

**THE LEVEL OF
ILLEGAL DRUG USE IN
BRAY 1998**



**A REPORT BY COLMAN O'SULLIVAN AND DAVIN ROCHE
for the Bray Partnership**

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SUMMARY

The first report of the Ministerial Task Force on Measures to Reduce the Demand for Drugs refers to the severe impact of large-scale opiate use on individual and community life. Users and addicts, the report continues, become implicated in a life of crime and suffer ill health. "Life descends into a vicious and ultimately destructive spiral."¹

Drug misuse is closely associated with social and economic disadvantage. This is characterised by unemployment, poor living conditions, low educational attainment, high levels of family break-down and a lack of recreational facilities. Chapter 1 of the report shows how these conditions exist in several parts of Bray.

Community workers and activists in Bray have expressed serious concern at the level of illegal drug use locally. While local treatment services have improved considerably there are considerable concerns regarding outstanding treatment issues and the lack of corresponding prevention and rehabilitation services.

Bray Partnership is one of 38 Local Development Companies established under the Operational Programme for Local, Urban and Rural Development in areas experiencing extreme disadvantage. The focus of the Partnership is on tackling unemployment and social exclusion with specific reference to marginalised groups such as travellers, people with disabilities, long-term unemployed and disadvantaged women.

The Bray Partnership, community workers and activists came together to form the Bray Drugs Working Group in 1997 to address the pressing need for expanded and more effective drug related services. Given the anecdotal evidence of increased drug usage and the lack of definitive information on the current level of illegal drug use, The Bray Partnership decided to commission this report.

The research's primary objectives are to:

- a) Quantify as far as possible the level of illegal drug use in Bray;
- b) Determine whether there is a need for increased drug services in Bray.

The research secondary objectives are to:

- c) Document the current provision of drug services in Bray;
- d) Document any specific qualitative service issues that might arise in the context of the research.

The method chosen for the research was to quantitatively analyse all points of contact local illegal drug users had with treatment and other relevant statutory services in Bray and the Greater Dublin Region.

As the information recorded by these services relates primarily to opiate use, the figures compiled by this research also relate primarily to opiate use.

The Health Research Board found that 23 people received treatment for drug misuse as of November 1996. Twenty of these were treated for heroin use.

¹Ministerial Task Force on Measures to Reduce the Demand for Drugs, p7. Government of Ireland, 1996

Section 1 of Chapter 4 found that the current number of treated illegal drug users living in Bray is 67. This figure represents identifiable treated users. It must therefore be considered as the minimum number of illegal users from Bray receiving treatment. The Eastern Health Board estimate treated users represent between one quarter and one third of all opiate users. If this were the case in Bray there would be between 201 and 268 opiate users locally.

Section 2 of Chapter 4 documents data from other sources including the Gardai, Probation & Welfare Services, Merchants Quay Project and Hospital In-Patient admissions. The Bray Gardai have documented 104 illegal drug users in Bray, 86 of whom are heroin users. The data collection criteria used in the Gardai's research are such that 104 is a conservative figure of all illegal drug users known to the Gardai. It therefore must be considered as a minimum figure.

The research found that the majority of illegal drug users in Bray are in their late teens or early twenties. Most are male and unemployed and most are from the areas of significant disadvantage in the town.

The increase in treated users can be explained by:

- a) an increase in the number of heroin users in Bray
- b) the wider variety of sources consulted in this research
- c) a higher proportion of Bray opiate users seeking treatment.

The research concludes that the absolute level of identified drug use and the massive increase in the number of treated heroin users in Bray, demands the development and provision of prevention, education, training and rehabilitation services in the town.

1.

INTRODUCTION

1.1 Why this Research was commissioned

Community workers and activists in Bray have experienced a dramatic increase in illegal drug use locally. While local treatment services have improved considerably there are numerous concerns both at outstanding treatment issues and at the lack of corresponding prevention and rehabilitation services.

In this context it was clearly important to establish the current level of illegal drug use in Bray. As there is no existing definitive information available on the level of illegal drug use, Bray Partnership commissioned this research.

The research's primary objectives are to:

- a) Quantify as far as possible the level of illegal drug use in Bray;
- b) Determine whether there is a need for increased drug services in Bray.

The research secondary objectives are to:

- c) Document the current provision of drug services in Bray;
- d) Document any service issues that might arise as a result of the research.

The most recent published treatment figures are those compiled by the Health Research Board (HRB) in November 1996. Although the 1996 national survey included figures for the Bray area we believe that it did not show a true picture of the incidence of drug use in the town.

There are a number of reasons for this. Firstly, drug use is, by its nature, a covert activity and the HRB could only enumerate those who were receiving treatment in state run drug addiction clinics. It is accepted that such users represent only a fraction of all drug users. Those who have not yet sought treatment, those who had discontinued treatment programmes and those who were treated by GP's were not included in this survey.

Secondly, the national problem of under-notification is exaggerated in Bray by a number of factors. Historically drug services in the town have been poor. There have not, until recently, been any drugs clinics in the town and mixed GP involvement. It was therefore very difficult for drug users to access treatment in Bray. As a result, some were discouraged from seeking any treatment; others accessed treatment outside Bray, either at clinics or with GP's and a small number were treated by GP's in Bray. It should also be noted that Bray's size and proximity to Dublin meant some users preferred the anonymity offered by treatment outside the Bray area.

Thirdly, none of those treated by GP's (in Bray or elsewhere) were included in the HRB report. Some of those treated at clinics in Dublin were not clearly identified as being from Bray. This was either because they did not choose to be identified or because the treatment centre they attended did not always identify Bray as an area distinct from the rest of Wicklow.

For the above reasons, Bray Partnership decided to commission up-to-date and extensive quantitative research on the extent of illegal drug use in Bray.

1.2 Methodology

The method chosen for the research was to quantitatively analyse all points of contact local illegal drug users had with treatment and other relevant statutory services in Bray and the Greater Dublin Region.

The term illegal drug use refers to the use of drugs prescribed to the general population and includes heroin, methadone, cocaine and its derivatives, amphetamines and ecstasy.

The following sources were consulted:

E.H.B. Addiction Counsellor

E.H.B. Area GP Co-ordinator

E.H.B. Drugs/HIV Area Operations Manager

E.H.B. Area Pharmacy Co-ordinator

E.H.B. Outreach Worker

Bray Gardai

Bray GP's (GMS and Private)

Bray Private Addiction Counsellors

Bray Probation and Welfare Service Officer

Bray Satellite Clinic/Treatment Service Doctor

Coolmine House

Cuan Dara Detoxification Unit

City Clinic, Trinity Court, & Baggot St. Treatment Clinics

Dun Laoghaire St Patrick Street Clinic Staff

Eastern Health Board Specialist Addiction Service, Trinity Court

Eastern Health Board Staff

Economic and Social Research Institute

Members of Bray Satellite Clinic and Treatment Service Monitoring Committees

Merchant's Quay Project

Rutland Centre

Trinity Court

While this research did set out to quantify all illegal drug use in Bray, the data received from every source was, overwhelmingly, on drug users whose primary drug is heroin or methadone. The only source which quantified users of other illegal drugs was the Bray Garda which reported 86 heroin users plus sixteen others who use cocaine, ecstasy or amphetamines. It is more likely that there are five times more people using ecstasy than heroin in Bray than the reverse. Heroin users are however much more visible.

This is because users of other drugs are far less likely to seek treatment or come to the attention of the Garda or Probation Service. It should therefore be taken that in the sections that follow, ‘users’ are users of heroin or methadone unless it is specified otherwise.

Care was taken to avoid counting the same individuals twice. For that reason the data documented in chapter 4 is divided into two sections. The first section gives the total number of illegal drug users enumerated by treatment sources. Users are only included where, as far as can be ascertained, that source is the only point of contact with those drug users. This means for example, that not all drug users attending GP’s and counsellors are counted. Only those who are being treated only at that source are included. This structure allows us to combine all the figures given in Section One to give a total number of treated illegal drug users in Bray.

The second section gives the numbers of illegal drug users some or all of whom may have been already counted at sources included in Section One. The first source included in this section is the Bray Garda Siochana. These figures are very important in that, although a conservative estimate, they show that not all heroin users known to Gardai have sought treatment. This reminds us that treated illegal drug user figures do not represent the absolute number of illegal drug users in Bray.

The other sources included in this section contribute to building a profile of Bray illegal drug users.

1.3 Constraints

The covert nature of illegal drug use makes any attempt to quantify it extremely problematic. It is not possible to identify all users or even all treated users. The Eastern Health Board estimates that between one quarter and one third of all heroin/methadone users are attending treatment centres, based on international and national experience.

Users who attend the main treatment centres have always been the easiest to identify, however, those who receive treatment from GP’s are less easily identifiable. Bray GP’s were contacted for this research but not all of those contacted would give information and not all of those who gave information could give exact figures. It was not practicable to contact all GP’s in the North Wicklow and Greater Dublin areas to ask if they were treating illegal drug users from Bray. It is probable that there are more Bray users receiving treatment from GP’s outside Bray than the two identified by this research.

Another valuable source of information on illegal drug users is the Garda Siochana. However Gardai, like medical professionals, stress that illegal drug users known to them do not represent all users. Not all illegal drug users are known to the Garda. Further more in collecting their data the Gardai did not include any individual where doubt existed as to their use of illegal drugs. Individuals whom the Gardai may have suspected of illegal drug use were not included.

A final constraint was that Bray users currently in prison could not be identified.

2. SOCIO-DEMOGRAPHY OF BRAY

Bray is the second largest town in the country, with a population of 26,953 (CSO 1996). It consists of seven District Electoral Divisions which vary greatly in terms of employment, educational attainment and social class.

*“There is a high correlation between the areas where the [drug misuse] problem is most acute and the areas which have been designated on the basis of objective criteria, as economically and socially disadvantaged under the Operational Programme for Local, Urban and Rural Development 1994-1999”.*²

Bray itself was so designated under the Operational Programme. The objective criteria were those collated in the Gamma Survey 1995³.

The Gamma survey developed a measurement of deprivation for each District Electoral Division (DED) in the country based on the most recent comprehensive Central Statistics Office SAPS figures (see appendix 2 for a map of Bray DEDs).

“There is an extreme polarisation in deprivation scores within the Partnership area... Two wards - Bray No. 2 and No. 3 - fall into the lowest 20% of deprivation scores and must therefore be considered quite advantaged.”

In contrast *“...Bray No. 1 and Rathmichael - fall into the top 10% of scores and are in an acutely disadvantaged situation. Rathmichael is particularly disadvantaged, with the lowest levels of educational attainment, the most disadvantaged social class structure and an extremely high unemployment rate.”*

2.1 Little Bray

Little Bray (excluding Corke Abbey) has a population of 4426 (1996) which represents an increase of 4.4% from 1991. The youth population (0-19 years) was 37% and is broadly in line with the national figure.

44% of Little Bray’s housing stock is rented from the local authority, over four times the national average. The unemployment rate taken from CSO figures was over twice the national average at almost 40%. Almost half of those living in Little Bray left school at age 15 or less and are either semi-skilled or unskilled. This compares to approximately one third nationally.

The CSO figures accurately reflect some of the experiences of Little Bray as Little Bray and Fassaroe make up the overwhelming majority of the District Electoral Divisions (DEDs) of Bray No. 1, Bray - Rathmichael, and Shankill - Rathmichael.

Difficulties arise in giving accurate accounts of the experience of Local Authority estates outside of these areas. Large Local Authority estates (both current and former) such as Deerpark, Kilbrid, Oldcourt and Wolfe Tone are in DEDs which also comprise large numbers of privately owned estates.

*
² Ministerial Task Force on Measures to Reduce the Demand for Drugs, p27. Government of Ireland, 1996.
³ Bray Area Partnership Company Report. Dublin, GAMMA, 1995.

2.2 Ballywaltrim and Wolfe Tone

Wolfe Tone is in the DED Bray No. 3, while other local authority estates including Oldcourt, Kilbride, and Deerpark are in Bray - Kilmacanogue.

Bray - Kilmacanogue has a population of 8355 (1996), an increase of 2.9%. We can see from Table 2 that unemployment, education levels, size of the local authority housing stock etc are broadly in line with the national average. Using the CSO figures for Little Bray as an accurate baseline however, we can use Department of Social, Community and Family Affairs retro statistics on Unemployment Assistance/Unemployment Benefit (UA/UB) for mid February 1998 to indicate the comparative situation in Wolf Tone and Oldcourt⁴.

TABLE 1

AREA	TOTAL HOUSING STOCK	NO. OF UA/AB CLAIMANTS	% OF CLAIMANTS TO HOUSING STOCK
Fassaroe	342	166	48%
Oldcourt	221	114	53%
Wolfe Tone	72	100	141%

We can see therefore that the level of unemployment as described by UA/UB claimants per household is in fact greater in the areas of Oldcourt and Wolfe Tone than in Little Bray. Given the accuracy of Little Bray and Fassaroe's baseline, these UA/UB figures clearly indicate the very significant disadvantage experienced in other areas of Bray.

2.3 Conclusion

“Drug misuse is closely associated with social and economic disadvantage, characterised by unemployment, poor living conditions, low educational attainment, high levels of family breakdown and a lack of recreational facilities and other supports.”

Little Bray clearly experiences the above characteristics of disadvantage in terms of high levels of unemployment, educational disadvantage, semi/unskilled classes and lone parent families. It is an area that clearly has the potential under the first report's criteria for high levels of drugs misuse.

*⁴ UA/UB figures were not available for Kilbride and Deerpark at the time of research.

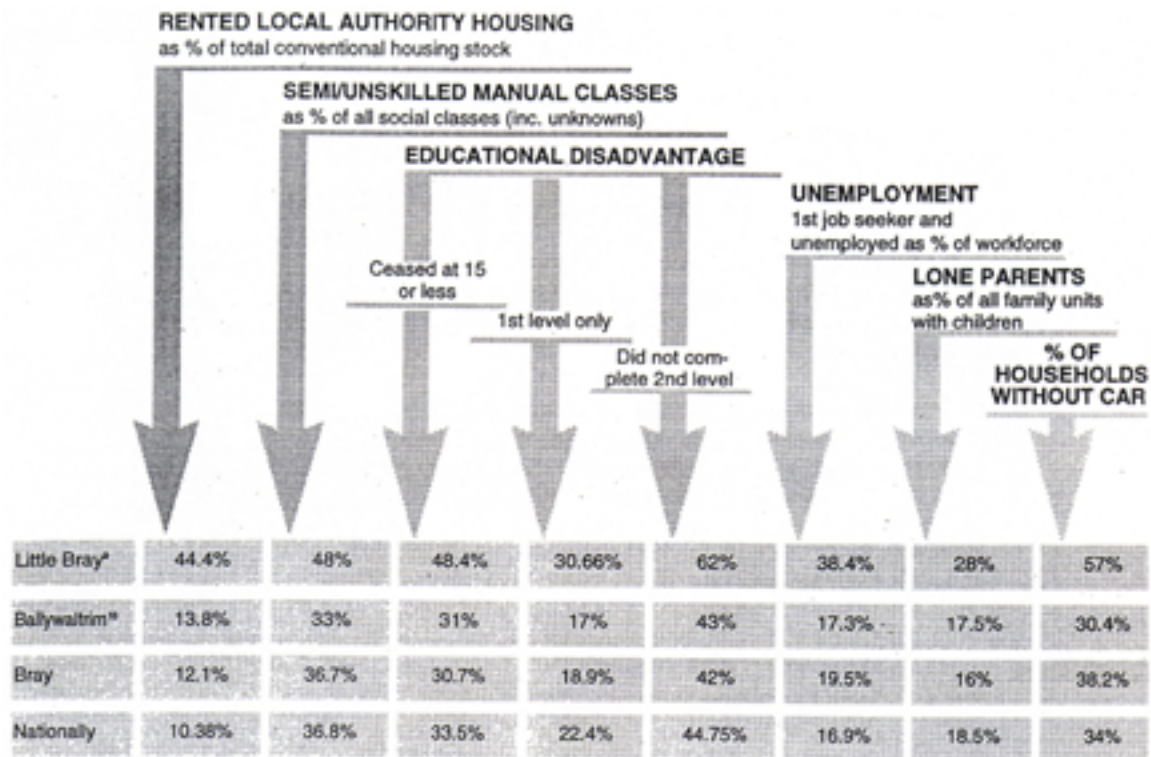
⁵ Bray UDC, Housing Section, 9th February 1998.

⁶ Department of Social, community and Family Affairs, Dublin South and West Regional Office, 27th February 1998.

⁷ The Ministerial Task Force on Measures to Reduce the Demand for Drugs, p27. Govt. of Ireland.

It is more difficult to assess similar indicators for other areas of the town with large local authority estates. This is due to the geographical basis on which the Central Statistics Office compiles its statistics. Using UA/UB figures however we can see very high levels of unemployment in Oldcourt and Wolfe Tone amongst other areas. If we take unemployment rates plus high levels of local authority housing to be central factors in determining disadvantage, it is most probable that these areas are also experiencing the socio-economic criteria that are associated with high levels of drug misuse.

TABLE 2 Socio-demographic indicators⁸



* ⁸ Source: 1991 Census of Population, Small Area Population Statistics. Central Statistics Office.
⁹ Little Bray is composed of the following district electoral divisions (DEDs):Bray-No.1 and Shankill - Rathmichael. It does not include for these purposes Shankill - Rathsallagh ie Corke Abbey.
¹⁰ Ballywaltrim lies entirely within the Kilmacanogue - Bray (part of) DED and includes the estates of Oldcourt, Deerpark, Ballywaltrim Heights and Kilbride *inter alia*.

3. THE SITUATION IN 1996

The following two sources are the most recent existing research which attempts to address the level of drug use in Bray.

3.1 Treated Drug Misuse in Ireland, National Report 1996. (Dublin, The Health Research Board, 1997)

This report it must be stressed, is a very selective sample of the drugs misuse situation in Bray, referring only to those attending recognised treatment centres. The figures are dependent on full reporting by the participant centres. It does not include users attending G.P.s, and refers primarily to opiate misuse. The Eastern Health Board estimate treated users represent between one quarter and one third of all opiate users.

The Health Research Board (HRB) report found that 23 Bray residents were being treated for illegal drug use, twenty of whom were being treated for heroin use. As in other areas most (73.9%) were male and most (87%) were not in regular employment. One surprising aspect of the report was that over half (12 or 52.2%) of those treated were concentrated in Bray No. 1 DED. (see appendix 2) This suggests that the incidence of drug use in other areas with equivalent socio-economic profiles may have been under-reported.

**TABLE 3a HRB November 1996 Report:
Bray Drug Users by Area of Residence**

DISTRICT ELECTORAL DIVISION	NUMBER	PERCENT	CUMULATIVE PERCENT
Shankill - Shanganagh	01	04.3	004.3
Bray No. 1	12	052.2	056.5
Bray No.2	02	08.7	065.2
Bray No. 3	02	08.7	073.9
Bray - Rathmichael	01	04.3	078.3
Bray - Kilmacanogue	05	21.7	100.0
TOTAL	23	100%	100%

TABLE 3b HRB November 1996 Report: Bray Drug Users Age Profile

AGE Years old)	NUMBER	PERCENT	CUMULATIVE PERCENT
15 to 19	7	30.4	30.4
20 to 24	7	30.4	60.9
25 to 29	2	08.7	69.6
30 to 34	4	17.4	87.0
35 to 39	1	04.3	91.3
40 plus	2	08.7	100
Total	23	100	

3.2 Garda Figures

In November 1996, the Gardai at Bray carried out a comprehensive study on illicit drug use and related criminal activity. The study was carried out by compiling a database of all known hard drug users in the Bray area.¹¹ Information was obtained from the following sources:

Community Gardai, Divisional Drugs Unit, meeting with other Gardai, investigation of Garda documents and files.

Garda sources indicated that there were 93 hard drug users in the Bray area in November 1996. 75 of these were heroin users. The other eighteen were users of cocaine, ecstasy or amphetamines. This figure is consistent with the HRB report if it is assumed that treated illegal drug users represent one in four of all illegal drug users.

It should be noted that the Garda figures are a conservative estimate as they did not include any individual if there was any doubt that the person was a drug user.

Of these 93 identified drug users, 67 were found to have criminal convictions. The type of detected crime included burglary, larceny and robbery. The Gardai concluded that drug users perpetrate the vast majority of crime in the Bray area.

¹¹ Hard drug users for Garda purposes consisted of heroin, methadone, cocaine, crack cocaine, amphetamines, ecstasy and others (excluding cannabis)

3.3 Conclusion

We believe that Health Research Board report did not show an accurate picture of the incidence of drug use in Bray.

There are a number of reasons for this. Firstly, drug use is, by its nature, a covert activity and the HRB could only enumerate those who were receiving treatment in treatment clinics. It is accepted that such users represent only a fraction of all drug users. Those who have not yet sought treatment, those who had discontinued treatment programmes and those who were treated by GP's were not included in this survey.

Secondly, the national problem of under-notification is exaggerated in Bray by a number of factors. Historically drug services in the town have been poor. There have not until recently, been any treatment clinics in the town and little GP involvement. It was therefore very difficult for drug users to access treatment in Bray. As a result, some were discouraged from seeking any treatment; others accessed treatment outside Bray, either at clinics or with GP's and a small number were treated by GP's in Bray. It should also be noted that Bray's size and proximity to Dublin meant some users preferred the anonymity offered by treatment outside the Bray area.

Thirdly, none of those treated by GP's (in Bray or elsewhere) were included in the HRB report. Some of those treated at clinics in Dublin were not clearly identified as being from Bray. This was either because they did not choose to be or because the treatment centre they attended did not always identify Bray as an area distinct from the rest of Wicklow.

Both the Health Research Board and Garda figures are, *ipso facto*, conservative. Using the EHB multiplier of 4, the Health Research Board figure indicates 92 users in Bray. This would correlate with the Garda figure of 75 heroin users. Within this context, both figures represent a serious level of illegal drug use in Bray, at this time.

4. THE SITUATION 1998

Care was taken to avoid counting the same individuals twice. For that reason the data received is divided into two sections. The first section gives the total number of illegal drug users enumerated by treatment sources. Users are only included where, as far as can be ascertained, that source is the only point of contact with those drug users. This means for example, that not all drug users attending GP's and counsellors are counted. Only those who are being treated at that source *only* are included. This structure allows us to combine all the figures given in Section One to give a total number of treated illegal drug users in Bray.

The second section gives the numbers of illegal drug users some or all of whom may have been already counted at sources included in Section One. The first source included in this section is the Bray Garda Siochana. These figures are very important in that, although a conservative estimate, they show that not all heroin users known to Gardai have sought treatment. This reminds us that treated illegal drug user figures do not represent the absolute number of illegal drug users in Bray.

The other sources included in this section contribute to building a profile of Bray illegal drug users.

The issues raised by the quantitative analysis in this chapter are discussed in chapters five and six.

4.1 TREATED ILLEGAL DRUG USERS RESIDENT IN BRAY

At Satellite Clinics and Treatment Services in Bray

There are three satellite clinics/treatment services operating in Bray. All three have been established within the last twelve months. The Ballywaltrim centre, set up in October '97, is the longest established. The St Cronan's and Little Bray centres have been established in recent months. All those attending the centre are regular heroin users who are on methadone maintenance programmes. Below are the numbers attending each centre in May '98.

**TABLE 5 Users attending Bray Satellite Clinics/
Treatment Services in Bray**

	NO. ATTENDING	OTHER CONTACTS	TOTAL
Ballywaltrim	1	-	18
St. Cronan's	5	5	10
Little Bray	6	-	6
TOTALS	29	5	34

***Other contacts include those:**

- ❑ who sought treatment but were deemed unsuitable for methadone maintenance because they were not regular/chronic heroin users
- ❑ who are awaiting treatment because they are being assessed or are awaiting treatment cards
- ❑ who have discontinued treatment because they are in hospital or in custody

At General Practitioners in Bray

There are eleven GP's in Bray participating in the General Medical Scheme. All were contacted, as were four other GP's with practices in Bray. The GP's were asked if they knew if any of their patients were illegal drug users and if so how many.

Four GP's declined to give any information

Four GP's responded that they did not know of any drug users among their patients

Seven GP's responded that they were treating heroin users

There are, according to the information available to the above seven GP's, thirteen drug users attending Bray GP's who are not receiving treatment elsewhere. Some GP's could not give exact numbers for patients who were also attending Bray satellite clinics/treatment services. To prevent double counting, these patients were not included in the Bray total.

As a result, there are thirteen drug users receiving treatment from GP's alone. Given the measures taken to avoid double counting, it is very probable that this figure is under estimated.

4.1 Attending Counsellors in Bray

There is an Eastern Health Board Drugs Counsellor servicing Bray. He offers counselling to those who attend local treatment services and also counsels six other illegal drug users who are referred to him from other sources. They are all heroin users.

There are six illegal drug users attending private drug counsellors in Bray. They are not receiving treatment at other centres. They are all heroin users. In total there are twelve heroin users attending counsellors in Bray who are not being treated elsewhere.

Trinity Court

As of the 30th April 1998 there were three illegal drug users resident in Bray receiving treatment at Trinity Court. They are all female and all are from the Bray No. 1 DED (see appendix 2). Two are methadone users and one is a heroin user.

The Dun Laoghaire Addiction Clinic

There are another two Bray residents receiving treatment in Dun Laoghaire.

Cuan Dara

There is one Bray resident being treated in Cuan Dara.

GP's outside Bray

There are, to our definite knowledge, two Bray residents receiving treatment from GP's outside Bray. They are not to our knowledge/receiving treatment elsewhere.

TABLE 6 Total Number of Treated Heroin/Methadone Users Resident in Bray

A) Receiving treatment in Bray

At Satellite Clinics/Treatment Services _____	34
From GP's _____	13
Attending Counsellors _____	12
Total _____	59

B) Bray users treated elsewhere _____ 08

Treated Users in Bray _____	67
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4.2 Illegal Drug Users Identified By Other Sources

4.2.1 Bray Garda Siochana

Eleven additional illegal drug users in Bray have come to the attention of the Garda Siochana in Bray since November '96. They are all heroin users. This brings the total of illegal drug users known to the Bray Garda to 104, 86 of these are heroin users, two are cocaine users, two are using ecstasy, two are using amphetamines and the remainder are using both amphetamines and ecstasy, see figure 1.

FIGURE 1 Illegal Drug Users Known to Bray Gardai 1998



It must be emphasised that the Garda figures are conservative in that they do not count any individual if there is any room for doubt that the person is an illegal drug user.

4.2.2 Merchants Quay

As the Merchant’s Quay Project database is currently being reorganised the data they could give us was limited. They could only provide the numbers for those who attended their Health Promotion Unit for the first time from May 1997. They were as follows:

Thirty-two were from Wicklow, twelve of whom specified they were from Bray. It is not known how many of the other twenty are from Bray.

TABLE 7A Bray and Wicklow Heroin Users Attending Merchant’s Quay Project

	Male	Female	Heroin Users	Injecting	Injecting Daily
Bray	10	2	12	12	9
Wicklow	27	5	31	32	17

Only two of the 32 were currently in contact with another treatment centre. Both were attending Trinity Court.

One disturbing characteristic of both Bray and Wicklow users was that the proportion of those who admitted sharing injecting equipment in the previous four weeks was significantly higher than in the general population of first contact users of the needle exchange

TABLE 7B Shared Needle Use in Bray and Wicklow

	Borrowed in last Four weeks	Lent in last four Weeks	Shared in last Four weeks
Bray	42%	25%	42-6%
Wicklow	44%	28%	52%
All Users	-	-	28%

It should however be noted that all of these figures are taken from a very small sample and so may not be representative.

4.2.3 Probation and Welfare Service

The Probation Officer for Bray is currently dealing with fifty people. 27 are known drug users. Of those 12 have been charged with drug related offences. All are male and the drug involved is almost exclusively heroin.

The remaining 15 have been charged with other offences. The offence however was, in the opinion of the Probation Officer primarily motivated by illegal drug use. Of these, eight are male and seven are female

Illegal drug users who come before the Bray District Court are, according to the local Probation Officer, almost always given the option of probation. Registering for treatment is a condition of probation. Most but not all would receive treatment at the Bray satellite clinics/treatment services. There are ten of the above 27 who persistently fail to honour the conditions of their probation, which is often through giving positive urine samples. The lack of rehabilitation or training services in Bray, for those being treated for heroin addiction, is a contributory factor in this problem of persistent recidivism.

4.2.4 Hospital In-Patient Enquiries (H.I.P.E.)

The Economic and Social Research Institute compile the HIPE statistics, which include the total number of illegal drug users admitted as in-patients to all Irish hospitals. The HIPE figures do not distinguish Bray from the rest of Wicklow. The following statistics are for Wicklow residents who use illegal drugs and were admitted to Irish hospitals during the two years concerned.

**TABLE 8 In-Patient Illegal Drugs Use Admissions,
County Wicklow Residents.**

	TOTAL	GENDER		AGE		
		Male	Female	<25	25 - 35	>35
1996	30	20	10	12	11	7
1997	23	15	8	13	5	4

While all of the above patients are illegal drug users it is not known which illegal drugs they were using. It should also be noted that for the majority of these patients drug use was a secondary diagnosis and that some of these patients were classified as non-dependent drug users.

In 1996 there were eight dependent drug use cases with a primary diagnosis of drug use. Their average age was 22. In 1997, seven dependent drug use cases from Wicklow were hospitalised with drug use as the primary diagnosis. The average age was 21. Thus the majority of those illegal drug users under 25 who were admitted to hospital were dependent users whose primary diagnosis was drug use.

5. A PROFILE OF BRAY ILLEGAL DRUG USERS

As it was not always possible to identify the age, gender and area of residence (by District Electoral Division) of each drug user who has sought treatment it is not possible to furnish exact percentages on these categories. The majority of sources did however give information on these issues and so it is possible to give a reasonably accurate if not exact profile.

5.1 Gender

The majority of heroin/methadone users in Bray are male. Although there are users of both sexes all points of contact, save two indicated that male users are in the majority¹². Other sources reported of males to females ratios ranging from 2:1 to 10:1.

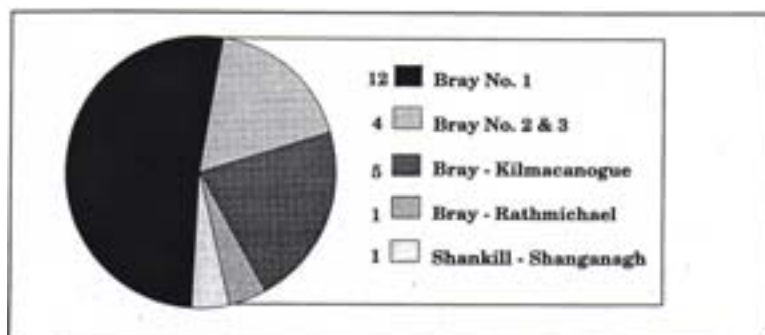
5.2 Age

All sources, save one (the HIPE 1996 figures) reported that most users were under 25, in their late teens or early twenties. There are a number of users aged over 25 and there are even some over 35. They are, however, a small minority of those seeking treatment. Although this reflects the fact that of all users those in their late teens and early twenties are almost certainly the majority of all users anecdotal evidence suggests that older users may be less inclined to seek treatment.

5.3 Area of Residence

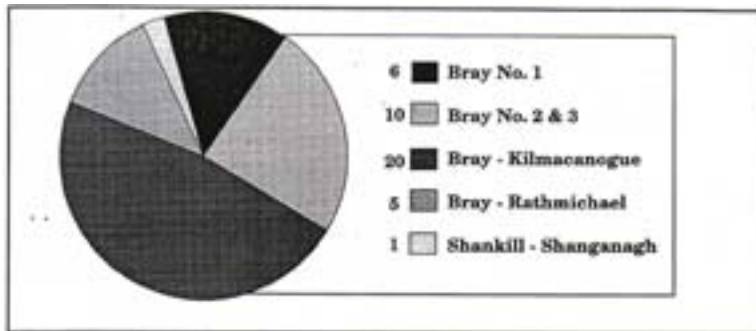
The most significant source which identified areas where users resided were the local and regional treatment clinics. Figures 2 and 3 describe the situation in 1996 and 1998 respectively. The area of residence within the town could not be ascertained for 26 of the identified treated users. These figures therefore can only give a sense of area of residence, as opposed to actual overall situation.

FIGURE 2 Areas of Residence, 1996 Health Research Board



*¹²These sources reported 14 users of whom 8 were female and 6 were male

FIGURE 3 Identifiable Areas of Residence 1998



Since November 1996 there has been an increase in the number of treated drug addicts in all Bray District Electoral Divisions (see Map, Appendix II). In the HRB report Bray No. 1 was remarkable in that over half of Bray's 23 treated drug users were resident there. Our research has identified six treated illegal drug users currently residing in Bray No. 1. Three are attending Trinity Court, two are being treated by GP's and one is attending Little Bray Drugs Service.

The Bray-Kilmacanogue DED has experienced the most dramatic increase in the number of residents seeking treatment for illegal drug use. In November '96 there were five treated drug users in the area. The satellite clinic, which now serves the area, has had a total of twenty contacts since its establishment nine months ago. One factor, which can help to explain this fourfold increase, is that there was, prior to the setting up of the clinic, a drop-in centre at the location where the clinic operates. This may have made local users more ready to seek treatment at the clinic. The majority of those attending the clinic are male, in their late teens or early twenties and unemployed.

The Seafront/Main Street area of Bray, which is contained in the Bray No. 2, and Bray No. 3 areas has also experienced an increase in the number of addicts seeking treatment. In November '96 there were four treated users in these two DEDs. Ten users have in the short time since its establishment contacted the satellite clinic, which serves this area. While the increase in this area has been less dramatic than that in Bray-Kilmacanogue it is believed that there are a number of factors which make users in this area less inclined to seek treatment at their local clinic. This part of the town is, with the main exception of Wolfe Tone Square, comparatively prosperous Wolfe Tone is believed that middle class users are sometimes under family pressure to seek treatment at centres where there is no risk of neighbours identifying them as drug users. Another feature of this area is the comparatively high number of transient residents in private rented accommodation around the Quinsboro Road area. Some users among this group may not be eligible for treatment at the local clinic if they have resided in the area for less than twelve months. Transient residents may be less rooted in their local community and so be less likely to use local services. As with the Little Bray Treatment Service it is expected that there will be a gradual increase in the numbers attending St Cronan's as the facility becomes longer established.

At each satellite Clinic/Drug Service members of the Monitoring Committee reported that drug users attending were from the areas identified as disadvantaged in chapter 2 of the report.

6. ISSUES ARISING FROM THIS RESEARCH

6.1 A Snapshot

It must be emphasised that this survey is a snapshot of known illegal drug use in Bray in April-May 1998. Research undertaken three or four months from now would almost certainly find a higher number of illegal drug users in the town. It is expected that as two of the town's three satellite clinics/treatment services are only very recently established there will be a gradual increase in the numbers attending both over the coming months. It is also expected that the implementation of the national protocol on methadone prescription will have a significant impact on the figures for treated illegal drug use in Bray.

When the protocol is implemented all drug users on methadone maintenance/reduction programmes will have to get their prescription from a GP in their locality and have that prescription filled locally. This means that those Bray users who are currently being treated by GP's outside Bray will have to seek treatment locally. It is not known how many Bray users are in this category but there are without doubt more than the two identified by this research. The protocol will also mean that all legal methadone users will be on a central register. This may reveal a number of users attending GP's in Bray or elsewhere who have not been counted by this research.

6.2 A Massive Increase in 18 Months

In November '96 the HRB reported that there were 20 treated heroin users in Bray. This research has identified 67 users resident in Bray who are receiving some form of treatment or counselling. This 235% increase is massive but explicable. This research has cast a wider net and consulted a more extensive range of sources than the H.R.B report. It is also probable that the establishment of drug services in the town since November '96 has encouraged a higher proportion of Bray users to seek treatment. It is very hard to say if there has been a dramatic or even significant increase in the total number of illegal drug users in Bray in the last eighteen months.

TABLE 9 Treated Drug Users in Bray; a Comparison

	NOVEMBER '96	APRIL/MAY '98
Bray GP's	n/a	13
GP's outside Bray	n/a	2
State Run Clinics	23	40
Counsellors	n/a	12
Total	23	67

In November '96 there were 20 heroin users from Bray attending clinics/treatment services. There are now 40. If the total number of users in the Bray area had remained static the increase in the proportion of users seeking treatment would be dramatic even unprecedented. It is, therefore, probable that there was an increase in the total number of heroin users in Bray during this period. It should also be noted that the Bray Garda have reported a moderate (11.5%) increase in the number of the Bray heroin users. It is therefore likely that the dramatic difference between the HRB's November '96 figures and the number found by this research can be accounted for by a combination of three complementary factors:

- the wider variety of sources consulted by this research;
- an increase in the total number of heroin users in Bray;
- a higher proportion of Bray opiate users seeking treatment.

The question still remains of how many heroin users, treated and untreated, there are in Bray. As outlined earlier in the chapter, a number of constraints preclude a direct answer to this central question. This research has identified a total of 67 treated users. The Eastern Health Board estimates that treated users represent between one quarter and one third of all opiates users. In Bray this would mean that there are between 200 and 250 opiate users in Bray. If one accepts the Garda figure there are just 86.

If the absolute number of heroin users in Bray was 86 this would mean that around 90% of them are in treatment or have sought treatment in recent months. This does not seem credible. The lack of, until recent times, drug services in Bray would also make it very unlikely that 9 out of 10 heroin users in Bray have sought treatment in recent months. It must also be noted that the Bray Garda do not claim to have identified every single heroin user in the town, they themselves describe their estimate as a conservative one.

On the other end of the scale most of those who have contact, in their professional lives, with Bray heroin users would not accept that there are 250 heroin users in Bray.

It is safe to say that there are over 100 heroin users in Bray. It is very, possible and not at all improbable that research conducted six months from now could find around 100 treated users and there will always be some users who have not sought treatment. How many more than 100 there are is open to argument. What is known is that the recent improvements in medical services for illegal drug users have resulted in a dramatic increase in users presenting for treatment. That response from drug users demands continuing improvements in drug services, both medical and otherwise, in Bray.

6.3 The Number of Users Treated in Bray

Not only has there been a massive increase, in the number of treated heroin users resident in Bray, there has been a massive increase in the number of heroin users who are now being treated in Bray. This is in large measure due to the development of medical and counselling services in the town by the Eastern Health Board. It is expected that the Health Board will continue to develop and improve these services. It is also expected that the protocol on methadone treatment will be implemented in the coming months. This will mean that, where possible, all heroin addicts will be treated in the area of residence.

These two factors mean that the number of heroin users treated in Bray will continue to grow. Users who had previously spent much of their day travelling to Dublin for either treatment or heroin will now be spending their day in Bray. This situation demands that rehabilitation services *inter alia*, which complement medical treatment services be provided in the town. Medical treatment that is not supported by rehabilitation and other complementary services will, in many cases, prove ineffective. Such services are not currently in place in Bray. The high levels of recidivism identified by the Probation and Welfare Service, plus the Gardai's experience of the strong correlation between illegal drug use and crime locally also indicate the need for the development of drug prevention, rehabilitation and training services is needed in Bray.

6.4 Irregular Heroin Users

A number of heroin users who sought treatment at the Bray satellite clinics/treatment services were deemed unsuitable for treatment. This was invariably because they were irregular users who did not use heroin daily. It is inappropriate to prescribe a daily regime of a heroin substitute to someone who does not use heroin every day. However if these users are not given some form of treatment there is a real risk they will become daily heroin users. There is no service aimed specifically at this group. As this group is not receiving treatment it is impossible to quantify them.

6.5 Participation of General Practitioners and Pharmacists in Treatment Services

A number of community and statutory sources referred to the reluctance of many GP's and Pharmacists in Bray to treat or provide services to new heroin users. The Health Board is, through education and training programmes, trying to encourage these professionals to involve themselves in these services. Some community groups have also tried to encourage them to participate. The provision and development of properly resourced community drug and rehabilitation services may help to overcome GP and Pharmacist resistance in this area.

6.6 Conclusion

The extent and pattern of treated illegal drug use has changed radically in Bray since November '96. The number of treated drug users in Bray and number of users treated in Bray have risen dramatically in the last eighteen months. There will probably be further moderate rises in the coming months. This can be seen partly as a positive development as it due to users who had not previously sought treatment or had been compelled to seek treatment outside Bray now receiving treatment in the town. This development does however mean that the statutory and community bodies will need to further develop the wide range of medical and non-medical services which are needed to address the problem of illegal drug use. While there are a number of specific service issues mentioned above it is evident that a comprehensive strategy which draws together all of these elements is needed.

7. CONCLUSION

This report has shown there are areas of significant socio-economic disadvantage in Bray and that there has been a dramatic increase in the number of heroin/methadone users resident in the town presenting for treatment. The profile of Bray heroin/methadone users is, as in other areas, a profile of a marginalised group. They are predominantly young unemployed males who live in disadvantaged areas. In Bray as in all the Greater Dublin areas “drug misuse is closely associated with social and economic disadvantage”.¹³

The research identified 67 identifiable treated heroin users. If the Eastern Health Board’s multiplier were used there would be between 201 and 268 opiate users in Bray. 86 heroin users have come to the attention of the Bray Gardai. The actual total number of heroin users lies somewhere in between.

To put this figure into context, the Southern Health Board, published a major piece of research on drug use in the Southern Health Board Region in December 1997¹⁴. This study found that Cork City, which has a local drugs task force, had 10 people using opiates in the previous year. None of these had used opiates within the previous month Cork’s population in 1996 was almost 6.5 times that of Bray.

The developments in local treatment have resulted in a dramatic increase in the number of Bray heroin/methadone users presenting for treatment. It is expected that there will be a continued, though more moderate, increase in the numbers attending local satellite clinics/treatment services over the coming months. The imminent localisation of methadone prescription and dispensation services will further add to the increased numbers of users receiving treatment in Bray. To date the provision of complementary services has not kept pace with the developments in Bray drug treatment services.

In many cases medical treatment can only be successful if complemented by rehabilitation programmes. Appendix 1 describes current drug service provision locally. There is a complete absence of rehabilitation and training services in Bray. The cost of this lack of complementary services has been illustrated in this research by the link between illegal drug use and crime, and the levels of recidivism by convicted drug users. Clearly there is also profound damage done to heroin users in particular, their families and their communities.

Measures to address this issue require a comprehensive response involving both statutory bodies and community groups and must involve the expansion and development of prevention, education and rehabilitation programmes. Such a comprehensive strategy needs to draw on existing statutory resources plus additional government resources.

¹³ First Report of the Ministerial Task Force on Measures to Reduce the Demand for Drugs, p27, Government of Ireland, 1996

¹⁴ Smoking, Alcohol and Drug Use in Kerry, Southern Health Board, 1997.

Furthermore “*strategies which consult with and encourage the involvement of local people are most likely to lead to a reduction in the demand for drugs.*”¹⁵

The level of illegal drug use both identified and implied demands such a strategy.

¹⁵ Combat Poverty Submission to the First Report of the Ministerial Task Force op.cit. Quoted p13.

Appendix 1 - Current Drug Service Provision

Local E.H.B. Services¹⁶

Addiction Counsellor - Area 10

Initial and follow-up counselling with users and their families, participation in education programmes, drug addiction fora and local development initiative.

Education Officer - Area 10

To increase awareness of drug misuse issues and to develop strategies aimed at influencing young people regarding drug misuse. This includes the provision of drug awareness programmes, development drug policies in schools and tenants/residents associations, once off talks with parents, plus general information and advice.

G.P.s - methadone prescription under the Protocol plus general medical care.

G.P. Co-ordinator - to further the development of treatment of drug misusers by G.P.s in their own practices. Set up schemes, arranging treatment cards, pharmacy arrangements where applicable, attending meetings with community, liaising with Area Operations Manager and Psychiatrist.

Outreach Worker-Area 10

To link people into HIV/Drugs services, pre HIV test counselling, workshops on HIV and Hep C with groups in satellite clinics/treatment service and the wider community, Drugs education, involved in running any future needle exchange in area 10, prison visits and workshops.

Pharmacy Co-ordinator- to encourage the involvement of retail pharmacists in the provision of treatment

Treatment Services

Ballywaltrim Satellite Clinic - 5 G.P. hours

St Cronan's Satellite Clinic - 3 G.P. hours

Little Bray Treatment Service - 3 G.P. hours

These services also include a nursing, general assistant and counselling service.

The clinics and treatment service each have a monitoring committee, which includes local members of the community and community groups and the EHB.

Garda Drug Related Units in the Bray District

Bray district refers to Bray, Eniskerry, Greystones and Shankill. In addition to general prevention, detection and search duties, the following units/officers deal with drugs offences.

Divisional Drug Unit - plain clothes unit based at Dun Laoghaire. It operates in Dun Laoghaire, Blackrock and Bray Districts.

Bray District Drugs Unit – plain clothes unit operating in Bray.

* ¹⁶ Source EHB 1998 Service Delivery Plan, plus conversations with relevant professionals.

Operation Dochas - The aims of the initiative are to: (a) prevent and detect drug dealing; (b) prevent and detect drug use; (c) to maintain a uniform Garda presence over a 24 hour period with particular emphasis in critical areas; (d) to raise public awareness.

Dochas patrols operate in Fassaroe/Little Bray; Ballywaltrim/Oldcourt; Main St./Quinnsboro Rd.

Community Gardai - perform the same duties in their community areas as Gardai on Dochas duties

Juvenile Liaison Officers - caution/advise young offenders in relation to drugs. Staffing levels in each unit were not available.

Education

The **IDEAS** - Independent Drugs Education and Awareness Service - is used in a number of schools for individual drug information workshops with 10 year olds and over. The group also give talks to parents.

Some schools invite relevant groups and professionals to give talks.

Substance misuse is included in some schools SPHE programmes.

Community and Voluntary

Ballywaltrim Project - participates in the Ballywaltrim satellite clinic monitoring committee and organises social and recreation activities for clinic users.

Bray Drugs Awareness Forum has members from a number of groups and agencies in the town. It organises yearly Drugs Awareness Week and on-going talks. It liaises with the EHB drugs team and Garda Liaison Committee of the UDC. The forum lobbies for the development of drugs services in Bray.

Bray Youth Services provide training support and advice in relation to the drugs issue to youth groups, schools, training centres and parents. BYS also provides support, guidance and training to clients referred by EHB Addiction Counsellor.

DICE - Drug Information Community Education - provision of drug information to youth clubs and groups; schools, and the general public. Members of monitoring committee of St Cronan's satellite clinic.

Little Bray Family Resource Centre drugs education and awareness activities for 7 - 14, 14 - 18 year olds, and parents, a structured course for parents is currently being developed, an E.H.B. methadone treatment service operates from the centre, staff are trained on drugs information provision, addiction counselling and drugs awareness.

Narcotics Anonymous meet 3 times a week in the town, providing peer support to users.

Appendix 2

