Problem Drug Use in Cabra

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Preface

Executive Summary

The Finglas Cabra Drugs Task Force commissioned this research to investigate the issue of illegal drug use amongst young people in Cabra. The study was carried out by the Isis Research Co-operative. The objectives of the study were to discover:

- Why young people participate in the drugs culture;
- How young people access illegal drugs and organise their drug use;
- What relevant types and ranges of services could be identified from the research as necessary in order to respond to the needs of young drug users.

This study establishes that there are high levels of drug use amongst young people both in and out of school. It also outlines the contrasting experiences of young people using Ecstasy and other non-opiate drugs and those who progress to heroin. The final section makes recommendations for actions that could be taken in the Cabra area.

Fieldwork

The methodologies for fieldwork included both quantitative and qualitative data collection. A questionnaire was devised and administered to two groups, young people in school and young people who had left school early. Two second level schools were the location of in-school respondents. The final total for in-school questionnaires was 118, 73 young women and 45 young men. The average age range of in-school respondents was 14.6. A range of voluntary and statutory organisations, including treatment and counselling services, were targeted to help make contact with potential respondents from the out-of-school group and to assist in the completion of questionnaires. A total of 50 out-of-school questionnaires were collected through these routes, 15 young women and 35 young men. The age range of out-of-school respondents was 17.1 Eight qualitative case studies were carried out with both exclusively non-opiate users and heroin users who had also been poly-drug users prior to their engagement with heroin.

Key Findings

- Of the total 168 survey respondents, 41 per cent reported using illegal drugs while 35 per cent had used alcohol.
- Less than 20 per cent of respondents reported that they had not used either alcohol or drugs.
- A large majority of the sub-sample of out-of-school respondents, 70 per cent, and half of the in-school respondents (the in-school group being younger on average) reported that they had been in social settings where illegal drugs were available.
- The most commonly used drug was cannabis, being used by 88 per cent of those who had ever used drugs.
- A third of those who had used illegal drugs had used Ecstasy.
- 79 per cent had used alcohol, next only to cannabis in frequency.
- 13 per cent had used heroin.
- All the interviewees who were using illegal drugs were picking up their information about use from street culture exposing them to potential misinformation.

Summary of Recommendations

The results from the research clearly point to three areas of recommendations for the Drugs Task Force to pursue. These are drugs education, youth outreach initiatives and safety campaigns for non-opiate drug use.

1. We recommend that the Task Force should initiate a local information campaign to feed the results of this current research into the larger community.
2. We recommend that the Drugs Task Force play a role in incorporating locally based information into the programmes which local teachers are undertaking in the Cabra area.
3. We recommend that the Prevention and Education committee of the Drugs Task Force investigate current interventions to support young people during important transitions in their school lives, with a view to implementing a pilot preventative project in Cabra.

4. We recommend that the Drugs Task Force pilot a drugs youth peer education campaign.
5. The drop-in centre in Cabra East should be properly resourced and supported and a similar venture should be initiated in West Cabra.
6. We recommend that an outreach worker with expertise in non-opiate drugs be employed for the Cabra area.
7. We recommend that the Drugs Task Force buy in and distribute already developed materials on harm reduction strategies from the UK.
8. We recommend that the Drugs Task Force liaise with other Task Forces in the North Dublin area to consider initiatives, which would secure safer conditions in clubs for young people.

It is of critical importance that any strategies implemented are grounded in the experiences and lives of young people in the Cabra community.

1. Introduction: Determining Young People's Needs in Cabra

Despite the large number of localities affected by problem drug use in Ireland in the mid-1990s, there was insufficient area-based data on the nature and extent of drug use at local level. In the wake of the first Rabbitte report (Ministerial Task Force, 1996), a core task of the lead-in to local drugs task forces in 1997 was initial research on local patterns of drug use. Such research was critical in mapping out the types and locations of service provision which would be required to meet the ongoing problems associated with drug misuse.

In the Finglas-Cabra Drugs Task Force area, a 1997 research study on opiate-based drug use in Finglas, which was initiated by the Finglas Youth Service/Finglas Drugs and AIDS Forum helped to build up a profile of this group of illegal drug users. The study also sought to establish their links with then available service provision. Figures based on estimates from various data banks, including the Garda Research Unit, the needle exchange programme in Finglas and the Merchant's Quay project (Nexus, 1998:5), indicated several hundred heroin users in Finglas.

However, subsequent to this work, the Drugs Task Force concluded that it required concrete information on the nature and extent of all types of problem drug use, specifically in the Cabra area. There were two reasons for this rationale. Feedback to the co-ordinator and the Task Force subcommittees had indicated that information was urgently needed on what appeared anecdotally to be an expanding use of non- opiate drugs such as cannabis and the synthetic drug, Ecstasy. The hypothesis was that non-opiate drug users were more extensive in number than heroin users in Cabra. Therefore the Task Force concluded that it was important to have evidence of the numbers and patterns of these other types of illegal drug users. The Task Force believed that problem drug use of all types could affect many more young people and that a study on patterns of all types of drug use was an important prerequisite for developing a relevant service plan.

The Cabra area was an important locus of study because there were very minimal services in place for young people and no specialised drug services. Cabra also has a somewhat different profile to Finglas. Both areas have private and local authority housing. But Cabra is the older of the two suburban areas by several decades. Many of its local residential areas might be defined as prosperous. On the other hand, it also contains some of the most disadvantaged localities in the entire Drugs Task Force area, as we shall see in further detail below in Section 3. Thus it contains micro- communities representing opposite poles of resource and wealth distribution.

The overall objective of the proposed research was to identify what the pressing issues are for young drug users in the Cabra area and, on the basis of the fieldwork, determine an agenda for action that the Finglas-Cabra Drugs Task Force could implement. Within this, there were three more specific aims of the proposed research:

1. Why young people participate in the drugs culture;

2. How young people access illegal drugs and organise their drug use;

3. What relevant types and ranges of services could be identified from the research as necessary to develop in order to respond to the needs of young drug users.

2. Problem Drug Use in Ireland: Current Perspectives

Problem drug use in Ireland, using both legal and illegal substances, expanded its range and changed substantially in character during the last ten years. While the crisis of heroin use deepened, especially in many communities in the greater Dublin area, other types of drug use also became knitted into the social fabric of many young people's lives. In 1988, dance music and Ecstasy arrived in Ireland with the establishment of the Sir Henry's club in Cork and raves in the countryside of Tipperary, Connemara and the greater Dublin area (O'Keeffe, 1998). The Ecstasy scene also opened up extensively in Northern Ireland (McElrath and McEvoy, 1999). These developments took place in a context of extensive under-age use by Irish adolescents of the legally available intoxicant of alcohol. School-based studies like those of Morgan and Grube (1994) and Irish national figures, specifically those which are part of the National Drug Reporting System, have indicated extensive underage consumption of alcohol. The European trans-national school survey on alcohol and other drugs recorded that 66 per cent of all Irish students self-reported as being drunk in the previous year (Hibell et al., 1997).

It is worth noting that legal prescription-based drug use in the form of tablets and pills in Ireland is extremely high, far higher than for any of its European neighbours, according to figures published by the International Narcotics Control Board. In composite figures for 1991-1995, Ireland was at the top of a table of nineteen countries internationally, with just under 39,000 standardised daily dosages of legally prescribed opiate-based tablets per year per million inhabitants. Comparable figures for the United Kingdom, the United States and the Netherlands were 25,000, 18,000 and 4,000 standardised daily dosages per year per million inhabitants. This tablet culture in Ireland must add in some considerable measure to the acceptability of drug- taking.

Moving to illegal drug use, latest available national figures for treated drug mis-use are as follows:

Primary Drug Misuse in All Eight Health Board Areas (% of total contacts)

Opiates	Cocaine	Ecstasy	Benzo-diazepines	Halluc-inogens	Cannabis	Other drugs	Total
79.0	0.5	5.3	1.2	0.4	12.0	1.5	100.0

Source: Moran et al. (1997:45) *Treated Drug Misuse in Ireland, National Report 1996.* Dublin: Health Research Board.

These figures suggest that with 21 per cent of those actually presenting for treatment involved in a range of non-opiate drug use, illegal non-opiate use is becoming problematic. But in light of initial research results from recent studies (Mayock, forthcoming; Murphy, et al., 1998), those presenting for treatment most probably represent a small minority of those who are now using non-opiate drugs. In other words, young people are using non-opiates either occasionally or long-term without seeing that use as problematic. This pattern creates a considerable challenge for prevention and education strategies.

Within the last eighteen months, many more studies on drug use in Ireland have been published in Ireland. With an increasingly sophisticated use of data bases, we are beginning to be able to target more effectively changing trends in drug use and the available figures suggest this pattern of widening illegal non-opiate drug use. For example, Bisset and O'Keeffe (1997:13-14; 1998:30) argue that the level of official seizures of Ecstasy present a reliable indicator of the overall trend in Ecstasy use; they only first appeared in the Garda statistics in 1991 when 45 people were charged with Ecstasy-related offences and 12 people were referred to the Poisons Information Centre in Beaumont Hospital. If there were 429 tablets seized that year, there were 1,994 by 1993, rising sharply to 123,699 tablets seized in 1995. By then, Ecstasy- related prosecutions by the Garda formed 16 per cent of all drugs prosecutions.

A national drugs survey by Union of Students in Ireland (quoted in Murphy et al., 1998), indicated that 5 per cent of respondents had first experimented with illegal drug use in primary school. The ESPAD study (Hibell et al., 1997) recorded that 37 per cent of Irish students had tried cannabis compared with a European average of 12 per cent. The authors also commented that 54 per cent of young Irish people perceived Ecstasy as being easy to fairly easy to obtain; amphetamines were also reported as being easy to

access while cannabis was reported as the first drug experienced by 33 per cent of respondents.

The Second Report of the Ministerial Task Force (1997) has noted that the use of cannabis and Ecstasy is now a nation-wide phenomenon, an established part of the youth culture. At what is arguably the most fashionable current trend in youth culture, the dance club scene (including raves and 'private parties'[1]), available British and Irish data point to a clear relationship between participation in the dance culture and an increased tendency to use Ecstasy, and other hallucinogenic drugs, including amphetamines and LSD (Forsyth, Barnard, and McKeganey, 1997; Bisset, 1997; Murphy et al., 1998; O'Keeffe, 1998; Ward and Fitch, 1999). It is argued in the latest available figures from Manchester that 50 per cent of young people at age 16 have used drugs such as cannabis, amphetamines, LSD and Ecstasy (Lifeline, 1998). This same figure of 50 per cent has also been remarkably consistently reported in Scottish research and there is now rising evidence that at least one in ten of all school pupils in Scotland have begun to use drugs by the age of 11-12 (McKeganey, 1998).

In the Eastern Health Board area, 149 clients still at school who have been treated for drug misuse have also been picked up by the national drugs reporting system. Over 58 per cent of these are being treated for cannabis misuse while there are 26 per cent being treated for opiate misuse with a further 6 per cent being treated for Ecstasy misuse. These 149 young people are a tiny portion of a total treated population of 4276 (Moran et al., 1997:44-45). Nevertheless, there are indications from the national reporting system that the age range of treated drug misusers is dropping and because it usually takes a longer period of time, not a shorter period of time, before drug misusers enter treatment, the existence of this sub-group gives grounds for concern about a deepening trend towards early drug use.

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[1] Information in the greater Dublin area on 'private parties', which are essentially club events, often with big-name DJs, and which run without a license on private property, is easily accessible on pirate radio. One such event, was staged in Phibsboro, on New Year's Eve, 1998, attracting several hundred young people to hear the DJ Mick Walsh (who is associated with the early days of rave culture in Dublin). Gardai brought the event to a close that night on the grounds that fire regulations were being breached. Another large-scale event, 'Heaven', was advertised and staged by VibeFM in Swords in November, 1998 and again attracted many hundreds of young people. This same radio station has primed its listeners to expect a number of similar events in 1999.

In a recent study on heroin users in Dublin's north inner city, all participants in the qualitative and group interviews reported extensive poly-drug use in their early adolescence long before they moved on to heroin use (Coveney et al., 1999). Poly- drug use was similarly identified in research on heroin users in south inner city Dublin (McCarthy and McCarthy, 1997). Elsewhere in the country, a study of substance misuse in the Western Health Board (Nic Gabhainn and Comer, 1996) cited a deteriorating situation around alcohol misuse amongst adolescents, with a younger age profile emerging as a factor. In its wake, has come widespread use of cannabis and what the Gardai term 'a significant E subculture' (ibid.:49). A survey carried out in Tipperary by the Garda Research Unit on post-primary students' experiences of drugs also indicated an ease of acessibility to illegal drugs such as Ecstasy, LSD and cannabis (Heywood, 1997). Of a survey sample of 617, only 22 per cent had ever used illegal drugs. But this drug use was in the context of a more remote county, where the circulation of drugs may be relatively restricted, compared with the large urban setting of Dublin. Thus even where drugs are harder to source, the figures are nevertheless suggestive of a growing subculture in non-metropolitan areas of Ireland.

Two West Belfast reports (McAteer, 1992; Save the Children/West Belfast Economic Forum, 1997) indicated growing problems with both alcohol and illegal drug use. In relation to the latter, 52 per cent of a sample of 123 young people had used illegal drugs, with Ecstasy and cannabis being the most frequent drugs of choice. Murphy et al. (1998) suggest from their Irish data that the age range for Ecstasy use may hover around 16 years, with initiation being part of social interaction with their peer group.

In the face of such evidence, we conclude that in Ireland, illegal non-opiate use (and to a much smaller extent, opiate use) has become an experience that a substantial number of young people are going to undergo occasionally, if not more frequently, in the course of their growing up.

3. Demographic Data on Cabra

The Finglas Cabra Drugs Task Force area comprises eighteen wards to the north of Dublin County borough (see Appendix 3). In 1998 a report was commissioned by the Area Development Management (ADM) to provide statistical information on each partnership area (ref. Gamma). As the Finglas Cabra Drugs Task Force and the Finglas Cabra Partnership share the same boundaries, we can use these statistics to give us an up-to date picture of Cabra. Cabra has a mix of private and local authority housing, the latter stemming from an expansion programme of Dublin Corporation from the late 1930s onwards. Cabra would seem to have two distinct geographical areas - Cabra East (old Cabra) and Cabra West.

Current statistical profiles of the Finglas Cabra Drug Task Force area reveal a higher rate of unemployment (22.6%) here compared with the national unemployment rate (14.8%). Fifty four per cent of the Finglas Cabra Drugs Task Force area unemployed population has been so for more than three years. In one ward in particular, Cabra West B, sixty-three per cent of the population were unemployed for over three years. The majority of people at work in the Finglas Cabra area are employed in the manufacturing (21%) and commercial (22%) sectors of industry.

3.1 Data on Educational Backgrounds

Fifty per cent of the working age population of the Finglas Cabra area left school at or before the age of 15. This figure compares to a national average of 35 per cent. Although the national average of those who stay in education up to the age of 20 is 8.2 per cent, the total for the Finglas-Cabra Drugs Task Force area is only 3.9 per cent. The highest percentages of early school leavers within this area reside in Cabra West, where 66 per cent of the population left school early, and less than 2% remained in school beyond the age of 20. This contrasts with Cabra East which contains the highest percentage of men who attended 3rd level education (35%). In the case of women who had attended 3rd level education Cabra East A (35%) and Cabra East C (24%) were two and three times the area average.

A strong link exists between educational attainment and earning capacity. Thus the level of educational disadvantage may be regarded as a proxy for social or economic deprivation. Again we see a strong contrast between the east and west of Cabra. This is also reflected in figures that relate household structure. Although 89 per cent of households sin the Finglas Cabra area are classified as private, Cabra East A (36%) and Cabra East C (44%) have the highest percentages of private households in flat or bedsitter accommodation.

These figures all combine to give a sense of the Finglas Cabra Drugs Task Force area, a settled suburb which includes pockets of serious disadvantage. It is in this context that issue of drug usage amongst young Cabra people must be considered.

4. Developing a Fieldwork Strategy

For the extent of this project's exploration of non-opiate drug use, the research team met with the project advisory group on a regular basis to develop a strategy for the fieldwork. The strategy comprised quantitative and qualitative data inputs and thus a central focus of the advisory group was enabling the researchers to source young people. A range of voluntary and statutory organisations, including treatment and counselling services, were targeted to help in the completion of questionnaires and to make contact with potential interviewees.

However, there was a particular difficulty in using this network to access young non-opiate drug users for in-depth interviews. Although it was possible to contact heroin users, now in treatment, who had extensive poly-drug use with non-opiates, the team and the advisory group searched long and hard to find potential interviewees from non-opiate users. This difficulty in accessing the latter group appears to be bound up with the perception that non-opiate drug is rarely perceived as problematic enough to the individual involved to propel her/him to make contact with treatment or counselling services.[2] Also, although the Cabra community contains some voluntary and paid individuals working with young people in a variety of settings, they do not necessarily link up with young people who are actively using non-opiate drugs.

We suggest that this is because the biggest single social setting associated with most non-opiate drug use[3], the dance scene, is not necessarily locally area-based but culture-based. By this, we mean that young people engaged in some types of non- opiate drug use will be seeking out venues where this is part of the 'scene' and these venues are more likely to be found in commercial facilities or in 'private parties' which are often paid events in non-licensed settings. Considering the links between Ecstasy and the

[2] However, this view of non-opiate use as rarely deeply problematic does not mean that these users do not experience problems with their recreational drug use. This issue will be explored in the data analysis below.

[3] Underage drinking, solvent abuse and the consumption of stolen prescription drugs are more likely to take place in private domestic settings or in secluded public spaces in the local vicinity. These types of drug use are also more probably the activities of younger rather than older adolescents.

dance scene, cultural gatekeepers such as event organisers and DJs may in fact have the most pertinent information on the changing trends in non-opiate drug use.

Ultimately, qualitative interviews were carried out with both exclusively non-opiate users and heroin users who had also been poly-drug users prior to their engagement with heroin. The patterns of non-opiate use and settings where poly-drug use took place were broadly the same for these two distinctive groups up to the defining moment of engagement with heroin for the latter. There were important issues to be explored around how and why non-opiate drug use came to include heroin use for some young people and not for others. These issues are laid out in Section 7 below.

The interviewees comprised:

Four ex-heroin users brought up in Cabra;
Two non-opiate users brought up in Cabra;
Two non-opiate users who live in Cabra but who were not brought up there.

All were assured that pseudonyms would be used and that the confidentiality of their interviews would be preserved. Interviews were audio-taped and transcribed. The four former heroin users offered detailed insights into the variety of drug scenes in Cabra over the last eight years. They ranged in age from early 20s to late 20s. Their data was further augmented by the interviews with Ecstasy users who were younger and thus more in line with the current scene in Cabra. However, the nature of non- opiate drug use has not changed significantly in character since the beginning of the 1990s. What appears to have changed is its extent. The interviews provide a detailed account about how and why young people use non-opiate drugs.

We also interviewed an addiction counsellor, youth leaders and youth training service providers for background information.

5. Perspectives from the Quantitative Data

5.1 Scope and location of survey work

A questionnaire was designed and piloted with a group of young people from Cabra and after a series of amendments and additions, was taken into the field in December 1998. The questions were based on survey instruments which had been developed in two community projects in Belfast dealing with young people and drug use (McAteer, 1992; Save the Children/West Belfast Economic Forum, 1996); they covered the following areas:

- Gender
- Age at first use of drugs
- Setting for first experiences of drug use
- Type of drug used (e.g., alcohol, ecstasy, cannabis)
- Ease of access to drugs
- Income/expenditure on drugs
- Where they buy drugs
- Education/training status
- Drug-related health and other problems
- Getting into trouble because of drug use
- Reasons for giving up one type of drug in preference to another
- Opinions on local responses in Cabra to dealing with drugs

The target number to whom to administer this questionnaire was 200 young people, one hundred in school and one hundred out of school. What we wanted to explore with these two distinct sub-samples was the possibility that illegal drug use was a more common event in the lives of out of school children. If this proved to be so, then it would help to show that several distinct types of approaches to the work of education, prevention and counselling and treatment would need to be creatively built into local responses in order to reach all young people.

The work with in-school questionnaires was completed in December 1998. It was relatively simple to access participants for this group. Two second level schools were used. The final total for in-school questionnaires was 118, 73 females and 45 males.

Using contacts provided by the Finglas/Cabra Drugs Task Force, out of school survey participants were targeted in the following organisations:

- Youth training programmes
- Sporting groups
- Youth clubs
- Local shops where young people were employed for casual work
- Local community contacts
- Police
- Junior Liaison officers
- Probation officers

A total of 50 out of school questionnaires were collected through these routes, 15 females and 35 males. The background to the lower than aimed for take-up of out of school questionnaires was in part the lack of direct contact between existing youth and community services and self-identified non-opiate users. It may also have reflected a reluctance of such users to come forward to engage in the research process.

All participants were told that their participation was voluntary and that confidentiality would be protected. Wherever possible, the research team worked in conjunction with and with the full permission of trainers and teachers; in the case of the in-school work, the questionnaire administration was supervised directly by the research team in order to impress upon the participants the confidential nature of the process and to avoid any undue influence on them.

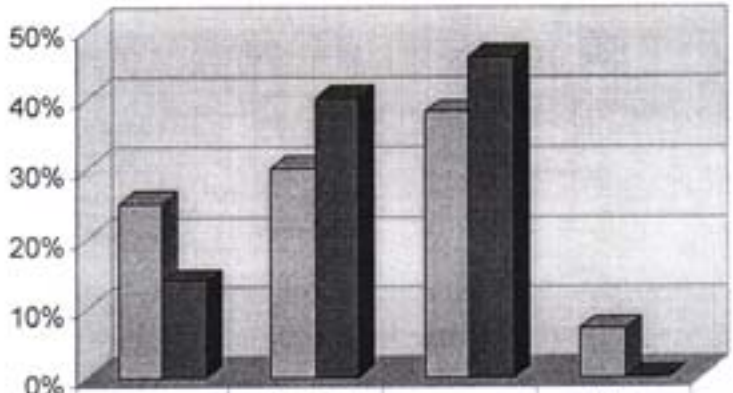
5.2 Questionnaire Results

The total sample size of 168 split into 88 adolescent women and 80 adolescent men. The total age range ran from 12 to 19+, with the ages of the in-school participants ranging lower, from 12 to 19 (average age 14.6), compared with the out of school age range of 14 to 19+ with an average age of 17.1. The skew towards a younger age range from the in-school respondents should be borne in mind when looking at the next issue of contact and use of illegal drugs.

Drug Use Patterns

In Diagram 1 (below), in and out-of-school responses are analysed separately in response to the question, 'Have you ever used drugs, including alcohol?' It can be seen that the out of school young people have more experience of both alcohol and drugs but they also represent an older average age.

Diagram 1 Have you ever used drugs, including alcohol?

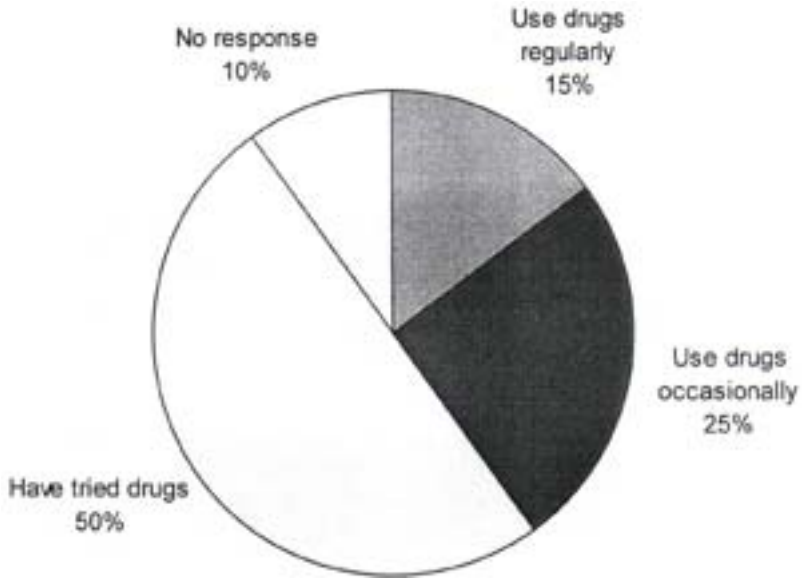


	No	Alcohol Only	Drugs	No Response
In School	25%	30%	38%	7%
Out of School	14%	40%	46%	0%

The second question used to probe the extent of drug use in Cabra focused on whether the respondent had ever been in a group where drugs were used. Again there was a difference between the in and out-of-school groups, with 70 per cent of out-of-school and 50 per cent of in-school respondents answering yes.

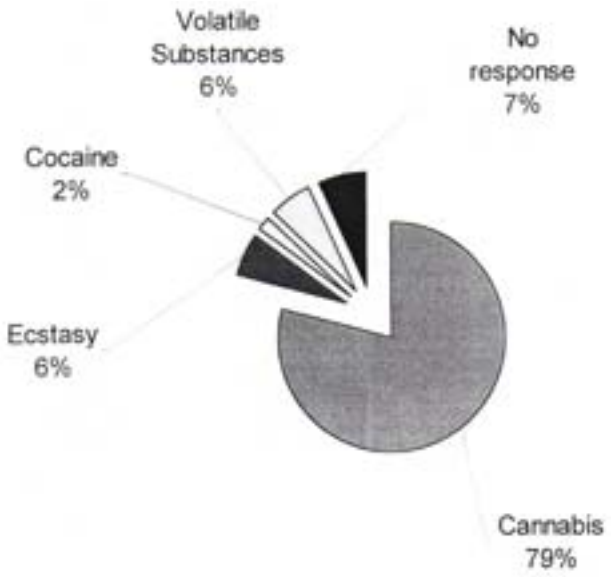
Of the total 168 completed questionnaires, 41 per cent of the respondents, 69 young people in all, had used illegal drugs. The frequency of drug use is set out below in diagram 2 with 50 per cent of these 69 respondents having tried drugs once and 40 per cent of the 69 reporting that they used drugs occasionally or regularly:

Diagram 2 Frequency of Drug Use



The range of first drug used was wide, as indicated in Diagram 3. The first drug for the 53 out of the 69 respondents who reported illegal drug use was cannabis, with a small percentage citing Ecstasy as their first drug used. Cocaine, Tippex and aerosol were also listed as first drugs used.

Diagram 3 Type of first drug used



As Table 1, below, indicates, the average age at which users started using a specific drug varied. Petrol, glue, aerosol, and cannabis were used by younger users, and amphetamines, heroin, and cocaine were the drugs of choice of older users. The table also indicates the range of ages for the listed drugs.

Table 1 Average age at initial use and age range per drug (Results for earliest drug use only)

Drug	Average age at initial use	Age range
Cannabis	13	10-17
Ecstasy	14	13-16
Cocaine	15	15-16
Petrol	12	10-14
Speed	15	14-16
Glue	12.5	12-13
Heroin	15	14-16
Sleeping tablet	16	16
Aerosols	14	14

This data is consistent with the qualitative data from our case studies. Our interviewees characterised volatile substance (i.e. Tippex, glue) abuse as 'kids' stuff. Cannabis was normalised as a recreational habit little different to smoking tobacco whilst Ecstasy, amphetamines, LSD and cocaine had strong associations with a night spent out clubbing. Heroin use followed on from that pattern of non-opiate drug use for four of the interviewees.

The young people who took part in the quantitative questionnaire have experience of a wide range of legal and illegal drugs. This is evident from the responses of the 69 young people who have used drugs (see Table 2 below).

Table 2 Type of drug and percentage of those who used (n=69)

Cannabis	88%	Cocaine	15%
Alcohol	79%	LSD	15%
Cigarettes/tobacco[4]	56%	Benzodiazepines	13%
Ecstasy	33%	Heroin	13%
Aerosols	31%	Cough mix. Etc	12%
Amphetamines	22%	Pain killers	10%
Petrol	22%	Physeptone	7%
Sleeping tablets	16%	Hallucinogenics	3%
Poppers	16%	Prozac	1.5%
Glue	15%	Travel sickness tablet	1.5%

When asked where they had to go to find their drugs, 31 respondents of the 69 who used illegal drugs or 45 per cent stated that they never go outside Cabra to source drugs. The drugs available in Cabra ranged from cannabis, speed, Ecstasy and poppers to cocaine. Currently heroin users were sourcing their supply outside the Cabra area.

Membership of youth and sports clubs

Out of the total number of respondents, 45 of the young women (51.5%) and 50 of the young men (62.5%) were members of youth or sports clubs. When it came to those who were using drugs, the numbers were not that different, 17 out of the 34 women (50%) and 17 of the 33 men (51.5%) also belonged to youth or sports clubs.

[4] It should be noted that cigarettes and tobacco were included in this list because of widespread under-age illegal purchases of cigarettes. The literature on drug use has on occasion suggested a correlation between the use of cigarettes/tobacco and cannabis, the latter which is commonly spread along loose tobacco in rolling up a joint. However, it is also argued that any such correlation is more likely to do with a lifestyle which predisposes to the use of a range of substances, including cigarettes and tobacco (Personal communication, Paula Mayock). Certainly in the recent extensive study of Ecstasy in Northern Ireland, 60 per cent of Ecstasy users smoked at least twenty cigarettes per day (McElrath and McEvoy, 1999: 11). The literature on drug use also shows that young people who are using drugs are keenly aware of the fine distinctions between cigarettes and tobacco and a joint which in no way resembles even a hand-rolled cigarette.

Income and drugs

The average weekly income of the drug using respondents varied from under £20 to over £150. The majority - 42 (61%)- of the users stated that their income matched their expenditure on drugs. However, 15 respondents or 23%, said they made up the difference by sharing costs with a friend, if their income was not adequate to cover the cost of the drugs. Five people worked extra hours to make up the difference and an equal number, 5, stole money to make up the difference.

The sources of income falls into four categories:

Diagram 4 Sources of income

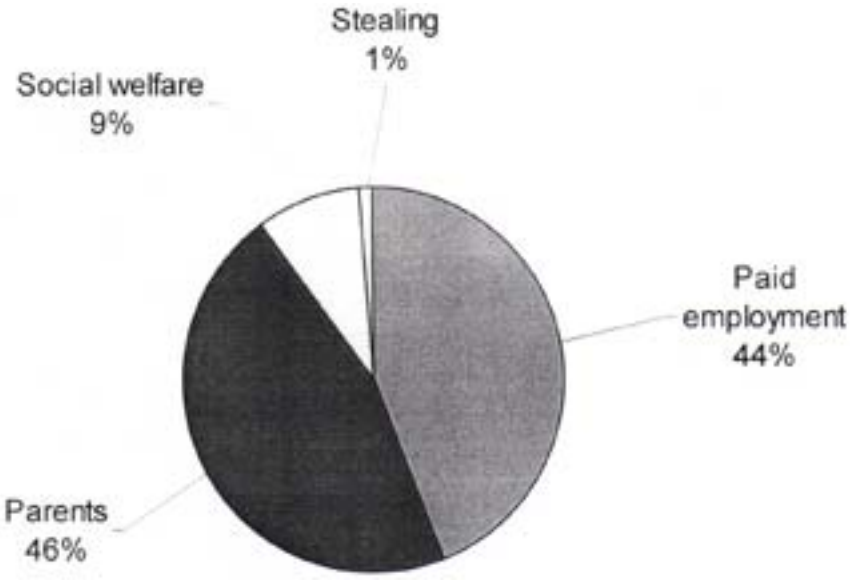
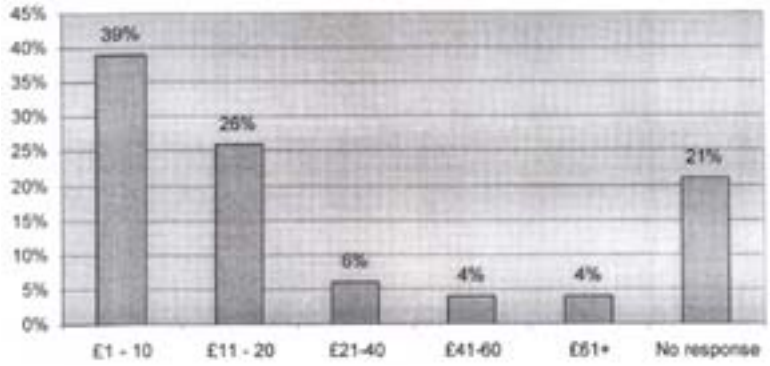


Diagram 5 Average weekly income of drug users



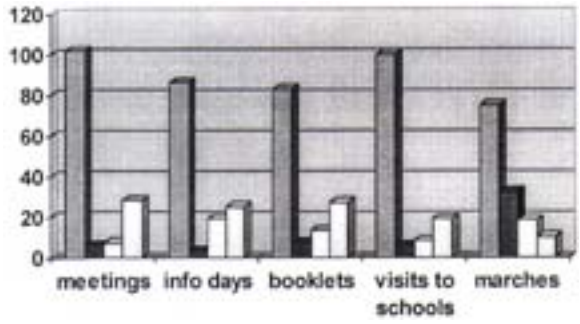
Although 31 or 45 per cent of the drug users listed various areas in their personal life where their drug use is problematic, only 4 per cent have looked for help. All users who have sought help are heroin users. This also indicates that 55 per cent of users of illegal drugs do not consider that drugs are problematic in the areas of family, work, school, health, crime or finance. This makes an interesting contrast with the fact that when asked if drugs in general were problematic in the above listed areas, 78 per cent indicated that they were.

Local community activity against drugs

Four questions were asked of all 168 respondents about the local drugs scene in Cabra and local responses to drug-related problems, both official and community-based responses. 140 respondents or 83 per cent stated there should be local treatment for people with drug problems. Five young people, 3 per cent, do not believe there should be local drug treatment while 17 did not know.

A total of 65 per cent of young people were aware of parents or residents' associations which were attempting to deal with the drugs issue, while twenty four per cent were unaware of these groups. One per cent of respondents did not answer this question.

As can be seen from the following data there was a favourable response to activities such as meetings, visits to schools, information days, booklets and marches in that order. The greatest diversity of opinion was expressed in relation to marches with 45 per cent in favour and 19 per cent against.



[Bars read, left to right: For, Against, Don't' know, Don't Mind]

On the whole, the young people in our sample were well aware of drugs as an issue. The percentages of those who had been in settings where drugs were offered or who had actually used are in line with the body of emerging Irish data which appear to indicate that from a quarter to one-half of all young Irish people have experience with illegal drugs at some point. In the next section, we turn to the case studies to further contextualise this data.

6. Case Studies of Drug Users: Qualitative Perspectives

During the course of the fieldwork, we conducted in-depth interviews with eight drug users. Contacts with these individuals were made through members of the Task Force and/or the Advisory Committee to the research as well as through a Dublin DJ. As explained in the methodology section above, four of these drug users had either been in, or were undergoing treatment for heroin addiction at time of interview. These heroin users were poly-drug users and had extensive experience of drugs other than heroin. Four Ecstasy users who live in Cabra eventually agreed to be interviewed.

As even the national statistics, quoted above in Section 4, indicate only a minority, just over one-fifth, of all those reporting for drug treatment are involved with non-opiate drugs. Yet both national data and our survey data indicate extensive use of illegal non-opiate drugs amongst the age group who were the target of this current piece of research. In other words, young people are using non-opiates either on a once-off basis, occasionally or regularly and seeing no problem with that use. Our case studies include both non-opiate drug users' and heroin users' accounts of their non-opiate drug use.

So there is a substantive issue for agencies about when, how or even whether illegal drug use is perceived as problematic by users themselves. We discussed this in the context of drug use in Cabra with our interviewees, who offered the following explanation:

People who don't take heroin don't identify themselves as addicts.

It will be important for readers to note that several of the interviewees comment on the fact that the majority of young people in their drug-taking circles used non-opiate illegal drugs but did not progress to heroin.

Of the eight young people we interviewed, four were male and four were female. Their school, work backgrounds and living patterns differ. Several of their accounts present a break from the pattern of early school-leaving and unemployment which has been associated with heroin drug use in the inner city.

The basic details of the non-opiate users are set out below:

Imelda (17) left secondary school after she had finished her second year. She began to smoke cannabis when she was 12 years old in her last year of primary school. Her extensive use of Ecstasy began when she was fifteen and she started going regularly to clubs at the weekends. Interestingly, her older sister has had very bad experiences with E. Imelda's response to this was not to alter her own involvement. In interview, she argued that there were 'different bodies, different reactions' and does not see a problem in her own use of Ecstasy. Pauline (16) also began to use cannabis at a young age - 13 - in the summer between her transition to primary and secondary school. Since then she has experimented with amphetamines, Ecstasy and LSD. She is currently in third year in secondary school. John (25) began using Tippex thinners when he was nine, introduced to them by his older brother. Although he did not like that experience, he began drinking regularly at twelve. He was introduced to cannabis and LSD when he was fifteen, linked perhaps to the fact that he was by far the youngest in his class, when many of his peers were already 17 and into this activity. He did go on to finish secondary schooling before he got heavily involved in Ecstasy. Dara (24) drank from the time when his Intermediate Certificate results came out and by the time he was sitting his Leaving, he was into the 'pints scene' with bouts of drunkeneness and blackouts a regular occurrence at weekends. He was a keen footballer and keen on remaining fit and drug-free. So he did not smoke for example. He had his first experience of non-opiate illegal drugs (LSD) in the year after he sat his Leaving Certificate.

After years of using mainly Ecstasy (but also cocaine, amphetamines etc.) as part of the dance club scene, neither John nor Dara is currently using drugs, having made the

decision to give up. Dara, who has spent some time travelling abroad, now intends to pursue a career in dance music and the club scene.

The details of the heroin users are as follows:

Kevin (22), since his successful treatment in detoxing from heroin, has returned to school to do his Leaving Certificate. He had dropped out when he was fourteen, after completing his Intermediate Certificate. Martin (22) did an apprenticeship after school and has had continuous employment, strangely enough, until he started a methadone treatment programme for his addiction to heroin. He has thus far been unable to reconcile the clinic hours with the early start demanded in his work and at present is not working at all. Linda is 27 and left secondary school at 16 years of age. She has recently started a methadone programme in Dublin, having been encouraged to return from abroad to seek treatment by a close friend. She is a single parent of three children. Caroline is 25 years old. When she became pregnant at sixteen years of age, she also dropped out of school although she continued to live with her parents. She now lives with her partner and their children in Cabra. Both she and her partner are on a methadone programme. Her partner has worked throughout his period of heroin addiction and is still working while attending for methadone treatment. Caroline is a full-time mother.

During the interviews, we focused on data which could reveal the developmental pattern of problem drug use and how the social context in Cabra was implicated in that use. The data presented below sets out this chronology.

Age at which drugs were first taken

Early experimentation was a phenomenon for Imelda and Pauline who are currently Ecstasy users. Both began using alcohol at very young ages, 11 and 13 respectively. This was quickly followed by contact and experimentation with cannabis, tranquillisers which they stole from relatives' homes, and gas which they used to inhale hanging around at the rear of the church in Cabra. John, of the non-opiate users was involved at the youngest age. After some initial uncomfortable experiences with solvents when

John was nine and ten, he was brought into pubs by his older brothers by the time he was 12. He began a pattern of serious drinking from that point. By the time he was 15, he was using cannabis and LSD and at the right time of year, magic mushrooms:

When it came September, why pay a dealer when the stuff was growing for free

Dara was the oldest before he first experimented at the age of 18 with LSD.

The histories of the heroin users in respect of early experimentation appear to differ little in quality from those of the non-opiate users. When Kevin got into secondary school he started experimenting with drug use, initially with solvents and Tippex thinners. Then he moved on to using cannabis, late in second year. He used to bring cannabis into school and use there. Martin showed a similar pattern of drug use. Beginning when he was 13, he used Tippex, glue and aerosols. He then moved on to cannabis, acid and Ecstasy before he tried heroin. Linda reported that she had 'always kind of taken tablets'. She drank cider also and first smoked cannabis at 15, also sniffing gas. Caroline started smoking a little cannabis when she was 15 but then stopped until she was 21. She became pregnant at 16 and lived a quiet life, rearing her child, until she met her partner at 21 when she began to go out dancing with a crowd of people her own age. This was when she started taking Ecstasy. Then after about two years they started smoking heroin to come down off the Ecstasy.

Deciding to engage: motivation for taking drugs

Retrospectively, people offered a number of different explanations for their initial involvement, ranging from personal boredom and unhappiness to a sense of excitement around what peers were doing to a desire to explore what certain drugs could do to states of consciousness.

Of the non-opiate users, two reported that the group of young people with whom they associated in school were older than themselves and already into reasonably sophisticated non-opiate use. Imelda looked older than her age and was regularly in the company of an

older group of teenagers who were using LSD and cannabis. This was often after-school activity, hanging around the streets or near the shops in Cabra. John reported an age gap of almost two years between his peers in school and himself and in effect he followed what they were in to for the status of being accepted by the older lads. He argues that walking down the street after school, if one of your mates offers you stuff, you try it. Pauline became intrigued with the accounts of LSD and Ecstasy from within her circle of friends and wanted to experiment on the heels of those accounts. Imelda summarises this desire to experiment best:

> **You hear stories and it would put the longing on you. If you like the buzz you will do it again, if not, you don't bother.**

Dara was the only user whose experiences were almost entirely bound up with the dance club scene from the outset. He had a group of friends who were repeating their Leaving Certificate and using up near the back of James Street in the city. Thus he had ready contacts for accessing drugs. He was interested in what LSD might do to his mind and first took it on his own. When the drug failed to deliver an impact, he returned to the dealer and complained, securing a second lot. This time he experienced his mind enlarging in a way that he feels he never could have accessed without the drug. On a third occasion, he dropped a tab of LSD with his girlfriend before they ventured into a club in town. There, they found 20 or 30 people from his area whom he would never have suspected were part of the club scene doing E. Of this night, he reports:

> **I turned round to my girlfriend and said 'We've found heaven and we're never going to leave it.'**

For Kevin, who would describe himself as a quiet withdrawn boy, the decision to experiment was partly bravado, partly attention-seeking amongst his peers, bringing bottles of thinners into school for his friends. He did not feel liked either at home or at school. In time, his involvement with drugs meant discarding one set of non-using friends

and linking up with another set who were prepared to experiment with various levels of drug use.

No one actually introduced him to solvent use, but he had heard about it from different sources and decided to try it himself. He never had any difficulty in buying Tippex thinners. In his home there also would have been cigarette lighter fuel. His parents did not suspect anything, so he was able to use unhindered. Nor was he confronted in school about his use there. He enjoyed using solvents for a long period of time, perhaps two years. He used to hang around with his friend in a field and there would be older boys smoking cannabis there. His friend and he used to collect all the butts and roll a new joint out of them. And then they bought cannabis for themselves a week later. By then, they were egging each other on in their drug use.

> I just lost all motivation and stuff like that. I was bored and all, I wasn't into it (school) anymore. All I wanted to do was get out and work, so I could have money for meself like and stuff like that, you know.

Kevin got a job in a pub as a lounge boy, and with this income, was able to buy cannabis himself. He always knew where to buy it. He actually first smoked heroin when he was 14, in a once-off try. But he was to return to it at a later point, and finally developed an addiction to smoking heroin.

> I was using drugs and then I started getting paranoid and stuff, and I was always afraid for some reason. I was always very full of fear for some reason. But for a long time I didn't see it as the drugs. I didn't know it was the drugs. I just thought I was messed up in the head.

Martin describes himself as more an extrovert in school and his early drug experimentation was done as a group activity in school:

> I was in science class, it started off with the gas taps –sniffing them. Then we got the Tippex, we'd go out the back garden, a few of us used do it. PE – using aerosols and all. We did it for the buzz. It was just a certain group that I was in that used to do it – not all the kids. Seven of us that used to hang around together from the same class. We were just curious at the start and then we just got into it – we liked it.

The two women heroin users described their serious drug involvement coming at a later point, in relation to Ecstasy. Linda was older when she and her friends became involved in the dance and club scene. Ecstasy was an accepted part of her engagement with that scene. The so-called 'midweek crash', which is part of coming down off the Ecstasy 'high' led her and her friends to heroin use.

> Then we got into smoking heroin after the E's and that, and then I wasn't getting anything out of it so I started injecting it then.

Caroline was also introduced to drug use through the dance scene. She and her partner were part of a large group, about forty young people, who used to go dancing at the weekends, where they would take a range of drugs, but mainly Ecstasy. We will explore this issue in depth below.

Social settings where drugs are used

For most of the interviewees, key in their decision-making to move on from the 'kid's Stuff' of Tippex et al., or to take on the more fashionable illegal drugs, was the ready availability for sale of illegal drugs and a social setting which encouraged their use. This also included the sale of alcohol which made its way to under-age young people for consumption in unsupervised sites, often out of doors.

Martin commented on the huge 'scene' in Cabra at the time:

> In the summer on a good nice summer's evening, there would be about 150 – 200 people up in the park all doing what ever drugs they were doing. In the winter they'd probably go into town. Now, I know there's still a few kids going up there in the summer, drinking and doing what ever they'd be doing.

John also reported on this open-air drinking:

> We used to drink down at the canal – it is still going on. The kids are still drinking and doing drugs in the open.

Pauline confirmed John's account that open-air drinking is still popular. She calls it 'knacker-drinking':

> It'd be in the fields or if someone has a 'free gaff' we'd go around there and drink. Sometimes we can use our house.

Martin and his friends attended the private parties, the locations of which were circulated either by word of mouth or on pirate radio:

> We went to the private parties too. Everything wants their dealer to come to their parties. We were going to parties everywhere we were. I was barely home.

For those young people over age, the pub remains possibly the most easily accessible social setting for a night out. But as Thornton (1995:20-21) has described, there are limitations on its use. First of all, a pub is a regulated adult space. Also, it tends to be local, bringing younger people into contact with the very adults from whom they might want a break.

By contrast, the club scene, with its house music, provides a powerful alternative space for young people who want to experience new music and a night out without the watchful and (presumed) disapproving adult gaze.

John describes the scene in Dublin in the early 1990s when this new club life was taking shape:

> We started going to the Mansion House. Dance and music were stepping up a gear. We used to go to the Olympic Ballroom most weeks and the Mansion House was a special event every month or so. You could be dancing next to some 40 year old guy from Fatima Mansions and a 13 year old from Santry or Coolock who'd blagged their way in. At the time you wouldn't have known many people selling E because at the time it was £25 a go...there was a lot of rigmarole around the cash gathering – an individual would collect all the money. We used to go down to Cabra to get the drugs. You'd never really meet who you would get your drugs from, it was generally just one guy who used to call to the dealer's house and carry the drugs back. You might have had about 100 40 year olds in the Mansion House at what was a youth event and you would just come to realise in fact that a lot of them were suppliers or dealers or whatever and after a couple of weeks going to a place....you'd meet people – you'd be out of your face and they would be too - the best of pals and you'd make contacts.

Even in clubs, however, Thornton argues that alcohol is the most commonly used intoxicant. Recent British studies (Ward and Fitch, 1999) indicate a range of poly-drug use in clubs that includes cannabis, ecstasy, amphetamines, LSD, and cocaine, in order of frequency. There is some evidence to suggest that the Irish scene is not dissimilar in

trends. For over-18 licensed events and club premises, alcohol is very much part of the scene, along with poly-drug use; alcopops, developed by the drinks industry in the early 1990s, have made their mark on a younger club generation.

In one of our case studies, Kevin, for example, became involved with alcohol before he moved onto other illegally bought drugs. He now looks on the former as a drug too. He used to go to discos on the Navan Road for 13 to 16 year olds and they would bring cans along. When they started smoking cannabis, they used to bring that with them too. They also started taking LSD at the discos. He also used valium:

> **It was easy to get valium or any drug you wanted on the streets.**

For both older interviewees and those in their mid-adolescence now, the club scene has been a vibrant event in their lives. Kevin used Ecstasy and was a regular attender in the Asylum nightclub which was closed down in the mid-1990s. Here E tabs were available from dealers, who circulated freely in the club, as well as from the bouncers.

Dara describes the scene in the Asylum this way:

> Everybody who went to it was as mad out of it as the next. The first thing you did when you went in the door is buy the Es. Just past the door there would be a line, as far as the staircase at the back, of dealers offering E, doves. You went up the stairs to the chill out room and skin up a joint and as you looked around, there would be people shooting up young and old. There was people sat there all night who probably didn't even know there was a dance club downstairs. Taking two and three drugs a night would be very common. It was just a lottery how much you paid at the door – you named your price for your group of friends.

He only ever saw heroin in the Asylum, never in any other club. The music there was techno, 'pretty hard core music with regular punters'. Martin was thoroughly conversant with the club scene in Dublin well before he left school. He used his part-time work on Saturdays and Sundays to fund his clubbing and drug use:

> Yeah we used to go clubbing four nights a week. Even in school. We'd go into town - anywhere really in town. My friends really looked after me (financially), because they had a little income coming in (selling). I worked in the bar at weekends also. I dealt a few times as well just to get my own supply... When we'd go into town there would be a very big crowd of us if we went in selling, so

> nobody would try anything with us. Boys and girls. The girls hold the money and the boys done the wheeling and dealing. They put the money down their bras.

There is no available Irish data on how many young people regularly use Ecstasy as part of their night out dancing. A series of surveys in London suggest that 53 to 68 per cent of young people in clubs are using Ecstasy on any given night (Ward and Fitch, 1999). The literature on Ecstasy and dance also indicates that Ecstasy is used to complement a type of repetitive, pulsing rhythmic music which is also described as hypnotic (Collin and Godfrey, 1997; Reynolds, 1998) and that the drug accomplishes this complementarity by heightening the impact of 'glow-pulses' and 'flicker-riffs' on the nervous system. The synergy of Ecstasy and house music which is promoted as part of the club scene for adolescents and young adults[5] effectively normalises the drug's use as an acceptable and even sought after part of an evening's social activity.

Hence Linda's social scene also revolved around this pattern of dancing and poly-drug use:

> We would go into town, into _____ and into the Asylum and always back to someone's flat, but it was grand then 'cos I wasn't really strung out and it was just like a weekend thing you know. Then we got into smoking heroin after the E's and that and then I wasn't getting anything out of it so I started injecting it then that was 5 or 6 years ago now.

But Linda's story is little different in character to that of Imelda who is still only seventeen. Imelda has been going dancing since she was 15. And, unlike John in his early years of clubbing, Imelda now avails of a system of distribution which makes Ecstasy and other non-opiates more readily available, despite recent constraints on clubs by the Garda to tighten their policies:

> It's not hard to get false ID, so I go to all the over 18 and over 21 clubs in town. There is a lot of E and speed used at these clubs. You can get it in Cabra before you go into town or in the clubs themselves.

Pauline sees non-opiates as readily available in Cabra:

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[5] Events which are advertised as under-18s may not have a license to sell alcohol but the circulation of Ecstasy beforehand or even on the premises for would-be attenders appears to be unhindered by age limits.

> Hash is available every night. Acid, speed and E at the weekends.

The current price for Ecstasy and amphetamines appears to be the same everywhere:

> £10 for one E and £10 for a wrap of speed. I need one of them anyhow to get a buzz, but I wouldn't mix them. I'd be afraid.

As Imelda has experienced it, there is:

> A big Cabra scene once you get into clubs. Big gangs don't get into clubs but you go with your friends and meet the rest there.

Imelda's drugs of choice are all dance-related:

> E, speed, hyper drugs. There is something about the atmosphere - hyper- when you see everyone else on it [Ecstasy] you want to be on it.

Caroline was a late entrant to the club scene, having spent her later teenage years living quietly with her parents, bringing up her child:

> Then I met my fella and we used to go out dancing in a crowd and we started doing E. We used to go into town – about 30-40 people - and then after that go to somebody's flat to smoke hash and then go home the next morning. Then after about 2 years we started smoking gear to come down off the E...There was always a few dealers (in E) in the discos – you'd just ask around. A few of my friends – about half are still doing E but not as often. The raves were brutal and getting too young. Wherever the hard core music was you went.

Caroline argues that the scene remains broadly unchanged insofar as clubs are going stronger than ever and Ecstasy and other non-opiates are very much a part of that scene, despite more stringent regulations:

> The dance scene is still the same with the E – I was out with my sister in November and they were all still flying, so my sister and I left because she isn't into drugs. They were out of their faces – about 18 years old – and even younger.

John argues that the scene has changed to the extent that people now no longer can take Ecstasy on the premises so easily:

> It was a bit of a free for all – drug taking within – it was cool to do what ever you wanted to do once you were beyond the door. Now they search you, they have people who look over the toilets to see what is going on, if any one is taking drugs. If they suspect you or see you taking drugs they turf you out immediately

> which has taken away to a large extent what was the original buzz – it was quite a communal thing, there was not the same pressure – it was not as covert – generally people are too busy watching their own backs really. It became really bad for a while what they were trying to sell off as E, it was really speed in a tab. It has changed. The club owners are just presuming because they are searching people at the doors that nobody is taking drugs, but they are, they still are, you can still see it. A hell of a lot of young people are still taking drugs and a lot of my friends are still taking E. But the club really is not the place to go if you want to take E unless you pump it into yourself beforehand.

Safety issues with non-opiate use

Above, Pauline in speaking about the price of non-opiates said that she would see mixing amphetamines and Ecstasy as dangerous. Yet there is abundant evidence from other currently available studies that in order to get that buzz, young people will mix indiscriminate drug cocktails and will use anything they can buy without guarantees about quality (Coveney et al., 1999; McElrath and McEvoy, 1999; Mayock, forth-coming). With a growing number of young people engaged in the use of non-opiate drugs like Ecstasy, safety is a huge issue.

Imelda at seventeen years of age is at the beginning of regular non-opiate use which she considers integral to her social life. Yet even now, she is aware of safety in relation to Ecstasy use:

> You take your chances. You do get bad Es occasionally. There is a new E on the market called Shamrocks. They are supposed to be 24 per cent stronger than your average E. I had them once. They're like rocket fuel.

She has heard rumours about substances like rat poison being made up into tabs of Ecstasy, but she chooses to disregard them.

Dara argues that young people learn quite quickly from their peers about dealers:

> If somebody gets stung, you don't go back to that person. Usually what happens is one of the group says 'Why are we giving loads of money to somebody else. I'll just start dealing it.' It still happens to a great extent, they just become a mini drug dealer.

Once you have taken Ecstasy, you need to be watchful. According to Imelda:

> You drink one pint of water every hour and you keep chewing gum in your mouth so that you don't get locked jaws.

She has found a problem with water in some of the clubs where they turn their water off so people have to buy water at £1.50 a bottle. She says that awareness of the drug scene has grown in the clubs and they now want to be seen to discourage drug-taking. But turning off the water is also a way to increase profits. John also spoke about taps being turned off in the toilets. He argues that searches at the doors of clubs have also resulted in water bottles being confiscated. He also argues that using Ecstasy goes hand in hand with looking out for your friends and their well-being:

> If someone maybe freaks out there is usually someone around who will sort it out. You are super sensitive when you are on drugs because there is a lot that can happen and when something goes wrong, even if someone is having trouble breathing which is quite an insane thing for a lot of people, there is always someone around to say do this, do that. You really do take note because the next time it might be your or your mate. You can be completely out of your mind – in a different frame of mind – and in a jolt you can realise that something is happening – you can completely eliminate what the drug has done and you come down – like a bouncer ripping someone's head off and the whole place sobers up.

Dara's experience of what he calls the 'pints scene', that is drinking at weekends until you black out has led him to argue that alcohol is more dangerous than doing Ecstasy, that people are far more conscious about safety issues with Ecstasy:

> Most people are more inclined to be more careful when they are taking drugs than when they are out drinking. You are careful that you are not going to lose it for a start. E is not the sort of drug that you can afford to indulge yourself in it the whole time – you would still probably be able to function better than if you were overdosing on alcohol all the time. All the time you are doing E, you are increasingly aware of how much you are taking. When you are taking drugs you have people around you who say how many is that you have taken now? And when it gets to a certain point will tell you to stop.

On the other hand, Pauline, going out with a much younger age group, observes that

> Fellas especially will be saying they've taken 5 Es and I know ones that take three Es of an evening. But maybe that's 'cause there are others looking out for them.

Safety of supplies is an issue to which she is already alert:

> I got a dud E tab one time in town from a stranger in town. Me mate licked it and said it was a very strong taste off it which she thought it was [the sign of] a real one. We took a half first in case it was dodgy and anything bad would happen but nothing happened at all.

The problem of coming down off Ecstasy was described by Dara as something you just had to get through, although many would use cannabis to do so:

> Initially we used nothing to come down off E. Initially when we started you didn't need anything to come down. You had danced for hours and you were tired and ready to fall into bed. We could not afford to drink and do E and I didn't know how to smoke. After a bit, everybody else had a lump of hash and smoked. Smoking hash would be the most common thing, even though it doesn't help you come down it just makes you stoned – your heart is still racing.

He and his friends never considered trying heroin. For Dara, heroin had no place at all in his life:

> Heroin had nothing at all to do with dance music what so ever which was why I was into E in the first place.

Dara is now heavily involved with the music scene as part of his work. He occasionally takes half an Ecstasy tab to give him energy and keep him awake but he no longer takes it on a regular basis because of his work. But he would never leave the house without a lump of cannabis in his pocket.

John no longer takes Ecstasy:

> Now I choose not to take E because of certain life choices – I know what it does and that is not as appealing as it was. I built myself up to taking my last E – I was trying to recreate the first buzz and took a lot of E, acid and cocaine and did get mad out of it and that was that. I left it at that.

John argues that especially because drugs are illegal, no one engages with them without assessing the risks and without taking calculated risks about where they buy their supplies and where they and how they consume:

> Yeah there is still some kind of stigma attached to drugs, you know that it is something more dangerous, especially something like speed or E. The value you put on it is that it is more dangerous than alcohol although now I would think that it is not. We all know drugs harm us. I don't think anyone is under the illusion that drugs are good for your health, they are not full stop. At the same time most people weigh up the risk factor against what they gain from drugs and in most

> cases people arrive at an even keel – they generally get it pretty okay – you only hear about the bad stuff, or else the reformed bad people who are too good for their own sake. I think if you asked your average drug taker on the street or in the club, they know what they can do, they know how to take care of themselves in a drug taking situation.

So John's position is that all drugs, including alcohol, do harm and that individuals assess that harm, make choices, take risks, based on best available information. In the case of illegal drugs, this information circulates informally on the streets. This may be the worst option for young people. There is nothing at all in the Irish context, for instance, comparable to the Lifeline materials in Manchester which in comic-strip form tell young people quite explicitly what the known safety guidelines are for taking Ecstasy. Those guidelines make these points, amongst others:

- It is best to take half a tablet first and wait for an hour to judge the effect, before taking more;
- The user should try to drink a pint of water, no more and no less, in each hour s/he is dancing at a club or party to deal with the rise in body temperature produced by Ecstasy;
- It is always important for a first-time user to be in the company of an experienced user;
- The comedown from Ecstasy can be unpleasant and even difficult but the user should 'put up ' with it and not try and use other drugs to buffer the impact as this can lead to regular drug use. (Lifeline, n.d.)

The problem of how to deal with the come-down from Ecstasy is critically important. We have radically different accounts of this issue in our interviews. It appears to become more of a problem over time. But some young people are taking the most dangerous solution to it in terms of their long-term well-being, namely choosing to smoke heroin.

Heroin

Four of our interviewees became involved with heroin as regular users because they were searching for a way to come down off Ecstasy. However positively protagonists speak of the contribution Ecstasy has made to a new underground music and sub-

cultural scene over the last decade, the downside to its sustained use remains a problem for regular users and club-goers (Collin and Godfrey, 1997; Reynolds, 1998). If the MDMA drug is said to make it possible to reach new heights of experience and understanding while on the dance floor, its reputed energy high can have an impact of diminishing returns for many users and an impact as well on their 're-entry' into more normal living, once the clubbing weekend is over. Along with strictures about minimising its unwanted side-effects on the dance floor, including thirst and nausea, 'crashing' or coming back down from the 'high' of Ecstasy is an acknowledged problem. New users seek to learn from older users and/or they appear to pick up hints on dealing with these side effects from their peers. Smoking cannabis is seen as one solution. Other strategies, like limiting use and numbers of tablets to just the weekends, are commonly enough under discussion to merit their own e-mail user groups on the Internet where there are regular Irish contributors. The Manchester-led Lifeline project has circulated advice in the form of comic leaflets for years, detailing the range of actions that Ecstasy produces and advocating that users put up with the come- down from the extraordinary levels of serotonin that are key to the experience of Ecstasy, and not be tempted to use other drugs to ease the comedown because this may lead to a regular and addictive life habit.

Unfortunately, a minority of young people appear to see heroin as a solution to the problem of coming down off, especially in the greater Dublin area where there is a wide availability of heroin. There have been consistent reports from inner city heroin users about this pattern, including accounts of the room provided in the Asylum nightclub where people smoked heroin on the premises to come off their night of dancing and Ecstasy use (Coveney et al., 1999). Four of our interviewees had experience of the Asylum. Martin described it this way:

> We went to the Asylum too. I used the room upstairs to come down. There was something about the Asylum, it was a really rough place, you could do what you wanted there. In other clubs it's not really like that. If you want a joint you'd have go to the toilets or something like that. What I think was that the bouncers and that didn't really understand about drugs but now it's blown out into the open and everybody is watching everyone, cameras everywhere and what have you.

The minority pattern of use. Ecstasy followed by heroin, affected all four of our interviewees from Cabra. It must be emphasised that we do not know how small the minority is which gets hooked into addictive drug use as a result of dealing with Ecstasy. However, even if we do not have direct survey numbers on the extent of Ecstasy users in the Republic, the indirect evidence of increasingly large seizures throughout the 1990s, for example (Bisset, 1997:13-14) would point to a large majority of people using Ecstasy and dealing with the come-down in some other way, rather than resorting to heroin. This may be due at least in part to a circulation of knowledge amongst the groups who are using. If a group of users is especially sophisticated and practised, they may be able to offer more support on the issue of coming down. They may be more aware that a tablet of MDMA has impact for 4 hours, while MDEA, which may also be sold as a form of Ecstasy, has an impact for six hours, for example. They may be able to informally advise one another on the way to space their consumption of Ecstasy during a night or over a weekend.[6] These are all issues which might impact on how an individual deals with the come-down period (and is why a group like Lifeline produces updated leaflets on Ecstasy use as part of its harm reduction education work).

For those who do come to use heroin to deal with coming down, this to may be context-bound as with the room set aside in the Asylum nightclub for this express purpose (see above and also Coveney, etc. 1999). Thus such a pattern of use may also be due to the circulation of heroin itself and where and when it is available. There may be other circumstantial factors which bring a small number into heroin use through this route. It may have to do with curiosity about the drug.

Whatever the varying range of factors, whilst Caroline saw a great deal of Ecstasy use in her group with heroin used by a significant minority:

> We used to take E only on the weekends only if we went dancing. Not too many of my friends – about 8 out of the 40 of us went on the gear. There happened to be 2 who used to be drug users years ago and we went back to their flat one night –

[6] Particular groups may have more informed or less informed strategies about the use of Ecstasy with other drugs, for example, the 'candy-flip' which combines LSD and a tablet of Ecstasy in order to experience more intensely the visual effect of dance music.

> just the 4 of us and they had gear and they said it would help us to come down so we took a line of it.

Whatever the complexity of decision-making that takes place, heroin does something altogether different to the user, compared with Ecstasy. One of our interviewees described it this way:

> E is a real hyper buzz, you know the way it pumps the blood around and you get real hyper and you get a few hallucinations. With heroin it's just really sleepy and goofy. You're kind of asleep dreaming but you're actually awake you know. Hash is mellow, you're just relaxed with that. You can't get mellow with hash from E because it's not strong enough. You'd probably just get a better buzz if you took a few joints. But with heroin it wipes it out altogether. If you took acid, it'd wipe the acid buzz and you'd just get the heroin buzz. Heroin I'd say is the strongest.

It is important to note the breadth of drug-using experience which can result in such a precise description, especially in light of what young people have said about education on drugs (see sub-section on education below).

Our interviewees described a radical change in their lifestyles once they became involved with heroin. Their use of all other drugs was social, part of, but only part of the scene. However, once they became addicted to heroin, they moved away from their clubbing friends and into a subculture where heroin was central to their lives.

Kevin only ever smoked heroin and did not reach the point of injecting before he eventually sought treatment:

> I'd see people going around like in a bad way and I'd say that won't be me, to myself, because I'm only smoking it. He's using two bags a day and I'm only using one. Stuff like that... you justify it to yourself.

Martin reported problems in long-term use of Ecstasy and a less pleasurable response than he'd had when he started off. Eventually he started smoking heroin although he was with a group of friends, the majority of whom did not turn to heroin:

> I started smoking heroin first – to come down off my E or my acid because I couldn't get to sleep. Coke and speed as well... So I started using heavier stuff. We all really started around the same time. There were two of us out of the group who went onto heroin. The others didn't and still haven't... When we started smoking heroin, we started splitting away from the group – going our own way

then. So heroin was the drug that split everyone up. Every drug was acceptable except for heroin for some reason.

He found out about heroin from a casual contact in a pub:

> I was just talking in a pub about how hard it was to get to sleep.[7] And this bloke said to get hold of some gear that it just knocks you out straight away. So I done it and it worked. And I liked the buzz out of heroin so I started off on that then. My friends didn't know that two of us were doing it for a while, but then I wasn't really interested in E or acid it was just heroin.

Linda described a camaraderie that eventually soured in the face of heroin addiction:

> They were all raving and then a lot of them would just go back to houses and smoke gear. You could go round to your friends and someone would drop over a bag of heroin for you but then when you get really strung out you've no kind of proper friends -people don't give you gear then for nothing, they keep it for themselves. I mean I'd be the same. I wouldn't give it away for nothing - you know what I mean? It wasn't that bad then. I left the scene 'cos I got pregnant again and then it just seemed – I was away from all my friends. Then I was off living in town and then I lost touch with them 'cos I didn't want to go out anymore. And all of a sudden I heard this one is strung out and that one is strung out and people that you'd never think - you know what I mean.

Caroline's drug use had been almost entirely bound up with the club scene and her difficulties with heroin started when she was trying to deal with a new version of Ecstasy tablets:

> You get more depressed coming down off the E. We started off getting the doves but then they changed it to Mitsubishis and coming down off it was desperately depressing and the hash wasn't doing anything so we stopped doing the E then and just kept smoking the heroin. I was nearly 23 when I started now I am 26. I was only strung out for a year. Before that I was only taking it every couple of months but for the last year we got heavy on it.

Once she and her partner started using heroin they lost interest in the dance scene:

> I wasn't interested in going out or anything on gear. You did the E to be social – everybody was on it in 1994 if you were at a dance and not on E you'd feel out of place. The gear was a better buzz at the beginning, but then it became just a habit.

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[7] This is not uncommon with Ecstasy, especially if people have taken an increased number of tablets.

> You don't want to drink or go out – you wouldn't be on form you'd prefer to score.

Our two male interviewees involved with heroin speak about a similar falling away in interest in all save heroin. They described the impact of heroin in the following ways:

> When I got home and the buzz started wearing off, I was upset. When I was on it, I didn't feel paranoid or afraid. I wanted more so that I would feel good about myself again. I always thought I could keep in control of heroin, if I was just using once a week. (Kevin)

> I liked the buzz out of heroin so I started off on that then. My friends didn't know that two of us were doing it for a while, but then I wasn't really interested in E or acid it was just heroin. I was actually getting something out of it at that stage, but then I became too addicted then you don't get anything out of it, so you go onto the needle then. (Martin)

It took about two or three months for Martin to lose interest in other drugs. His life was consumed by the practicalities of his heroin addiction. He travelled all over Dublin in search of heroin. There were worries about the quality of the drug too:

> I stopped hanging around with my mates, I snookered my girlfriend, done everything. I hadn't time for anything. I hadn't time to be eating. I was up in the morning trying to get money. They're putting rat poison into it and everything...! always tested it – I used to burn it but then I used to taste it. I had to – it's a waste of £20 getting ripped! You'd be going all over – one place would have a drought and you'd have to travel. The real thing that affected it was the Guerin murder. That started off the vigilantes and the police and everything. There were droughts. Over Christmas there was a drought. And the gear they are selling is mixed up with everything.

After Linda had her baby she started hanging around with the friends with whom she used to smoke heroin:

> When I had the baby I was smoking - not strung out - just smoking gear, and then after a while I wasn't getting nothing from it. I don't know whether the gear was muck or what. Having a turn on the first couple of times was lovely you know what I mean, but then it got the same. No matter how much I was using it was only getting me right - only making me get rid of the pains and aches or whatever.

For Caroline, heroin turned from being a "lovely buzz" to a nightmare as she and her boyfriend tried to maintain some semblance of normality:

> I don't know how we let the gear get so bad – before we knew it, it was every night. The kids don't know anything – they never saw it – we waited until they went to bed - even if I was dying sick. I'd be in bits – dying pains – but I'd let on I was okay until they were in bed. My husband was working all the time. He'd score after work.

Caroline argued that Ecstasy never caused any great difficulty and that her clubbing friends warned her against any involvement with heroin:

> It wasn't a problem when we were taking E – you could stay in for a month and you wouldn't think about doing it - it was only when you went out – you wouldn't go out with the intention of getting E. When I look back I would say I had a problem, but not at the time – because it all leads up to the main explosion. I can't think of anything that would have stopped us because when we were starting off people warned us not touch the gear and we thought - no way we wouldn't touch that stuff - if I saw any one smoking I'd throw them out, and then when you start smoking you think there is no way that I'd end up like her - she's a junkie. I'm stronger than that. You'd smoke it every three months, then every month and before you know it we were junkies. Before I realised it at all we were going out 7 nights a week scoring. It catches up on you so quick. We tried to stop for two days and we were sick and we realised that we were junkies. I wouldn't have said that until I started here – I would only have admitted I had little problem. But now I am an addicted person and I will always be.

Relationships with schools, families and peer groups

One aspect that we were interested in was how did these young people continue to interact with their families, schools and other young people during this period of intense drug use. Did any of the significant adults who were interacting with these young people have any suspicion about their habits? Kevin's experiences provide an instructive example. No one in the school picked up on his drug use although he was missing a lot of school at the time. For example, at the end of his third year, when he was doing his Junior Certificate, he was out of school for four months. The school would send notes to his home, since his parents do not have a telephone. He was able to forge his parents' signatures on these notes and return them to the school. He actually managed to pass his Junior Certificate despite his bad attendance. His mother told him recently that she had noticed the change in his behaviour and attitude at the time he was using drugs, but she thought that it was just his age. He has brothers and sisters, none of whom have been involved with drug use.

Martin stayed in school until he was 18. Although he was seriously disruptive and actually using drugs in the school building, no teacher picked up on it:

> We used to do acid in school and then just laugh at the teachers. We couldn't do anything but laugh all day. I did the Leaving but failed it. I didn't want to work so I stayed in school. After school I went out and got a bit of work. Actually I was working in a pub during 6th year as a bar man. Doing drugs and working. The teachers didn't know either – because we were always messers in school either way, so they thought that was the way we were. Some of the other kids would have known - those that would have been into drugs would have spotted it.

He argues that his parents had 'no idea' until he began to inject heroin:

> I was barely home. My family just thought I was out having a good time. "Went back to a friends house for a few cans and fell asleep" was my excuse. I suppose the way my mood changed. When you go onto heroin, you just snap at people. Roaring at them, like a Jeckle and Hyde I was. They asked me what was wrong but I just kept denying it – I used anything as an excuse. I knew myself that I really needed help and I asked me ma for help then. I tried to do it myself first, but I couldn't do it, so I asked my mother.

Now that he is in treatment his family are of great support to him. They noticed a great change in him when he started injecting heroin.

Linda's family live at some distance and have not really been able to support her in any practical way:

> We were close but I didn't talk to them for two years when they found out I was using. Where my mother lives in _____ there is not a drug problem and she has nobody to talk to about it. She couldn't understand why I went back on drugs when I had got off them. But my sister told her that that's normal – everybody relapses. My sister works on a drug help line – she's very educated about drugs.

Family for Linda, now means her children:

> Yesterday I was going for the bus and these young fellas said "Go on Linda – are you going for a turn on – ya junkie ya" if I could have caught him I'd have wrung his neck. If my daughter had been with me she would have died. She knew I was using – that's how stupid I was. I send her over to _____, when I was in hospital with the baby and my mam and da said you can talk to us, we're your family and she just broke down and said my mam puts needles in her and there's blood everywhere and I think one day that I won't be able to wake her up. She was only 6 or 7 at the time.

It was for her children's sakes that she realised she had to get help with her habit.

Caroline has always had a very close relationship with her family. However they had no idea that she was using drugs until her sister found evidence of heroin use:

> On the E – nobody would know - they just thought that I was off having a good time dancing. I used to stay over occasionally (at my mother's) and my sister found a crumpled up piece of foil in a bedroom and she told me da – look at what your daughter's doing. I could have killed her! There was murder with me ma and da. That was when I joined (the clinic).

Her family are a vital support in her rehabilitation. She stays with them a lot as she cannot trust herself to socialise with others until she feels more confident in her ability to stay clean.

The importance of the peer group is always emphasised in relation to drug use. All of the interviewees started using drugs in specific social settings. They described switching friends and groups depending upon which drugs they were using and having 'using buddies'. It was not so much a case of being 'pressurised' by the group to try something new as choosing your friends to suit your drug tastes, as Kevin indicates:

> No one else in my class was really on drugs at the time. People would drink, but there was only one other bloke who used to smoke hash with me. I met another friend in school and we became 'using buddies'. I was always switching friends, depending on what drugs they were using.

Martin split with his friends when their drug tastes diverged:

> We're all back together now. They're all still doing their E and a bit of acid and coke. They're not doing it as much now. They don't really go dancing any more. It's too costly – nearly £3.50 a pint in town, £12 into a place. You'd want about £50 to go out now, for just one night. Some are working. They're starting to have kids - quieten down now.

Linda's social circle, initially representing a dance crowd, shrank to include only those involved as she was with heroin:

> I have friends from all different parts of town - probably more gear friends like. There's very few friends I could count like that are not on gear so I suppose if I took the gear away out of it, and the phy - I could count them on one hand probably what friends I have - proper friends like.

Caroline and her partner, now in treatment, have changed their set of friends yet again because they know that it is vital to break from their heroin set if their treatment is to succeed:

> The one group sticks together, but we've had to break away from them because most of them are still on it, and we'd end up back on it. We haven't started socialising again yet until we are more normalised. You don't know who smoking and who isn't. Because we were hanging around with one bloke and one night after his girlfriend went home he said he was going off scoring and did we want to go with him. You don't need that kind of thing when you are trying to stay off it.

Experiences with treatment and rehabilitation

All four have taken somewhat different routes to treatment. Kevin, who has worked throughout his addiction, is now in Narcotics Anonymous. He attended a residential care unit in the west of Ireland to which he returns once a month, and also goes to a follow up group in Dublin, connected with the unit once a week. He feels that this programme was the most successful for him, as it took him out of the area and gave him time to think. He was already four weeks clean when he went away for treatment but was afraid he would start using again.

There was little information available to him about drug treatment centres. It was his employer who eventually gave him the name and address of NA, an interesting comment in itself about a necessary if perhaps unusual trust and responsiveness between employer and young employee. He learned all he knows about drugs on the streets, rather than in school or at home.

For him, the residential unit he attended was particularly good because it involved a lot of physical labour and this helped him to overcome the anger he felt after coming off drugs. After a while, people were promoted to kitchen duties after they had worked on the farm attached to the unit. He feels that people using drugs have to want to come off them, and have to volunteer for programmes before they will be successful.

Martin has only been on his course of methadone treatment in a clinic in the city for approximately three months and is finding it tough:

> So what I'm doing now is the methadone and maybe a joint or two in the night now and that's it now. It's tough. I tried to give up the phy but I ended up having a jab last night so I went back down this morning to the phy. You need something for a while to make me forget about it.

Linda is also just beginning a course of treatment, having tried to come off opiates many times:

> I did loads of mad detoxes. I went to Beaumont. I went to England and every thing to get off it but it was very hard. I don't really crave gear - it's only the odd time now... someone says oh so and so has gear ...I do get a little - jaysus you know will I get a bag? And then I kick myself 'cos I say I'm doing grand - my urine is clean except for the tablets that I shouldn't be taking. I should only be taking benzos like valium and that... My head is all over the place. I'm glad I'm on the phy. I just want to get up... I've no energy, I'm just drained. I've got hepatitis. All I can eat is ice pops and Tracker bars but I make a proper meat and veg meal for the kids every day. When I look at old people, they have more life in them than I have.

In contrast, methadone maintenance for Caroline has permitted her to stabilise her life:

> I think it is good to be on it at the moment - because my life is back to normal. I can see the difference in the kids – because we were a bit miserable – the pair of us in the horrors. Everything is just happier. I can look forward to the weekends instead of worrying where are we going to get money for tonight. It was always about that... The services here are very good... They talk to you and don't look down on you – most people think – scum bags, criminals. They treat you like you're normal – it's like having the flu – that's how they treat you – real nice. And you meet other people in the same situation and it is good to sit and talk with them and ask them how they are getting on and what stage they are at.

After many efforts at self-detoxing, she has found it difficult to access treatment since the methadone protocol was put in place, although she realised that the previous situation could not continue unchanged:

> It was hard to get a place. When the doctors used to do it it wasn't hard because you could get the phy off anybody... I think there should be more local doctors but not like it was last year because it was madness – you could go to any doctor and they'd give you bottles of phy. I went to two myself and they gave me bottles of phy and I didn't even have to give a urine. I wasn't even on with him. I was sick and had no money, so he gave me a bottle of phy and it did us for two weeks. Then I went to another doctor and he gave me a bottle as well. So that was stupid – you do need more control.

Having a routine during treatment was seen as integral to all the interviewees but not all have had the chance to build an appropriate one. Caroline and her partner have built a routine around children and homelife. Her partner also is able to work while in treatment which has made a huge difference:

> Having a job and school kept things more normal – kept the same pattern. Made sure we ate dinner first. Yes it is very important to have a job or something when you are trying to come off – the boredom sets in. If my husband wasn't working he'd definitely be on it – he needs to work. You need something to do – something to occupy you. I even go for walks - something that takes a few hours. Because when you are sitting on your own your mind plays desperate tricks on you. I remember what it used to be like when we'd be doing this or I've money upstairs – something will set you off – so you have to have something to occupy your mind.

By contrast, Martin, who worked throughout his addiction is currently unable to combine work with his treatment regime which leaves him vulnerable:

> I can't work with this because I have to go down every morning to collect it (methadone) at 9 o'clock in the morning, so I can't get a job. Trinity Court is the only place that has a night clinic and there's a big waiting list. I'm a _____ by trade. I could get work in the morning, but I can't because I have to go down there. I asked the doctor if there was any chance, but you can't unless you're three months stabilised. So I have to stick it out for three months. I've always been working so I don't know what to be doing with myself - that's making it worse – sitting around thinking about the stuff.

Providing local services to respond to the drugs problem

We asked our interviewees who were involved with heroin what kinds of services would have helped them avoid the worst excesses of drug addiction and what kind of supports would they suggest putting in place for young people. Kevin, who is a now a member of NA, is also involved with visiting schools to talk to young people about

drugs and thinks that this is a useful approach to the drugs problem. He argues that he would have similarly benefited when he was in school, as children appreciate both the free class and the opportunity to talk to an outsider/someone interesting. (However, it should also be observed that successful preventative education in the schools will require a long-running programme and not just a once-off visit and talk). He also felt that much more needs to be done in order that information be available and accessible locally.

Linda who has recently started a methadone programme, was encouraged to return home to Cabra from abroad because services were now so much better. But she is concerned that in fact there is no locally-based treatment available, a lack which has special resonance for her as she must deal with children's needs as well as deal with treatment.

Martin argued that there should be a clinic in every area and counsellors available for whoever needs them. He also saw the need for parents' support groups and programmes to increase the awareness about both the signs of drugs and also to increase their understanding of what their addicted children are undergoing. He also thought that there should be something for young people to do during the day.

The need for accurate up-to date information as part of a harm reduction strategy was strongly expressed by Kevin:

> I had to pick up all the information about safety as I went because I never knew anything about drugs, it was just from experience that I found out. Now I know everything about them! There's no way of staying safe with it. With E they say it's dangerous to drink too much water or too little, so you just hope for the best. I always went down to the needle exchange for syringes.

Martin felt that locally-based needle exchanges were essential:

> There would be people if they were stuck that would have to use someone else's needle. They'd have to wash it out the best the can and use it. Because if you smoked it, it would be useless to you. The (nearest) needle exchange is only open for two hours a day and at the weekends they don't open and that's the time that people need them because that's the time people get paid.

Note here Martin's observation that people will be using heroin at the weekends when they get paid. In other words, there is now a pattern of work and drug use combined, and this pattern will require a clear response on the part of the local task force.

All these interviewees took the position that treatment and harm reduction facilities needed to be locally-based in Cabra.

> There is nothing at all in Cabra to help you – even for the likes of me that is a junkie there is nowhere to go – you can't even talk to anybody. There's nothing at all – it's like – if you're a junkie at all – it's ... go out to another area – get yourself help from somewhere else - not in Cabra – don't come in here with your problems, even though you are there with your problem, it's to be sorted somewhere else, like you're the low life. They treat you desperate like that.

None thought that it would be possible to eradicate drug use entirely. Therefore they were suggesting an emphasis on maximising the safety of drug use and having services available to those who wanted to come off it:

> I don't think you will ever prevent it... it's only obvious that kids will be curious and try it.

Another strategy which needed to be put in place, Linda argued, was to work intensively with children aged 11-12 years. Caroline also feels that Cabra has a huge responsibility, and as a mother, she is concerned about the lack of drug awareness education for young people:

> Cabra needs something like here [a drugs counselling centre] for the Cabra area. They definitely need it for the amount of people who are into it and the kids that are getting into it. There isn't enough awareness about it. My 10 year old hasn't been told anything about it in school and I only heard that there was a young fella selling heroin in the school two weeks ago. I had to tell them all about drugs because they get nothing in the school. Younger kids need help - they should have programmes in national school.

She notes about the drug-consuming habits of the younger people in her area:

> Drink is still part of the scene - that's what you start off with although a lot of the kids these days are starting with hash not drink but it was drink when I was 15. I get on well with the younger kids and they tell me that its hash that they do mostly. That's what people do. Drink you get caught with – your da can smell it

> off you – with hash you can just say you're tired if their eyes are red – you can't smell it. Drugs are in every group from about 14/15.

Caroline also believes that there are not enough facilities for teenagers:

> All they can do is hang around the corners and most parents don't like them going in to town because that is where they can get the drugs. – especially 14-15 at night, there should be somewhere they can hang out that drink isn't sold. Somewhere with pool and soft drinks so they won't be hanging around corners thinking of getting things.

Drugs, dealing and street responses in Cabra

Our interviewees discussed the climate for drug dealing and using in Cabra and what has changed in the past couple of years. There are conflicting accounts as to the ready availability of drugs like Ecstasy, amphetamines, cocaine and cannabis locally. Imelda argues there is no difficulty in buying before you go into town. Certainly our quantitative data confirms that. However Pauline's experience suggests this may not be so across the board and that there may be very local differences of availability. In East Cabra, she argues, everyone has access to cannabis. But she herself can have difficulties getting hold of cannabis in her immediate area.

Older users are clear that although heroin was available for sale locally at one point, this is not so currently, because of local activism. The response to this activity was mixed. On the one hand, there was relief that the marches were effective in stopping dealers:

> Well the marches are civil at least. If you seen them in Fatima Mansions they'd kick your door in and beat you out of it - but at least in Cabra they're not putting the people out of the houses and making a show of them. I've never actually seen one of the marches or going on. Me daughter goes on them she's nine now and she has seen what drugs can do. She understands about gear and that.

On the other hand, this has meant that people merely go to another area to procure heroin:

> You used to be able to get gear in Cabra – a little bit - but you haven't been able to get it for about 2 years. Nobody will sell it in Cabra because you get marched on and you get thrown out and too many people find out. In Cabra there are the Vigilantes and they are doing a good job up there but all you do is go out of the area and you get it. That's not really stopping it, it's just keeping the area clean.

Education

In their discussions with us, interviewees pinpointed a wide range of needs which they felt should be met locally. Education was one clear need. As Dara framed the problem:

> It is well and good to say to a 14 year old "just say no". But you can't account for when it is going to happen. You could just be walking down the road and your friend could say look what I've got – a bit of acid and chances are you'll say yeah because when you are young the whole thing is a process of learning. So the only thing you can do is encourage the learning side of it more so than the just say no side. Ignorance isn't bliss – it's very harmful especially where drugs are concerned, when you haven't a clue what you are doing, really you are in no position to be using them in the first place.

John also had very strong views on the issue of education:

> It is quite important that there is somebody who knows about it. When I look back at my life and my friends, there were times when we really hadn't a clue what we were doing and it was the luck of the draw – I have seen some of my friends going a bit wobbly and ending up in hospital and their parents finding out and things going very wrong. They're all on drugs – they **are** all on drugs – most kids do either drink, smoke, smoke hash. Quite a substantial proportion take acid, E, cocaine and these days quite a lot do heroin I suppose. So it is important that you get information that is realistic because that discrediting thing really is an issue....some 50 year old telling you about some drug that you have already taken and you think – what the hell is he talking about. When you are that age you don't keep that to yourself – you go to the bloke beside you and say "he's talking absolute shite- he doesn't know what he is talking about'. And the parenting leaflets that come through, signs of E taking or whatever – it doesn't help that the older generation seems to know absolutely nothing about drugs and in their minds hash is the same as heroin – they can't make a distinction themselves and yet they expect to make a decision for you

He strongly urged that teachers and trainers take on board this fact:

> Most 14 year olds do know more than their parents, even if it is only on heresay – they know about people taking drugs... it's all new so you are listening to everyone trying to sort out what is true, what is fact and fiction.

Dara believes that education is vital, but it must be information-based, not dogma-based:

> I think it is a good idea to educate young people about drugs so they can take on board all the facts and make a decision. There is no dogma about drugs – you cannot just say drugs are bad, people have been taking drugs for ever and that's it. People who say all drugs are bad – they might have something to say about

> emptying their own drugs cabinets. All drugs aren't bad, in fact quite a lot can have benefits but they do become bad if you do not know what you are doing on them.

This issue of education and other needs, along with those indicated by the quantitative survey results, are discussed in Section 8. In the next section we summarise differences which emerged in our interviews between non-opiate users and heroin users.

7 Issues Emerging from the Quantitative and Qualitative Data

From all those young people who participated in this research, both those who completed questionnaires and those who participated as interviewees, there are firm indications of a strong sub-culture in Cabra of alcohol use and the use of illegal drugs in social settings which positively encourage their use.

Of the total 168 survey respondents, 41 per cent had used illegal drugs while 35 per cent had used alcohol and only under 20 per cent had used neither. A large majority of the sub-sample of out-of-school respondents, 70 per cent, and half of the in-school respondents (this latter group in general a younger age range than the out-of school sample) reported that they had been in social settings where illegal drugs were available.

The percentage figures for consumption by drug/intoxicant indicate that of the illegal non-opiate drugs, cannabis is the most commonly used (88 per cent of those who had used illegal drugs had used cannabis, with 79 per cent of those using illegal drugs for the first time using cannabis). A third of those who had used illegal drugs had used Ecstasy. Only a small group, 13 per cent, had used heroin. But the range of figures shows that Cabra has a youth subculture where the possibility of accessing illegal drugs is an ongoing part of young people's lives. It is also worthy of note that alcohol use was so dominant, next only to cannabis in frequency.

The context for this use is laid out in the case studies which indicate that many young people have come to view alcohol and non-opiate drug use as a normal part of their social life. This may be drinking in parks or fields in their early years of adolescence or using volatile substances as part of 'messing' in school. Later on, it will very likely include smoking cannabis. If they get involved in nights out and clubbing, using Ecstasy, amphetamines or LSD will play a major part.

Moreover, non-opiate drug use will be perceived as largely unproblematic; that is, young people will try and deal with the side-effects associated with different types of

illegal non-opiates for the most part without reference to formal drug treatment or prevention services.

Our case studies present two different patterns: those using non-opiate drugs and those who began using non-opiate drugs and who have gone on to use opiates, at first, to deal with the side-effects of Ecstasy, in particular.

We can conclude from the quantitative and qualitative data then that there are three different groups in the Cabra area, all with different needs in respect of problem drug use.

1. **Non-users.** There are those who have not used illegal drugs at all. They are more likely to be in school than not in school. But no matter where they are, they will be exposed to social settings where drug use occurs.

2. **Non-opiate users.** These form the majority of those who are using drugs; and many of these drugs will be seen as 'recreational'.

3. **Opiate drug users.** These form a minority of those using illegal drugs.

It can be argued that each of these groups has special needs and that a range of different strategies in respect of education and treatment need to be mobilised to deal with each one.

The Drug Task Force has already developed recommendations around the needs of opiate users in the Task Force area. This current research has underlined the necessity of those recommendations being carried out. Therefore, the focus of this research has been non- opiate drug use and our recommendations prioritise young people's needs in this area., both users and potential users.

It is important for the Task Force to bear in mind that none of these groups had adequate information on drugs to inform decision-making process, whether that was in favour of non-use, non-opiate use or opiate use. All the interviewees who were using illegal drugs were picking up their information about use from street culture. This exposes young people, who will decide to use, to unnecessary levels of danger. The lack

of information does nothing to help young people who may decide never to use, to make up their minds about drugs. Therefore a critical need is the provision of arenas where young people can explore honest and open information about drugs.

7.1 Key differences between non-opiate users and heroin users

Heroin is so extremely problematic in nature because it is not only a highly addictive illegal drug, it is also one which impacts negatively on young people's personal and social interactions. To sustain their heroin drug use, the young person must learn to move in a complex and largely hidden social world of sourcing and using the drug..

It is striking that the heroin users in this sample were much more likely to speak in terms of psychological profiles of being more introverted or insecure. The non-opiate users did not describe themselves in this way. Once the heroin user enters treatment, this setting may lead to greater reflectiveness and examination of what made them so vulnerable to the drug that they were prepared to entirely shatter their social worlds

Non-opiate users are not seeing themselves as problematic individuals, although aspects of their drug use may be problematic. But non-opiate drug use appears to be much more readily viewed as something the person can take or leave. By contrast, heroin users speak of having no control and must actively search for their motivations in a way which focuses on how the addiction took hold.

The following characteristics and issues emerged between non-opiate users and heroin users:

- In the case studies, non-opiate drug use started as young as eleven years old;
- Cannabis is seen as an ordinary every-day sort of drug by both groups of users;
- Both groups valued the buzz of Ecstasy, but those who went on to use heroin described the impact of heroin as mellow rather than a buzz;
- Poly-drug use, including combinations of non-opiates can be used to try and get a different kind of buzz;
- The social setting where Ecstasy is most commonly used is the club scene;

- Ecstasy is a shared group experience, more so than heroin. The latter might begin that way but with increasing addiction problems, it became a very isolating experience;
- Over time. Ecstasy users can grow out of the club scene which dominates its use and therefore abandon the drug itself;
- Heroin users face a radically different challenge in growing away from the drug because of the physical, emotional and social complexities of being a heroin addict;
- There are safety, education and harm reduction issues around the use of Ecstasy: the safety of the tablets, how many people are taking in one night, whether they are drinking water, whether water is available, how people come down from Ecstasy;
- Coming down from Ecstasy is an issue for Ecstacy users. The inadequate information and education around this topic coupled with the availability of heroin in Dublin can create a context for the introduction of some young people to heroin;
- Non-opiate users feel they control their drug use and they are free to choose to walk away from it;
- Heroin users only have that feeling of control in the initial stages.

8 Building Policy Recommendations

Local people in the Cabra community have already demonstrated a willingness to tackle the issue of drugs as evidenced both by the voluntary input to the Drugs Task Force and such community-wide initiatives as meetings and other events organised by Cabra Community Against Drugs (CCAD). However, with these survey results and the insights gained from the case studies, it is vital that the adult community in Cabra, through the Drugs Task Force, structure responses which are grounded in the realities of young people's lives.

Therefore we are recommending three broad strategies for the Drugs Task Force to pursue in light of this research. These are: drugs education, youth outreach initiatives and safety campaigns for non-opiate drug use.

Drugs Education

There is an urgent priority is to build an honest awareness about drugs, about the ways different types of non-opiates work physiologically and psychologically, and the ways young people and children use non-opiates. This is a difficult issue for many parents and community youth workers and leaders who often feel that a 'just say no' campaign is preferable to disseminating more information. However the Second Ministerial Report on Measures to reduce the Demand for Drugs states unequivocally that a 'just say no' campaign is ineffective and that young people need factual information on the known dangers of drugs but also practical advise on dealing with drug use for those young people who choose to engage despite the known dangers. (Ministerial Task Force, 1997: 45)

There are several strands to the provision of drugs education information which we can identify:

- parents, teachers, youth trainers and community leaders who work with children and young people;
- young people;
- children.

In the first instance, **we recommend that the Task Force should initiate a local information campaign to feed the results of this current research into the larger community.** This strategy might include the following components:

1. Training for parents to be peer educators
2. Open meetings for parents using current community support structures
3. Designated information worker who could also undertake an outreach information campaign to reach community and youth group leaders
4. Drug information leaflet campaign.

For the young people and children, care must be taken that information must be age-appropriate. For example, this research indicates that information on solvents, cannabis and alcohol should be targeted at late primary school children. In this context the commitment by the Department of Education to include a module on drugs education in all primary schools by the end of 1999 is an initiative of fundamental importance. **We recommend that the Drugs Task Force play a role in incorporating locally-based information into the programmes which local teachers are undertaking in the Cabra area.**

It emerges from the research that there are a number of periods in a young person's life when he or she is particularly vulnerable to involvement in illegal drug use. Examples are the summer holiday between primary and second level school and the period just after completion of the Junior Certificate. For some young people, this may include once-off or infrequent experimentation. For others, these moments can mark the beginning of a long engagement with illegal drug use (see Appendix Two). **We recommend that the Prevention and Education committee of the Drugs Task Force**

investigate current interventions to support young people through vulnerable points of transition in their school lives with a view to implementing a pilot preventative project in Cabra.

Existing research on health education strategies in general has proven that behavioural change is brought about through interpersonal communication rather than mass media campaigns; hence the effectiveness of peer education programmes in relation to HIV prevention and sex education. This strategy has also been explored in relation to drugs education. These programmes require very careful planning, long-term support and careful evaluation. But with good structures in place, they are effective. **We recommend that the Drugs Task Force pilot a drugs youth peer education campaign.**

Outreach/Safe Spaces for Children and Young People

Because of a lack of meeting places for teenagers, they must of necessity congregate in public spaces such as church yards, parks and street comers, the very places where they are most at risk. **We recommend the support and development of safe spaces where teenagers can socialise amongst themselves with a discrete level of supervision i.e. a drop-in centre.** The drop-in centre in East Cabra could be evaluated to assess its capacity to fulfill this function. Resource and support could then be given in East Cabra and a similar venture should be initiated in West Cabra. These measures could serve to help those young people who have not experimented with drugs to remain that way and to maintain contact with other young people who may be experimenting.

Outreach workers have proven their capacity to establish valuable communication links with young people who are choosing not to engage with formal youth provision. We believe an out reach worker with a non-opiate youth brief should be employed by the Drugs Task Force. They could act as a vital channel of information to the Task Force concerning changing drug use patterns amongst young people and also disseminate accurate information and drugs education materials. **We recommend that an outreach worker should be employed to carry out this specific function.**

Safety Campaign for Drug Use in Commercial Venues

Harm reduction strategies in popular comic form on non-opiate drug have been widely tested and promulgated in the last decade by groups such as Lifeline in Manchester. **We recommend that the Drugs Task Force buy in and distribute already developed materials on harm reduction strategies from the UK.**

The Second Ministerial Report commented on the code of practice developed in Britain for dance or club venues to secure safer conditions for young people, including such specific issues as availability of drinking water and medical and first aid provision. A pilot version of safer dancing strategies to reduce risks associated with Ecstasy use is currently being carried out, spearheaded by the Eastern Health Board in the Dun Laoghaire/Rathdown area. Following on from this pilot programme and subject to evaluation of its effectiveness, **we recommend that the Drugs Task Force liaise with other Task Forces in the North Dublin area to consider how safer conditions can be secured in clubs for young people.**

All of the above recommendations stem directly from the research findings. It is of critical importance to respond to what young people in Cabra are saying and reporting about their experiences of drug use.

Summary of Recommendations

- **We recommend that the Task Force should initiate a local information campaign to feed the results of this current research into the larger community.**

- **We recommend that the Drugs Task Force play a role in incorporating locally based information into the programmes which local teachers are undertaking in the Cabra area.**

- **We recommend that the Prevention and Education committee of the Drugs Task Force investigate the various interventions available and implement a pilot preventative project.**

- **We recommend that the Drugs Task Force pilot a drugs youth peer education campaign.**

- **The drop-in centre in Cabra East should be properly resourced and supported and a similar venture should be initiated in West Cabra.**

- **We recommend that an outreach worker be employed for the Cabra area.**

- **We recommend that the Drugs Task Force buy in and distribute already developed materials on harm reduction strategies from the UK.**

- **We recommend that the Drugs Task Force liaise with other Task Forces in the North Dublin area to consider initiatives, which would secure safer conditions in clubs for young people.**

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10 Appendices

Appendix One: Summary of Key Research Findings

From all those young people who participated in this research there are firm indications of a strong sub-culture in Cabra of alcohol use and the use of illegal drugs in social settings which positively encourage their use.

Use and Exposure to Drugs

- Of the total 168 survey respondents, 41 per cent had used illegal drugs while 35 per cent had used alcohol and only under 20 per cent had used neither.
- A large majority of the sub-sample of out-of-school respondents, 70 per cent, and half of the in-school respondents (this latter group in general a younger age range than the out-of school sample) reported that they had been in social settings where illegal drugs were available.

Locations and social settings of drug use

- Younger adolescents experimented with solvents, petrol, gas, cannabis, tobacco and alcohol in open spaces such as parks and church car parks as well as in school.
- Under-age drinking and very heavy weekend drinking for older adolescents is a firm part of Cabra's youth culture.
- The club and dance scene is extremely attractive to young people from Cabra and leads to their engaging with Ecstasy, LSD, and cocaine as part of their nights out in town.
- After the clubs, many young people go back to each other's houses to 'come down'. In a small minority of cases, 'coming down' includes the use of heroin which can lead to complications.
- There is a considerable level of myth-making around the issue of coming down which needs to be addressed in the education of both young people and adults

Age of first drug use

- Questionnaire respondents were using cannabis from the age of 10, solvents from the age of 12, Ecstasy from the age of 13, cocaine from age 15, and heroin from the age of 14.

Why people engage in drug use

- From the qualitative data, it emerged that the reasons why young people chose to experiment with drugs varied from feelings of inadequacy and a wish to impress to camaraderie with their friends; desire to share the buzz of the club scene, and a wish to expand their consciousness.
- The point was made that the process of learning is part of the essence of youth which makes the urge to experiment so appealing for so many young people.

Ease of access to drugs

- 31 people said they never go outside Cabra for drugs. They were able access a range of drugs including cannabis, petrol, glue, poppers, speed. Ecstasy, and cocaine within the Cabra area. Our qualitative data indicates that heroin is not available in Cabra and people travel into the city and outer suburbs to access it.
- Other interview data suggests that it is more difficult than it used to be two or more years ago to access drugs in the Cabra area.
- In the clubs in town, drug taking has become more covert although Ecstasy seems to continue to be part of the dance club experience.

Education/training status and membership of clubs

- Of the sixty-nine drug users, twenty-three said they were not in school, forty-four were in second level schools and two did not respond.
- Seventeen (51%) of the male drug users and seventeen (50%) of the female drug users were members of either sports or youth clubs.

Income/expenditure on drugs

- The average weekly income of the drug using respondents varied from under £20 to over £150. The majority (61%) of users stated that their income was adequate for their expenditure on drugs.

Safety in sourcing and using drugs

- Young people have to negotiate with dealers who sell duds or even dangerous substances, like rat poison. The young person as user has to learn what s/he is looking for and how to judge their purchases.
- Using for the first time exposes the young person to a range of risks and hazards about which s/he may know little or nothing.
- Over-consumption of drug types and indiscriminate mixing of drugs pose real dangers
- Non-availability of drinking water in commercial club facilities creates a danger.

Other problems associated with drug taking

- While 78 per cent of drug users indicated that drugs in general can create problems in the areas of family, work, school, health, crime or finance, 55 per cent do not consider that drugs are problematic in these areas *for themselves.* This is a perspective strongly associated with the use of non-opiate drugs.

Appendix Two: High Risk Indicators from the Lifeline Annual Report 1998

The Director of Research in Lifeline has identified ten factors which may indicate a young person at higher risk of developing a dangerous relationship with hard drugs:

1. School non-attendance,
2. Early involvement with crime, criminals and the criminal justice system.
3. An experience of being looked after by the local authority.
4. An experience of homelessness.
5. Unemployment of self and significant others.
6. Heavy use of legal drugs (tobacco and alcohol) in early life.
7. An experience of a mental health issue.
8. Parents who are/were criminally active with their own substance problems.
9. Disruption of family unit by inconsistent parenting, separation, bereavement etc.
10. Use of illegal drugs such as cannabis LSD, Ecstasy.

Appendix Three: Map of Cabra Area