

THE MEDICO-SOCIAL RESEARCH BOARD

HEROIN MISUSE IN A NORTH CENTRAL DUBLIN AREA 1985  
A follow-up on the 1982-83 Drug Misuse in Ireland Study

Fr. Paul Lavelle/  
Director, Drugs Awareness Programme,  
Catholic Social Service Conference,  
The Red House,  
Clonliffe College,  
Dublin 3.

The Medico-Social Research Board  
73, Lr. Baggot Street,  
Dublin 2.

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BLZ, VM4-2 Dublin

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3 report presents information on 74 of the original 88 heroin users from Dublin inner city area who were identified during 1982/1983. At the time re-interview (1985/86) 22 were still on heroin, 23 in prison, 11 attending methadone maintenance programmes and 18 were heroin-free. Twenty six percent of the sample were under 25 years, with the majority single or separated. The single or separated parents (41) had a total of 107 children.

Since the time of initial interview 69 respondents had attempted to give up heroin, primarily through a detoxification programme; 55 had attended hospital for drug-related conditions, 66 had been unemployed and 49 had served prison sentences. The majority supported the efforts of their local community to deal with the drug problem.

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In June, 1982, Dr. Geoffrey Dean, Director of the Medico-Social Research Unit, was asked by the then Minister for Health to investigate reports of an increase of heroin misuse in Dublin during the previous twelve months. In the Spring of 1981 there had apparently been very little misuse of heroin in the Republic, but at that time a heroin epidemic began in London, probably sparked off by the huge influx of heroin onto the world market, consequent on the Iranian Revolution in late 1980.

In the Winter of 1982/83 an investigation of heroin misuse in a North Central Dublin area (Mountjoy Ward A) was carried out. It showed that in this area studied, 88 young people (that is 10% of the 15 - 24 year olds) were using heroin, of which 40 were experimenters, 48 were using it three times a week and 82 at least once daily.

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Misuse was mainly by young people. A good deal of crime was associated with this misuse since purchase of the needed heroin commonly called for the expenditure of £100 a day by each user. At that time there was an alarming increase in the number of persons charged with the possession of opiates and an increase in the number of drug users being committed to prison.

It is approximately three years since that study was completed. What is the present situation in regard to the 88 heroin users interviewed at that time? How many are now heroin-free? What number are on methadone maintenance programmes? What health complications have the users encountered over the past few years? How many have been sentenced to prison? This study answers some of these questions.

### METHOD

A questionnaire was administered to 74 of the original 88 heroin users from the earlier study who were contacted and willing to be interviewed giving a follow-up response rate of 84% which is very high considering the group studied. Fourteen of the original 88 were not interviewed principally because they could not be traced, or in the case of one person who had died and another who refused to be interviewed.

The interviewers were people familiar with the problems of drug usage, and interviewing the prison inmates presented no major difficulties as they were a captive group. However, with many of the others, interviews had to take place on the street or at other locations decided upon by the interviewees. Nevertheless, it was possible to obtain complete responses from the 74 respondents with the exception of three questions for which information is incomplete, see Tables 6, 12, 14.

FINDINGS

SOCIAL PROFILE OF DRUG USERS

Table 1 - Age & Sex

<u>Age</u>	<u>Male</u>	<u>Female</u>	<u>Total</u>
17-20	11	9	20
21-24	27	9	36
25 & over	12	6	18
N	50	24	74

Table 2 - Marital Status and No. of Children

	<u>Respondents</u>	<u>Child:</u>
Single	26	0
Single parent	36	52
Married	7	14
Separated	5	8
N	74	

Table 3 - Living Arrangements

With parents	29
With spouse	7
With girlfriend	15
With boyfriend	8
Other*	15
N	74

Table 4 - Employment

	<u>Yes</u>	<u>No</u>	<u>N</u>
Working now	5	69	74
Worked for some time since last interview	8	66	74

\* Includes alone, with relatives, homeless, or a combination.

One of the aims of this study was to identify the present situation of the 88 heroin users studied in 1982/83. It emerges that of the 74 interviewed 76% were under 25 years, with the majority single or separated and only a small number (7) married.

A very interesting and perhaps alarming finding is the large number, 74, of offspring of this group 60 of whom belong to single or separated persons. Of particular concern must be the children born to heroin dependent women as recent work has shown that a high proportion are positive for the AIDS virus which can be passed on to the unborn child (Personal communication Jervis Street Drug Centre).

As indicated in Table 3, a large number of respondents normally lived\* with their parents: it must be remembered, however that at the time of interview 23 respondents were in prison. The living arrangements of & other respondents indicate that only a very small number lived alone.

The employment record of the respondents was very poor. As can be seen from Table 4 only eight had worked during the previous two years and on five were employed at the time of interview.

#### HISTORY OF DRUG MISUSE

Table 5 - Age at first use of drugs

12 - 15	32
16 - 19	29
20 - 24	9
25 & over	1
Not known	3
<b>N</b>	<b>74</b>

Table 6 - First drug(s) used\*

Heroin	33
Cannabis	28
Palfium	7
Diconal	2
LSD/Hash	2
Amphetamines	2
Cocaine	1

\* N » 63, some reporting more than one drug.

Table 7 - Respondents' drug status at time of interview

On heroin	22*
In prison	23**
On methadone maintenance	u***
Not on heroin	19****
<b>N</b>	<b>74</b>

\* 11 also on diconal and 9 on other illicit drugs.

\*\* 4 on diconal and 4 on other illicit drugs.

\*\*\* 4 also on diconal and 2 on other illicit drugs.

\*\*\*\* 2 were on hashish.

Table 8 - Frequency of heroin misuse

Once a week	4
Once a day	5
Twice a day	4
Three times a day	4
4 - 6 times a day	3
Not known	2
<b>N</b>	<b>22</b>

Table 9 - Length of time off heroin

< 6 months	2
6 months < 2 years	2
2 years < 3 years	6
3 years < 4 years	3
4 years	1
Not known	4
<b>N</b>	<b>18</b>

A large number of users (32) had their first drug while under the age of 16. By age 19 over three quarters had taken their first drug. In most cases the first drug used was heroin, the second most commonly used drug was cannabis.

At the time of interview 22 respondents were using heroin, 23 in prison, 11 on a methadone maintenance programme and 18 were not on heroin. Of those on heroin half were also using diconal and a high proportion were using other illicit drugs such as cannabis, palfium, amphetamines, barbituates, cocaine and LSD. Small numbers of those in prison and on a methadone maintenance programme also stated they used diconal and other illicit drugs but not heroin. Eighteen were not using heroin at the time of interview of whom 2 admitted being on hashish.

Of those still on heroin, Table 8 indicates a high level of misuse with 16 taking the drug at least daily, of whom 11 took it twice or more daily. With regard to change in amount used, 10 admitted to using the same amount of heroin as at the time of initial interview, five to using an increased amount while seven stated they were taking less.

The fact that such a large number was in prison at time of interview complicated the picture with regard to heroin usage. It is difficult to ascertain whether those imprisoned would be using heroin if their situation were otherwise. It has already been noted that even in prison some were misusing drugs.

Table 9 provides information on the length of time the 18 former heroin users were off the drug, at the time of interview. For the 14 for whom information is available the median time period was two to less than three years.

TREATMENT AND REHABILITATION

Table 10 - Attempts at giving up heroin

	<u>Yes</u>	<u>No</u>	<u>N</u>
Heroin free at least once in past two years.	69	5	74

Table 11 - Methods of giving up heroin

Detoxification programme	
Hospital/Doctor	36
Prison detoxification	13
Other method - self help, help from family, will power	20
No attempt made	5
N	74

Table 12 - Reasons for giving up heroin\*

"Fed up" with it	19
In prison	10
Involvement with the law	3
Other**	31

\*N = 68, some giving more than one reason.

\*\* Includes health or financial reasons, death of a friend, to get "life together".

Table 13 - Health Problems

	<u>Yes</u>	<u>to</u>	<u>N. Known</u>	<u>N</u>
Attended hospital	55	18	1	74
Treated for				
-hepatitis	21			
abscesses	28			
over dosing	13			
other problems*	16			

\*Includes limb amputation, eyesight problems and gangrene

As seen from Table 10, the majority (69) of former heroin users had tried to give up the drug in the two intervening years. The method used to do so was primarily detoxification, most commonly in the Drug Advisory Treatment Centre in Jervis Street Hospital. A large number (31) had been detoxified twice or more, while 18 had been detoxified once. Other methods tried by a sizeable number (20) involved self help and family help approaches. The main reasons respondents gave for attempting to give up the drug were 1) being "fed up" with it, 2) pressure from family and 3) imprisonment.

**Findings** from Table 13 illustrate the point that heroin users have health problems. Fifty five persons, or 74% of the sample, had attended hospital in the intervening years since last interviewed. They received treatment for hepatitis and abscesses mainly. This is explained by the fact that a

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 large number of drug users administer the drug intravenously. (2) Sharing the needle and syringe is part of the intravenous drug culture. This practice enormously increases the risk of being exposed to a wide range of viruses, especially the human immunodeficiency virus (HIV) which may lead to AIDS.

Thirteen persons had overdosed during the two year period and one person had died from a drug overdose since the time of initial interview.

LAWBREAKING AND PRISON

Table 14 - Illegal Activities \*

Theft from shop	41
Theft from house	16
Theft from vehicle	12
Theft of vehicle	10
Handbag snatching	25
Mugging	4
Theft from bank/office	2

Table 15 - Sale of Drugs

	<u>Yes</u>	<u>It's</u>	<u>N</u>
To feed own habit	23	51	74
For profit *	5	69	74

\*Two openly admitted to being drug dealers.

\*N = 20, some admitting more than one illegal activity.

Table 16 - Prison details

Served < 6 months	11
Served 6-< 12 months	8
Served 12 months or more	27
Served sentence length	
Not known	3
Was not in prison	25
N	74

There was a high rate of lawbreaking within the group (Table 14). For those who admitted involvement in illegal activities the most common form was theft from shops, houses, from and of cars. There was also a large number of cases of handbag snatching and four muggings. Forty-five per cent of respondents admitted to selling drugs to feed their own habit, of whom a small number were primarily involved in the sale of drugs for profit, in fact two of the five concerned openly admitted to being drug dealers.

Two thirds of the sample had served prison sentences, the majority of whom had served sentences of 12 months or more, (Table 16). Only 25 persons had not received any sentence in the two years prior to interview. The data presented suggest a correlation between frequent use of drugs, in particular heroin, and a high level of crime.

RESPONSE TO COMMUNITY ACTION ON DRUGS

Table 17 - Respondents' opinions of the community's response to the drug problem

Very good	50
Not much help	6
•Other	10
Not known	8
N	74

\*Includes not interested, objection to political interference, believe that wrong people were "picked out" of the community.

In general the respondents had a positive attitude towards their community's response to the drug problem.

## DISCDSSION

The findings from the present study indicate a largely negative outcome **for** the respondents in terms of their social functioning, extent of drug use, and high level of lawbreaking and imprisonment.

In relation to social functioning, of immediate concern must be the large number of offspring within the group who had a total of 74 children 60 of whom belong to single or separated parents. The fact that only eight of the respondents had worked in the intervening two years is a further cause for concern. It is obvious from the data that this is a group whose social functioning in terms of childbearing outside marriage and employment deviates from the norm of society in general. Whereas it has been shown<sup>(3)</sup> that heroin users from the same inner city area are more likely to be unemployed than a control group matched by sex and age, it must be stressed that almost half the control group were also unemployed. Two recent studies in Glasgow<sup>(4)</sup> and the Wirral area of Merseyside<sup>(5)</sup> suggest a more than incidental link between unemployment and deprivation and high heroin use. The highest rates of heroin use were found in areas or estates with the highest unemployment rates.

The level of polydrug use at time of interview was high. While it is not surprising that those in prison would use what drugs are available, it is discouraging that some attenders of methadone maintenance programmes were also misusing drugs. The addictiveness of heroin is underlined by the fact that 93% of respondents had at some stage in the two years before interview attempted to give it up, but a high proportion resumed again.

Notwithstanding, it is noteworthy that 18, or 24% were heroin-free and 16 drug-free at time of interview, the majority of whom had been off heroin for at least two years. This "maturing out" of heroin addiction has been observed in other countries and is encouraging.<sup>(6)</sup>

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One of the most serious factors associated with this group of users is **the** high percentage who administer the drug intravenously. <sup>(2)</sup> It is higher in Dublin than in London where the common form of administration is smoking. <sup>(7)</sup> Sharing the needle which is part of the drug culture can cause health problems, in particular the spread of the HIV virus which may lead to AIDS. The gloomy epidemiological picture which AIDS presents worldwide has prompted suggestions of adopting Amsterdam's pragmatic non-moralistic approach to drugs and the distribution of clean needles and syringes to drug users. <sup>(8)</sup> The general health of drug users is also endangered as seen in this study from the high attendance in hospital for treatment for overdosing, hepatitis, and abscesses.

There was a high level of lawbreaking among the group in the present study, with a particularly high incidence of stealing. Forty nine respondents had been in prison since the time of initial interview, with 27 of these serving sentences of 12 months or more. Such a high rate of crime and imprisonment is one of the more disturbing findings of this investigation.

A general conclusion from the study must be that heroin dependence constitutes a major problem for the user in terms of health and social functioning. It also has widespread implications for the community not least in the threat posed by the spread of the HIV virus. Preventative measures, for example, in the field of education and employment provision are crucial areas for immediate action.

Further research of the group who succeeded in giving up heroin could perhaps point the way to a more informed response to the drug problem.

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