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Treating Drug Addiction:

An Evaluation of Addiction Response Crumlin



Drug Misuse Research Division
The Health Research Board

Drug Misuse Research Division

The Health Research Board

73 Lower Baggot Street, Dublin 2

Tel: 01-676 1176, Fax: 01-661 1856, E-mail dmrd@hrb.ie

Summary 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

Report Prepared For:

Addiction Response Crumlin (ARC)

101 Cashel Road, Crumlin, Dublin 12. Phone 01-456 3131

with support from:

Combat Poverty Agency

Bridgewater Centre, Conyngham Road, Islandbridge, Dublin 8.

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Mission Statement

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-judgemental 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 and how to respond.



Community Addiction Studies Class 1997/98

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

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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	Drugs Worker
Eugene Dudley	Secretary	Civil servant
David Masterson	Treasurer	Student
Kay Conlon	Member	Volunteer
Marie Kane	Member	Volunteer
Kathleen Murphy	Member	Family Support Group
Marie Long	Member	Family Support Group
Gail Hawthron	Member	EHB Nurse
Eunan McDonald	Member	Priest
Mary Trainer	Member	Probation and Welfare
Seamus Murphy	Member	Financial Journalist

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	Nov98
Sindy Burca	Outreach Worker	Sep99
Andrew Sexton	Outreach Worker	Aug99

The core of the report is essentially about the clients of ARC. We are 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.

October 1999

Introduction

Addiction Response Crumlin (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.

This summary report presents the results of our study in the form of answers to six basic questions:

- 1. What is ARC?**
- 2. What is the national policy on drug treatment and rehabilitation?**
- 3. What are the distinguishing features of Crumlin as a community?**
- 4. Who are the clients of ARC?**
- 5. What impact does ARC have on its clients?**
- 6. What issues emerge from the evaluation?**

We have included in the report a number of poems written by ARC clients so that they may speak directly in their own words.

I never thought that it could be like this

I never thought that it could be like this
I never saw that this could happen to me
Though I went in I thought my eyes were open wide
How was that I could not see.

I'm searching for a way over,
To another side of life.
I'm looking for the other way.
I'm not returning any more.

Amid the ruins of once happy dreams
The shattered hopes, this aching wound my heart
This barren wasteland of a life stripped bare
This is where my journey starts.

I'm searching for a new day,
In another kind of life.
I'm looking for a truer way
I'm looking for a change of heart.

I'm searching for a-way over.
There will be others there for me
Together sharing all that life can bring
From that gentleness within.

I never thought that it could be this way
I never saw that this could happen to me.

Poem by ARC Client



What is ARC?

Origins

ARC – Addiction Response Crumlin - 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 services for recovering misusers.

The Buddy System

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.

Premises

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). It is run by a management committee and a staff team (see^ Table 1 and Table 2). 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 of which Crumlin is a part.

Services for Clients

The main function of staff is to support clients on the methadone treatment programme. This takes a variety of forms:

1. the "buddy system" as just described;
2. driving clients to pharmacies outside the area to collect their methadone since there are not enough pharmacies in the catchment area who dispense methadone;
3. visiting clients at home in order to offer practical help with health, social services, housing or whatever their presenting need;

4. 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. The courses were accredited by NCVA: Level Two. ARC also delivered a drugs information course (70 hours) as part of a course on Community Development held in Drimnagh.

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.

Obstacles to Service Development

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. 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

Throughput

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 and 1999 was around 75 with a waiting list of around 30.

Cost

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).

Role of the Community

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.

Strong is the Mind

Strong is the mind,
Strong is the heart,
When it came to taking drugs,
I wasn't so smart.

Now ten years have gone by,
And not much has changed,
Except for I'm putting the drugs,
Straight in my veins.

And after a while,
My veins disappeared,
Then my mind started to worry,
With anger and fear.

And after a while,
My heart started to grow,
And my feelings,
Started to flow.

So how strong are you,
And how strong is your mind,
To kick the habit,
That was making you blind.

Poem by ARC Client



What is the national policy on drug treatment and rehabilitation?

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.

What are the distinguishing features of Crumlin as a community?

Location

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.

Population

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.

Housing

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 but considerably higher than Dublin where over a quarter (27%) of all households live in flats.

Age Structure

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.

Marriage and Family

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%).

Burn the Light

Burn the light, watch the flame,
Think of where to pass the blame,
Let the fire from beneath,
Raise the dragon to his feet,
You give him life, you give him rage,
Now you freed him from his cage,
What you freed from that cage,
Gentle as a pup,
Emerged into a beast that swallowed me up.
The person I once was soon began to cease,
Once the beast that lives within was released,
Some get chained to the beast,
Some get help to be released.
But freedom has its price,
You get bit once, you get bit twice.
Put the beast in its cage,
But always know he's waiting to be free,
But the only one who can free him,
Is we who hold the key.

Poem by ARC Client



Stage in Family Life Cycle

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. Unemployment

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.

Long-term Unemployment

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%).

Social Class

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.

Education

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.13).

Our analysis 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%).

Education Initiatives

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 á 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.

Community Services

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.

Addressing Weaknesses in Education and Employment

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 greatly increase the risk of 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 pre-school 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.

Death and Resurrection

I saw the death and resurrection of a young boy.
But his heart it never stopped.
It was the day he injected evil itself that his soul was swapped.
He lost his weight, love, courage and faith.
That's why we call it death, cos it keeps pulling you down,
Until it takes your last breath.

He keeps on playing with death each time he takes a fix.
And he needs a resurrection to make him safe, well and fit.
Cos if he keeps on playing with death,
It's with the earth he'll mix.

But now he's on the mend, cos he's taking gear no longer,
Oh yeh he's had a death and resurrection, yes he's no longer injecting.
And the craving is gone away oh yeh, and his health is here to stay.
Now that's a living proof, yes a living proof,
Of a death and resurrection, In the living way.

Poem by ARC Client



Who are the clients of ARC?

In 1997 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).

Unmarried Parents

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).

Educational Underachievement

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.

Unemployment

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 admission to the project.

Family Home

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.

Family Size

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 to the 1970s when most of the clients were born (see Clancy, 1984, p.21).

Social Class

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 of ten families was work rather than social welfare. Family Problems

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 conflicts and violence in the home (43%) as well as 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.

Siblings

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

Drug Addiction

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).

Contact with 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 Síochána'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.

What More Than Drugs

You wake up each day,
And find that you will say,
What luck or tricks,
Will help get my next fix,
I don't feel like taking part,
But I guess I'll have to make a start,
Because if there's no money to gain
I know that soon I'll feel the pain,
You score, so you deal with the pain,
But soon find you need more of the same.

And although some days seem nice,
Your habit has more than doubled twice,
Then you remember what they all said,
But you're already made your bed,
Still it's not too late to try,
You'll end up getting by,
And looking back with pride,
At the strength it took inside,
To break a habit forever,
And decide that you will never,
Go down and score,
Like you did before.

Poem by ARC Client



What impact does ARC have on its clients?

We answer this question by describing the main changes which have occurred in the lives of clients since attending ARC (see McKeown, 1999). It is worth acknowledging from the beginning that these changes may, or may not, be a direct consequence of attending ARC; within the present study it is impossible to show scientifically that the changes were caused solely by ARC. Notwithstanding this limitation, it is not inappropriate to assume that ARC probably made a significant contribution to the changes in clients which we describe here.

Addiction Outcome

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 since they came to ARC. 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).

Length of treatment

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).

Detoxification

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.

Health Gain

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.

Social Gain

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

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.

Criminal Activity

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.

I remember

A little boy placed in arms,
Born to be protected from all harm,
Trusting us with those big blue eyes,
Reflecting the stars and the skies.

Eagerly running to first day at school,
Teacher instilling the golden rule,
Pockets bulging with even a mouse,
Brought joy to everyone in our house.

Now that baby is all grown up,
Doesn't need us now, thinks he is tough,
Eyes are vague, face is smug,
The love of his life is now a drug.

Poem by ARC Client



What issues emerge from the evaluation?

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 in 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 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 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, 1998, 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 outnumber 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. 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 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.

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