clients (11 months compared to 15 months). In addition, drug free women spend considerably less time on the project than drug free men (9 months compared to 13 months).

In order to become drug free, clients go through a detoxification process. Seven out of ten clients (64,70%) have detoxed twice on average; the remainder (27, 30%) have never detoxed. Of particular significance is the fact that drug using clients have detoxed more often than drug free clients (2.2 times compared to 1.6 times) which suggests that drug using clients may not be any less motivated than drug free clients. Drug using women were more likely to detox than any other category of client.

The progress made by clients in stabilising or eliminating their drug use is a clear health gain associated with the project. Health gain, as the term is normally used, refers to "the cure or alleviation of an illness or disability" (Department of Health, 1994, p.16). All drug free clients and eight out of ten drug using clients claimed that their health had improved since attending ARC. Nevertheless it is significant that less than two thirds of clients (57,62%) rate their health as good or excellent in view of the young age of clients; only half the drug using clients (33,50%) rated their health as good or excellent. Women drug users rate themselves as least healthy. Turning to social gain, which is normally taken to mean "broader aspects of the quality of life" (Department of Health, 1994, p.16), the survey revealed that nearly nine out of ten clients (80, 89%) reported an improvement in the quality of their lives; this was particularly pronounced among the drug free clients. Clients also reported improvements in the quality of their relationships with their mothers, fathers, siblings, partners, children and friends.

Unemployment among clients fell by over 20% since they started attending ARC. The decline in unemployment was twice as great for drug free clients as for drug using clients (40% reduction compared to 20% reduction) and, within this group, it was three times greater for men than for women (57% compared to 18%). The scale of this decline needs to be seen in the context that that unemployment in Ireland was halved from 12% to 6% between June 1996 and June 1998 and ARC clients as a whole still have a much higher unemployment rate (44%) compared to the rest of Ireland. It is also worth noting that nearly half of all clients have no qualifications and - with the possible exception of drug free men - there has been very little uptake of education or training since attending ARC.

Since attending ARC, there has been a dramatic reduction in the involvement of clients in criminal activity; prior to attending ARC two out of three clients were involved in criminal activities compared to just over a fifth since attending ARC. This has resulted in a corresponding decrease in the number of arrests, court proceedings and imprisonments and represents a huge if unquantifiable saving for the state, the victims of crime and the clients themselves.

6.7 Issues Arising

This study has raised a number of issues which require attention. We have refrained from making specific recommendations on how to address these issues since this is best left to the reflections and negotiations of ARC and other agencies which have a remit in the Crumlin area. In all, we identified eight issues which require attention.

Drug Use and Harm

First, it is important to see drug use as both the consequence as much as the cause of harm in people's lives. It is true that drug use is the cause of much harm in terms of personal and family relationships, victimising innocent people through crime, spending long and fruitless years in prison, poor health and diseases such as Hepatitis C and abscesses, etc. At the same time, it is hard to avoid the impression that drug use is also a consequence of the harm done to the lives of young people through serious family problems in their upbringing such as frequent conflicts and violence in the home and parental addiction to alcohol, as well as the almost complete failure of the education system to provide a minimally adequate preparation for adult life and work. The outcome of these forces is that young people - but especially young men - do not, and perhaps cannot, make the transition to the adult world of work and parenting and become stuck in the outcast world of addiction. It is vital therefore to address all the sources of harm in these young lives, of which drug use is only one, so that they can take their rightful place in society. This implies adopting a holistic approach to the needs of drug users and the corresponding requirement for different agencies - whether in the areas of health, education, training, employment or law - to co-ordinate their activities in order to remove the harmful blockages which hindered drug users from becoming fully adult members of society.

Drug Use and Families

Second, many clients seem to have been brought up m vulnerable and stressful families where conflict and addiction to alcohol was, and in some cases continues to be, the norm. Possibly as a result of this, many also have siblings who are addicted to drugs and many perceive the entire neighbourhood and community to be full of drug users. This indicates that drug use is not just an individual problem although it is certainly that; it is also a family problem and a community problem and needs to be acknowledged as such. In some instances at least, the addiction of ARC clients to drugs is no more than a mirror image of their parent(s) addiction to alcohol. This means that overcoming drug use must address the needs of drug users and their families as well as the needs of the wider community in terms of access of quality services and opportunities. In the longer term, it means preventing drug use by supporting vulnerable families to overcome their problems and ensuring that all of the services in the community - particularly in the areas of childcare, family support, education, training, youth services - are capable of preparing young people for the transition into adult life. This is clearly not the case at present.

Drug Use and Education

Third, the issue of education merits special attention. We have already seen that the entire community of Crumlin has a level of early school leaving which is twice the national average and a participation rate in higher education which is half that of Dublin city and county. ARC clients - but especially the men clients - confirm that the inter-generational cycle of educational disadvantage persists within Crumlin in terms of early school leaving and the fact that just over one out of ten have a Leaving Certificate compared to more than eight out often of their peers in the rest of Ireland (Hannan, 1998, p.28). There are many factors which contribute to this situation both within the home and the community. However the failure of schools in Crumlin - which at one time claimed to have the largest primary school in all of Europe - needs to be publicly acknowledged and addressed. The possibility must be seriously considered that all of the major institutions in Crumlin - the family, the school, the community - are contributing to educational disadvantage by believing that its children are not capable of performing as well as children in other parts of Dublin or Ireland. This culture of low expectations needs to be challenged and changed using whatever resources are necessary to do so. In breaking the cycle of educational disadvantage, the current needs of

clients for education and training should not be overlooked. It is clear that the future employment prospects of many clients are not promising with their current levels of education and training and both FAS and the VEC should play a key role in meeting this need.

Drug Use and Parenting

Fourth, the parenting of children remains a central issue particularly in view of the fact that nearly two thirds of all clients are parents. These children are being brought up in a variety of family and household situations such as lone parenting in a separate household or in the extended family household as well as joint parenting in a separate household or in the extended family household. However the extent of lone parenting is considerable with two thirds of the men not living with their children, although a third of these see their children weekly. To some extent, this is further evidence of how young men are failing to make the transition to adult life by not becoming actively involved in parenting which also has the effect of placing all responsibility for child-rearing on the mother (see McKeown, Ferguson and Rooney, 1998). This situation places enormous burdens on mothers particularly if they are drug users. Moreover this situation falls short of the ideal that every child has a right to be jointly parented wherever possible as enshrined in the UN Convention on the Rights of the Child which Ireland ratified in 1992 and reinforced by the Commission on the Family (1996 and 1998). This suggests that supports for the parenting role of drug users - both fathers and mothers - is crucially important if children are to be given all the opportunities necessary for their growth and development.

It is encouraging that ARC have proposals to develop a childcare facility for the children of clients as well as a full-time programme for parents. However the project has been unable to find premises. Ironically, this is not because there are no suitable premises in the community for this purpose but because there is not a willingness to allow community-based facilities to be used for this purpose.

It is also encouraging to note in this context that a prototype intervention to support families where one parent is a drug user is being piloted by the Eastern Health Board in Community Care Area Five with financial support from the National Drugs Strategy Team (Crumlin is in Community Care Area Four). In this area, one of the primary reasons for admission to care in 1997 was opiate dependence and the associated problems of child neglect and abuse. This intervention is staffed by a sub-team under the direction of the manager of the social work and child care team and is concerned exclusively with families where there is an opiate dependency problem. According to the Children's Research Centre at Trinity College Dublin who are evaluating the prototype, the intervention has two main elements: "Firstly, parents are assisted to develop a more stable and structured environment in which they can support their children. This involves regular home-visiting, facilitating access to children who are in care, and a continuous focus on family stabilisation, preservation and reunification, as appropriate. Secondly, children are assisted through play, creativity and counselling, to develop the skills necessary to deal with emotional and behaviour problems that have arisen" (Children's Research Centre, 1988, p. 1). It is our view that an intervention like this is badly needed in the Crumlin area.

Drug Use and Youth Services

Fifth, in addition to family supports and childcare, there appears to be a particular need to develop services for young people. Earlier studies have also found that disadvantaged youth are the most needy group in Crumlin (Boldt, 1995; Kelleher and Associates, 1995). This group is more likely to be early school leavers, to be involved in drugs and crime, to be unemployed and to be isolated from youth services. Youth and recreational activities could be important for these young people as a way of channelling their energy and skills and sharing in the pleasure and fun of games and other recreational activities. It is perhaps too often forgotten that young people become involved in drugs because they seek in them the pleasure that is absent from most other parts of their lives.

Drug Use and Gender

Six, there are gender differences between ARC clients which merit reflection. It is striking to note, on the basis of the information collected, that men seem to be consistently more harmed by their life experiences than women. They are more likely than women to have dropped out of school and to have no educational qualifications. In family life, they are more likely to have had a poor relationship with their father while growing up and, perhaps related to this, they are also much more likely than women to be separated from their children. In terms of drugs, men out-number women within ARC by a ratio of two to one in a pattern which is even more pronounced in all drug treatment centres in Dublin throughout the 1990s where one typically finds at least 70% men and at most 30% women (O'Brien and Moran, 1998, p89); other studies, both in Ireland and elsewhere confirm the much higher prevalence of drug use among men than among women (see Comiskey, 1997, p.6).

These gender differences suggest that the needs of men and women who are addicted to drugs may be different in some respects. For example we found that, proportionately speaking, fewer men become drug free than women. Moreover those men that become drug free take longer on the project to achieve it than women. At the same time, men seem more likely than women to take up employment as well as education and training. This suggests that men may need more intense support during and after detoxing than is currently on offer. By contrast, women drug users were more likely to assess their health as poor and to be more involved in criminal activities than drug using men. None of them have undertaken any education or training programmes and women in general tend to have higher levels of unemployment than men. These considerations, in conjunction with the fact that many women are also active mothers, point to the need for more careful consideration of how to promote womens' health, their personal development and their overall level of education and training.

These patterns raise questions about the rationale which currently informs public policy on gender not only in the specific area of drugs but in the area of health generally (see for example, Department of Health, 1997; Eastern Health Board, 1997). In particular, they raise questions as to why gender issues are invariably interpreted in drugs and health policy as women's issues and why there are two drugs projects specifically for women in the Dublin area - but none specifically tailored towards men. This imbalance might be justified if drug treatment services were predominantly male in orientation but there is almost no awareness of men's issues in these treatment services. The rationale for gender specific initiatives for drug using women is typically based on the fact that they often have parenting responsibilities and supporting vulnerable parents is clearly desirable. However when parenting is interpreted as mothering only - as it often is in these and other initiatives like the community mothers programme - then its effect, however unintended, may be to promote lone parenting and the continuing absence of men from active fathering. If gender specific projects have a role in drug treatment as in other areas of health policy - and this may be justified in some cases - then these projects need to cover both genders and they also need to reflect the overall gender proportions of the target group in question. This is not the case at present.

Drug Use and Effective Treatment

Seven, there would seem to be some scope for improving the effectiveness of ARC'S services. It is not clear how much scope actually exists although some of the findings point to the possibility that a more effective management of individual cases may help clients in moving to a drug free life. This possibility is suggested by the fact that drug free clients spend less time on the project than drug using clients and by the tendency for some drug using clients who are on methadone to see themselves as already drug free. Staff in ARC offer a highly personalised and supportive service to each client. At the same time the service can be ad hoc and there seems to be little emphasis on developing and negotiating a detailed care plan with each client which would involve a mutual commitment by the project and the client to that plan. In particular, the service in ARC seems to lack a systematic approach to case management which would involve setting targets in all the key areas of need. It is possible that the absence of such an approach is leading some drug clients to drift on the project and to see methadone maintenance as a point of destination rather than a point of departure for the next stage of recovery It is also possible that the absence of care planning may be leading to the project to overlook the need to link clients into education and training initiatives which would contribute to their overall personal development as well as improving

their position in the labour market. Quite apart from these considerations, the potential of a more systematically organised care plan for each client would be worth considering on the grounds that it would help to ensure that each client receives a uniformly high quality service.

Drug Use and ARC

Eight, the core finding of this evaluation is very encouraging because it shows that ARC is having a decisively positive impact on the lives of clients and is meeting a genuine need in the community. It is effective in stabilising drug users and helping them progress to a drug free life. As a consequence of this, it is improving the quality of life for clients as well as the quality of their family relationships. It is making a huge contribution to the reduction of drug-related crime with corresponding savings in state resources because of fewer arrests, court proceedings and prison sentences; more immeasurable but possibly more significant is the reduction in harm caused to the victims of crime and to the drug users themselves, "mere is little doubt that many clients have been able to avail of new employment opportunities as a result of their contact with ARC. These outcomes indicate that ARC is providing an effective and much needed service in Crumlin and is an excellent example of partnership between the health board and the community. It deserves the support of the community as well as the statutory and voluntary agencies which have a role in responding to the needs of these clients.

Appendix to Chapter Four

Table A4.1 Place Brought Up of Clients Attending Addiction Response Crumlin
Based on a Census Carried out in October 1998 of all Clients Who Attended the Project in December 1997

Place brought Up	Men Clients						Women Clients						Total Clients					
	Drug User		Drug Free		Total		Drug User		Drug Free		Total		Drug User		Drug Free		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Crumlin	35	74	8	57	43	70	15	79	8	73	23	77	50	76	16	64	66	73
Elsewhere in Dublin	12	26	5	36	17	28	3	16	3	27	6	20	15	23	8	32	23	25
Elsewhere in Ireland	0	0	1	7	1	2	1	5	0	0	1	3	1	2	1	4	2	2
Total	**47**	**100**	**14**	**100**	**61**	**100**	**19**	**100**	**11**	**100**	**30**	**100**	**66**	**100**	**25**	**100**	**91**	**100**
Row Percent	**77%**		**23%**		**100**		**63%**		**37%**		**100%**		**73%**		**27%**		**100%**	

Table A4.2 Place Now Living of Clients Attending Addiction Response Crumlin
Based on a Census Carried out in October 1998 of all Clients Who Attended the Project in December 1997

Place Now Living	Men Clients						Women Clients						Total Clients					
	Drug User		Drug Free		Total		Drug User		Drug Free		Total		Drug User		Drug Free		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Crumlin	42	89	12	86	54	89	18	95	7	64	25	83	60	91	19	76	79	87
Elsewhere in Dublin	4	4	2	14	6	10	1	5	4	36	5	17	5	8	6	24	11	12
Homeless	1	2	0	0	1	2	0	0	0	0	0	0	1	2	0	0	1	1
Total	**47**	**100**	**14**	**100**	**61**	**100**	**19**	**100**	**11**	**100**	**30**	**100**	**66**	**100**	**25**	**100**	**91**	**100**
Row Percent	**77%**		**23%**		**100%**		**63%**		**37%**		**100%**		**73%**		**27%**		**100%**	

Table A4.3 Age of Clients Attending Addiction Response Crumlin When First Admitted
Based on a Census Carried out in October 1998 of all Clients Who Attended the Project in December 1997

Age (years)	Men Clients						Women Clients						Total Clients					
	Drug User		Drug Free		Total		Drug User		Drug Free		Total		Drug User		Drug Free		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Less than twenty	5	11	4	29	9	15	6	32	3	27	9	30	11	17	7	28	18	20
Twenty to twenty-two	15	32	2	14	17	28	4	21	4	36	8	27	19	29	6	24	25	27
Twenty-three to twenty-six	10	21	6	43	16	26	5	36	3	27	8	27	15	23	9	36	24	26
More than twenty-six	17	36	2	14	19	31	4	21	1	9	5	17	21	32	3	12	24	26
Total	**47**	**100**	**14**	**100**	**61**	**100**	**19**	**100**	**11**	**100**	**30**	**100**	**66**	**100**	**25**	**100**	**91**	**100**
Average Age	26		23		25		24		22		23		25		23		24	
Row Percent	**75%**		**23%**		**100%**		**63%**		**37%**		**100%**		**73%**		**27%**		**100%**	

Table A4.4a Marital Status of Clients Before Attending Addiction Response Crumlin
Based on a Census Carried out in October 1998 of all Clients Who Attended the Project in December 1997

Marital Status Before Attending ARC	Men Clients						Women Clients						Total Clients					
	Drug User		Drug Free		Total		Drug User		Drug Free		Total		Drug User		Drug Free		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Single	31	66	12	86	43	70	16	84	3	27	19	63	47	71	15	60	62	68
Married	4	9	0	0	4	7	0	0	0	0	0	0	4	6	0	0	4	4
Cohabiting	9	19	2	14	11	18	3	16	8	73	11	37	12	18	10	40	22	24
Separated	2	4	0	0	2	3	0	0	1	0	0	0	2	3	0	0	2	2
Divorced	1	2	0	0	1	2	0	0	0	0	0	0	1	2	0	0	1	1
Total	**47**	**100**	**14**	**100**	**61**	**100**	**19**	**100**	**11**	**100**	**30**	**100**	**66**	**100**	**25**	**100**	**91**	**100**
Row Percent	**77%**		**23%**		**100%**		**63%**		**37%**		**100%**		**73%**		**27%**		**100%**	

Table A4.4b Marital Status of Clients Since Attending Addiction Response Crumlin
Based on a Census Carried out in October 1998 of all Clients Who Attended the Project in December 1997

Marital Status Since Attending ARC	Men Clients						Women Clients						Total Clients					
	Drug User		Drug Free		Total		Drug User		Drug Free		Total		Drug User		Drug Free		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Single	33	70	10	71	43	70	14	74	8	73	22	73	47	71	18	72	65	71
Married	3	6	0	0	3	5	1	5	0	0	1	3	4	6	0	0	4	4
Cohabiting	7	15	4	29	11	18	4	21	2	18	6	20	11	17	6	24	17	19
Separated	3	6	0	0	3	5	0	0	1	9	1	3	3	5	1	4	4	4
Divorced	1	2	0	0	1	2	0	0	0	0	0	0	1	2	0	0	1	1
Total	**47**	**100**	**14**	**100**	**61**	**100**	**19**	**100**	**11**	**100**	**30**	**100**	**66**	**100**	**25**	**100**	**91**	**100**
Row Percent	**77%**		**23%**		**100%**		**63%**		**37%**		**100%**		**73%**		**27%**		**100%**	

Table A4.5 Number of Clients Attending Addiction Response Crumlin Who Have Children
Based on a Census Carried out in October 1998 of all Clients Who Attended the Project in December 1997

Number of Children of Clients	Men Clients						Women Clients						Total Clients					
	Drug User		Drug Free		Total		Drug User		Drug Free		Total		Drug User		Drug Free		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Clients Have Children	26	55	7	50	33	54	15	79	8	73	23	77	41	62	15	60	56	62
One	14	30	6	43	20	33	12	63	5	45	17	57	26	39	11	44	37	41
Two to three	9	19	1	7	10	16	2	11	3	27	5	17	11	17	4	16	15	16
Four or more	3	6	0	0	3	5	1	5	0	0	1	3	4	6	0	0	4	4
Clients do not have children	21	45	7	50	28	46	4	21	3	27	7	23	25	38	10	40	35	30
Total	**47**	**100**	**14**	**100**	**61**	**100**	**19**	**100**	**11**	**100**	**30**	**100**	**66**	**100**	**25**	**100**	**91**	**100**
Average Number of Children of Clients Who are Parents	2		1.1		1.8		1		1		1		2		1		2	
Row Percent	**77%**		**23%**		**100%**		**63%**		**37%**		**100%**		**73%**		**27%**		**100%**	

Table A4.6 Number of Children Living/Not Living with Clients Before Attending Addiction Response Crumlin
Based on a Census Carried out in October 1998 of all Clients Who Attended the Project in December 1997

Number of Children Living/not Living with Parent Client Before Attending ARC	Men Clients						Women Clients						Total Clients					
	Drug User		Drug Free		Total		Drug User		Drug Free		Total		Drug User		Drug Free		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
All Children Living with Client	8	31	3	43	11	33	15	100	7	88	22	96	23	56	10	67	33	59
No children living with client	18	69	4	57	22	67	0	0	1	13	1	4	18	44	5	33	23	41
Total*	**26**	**100**	**7**	**100**	**33**	**100**	**15**	**100**	**8**	**100**	**23**	**100**	**41**	**100**	**15**	**100**	**56**	**100**
Average No. of Children Living with Parent Clients Before ARC	1		0.1		1		1.4		1.3		1		1		1		1.0	
Row Percent	**77%**		**23%**		**100%**		**63%**		**37%**		**100%**		**73%**		**27%**		**100%**	

*The total refers to those clients who have children.

Table A4.7 Frequency of Seeing Children Who Did Not Live with Clients Before Attending Addiction Response Crumlin
Based on a Census Carried out in October 1998 of all Clients Who Attended the Project in December 1997

Monthly Frequency of Seeing Children Who Did not Live with Them Before Attending ARC	Men Clients						Women Clients						Total Clients					
	Drug User		Drug Free		Total		Drug User		Drug Free		Total		Drug User		Drug Free		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Daily	5	28	1	25	6	27	0	0	0	0	0	0	5	28	1	20	6	26
More than once a week	3	17	1	25	4	18	0	0	0	0	0	0	3	17	1	20	4	17
Weekly	1	6	0	0	1	5	0	0	0	0	0	0	1	6	0	0	1	4
Fortnightly	1	6	0	0	1	5	0	0	0	0	0	0	1	6	0	0	1	4
Once in the last month	1	6	1	25	2	9	0	0	0	0	0	0	1	6	1	20	2	9
Do not see children	6	33	1	25	7	32	0	0	0	0	0	0	6	33	1	20	7	30
No information	1	6	0	0	1	5	0	0	1	100	1	0	1	6	1	20	2	9
Total*	**18**	**100**	**4**	**100**	**22**	**100**	**0**	**0**	**1**	**100**	**1**	**0**	**18**	**100**	**5**	**100**	**23**	**100**
Row Percent	**77%**		**23%**		**100%**		**63%**		**37%**		**100%**		**73%**		**27%**		**100%**	

*The total refers the number of clients who did not live with their children before attending ARC.

Table A4.8 Category of Persons with Whom Clients Lived Before Attending Addiction Response Crumlin Based on a Census Carried out in October 1998 of all Clients Who Attended the Project in December 1997

Category of Persons with Whom Clients Lived Before Attending ARC	Men Clients						Women Clients						Total Clients					
	Drug User		Drug Free		Total		Drug User		Drug Free		Total		Drug User		Drug Free		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Parents	33	70	10	71	43	70	13	68	5	45	18	60	46	70	15	60	61	67
Parent(s) only	32	68	10	71	42	69	2	11	2	18	4	13	34	52	12	48	46	51
Parent(s) and child/children	0	0	0	0	0	0	10	53	2	18	12	40	10	15	2	8	12	13
Parent(s), partner and children	1	2	0	0	1	2	1	5	1	9	2	7	2	3	1	4	3	3
Partner 9	19	2	14	11	18	2	11	6	55	8	27	11	17	8	32	19	21	
Partner only	1	2	2	14	3	5	0	0	2	18	2	7	1	2	4	16	5	5
Partner and children	8	17	0	0	8	13	2	11	4	36	6	20	10	15	4	16	14	15
Others 2	4	0	0	2	3	4	21	0	0	4	13	6	9	0	0	6	7	
Friends	1	2	0	0	1	2	2	11	0	0	2	7	3	5	0	0	3	3
Friends and children	0	0	0	0	0	0	2	11	0	0	2	7	2	3	0	0	2	2
Other family member	1	2	0	0	1	2	0	0	0	0	0	0	1	2	0	0	1	1
Client lived alone	3	6	2	14	5	8	0	0	0	0	0	0	3	5	2	8	5	5
Total	**47**	**100**	**14**	**100**	**61**	**100**	**18**	**100**	**11**	**100**	**30**	**100**	**66**	**100**	**25**	**100**	**91**	**100**
Row Percent	**77%**		**23%**		**100%**		**63%**		**37%**		**100%**		**73%**		**27%**		**100%**	

Table A4.9 Age Left School of Clients Attending Addiction Response Crumlin Based on a Census Carried out in October 1998 of all Clients Who Attended the Project in December 1997

Age Left School	Men Clients						Women Clients						Total Clients					
	Drug User		Drug Free		Total		Drug User		Drug Free		Total		Drug User		Drug Free		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Less than fifteen	15	32	6	43	21	34	4	21	1	9	5	17	19	29	7	28	26	29
Fifteen less than sixteen	17	36	5	36	22	36	8	42	5	45	13	43	25	38	10	40	35	38
Sixteen less than seventeen	7	15	1	7	8	13	3	16	3	27	6	20	10	15	4	16	14	15
Seventeen less than eighteen	3	6	2	14	5	8	1	5	2	18	3	10	4	6	4	16	8	9
Eighteen or more	5	11	0	0	5	8	3	16	0	0	3	10	8	12	0	0	8	9
Total	**47**	**100**	**14**	**100**	**61**	**100**	**19**	**100**	**11**	**100**	**30**	**100**	**66**	**100**	**25**	**100**	**91**	**100**
Row Percent	**77%**		**23%**		**100%**		**63%**		**37%**		**100%**		**73%**		**27%**		**100%**	

TableA4.10 Reasons for Leaving School before Age Fifteen of Clients Attending Addiction Response Crumlin Based on a Census Carried out in October 1998 of all Clients Who Attended the Project in December 1997

Reasons for Leaving School Before Age Fifteen	Men Clients						Women Clients						Total Clients					
	Drug User		Drug Free		Total		Drug User		Drug Free		Total		Drug User		Drug Free		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Drop-out	12	80	5	83	17	81	3	75	1	100	4	13	15	79	6	86	21	81
Expelled	3	20	0	0	3	14	1	25	0	0	1	3	4	21	0	0	4	15
Mother needed him at home	0	0	1	17	1	5	0	0	0	0	0	0	0	0	1	14	1	4
Total*	**15**	**100**	**6**	**100**	**21**	**100**	**4**	**100**	**1**	**100**	**5**	**17**	**19**	**100**	**7**	**100**	**26**	**100**
Row Percent	**77%**		**23%**		**100%**		**63%**		**37%**		**100%**		**73%**		**27%**		**100**	

*The total refers to those clients who left school before aged fifteen.

Table A4.11 Examinations Taken by Clients Attending Addiction Response Crumlin
Based on a Census Carried out in October 1998 of all Clients Who Attended the Project in December 1997

Examination Taken	Men Clients						Women Clients						Total Clients					
	Drug User		Drug Free		Total		Drug User		Drug Free		Total		Drug User		Drug Free		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Examination Taken	25	53	6	43	31	51	11	58	8	73	19	63	36	55	14	56	50	55
Group/Intermediate/ Junior Cert	24	51	5	56	29	48	10	53	8	73	18	60	34	52	13	52	47	52
Leaving Certificate	3	6	3	21	6	10	4	21	2	18	6	20	7	11	5	20	12	13
City and Guides	3	6	0	0	3	5	0	0	0	0	0	0	3	5	0	0	3	3
Diploma Examination	5	11	0	0	5	8	0	0	0	0	0	0	5	8	0	0	5	5
Degree Examination	1	2	0	0	1	2	1	5	0	0	1	3	2	3	0	0	2	2
Other	1	2	1	7	2	3	2	11	0	0	2	7	3	5	1	4	4	4
No public examinations taken	22	47	8	57	30	49	8	44	3	27	11	37	30	45	11	44	41	45
Total	**47**	**100**	**14**	**100**	**61**	**100**	**19**	**102**	**11**	**100**	**30**	**100**	**66**	**100**	**25**	**100**	**91**	**100**
No. of Clients who did more than one Public Examination	9	19	3	21	12	20	5	28	2	17	7	23	14	22	5	19	19	21
Row Percent	**77%**		**23%**		**100%**		**63%**		**37%**		**100**		**73%**		**27%**		**100%**	

Table A4.12 Employment Situation of Clients Before Attending Addiction Response Crumlin
Based on a Census Carried out in October 1998 of all Clients Who Attended the Project in December 1997

Employment Situation Before Attending ARC	Men Clients						Women Clients						Total Clients					
	Drug User		Drug Free		Total		Drug User		Drug Free		Total		Drug User		Drug Free		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Unemployed	29	62	12	86	41	67	13	68	9	82	22	73	42	64	21	84	63	69
Employed full-time	12	26	1	7	13	21	1	5	1	9	2	7	13	20	2	8	15	16
Employed part-time	3	6	0	0	3	5	2	11	1	9	3	10	5	8	1	4	6	7
Employed occasionally	2	4	1	7	3	5	2	11	0	0	2	7	4	6	1	4	5	5
Long-term disability	1	2	0	0	1	2	0	0	0	0	0	0	1	2	0	0	1	1
Housewife	0	0	0	0	0	0	1	5	0	0	1	3	1	2	0	0	1	1
Total	**47**	**100**	**14**	**100**	**61**	**100**	**19**	**100**	**11**	**100**	**30**	**100**	**66**	**100**	**25**	**100**	**91**	**100**
Row Percent	**77%**		**23%**		**100%**		**63%**		**37%**		**100%**		**73%**		**27%**		**100%**	

Table A4.13 Type of Home Brought Up of Clients Attending Addiction Response Crumlin
Based on a Census Carried out in October 1998 of all Clients Who Attended the Project in December 1997

Type of Home Brought Up	Men Clients						Women Clients						Total Clients					
	Drug User		Drug Free		Total		Drug User		Drug Free		Total		Drug User		Drug Free		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Family home only	34	72	8	57	42	69	14	74	9	82	23	77	48	73	17	68	65	71
Family home and Relative's/friend's home	8	17	6	43	14	23	4	21	2	18	6	20	12	18	8	32	20	22
Family home, Relative's/friends home and Residential Care	2	4	0	0	2	3	0	0	0	0	0	0	2	3	0	0	2	2
Family home and Residential Care	2	4	0	0	2	3	0	0	0	0	0	0	2	3	0	0	2	2
Family home and hostels	1	2	0	0	1	2	0	0	0	0	0	0	1	2	0	0	1	1
Adopted when aged two	0	0	0	0	0	0	1	5	0	0	1	3	1	2	0	0	1	1
Total	**47**	**100**	**14**	**100**	**61**	**100**	**19**	**100**	**11**	**100**	**30**	**100**	**66**	**100**	**25**	**100**	**91**	**100**
Row Percent	**77%**		**23%**		**100%**		**63%**		**37%**		**100%**		**73%**		**27%**		**100%**	

Table A4.14 Number of Full and Half Siblings of Clients Attending Addiction Response Crumlin
Based on a Census Carried out in October 1998 of all Clients Who Attended the Project in December 1997

Full and Half Siblings	Men Clients						Women Clients						Total Clients					
	Drug User		Drug Free		Total		Drug User		Drug Free		Total		Drug User		Drug Free		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
No. of Full Siblings																		
None	1	2	1	7	2	3	1	5	2	18	3	10	2	3	3	12	5	5
One to three	19	40	6	43	25	41	9	47	6	55	15	50	28	42	12	48	40	44
Four to six	15	32	2	14	17	28	4	21	2	18	6	20	19	29	4	16	23	25
Seven to ten	9	19	4	29	13	21	5	26	1	9	6	20	14	21	5	20	19	21
Eleven or more	3	6	1	7	4	7	0	0	0	0	0	0	3	5	1	4	4	4
Total Clients	**47**	**100**	**14**	**100**	**61**	**100**	**19**	**100**	**11**	**100**	**30**	**100**	**66**	**100**	**25**	**100**	**91**	**100**
Average No. Full Siblings	**4.9**		**4.9**		**4.9**		**4**		**2.6**		**3.5**		**4.6**		**3.4**		**4.4**	
No. of Half Siblings																		
None	**43**	**91**	**12**	**86**	**55**	**90**	**13**	**68**	**7**	**64**	**20**	**67**	**56**	**85**	**19**	**76**	**75**	**82**
One to three	4	9	1	7	5	8	5	26	4	36	9	30	9	14	5	20	14	15
Four to six	0	0	1	7	1	2	1	5	0	0	1	3	1	2	1	4	2	2
Total Clients	**47**	**100**	**14**	**100**	**61**	**100**	**19**	**100**	**11**	**100**	**30**	**100**	**66**	**100**	**25**	**100**	**91**	**100**
Average No. Half Siblings	**0.1**		**0.5**		**0.2**		**0.6**		**0.5**		**0.6**		**0.5**		**0.3**		**0.4**	
No. of Full and Half Siblings																		
None	1	2	1	7	2	3	0	0	2	18	2	7	1	2	3	12	4	4
One to three	19	40	6	43	25	41	8	42	5	45	13	43	27	41	11	44	38	42
Four to six	15	32	2	14	17	28	7	37	3	27	10	33	22	33	5	20	27	30
Seven to ten	9	19	4	29	13	21	4	21	0	0	4	13	13	20	4	16	17	19
Eleven or more	3	6	1	7	4	7	0	0	1	9	1	3	3	5	2	8	5	5
Total Clients	**47**	**100**	**14**	**100**	**61**	**100**	**19**	**100**	**11**	**100**	**30**	**100**	**66**	**100**	**25**	**100**	**91**	**100**
Ave. No. Full and Half Siblings	**5**		**5**		**5.1**		**5**		**3**		**4**		**5**		**4**		**5**	
Row Percent	**77%**		**23%**		**100%**		**63%**		**37%**		**100%**		**73%**		**27%**		**100%**	

Table A4.15 Legal Status of the Relationship Between Parents of Clients Attending Addiction Response Crumlin
Based on a Census Carried out in October 1998 of all Clients Who Attended the Project in December 1997

Legal Status of Relationship of Parents of Clients While Growing Up	Men Clients						Women Clients						Total Clients					
	Drug User		Drug Free		Total		Drug User		Drug Free		Total		Drug User		Drug Free		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Married to each other	40	85	11	79	51	84	17	89	9	82	26	87	57	86	20	80	77	85
Unmarried to each other	1	2	0	0	1	2	0	0	1	9	1	3	1	2	1	4	2	2
Separated	3	6	1	7	4	7	0	0	1	9	1	3	3	5	2	8	5	5
Divorced	1	2	1	7	2	3	0	0	0	0	0	0	1	2	1	4	2	2
Parent(s) deceased	2	4	1	7	3	5	1	5	0	0	1	3	3	5	1	4	4	4
Adoptive parents married	0	0	0	0	0	0	1	5	0	0	1	3	1	2	0	0	1	1
Total	**47**	**100**	**14**	**100**	**61**	**100**	**19**	**100**	**11**	**100**	**30**	**100**	**66**	**100**	**25**	**100**	**91**	**100**
Row Percent	**77%**		**23%**		**100%**		**63%**		**37%**		**100%**		**73%**		**27%**		**100%**	

Table A4.16 Type of Accommodation Brought Up of Clients Attending Addiction Response Crumlin
Based on a Census Carried out in October 1998 of all Clients Who Attended the Project in December 1997

Type of Accommodation Brought Up	Men Clients						Women Clients						Total Clients					
	Drug User		Drug Free		Total		Drug User		Drug Free		Total		Drug User		Drug Free		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
House rented from local authority	22	47	6	43	28	46	9	47	5	45	14	47	31	47	11	44	42	46
Flat rented from local authority	5	11	3	21	8	13	2	11	1	9	3	10	7	11	4	16	11	12
House owned by family	20	43	5	36	25	41	7	37	5	45	12	40	27	41	10	40	37	41
Other	0	0	0	0	0	0	1	5	0	0	1	3	1	2	0	0	1	1
Total	**47**	**100**	**14**	**100**	**61**	**100**	**19**	**100**	**11**	**100**	**30**	**100**	**66**	**100**	**25**	**100**	**91**	**100**
Row Percent	**77%**		**23%**		**100%**		**63%**		**37%**		**100%**		**73%**		**27%**		**100%**	

Table A4.17a Father's Normal Employment Status While Growing Up of Clients Attending Addiction Response Crumlin
Based on a Census Carried out in October 1998 of all Clients Who Attended the Project in December 1997

Father's Normal Employment Status	Men Clients						Women Clients						Total Clients					
	Drug User		Drug Free		Total		Drug User		Drug Free		Total		Drug User		Drug Free		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Employed full-time	36	80	6	46	42	72	11	65	6	67	17	65	47	76	12	55	59	70
Unemployed	4	9	3	23	7	12	3	18	0	0	3	12	7	11	3	14	10	12
Self-employed	2	4	3	23	5	9	1	6	2	22	3	12	3	5	5	23	8	10
Employed part-time	1	2	0	0	1	2	1	6	1	11	2	8	2	3	1	5	3	4
Employed occasionally	2	4	1	8	3	5	0	0	0	0	0	0	2	3	1	5	3	4
Long-term disability	0	0	0	0	0	0	1	6	0	0	1	4	1	2	0	0	1	1
Total	**47**	**100**	**14**	**100**	**61**	**100**	**19**	**100**	**11**	**100**	**30**	**100**	**66**	**100**	**25**	**100**	**91**	**100**
Row Percent	**77%**		**23%**		**100%**		**63%**		**37%**		**100%**		**73%**		**27%**		**100%**	

*The total excludes those clients whose father did not live in the family home due to death or separation (6) or where the mother always lived as a single parent (1).

Table A4.17b Mother's Normal Employment Status While Growing Up of Clients Attending ARC Based on a Census Carried out in October 1998 of all Clients Who Attended the Project in December 1997

Mother's Normal Employment Status	Men Clients						Women Clients						Total Clients					
	Drug User		Drug Free		Total		Drug User		Drug Free		Total		Drug User		Drug Free		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Housewife	27	59	10	77	37	63	8	42	4	36	12	40	35	54	14	58	49	55
Employed part-time	7	15	3	23	10	17	6	32	5	45	11	37	13	20	8	33	21	24
Employed full-time	9	20	0	0	9	15	3	16	2	18	5	17	12	18	2	8	14	16
Employed occasionally	3	7	0	0	3	5	1	5	0	0	1	3	4	6	0	0	4	4
Unemployed	0	0	0	0	0	0	1	5	0	0	1	3	1	2	0	0	1	1
Total	**47**	**100**	**14**	**100**	**61**	**100**	**19**	**100**	**11**	**100**	**30**	**100**	**66**	**100**	**25**	**100**	**91**	**100**
Row Percent	**77%**		**23%**		**100%**		**63%**		**37%**		**100%**		**73%**		**27%**		**100%**	

*The total excludes those clients whose mother did not live in the family home due to death or separation (2).

Table A4.18 Family's Main Source of Income While Growing Up of Clients Attending ARC Based on a Census Carried out in October 1998 of all Clients Who Attended the Project in December 1997

Family's Main Source of Income While Growing Up	Men Clients						Women Clients						Total Clients					
	Drug User		Drug Free		Total		Drug User		Drug Free		Total		Drug User		Drug Free		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Employment/self employment	38	81	8	57	46	75	13	68	11	100	24	80	51	77	19	76	70	77
Social welfare only	7	15	5	36	12	20	4	21	0	0	4	13	11	17	5	20	16	18
Social welfare/employment	2	4	1	7	3	5	2	11	0	0	2	7	4	6	1	4	5	5
Total	**47**	**100**	**14**	**100**	**61**	**100**	**19**	**100**	**11**	**100**	**30**	**100**	**66**	**100**	**25**	**100**	**91**	**100**
Row Percent	**77%**		**23%**		**100%**		**63%**		**37%**		**100%**		**73%**		**27%**		**100%**	

Table A4.19a Problems Experienced While Growing Up of Clients Attending Addiction Response Crumlin Based on a Census Carried out in October 1998 of all Clients Who Attended the Project in December 1997

Problems Experienced While Growing Up	Men Clients						Women Clients						Total Clients					
	Drug User		Drug Free		Total		Drug User		Drug Free		Total		Drug User		Drug Free		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Frequent conflicts/violence at home	23	49	13	93	36	59	17	89	5	45	22	73	40	61	18	72	58	64
Alcohol abuse by parent(s)	22	47	11	79	33	54	13	68	3	27	16	53	35	53	14	56	49	54
Loss of parent through separation/ imprisonment/death	13	28	8	57	21	34	9	47	3	27	12	40	22	33	11	44	33	36
Child physical abuse	10	21	8	57	18	30	9	47	1	9	10	33	19	29	9	36	28	31
Child neglect	9	19	5	36	14	23	3	16	1	9	4	13	12	18	6	24	18	20
Physical illness of parent(s)	7	15	2	14	9	15	5	26	0	0	5	17	12	18	2	8	14	15
Gambling by parent(s)	4	9	3	21	7	11	5	26	1	9	6	20	9	14	4	16	13	14
Psychiatric illness of parent(s)	6	13	1	7	7	11	2	11	0	0	2	7	8	12	1	4	9	10
Child sexual abuse	2	4	3	21	5	8	3	16	1	9	4	13	5	8	4	16	9	10
Drug abuse by parent(s)	2	4	0	0	2	3	2	11	0	0	2	7	4	6	0	0	4	4
Other	0	0	0	0	0	0	3	16	1	9	4	13	3	5	1	4	4	4
Total	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**
Average No. of Problems Experienced While Growing Up	2		3.9		3		4		1.5		3		3		3		3	
Row Percent	**77%**		**23%**		**100%**		**63%**		**37%**		**100%**		**73%**		**27%**		**100%**	

NA = Not Applicable. *The total is not applicable because it is not cumulative.

Table A4.19b Problems Experienced During the Past Month of Clients Attending Addiction Response Crumlin
Based on a Census Carried out in October 1998 of all Clients Who Attended the Project in December 1997

Problems Experienced During the Past Month	Men Clients						Women Clients						Total Clients					
	Drug User		Drug Free		Total		Drug User		Drug Free		Total		Drug User		Drug Free		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Frequent conflicts/violence at home	19	40	8	57	27	44	11	58	1	9	12	40	30	45	9	36	39	43
Alcohol abuse by parent(s)	11	23	6	43	17	28	6	32	1	9	7	23	17	26	7	28	24	26
Physical illness of parent(s)	5	11	3	21	8	13	4	21	0	0	4	13	9	14	3	12	12	13
Physical abuse	4	9	3	21	7	11	4	21	0	0	4	13	8	12	3	12	11	12
Psychiatric illness of parents)	4	9	1	7	5	8	1	5	0	0	1	3	5	8	1	4	6	7
Neglect	1	2	0	0	1	2	3	16	0	0	3	10	4	6	0	0	4	4
Loss of parent through separation/imprisonment/death	1	2	0	0	1	2	2	11	0	0	2	7	3	5	0	0	3	3
Drug abuse by parent(s)	0	0	0	0	0	0	2	11	0	0	2	7	2	3	0	0	2	2
Gambling by parent(s)	0	0	0	0	0	0	2	11	0	0	2	7	2	3	0	0	2	2
Family still involved in addiction	1	2	1	7	2	3	0	0	0	0	0	0	1	2	1	4	2	2
Verbal abuse	1	2	0	0	1	2	0	0	0	0	0	0	1	2	0	0	1	1
Alcohol abuse by client	1	2	0	0	1	2	0	0	0	0	0	0	1	2	0	0	1	1
Alcohol/Drug abuse by partner	0	0	0	0	0	0	1	5	0	0	1	3	0	0	1	4	1	1
Total*	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**
Average Number of Problems Experienced During Past Month	1		2		1		2		0		1		1.3		1.0		1.2	
Row Percent	**77%**		**23%**		**100%**		**63%**		**37%**		**100%**		**73%**		**27%**		**100%**	

*The total is not applicable (NA) because it is not cumulative.

Table 4.20 Relationship with Parents While Growing Up of Clients Attending Addiction Response Crumlin
Based on a Census Carried out in October 1998 of all Clients Who Attended the Project in December 1997

Relationship with Parents While Growing Up	Men Clients						Women Clients						Total Clients					
	Drug User		Drug Free		Total		Drug User		Drug Free		Total		Drug User		Drug Free		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Relationship with Mother																		
Good	36	77	6	43	42	69	13	68	9	82	22	73	49	74	15	60	64	70
Fair	9	19	8	57	17	28	4	21	1	9	5	17	13	20	9	36	22	24
Poor	2	4	0	0	2	3	2	11	1	9	3	10	4	6	1	4	5	5
	47	100	14	100	61	100	19	100	11	100	30	100	66	100	25	100	91	100
Relationship with Father																		
Good	18	40	4	29	22	36	9	56	6	55	15	60	27	41	10	40	37	41
Fair	15	33	4	29	19	31	4	25	1	9	5	20	19	29	5	20	24	26
Poor	12	27	5	36	17	28	3	19	2	18	5	20	15	23	7	28	22	24
Total Clients*	**45**	**100**	**13**	**93**	**58**	**95**	**16**	**100**	**9**	**82**	**25**	**100**	**61**	**92**	**22**	**88**	**83**	**91**
Row Percent	**77%**		**23%**		**100%**		**63%**		**37%**		**100%**		**73%**		**27%**		**100%**	

*The total excludes clients whose fathers died (5) or separated (2) from the family when the client was very young or who have never been in contact (1)

Table A4.21 Relationship with Parents Now of Clients Attending Addiction Response Crumlin
Based on a Census Carried out in October 1998 of all Clients Who Attended the Project in December 1997

Relationship with Parents Now	Men Clients						Women Clients						Total Clients					
	Drug User		Drug Free		Total		Drug User		Drug Free		Total		Drug User		Drug Free		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Relationship with Mother Now																		
Good	35	78	6	46	41	71	8	44	8	73	16	55	43	68	14	58	57	66
Fair	8	18	4	31	12	21	6	33	2	18	8	28	14	22	6	25	20	23
Poor	2	4	3	23	5	9	4	22	1	9	5	17	6	10	4	17	10	11
Total Clients*	45	100	13	100	58	100	18	100	11	100	29	100	63	100	24	100	87	100
Relationship with Father Now																		
Good	17	47	3	27	20	43	7	47	5	56	12	50	24	47	8	40	32	45
Fair	10	28	1	9	11	23	3	20	3	33	6	25	13	25	4	20	17	24
Poor	9	25	7	64	16	34	5	33	1	11	6	25	14	27	8	40	22	31
Total Clients*	**36**	**100**	**11**	**100**	**47**	**100**	**15**	**100**	**9**	**100**	**24**	**100**	**51**	**100**	**20**	**100**	**71**	**100**
Row Percent	**77%**		**23%**		**100%**		**63%**		**37%**		**100%**		**73%**		**27%**		**100%**	

*The total excludes clients whose mothers have died (3) or separated as well as fathers who have died (17) or separated (2) or who have never been in contact (1).

Table A4.22 Attitude of Mother and Father to Clients Drug Use Since Attending Addiction Response Crumlin
Based on a Census Carried out in October 1998 of all Clients Who Attended the Project in December 1997

Attitude of Mother and Father to Clients Drug Use	Men Clients						Women Clients						Total Clients					
	Drug User		Drug Free		Total		Drug User		Drug Free		Total		Drug User		Drug Free		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Attitude of Mother																		
Supportive	39	95	8	62	47	87	13	81	10	91	23	85	52	91	18	75	70	86
Indifferent	2	5	5	38	7	13	2	13	1	9	3	11	4	7	6	25	10	12
Unsupportive	0	0	0	0	0	0	1	6	0	0	1	4	1	2	0	0	1	1
Total Clients*	41	100	13	100	54	100	16	100	11	100	27	100	57	100	24	100	81	100
Attitude of Father																		
Supportive	19	58	5	63	24	59	7	70	7	78	26	60	26	60	12	71	38	63
Indifferent	10	30	2	25	12	29	2	20	2	22	12	28	12	28	4	24	16	27
Unsupportive	4	12	1	13	5	12	1	10	0	0	5	12	5	12	1	6	6	10
Total Clients*	**33**	**100**	**8**	**100**	**41**	**100**	**10**	**100**	**9**	**100**	**43**	**100**	**43**	**100**	**17**	**100**	**60**	**100**
Row Percent	**77%**		**23%**		**100%**		**63%**		**37%**		**100%**		**73%**		**27%**		**100%**	

*The totals exclude those clients where the mother (3) or father (17) is deceased (20), doesn't know about the addiction (8), is separated from the "family (9), or there is no information (4).

Table A4.23 Whether Brothers or Sisters Took Drugs of Clients Attending Addiction Response Crumlin Based on a Census Carried out in October 1998 of all Clients Who Attended the Project in December 1997

Brothers or Sisters Took Drugs	Men Clients						Women Clients						Total Clients					
	Drug User		Drug Free		Total		Drug User		Drug Free		Total		Drug User		Drug Free		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Yes took drugs	21	47	11	79	32	54	9	47	3	30	12	41	30	47	14	58	44	50
Did not take drugs	24	53	3	21	27	46	10	53	7	70	17	59	34	53	10	42	44	50
Total*	**45**	**100**	**14**	**100**	**59**	**100**	**19**	**100**	**10**	**100**	**29**	**100**	**64**	**100**	**24**	**100**	**88**	**100**
Average Number of Siblings**	**2.1**		**3.2**		**2.4**		**2.3**		**1.0**		**2.0**		**2.1**		**2.6**		**2.3**	
Row Percent	**77%**		**23%**		**100%**		**63%**		**37%**		**100%**		**73%**		**27%**		**100%**	

*The total excludes those clients (2) who have no siblings or who gave no information (1).
**Refers only to the clients whose siblings were regular drug users.

Table A4.24 Number of Brothers or Sisters Who Took Drugs of Clients Attending Addiction Response Crumlin
Based on a Census Carried out in October 1998 of all Clients Who Attended the Project in December 1997

Number of Brothers or Sisters Who Were Regular Drug Users	Men Clients						Women Clients						Total Clients					
	Drug User		Drug Free		Total		Drug User		Drug Free		Total		Drug User		Drug Free		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
One	5	24	6	55	11	34	5	56	3	100	8	67	10	33	9	64	19	43
Two	10	48	2	18	12	38	1	11	0	0	1	8	11	37	2	14	13	30
Three to six	6	29	2	18	8	25	3	33	0	0	3	25	9	30	2	14	11	25
More than six	0	0	1	9	1	3	0	0	0	0	0	0	0	0	1	7	1	2
Total*	**21**	**100**	**11**	**100**	**32**	**100**	**9**	**100**	**3**	**100**	**12**	**100**	**30**	**100**	**14**	**100**	**44**	**100**
Average Number of Siblings**	2.1		3.2		2.4		2.3		1.0		2.0		2.1		2.6		2.3	
Row Percent	**77%**		**23%**		**100%**		**63%**		**37%**		**100%**		**73%**		**27%**		**100**	

*The total refers to those clients (44) whose siblings took drugs.
**Refers only to the clients whose siblings were regular drug users.

Table A4.25 Whether Brothers or Sisters Had Died from Taking Drugs of Clients Attending Addiction Response Crumlin
Based on a Census Carried out in October 1998 of all Clients Who Attended the Project in December 1997

Number of Brothers and Sisters Who Died from Taking Drugs	Men Clients						Women Clients						Total Clients					
	Drug User		Drug Free		Total		Drug User		Drug Free		Total		Drug User		Drug Free		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Yes died from taking drugs:	2	10	5	45	7	22	2	22	0	0	2	17	4	13	5	36	9	20
One	1	5	3	27	4	13	1	11	0	0	1	8	2	7	3	21	5	11
Two	1	5	2	18	3	9	1	11	0	0	1	8	2	7	2	14	4	9
Did not die from taking drugs	19	90	6	55	25	78	7	78	3	100	10	83	26	87	9	64	35	80
Total*	**21**	**100**	**11**	**100**	**32**	**100**	**9**	**100**	**3**	**100**	**12**	**100**	**30**	**100**	**14**	**100**	**44**	**100**
Row Percent	**77%**		**23%**		**100%**		**63%**		**37%**		**100%**		**73%**		**27%**		**100**	

*The total refers to those clients (44) whose siblings took drugs.

Table A4.26 Whether Persons in the Neighbourhood Took Drugs of Clients Attending Addiction Response Crumlin
Based on a Census Carried out in October 1998 of all Clients Who Attended the Project in December 1997

Persons from Clients Neighbourhood Took Drugs	Men Clients						Women Clients						Total Clients					
	Drug User		Drug Free		Total		Drug User		Drug Free		Total		Drug User		Drug Free		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Persons from neighbourhood took drugs:	46	98	14	##	60	98	19	##	10	91	29	97	65	98	24	96	89	98
A few	3	6	0	0	3	5	1	5	2	18	3	10	4	6	2	8	6	7
A lot	33	70	11	79	44	72	13	68	7	64	20	67	46	70	18	72	64	70
Everyone	10	21	3	21	13	21	5	26	1	9	6	20	15	23	4	16	19	21
Persons from neighbourhood did not take drugs	1	2	0	0	1	2	0	0	1	9	1	3	1	2	1	4	2	2
Total	**47**	**100**	**14**	**100**	**61**	**100**	**19**	**100**	**11**	**100**	**30**	**100**	**66**	**100**	**25**	**100**	**91**	**100**
Row Percent	**77%**		**23%**		**100%**		**63%**		**37%**		**100%**		**73%**		**27%**		**100%**	

Table A4.27 Persons in the Neighbourhood Had Died from Taking Drugs of Clients Attending Addiction Response Crumlin
Based on a Census Carried out in October 1998 of all Clients Who Attended the Project in December 1997

Persons in the Neighbourhood Died from Taking Drugs	Men Clients						Women Clients						Total Clients					
	Drug User		Drug Free		Total		Drug User		Drug Free		Total		Drug User		Drug Free		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Persons in the neighbourhood died from taking drugs	44	94	14	100	58	95	19	100	9	82	28	93	63	95	23	92	86	95
A few	23	49	4	29	27	44	9	47	3	27	12	40	32	48	7	28	39	43
A lot	21	45	10	71	31	51	10	53	6	55	16	53	31	47	16	64	47	52
No one in the neighbourhood has ever died from using drugs	2	4	0	0	2	3	0	0	1	9	1	3	2	3	1	4	3	3
No information	1	2	0	0	1	2	0	0	1	9	1	3	1	2	1	4	2	2
Total	**47**	**100**	**14**	**100**	**61**	**100**	**19**	**100**	**11**	**100**	**30**	**100**	**66**	**100**	**25**	**100**	**91**	**100**
Row Percent	**77%**		**23%**		**100%**		**63%**		**37%**		**100%**		**73%**		**27%**		**100%**	

Table A4.28 Primary Drug Taken by Clients Before Attending Addiction Response Crumlin
Based on a Census Carried out in October 1998 of all Clients Who Attended the Project in December 1997

Primary Drug Taken Before Attending ARC	Men Clients						Women Clients						Total Clients					
	Drug User		Drug Free		Total		Drug User		Drug Free		Total		Drug User		Drug Free		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Heroin	47	100	14	100	61	100	19	100	11	100	30	100	66	100	25	100	91	100
Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	**47**	**100**	**14**	**100**	**61**	**100**	**19**	**100**	**11**	**100**	**30**	**100**	**66**	**100**	**25**	**100**	**91**	**100**
Row Percent	**77%**		**23%**		**100%**		**63%**		**37%**		**100%**		**73%**		**27%**		**100%**	

Table 4.29 Normal Method of Taking Drug by Clients Before Attending Addiction Response Crumlin Based on a Census Carried out in October 1998 of all Clients Who Attended the Project in December 1997

Normal Method of Taking Drug Before Attending ARC	Men Clients						Women Clients						Total Clients					
	Drug User		Drug Free		Total		Drug User		Drug Free		Total		Drug User		Drug Free		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Inject	41	241	13	93	54	89	15	79	10	91	25	83	56	85	23	92	79	87
Smoke	30	176	8	57	38	62	14	74	6	55	20	67	44	67	14	56	58	64
Sniff	7	41	2	14	9	15	3	16	0	0	3	10	10	15	2	8	12	13
Eat/drink	3	18	2	14	5	8	0	0	0	0	0	0	3	5	2	8	5	5
Total	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**
No. Clients Who had More Than One Method of Taking Drugs	25	53	3	21	28	46	6	32	6	55	12	40	31	47	9	36	40	44
Row Percent	**77%**		**23%**		**100%**		**63%**		**37%**		**100%**		**73%**		**27%**		**100%**	

Table A4.30 Drug Related Illnesses of Clients Attending Addiction Response Crumlin Based on a Census Carried out in October 1998 of all Clients Who Attended the Project in December 1997

Drug Related Illness	Men Clients						Women Clients						Total Clients					
	Drug User		Drug Free		Total		Drug User		Drug Free		Total		Drug User		Drug Free		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Hepatitis C	17	36	4	29	21	34	6	32	4	36	10	33	23	35	8	32	31	34
Abscesses	5	11	0	0	5	8	4	21	0	0	4	13	9	14	0	0	9	10
HIV	6	13	0	0	6	10	1	5	0	0	1	3	7	11	0	0	7	8
Hepatitis B	5	11	0	0	5	8	0	0	0	0	0	0	5	8	0	0	5	5
Other	3	6	0	0	3	5	0	0	0	0	0	0	3	5	0	0	3	3
Total*	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**
No Known Drug-Related Illness	27	57	10	71	37	61	11	58	7	64	18	60	38	58	17	68	55	60
Row Percent	**77%**		**23%**		**100%**		**63%**		**37%**		**100%**		**73%**		**27%**		**100%**	

*The total is not applicable (NA) because it is not cumulative

Table A4.31 Number of Years of Taking Drugs of Clients Attending Addiction Response Crumlin Based on a Census Carried out in October 1998 of all Clients Who Attended the Project in December 1997

Number of Years Taking Drugs	Men Clients						Women Clients						Total Clients					
	Drug User		Drug Free		Total		Drug User		Drug Free		Total		Drug User		Drug Free		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Three years or less	9	19	2	14	11	18	8	42	7	64	15	50	17	26	9	36	26	29
Four to five years	13	28	3	21	16	26	7	37	2	18	9	30	20	30	5	20	25	27
Six to ten years	13	28	5	36	18	30	4	21	2	18	6	20	17	26	7	28	24	26
More than ten years	12	26	4	29	16	26	0	0	0	0	0	0	12	18	4	16	16	18
Total	**47**	**100**	**14**	**100**	**61**	**100**	**19**	**100**	**11**	**100**	**30**	**100**	**66**	**100**	**25**	**100**	**91**	**100**
Average number of years	7.8		7.5		7.8		4.2		3.5		3.9		6.9		5.7		6.5	
Row Percent	**77%**		**23%**		**100%**		**63%**		**37%**		**100%**		**73%**		**27%**		**100%**	

Table A4.32 Methods of Getting Money for Drugs of Clients Before Attending Addiction Response Crumlin Based on a Census Carried out in October 1998 of all Clients Who Attended the Project in December 1997

Method of Getting Money for Drugs	Men Clients						Women Clients						Total Clients					
	Drug User		Drug Free		Total		Drug User		Drug Free		Total		Drug User		Drug Free		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Robbing	37	79	14	100	51	84	11	58	0	0	11	37	48	73	14	56	62	68
Dole	34	72	12	86	46	75	12	63	0	0	12	40	46	70	12	48	58	64
Working	23	49	3	21	26	43	10	53	0	0	10	33	33	50	3	12	36	40
Lone Parents Allowance	0	0	0	0	0	0	6	32	2	18	8	27	6	9	2	8	8	9
Prostitution	0	0	3	21	3	5	3	16	0	0	3	10	3	5	3	12	6	7
Selling drugs	3	6	2	14	5	8	1	5	2	18	3	10	4	6	4	16	8	9
Money from family	1	2	1	7	2	3	2	11	0	0	2	7	3	5	1	4	4	4
Boyfriend provided drugs	0	0	0	0	0	0	2	11	2	18	4	13	2	3	2	8	4	4
Pawning	1	2	0	0	1	2	0	0	0	0	0	0	1	2	0	0	1	1
Begging	0	0	1	7	1	2	0	0	0	0	0	0	0	0	1	4	1	1
Total*	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**
Row Percent	**77%**		**23%**		**100%**		**63%**		**37%**		**100%**		**73%**		**27%**		**100%**	

*The total is not applicable (NA) because it is not cumulative.

Table A4.33 Number of Times Been in Trouble with the Law Because of Drug Related Activities of Clients Before Attending Addiction Response Crumlin Based on a Census Carried out in October 1998 on All Clients Who Attended the Project in December 1997

Number of Times Been In Trouble with the Law Before Joining ARC	Men Clients						Women Clients						Total Clients					
	Drug User		Drug Free		Total		Drug User		Drug Free		Total		Drug User		Drug Free		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Been Arrested?	47	100	14	100	61	100	19	100	11	100	30	100	66	100	25	100	91	100
Never been arrested	13	28	4	29	17	28	6	32	8	73	14	47	19	29	12	48	31	34
Five times or less	12	26	2	14	14	23	9	47	2	18	11	37	21	32	4	16	25	27
Six to ten times	7	15	2	14	9	15	2	11	1	9	3	10	9	14	3	12	12	13
More than ten times	15	32	6	43	21	34	2	11	0	0	2	7	17	26	6	24	23	25
Been in Court?	47	100	13	100	60	100	19	100	11	100	30	100	66	100	24	100	90	100
Never been in court	16	34	6	46	22	37	9	47	9	82	18	60	25	38	15	63	40	44
Five times or less	9	12	2	15	11	18	6	32	1	9	7	23	15	23	3	13	18	20
Six to ten times	8	17	1	8	9	15	2	11	0	0	2	7	10	15	1	4	11	12
More than ten times	14	30	4	31	18	30	2	11	1	9	3	10	16	24	5	21	21	23
Been on remand?	47	100	12	100	59	100	19	100	11	100	30	100	66	100	23	100	89	100
Never been on remand	25	53	10	83	35	59	14	74	11	100	25	83	39	59	21	91	60	67
Five times or less	11	23	1	8	12	20	3	16	0	0	3	10	14	21	1	4	15	17
Six to ten times	4	9	0	0	4	7	1	5	0	0	1	3	5	8	0	0	5	6
More than ten times	7	15	1	8	8	14	1	5	0	0	1	3	8	12	1	4	9	10
Been in prison?	43	100	14	100	57	100	19	100	11	100	30	100	62	100	25	100	87	100
Never in prison	27	63	7	50	34	60	15	79	10	91	25	83	42	68	17	68	59	68
Five times or less	12	28	2	14	14	25	2	11	1	9	3	10	14	23	3	12	17	20
Six to ten times	3	7	5	36	8	14	2	11	0	0	2	7	5	8	5	20	10	11
More than ten times	1	2	0	0	1	2	0	0	0	0	0	0	1	2	0	0	1	1
In trouble with the law before joining ARC	34	72	10	71	44	72	13	68	3	27	16	53	47	71	13	52	60	66
Total*	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**
Row Percent	**77%**		**23%**		**100%**		**63%**		**37%**		**100%**		**73%**		**27%**		**100%**	

*The total is not applicable (NA) because it is not cumulative. Based on those for whom there is information.

Table A4.34 Time Spent in Prison Because of Drug Related Activities by Clients of ARC Based on a Census Carried out in October 1998 of all Clients Who Attended the Project in December 1997

Length of Time Spent In Prison for Drug Related Activities	Men Clients						Women Clients						Total Clients					
	Drug User		Drug Free		Total		Drug User		Drug Free		Total		Drug User		Drug Free		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
No time spent in prison	27	57	7	50	34	56	15	79	10	91	25	83	42	64	17	68	59	65
Spent Time in Prison	20	43	7	50	27	44	4	21	1	9	5	17	24	36	8	32	32	35
Twelve months or less	7	15	1	7	8	13	3	16	1	9	4	13	10	15	2	8	12	13
Thirteen to thirty-six months	4	9	4	29	8	13	1	5	0	0	1	3	5	8	4	16	9	10
Thirty-seven to sixty months	2	4	1	7	3	5	0	0	0	0	0	0	2	3	1	4	3	3
Six to ten years	4	9	1	7	5	8	0	0	0	0	0	0	4	6	1	4	5	5
More than ten years	3	6	0	0	3	5	0	0	0	0	0	0	3	5	0	0	3	3
Average Time in Prison	4.5 years		3.2 years		4.2 years		10 months		6 months		9 months		3.9 years		2.9 years		3.6 years	
Total	**47**	**100**	**14**	**100**	**61**	**100**	**19**	**100**	**11**	**100**	**30**	**100**	**66**	**100**	**25**	**100**	**91**	**100**
Row Percent	**77%**		**23%**		**100%**		**63%**		**37%**		**100%**		**73%**		**27%**		**100%**	

Appendix to Chapter Five

Table A5.1 Primary Drug Taken by Clients Since Attending Addiction Response Crumlin
Based on a Census Carried out in October 1998 of all Clients Who Attended the Project in December 1997

Primary Drug Taken Since Attending ARC	Men Clients						Women Clients						Total Clients					
	Drug User		Drug Free		Total		Drug User		Drug Free		Total		Drug User		Drug Free		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Heroin or Multi-Drug User*	13	28	0	0	13	21	9	47	0	0	9	30	22	33	0	0	22	24
Methadone User	34	72	0	0	34	56	10	53	0	0	10	33	44	67	0	0	44	48
Drug Free	0	0	14	100	14	23	0	0	11	100	11	37	0	0	25	100	25	27
Total	**47**	**100**	**14**	**100**	**61**	**100**	**19**	**100**	**11**	**100**	**30**	**100**	**66**	**100**	**25**	**100**	**91**	**100**
Row Percent	**77%**		**23%**		**100%**		**63%**		**37%**		**100%**		**73%**		**27%**		**100%**	

*This category refers to those who are on heroin only (8), on heroin and other drugs (8), and those who are on methadone in combination with ecstasy, alcohol, hash, benzos and sleeping tablets (6).

Table A5.2 Participation in Activities of Clients Attending Addiction Response
Based on a Census Carried out in October 1998 of all Clients Who Attended the Project in December 1997

Participation in Activities	Men Clients						Women Clients						Total Clients					
	Drug User		Drug Free		Total		Drug User		Drug Free		Total		Drug User		Drug Free		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Drop in During Day	43	91	12	86	55	90	18	95	10	91	28	93	61	92	22	88	83	91
Counselling	31	66	13	93	44	72	15	79	8	73	23	77	46	70	21	84	67	74
Men's Group/ Women's Group	24	51	9	64	33	54	16	84	4	36	20	67	40	61	13	52	53	58
Narcotics Anonymous	24	51	7	50	31	51	10	53	3	27	13	43	34	52	10	40	44	48
Art Group	12	26	5	36	17	28	11	58	2	18	13	43	23	35	7	28	30	33
Drama Group	13	28	2	14	15	25	11	58	3	27	14	47	24	36	5	20	29	32
Addiction Studies Course	2	4	1	7	3	5	1	5	0	0	1	3	3	5	1	4	4	4
Hill-walking	2	4	0	0	2	3	0	0	0	0	0	0	2	3	0	0	2	2
Music Group	0	0	0	0	0	0	1	5	0	0	1	3	1	2	0	0	1	1
Total*	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**
Average No. of Activities	3		4		3		5		3		4		4		3		4	
Row Percent	**77%**		**23%**		**100%**		**63%**		**37%**		**100%**		**73%**		**27%**		**100%**	

*The total is not applicable (NA) because it is not cumulative.

Table A5.3 Dispensing System of Clients Attending Addiction Response Crumlin
Based on a Census Carried out in October 1998 of all Clients Who Attended the Project In December 1997

Dispensing System of Clients	Men Clients						Women Clients						Total Clients					
	Drug User		Drug Free		Total		Drug User		Drug Free		Total		Drug User		Drug Free		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Parents or family member hold weekly prescription	21	51	4	44	25	50	6	43	0	0	6	43	27	49	4	44	31	48
ARC worker holds weekly prescription	13	32	4	44	17	34	4	29	0	0	4	29	17	31	4	44	21	33
Chemist dispenses daily	7	17	1	11	8	16	4	29	0	0	4	29	11	20	1	11	12	19
Total*	**41**	**100**	**9**	**100**	**50**	**100**	**14**	**100**	**0**	**0**	**14**	**100**	**55**	**100**	**9**	**100**	**64**	**100**
Row Percent	**77%**		**23%**		**100%**		**63%**		**37%**		**100%**		**73%**		**27%**		**100%**	

*The total refers to those who are on prescribed methadone.

Table A5.4 Length of Time of Clients Attending Addiction Response Crumlin
Based on a Census Carried out in October 1998 of all Clients Who Attended the Project in December 1997

Number of Months Attending ARC	Men Clients						Women Clients						Total Clients					
	Drug User		Drug Free		Total		Drug User		Drug Free		Total		Drug User		Drug Free		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Current Clients	41	87	2	14	43	70	13	68	0	0	13	43	54	82	2	8	56	62
Six months or less	5	11	1	7	6	10	3	16	0	0	3	10	8	12	1	4	9	10
Seven to twelve months	15	32	1	7	16	26	2	11	0	0	2	7	17	26	1	4	18	20
Thirteen to eighteen months	10	21	0	0	10	16	3	16	0	0	3	10	13	20	0	0	13	14
More than eighteen months	11	23	0	0	11	18	5	26	0	0	5	17	16	24	0	0	16	18
Average number of months	15		8		13		16		0		16		15		8		15	
Former Clients	6	13	12	86	18	30	6	32	11	100	17	57	12	18	23	92	35	38
Six months or less	2	4	1	7	3	5	1	5	5	45	6	20	3	5	6	24	9	10
Seven to twelve months	2	4	6	43	8	13	2	11	4	36	6	20	4	6	10	40	14	15
Thirteen to eighteen months	1	2	3	21	4	7	3	16	2	18	5	17	4	6	5	20	9	10
More than eighteen months	1	2	2	14	3	5	0	0	0	0	0	0	1	2	2	8	3	3
Average number of months	11		13		13		13		9		10		12		11		12	
Total Clients	47	100	14	100	61	100	19	100	11	100	30	100	66	100	25	100	91	100
Six months or less	7	15	2	14	9	15	4	21	5	45	9	30	11	17	7	28	18	20
Seven to twelve months	17	36	7	50	24	39	4	21	4	36	8	27	21	32	11	44	32	35
Thirteen to eighteen months	11	23	3	21	14	23	6	32	2	18	8	27	17	26	5	20	22	24
More than eighteen months	12	26	2	14	14	23	5	26	0	0	5	17	17	26	2	8	19	21
Average number of months	15		13		14		15		9		13		15		11		14	
Total	**47**	**100**	**14**	**100**	**61**	**100**	**19**	**100**	**11**	**100**	**30**	**100**	**66**	**100**	**25**	**100**	**91**	**100**
Row Percent	**77%**		**23%**		**100%**		**63%**		**37%**		**100%**		**73%**		**27%**		**100%**	

Table A5.5 Number of Times Clients Attending Addiction Response Crumlin Dropped Out or Were Suspended Based on a Census Carried out in October 1998 of all Clients Who Attended the Project in December 1997

Number of Times Dropped Out or was Suspended from ARC	Men Clients						Women Clients						Total Clients					
	Drug User		Drug Free		Total		Drug User		Drug Free		Total		Drug User		Drug Free		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Dropped Out	7	15	3	21	10	16	6	32	3	27	9	30	13	20	6	24	19	21
Once	5	11	1	7	6	10	3	16	3	27	6	20	8	12	4	16	12	13
Twice	1	2	1	7	2	3	3	16	0	0	3	10	4	6	1	4	5	5
Three to four times	1	2	1	7	2	3	0	0	0	0	0	0	1	2	1	4	2	2
Never dropped out	40	85	11	79	51	84	13	68	8	73	21	70	53	80	19	76	72	79
Total Clients	**47**	**100**	**14**	**100**	**61**	**100**	**19**	**100**	**11**	**100**	**30**	**100**	**66**	**100**	**25**	**100**	**91**	**100**
Suspended	12	26	2	14	14	23	7	37	3	27	10	33	19	29	5	20	24	26
Once	7	15	1	7	8	13	4	21	2	18	6	20	11	17	3	12	14	15
Twice	3	6	1	7	4	7	0	0	0	0	0	0	3	5	1	4	4	4
Three to four times	2	4	0	0	2	3	3	16	1	9	4	13	5	8	1	4	6	7
Never suspended	35	74	12	86	47	77	12	63	8	73	20	67	47	71	20	80	67	74
Total Clients	**47**	**100**	**14**	**100**	**61**	**100**	**19**	**100**	**11**	**100**	**30**	**100**	**66**	**100**	**25**	**100**	**91**	**100**
No. of Clients Who Have Dropped Out or Been Suspended	19	40	5	36	24	39	9	47	6	55	15	50	28	42	11	44	39	43
No. of Clients Who Have Never Dropped Out or been Suspended	28	60	9	94	37	61	10	53	5	45	15	50	38	58	14	56	52	57
Total Clients	**47**	**100**	**14**	**##**	**61**	**100**	**19**	**100**	**11**	**100**	**30**	**100**	**66**	**100**	**25**	**100**	**91**	**100**
Row Percent	**77%**		**23%**		**100%**		**63%**		**37%**		**100%**		**73%**		**27%**		**100%**	

Table A5.6 Number of Times Detoxed Completely Before or Since Attending Addiction Response Crumlin Based on a Census Carried out in October 1998 of all Clients Who Attended the Project in December 1997

Number of Times Detoxed Before or Since Attending MDP	Men Clients						Women Clients						Total Clients					
	Drug User		Drug Free		Total		Drug User		Drug Free		Total		Drug User		Drug Free		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Number of Times Before	25	53	2	14	27	44	4	21	0	0	4	13	29	44	2	8	31	34
Once	13	28	1	7	14	23	2	11	0	0	2	7	15	23	1	4	16	18
Two to three times	8	17	0	0	8	13	0	0	0	0	0	0	8	12	0	0	8	9
Four to eight	4	9	1	7	5	8	2	11	0	0	2	7	6	9	1	4	7	8
Average No. of Times Before	2.3		4.0		2.3		2.8		0.0		3.0		2.4		4.0		2.7	
Did not detox before	22	47	12	86	34	56	15	79	11	100	26	87	37	56	23	92	60	66
Total Clients	**47**	**100**	**14**	**100**	**61**	**100**	**19**	**100**	**11**	**100**	**30**	**100**	**66**	**100**	**25**	**100**	**91**	**100**
Number of Times Since	10	21	14	100	24	39	2	11	11	100	13	43	12	18	25	100	37	41
Once	6	13	9	64	15	25	2	11	10	91	12	40	8	12	19	76	27	30
Two to three times	4	9	5	36	9	15	0	0	1	9	1	3	4	6	6	24	10	11
Average No. of Times	1.7		1.4		1.0		1.0		1.1		1.0		1.0		1.0		1.4	
Did not detox since	37	79	0	0	37	61	17	89	0	0	17	57	54	82	0	0	54	59
Total Clients	**47**	**100**	**14**	**100**	**61**	**100**	**19**	**100**	**11**	**100**	**30**	**100**	**66**	**100**	**25**	**100**	**91**	**100**
Total Number of Times Detoxed	33	70	14	100	47	77	6	32	11	100	17	57	39	59	25	100	64	70
Once	17	36	9	64	26	43	4	21	10	91	14	47	21	32	19	76	40	44
Two to three times	12	26	5	36	17	28	0	0	1	9	1	3	12	18	6	24	18	20
Four to nine	4	9	0	0	4	7	2	11	0	0	2	7	6	9	0	0	6	7
Average No. of Times	2.1		2.0		2.1		2.5		1.1		1.6		2.2		1.6		2.0	
Have never detoxed	14	30	0	0	14	23	13	68	0	0	13	43	27	41	0	0	27	30
Total Clients	**47**	**100**	**14**	**100**	**61**	**100**	**19**	**100**	**11**	**100**	**30**	**100**	**66**	**100**	**25**	**100**	**91**	**100**
Row Percent	**77%**		**23%**		**100%**		**63%**		**37%**		**100%**		**73%**		**27%**		**100%**	

Table A5.7 Other Services Used by Clients Before Attending Addiction Response Crumlin Based on a Census Carried out in October 1998 of all Clients Who Attended the Project in December 1997

Other Services Used Prior to Attending ARC	Men Clients						Women Clients						Total Clients					
	Drug User		Drug Free		Total		Drug User		Drug Free		Total		Drug User		Drug Free		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Have used other services	33	70	11	79	44	72	15	79	3	27	18	60	48	73	14	56	62	68
Other Services Used Trinity Court	22	47	7	50	29	48	9	47	2	18	11	37	31	47	9	36	40	44
Merchants Quay	11	23	6	43	17	28	10	53	1	9	11	37	21	32	7	28	28	31
Doctor	10	21	0	0	10	16	4	21	0	0	4	13	14	21	0	0	14	15
Coolmine	3	6	3	21	6	10	0	0	0	0	0	0	3	5	3	12	6	7
Other	2	4	3	21	5	8	0	0	0	0	0	0	2	3	3	12	5	5
Beaumont Hospital	2	4	0	0	2	3	0	0	1	9	1	3	2	3	1	4	3	3
Sr. Concillios	2	4	0	0	2	3	0	0	0	0	0	0	2	3	0	0	2	2
Jervis Street	1	2	0	0	1	2	0	0	0	0	0	0	1	2	0	0	1	1
Average No. of Services	2.4		1.8		2.2		1.5		1.6		1.5		2.1		1.7		2	
Have not used other services	14	30	3	21	17	28	4	21	8	73	12	40	18	27	11	44	29	32
Total	**47**	**100**	**14**	**100**	**61**	**100**	**19**	**100**	**11**	**100**	**30**	**100**	**66**	**100**	**25**	**100**	**91**	**100**
Row Percent	**77%**		**23%**		**100%**		**63%**		**37%**		**100%**		**73%**		**27%**		**100%**	

Table A5.8 Changes in Health by Clients Attending Addiction Response Crumlin
Based on a Census Carried out in October 1998 of all Clients Who Attended the Project in December 1997

Changes In Health	Men Clients						Women Clients						Total Clients					
	Drug User		Drug Free		Total		Drug User		Drug Free		Total		Drug User		Drug Free		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Improved	39	83	14	100	53	87	14	74	11	100	25	83	53	80	25	100	78	86
No change	3	6	0	0	3	5	5	26	0	0	5	17	8	12	0	0	8	9
Disimproved	5	11	0	0	5	8	0	0	0	0	0	0	5	8	0	0	5	5
Total	**47**	**100**	**14**	**100**	**61**	**100**	**19**	**100**	**11**	**100**	**30**	**100**	**66**	**100**	**25**	**100**	**91**	**100**
Row Percent	**77%**		**23%**		**100%**		**63%**		**37%**		**100%**		**73%**		**27%**		**100%**	

Table A5.9 Current Overall State of Health by Clients Attending Addiction Response Crumlin
Based on a Census Carried out in October 1998 of all Clients Who Attended the Project in December 1997

Current Overall State of Health	Men Clients						Women Clients						Total Clients					
	Drug User		Drug Free		Total		Drug User		Drug Free		Total		Drug User		Drug Free		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Excellent	6	13	11	79	17	28	2	11	6	55	8	27	8	12	17	68	25	27
Good	20	43	2	14	22	36	5	26	5	45	10	33	25	38	7	28	32	35
Fair	13	28	0	0	13	21	5	26	0	0	5	17	18	27	0	0	18	20
Poor	4	9	1	7	5	8	5	26	0	0	5	17	9	14	1	4	10	11
Very poor	4	9	0	0	4	7	2	11	0	0	2	7	6	9	0	0	6	7
Total	**47**	**100**	**14**	**100**	**61**	**100**	**19**	**100**	**11**	**100**	**30**	**100**	**66**	**100**	**25**	**100**	**91**	**100**
Row Percent	**77%**		**23%**		**100%**		**63%**		**37%**		**100%**		**73%**		**27%**		**100%**	

Table A5.10 Change in the Quality of Life Since Attending Addiction Response Crumlin
Based on a Census Carried out in October 1998 of all Clients Who Attended the Project in December 1997

Changes in the Quality of Life	Men Clients						Women Clients						Total Clients					
	Drug User		Drug Free		Total		Drug User		Drug Free		Total		Drug User		Drug Free		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Improved	39	83	14	100	53	87	16	84	11	100	27	90	55	83	25	100	80	88
No change	5	11	0	0	5	8	3	16	0	0	3	10	8	12	0	0	8	9
Disimproved	2	4	0	0	2	3	0	0	0	0	0	0	2	3	0	0	2	2
No information	1	2	0	0	1	2	0	0	0	0	0	0	1	2	0	0	1	1
Total	**47**	**100**	**14**	**100**	**61**	**100**	**19**	**100**	**11**	**100**	**30**	**100**	**66**	**100**	**25**	**100**	**91**	**100**
Row Percent	**77%**		**23%**		**100%**		**63%**		**37%**		**100%**		**73%**		**27%**		**100**	

Table A5.11 Current Employment Situation of Clients Since Attending Addiction Response Crumlin Based on a Census Carried out in October 1998 of all Clients Who Attended the Project in December 1997

Changes in the Quality of Relationship	Men Clients						Women Clients						Total Clients					
	Drug User		Drug Free		Total		Drug User		Drug Free		Total		Drug User		Drug Free		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Mother	42	100	12	100	54	100	18	100	11	100	29	100	60	100	23	100	83	100
Improved	36	86	5	42	41	76	15	83	7	64	22	76	51	85	12	52	63	76
No change	6	14	7	58	13	24	3	17	4	36	7	24	9	15	11	48	20	24
Father	35	100	7	100	42	100	15	100	9	100	24	100	50	100	16	100	66	100
Improved	25	71	3	43	28	67	6	40	5	56	11	46	31	62	8	50	39	59
No change	10	29	4	57	14	33	8	53	4	44	12	50	18	36	8	50	26	39
Disimproved	0	0	0	0	0	0	1	7	0	0	1	4	1	2	0	0	1	2
Brothers and Sisters	45	100	14	100	59	100	18	100	9	100	27	100	63	100	23	100	86	100
Improved	33	73	9	64	42	71	9	50	8	89	17	63	42	67	17	74	59	69
No change	10	22	4	29	14	24	6	33	1	11	7	26	16	25	5	22	21	24
Disimproved	2	4	1	7	3	5	3	17	0	0	3	11	5	8	1	4	6	7
Partner	28	100	7	100	35	100	8	100	6	100	14	100	36	100	13	100	49	100
Improved	22	79	6	86	28	80	4	50	2	33	6	43	26	72	8	62	34	69
No change	4	14	0	0	4	11	3	38	2	33	5	36	7	19	2	15	59	18
Disimproved	2	7	1	14	3	9	1	13	2	33	3	21	3	8	3	23	6	12
Children	23	100	4	100	27	100	15	100	7	100	22	100	38	100	11	100	49	100
Improved	16	70	3	75	19	70	10	67	7	100	17	77	26	68	10	91	36	73
No change	6	26	0	0	6	22	4	27	0	0	4	18	10	26	0	0	10	20
Disimproved	1	4	1	25	2	7	1	7	0	0	1	5	2	5	1	9	3	6
Friends	38	100	10	100	48	100	14	100	10	100	24	100	52	100	20	100	72	100
Improved	21	55	7	70	28	58	6	43	9	90	15	63	27	52	16	80	43	60
No change	14	37	1	10	15	31	5	36	1	10	6	25	19	37	2	10	21	29
Disimproved	3	8	2	20	5	10	3	21	0	0	3	13	6	12	2	10	8	11
Total*	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**
Row Percent	**77%**		**23%**		**100%**		**63%**		**37%**		**100%**		**73%**		**27%**		**100%**	

*The total is not applicable (NA) because it is not cumulative. Based on those for whom the question is applicable and for whom there is information.

Table A5.12 Current Employment Situation of Clients Since Attending Addiction Response Crumlin Based on a Census Carried out in October 1998 of all Clients Who Attended the Project in December 1997

Current Employment Situation of Clients Since Attending ARC	Men Clients						Women Clients						Total Clients					
	Drug User		Drug Free		Total		Drug User		Drug Free		Total		Drug User		Drug Free		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Unemployed	18	38	4	29	22	36	11	58	7	64	18	60	29	44	11	44	40	44
Employed full-time	16	34	6	43	22	36	2	11	4	36	6	20	18	27	10	40	28	31
Employed part-time	7	15	2	14	9	15	3	16	0	0	3	10	10	15	2	8	12	13
Employed occasionally	2	4	1	7	3	5	2	11	0	0	2	7	4	6	1	4	5	5
Attending college	2	4	1	7	3	5	0	0	0	0	0	0	2	3	1	4	3	3
Long-term disability	2	4	0	0	2	3	0	0	0	0	0	0	2	3	0	0	2	2
Housewife	0	0	0	0	0	0	1	5	0	0	1	3	1	2	0	0	1	1
Total	**47**	**100**	**14**	**100**	**61**	**100**	**19**	**100**	**11**	**100**	**30**	**100**	**66**	**100**	**25**	**100**	**91**	**100**
Row Percent	**77%**		**23%**		**100%**		**63%**		**37%**		**100%**		**73%**		**27%**		**100%**	

Table A5.13 Education or Training Programmes Attended by Clients Since Attending Addiction Response Crumlin
Based on a Census Carried out in October 1998 of all Clients Who Attended the Project in December 1997

Education or Training Programme	Men Clients						Women Clients						Total Clients					
	Drug User		Drug Free		Total		Drug User		Drug Free		Total		Drug User		Drug Free		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Have attended Education or Training Course	6	13	6	43	11	18	0	0	3	27	3	10	6	9	9	36	15	16
Education programme	0	0	1	7	1	2	0	0	0	0	0	0	0	0	1	4	1	1
Training programme	2	4	3	21	5	8	0	0	2	18	2	7	2	3	5	20	7	8
Training and Employment programme	0	0	1	7	0	0	0	0	0	0	0	0	0	0	1	4	1	1
Employment programme	1	2	0	0	1	2	0	0	1	9	1	3	1	2	1	4	2	2
VTOS	2	4	0	0	2	3	0	0	0	0	0	0	2	3	0	0	2	2
UCD Certificate Course	1	2	0	0	1	2	0	0	0	0	0	0	1	2	0	0	1	1
Other	0	0	1	7	1	2	0	0	0	0	0	0	0	0	1	4	1	1
Have not attended Education or Training Course	41	87	8	57	49	82	19	##	8	73	27	90	60	91	16	64	768 4	
Total	**47**	**100**	**14**	**100**	**60**	**100**	**19**	**100**	**11**	**100**	**30**	**100**	**66**	**100**	**25**	**100**	**91**	**100**
Row Percent	**77%**		**23%**		**100%**		**63%**		**37%**		**100%**		**73%**		**27%**		**100%**	

Table A5.14 Involvement in any Criminal Activity Since Attending Addiction Response Crumlin
Based on a Census Carried out in October 1998 of all Clients Who Attended the Project in December 1997

Involvement In Criminal Activity Since Attending ARC	Men Clients						Women Clients						Total Clients					
	Drug User		Drug Free		Total		Drug User		Drug Free		Total		Drug User		Drug Free		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Yes	11	23	2	14	13	21	8	42	0	0	8	27	19	29	2	8	21	23
No	35	74	12	86	47	77	11	58	11	100	28	73	46	70	23	92	69	76
No information	1	2	0	0	1	2	0	0	0	0	0	0	1	2	0	0	1	1
Total	**47**	**100**	**14**	**100**	**61**	**100**	**19**	**100**	**11**	**100**	**30**	**100**	**66**	**100**	**25**	**100**	**91**	**100**
Row Percent	**77%**		**23%**		**100%**		**63%**		**37%**		**100%**		**73%**		**27%**		**100%**	

Table A5.15 Number of Times Been in Trouble with the Law Because of Drug Related Activities of Clients Since Attending Addiction Response Crumlin Based on a Census Carried out in October 1998 of all Clients Who Attended the Project in December 1997

Number of Times Been In Trouble with the Law Since Joining ARC	Men Clients						Women Clients						Total Clients					
	Drug User		Drug Free		Total		Drug User		Drug Free		Total		Drug User		Drug Free		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Been Arrested*	46	100	14	100	60	100	19	100	11	100	30	100	65	100	25	100	90	100
Never been arrested	36	78	12	86	48	80	12	63	11	100	23	77	48	74	23	92	71	79
Five times or less	8	17	2	14	10	17	5	26	0	0	5	17	13	20	2	8	15	17
Six to ten times	2	4	0	0	2	3	1	5	0	0	1	3	3	5	0	0	3	3
More than ten times	0	0	0	0	0	0	1	5	0	0	1	3	1	2	0	0	1	1
Been in Court*	45	100	14	100	59	100	19	100	11	100	30	100	64	100	25	100	89	100
Never been in court	38	84	12	86	50	85	16	84	11	100	27	90	54	84	23	92	77	87
Five times or less	7	16	2	14	9	15	2	11	0	0	2	7	9	14	2	8	11	12
More than ten times	0	0	0	0	0	0	1	5	0	0	1	3	1	2	0	0	1	1
Been on remand*	46	100	14	100	60	100	18	100	11	100	29	100	64	100	25	100	89	100
Never been on remand	43	93	14	100	57	95	18	100	11	100	29	100	61	95	25	100	86	97
Five times or less	3	7	0	0	3	5	0	0	0	0	0	0	3	5	0	0	3	3
Been in prison*	46	100	14	100	60	100	19	100	11	100	30	100	65	100	25	100	90	100
Never been in prison	46	100	14	100	60	100	18	95	11	100	29	97	64	98	25	100	89	99
Five times or less	0	0	0	0	0	0	1	5	0	0	1	3	1	2	0	0	1	1
Have been in trouble with the law before joining ARC	34	72	10	71	44	72	12	63	4	36	16	53	46	70	14	56	60	66
Have been in trouble with the law since joining ARC	11	23	2	14	13	21	8	42	0	0	8	27	19	29	2	8	21	23
Total**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**
Row Percent	**77%**		**23%**		**100%**		**63%**		**37%**		**100%**		**73%**		**27%**		**100%**	

*These totals refer to those on whom information is available.
**The total is not applicable (NA) because it is not cumulative.

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