

Estimating the prevalence of opiate drug use in Ballymun, during 1998.

Greg Foxe,
Ballymun Local Drugs Task Force,
18 McDonagh Tower,
Ballymun,
Dublin 9,
Ireland.
Tel/Fax: 8424630
Email: gregfoxe@hotmail.com

Table of Contents

	Page
1. INTRODUCTION	
1.1 Background	1
1.2 Aims and Objectives of Research	1
1.3 Methodology	2
2. BALLYMUN AREA PROFILE	
2.1 Area Profile	4
2.2 Population	4
2.3 Households	5
2.4 Labour Force Participation, Employment and Unemployment	8
2.5 Youth Employment and Unemployment	8
2.6 Welfare Dependency	9
2.7 Education	9
2.8 Service Provisions for Drug Users in Ballymun	11
2.9 Upcoming Drug Services	13
3. PROFILE OF OPIATE USERS IDENTIFIED	
3.1 Gender Profile	14
3.2 Age Profile	14
3.3 Area Breakdown	16
4. INFLUENCING FACTORS ASSOCIATED WITH PROBLEM DRUG USE IN A COMMUNITY	
4.1 Introduction	17
4.2 High Levels of Unemployment	17
4.3 High Levels of Local Authority Tenancy/Corporation Housing	18
4.4 Overcrowding of Homes and of an area generally	18
4.5 Large Numbers of Children in an area	18
4.6 A Predominantly Unskilled Workforce in an area	18
4.7 Large Numbers of Lone Parent Families in an area	18
4.8 Other Relevant Influencing Factors	19
4.9 Conclusion	20
5. CONCLUSIONS AND RECCOMENDATIONS	21
6. REFERENCES AND BIBLIOGRAPHY	26
7. APPENDICES	30
8. ACKNOWLEDGEMENTS	31

1. Introduction

1.1. Background

This research report was carried out on behalf of Ballymun Local Drugs Task Force and was funded by the same organisation. This research emerges from a growing concern about the number of problem drug users in Ballymun, in particular opiate users. This growing concern is shared by the community of Ballymun, by community organisations, by voluntary organisations, and by statutory organisations. Problem drug use does not simply entail being an opiate user, but for the purposes of this study the target population was opiate users in Ballymun.

This research took place on site in the organisations in Ballymun and in the various relevant organisations surrounding Ballymun. While this research was being carried out many local services, in particular Domville House, Ballymun Youth Action Project, the Local Gardai and Ballymun Local Drugs Task Force, were consulted.

1.2. Aims and Objectives of Research

The main objectives of this research are:

1. To provide a Ballymun area profile.
2. To attain an accurate figure of the number of known opiate users in Ballymun in 1998.
3. To examine the relationship between the Ballymun area profile and the level of opiate use in Ballymun.
4. To look at the implications of the results and findings for drug and related services in Ballymun.

The main aims of the research were:

1. To estimate the number of opiate users in Ballymun in 1998.

2. To identify the risk factors associated with problem drug use in the area.
3. To draw some conclusions and to make some recommendations based on the results and findings of 1 and 2 above.

1.3. Methodology

During the course of this research it was necessary to find a good model for estimating the number of opiate users in Ballymun. This was done through consultation with numerous people, including co-workers and University researchers. The model chosen was a form of the Capture-Recapture model.

This Capture-Recapture model was originally used in wildlife studies for estimating the numbers of hidden populations of a particular species. It was first used to estimate fish populations and then it was used to estimate duck populations, wild hare populations and other such populations. Subsequently the model has been transferred into studying human populations. An example of this is Sekar and Deming (1949) using the model to estimate the number of births and deaths in a town in the USA. On the back of this the model has been adjusted and has been used to estimate the number of opiate users in a particular city/area. Examples of these are the following studies by Hartnoll et al. (1985) in two inner city boroughs in London, England; Domingo-Salvany et al. (1989) in Barcelona, Spain; Frischer (1992) in Glasgow, Scotland; Larson et al. (1993) in Australian Capital Territory; Mastro et al. (1994) in Bangkok, Thailand; Squires et al. (1995) in the Wirral, Liverpool, England; Hay and McKegany (1996) in Dundee, Scotland and Comiskey et al., in Dublin, Ireland (1998).

The Capture-Recapture model is a model that is recommended for use by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). This model allows one to get an accurate figure of the number of opiate users in an area from the sources used, and then provides an estimate of the hidden population of opiate users in the area. This then allows one to get an estimate of the total number of opiate users in that particular area.

The main reason for choosing this model is that the model gives an actual figure for the time period being studied. It is important to note that it is the actual number of opiate users identified that is the only real figure and is the figure that this research is attempting to attain. Using the actual figure rather than the estimated figure was chosen for the purposes of this research, as those involved believe it would definitely be the most accurate figure as they see some research biases that they believe could make the estimated figure an invalid one¹. These research biases will be examined and discussed in Section 5 (Conclusions and Recommendations).

The sources used in this research were Garda data (Santry and Ballymun Stations), Hospital data (the Mater Hospital, St. Vincent's Hospital and St. Brendan's Hospital) and Treatment data (Domville House and the Mobile clinic). Despite the guarantees of confidentiality and anonymity of the data given to all sources, and the fact that the five other data sources approached participated, one of the sources approached (Beaumont Hospital) refused to participate in the research. As a result the source participation rate was 83.33%.

¹ For further information on how the Capture Recapture model can be applied to this data, contact the author.

2. Ballymun Area Profile

2.1. Area Profile

Ballymun is a small town that lies four and a half miles north of Dublin City centre. The town is built on a 1.5 square mile area site. It consists of a mix of 2,814 flats in four, eight, and fifteen storey blocks, and of 2,400 houses. Ballymun is broken up into five main areas. These are Balcurris/Balbutcher, Coultry, Sandyhill/Silloge, Shangan and Poppintree (*see Appendix A*).

2.2. Population

According to the 1996 census of population small area printouts, Ballymun has a population of 16,566 people. This is a decrease in population of 2.8 per cent from 1991 (17,045 people) and of 10.9 per cent from 1986 (18,598 people).

The makeup of the population of Ballymun has also changed quite dramatically over the past decade. The population has become younger (see Table 2.7) with

Table 2.1.
Population by Gender and Age 1996

Age	Male	Female	Total
0-4 years	997	1012	2009
5-9 years	930	890	1820
10-14 years	850	724	1574
15-19 years	830	847	1677
20-24 years	795	970	1765
25-29 years	690	1003	1693
30-39 years	826	1064	1890
40-49 years	709	859	1568
50-64 years	1016	1047	2063
64 + years	228	279	507
TOTAL	7871	8695	16,566

53.4 per cent of the population being under the age of 25 years. The female to male ratio is also disproportionate, and this is particularly visible between the ages of 20 to 49 years with 54.75 per cent females and 45.25 per cent males in comparison to the normal national distribution of approximately 50/50. The number of lone parent families (over 90 per cent of these are headed by women) has also increased from 1,209 in 1991 to 1,634 in 1996, an increase of 35.2 per cent during this period.

2.3. Households

Since 1991 there has been an increase in the number of households from 4,828 to 5,044 households in the Ballymun area. This may not be unusual but what makes it unusual, is the fact that there has been a substantial shift in the types of households in the area. In 1991, 42 per cent of all households were made up of couples with their children, including a small number with other members as well. Also in 1991, lone parents headed 28 per cent of all households. Comparing this percentage of lone parent households with the national average in 1991 it showed that Ballymun had an extremely high proportion of lone parent households and thus differentiated Ballymun from many other areas in the country.

By 1996, these proportions had drastically changed. The proportion of households made up of couples with their children had decreased to around 35

Table 2.2.
Comparison of Household Types '91 and '96

Household Type	1996	%	1991	%
Single no children	829	16.4	804	16.7
Couple, no children	389	7.7	360	7.5
Couple & children	1564	31.0	1860	38.5
Couple & children & others	186	3.7	168	3.5
Lone Parents	1634	32.4	1209	25.1
Lone Parents & relative	243	4.8	183	3.8
Other	199	3.9	241	5.0
Total	5044		4825	

per cent while households containing lone parents had increased to over 37 per cent of the households in Ballymun. Thus, it is evident from this that lone parent households are now the most predominant household type in the Ballymun area (*see Table 2.2*).

When expressed as a proportion of the total number of households with children, lone parent household's proportional representation increased from 40.7 per cent in 1991 to 51.7 per cent in 1996. This proportional increase is reflected in the fact that there are fewer two-parent families living in the area. However, there has also been some increase in the numbers of lone parent families in Ballymun. A number of underlying factors, which are suggested by the Census Data, may have influenced this. These include:

1. There is a high rate of single parenthood amongst young women. There is no information provided by the Census data on this matter, but the number of women over the age of 15 who are single increased from 2,636 in 1991 to 3,006 in 1996.
2. There is a high rate of marital breakdown in the Ballymun area. In 1991 the number of woman over the age of 15 who are separated was 616, this increased to 702 in 1996. The number of widows also increased from 264 to 319.
3. The pattern of uptake of Corporation housing in Ballymun is higher amongst lone parents in Ballymun than amongst other categories.

The WRC point out that there is an urgent need for further research into the social reality behind this census data. They emphasise the point that there is a need to be very careful when making assumptions about the age profile of young parents and about their social and economic needs.

However, a breakdown of the age range of children living in one-parent families strongly indicates a high level of young people, in particular young women, with children (*see Table 2.3*).

Table 2.3.

	Mother and Children Households		Father and Children Households	
	N. Units	N Children	N. Units	N. Children
All Children < 15	1,186	2,254	36	63
All Children 15+	337	571	85	135
Other	232	830	27	97
Total	1755	3655	148	295

As a result of the changes in household structure in the Ballymun area, by 1996 over 46 per cent of all children were being reared in lone parent households (*see Table 2.4.*) of which the vast majority are headed by women.

Table 2.4.

	Number of children	% of total children	Average No. of children
Couples	4532	53.5	2.56
Lone Parents	3950	46.5	2.07
Total No. of children	8482	100.0	

In examining the main changes in population profile between 1991 and 1996 in Ballymun, the following points are relevant:

1. There has been a significant decrease in the absolute numbers of children under the age of 15 since 1991. However, the proportion of young people under the age of 15 was still 32.6 per cent in 1996, which is significantly higher than the national average of 23.7 per cent.
2. The population from which the youth labour force is drawn (age 15-25) has also dropped quite significantly. In fact, it is this age range that has shown the most dramatic decrease between 1991 and 1996. Again, however, despite the decline in absolute numbers in this age range, the proportion in this category remains high at 20.8 per cent as compared to the national average of 17.5 per cent.

2.4. Labour Force Participation, Employment and Unemployment¹

The 1996 Census data shows that Ballymun DED's (District Electoral Divisions) A, B, C, D and E has 11,973 people between the working age of 15 and 64 years. This can be broken down to show that of these 11,973 people, 5,497 are male and 6,476 are female. The small area printout show that 4,671 were at work, 362 were seeking their first job and that 2,487 were unemployed. This gives a total of 7,520 people that gives a labour force participation rate of 62.8 per cent.

Of the total number in the labour force (7,520), 2,849 were either seeking their first job or were unemployed. This represents an unemployment rate of approximately 38 per cent. This figure compares very poorly with the official national figure of 8.7 per cent and the Irish National Organisation of the Unemployed estimate of 18 per cent. These figures show that Ballymun has a serious unemployment problem and in fact has an unemployment rate 5 times larger than the national average.

2.5. Youth Employment/Unemployment²

A total of 2,337 people aged from 14 to 24 years were participating in the labour force in 1996. This 2,337 can be further broken down into 1,224 males and 1,113 females. Of this group 957 were either unemployed or seeking their first job. These 957 people represent a huge unemployment rate of 40.9 per cent among 14 to 24 year olds in Ballymun.

In the age range of 15 to 24 years, 37.5 per cent of the young women participating in the labour force were unemployed while 44.1 per cent of young men were unemployed. This should be viewed, though, while taking into consideration that the employment status data show that while the number of young females categorised as unemployed was 418, a

¹ Please note that the unemployment figures shown here are for 1996 and since 1996 there has been a reduction in unemployment figures

² Same as above.

further 311 females under 25 years were categorised as undertaking 'home duties'. 539 males were categorised as unemployed while only 2 were categorised as undertaking 'home duties'.

2.6. Welfare Dependency³

The WRC report (1997) points out that because of the distinctive profile of the Ballymun population 'labour force data and unemployment statistics cannot provide a complete picture of the extent to which people are excluded from participation in employment'. As a result, the WRC collected information on welfare payments in general and on Dublin Corporation tenancy status of Ballymun residents. They used this information to produce an overall view of welfare dependency in Ballymun in 1997. They found that the scale of welfare dependence in Ballymun amongst Corporation tenants is revealed by the fact that 71 per cent of Corporation households depend solely on social welfare as their only source of income and that only 16 per cent of Corporation tenants draw income through employment.

2.7. Education

According to the Ballymun Youth Development Plan (Casey, 1998) there are approximately 2,350 pupils attending the 8 primary schools in Ballymun, while approximately 850 students are attending the Junior and Senior Comprehensive schools. With the exception of Scoil an tSeachtar Laoch, all the children attending school in Ballymun live in the Ballymun area.

Research and documentation over the past ten years indicates a consistent pattern of problems for the schools in Ballymun. These problems have resulted in low educational achievement among the young people attending local schools. This is shown when

³ Please note that the welfare dependency figures shown here are for 1997 and since 1997 there has been a reduction in these figures.

Ballymun's education participation rate is compared to Dublin City and National rates from 1991 (*see Table 2.5.*).

Table 2.5.

	% leaving school at age 15 or less	% remaining in education at age 20 or over
Nationally	36.1	8.2
Dublin City	39.1	8.7
<i>Ballymun</i>	<i>54.6</i>	<i>1.2</i>

The WRC reports that early school leaving in Ballymun is consistently higher than national and city averages and participation rates in higher education are extremely low.

A study of education and training among unemployed people for the year 1994 revealed the following comparison of educational attainment between unemployed people in Ballymun and the rest of the country (*see Table 2.6.*).

Table 2.6.

	Nationally	<i>Ballymun</i>
% of all unemployed with no qualifications	46.7	<i>56.3</i>
% of young unemployed with no qualifications	17.7	<i>37.5</i>
% of all unemployed with leaving certificate	21.4	<i>6.7</i>

Research carried out in Ballymun in 1996 estimates that less than 25 per cent of children attending schools in Ballymun complete second level. At present there are no mechanisms for tracking children through from primary school to secondary school.

Another serious problem that is very prevalent in the schools in Ballymun, is the problem of non-attendance by young people from the age of 8 and upward. The Ballymun Alternative Schooling Project carried out a survey recently and found serious attendance problems among 346 students aged between 8 and 15 years. This figure was out of a total of 2,258 students attending the schools in question, which shows that approximately 1 in 7 of the 8 to 15 year olds attending school in Ballymun have attendance problems.

2.8. Service Provisions For Drug Users in Ballymun

There are a number of services currently available in the Ballymun area. These include:

1. **Domville House.** Domville House is a methadone Clinic run by the Eastern Health Board and is situated in Community Care Area 7. The staff in Domville House consists of G.P.'s, counsellors, nurses, an outreach worker, clerical workers, and porters. It's services include:
 - **Initial assessment.** This takes place on Thursdays from 9.30 a.m. to 12 midday.
 - Maintenance and Detoxification programmes. This includes the mobile clinic.
 - **Needle exchange.** Domville House Staff runs this out of the Ballymun Health Centre. It operates every Tuesday evening between the hours of 6 p.m. to 8 p.m. This service is a drop-in facility which provides needle exchange and disposal facilities for syringes.
 - **HIV testing** on Tuesdays from 2 p.m. to 4 p.m.
 - **Hepatitis testing** on Tuesdays from 9.30 a.m. to 12 midday.
 - **Counselling and Support Services** provided on Monday to Fridays between the hours of 9.00 a.m. to 5 p.m. (by appointment only).
 - **Community Welfare** advice provided on Mondays, Tuesdays, Thursdays and Fridays from 10 a.m. to 12 midday.
2. **Ballymun Youth Action Project.** This project offers a range of services on all aspects of drug abuse. These include:
 - **Individual and Family Services:** Advice, referral, information, 1-1 counselling, parent support groups, contact time, family support, inner journey courses, and outreach work, including prison visits, home visits, residential and hospital visits.
 - **Education and Training:** Community Education on drug abuse, Drug/Alcohol awareness programmes tailored to meet the needs of specific groups, and Primary schools Drug/Alcohol awareness programmes.

- **Community Work:** Liaising and networking, support, consultancy and advice to individuals, groups and agencies and responding accordingly, contributing to policy development, empowering local people to participate in responding at local level, promoting the principles of community development, and researching how community development principles can be put into practice in drug responses.
3. **The SPRINGBOARD Project.** The Springboard Project is a short term intervention project that takes referrals from: Community Psychiatric Nurses, Public Health Nurses, GP's, the Mobile Clinic, Prisons, Probation and Welfare Officers, and Ballymun Youth Action Project (and other such agencies). It also takes Self-Referrals from those who have identified problems in their life associated with prescribed or illicit drugs. The Springboard project also provides aftercare counselling.
 4. **The STAR Project.** STAR is a project that caters for 15 women who are stabilised in their drug use. This project has an emphasis on education and training, and on re-introducing the participants into a working environment. It provides the support and encouragement necessary for these women to re-enter the workforce.
 5. **The Unity Centre.** The Unity Centre offers a number of services to the families of drug users. These services include: one to one counselling, nar-anon, support groups, a drop-in, help with children's homework, budgeting, stress management/relaxation skills, aroma-therapy, outreach, arts and crafts, and social activities for the family.
 6. **The Ballymun Health Centre.** This centre is run by the Eastern Health Board and has a number of services. These include:
 - Providing Domville House with a venue to carry out the Needle Exchange in Ballymun.
 - Social Work Services.

- Public Health Nurses.
 - GP Services.
 - Psychiatric Services.
 - Home Help Services.
 - Medical Card Services.
7. **It is important to note** that there are many other services in Ballymun, which although are not specified as ‘Drugs Services’, that deal with the problems of drug abuse on a daily basis.

2.9. Upcoming Drug Services

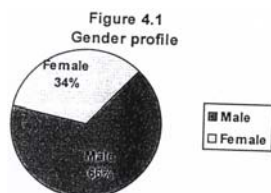
There are a number of upcoming drug services for Ballymun. These include:

1. The possible extension of Domville House. This is not to increase the numbers being treated but to give more space for the staff to provide a better service. This will include the provision of a creche facility, group rooms and extra offices for one to one work.
2. A joint venture between the Eastern Health Board and the Ballymun Local Drugs Task Force which will look into providing a ‘Rehabilitation Service’ for recovering drug users in Ballymun. This initiative is currently at the feasibility study stage.
3. A group of community workers in Ballymun are presently working on a project aimed at stabilised drug users and those in recovery. The main focus of this project will be Community Arts. This project will be up and running by February 2000.

3. Profile Of Opiate Users Identified

3.1. Gender Profile

There were 683 known opiate users in Ballymun for the year 1998. Of the 683, 450 were male (66 per cent) and 233 were female (34 per cent) (*see Figure 4.1.*). This gives a ratio of 1.93 to 1; therefore there were approximately 2 male opiate users for every 1 female opiate user in Ballymun in 1998.



3.2. Age Profile

The average age of the 683 known opiate users was 26.3 years, and the age range was from 14 to 59 years of age. When a breakdown of the opiate users identified, into the age groups used in the Ballymun Area Profile, is carried out the following distribution of users is found (*see Figure 3.2.*).

Figure 3.2.
Age Profile Distribution

0 to 14 years	=>	1 user
15 to 19 years	=>	62 users
20 to 24 years	=>	224 users
25 to 29 years	=>	221 users
30 to 39 years	=>	152 users
40 to 49 years	=>	21 users
50+ years	=>	2 users

As can be seen from Figure 3.2. the majority of opiate users fall in the 15 to 49 year age group. The population of 15 to 49 year olds in Ballymun according to the Census of Data, 1996, was 8,593 people. Taking into account that 3 of the opiate users identified fall outside this age range, this leaves 680 opiate users identified from a population of 8,593.

This shows a prevalence rate of 7.9 users per 100 capita. Therefore, 1 in 13 people in Ballymun aged between 15 and 49 years were known opiate users in 1998.

Using gender the age group analysis can be further broken down. Figure 3.3 shows that the ratio of male users to female users was very different through the age groups.

Figure 3.3.
Breakdown by Age and Gender

Age	Females	Males	Total
40-49 years	1(out of 859)	20(out of 709)	21
30-39 years	35(out of 1064)	117 (out of 826)	152
25-29 years	80 (out of 1003)	141(out of 690)	221
20-24 years	88 (out of 970)	136(out of 795)	224
15-19 years	28 (out of 847)	34 (out of 830)	62

In fact, there was a definite trend towards a more equal number of male and female opiate users as the age gets younger. For example in the 25 to 29 age group there were approximately 2 male opiate users for every 1 female user, whereas in the 15 to 19 age group there were approximately the same number of female opiate users as there were male opiate users, i.e. a ratio of 1:1.

Another way to analyse these numbers is to examine the prevalence rates of opiate users to non-opiate users by age group and gender (*see Figure 3.4.a and 3.4.b.*) and then by age group using both genders (*see Figure 3.4-c.*).

Figure 3.4.a.
Prevalence of Opiate Users by Age Group and Gender

Age	Females		
40-49 years	1(out of 859)	=>	1 opiate user per 859 capita (1 in 859)
30-39 years	35(out of 1064)	=>	3 opiate users per 100 capita (1 in 33)
25-29 years	80 (out of 1003)	=>	8 opiate users per 100 capita (1 in 13)
20-24 years	88 (out of 970)	=>	9 opiate users per 100 capita (1 in 11)
15-19 years	28 (out of 847)	=>	3 opiate users per 100 capita (1 in 33)

Figure 3.4.b.
Prevalence of Opiate Users by Age Group and Gender

Age	Male		
40-49 years	20 out of 709	=>	3 opiate user per 100 capita (1 in 33)
30-39 years	117 out of 826	=>	14 opiate users per 100 capita (1 in 7)
25-29 years	141 out of 690	=>	20 opiate users per 100 capita (1 in 5)
20-24 years	136 out of 795	=>	17 opiate users per 100 capita (1 in 6)
15-19 years	34 out of 830	=>	4 opiate users per 100 capita (1 in 25)

Figure 3.4.c.
Prevalence Rate of Opiate Users by Age Group

Age	Total (Both Genders)		
40-49 years	21 out of 1568	=>	1 opiate user per 100 capita (1 in 100)
30-39 years	152 out of 1890	=>	8 opiate users per 100 capita (1 in 13)
25-29 years	221 out of 1693	=>	13 opiate users per 100 capita (1 in 8)
20-24 years	224 out of 1765	=>	13 opiate users per 100 capita (1 in 8)
15-19 years	62 out of 1677	=>	4 opiate users per 100 capita (1 in 25)

Looking at these figures more closely it is evident that the age range with the most opiate users is the 20 to 29 year age group, with approximately two thirds (445) of the 683 opiate users identified falling in this age range. In this age range there was approximately 1 male opiate user for every 5 males, and there was approximately 1 female opiate user for every 12 females.

3.3. Area Breakdown

Ballymun is made up of five main areas. These are 1. Balcurris/Balbutcher, 2. Coultry, 3. Shangan, 4. Silloge/Sandyhill, and 5. Poppintree. The breakdown of the 683 opiate users into each of these areas can be seen below (*Table 3.5.*). These figures show a fairly even distribution of the opiate users identified, throughout the area.

Figure 3.5.

	Number of Opiate Users	Percentage
Balcurris/Balbutcher	176	26
Coultry	150	22
Shangan	107	16
Silloge/Sandyhill	113	16
Poppintree	136	20
Homeless (in Ballymun)	1	0
Total	683	100

4. Influencing Factors Associated With Problem Drug Use In A Community

4.1. Introduction

As outlined in section 2 (Ballymun Area Profile), Ballymun has a number of socio-economic problems. These problems can be linked to the prevalence of opiate use in the area. Two studies carried out in both the Wirral (Liverpool, England) and the Glasgow (Scotland) areas identified six main factors that were consistently and significantly related to an opiate use problem in an area. These factors are:

1. High Levels of Unemployment
2. High Levels of Local Authority Housing (Corporation Housing)
3. Overcrowding of Homes and of an area generally
4. Large Numbers of Children in an area
5. A predominantly unskilled workforce in an area
6. Large Numbers of Lone Parent Families in an area

The next section will examine each of these factors individually within the context of Ballymun. Following on this some other influencing factors that are thought to be relevant in relation to problem opiate use in Ballymun will be discussed.

4.2. High Levels of Unemployment

According to the 1996 census of data, Ballymun has an unemployment rate of 37.9 per cent. When this is compared to the official national figure of 8.7 per cent, it shows that Ballymun has a large unemployment problem.

4.3. High Levels of Local Authority Tenancy/Corporation Housing

According to Dublin Corporation Ballymun has approximately 80 per cent corporation housing throughout the town. This is a very high level of corporation housing in one area.

4.4. Overcrowding of Homes and of an area generally

According to the 1996 census of data Ballymun has a population of 16,566 people, who are housed in a mix of 2,814 flats in 4, 8, and 15 storey blocks along with 2,400 houses. All of these people” and housing are concentrated into 1.5 square miles.

4.5. Large Numbers of Children in an area

Ballymun has a population of 16,566, of which 5,803 are 14 years of age or younger, according to the 1996 census of data. This shows that approximately one third of Ballymun’s population are children.

4.6. A Predominantly Unskilled Workforce in an area

This factor is related to poor educational achievement, i.e. early school leaving. Ballymun, as compared to Dublin City in general, reports 54.6 per cent of children leaving school before the age of 15 years, while Dublin City reports only 39.1 percent.

4.7. Large Numbers of Lone Parent Families in an area

According to the 1996 census of data, lone parent households have now become the most common types of household in the Ballymun area, with 51.7 per cent of households being single parent households.

4.8. Other Relevant Influencing Factors

The above six socio-economic factors have been identified as being strongly and significantly correlated with problem opiate use in an area. As described in the previous sections, Ballymun fits in very well with these six factors, but in Ballymun a number of other socio-economic factors are believed to be related to the problem opiate use in the area. These include:

1. **Availability:** Opiates are widely and easily available in Ballymun. It is generally believed that wide and easy availability of drugs lends itself to the drug problem.
2. **Lack of Youth Facilities:** This factor has been identified by both the Ballymun community and workers alike as having a major influence on the amount of young people becoming involved in the drug scene in Ballymun. [Aside: Steps are currently under way to rectify this factor. This involves the building of a central youth facility in Ballymun by the Ballymun Youth Strategy Group with the funding attained through the Youths Services and Facilities Fund.]
3. **Lack of Awareness and Education on Drugs:** The general consensus is that education and awareness around drugs has increased. Unfortunately in Ballymun though, some schools report lack of funding as an obstacle to running the drugs awareness programmes, i.e. ‘On your own two feet’, ‘Substance Misuse Prevention Programme’ and others. This is simply unacceptable in the time of the ‘Celtic Tiger’. Also, there is a large amount of early school leavers and thus these individuals are missing out on Drugs Awareness and Education being provided in some of the schools.
4. **Family History of Drug Use:** Heroin, other opiates and other drugs have been abused in Ballymun for many years. Drugs have been part of some family’s lives over an extended period and this has carried on into the next generation.
5. **Area Specific:** Following on from factor 4 it can be said that an opiate abuse problem can be area specific. Ballymun has had an opiate abuse problem for many

years and it has evidently increased over the years. It would seem that when an opiate problem appears in a particular area that it stays there and increases over time.

4.9. Conclusion

Ballymun is a prime example of an area that displays all of the influencing factors mentioned above. This suggests that treating the problem of opiate abuse in an area requires more than providing treatment, rehabilitation and other drug services. In fact, problem opiate abuse in an area needs to be tackled at every level, from socio-economic factors through to personal issues through to psychological factors and so on. Opiate abuse is not a simple problem! It is a complex and dynamic problem that needs to be dealt with as such.

5. Conclusions and Recommendations

As a result of this research 683 opiate users were identified in Ballymun in 1998. The profile of the opiate users identified is given in Section 3 and the influencing factors associated with an opiate use problem in an area are outlined in Section 4. This research indicates that Ballymun has a large opiate use problem. This problem is being tackled on a daily basis by the services discussed in Section 2.9. However, these services are obviously not sufficient for the size of the problem in Ballymun.

When looking at this figure of 683 opiate users, a number of research biases need to be considered. These biases are the possible over-estimation and under-estimation of the size of the population of opiate users.

- **Firstly**, it is important to look at the possibility of over-estimation of the size of the population. A possible reason for over-estimation of the population is that false Ballymun addresses may have been given for the purposes of getting onto the treatment list at Domville House. The reason being Domville House is supposed to treat only individuals with Ballymun addresses. Therefore, this points to the possibility that some of the opiate users taken from the treatment list data might not be from Ballymun.
- **Secondly**, it is important to acknowledge the possibility that under-estimation of the population will have occurred. There are two main reasons for this:
 - (a) That one data source approached (Beaumont Hospital) did not participate in this study, thus giving the possibility that some opiate users will not have been identified
 - (b) The general consensus is (among service providers in Ballymun) that there are more young people known to be using opiates than were identified in this study. Young opiate users are unlikely to be identified as they are only starting their drug use and are unlikely to come into contact with the data sources until later in their drug use.

When both the biases of over-estimation and under-estimation are considered, it can be argued that these biases possibly negate one another and that the figure of 683 opiate users is reasonably accurate.

The results of this research are very significant for the Ballymun area. This is particularly true when they are compared with the results of Dr. Catherine Comiskey's (1998) research 'Estimating the prevalence of opiate drug use in Dublin, Ireland, during 1996'. This comparison can provide us with some insight into the extent of the problem in Ballymun. Before the comparison is examined it is important to point out that the figures in Comiskey's research are based on 1996 data and that the figures in this research are based on 1998 data. This data collection time differential is significant, but making the comparison is still useful and important. The comparison made between the two studies is based *only* on males aged between 15 and 24 years. Comiskey's research revealed that:

1. In the Blanchardstown area (Dublin 15) in 1996 there were approximately 2 opiate users for every one hundred 15 to 24 year olds.
2. In the South Inner City (Dublin 8) in 1996 there were approximately 11 opiate users for every one hundred 15 to 24 year olds.
3. In the North Inner City (Dublin 1) in 1996 there were approximately 6 opiate users for every one hundred 15 to 24 year olds.
4. No accurate figure for the Ballymun area could be established from Comiskey's research as the Dublin area break up was by postal codes and the Ballymun area is split in half by two postal code areas, i.e. Dublin 9 and Dublin 11.

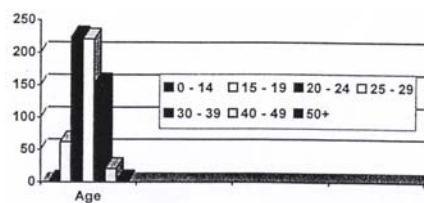
However, through this research, a figure for the number of opiate users in the Ballymun area in 1998 was attained. Through analysis of the data it could be shown that there were approximately 10 opiate users for every one hundred males in the 15 to 24 year old age group. Thus, despite the data collection time differential, this provides an opportunity to compare the levels of opiate use in Ballymun to other areas in Dublin. This comparison shows that Ballymun is comparable to the South Inner City (Dublin 8) for levels of opiate use in males aged 15 to 24 years. This is very significant as according to Comiskey's research, the South Inner City (Dublin 8) produced the highest prevalence rate of opiate

users in Dublin. This indicates that the Ballymun area has one of the largest problems with opiate use in this country.

Another important finding from this research relates to the subject of gender (the figures for this are in Section 3.1.). When a breakdown of the data into age groups and gender is carried out a more detailed picture of the situation can be shown. The major finding here is that the ratio of male users to female users in the younger age groups are becoming more equal, i.e. the 15 to 19 age group where the ratio of males to females is 1.2 to 1. This is of concern when the overall gender ratio is considered. The overall gender ratio shows that there were 450 males and 233 females identified, i.e. a ratio of 2 males to 1 female. Therefore, it is shown that the gender ratio in the 15 to 19 age group is different to the norm and points to an increasing trend in the number of young females using opiates.

Some of the most important findings are shown when the breakdowns of the data by gender and by age group are examined more closely. When we examine the data (see Figure 3.4. a, b, c) we can see the prevalence rates for the different age groups and the different genders. These prevalence rates differ through the age groups but what stands out are the prevalence rates in the age groups 20 to 24 and 25 to 29 years. This breakdown of prevalence rates show that 445 of the 683 opiate users identified (approximately two third's) fall into the 20 to 29 year age range. When the data is analysed further, a trend in the number of opiate

Figure 5.1.
Graph of Age Groups of Opiate Users



users from age group to age group emerges. This trend is clear and it shows that there is a decrease in the number of users as age increases. Outside of deaths (i.e. Overdoses,

AIDS, HIV, etc) this trend would seem to point to a ‘life-span’ for opiate use. This ‘life-span’ appears to begin in the teens and early twenties on into the thirties, but would rarely reach as far as the forties. This trend is born out when we look at the Figure 5.1 on the previous page.

Local Drug Services in Ballymun are full. This includes both treatment (medical), counselling, and the available rehabilitation and aftercare services. Treatment services in Ballymun cater for 315 clients on an active methadone maintenance list and have a lengthy waiting list, *but* there are still approximately 300 others who have not presented for treatment. There is the need to make treatment available to all of those who want it. Furthermore, it is essential that the figure attained through this research be considered when developing new drug services. As a result of the high figure of opiate users identified, it is evident that existing drug services need to be extended and secondly, that new drug services are needed to tackle the problem.

As shown in Section 4, the Ballymun area contains the factors associated with an opiate use problem in an area. These are:

1. High Levels of unemployment
2. High Levels of Local Authority Tenancy/Corporation Housing
3. Overcrowding of homes in an area generally
4. A predominantly unskilled workforce
5. Large numbers of children in an area
6. Large numbers of Lone Parent Families in an area

Other influencing factors identified that are present in Ballymun are:

1. Wide Availability
2. Lack of Youth Facilities
3. Lack of Awareness and Education on Drugs
4. Family History of Drug Use
5. Area Specificity

Each of these 11 factors exist in Ballymun and while it is not being said that an opiate use problem in an area is directly linked to these factors, it seems that these 11 factors are

linked quite strongly to the opiate use problem in Ballymun. Therefore it is required that all agencies, government and otherwise, [1] work together to develop an integrated 'Ballymun strategy' and [2] to bring all relevant organisations on board working to the same agenda. The problem of opiate abuse demands an integrated and well-planned approach from all the drug services. This should be both at a local level and a national level.

Further research into the nature of drug use in Ballymun and into the use of drugs, other than opiates, would further clarify the extent of the problem in Ballymun. Apart from other research, it is evident from the results of this research that there is the need for the extension of the drug services available here in Ballymun to cater for the numbers using opiates. This research states that it is not drug services singularly that need to be provided, moreover that services dealing with social, economic, cultural issues, etc, are also essential in this community's fight against the drug problem. In conclusion, as mentioned in the previous paragraph, a 'Ballymun Strategy' is required and to make this strategy work, it has to be implemented, without reservation, by all the agencies and service providers here in Ballymun.

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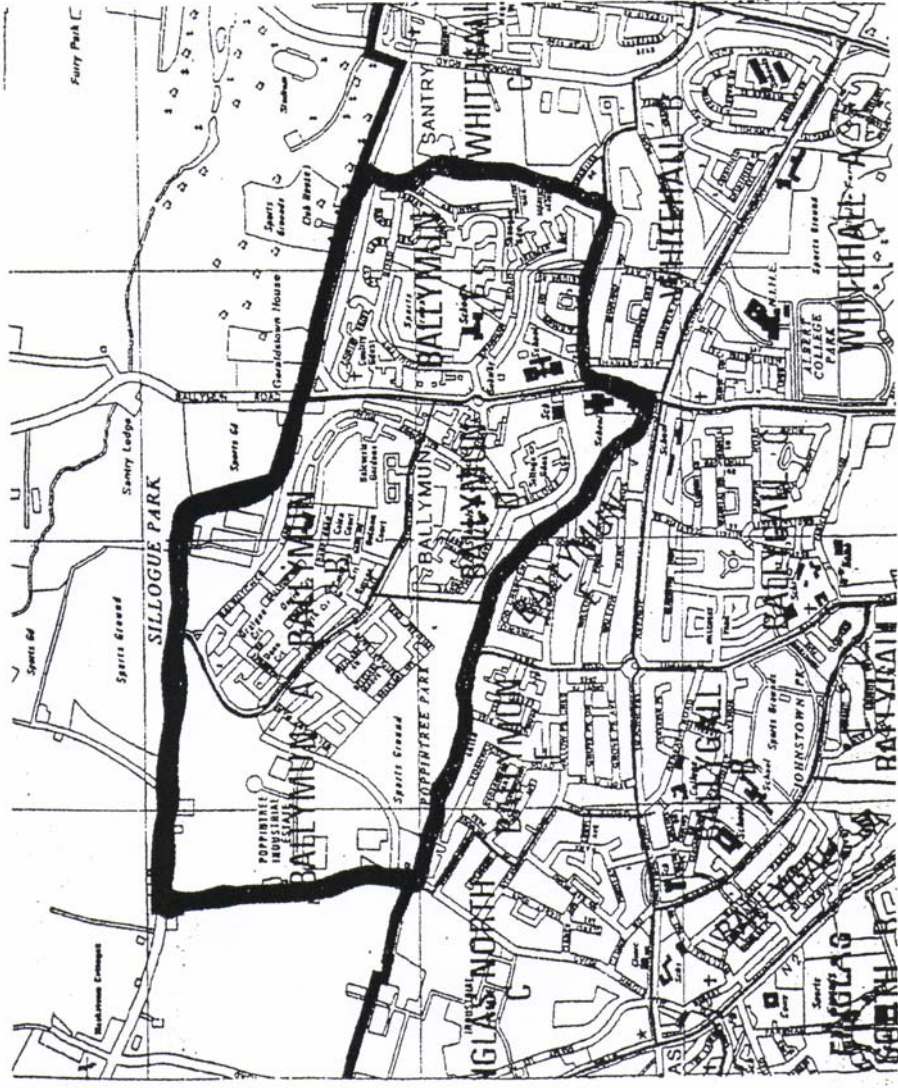
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Appendix A

BALLYMUN DISTRICT ELECTORAL DIVISIONS (DEDS)



Scale: 1:18,000



30
MCHUGH CONSULTANTS
 Chartered Town Planners, Development Consultants
 16 Merrion Square, Dublin 4, Ireland
 Telephone: 01 234 1600 Fax: 01 234 1607/8
 e-mail: mchugh@mcchugh.ie
 Chartered Survey Licence No. 97/35147

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