

# **THE MEDICO-SOCIAL RESEARCH BOARD**

A REPORT ON THE HISTORY, EXTENT AND EFFECTS OF HEROIN USE

IN

THE ELECTORAL WARD MERCHANTS QUAY F 1979 – 1985

Fergus D. O'Kelly, L.R.C.P. & S.I.

(General medical Practitioner)

Dolphins Barn

Dublin 8

Barry Cullen, B.S.S. C.Q.S.W.,

(Director)

HOPE

2 Nelson Street,

Dublin 7

(former Project Leader)

Youth Development Project

St. Teresa's Gardens)

Geoffrey Dean, M.D., F.R.C.P.,

The Medico-Social Research Board,

73 Lower Baggot Street

Dublin 2.



“Yoo goo into druggist’s shop o’ market day, into Cambridge, and you’ll see the little boxes, doozens and doozens, a’ ready on the counter and never a venman’s wife goo by, but what calls in for her pennord o’ elevation, to last her out the week. Oh! ho! ho! Well it keeps women-folk quiet, it do; and its mortal good agin ago’ (ague) pains”.

“But what is it?”

“Opium, bor’ alive, opium”

Charles Kingsley Alton Locke, 1850

“There is no evidence of any significant use of heroin, but having regard to the fact that illicit supplies are at present difficult to obtain in this country, the position should not be viewed with complacency lest such supplies become available.”

Government Working Party on Drug Abuse Report, 1971

“Heroin addiction, in the long run, is really only a symptom of the various social illnesses and injustices under which many of the afflicted communities labour.”

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## 1. SUMMARY

A study on the extent and effects of heroin use in a small inner city community in the period 1979-1985 was conducted. A total of eighty two persons were interviewed and all gave a history of heroin use. The extent of heroin use in the area was greatest in the 1979-1983 period and during this time it was concentrated in 15-19 year old males. Since 1983 there has been a clear decline in the total numbers of persons in the area who have ever used heroin, who are currently using heroin and in the numbers of those who are using heroin for the first time. The profile of the heroin user is similar to the one described in previous Medico-Social Research Board studies.

## 2. INTRODUCTION

Prior to 1979, opiate abuse was virtually unknown in Irish society. It was confined to a small group of addicts who operated within a tight, closed network and whose supply of drugs was unorganised and constantly changing. Drugs were obtained on prescription, or stolen from chemist shops or pharmacies and were mainly morphine, synthetic opiates and barbiturates. Organised drug pushing did not exist. However, in the late seventies, following the increased availability of heroin across Europe and the involvement of organised criminal elements in its distribution in Ireland, the drug scene changed dramatically. In certain parts of Dublin, synthetic opiates like Diconal and Palfium were distributed on an organised scale through criminal channels, and heroin was to become more freely available than cannabis.

These developments were reflected in the south inner city. In 1979 synthetic opiates were introduced to young people in St. Teresa's Gardens, a large flat complex in the electoral ward Merchant's Quay F. Shortly afterwards, many of these young people were introduced to heroin and were to become addicted to it. The main purpose of this study is to determine the extent of heroin use and its effects in this community since 1979. The research was commissioned by The Medico-Social Research Board and undertaken by Dr. Fergus O'Kelly, a General Medical practitioner, who has been working in this community since 1978. The report was jointly written by Dr. O'Kelly and Barry Cullen, Social Worker in the community, 1980-1985. The report includes a social background to the area and a history of relevant community events.

### 3. BACKGROUND

The National Economic and Social Council's Report, "Urbanisation: Problems of Growth and Decay in Dublin"<sup>1</sup> defines the inner city of Dublin as that part of the city which is bordered by the Royal and Grand canals to the north and south, respectively, and by Alexandra Basin and the South Circular Road to the east and west.\* The report identifies a decrease in the population of the inner city of 25.6% in the period 1971-1981, i.e. 101,913 in 1981 as against 136,251 in 1971, and highlights its social and economic changes. The inner city is made up of 39 electoral wards, one of which, Merchants Quay F\*\* is the area studies.

#### Social History

Merchants Quay F has strong links and associations with the Liberties, the oldest community in Dublin, whose history and traditions can be traced back to the Viking settlements. During the post (1939-1945) war years the Liberties was a tenement slum, with high unemployment, overcrowded dwellings that lacked the most basic amenities, such as running water, bathrooms, flush toilets and in some cases, even electricity. Dublin Corporation responded to the plight of the people by building new flat complexes all over the inner city. One such flat complex in Merchant's Quay F was completed in 1951. It consists of twelve blocks of flats, each three stories high and ten terraced houses, which altogether can house 350 families. The flat complex lies between Donore Avenue off which it has its only entrance, and the Coombe Hospital which is separated from the flats by a stone wall and a statue of St. Teresa from which it gets its name St. Teresa's Gardens. Eight five per cent of the remaining houses in the ward were built prior to 1919 and are made up of stately two storey houses on South Circular Road, many of which are now let in private flats, terraced houses on Donore Avenue and terraced houses and cottages on and off Cork Street.

\*Appendix I      \*\*Appendix II

In the early years in St. Teresa's Gardens, there was a great spirit of neighbourliness, friendship and co-operation. The community was to benefit from the prosperity of the sixties, and many of the men who had earlier emigrated to England, returned home to take up new jobs in nearby industries. A Tenant's Association was organised and many of its side benefits such as community dances and clubs catering for all different groups, were developed. The sense of community that dominated these early years in St. Teresa's Gardens and which was threatened and endangered by later developments is eloquently captured by a feature article in "Taking Pride in the Gardens" in "IN DUBLIN" magazine No. 192 1983, where an impression is given of a strong, stable, tightly-knit working class community, well capable of coping with its problems and difficulties.

The seventies, however, brought planning decisions to relocate industry and develop housing estates in the suburbs, necessary decisions for an expanding city, but a fatal body blow to the inner city, and communities within it, like St. Teresa's Gardens. The cycle of expansion, development and contraction came full circle and the inner city was on the decline. In an attempt to bring together the published data on poverty in Ireland, the report "Poverty and Social Policy" compiled by Joyce and McCashin, and published in 1982 by the Institute of Public Administration for the Commission of the European Communities, had the following to say on the effect of urban change, growth and development on the inner city:

"With the escalating cost of land, transport and congestion problems, new industries tend to go to relatively distant suburban areas. The employment structure of the centre city becomes increasingly white collar and professional, and unsuited to the skill profile of the traditional centre city labour force. Population move from the centre city areas to suburbs and the inner city's demographic and community structure declines. In turn many of the services and facilities and buildings become redundant. Residual populations remain in the centre city, perhaps the aged who are



unwilling or unable to afford to move, or the residents of the least desirable municipal apartment block on the lowest incomes with the high incidence of economic and social failure”.<sup>2</sup>

In detailing these failures, the report continues “In inner city areas the housing is older, smaller and in debilitated condition, most of the labour force is unskilled, the level of unemployment is considerably above the national average, and ownership of cars and telephones is extremely low” Michael McGreil’s study of Educational Inequality in Dublin 1974, highlights educational deprivation in the inner city and showed that 73.6% of those living in the city centre areas had attended only National Schools.<sup>3</sup> This general pattern of inner city decline and decay has not escaped Merchant’s Quay F. an area profile compiled by the “Combat Poverty Area Resources project (Liberties) 1977” identified population decline, unemployment and early school drop-out as major problems in a number of south city electoral wards, including Merchant’s Quay F.<sup>4</sup> The St. Teresa’s Gardens Development Committee survey “Fighting Back” 1983, illustrates this further by detailing an unemployment rate of 60% in St. Teresa’s Gardens, only 5% of the 15-24 age group in full-time education and nobody at all at third level.<sup>5</sup> The census figures for 1981 show a decline of 9.9% for the population of Merchant’s quay F since 1971.<sup>6</sup>

### Social Services

Merchant’s Quay F is in the Eastern Health Board’s Community Care Area 3, which covers an area from Ushers Quay to Rathfarnham, and has a population of approximately 115,000 people. It has a social work community care team, which in the late seventies operated what is known as a ‘patch’ system, within which social workers are responsible for providing social services in specified catchment areas. Most of the social work team, were in fact working in the inner city part of the area, and in fact St. Teresa’s Gardens with a population of 1,300 people approximately, and other similar flat complexes, were regarded as separate,

identifiable patches, which between them were making most demand on the social work services. At the time social workers and other professionals were critical of Dublin Corporation's housing allocations policy which they felt resulted in a large number of 'problem families' being housed in these areas. This in turn gave rise to instability and made unprecedented demands on the social services generally.

### Heroin Use Within The Community

In 1978, Terrie Kearney, the Social Worker for St. Teresa's Gardens was concerned with the numbers of young people who were turning to petty crime and joyriding, and as a result, were finding their way to prison at quite an early age. She associated these developments with the lack of recreational outlets and facilities, and she therefore, opened a drop-in club, locally for this group. Through this contact she became knowledgeable of their activities. In early 1979 she realised that a sizeable group (approximately sixteen) of these young people were using Palfium or Diconal orally, and occasionally mixing it with alcohol. At the time each tablet cost £1.50 – £3 and were available locally. As the young people did not appear to understand the distinction between addictive and non-addictive drugs, she set about organising a drugs education programme. She was supported in her efforts by the staff of the Drug Advisory and Treatment Centre, Jervis Street, and Coolmine Therapeutic Community, but an attempt on her part to secure official financial support from both the Eastern Health Board and the Health Education Bureau, failed. By 1980 the main core of this group of synthetic opiate users had been introduced to and, in most cases become addicted to, heroin for which they were now paying £10 for each 'pack'. This situation had become apparent to local community workers and professionals who were becoming aware of the wider impact of widespread heroin use on a small but dense inner city community. In a speech to a seminar on Drug Abuse organised by the Labour Party, and held in the Gresham Hotel in February 1984, one community worker, Paul Humphrey, described the impact in St. Teresa's Gardens as follows –

“Heroin brought real and complete change. It brought increased numbers of young people hanging around corners. It brought higher levels of petty crime. But it brought a lot more than that. It brought real fear. It brought real suspicion. It brought anxiety not just for the user, the pusher, the families, the victims of crime, but for every single person, young and old, living in St. Teresa’s Gardens. Nobody could escape. The drug heroin was to have a significant and lasting effect on everybody. People in St. Teresa’s Gardens, who were never to see a pack of heroin were to be affected by its presence in such vast quantities. Heroin destroyed the people’s ability to cope. The mutual trust and dependency on neighbours, that had carried them through so many trials and turmoils in the past, was to be replaced with caution, indifference and apathy. Heroin occupied St. Teresa’s Gardens in the same way invading countries occupy weaker countries. The effects were the same. Heroin was the conqueror. The people were conquered”.

### Local Response

During 1980, a local General Medical Practice began to see cases of serum hepatitis secondary to the parenteral use of heroin – sixteen cases were notified to the Dublin Chief Medical Officer, Dr. Brendan O’Donnell. One of these patients was twelve year old boy who had been using heroin for some eighteen months. This alarming situation prompted this medical practice to support the growing efforts of local people and professionals to develop a response to the growing problem. Through these efforts a Youth Development project Committee was formed in 1981. At the request of the Eastern Health Board, this committee compiled a report on the extent of heroin use in the area. This report was submitted to the Eastern Health Board in November 1981, and subsequently to the Board’s Task Force on Drug Abuse.<sup>8</sup> The Report showed the following indicating figures on the extent of drug abuse in the area:

- “(i) 40 families had at least one member who abused heroin.
- (ii) 57 individual abusers were represented, of which thirty nine were over the age of 18 years and eighteen were between the ages of 12 and 18 years.
- (iii) The youngest known heroin abuser was twelve years old who at that time had been abusing for two years.
- (iv) The number of children ‘at risk’ from residing within these families was thirty five.
- (v) Figures were considered to be an underestimate, as abusers might not have been in contact with any of the agencies surveyed.”

Meanwhile, during 1981, the drugs issue attracted wider attention. Through the efforts of St. Teresa’s Gardens Development Committee, other similar groups in the Liberties area and the North Inner City, a number of local public meetings were held. These meetings involved the Drug Squad, professionals, local people and some politicians. In September, Dublin City Council held a special meeting to discuss Dublin’s Drug Crisis, and following discussions between Council officials and the Eastern Health Board, the Board’s Task Force on Drug Abuse was set up. The St. Teresa’s Gardens Development Committee initiated its own programme of prevention, through organising clubs, discos, summer projects, parents support groups, and a range of other community based activities. In October 1982 it set up a full-time training course in community work skills for local people, and secured funding for same from AnCO, Inner City Fund, Catholic Social Service conference and the Eastern Health Board. The course which operated from October 1982 – April 1983 was crucial in developing leadership, communication and organisation skills in a number of local people, and culminated in the publication of the committee’s own report “Fighting Back” in April 1983.<sup>5</sup>

However, the problems associated with heroin use continued to escalate as the number of young people coming to the area to buy drugs increased. In May 1983 FTE’s Current Affairs programme “Today Tonight” broadcast a major feature on the heroin problem in Dublin. This programme depicted St. Teresa’s Gardens as an open market for the sale and distribution of heroin, but did not mention the sustained community effort to develop a response. The programme was perceived

locally as unfairly portraying the area in a poor light. A group of local women frustrated with the problem, and annoyed with what they understood as unfair treatment by the media, set about organising their own response. From their determined efforts the Concerned Parents Against Drugs Group was formed. Their membership was drawn not only from people in the flats but also those who lived in the surrounding houses. This created substantial unity between the house dwellers and the flat dwellers in the community.

Around the same time Eastern Health Board sponsored Youth Development activities got underway in temporary premises in the “Small Club”, Donore Avenue. In December 1983 a drugs counsellor was appointed to the area. Both the project and the counsellor continue to operate from temporary premises in the “Small Club”.

#### Changes in the Community

By March 1984 it was quite clear that a change had occurred in the area. Professionals had noticed an obvious change in the atmosphere and an easing of tensions. Referrals to the local Social Work department had completely dropped as had the number of probationers to the Department of Justice. A very positive sense of community awareness and activity developed and “The Small Club” on Donore Avenue became the centre of this. It seemed that younger people were not embracing heroin as their older brothers and sisters had done.

In fact the enthusiasm with which they engaged in a range of preventive, developmental programmes was the subject of yet another ‘Today Tonight’ programme in April 1985. Alongside these developments the area was losing its ‘low demand’ status with Dublin Corporation, and many families who had previously moved out to new houses in the suburbs during the tough times, now applied to transfer back, and in doing so created a waiting list for St. Teresa’s Gardens, a situation that would have been unthinkable three years previously. Through 1984 – 1985 it was clear that the climate for undertaking research had developed.

#### 4. MERCHANTS QUAY F – A STUDY ON THE EXTENT AND EFFECTS OF HEROIN USE IN THE WARD 1979-1985

##### Objectives of Study

The objectives of this study are:

- (i) to examine the use of heroin in Merchant's Quay F in the period 1979-85 and determine the period prevalence;
- (ii) to determine the point prevalence of heroin use for the years 1981, 1983, 1985;
- (iii) to examine local community factors which may have effected change in the pattern of heroin use during the study period;
- (iv) to obtain a profile of the heroin user including information on social and family background;
- (v) to assess the relevant medical history and use of medical services by the target group;
- (vi) to provide the basis for comparative studies between this and two other studies conducted in Dublin North Central, and Dun Laoghaire.

##### Target Area

The electoral ward area Merchant's Quay F was selected as the target area for research because (1) the Youth Development Committee's figures for 1981 indicated a high level of heroin use in the flat complex in Merchant's Quay F, (2) the main focus of activity of the Youth Development Project was this same flat complex, (3) unpublished figures produced by the Drugs Advisory and Treatment Centre, Jervis Street, showed that an area including Merchant's Quay F had the highest number of persons (per 100,000) attending in a period 1979-1983, (4) the electoral ward is the smallest area for which census figures are available.

##### Target Group

The target group for study were persons who had used heroin and who had a permanent address in the target area during the period 1979-1985. 1979 was selected as the beginning of the study period as this was the first year that

professionals in the target area became aware of opiate drugs being used for non-medical purposes.

### Method

The method of study is similar to that conducted for The Medico-Social Research Board in North Central Dublin and Dun Laoghaire. The researcher is a General Medical Practitioner who has worked in the area for a number of years and is acquainted with the problem of heroin use since its emergence. The researcher is also one of the professional people on the local Youth Development Project committee which was set up in response to the problem of local drug use. In 1981 this committee was asked to supply written evidence of the extent of heroin use to the Eastern Health Board.

A sub-group of this committee comprising two local community workers, an area based social worker and a priest from the parish drew up a list of names of these people in the flat complex whom they were sure were using heroin. This exercise was repeated in September, 1983. The researcher approached this group and advised them of the broad objectives of the study which they found acceptable and was therefore allowed access to their list which amounted to sixty-one names. The researcher's previous study of his own practice experience has turned up thirty eight names from the area many of whom were in addition to the first list. Other names were provided by health professionals working in the area and some became apparent to the researcher in the course of the study.

A questionnaire was drawn up in consultation with Dr. Geoffrey Dean, the Director of the Medico-Social Research Board. Data collected referred to social and family background, drugs history and medical history. The researcher took one month's leave of absence to initiate the study. The duration of the study was from May 15th 1985 to September 15th 1985. In compiling the details of this research, confidentiality was maintained by the researcher. The report on the research was written in collaboration with Barry Cullen, Social Worker and project leader with the Eastern Health Board Youth Development Project, St. Teresa's Gardens, 1983-1985.

## Results

A total of one hundred and eleven names were collected from various sources. Eight were found not to have lived within the electoral area.

Three who lived in the area for a short time are known to another researcher and have been documented elsewhere. This leaves a possible target group of one hundred. Six of this group were contacted but refused to be interviewed. Ten no longer live in the area and their new address is not known. Two who now live in England were written to, but failed to reply.

Eighty two questionnaires were completed, eighty by the researcher and two by a Health Board Social Worker, Patricia Daly. Seven questionnaires were answered by a spouse or sibling of the desired respondent.

Eighteen respondents were in prison at the time of interview, two others were on parole. Five respondents were interviewed while they were at Coolmine Therapeutic Community in Navan. All eighty two had a permanent address in Merchant's Quay F between 1979 and 1985.

At the time of interview thirty seven respondents were living in Merchant's Quay F; thirty six of these within St. Teresa's Gardens.

## Heroin Use Prevalence

Seventy two, fifty one and thirty seven were the numbers established for September 1981, 1983 and 1985 respectively of persons who were living in the ward at these times and who had ever used heroin. Twenty seven persons living in the ward in September 1985 had in the September 1984 – September 1985 period used heroin. The age characteristics, for each year under study, of these persons is given in Table A. the fifteen to twenty four population structure, according to 1981 census is given in Table B and Table C shows the age specific heroin use prevalence for the year 1981, 1983 and 1985.



TABLE A

Characteristics of persons living in the ward for 1981, 1983 and 1985, who had ever used heroin and of persons living in the ward in 1985 who had used heroin in the period September 1984 – September 1985.

	<u>11 – 14</u>	<u>15 – 19</u>	<u>20 – 24</u>	<u>25 – 29</u>	<u>30 – 34</u>	<u>Total</u>
<u>1981</u>						
All	1	30	29	11	1	72
Male	1	22	21	10	1	55
Female	0	8	8	1	0	17
<u>1983</u>						
All	0	13	26	11	1	51
Male	0	10	21	10	1	42
Female	0	3	5	1	0	9
<u>1985</u>						
All	0	1	20	10	6	37
Male	0	1	17	10	5	33
Female	0	0	3	0	1	4
<u>1985 *</u>						
All	0	1	14	7	5	27
Male	0	1	12	7	4	24
Female	0	0	2	0	1	3

Notes: 1985\* refers to persons living in ward in 1985 who had used heroin in the period September 1984 – September 1985.

Ages are given as number of years completed by person on 15<sup>th</sup> June for year in question.

TABLE B

Population structure for 15-24 age group as per 1981 Census of Population.

Age Group	<u>15 – 19</u>	<u>20 – 24</u>	<u>15 – 24</u>
<u>1981</u>			
All	241	453	694
Male	118	181	299
Female	123	272	395

TABLE C

Age specific heroin use prevalence for years 1981, 1983 and 1985, based on census figures for 1981, for age groups 15-19, 20-24 and 15-24.

Age Group	<u>15 – 19</u>	<u>20 – 24</u>	<u>15 – 24</u>
<u>1981</u>			
All	12.5%	6.4%	8.5%
Male	18.6%	11.6%	14.4%
Female	6.5%	2.9%	4.1%
<u>1983</u>			
All	5.4%	5.7%	5.6%
Male	8.5%	11.6%	10.4%
Female	2.4%	1.8%	2.0%
<u>1985</u>			
All	0.4%	4.4%	3.0%
Male	0.8%	9.4%	6.0%
Female	0.0%	1.1%	0.7%
<u>1985 *</u>			
All	0.4%	2.0%	2.2%
Male	0.8%	6.6%	4.4%
Female	0.0%	0.7%	0.5%

Notes: 1985\* refers to persons living in the ward in 1985 who had used heroin in the period September 1984 – September 1985.

## HEROIN USER PROFILE – FULL DETAILS

SOCIAL HISTORY

1.	Total Number			
2.	(a) D.O.B.			
	(b) AGE:	15 – 19 yrs.	=	4
		20 – 24 yrs.	=	43
		25 – 29 yrs.	=	24
		30+	=	11
	(c) SEX	M	=	63
		F	=	19
3.	MARITAL STATUS:	S	=	62
		M	=	12
		W	=	0
		Sptd.	=	8
4.	WITH WHOM DO YOU LIVE?	(a) Parents	=	36
		(b) Spouse	=	12
		(c) b/g friend	=	16
		(d) Other	=	18
5.	CHILDREN			
	Number	38	=	nil
		17	=	1 Child
		19	=	2 Children
		5	=	3 Children
		2	=	4 Children
		1	=	5 Children
	Age	under 1 yr.	=	5
		1 – 4 yrs.	=	33
		over 5 yrs.	=	22
		Total No. of Children	=	60

6.	CHILDREN LIVING			
	(a)	with parents	=	26
	(b)	with spouse/partner	=	16
	(c)	g/parents	=	5
	(d)	in care	=	12
	(e)	with aunt	=	1
7.	AGE AT LEAVING SCHOOL	Under 14 yrs	=	19
		14 yrs.	=	34
		15 yrs.	=	24
		16 yrs. or over	=	5
8.	DID YOU ATTEND REGULARLY	Yes	=	53
		No	=	29
9.	READING & WRITING	Good	=	61
		Fair	=	17
		Poor	=	4
10.	EDUCATIONAL STANDARD ACHIEVED	Did Exams	=	9
		Did no do any exams	=	73
11.	EMPLOYMENT			
	(a)	Employed	=	7
	(b)	Unemployed	=	75
12.	LONGEST PERIOD IN EMPLOYMENT	Never had a job	=	6
		Under 1 yr.	=	16
		1-5 yrs.	=	52
		Over 5 yrs.	=	8
13.	TIME SINCE LAST EMPLOYMENT	Less than 1 yr.	=	2
		1-5 yrs. Ago	=	37
		Over 5 yrs.	=	32
		Not stated	=	11

14.	(A)	FATHER'S OCCUPATION	(a) Unemployed	=	28
			(b) Employed	=	32
	(B)	FATHER'S HEALTH	Dead	=	22
			In poor health	=	7
			In fair health	=	13
			In good health	=	38
			Unknown	=	2
15.	(A)	MOTHER'S EMPLOYMENT	Housewives	=	67
			Office Cleaners	=	6
			Unknown	=	2
	(B)	MOTHER'S HEALTH	Dead	=	7
			In poor health	=	2
			In fair health	=	20
			In good health	=	51
			Unknown	=	2
16.		PARENTS – do they get on well?	Parents are separated or have a poor relationship	=	15
17.		If Father/Mother dead – your age at death	Under 10 yrs.	=	3
			10 – 18 yrs.	=	6
			15 – 20 yrs.	=	3
			Over 20 yrs.	=	12
18.	(A)	Police Record	Known to police	=	74
			Not Known to police	=	8
	(B)	Convictions	Have convictions	=	71
			No convictions	=	11
			Average number of convictions		
			Per person convicted	=	14.7

19.	Prison record?	Have been to prison = 63
		Have not been to prison = 19
20.	Total time in prison	Total time 202.5 years/for 60 people. Average time spent in prison is 3.37 years 38 had no prison experience prior to heroin use.
21.	Family size	7.96 or 8
22.	Where do you come in an average family?	4.7 in a family of 8 i.e. 4 <sup>th</sup> or 5 <sup>th</sup> children
23.	Hobbies: Belong to any clubs?	48 have a hobby* or interest 34 do not 8 only belong to clubs 74 do not belong to any clubs
24.	No. of friends	24 do not have any friends

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\* Hobbies include snooker football, darts and keeping pigeons.

## DRUGS HISTORY

1.	(a)	Do you smoke?	YES	=	75
			No	=	7
	(b)	How many per day?	1-20/day	=	40
			20+/day	=	28
			50+/day	=	7
2.		How old at first cigarette?	Under 10yrs.	=	8
			10-15 yrs.	=	50
			16+ yrs.	=	17
3.	(a)	Do you drink?	YES	=	72
			NO	=	10
	(b)	How many drinks per session?	1-4 drinks	=	8
			5-10 drinks	=	58
			Over 10 drinks	=	6
4.		How old at first drink?	Under 10 yrs.	=	1
			10-15 yrs.	=	41
			16+ yrs.	=	30
5.		Does/did your father drink?	YES	=	70
			NO	=	10
			Unknown	=	2
6.		Does/did your mother drink?	YES	=	59
			NO	=	23
7.		Drink ever a problem for either of your parents?	No problem	=	48 families
			Fathers	=	28
			Mothers	=	6
8.		Do either of your parents take medication on a regular basis?	In 46 families one or more parents take medication on a regular basis. i.e. 16 Fathers 34 Mothers. (In 36 families no medication is taken).		



9. If yes what medication?	<table border="0"> <tr><td>Psychotropic drugs</td><td>26</td></tr> <tr><td>Cardiovascular drugs</td><td>11</td></tr> <tr><td>Respiratory drugs</td><td>9</td></tr> <tr><td>Gastrointestinal drugs</td><td>5</td></tr> <tr><td>Analgesic</td><td>2</td></tr> <tr><td>Endocrine</td><td>1</td></tr> </table>	Psychotropic drugs	26	Cardiovascular drugs	11	Respiratory drugs	9	Gastrointestinal drugs	5	Analgesic	2	Endocrine	1			
Psychotropic drugs	26															
Cardiovascular drugs	11															
Respiratory drugs	9															
Gastrointestinal drugs	5															
Analgesic	2															
Endocrine	1															
10. Type of drugs you have used: Amphetamines, Barbiturates, Morphine, Pethidine, Diconal, Palfium, Cannabis, Cocaine, Alcohol, D.F.118	68 used 6 or more types of drugs, only 14 had used less than 6 types.															
10.(a) Used once, occasionally or regularly	They were used mostly on a regular basis – dependent on availability.															
11. What is your drug of choice?	<table border="0"> <tr><td>Heroin</td><td>=</td><td>74</td></tr> <tr><td>Diconal</td><td>=</td><td>4</td></tr> <tr><td>Heroin/Cocaine</td><td></td><td></td></tr> <tr><td>    mix</td><td>=</td><td>3</td></tr> <tr><td>Cocaine</td><td>=</td><td>1</td></tr> </table>	Heroin	=	74	Diconal	=	4	Heroin/Cocaine			mix	=	3	Cocaine	=	1
Heroin	=	74														
Diconal	=	4														
Heroin/Cocaine																
mix	=	3														
Cocaine	=	1														
12. Have you ever used Heroin?	All 82 have used heroin. 81 used on regular basis over a sustained period.															
13. Age that you first took Heroin	<table border="0"> <tr><td>10 – 14 yrs.</td><td>=</td><td>4</td></tr> <tr><td>15 – 19 yrs.</td><td>=</td><td>44</td></tr> <tr><td>20 – 24 yrs.</td><td>=</td><td>32 (see table D)</td></tr> <tr><td>25+ yrs.</td><td>=</td><td>2</td></tr> </table>	10 – 14 yrs.	=	4	15 – 19 yrs.	=	44	20 – 24 yrs.	=	32 (see table D)	25+ yrs.	=	2			
10 – 14 yrs.	=	4														
15 – 19 yrs.	=	44														
20 – 24 yrs.	=	32 (see table D)														
25+ yrs.	=	2														
14. Preferred Route	<table border="0"> <tr><td>Use by intravenous</td><td>73</td></tr> <tr><td>Use by intramuscular /     Subcutaneous</td><td>7</td></tr> <tr><td>Use by snorting</td><td>2</td></tr> </table>	Use by intravenous	73	Use by intramuscular / Subcutaneous	7	Use by snorting	2									
Use by intravenous	73															
Use by intramuscular / Subcutaneous	7															
Use by snorting	2															

15.	How often do/ did you use Heroin?	Used more than once daily = 75 Used 1-5 weekly = 5 Used once weekly = 1 Only 1 used twice and stopped
16.	When was the last time you used Heroin?	38 are still using or have stopped for under six months. 2 last used between 6 months- 11 months. 32 last used 1 year or more
17.	Have you ever stopped using Heroin?	All have stopped at least once.
18.	How long for?	Not reliable information.
19.	How many times have you stopped?	Most have stopped 2-3 times.
20.	If stopped using Heroin, Why?	Comments included: “Got fed up with it, it was ruining my life” “Destroying my family”
21.	Did you take cannabis or other drugs (a) prior to using heroin? (b) after stopping using heroin?	YES = 69 NO = 13 YES = 17 Cann- abis
22.	1 <sup>st</sup> drug used (not alcohol) (a)	53 Cannabis 14 Heroin 10 Palfium 2 Valium 1 Diconal 1 Cocaine 1 Cough Bottle
	(b) When?	10 - 14 yrs. = 18 15 - 19 yrs. = 42 20 - 24 yrs. = 15 Unknown = 7

23.	When you stopped was it due to:	(a) Sickness	=	8
		(b) Parents	=	21
		(c) J.S.H./		
		Coolmine	=	6
		(d) Local Doctor	=	6
		(e) Local coun-		
		sellor (drugs)	=	6
		(f) Concerned		
		Parents	=	5
		(g) Lack of		
supply	=	0		
(h) Community				
Support	=	0		
(i) Prison	=	31		
(j) Self	=	35		
24.	Are you using drugs at present?	Information confused – too direct a question. Alcohol included in answers.		
25.	How do you think the local community has reacted to the drugs problem?	Have reacted positively	=	38
		Have reacted positively		
		with qualification	=	18
		Disagree with community		
		activity	=	22
		Don't know	=	2
	Ambivalent	=	2	
26.	Are drugs available locally?	Yes	=	35
		No	=	44
		Don't know	=	3

27.	Sibling drug use.	41 have siblings who have used drugs. 24 with 1 sibling 13 with 2 siblings 1 with 3 siblings 3 with 4 siblings	
28.	How do you feel about the future?	Optimistic = 29 Pessimistic = 23 Equivocal = 26 Don't know = 4	
29.	Do you think drugs are/were causing you problems?	YES = 73 NO = 8 Don't know = 1	
30.	Why do/did you take drugs?	Peer pressure = 51 Escape/boredom = 8 Curiosity = 8 'Kicks' = 5 Don't know = 4 Others = 6	
31.	Would you like to stop?	YES = 36	
32.	Why?	Various causes	
33.	Would you support the concerned parents group?	YES = 23 YES with qualification = 27 NO = 30 Don't know = 2	
		i.e. 50 have some support for the concerned parents group	

MEDICAL HISTORY

1.	Ever been to Drugs Advisory and Treatment Centre?	YES	=	74
		NO	=	8
2.	Ever in hospital?			
	(a)	YES	=	28
		NO	=	52
		Don't	=	2
	(b) When?	Insufficient answers		
	(c) Why?	10 with Hepatitis 6 with Abscesses Rest with various other reasons		
3.	Ever detoxified? No. of times	Total of 94 inpatient detoxifications for 39 patients 202 detoxifications on out-patient basis for 54 patients 65 had detoxification of one type They had a total of 296 detoxifications		
4.	Medical problems	Hepatitis	=	55
		Abscesses	=	42
		Epilepsy	=	7
		Endocarditis	=	1
		Over dosed/Res. arrest	=	21
		STD	=	7
		Psych. Problems	=	12
		Asthma	=	10
		Other problems	=	5
5.	Pregnancies/Deliveries	17 girls had been pregnant/ delivered a total of 36 children		

- |    |  |   |
|----|--|---|
| 6. | Pregnant when on heroin or other opiates (Phy/Dic/Pal) | 14 girls were using Heroin/Physeptone while pregnant, a total of 16 children born to girls while on heroin/physeptone.                      |
| 7. | Any medical problems with any of the children?         | 8 of these children have had or still have medical problems.  |
| 8. | Medical problems predating heroin use                  | 13 had problems<br>1 Diabetes    5 psychiatric<br>1 Tuberculosis    3 Asthma/Bronchitis<br>1 Peptic Ulcer    2 Epilepsy                     |
| 9. | Ever on any long term medication?                      | 8 had been on long term medication:<br>4 psychotropic<br>1 Insulin<br>1 Physeptone for 5½ years<br>1 T.B. Drugs<br>1 Phenobaritone/Epanutin |

TABLE D (a) NUMBER OF FIRST-TIME HEROIN USERS.

(Merchant's Quay F)  
NUMBER OF FIRST-TIME USERS.

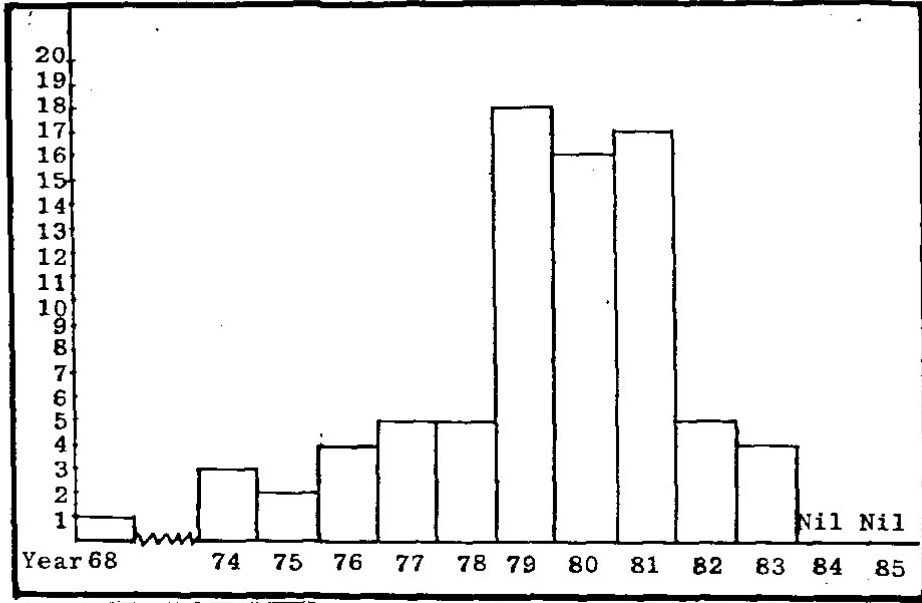
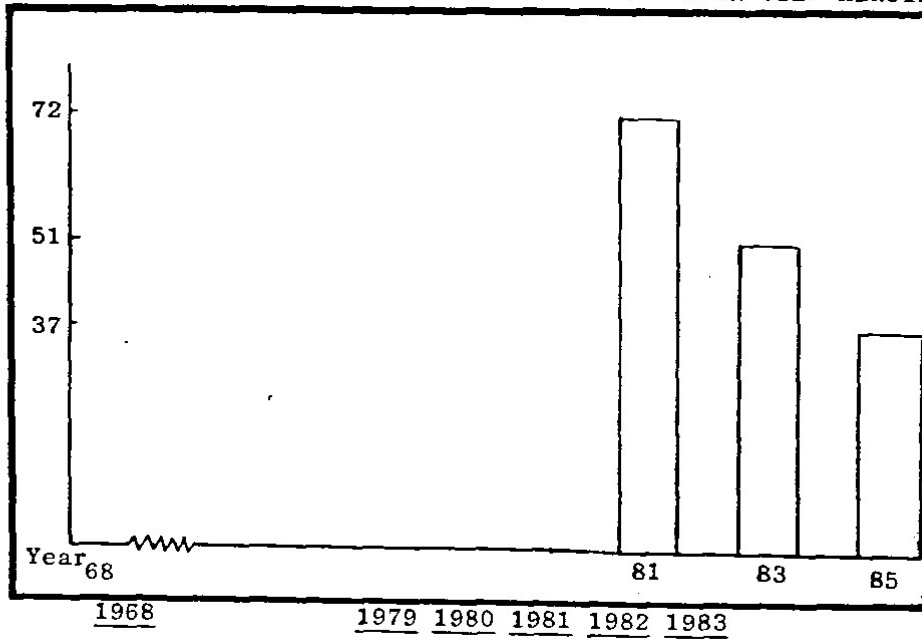


TABLE D (b) TOTAL NO. OF PERSONS WHO HAVE EVER USED HEROIN.

(Merchant's Quay F)  
TOTAL NUMBER OF PERSONS WHO  
HAVE EVER USED HEROIN.



1968  
Relative stability, local employment

1979  
Heroin introduced into community; St. Teresa's Gdn development committee founded

1980  
Outbreak of hepatitis detected locally.

1981  
Clubs, discos, public meetings and parents' support group organised. Youth development Committee set up.

1982  
Community Work Training for local people set up.

1983  
"Fighting Back" published; Concerned Parents founded. Youth development Project commences; Drugs Counsellor appointed to area.

## 5. DISCUSSION

### Heroin User Profile

The profile of the heroin user as described in this report is very similar to the one outlined in the North Central Dublin Report, 1983.<sup>9</sup> The social, familial and environmental characteristics of both groups are very similar as is their history of exposure to substance abuse. However, the male/female ratio differs, 3:2 for North Central Dublin and 3:1 for this study.

In general the respondents came from large families (average size – 8) and on average were the fourth of fifth child. 50% of respondents had one or more siblings who had used heroin. They were young, 57.3% were under 25 years of age, from a background in which there was a high level of paternal unemployment (34%). Twenty two of the respondents' fathers and seven of their mothers were deceased and a further fifteen respondents gave testimony of marital breakdown or disharmony. The school record shows that only a small number progressed to second level education and none to third level education. 77 (93%) of respondents had left school by 16 years of age, only 9 persons had done any exams – 4 described their reading and writing as poor and a further 17 as only fair.

The employment record is also poor 75 (91.5%) were unemployed, 32 for a period of over five years. Six never had a job and only eight had been in employment for 5 or more years. Seven were employed at the time of interview.

Sixty two respondents were single, 12 married and 8 separated. 36 were still living with their parents, 12 with their spouse and 16 with their boy/girl friend.

44 of the respondents had between them 60 children – one respondent had five children. 12 of these children were in statutory care and a further six were being minded by grandparents or an aunt – that is 18 of the children were being reared by other than their parents.



### Police Record

From their own testimony 74 of the respondents were “known” to the police, 71 of them having had convictions. The average number of convictions was 14.7 per person convicted. 63 had been to prison and 60 of these had spent a total of 202.5 years in prison i.e. an average of 3.37 years; 38 had no prison experience prior to heroin use.

### Drugs History

All 82 respondents have used heroin. 81 of these used heroin on a regular basis over a sustained period. 75 used heroin more than once daily, 5 more than 1 – 5 times weekly and one used heroin once weekly. The last respondent used heroin twice and then stopped. Heroin was the drug of first choice in 74 respondents. Four preferred diconal, one cocaine and three a mix of heroin/cocaine. The preferred method of delivery of 73 respondents was by intravenous use (mainlining) seven more preferred subcutaneous or (skin popping) while a further two preferred inhalation (snorting). As a group these are polyabusers i.e. using a variety of drugs at different times. 68 had used six or more types of drugs. The drugs used were Amphetamines, barbiturates, morphine, pethidine, diconal, palfium, cannabis, cocaine, alcohol, D.F.118 L.S.D.

The first drug of use (excluding alcohol) for 25 of the respondent was an opiate based drug. 50% of the group had used heroin by the end of 1979 and 89% of the group had used heroin by the end of 1981.

### Medical History

Fifty five of the respondents gave a history of hepatitis and 42 a history of abscesses. These problems occur not so much as a result of the heroin but of those substances with which it is contaminated and the method of delivery (i.e. by intravenous or subcutaneous routes). The third main problem was over dosage which resulted in a number of acute hospital admissions.

17 of the 19 females have had least one pregnancy, and 14 of these were using heroin or physeptone while pregnant. In all 36 children were delivered to the female group. 16 children were born to the mothers while using heroin or

physeptone. This disturbing fact should be followed up by further research on children born to opiate using mothers.

Thirteen respondents had medical problems predating their heroin use, five of whom had psychiatric problems. Eight had been on long-term medication – the largest group of drugs being psychotropic drugs, such as valium and antidepressants. Seventy four respondents give a history of having attended the Drugs Advisory and Treatment Centre and from the Centre we know that of the 115 users from the original list only 9 are not known to them. Six of the 82 interviewed were not known to the Drugs Advisory and Treatment Centre, however, the researcher has knowledge of their heroin use on a professional and personal basis. There is therefore excellent correlation between the Drugs Advisory and Treatment Centre and this researcher's findings. There were a total of 94 in-patient detoxifications, for 39 patients, and 202 out-patient detoxification programmes for 54 patients. That is a total of 296 detoxifications (in-patient and out-patient) for 65 of the 82. They used the medical services of other hospitals as well, usually, with problems related to the use of injected heroin.

### Prevalence

An important feature of this particular study is that it provides a basis for examining changes in the pattern of heroin use over the period studied. The most significant change has been in the prevalence of heroin use. It is clear that heroin use is exceptionally high for 1981 and at this time it was concentrated in males aged 15 – 24 years. The downward trend in new cases of heroin use since 1981 is evident. It is clear that since then young people (15 – 24 years) have not embraced heroin in the same manner as their 1981 counterparts. In fact the rate of heroin use in the most vulnerable grouping in the ward in 1981, i.e. 15 – 19 years old males drops from 18.6% to 0.8% of 15 – 19 males in 1985. This latter percentage is represented by one person who has been using heroin since 1979. The decline in this area of the city is phenomenal. It is re-inforced by Table D which shows a decline in the numbers of persons using heroin for the first time from 18 in 1979 to zero in 1984. The decline coincided with local community activity, and in our view, is related. The local development committee was revamped in 1981 as a response to local problems, heroin use being the most significant of these. The

committee organised local discussion and information meetings on Drug Abuse; and revitalised social and recreational clubs in 1981. In 1982 it produced its own community magazine and attracted strong publicity to this community. It engaged in discussions with the Health Board to set up a local committee, with professional input, to formulate a response to the problem; and it participated in a full-time training course in community work skills culminating in the publication of a report on the area "Fighting Back" in April 1983.<sup>5</sup> The decline in heroin use and related developments preceded both the official statutory response (i.e. setting up of Government Ministerial Task Force in May 1983) and the founding of the Concerned Parents Against Drugs Group in June 1983.

There has been a clear decline within the ward of the total number of current users from 72 in 1981 to 27 in 1985. A number of factors have contributed to this; firstly, the normal movement of young people away from the family home; secondly, the movement of whole families to new housing developments in both suburban areas and nearby Brown Street, New Street and the Coombe. Thirdly and most importantly 32 of the whole group have stopped using heroin for one year or more (for an average of 2.3 years). As can be seen from the table below only nine persons had given up heroin use by 1982. Sixteen (50%) gave up heroin use in 1983 and a further 7 (22%) in 1984.

TABLE E

Year in which 32 respondents gave up heroin

1980	1981	1982	1983	1984	1985	Total
1	2	6	16	7	0	32

This coincides with three major developments with in the community in 1982; firstly, the formation of the Concerned Parents Group in June 1983; secondly, commencement of Youth Development activities in July and thirdly, the commencement of Drug Counselling programme in December. It would seem to us that the relationship is more than coincidental.

Of the 27 person in the ward who admit to using heroin within the year September 1984 to September 1985, they are primarily persons who began to use heroin in the 1979 – 81 period, and most of the group are in the age group 20 – 29 years.

### Conclusion

The phenomenon of widespread use of heroin by young people in this ward began slowly in the mid-seventies, reached its peak in the 1970-81 period, has declined dramatically since and most of those who remain are people who began to use heroin during its peak period and have continued to use it since.

Unpublished figures compiled by the Drug Advisory and Treatment Centre, Jervis Street show that an area comprising merchant's Quay, C, D and F had the highest number of attenders, for the country, i.e. 736 per 100,000 in 1983. It is understood that figures for 1984 and 1985 show a marked decline in the numbers of first time attenders. While the authors feel that community developments supported by statutory funding, and other forms of community action have contributed to a decline in heroin use in St. Teresa's Gardens, the area remains vulnerable. In our view a continued commitment to fund and develop local community resources in this area and other vulnerable areas is required if the problem of heroin abuse is to be contained.

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MAP 2

MERCHANT'S QUAY F.

