Draft Final Report for Strands I and II of

Social Exclusion and Local Responses: Life-Histories of Drugs Users and Drugs in the Community[1]

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Introduction

In the following pages, we synthesize some statistical trends, ethnographic insights, and, frankly, some impressions based on long-term contact with a variety of people either directly or tangentially involved in the use and abuse of illegal drugs in the Ballyfermot, Cherry Orchard area. There are three broad sorts of data in this report. First, we have brought together the available statistics on drug use (a surprisingly difficult task) as well as the data on population trends in the Cherry Orchard and Ballyfermot area. We have also analysed the notes we have collected as part of the broader community study that were pertinent to the issues or drug use and abuse. These notes are from a multi-site study half of which was situated in Gallanstown, Cherry Orchard. As part of this data set, we collected 10 life histories from 8 men (5 Cherry Orchard and 3 Ballyfermot) and two woman (both Cherry Orchard) who have been serious drug users, according to meaningful local definitions *(i.e.,* having regularly ingested heroin at some point in their lives with anything from bad to disastrous consequences for themselves and their loved ones). This data was supplemented with regular focus groups and informal discussions with several other addicts (5 men and 3 women), as well as a few meetings with a group of underage addicts on methadone maintenance at Fortune House in Cherry Orchard Hospital (2 boys and 3 girls). We also spoke in a less detailed, but still enlightening, way with several family members of individuals with drug problems in both Cherry Orchard and Ballyfermot.

Above and beyond the specific interviews and interactions that made up the focussed part of this research, these findings also have their source in an ethnographic project of more than twenty-two months duration. During this period, our research team has intensively interviewed over 100 people from all walks of life in the Cherry Orchard, Ballyfermot areas, interacted with hundreds more, chased down all the statistical information that we could get our hands on, tried to organise the impressions of dozens of other informants as to what the important issues for the area were, and taken hundreds of photographs. This dense contact with, and eclectic data set about, the Ballyfermot, Cherry Orchard area has fed the feeling that we achieved at least part of the ethnographic goal of being comfortable with the rhythms of life in this area. We are, in other words, beginning to understand some of the nuances of local social existence. Developing an ear for undertones and complexity (even mendacity) is especially important for understanding drug use and abuse. The same substance can and often does have very different meaning in different contexts, even for the same person. We also have a sense for some of the functions filled by these compounds (as well as for much of the damage they cause) in these neighbourhoods, in short, we feel that

we have absorbed an approximation of a local sense of the issues around drug use in the area thanks to nearly two years of work – when are the times pushers are out, what constitutes a lot of activity, who is likely to be most affected, and when and in which context we could expect to be offered drugs.

A Note of Caution

Nonetheless, there are several limitations to this study. *Any* information about illegal activities is necessarily difficult to come by, and subject to a variety of distortions, conscious or otherwise. Consequently, conclusions must be hedged about with qualifiers. Nearly all the numbers that we have on such activities, for example, come from the wake that drug use and abuse leave in formal institutions – arrest records, the amount of illegal substances seized in various raids, and hospital information. The rest of illegal drug use and abuse is only partially visible. Thus, even after twenty-odd months of interaction, trust-building and ethnographic research in the Cherry Orchard/Ballyfermot, we still have only a partial sense for important parts of the underground economy of which the circulation of drugs forms an important part. This is perhaps no bad thing, as to get substantially more information than we have would have bound us too closely to criminal activities for ethical research purposes. Even to get the information that we did get, however, we had to give assurances concerning the anonymity of the data. This has been a very serious concern for us, so the quotes and scenarios below have been fairly ruthlessly excised of identifying detail that we feared might be traced back to its source.

Above and beyond these logistical issues, we experienced some conceptual problems as well. In particular, we became increasingly unhappy with writing an area-based report on drug use and abuse. This is no *one's* fault: an Area-Based Partnership dearly has to assess the nature of the needs in its patch and respond intelligently to them. Nonetheless, it is important to keep in mind the various extra-local forces that impinge on a specific individual in a particular place using a controlled substance.

Consider that, at some level, this report is motivated by the concern that the Ballyfermot area, perhaps especially Cherry Orchard, has a severe drugs problem. ; The archetype of this fear is embodied in heroin use, which most people dose to the situation feel is a very serious problem. This impression is bolstered by some of the official statistics as well as feedback from professionals providing rehabilitation services. It must be kept in mind, though, just how many strands of the issue of drug use and abuse stretch well beyond the local level. Decisions that regulate what is an acceptable and unacceptable substance, for example, are made in the political arena of the nation-state, a level in which few individuals from

excluded neighbourhoods feel that they have a stake. The substances that we are discussing, moreover, start out as raw materials often thousands of miles away. They are refined into usable compounds by transnational concerns which then distribute them, generally through the hands of a number of middlemen in several nation-states. There is suggestive, if not definitive evidence, that major global powers, such as the United States, collude with growers and traffickers when they believe that their interests are served by them (e.g., McCoy 1991). In any case, this process of commodity production, raw material refinement, shipping and marketing of the completed product both within and between states both generates and requires income flows which perforce involves the very lifeblood of the global economy, international finance. Finally, while certain areas of any nation-state get tagged as "black spots" of drug abuse, it is at best naive to assume that they provide the only (or even the main) market for all the illegal substance. More often than not, these areas provide a structurally convenient consumer-end distribution point for products that are ingested at every level of society.

Even at the local level, however, the problem refuses to be contained. One of the individuals who provided some important information for this study, for example, has a Palmerstown address, but, since all his contacts were in Cherry Orchard (and he mostly crashed in Cherry Orchard gaffes), we thought we could scarcely ignore him. Another of our group had strong connections with Tallaght — when addicted, he moved easily between these two areas along with many of his peers. At the same time, some of our older sample and most of the younger sample report strong connections with the Inchicore area with regards to drug use, which tallies with the impressions of the professionals with whom, we spoke that this area has become the main distribution/ingestion area for many people in the surrounding communities.

There is yet another way that simple spatial thinking about Ballyfermot and Cherry Orchard breaks down. The problem of multiple exclusion tends to efface distinctions between localities in very different cultures and societies in different parts of the globe. The compounding of social problems that we investigate in the following pages as part and parcel of substance abuse – radical separation from mainstream society in the sense of educational attainment, relationship to police and democratic participation – can be found in similar combinations in certain parts of Chicago, Cape Town, and Caracas. This similarity is realised by many of our informants, when, for example, a mother complains that her area is policed as if it were "an American ghetto", or when a young man adopts some of the stylistic conventions of hip hop in part as a means of protesting the inequalities that he has experienced. In short, the sort of tightly clustered social problems that one can observe in parts of the area of responsibility of the Ballyfermot Area Partnership

are similar to those in many other societies. They constitute one the major challenges facing the global community.

Most of all, though, we wish to stress that this is our initial attempt to make sense of a large and complex data set. We see it as the beginning of a conversation, rather than the last word. We have laid out the issues that we feel are central to drugs within the area of responsibility of the Ballyfermot Area Partnership, providing the statistical and ethnographic evidence in support of our way of thinking. Nonetheless, we are eager for feedback from the Task Force, Partnership and other interested parties, and we anticipate that we will refine our ideas accordingly.

Definitions

Throughout this study, we were confronted with serious ambiguities around what a "drug" is, and, consequently, what "drug abuse" and "addiction" mean within the community and between the community, the state, and the professionals and experts involved in this issue. This ambiguity has serious implications for individual decision-making, community solidarity, and professional priorities. Everyone we know who lives in the Ballyfermot, Cherry Orchard area, for example, draws a very clear distinction between the various substances that are available for recreational use, even if they have a negative opinion about all of them. Heroin ("gear"), particularly when it is injected, is universally acknowledged to be a problem. It is the main referent summoned up by the terms "drug problem", "drug addict", and "junkie". It is also widely acknowledged that there has been a social trajectory to this problem, i-e., that the situation has deteriorated in the past several years. From about 1990, more and better quality heroin became available. Even large seizures and massive sweeps resulting in hundreds of detainments and arrests (e.g., Cleary 1998) have not made much of an impact on street prices, providing indirect evidence that supply networks are still flush with the drug-

For the most part we follow the local usage of the word "drug", unless it is otherwise flagged, *i.e.*, "drug" will mean "opiate", especially heroin, because after heroin, the picture becomes much more complex. Most of the young men with whom we are familiar, for example, understand cannabis as a standard part of hanging out with the lads, for all practical purposes, the same as cider and beer. The purchase and shared use of these substances, is a register of intimacy, marking meaningful social networks in which individuals expect to both provide and receive various forms of support. Excessive Garda interest in this part of their lives tends to be understood as harassment. Some of the people that we know though various community groups, on the other hand, see alcohol abuse as the

really serious substance abuse issue in *the* area. Finally, there are any number of compounds that are part of the "drug problem" most of the time, but not always, such as, inhalants, Ecstasy, and cocaine, as well as various prescription drugs such as the family of" benzodiazapenes. They are sometimes "drugs" and parts of the "drug problem", and sometimes ignored, occasionally, even valorised, by certain elements in the community.

At the same time, "drug" always implicates something beyond the physical substance. From the social group of the drug abuser to the negative social consequences of the disordered capitalism around the market for substances within a particular neighbourhood, drugs always point to something outside of themselves. It is impossible to overstress this point. Every compound that we discuss in this report has a social context that influences, on the one hand its desirability, as well as its status as a menace, on the other. It is this context that needs to be understood before one can make statements on the why people find "drugs" desirable or disastrous.

Summary

Our basic conclusion of this report for drug use and abuse in the Ballyfermot area, but especially Cherry Orchard, are somewhat unhappy ones. They are based on a combination of the statistical profile of the area and of the problem, our sense of how the last generation of addicts got involved in the problem, and our reading of how younger people, aged 12-17 who are currently in treatment, have related their issues around drugs. This sense of the problem recognizes three broad issues: demographic, social structural, and patterns of substance use.

The first of these is the demography of Ballyfermot, Cherry Orchard. In the *Facts and Meanings* chapter we discuss how parts of the Ballyfermot, Cherry Orchard area have a higher proportion of 0-14 and 15-24 year-olds than either the rest *of* the area or Greater Dublin. Specifically, Cherry Orchard A and C, where there are currently many social problems, have *substantially* higher proportions of these groups. All of our sample began experimenting with various drugs in their early teens, some of them developing serious problems with drugs fairly rapidly thereafter. Some of the younger end of our sample began drug use even earlier. It is obvious, therefore, that all other things being equal, for almost the next twenty years, there will be a larger at-risk population than exists at present in some of the most distressed sections of the Ballyfermot Area Partnership.

In *Varieties of Substance Use,* we discuss how our informants discuss styles of drug use, both in terms of which compounds are popular, and varying modes of ingestion particularly how heroin is ingested. Here, too, there is much scope for uncertainty, as drug fashions are notoriously difficult to predict. Certain

compounds dearly exist in Ireland that have been serious problems in excluded neighbourhoods in other countries *(e.g.,* crack cocaine), but are currently considered specialty items, perhaps in part because of the negative publicity around them in the mass-media imported from North America. Other compounds, like Angel Dust (phencyclidine), are relatively easy to obtain in Ireland (due to their potential agricultural uses and abuses), and have from time to time been serious issues in other countries. To date, however, phencyclidine exists only as a problem drug for the cows of farmers whose ambitions exceed their milk quota. To add to this complexity, the same chemical can be ingested in different ways at different time, with enormous implications as to what type of "drug" it becomes. Opiate use, for example, seems to have undergone Just such a shift in recent years. Opiate injection is no longer just the endpoint of a trajectory terminating in becoming a "junkie": through smoking, gear has become a drug of early experimentation, basically in the mix with tobacco, alcohol and hash. At the same time, over the past two years, we have observed an increase in the cocaine supply. We are uncertain of the implications of this increase or even the mode of ingestion that will be settled on with this drug. Our point is that the idea of a well-defined (and consequently easily interrupted) pathway of drug use, if it ever was true, seems much harder to support with data from our younger sample.

In *Review of the Issues: Problems, Services, and Stigma*, we discuss a combination of internal and external dynamics in Cherry Orchard, Ballyfermot and Irish society as a whole, that impact our data. These include our reading of how our sample relate their initiation into drugs use and abuse and their life trajectories from this point. It also includes our sense of how institutions in Cherry Orchard and Ballyfermot function: in particular, how they tend to fail a certain type of child. Finally, we discuss how broader social changes that are currently in progress are likely to affect these patterns in the future, specific the marginalisation of young males that slip away from school in their early teens. More than this, however, this chapter is here to attack the conceptual separation of drug abuse and drug culture from other issues in the Cherry Orchard, Ballyfermot area. It is this interconnection that most mitigates against a magic bullet or a simple key for the solution of this problem.

We conclude with a brief look at the strong sense of alienation in some of the young men we have met through this study. The quality of this sentiment is difficult to convey in the absence of interacting with them, but it strikes us as central in any solution to a drugs problem. Of equal concern to us, moreover, is a similar sensibility that we found in the women in the younger sample. It is these young people that any intervention has to reach in order to interrupt the vicious circle of problems that exist for certain individuals in the Cherry

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Orchard, Ballyfermot area. There are encouraging signs that some progress is being made in this direction, particularly with some of the innovative programmes that are up and running at Fortune House, but more needs doing, and nearly everything that is being done, requires better coordination than is the case at present.

In short, there is ample cause for worry. Ireland stands at something of a, cross-roads with regard to the problem of substance use and misuse. While Irish society as a whole is becoming more wealthy, certain sections are being left increasingly behind. Those being left behind know this division to be a reality; hose moving ahead, for the most part, do not want to be reminded of it. The major substance abuse problems are found on the worse off side of this divide. This concatenation of elements is a recipe for serious social unrest. In other words, there is a mix of sodal issues in parts of Ballyfermot that eventually will require some kind of solution. The question will be: whose solutions for whose benefit? As we discuss in the final chapter, for example, the new laudatory call for better attention to the security of low income housing estates (Fahy 1999) poses the danger of moving the problem around. Such security is an absolute necessity, but in the absence of other programmes, it tends to feed into a warfare model of the drugs problem, that is, that there is an enemy that can be identified, engaged, and, ultimately, eliminated. This attitude tends to encourage precisely the sort of nationalisation and stigmatization that we see as a central part of the problem in current approaches to drugs problem in this study. The result of this sort of capsulation of the problem is discoverable in how the “problem” areas of the city keep moving around between those areas and populations which are already bouring under a burden of a social exclusion. In our opinion, to break this cycle of deprivation, drugs, poverty, and anti-social behavior, will require resources, imagination, and dedication over a significant amount of time.

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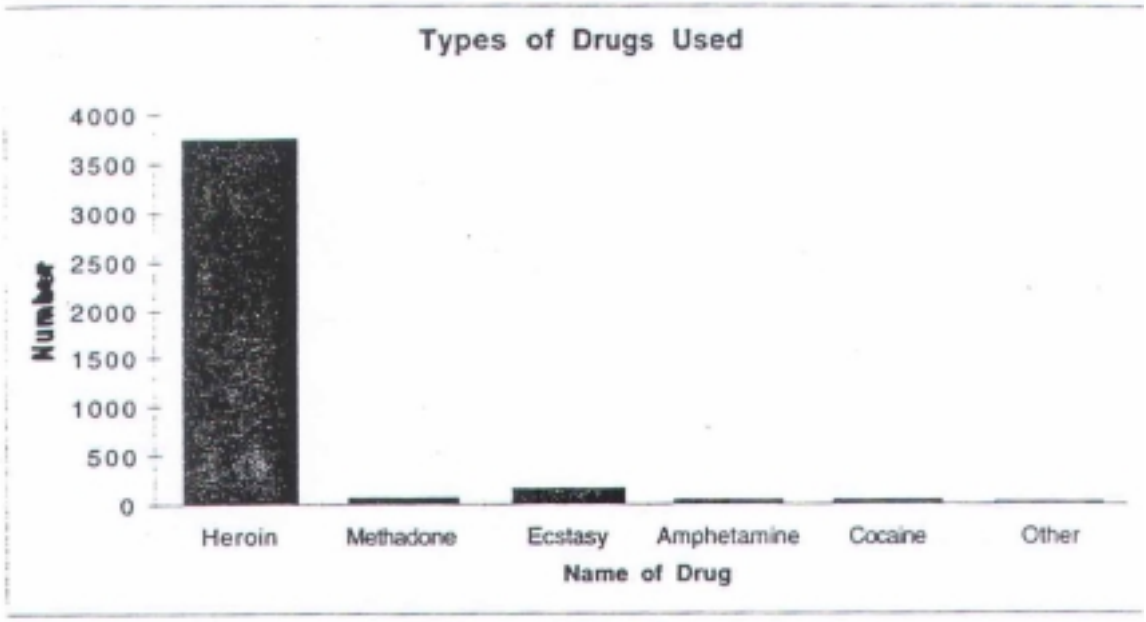
This figure of 24.5, 1000, Dublin's total prevalence of opiate usage, is relatively high by international standards. It tends to confirm what many people on the ground delivering services to opiate abusers have been saying for the last ten years, *i.e.*, that Dublin has a more serious heroin problem than the authorities believed to be the case. Thus, even with the recent expansion of rehabilitation places in the capital, then, it still remains woefully unprepared to deal with the problem at hand (Cleary 1999). It is also telling that Comiskey was the first scholar to actually obtain full access to the various statistical data kept by various hospitals, the Eastern Health Board and the Cards, and that this pooling of information occurred only *after* several years of a cheap heroin wave. This sort of institutional fragmentation and bureaucratic turf protection is all too common in too much of our data, and a theme that we will revisit in the last chapter of this report. What is obvious in the patterning of this data, however, is that while the statement, "Dublin has a heroin problem" is broadly true, neither the problem, nor its burden is shared equally. Indeed, some places and populations have opiate users as a near-common feature of their environment, while other places and populations can believe more or less correctly that will only rarely have to interact with someone who has this habit.

A brief glance at Table I also demonstrates that the areas of high prevalence of opiate usage in Dublin overlap significantly with those areas that are already labouring under a variety of other burdens, that currently go under the umbrella heading of "social exclusion." It is no accident, for example, that the postal code areas with the highest prevalence of drug users in Comiskey's study overlap almost perfectly with Combat Poverty's map of disadvantage in the city. Nearly all the markers of social exclusion: lack of educational attainment, relative poverty, stressed families, and drug use tend to come clustered together. It should hardly come as a surprise, then, that a variety of studies also demonstrate a strong association between heroin use and criminality in Ireland. O'Mahony (1997:95), for example, found that fully 2/3 of the Mountjoy prisoners in his sample had used heroin. For the vast majority of those inmates, furthermore, heroin was their drug of choice. A variety of media reports also point to heroin use being one the most significant discipline and health issues for Irish prisons. This correlation of opiate usage, social problems and criminality is well supported by data from other countries (e.g., *Report of the Independent Survey of Drug Treatment Services in England* 1996).

Heroin's association with criminality also appears in our life history and interview data. All of our older sample, for example, report contact with the criminal justice system when on gear. Importantly, these individuals universally

reported that only a small fraction of their crimes (mostly pilfering from place of employment, burglary, and shoplifting) ever came to the attention of the authorities. The conclusion is obvious: as bad as the connection between heroin and criminality is at the moment, it represents only the visible tip of the statistical iceberg. This “tip” is an obvious one, however. As Table II shows, heroin is far and away the most likely drug to be associated with criminal activity

TABLE II: ILLICIT DRUG USE AND RELATED CRIMINAL ACTIVITY IN THE DUBLIN



In themselves, of course, these are worrisome figures. They are made worse by the reality that nothing so defines the negative image of the more marginalised and excluded people and places in the greater Dublin area than the image of the junkie. Dirty, potentially violent enslaved to an appetite that strips away his agency (in the violent form, it is almost always a male image) – such stereotypes in the media and at large leave little to the imagination. Certain areas, moreover, are perceived to have more of this sort of social problem than others. The image of the junkie tends to be confined to these areas in the mass media and, in turn, “drug problem” comes to mind when people think about these places. For many people within these areas, moreover, such young men are one of the faces of oppression, the most obvious aspect of their lived space that is different from, and more threatening than, the more “mainstream” parts of society.

The Perception of Blackspots:

Nonetheless, drug use and abuse has proven refractory to solution simply by the aggregation of more and better data, no matter how ingenious the collection techniques and no matter how skilful the analysis. Countries that keep much better track of numbers, *for* example, such as the United States and Great Britain, still have substantial numbers of problem drug users and are regularly swept by moral panics about this state of affairs. Other countries, like Holland, who have good research and more data-driven policies aimed at harm reduction, still have an addiction problem. To date, Ireland is following the Anglo-Saxon model of supply interdiction and the punishment of consumption, albeit with less fervor than other English-speaking countries.

While this lock-em-up-and-throw-away the key mentality has yet to seize Ireland by the throat, the tactics to date have tended to reproduce some recognizable problems. While drug use and abuse occurs at all levels of society problematic drugs like opiates, for example, tend to be concentrated in certain areas and populations. Furthermore, these areas are made more difficult to both monitor, police, and deliver services to, due to the already alienated relationship between many folks in these neighbourhoods and the institutions of the state. When intervention does take place, then, it can often be seen to be inapproiate and/or heavy-handed. For the area under study, there has been an important recent history to consider. In particular, the Halloween riots in Cherry Orchard in 1995, which were widely attributed to drug dealers attempting to rum a neighbourhood into a Gardai no-go zone, have tended to cement a connection between parts of Cherry Orchard and anti-social behavior in the minds of many observers. Crime and heroin then are not causes of one another per se, but markers of an area and population already experiencing a variety of other problems.

Nonetheless, while Ballyfermot/Cherry Orchard emerges as an area with considerable opiate use it is by no means the worse spot in the city. As Comiskey's data is the first of its kind to try to develop some universal picture of opiate use in Dublin, it is impossible to say for certain whether things are improving either here or across the city. This relatively "better" situation for Ballyfermot/Cherry Orchard, however, is probably the result of a problem that exploded in the early 1990s getting a little more under control, as resources addressing this problem seeped into the area.

This perception of the area being a "black spot" structures a variety of relationships at several levels both within and outside of the community. An undifferentiated area "Ballyfermot," for example, serves as a conceptual place for all sorts of anti-social behavior, including heroin addiction, when much of the Dublin media discusses social problems in and around the capital. Within

Ballyfermot, however, a variety of spatial categories become important. Foremost, among these is the division with Cherry Orchard. By and large, people in Ballyferrnot associate the worst of the drugs problems, particularly heroin use with Cherry Orchard. Although, some remember a more difficult time in Ballyfermot's history, many of our Ballyfermot informants place the persistence of the more settled area's problems with drugs squarely on the doorstep of Cherry Orchard. "Cherry Orchard spells stolen cars, drugs, bad news," as a locally based professional somewhat crudely put it. Perhaps the most extreme case of the sentiment that the drugs problem belonged more or less exclusively to Cherry Orchard, came from a Ballyfermot resident, who charted her son's increasing addiction problem in an interview, by relating how he began to hang out with people deeper and deeper into Cherry Orchard, until finally he ended up spending much of his time in Gallanstown. Clearly, in her way of thinking this was where the real problem was and her son had somehow been drawn into it. Without a hint of irony, she then related that 6 out of the 13 houses on her street in Ballyfermot had had a young adult child with a heroin problem in the past decade.

This connection between Cherry Orchard and the availability of drugs appeared in our data even in residents' perceptions of their area, even as they assign its causes to other-than-local sources. As one of our consultants put it.

> Cherry Orchard has a big drugs problem. At one stage it would have been described as the drugs depot of Dublin. There was a lot of drugs in the area and there were people coming from all over the place. I mean the taxi men will tell you that they made a fortune out of ferrying people up and down, in and out of Cherry Orchard.

Even within Cherry Orchard the "real" problem is very often seen to be even more concentrated in social and geographical terms – for the most part, people mention Gallanstown in these contexts, particularly the area around the site of the former Red Wall, at one time in the recent past one the most important drug distribution point in the capital. Now, however, some of our more long-sighted consultants are discussing Inchicore as the important drugs distribution point affecting "their" area. This impression seems to be at least provisionally supported by Comiskey's data.

The Demography of BIackspots:

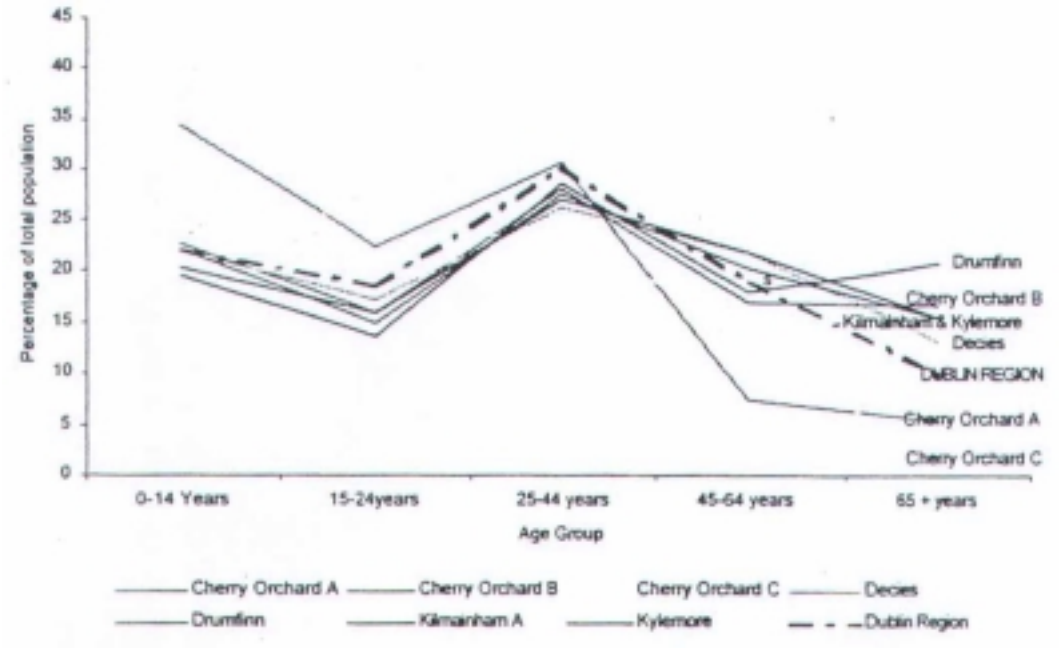
This tendency to assign "the problem" to somewhere and someone else is very common in our data The impetus behind these impressions, however, is more than simple stereotyping. Instead, what is recognized are important social differences between Cherry Orchard and Ballyfermot, albeit in ways that consistently disadvantage the former. These impressions derive from what makes a "drugs problem" a problem that is people ingesting drugs in a socially visible

way, with very negative consequences for both the perceptions of, and day-to-day life in, the locality. Just as this ingestion is not spread evenly across the built environment, it is not spread evenly within a population.

Internationally, the picture is pretty dear: initial drug use tends to take place in early teen years, with “problem” use manifesting itself somewhat later. In particular, the late teens into the twenties is the time when most serious users contact various institutional structures, especially the criminal justice system. It is also clear from both simple observation and scholarly analyses that problem drug use is found in, and finds its way to, people and places that are already under stress. At an individual level, for example, eighty percent of our life history sample (all of the women and all but two of the men) reported at least some physical and sexual abuse in their accounts. All of the sample, but two (1 male and 1 female) reported serious criminal activity in their immediate family. This (admittedly small) number of respondents supports the popular and scholarly sense of just how closely high rates of opiate use are correlated with people and families that are experiencing other major social problems, such as high levels of unemployment, lack of educational attainment, relative poverty, and generalized stigma. These problems can be found in many places, but they tend to cluster in specific areas of the built environment. Thus, if we know of social excluded places containing populations with more needs than resources, then we should be aware that we are looking at fertile ground for a drugs problem as well.

In this light then, consider the following tables.

TABLE III: Age Distribution in Cherry Orchard and Ballyfermot



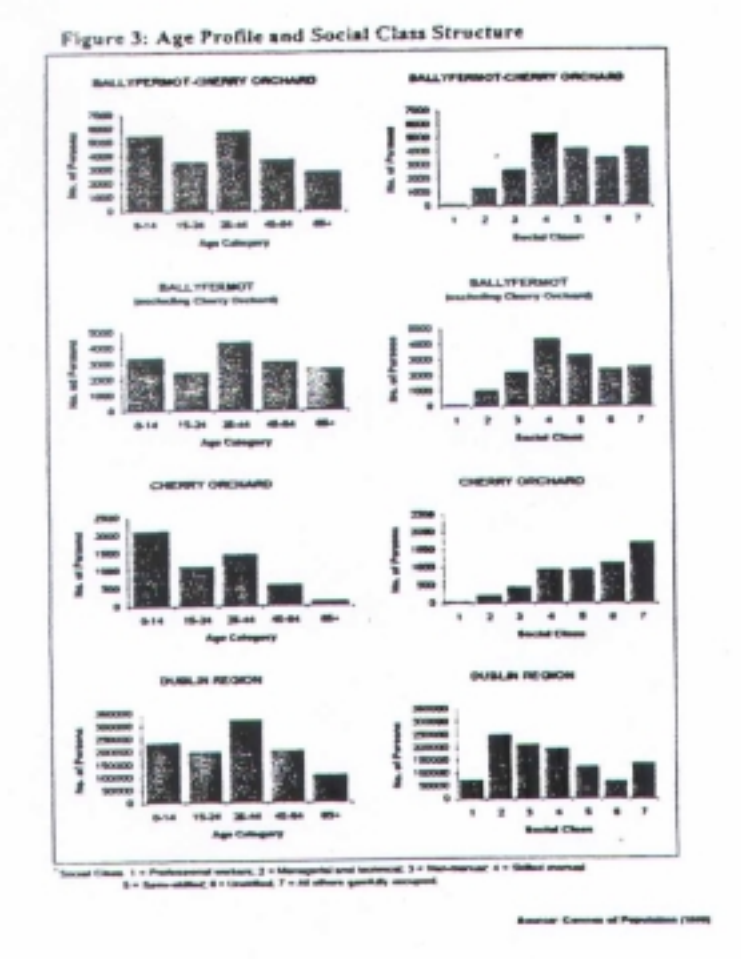
Clearly, much of the Ballyfermot/Cherry Orchard area re5emble5 the Dublin region as a whole, with the exception that the more settled areas of Ballyfermot have a higher proportion of older people. This relatively higher proportion of older people is probably an artifact or younger people from other areas of Ireland migrating to the capital, thus swelling the relative numbers in other parts of the city. The glaring difference in this picture, though, is Cherry Orchard A and C. Overall, these populations are *much younger* than the rest of the area and the rest of the region, with over 70% of them younger than 24. Furthermore, these areas have vanishingly small numbers of older people. Finally, we know from other sources that this population shows markers of serious social exclusion, such as high unemployment, lack of educational attainment, and distressed family Structures, as we see in the following two Tables.

TABLE IV: CHERRY ORCHARD A and C: GENERAL PROFILE

	Cherry Orchard A	**Cherry Orchard C**
Population	1398	3941
Labour force participation	51%	59%
Unemployed males	25%	58%
Unemployed females	40%	43%
Lone parents	27%	25%
Left school at agel5 or less	65%	71%
Age education ceased 20 +	4%	1%

(Source: Census of Ireland 1996. Figures for Cherry Orchard A include Wheatfield Prison and Cherry Orchard Hospital).

Figure 3: Age Profile and Social Class Structure



While Ballyfermot evidences some divergence from the greater Dublin region (most obviously at the "ends"' of the social scale – there are fewer representatives of professionals and managers and relatively greater representation of working class and unemployed, once again, desegregating the two areas shows a relatively more settled Ballyfermot picture and a relatively less settled picture of Cherry Orchard. In other words, the young population most at risk for difficulties is concentrated within a population already experiencing difficulties. In our opinion, this mismatch between resources and needs is the most serious issue in the area. These qualities on their own point to a population having a greater need than many others for services, as well as being less capable of providing them for themselves. Minimally, then, we would say that it needs extra attention. If we consider that this area already has a youth drug problem, along with a cluster of other serious social problems, then it is obvious that, all other things being equal the population at risk will be substantially larger than it is now for the next twenty years. Beyond this fact, as we argue in the next chapter, we know that such problems tend to attract other problems (say, drug users from other areas) and they tend to worsen as time goes on.

Other evidence renders these facts even more worrisome. The age profile of the drug misuser, for example, is dropping. Thus, the modal age of total treatment contacts for the greater Dublin Area was 24yrs in 1990, but only 20yrs in 1996. A nearly continuous rise in teenagers as a proportion of the those seeking treatment has also occurred.

	1990	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**
No. Of Teenagers (National)	336	366	473	686	878	1095	1170
% Teenagers	17	16	19	24	30	31	29

In both proportional and real terms, then, younger people are increasingly involved in drug us and abuse. These young people, furthermore, are from areas that are already suffering social exclusion burdens. Where we find both a young population and a socially excluded area and population, then, we are justified in assuming that whatever problem is already there is at risk of getting worse. Cherry Orchard A and C are just such areas, showing some of the classic markers of relative deprivation, as high levels of unemployment, early school leaving and distressed family structures.

Discussion

How do we assign causality in these cases? A linear sense of cause and effect, i.e., people making bad choices, thus ending up with bad lives, for example, tends to obscure just how many burdens are unequally distributed across society. While all of our life history sample were very clear that they had made particular choices to get them into their current situation, it seems to us that their drug problems are best understood as a point in a vicious circle. Drug usage, in the problem sense of an addict on the street, is always a close neighbour to a duster of other problems – poverty, unemployment, lack of educational attainment, and exclusion from the broader society. We know enough about similar situation in the world, to make reasonable predictions that when certain elements are put together in one place, certain problems, such as drug abuse are likely to ensue.

There is little new in these assertions. Indeed, it is remarkable how similar different parts of very different societies and culture look from this perspective. Evidence from Brazilian, flyers to refugee camps in Mozambique show remarkably similar patterns of problems (Dejarlais *et al. 1995).* If one can find a young population, already burdened with a variety of social problems, separated from avenues of mobility within, and connections to, the broader society, then one can predict with a reasonable degree of certainty that this population is at risk for substance abuse. Regrettably, while some of these elements can be found throughout the Ballyfermot/Cherry Orchard area, they are especially

concentrated in some places. These areas show demographic and social profiles that, in the absence *of* intervention, promise to intensify these problems over time. We conclude that this problem is unlikely to go away and, in the absence of intervention, it *is* likely to get worse-

Conclusions

- In international terms, Dublin has a relatively high prevalence of opiate use.
- This usage is concentrated in specific areas of the city, even if people who misuse opiates can be found throughout society.
- Opiate use is strongly correlated to other social problems, including criminality. This correlation feeds into a vicious circle of problems for some families and areas. Through crime and stigmatization entire neighbourhoods are then affected by these problems, feeding into more widely experienced problems of social exclusion.
- Overall, the Ballyfermot/Cherry Orchard area is one of the areas of Dublin where one can find such vicious circles, but it is by no means the worst area in the city.
- Ballyfermot and Cherry Orchard are internally diverse, with Cherry Orchard A and C showing the youngest and most disadvantaged profile.
- Residents of Ballyfermot tend to assign the drugs problem to Cherry Orchard, concentrating the stigma experienced at times by the entire area into only one part of it.
- This concatenation of problems promises to get worse in the absence of intervention-

Varieties of Substance Use

What i5 a Drug?

As ethnographers, one of the things that struck us most forcefully in our observations of, and notes about, drugs and drug use in the Cherry Orchard/Ballyfermot area are the serious ambiguities, even disagreements, around what a "drug" is, and, consequently, what "drug abuse," "drug problem, ' even "addiction" mean within the community and between the community, the state, and the professionals and experts involved in these cases. These are not simple issues. After over a year of work on the subject, it seems to us that the meaning of "drug" needs to be approached in two related senses.

- First, what is the physical referent implicated by the word "drug", in other words, what object is pointed to by the word?
- Second, what qualities of this "object" do people find either desirable or objectionable?

To be sure, these sorts of issues are difficult to approach, as the potential exists to blame the community for the perpetuation of problems in their midst: for example, that the community is "soft" on drugs, or is not cooperating sufficiently with the Gardai. Nearly everyone we know who lives in the area, for example, draws a very clear distinction between the various substances that are available for recreational use, even though they all might be illegal. Heroin ("gear"), particularly when it is injected, is universally acknowledged to be a problem. It provides the prototypical image for the terms "drug problem", "drug addict", and "junkie'". It is also almost universally acknowledged that there has been a social trajectory to this problem, i.e., mat the situation has deteriorated in the past several years. From about 1990, more and better quality heroin became available in the area. Indeed, such was the volume, according to two of our life history informants, that the storage and accounting systems of some of the middle level distribution networks in West Dublin broke down under the strain. Even the recent widely-reported large seizures and massive sweeps resulting in many detainments and arrests (e.g., Cleary 1998) have not made much of an impact on Street level prices or availability during the two-year period that we have been associated with the Ballyfermot/Cherry Orchard area, providing indirect evidence that supply networks are flush with the drug. The same seems to be the case with other substances, such as cannabis and Ecstasy, which have also been the target of high-profiles raids on the island (*e.g., Irish Times* 27/7/99, Templeton 1999).

In order to warrant a designation as a drug, however, a substance has to be ingested. Here, the vast majority of our consultants (both those in the community and the professionals involved) see a striking change in how heroin is now commonly used. Ironically, this change might be, at least in part, the unintended consequence of the legitimate worries about HIV/AIDS with respect to intravenous use. The worry did not eliminate heroin as a drug choice, instead it has made smoking heroin, a much more common exercise than had hitherto been the case. In practice, this change has ruptured the close connection between heroin use and injecting, which was, ironically, one of the main pillars upon which its local stigma rested.

At about the same time as this transformation was taking place, people recall a difference in how the drug was peddled on the street. To put it simply, heroin became increasingly associated with locally novel settings and people. From its historical position as something of a specialty drug, generally at the end of a chain of other substances, it became much more socially visible and physically available. At the same time, the age at which heroin could potentially be used plummeted. An early change, for example, was the marketing of heroin with Ecstasy, ostensibly as a means of "coming down" from a weekend of raves. This change in the way that the drug was supplied might have been as much an indication of just how much heroin was available at this time than any coordinated plan on the part of various dealers.[2] In the last couple of years, however, this "mainstreaming" process has become much more direct and strategic. All of our younger sample report that free bags of heroin are available to any new and, or young faces at "the flats"[3] (St. Michael's Estate in Inchicore), purely as a loss, leader marketing ploy. In this way, heroin use has become much more visible to, conceivable for, and useable by, young people in the late 1990s than it was in the late 1980s.

In any case, by the early 1990s, trouble was clearly brewing in the Cherry Orchard/Ballyfermot area. By official measures, the Ballyfermot area was using a high proportion of rehab spaces for its size. In Table I, we can see the distribution of rehabilitation spaces in the city, showing the relatively high usage of spots by those with a Ballyfermot address (O'Higgins and O'Brien 1994).

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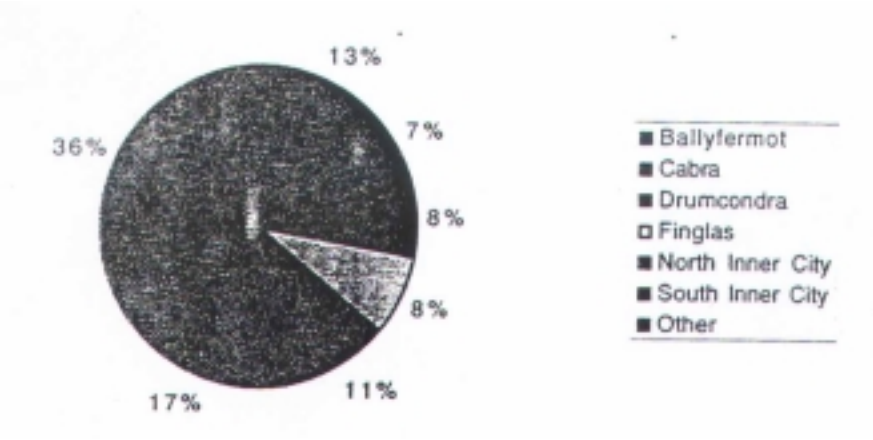
[2] There seems to be a cyclical quality to heroin waves in Ireland. Roughly, every 10-12 years the drug seems to become more common. The early 1980s, for example, also saw an increase in the amount and quality of heroin available on the street (Butler 1991), The connection between the rise and fall in supply levels at the global and national levels seems to us an important area for international research that is currently neglected in much of the drugs literature.

[3] There is some ambiguity in the meaning of "the flats". Most of the rime, it clearly refers to St. Michael's, although some of our informants have used it in connection with Fatima Mansions.

Total Treatment Clients: Area of Residence



Recent figures provided by the Eastern Health Board and the Cardai show that almost 200 are attending or awaiting treatment in the Aisling Clinic in Ballyfermot alone. On the other hand, the Gardai estimate from the postal address on their custody records that there are 600 heroin addicts in Ballyfermot as a whole. The Merchants Quay Drug Treatment Centre is even more grave, estimating a total of 800 addicts in Ballyfermot, At the same time, local youth community organisations noted a significant increase in heroin smoking amongst young people who were not presenting themselves for treatment Indeed, estimates of 1, 000 heroin addicts in the Ballyfermot area have been vetted. If this total is accepted this would mean that over 5,000 people among the community are likely to have been affected by the drug, if one was to factor in just immediate family members.

There are potentially a variety of causes for this high level of usage of rehabilitation spaces, not the least of which is an intensive effort to get drug rehab services to this population. Here the diverse nature of settled and unsettled areas in Ballyfermot/Cherry Orchard probably has made it possible for some wards to more effectively utilize some of the resources made available for treatment. In other words, some parts of Dublin 10 have relatively more of their addicts in treatment than others. To date, the sophisticated statistical procedures applied to Dublin as a whole have not been reproduced at the level of postal codes, so it impossible to much more than surmise at the relatively widespread of usage of rehabilitation spaces in the area. Our suspicions are, for example, that there are

more “hidden” addicts in Cherry Orchard than in the more settled areas of Ballyfermot. This is an area requiring further research.

Other Substances

After heroin, however, there is much less agreement within the community and between the community and professionals as to what “drug” particularly, a “problem drug” actually means. Numbers of users also become even more difficult to track. Certain general statement can be made, however. Most of the young men with whom we are familiar, for example, understand cannabis as a sort of standard part of hanging out with the lads, along with dder, tobacco,, and beer. The purchase and shared use of these substances, is a register of intimacy, marking meaningful social networks in which individuals expect to both provide and receive various forms of support. In turn, the rejection of these substances can be interpreted as a hostile or disrespecting activity, a rejecting of the giver along with the gift. The ubiquity of this sort of exchange, and our understandable caution at being involved with it, made forging relationships with these young men a real challenge. In any case, young men between 15-25 share this assessment of cannabis with many of the next generation of males above them, say, those below the age of 45. Garda interest in this part of these men’s lives tends to be understood as harassment, something that would not happen if they lived only a few miles away in Blackrock or Dundrum (where they presume folks are using similar substances in similar ways more or less with impunity).

This *laissez-faire* attitude is by no means a community wide phenomenon, however. None of the mothers whom we knew in Cherry Orchard or Ballyfermot, for example, were sanguine about their children consuming *any* drug, including alcohol (this includes women whom we know to have had some substance abuse issues in their past). This denial is hardly surprising in an interview setting. Even when they feel that they are failing them, the mothers that we know subscribe to the principles of “good mothering” as they are generally understood in Ireland. In particular, they are loath admit to outsiders that their children are exposed to anything that would be frowned upon in the broader society, even if we know through interacting with them in other settings that they will tolerate, say, cannabis usage in their house.

We were often confronted with even more extreme positions. The many women with whom we interacted who were involved with community action, for example, tended to be *extremely* negative about anything illegal in their neighbourhood, with drugs and drug-dealing being seen to be near or at the root of most of the community’s problems. These women are often the product of truly awful domestic circumstances involving various forms of chemical abuse on

the parts of their ex-partners and physical and emotional abuse directed at themselves and their children over the course of many years. Not surprisingly, they make little distinction between alcohol and any other mind-altering compound: they are all seen to be seriously problems in their neighbourhood. Tellingly, these women were the most likely of our resident sample to discuss community problems as a sort of war fought between "good" people and "bad" people (the latter, they argue, having been "dumped" by the Corporation into Cherry Orchard, reinforcing its image as a "kip"). Even when they live within Cherry Orchard, they tended to see "anti-social" activities to be concentrated in certain areas and, or to run in families, and they looked towards Ballyfermot as a veritable haven. These women also reported the greatest sense of intimidation from "pushers and their kids" directed at themselves and their children. They also tended to stress a general failure of security in the neighbourhood – the Gardai don't care" or "there's not much they can do" as being connected to the problem of drugs.

There are, of course, any number of illegal compounds in between "gear" and cannabis – inhalants. Ecstasy, and cocaine, as well as various illegally-obtained prescription drugs – that are sometimes "drugs" and parts of the "drug problem", and sometimes ignored. The older end of our sample, for example, reported regular use of benzodiazapenes which they found were readily accessible through pharmacists and illegal, private means. Accounts of Medical Card abuse, abetted by GPs and pharmacists with lax controls, were nearly ubiquitous (all save 1 male) in our life histories, for example. It is still very easy to get prescription drugs, like Valium, in the area. If anything, more of our Ballyfermot informants reported this sort of abuse than did those residing in Cherry Orchard.

Finally, certain compounds clearly exist in Ireland that have been serious problems in excluded neighbourhoods in the US (e.g., crack cocaine), but are currently considered specialty items, perhaps in part because of the negative publicity around them in the mass media. Other compounds like Angel Dust (phencyclidine) and Ketamine because of their agricultural uses are very easy to obtain in Ireland, and have from time to time been serious issues in other countries, but are not currently used seriously in Ireland (by humans at least). There are no guarantees that their current relative obscurity will last, however. Our sense from our younger informants, for example, is that cocaine is becoming a more common drug for an increasingly younger clientele. Meanwhile, its price seems to be dropping in Dublin. This impression is supported by recent data from the Garda National Drug Unit (*Irish Times* 14, 8, 1999).

Changing Patterns

Even when the chemistry remains the same, though, there are still striking difference between the older and younger ends of our sample of self-described drug abusers. All the adults in our older sample, for instance, narrate a life history containing drug use that seems consistent with much of the international literature on this issue. The men reported a less-than-satisfactory relationship to formal schooling, generally becoming severe at the beginning of secondary school. It is at this point that a variety of compounds are first experimented with, from tobacco to hash to inhalants. Most of the men (6 out of 10), moreover, report that the expertise developed in using and obtaining these compounds was their first experience of competence: in other words, they had found something that they were good at. This aspect of drug use is rarely emphasized, but is, it seems to us, vitally important. All the young men, for example, reported that, initially at least, they consumed drugs with small groups of friends, numbering between 2 and 6 other individuals. Clearly, this new-found ability places at risk other, potentially less marginalised, youngsters who hang out with the person so skilled. Such small groups, therefore, strike us as fertile ground for educational message and structured harm reduction activities.

Within the older end of our sample, then, there is a certain case to be made for the popular stereotype of "gateway", or at least the notion of a progression between so-called soft and hard, drugs. In all our sample over 20 years of age (as well as our discussions with people observing the situation in Cherry Orchard and Ballyfermot), for example, heroin and other opiates were clearly the endpoint, or at least further along the line, of a chain of legal and illegal substances, beginning with alcohol (generally cider) and hash, sometimes inhalants, and ending, for a small number of people, with injecting heroin. Indeed, folks in their late twenties and beyond remember locally high barriers erected against heroin's use, insofar as contact with the drug almost always meant injecting it, which, in rum, transformed one into a junkie. Thus, injecting heroin was universally pointed to by all our adult sample (folks who would have picked up their habit in the 1980s to early 1990s) as the *rite de passage* into "junkiehood," and, crucially, the point of self-definition in their own life. This trajectory, moreover, generally lasted several years, with the first time injecting having taken place in their late teens and early twenties. While we managed to collect fewer female life histories and to talk to fewer women involved in regular drug use, our impressions are that they had been on a similar trajectory, but later in life. Both women involved in the life-history aspect of the project report having first injected with their (then) boyfriends in their twenties. Three out of the four other adult female junkies with whom we occasionally interacted had similar experiences. Finally, four of our male sample also related introducing girlfriends to injecting.

From about 1990, increased heroin availability and better distribution networks have changed at least part of this picture for present-day junkies. Our younger sample, for example, report opiates as one of a mix of drugs experimented with at a very early point in their lives. The youngest reported first-contact with "gear" through smoking, for example, was 9 years of age. Even when heroin was reserved for a later date, the time between "experimentation" and "being on gear" and "strung out" was much shorter in the younger group, generally less than two years, and sometimes much less. The lack of injecting has also allowed regular heroin use to semantically drift away from the term "junkie." Thus, the younger group tends not to self-categorize themselves as problem users, stressing their symptoms, rather than a habit as a cause for treatment. Disturbingly, our focus groups with young people suggest that the ill effects of being strung out was seen as simply one more bad experience, almost normal in a perverse way. Again, disturbingly, this group is *much* more gendered balanced than the older group, with the young women relating very similar trajectories into drug abuse (through family connections and casual friends) as the young men. This situation leads to (from our perspective at least) some unusual hierarchising of "problem" drugs. Without a hint of irony, for example, two teenage heroin addicts told one of our team that, "They did not have the stomach for drink," while another informed us that, despite being on methadone maintenance, he would only touch alcohol on "special occasions."

The picture that we are painting here echoes some of the more depressing aspects of earlier work done in Ireland (for summary see Butler 1991). Our younger sample, in particular, resembles the very depressing picture of drugs use in North Inner City Dublin painted Bradshaw's survey in the early 1980s (Bradshaw and Lavelle 1983), where fully 10% of the 15-24 year old age group claimed to have tried heroin.[4] The main difference is the mode of ingestion for our underage daily heroin users (smoking rather than injection), which is a trend that has been observed for the past several years. We believe that the problem is on the increase because of this transformation. Nonetheless, some sense of caution is in order here as our sample of young people are probably on the worst end of the drug problem. They all report having family members addicted to drugs and alcohol, and their home life, such as it was, was universally reported to be very unsettled. They are from families that most of their neighbours would report as "anti-social." The information that they gave us and the sense that there

[4] This sort of survey sampling of people engaged in illegal and stigmatized activities is notoriously unreliable, and, consequently, needs to be treated with caution. After nearly two years of work, for example, we are uncertain of the proportion of junkies under 18 years of age in Cherry Orchard/Ballyfermot, We are directly aware of 20-odd such individuals, but our sense is that this number is much larger.

is a youth drug problem out there, however, is complemented by the impressions of professionals working on the coal face who maintain that they are seeing younger people and some of those very distressed, even if the overall drugs picture for the area is improving somewhat under the new services available in the area.

It seems to us that this group should be an important focus of intervention by state and partnership initiatives in the near future. Again, this conclusion echoes sentiments that have appeared in official reports on drugs misuse in Ireland for the last quarter century. Far from dragging otherwise high functioning individuals and communities down into the depths, problem drugs, especially opiates, flow along already-hewn channels of relative deprivation and social distress. It is no accident, for example, that the postal codes with the highest prevalence of opiate users in Comiskey's study overlap almost perfectly with Combat Poverty's map of the most disadvantaged areas in the capital. As we saw in the last chapter, even within "disadvantaged" areas, the problem is unevenly shared both spatially and socially. This inequality needs to be understood in order to understand our argument below. What people in the community mean by "the drugs problem" is not merely the illegal ingestion of specific chemicals, but the social correlates in the neighbourhood. The social production of drug consumption and the types of markets that this consumption attracts, is built on certain types of long-standing sodal exclusion; the perpetuation of this consumption and distribution renders mitigating the markers of social exclusion that much more difficult.

What's In It For the User?

It is too easy to forget after reading much of the drugs literature in Ireland that, despite the undesirable and threatening qualities that they can impart to an area, junkies, by and large, are amongst the most vulnerable members of a given community. Their resources tend to be limited, their need both embodied and undeniable, and their habit, being illegal, strips them of the forms of security that most of us take for granted. Consider the following scenario that we wrote up after-trying to get the unfortunate protagonist away from his tormentors,

> Lads throwing stones, glass often hitting him. They continued to chase him around the comer until he fumed and made a charge for them.
>
> "Who reared ye?... I'll fucking kill yous, everyone of yous."
>
> The lads knew he had no chance of catching them, so they waited for the last moment before making a run for it. Diving for one of them he fell on his face. A group of lads had gathered at the far side of the road to watch and were laughing.
>
> "Jethro the Junkie" got up to look for something to throw at them. Searching frantically he found a stone. Taking a run at it he threw it into Ginger's Field where the lads were having difficulty holding themselves up

with the laughter. Chasing after the stone he had hurled he srumbled into Ginger's after them.

> "Ah YeahJ Yous are very fucking brave alright. Come on....all of ye!"
> "Jethro's gay!!' Fuck off ye Junkie!"
> Jethro went back and forward in Ginger's a couple of time, giving up and again being taunted into the chase once more. The lads kept at him until he finally turned for home. He made his way around the comer and crossed in front of his audience. His head was down and he said nothing. The abuse got louder and worse.
> "Give us a blow Job, Jethro!"
> He never lifted his head.
> "Come on now Jethro I won't run this time ..... Now ..... Now ..... Now!
> Jethro went into his house and dosed the door behind him.

What can possibly make this sort of abuse worth the bother? Not only is "Jethro" the target of verbal and physical manhandling; he is also disrespected in the one of the most locally severe ways possible between young men, *i.e.*, through the passivity and feminization implicated in the "blow job" request. This is amongst the most serious insults in these young men's patriarchal lexicon, and could normally be expected to lead to outright violence. Of course, the question of what Jethro gets out of his habit, given this level of flak, cannot be asked at this point, but needed to be asked earlier in a life history.

There is some evidence, for example, that the idea of dissenting from established norms, in part because it becomes obvious to certain individuals that such norms gloss over enormous disparity of life circumstances and social options, is a central part of the "decision" to become a junkie (Connors 1996, Bourgois 1998). The decision to use and then abuse, then, is made from a sense of self that is already compromised according to the standards of broader social norms. This is not so much in the sense of "low self-esteem" or some other quasi-pathological internal deficit, but comes from developing very different ideas of self, person, family, tune and space than exists in the middle class imagination. In other words, calculating the "risk" of heroin abuse can involve very different notions of life options and temporal horizons.

Clearly, such differences imply that generic educational messages, *e.g.*, "Just say no!" are unlikely to make much headway. More importantly, this way of thinking draws our attention away from simply tracing the physical effects of certain compounds, and towards the context in which substances are desired, appropriated, and ultimately consumed. What is striking from the life histories, for example, is how often tales about buying and consuming drugs served as a sort of adventure story for the teller. To be sure, the drugs did something to their bodies (often less than one would think, however), but they also provided structure to a day, a group of people with whom interaction regularly took place, in short, a sort of purpose to their lives. In nearly any story of drug use in our life

histories, then, we find a regular cycle of incipient drama, build-up of tension, and resolution, in which the search for the drug or the adventures that are a part *of* its purchase and possession can often be as important as its consumption.

> B. I would have taken some Valium [pause] often. But even, I suppose I was still scared of it and that like. I can remember getting about 40 milligrams of Valium off him, em, and putting them in a matchbox and saying I'd take them later. And we actually got stopped by the Cards that day, and I was terrified when they start searching him and they found all his Valium on him, but they were prescribed.
>
> J. Uh huh,
> B. Eh, so he just told them he had a nerve problem and, and there was actually nothing they could do about
> J. Yeah.
> B. They didn't actually bother to search me that well y'know.
> J. Uhhuh.
> B. They asked me to empty out me pockets and I took them out. I was shaking.
> J. Yeah, yeah.
> B. Em, I didn't know what I was going to do, em, if they found them, but, y'know, I never actually took those 'cos I still had them a week later.

Indeed, in most interview contexts after some kind of trust had been established, we never heard about particular substances or their physical effects isolated from some sort of social context. Most of the time this connection was necessary and explicit. In response to yet another question that we thought was about body chemistry, directed to an otherwise disinterested informant, concerning what he liked about gear when he was a regular user, for example, we received an excited and articulate reply about the trials and suspense of obtaining, retaining, and preparing a product.

> C. Do you know what I miss most? The whole buzz, sitting around, makin' it. The fuckin' doin' it. D'ya know what I mean? Even that's the thrill. Getting the gear together, you know, a few people... the scoring it; the cookin' of it; the fuckin' anything to do with it.

Often it was the collapse of this social structure – when everyone started to rip everyone else off, or when logistical difficulties of obtaining cash for gear eventually overwhelmed the available physical and human resources – that ultimately convinced a user that he or she had a desperate problem and motivated them to seek help. Here, again, we see obvious implications for the delivery of anti-drug and harm reduction messages.

Even more interesting, however, is that on the other side, *i.e.*, the hardcore anti-drugs people, it is very much the social aura possessed by certain substances that activists in the community most strongly protest against, as opposed to

simply their chemical effects. The physical presence of drugs stands in a part to whole relationship for the negative social interactions surrounding their marketing and use. Beyond this, this presence stands in for the experience of soda] exclusion as such. Thus, if you ask about drugs in Cherry Orchard, you are likely to get a response about the business that surrounds drug taking in reply, or the difficulty that it causes in community relations with the Gardai, or the dangers represented by those involved in their marketing to locals. The problem with junkies is not their body chemistry, but the fact that they encourage business, competition, the need for security, the imperative of defending one's franchise, and the necessity of avoiding Garda attention. These social facts, rather than pharmacology as such, is the issue. It is not surprising, then, that it is very easy to hear such comments as, "Drugs is the main thing: if you keep it out, you have a good community, ' meaning not the bodily alchemy that affects a small proportion of the community, but the social consequences of an open air market for illegal substances in an area that already has a set of other social problems.

What drugs have done to Cherry Orchard in particular is to confirm its excluded status, in other words, "drugs" as a social problem flow down an already-hewn channel in which some of the more distressed people in Irish society are forced to make their home.

> [T]here were people outside coming in and out, and they Just came and went. And all the local kids, like my own, necessarily. And it was not as though suddenly because there was more dealing or whatever going on in the area ... with the whole of Dublin dealing out of here at one stage, it was that reason I mean Cherry Orchard was automatically involved in drugs. It wasn't, the drugs came here: *the people with the drugs came here.* The locals did not do it, so who was getting the stick? It was the local people. They [the Gardai] could have done it more sensibly, they could have intercepted the people coming in to the area to do the dealing, they could have done that. They could have identified them and stopped them. And not just let it all happen in the area, not Just march into the area like it was an American ghetto or something. [Father of 4 from Cherry Orchard]

One has to understand this attitude, as it colours nearly every aspect of interaction within Cherry Orchard in particular as well as the relationship between Cherry Orchard and Ballyfermot. For many, overt drug use is the face of oppression in their neighbourhood. While Junkies on the street might make the environment less pleasant than necessary, true fear develops as the fall-out of interfering, or being seen to interfere, with business.

> Brid is having a problem at the moment. Her next door neighbours are junkies and drug dealers. There has been on-going complaints about them. The corporation work closely with the Gardai and have served them an eviction notice so they are due to be lift the area soon. On new year's eve about nine o'clock Brid put her grandson to bed, had had a bath and was settling down to relax in front of the T.V. when stones were thrown at her back window. It unnerved her and she called the Cards. This intimidation has been going on for the last few weeks.

> Intimidation tactics are used widely by those who deal drugs in the area. Drugs are otter dealt with from the dealers houses and as Brid lives next door, she is very aware. She 15 afraid for the children of junkies and for many of the children of the area, some of whom don't get taken care of properly if mum and dad are junkies.

Brid 's sense of secure space, formerly beginning only on the inside of her front door, now is violated further. This encourages her sense of the danger of the neighbourhood, and it broadens the scope for those individuals involved in other anti-social activities.

Understandably, this association with drugs becomes an object in itself, colouring interventions in the neighbourhood, and reactions to these interventions. The Gardai, for example, start to think that any teenager dressed in a certain way is a potential "scumbag" up to no good, and that anyone walking around the place looking a little out of place is a potential druggie. Ironically, for certain locals, directing resources at this problem only encourages the impression that Cherry Orchard is a social problem-zone. As a middle-aged gentleman heatedly put it during one of our discussions of the new Eastern Health Board Resource Building which was then under construction,

> It's a bleedin' drugs rehab centre, that's what it is. It'll be for junkies from all over Dublin, but Cherry Orchard will have the name for it. That's why they're so secretive about it. That's why they won't tell anyone what's happening there. They didn't ask us if we wanted it and they aren't telling us what they're doing either. They're going to fuck the place up even more. It's depressing.

It is important that steps be taken to address these issues of stigma and spoiled identity as part of any concerted assault on "the drugs problem". Ballyfermot is told it has problems, many of which are localised (and are seen to be so) in Cherry Orchard, whose population is then generalised as being a problem in their own right. Resources directed at the problem alleviate some of them, but reinforce the connection in the minds of both locals and at large between this area and population and stigmatized activities, making other "normal" services, such as shops and pubs, less likely to locate there. This lack of services contributes to the relative deprivation of the area making it more likely that another generation grows up under adverse conditions.

Conclusions

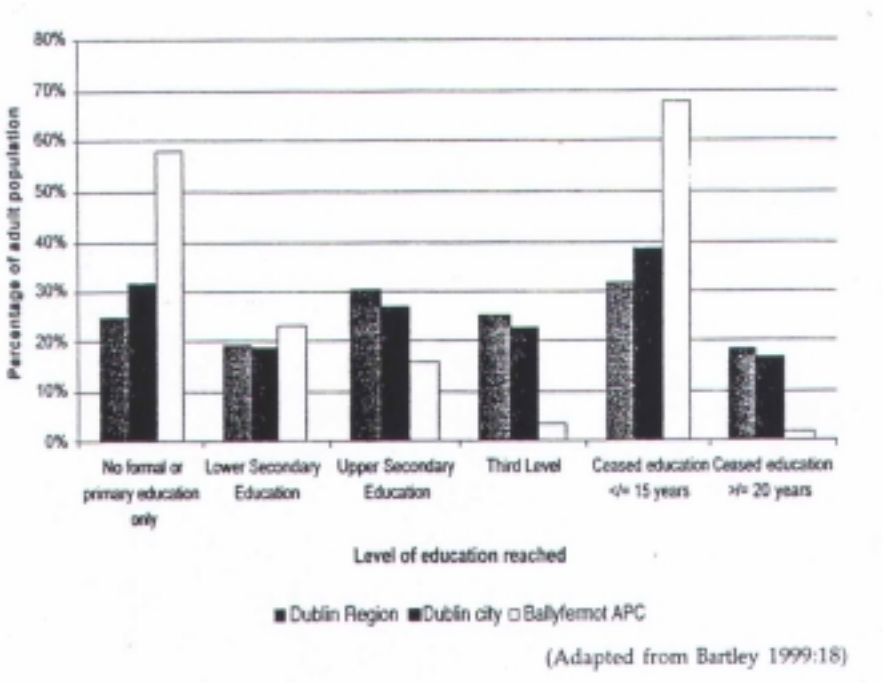
- "Drug" very often is an ambiguous term. In addition, to both user and those in the area where they are being used, it means much more than a simple physical compound. These meanings have to be understood for effective drug intervention to occur.
- The Task Force and Partnership need to decide, in association with other interested parties, a much more specific strategy on drugs than is currently the case. Currently, in most people's thinking, the "problem" drug is heroin because of its severe personal and social consequences, as well as its strong association with criminal behavior.
- The problem population using heroin is a minority of people – often, but not always, from disturbed to very disturbed personal and family situations. Neither a generic anti-drug message, nor a generic intervention strategy is likely to reach this population. They are also a population that is alert to changing circumstances and attuned to finding new supply outlets. Consequently, better security and enforcement in one area of Dublin tends to move the problem around rather than solving it.
- There is at least anecdotal evidence to support the impression that heroin use seems to be beginning earlier in life, taking less time to become a problem, and is becoming a more conceivable option for young women. Disturbingly, those areas of the Ballyfermot, Cherry Orchard area with the highest concentration of demographic markers indicating social problems are also those areas with the youngest population profiles.
- Ultimately, drugs are social things: their consumption, their marketing, and how they develop as "problems" occur beyond an individual level. Concerned parties interested in influencing the trajectory of substance abuse need to understand their social existence as part of their statutory-responsibilities.
- It seems to us that a multi-pronged strategy – stressing *much* better general services in the area, specifically much better youth services, extra attention to youths who are at risk, and better relationships between state representatives and local people, has the best chance of succeeding.
- We do not believe that the current heroin problem is susceptible to quick fixes. Certain parts of Cherry Orchard, for example, have a mix of social problems that will almost certainly require sustained attention for many years to interrupt their perpetuation

Review of Issues: Problems, Services, and Stigma

Structural Violence and Institutional Failure

By nearly any measure, there are some serious social problems in parts of the Ballyfermot/Cherry Orchard area. At the same time, large parts of this area also appear to be uniquely alienated from the institutions of so-called mainstream society. This alienation begins early in life. The number or adults in Cherry Orchard/Ballyfermot with only primary school education or less is much higher than the rest of society.

FIGURE I: BAR CHART SHOWING THE PERCENTAGE OF ADULT POPULATION IN THE DUBLIN REGION AND CITY AND THE BALLYFERMOT ARC WHO CEASED EDUCATION AT EACH OF THE LEVELS OF EDUCATIONAL ATTAINMENT.



(Adapted from Bartley 1999:18)

Recall that disaggregating this data on school-leaving (see Chapter II, Table IV) once again reveals a more stressed Cherry Orchard picture. In much of the settled parts of the Ballyfermot, moreover, the population lacking education is concentrated in the older part of the population. Cherry Orchard's uneducated, on the other hand, are much younger. By other measures of participation, such as turnout in elections, both Ballyfermot and Cherry Orchard rank low, with Cherry Orchard doing that much worse. This concatenation of recognized and obvious problems and relatively hidden positive qualities creates a situation where being

from Cherry Orchard in particular becomes a burden in its own right (several of our consultants, for example, will not: put "Cherry Orchard" on their CV, for fear that it would inhibit their job chances). This sense of spoiled identity feeds the vicious circle of social deficits as a consequence of social exclusion —> social problems —> stigma —> more spoiled identity —> more social problems.

This separation from the rest of Irish society manifests itself in a variety of ways, but, for the drugs issue it means that things do not work the same way in Ballyfermot/Cherry Orchard as they do in more middle-class areas of the city. Both knowledge about, and access to, drugs, for example, is available early and often in a young person's life. While most of the drug purchasing, even much of the use, comes from people from outside the area, both the area and the population get tagged as being a "problem." As we saw in Chapter II, this problem extends beyond the physical substance to encompass the social context of marketing and policing the area. Inevitably, certain areas, like parts of Cherry Orchard/Ballyfermot become the endpoints of distribution networks that are international in scope, but whose visible segments can be spatially bounded The predictable results of this process are the encapsulating and scapegoating of these areas by the broader society, and understandable defensiveness on the part of the area/community involved.

Many professionals working in these areas sense this exclusion from "normal" social life, but tend to assign its causes to reasons to deficits internal to the population, especially the Cherry Orchard population. As one teacher bluntly put it,

> [O]ur perception is that we get the families included in that intake, who would put a fairly low priority on education, they don't want to spend money on buses and they want to go to the nearest possible place. A lot of teachers would put it in even more extreme terms saying that the kids are just dumped. ... And they would also feel that a lot of children in the immediate area [of Ballyfermot], in St. Matthews Parish, which is the parish in which the school is, actually most of those children go to schools outside of the parish, because they don't want to mix, the parents don't want them mixing with children from Cherry Orchard, So certainly, the teachers would have a view of Cherry Orchard as being very disadvantaged, very deprived area and they would have the perception that we get probably the most disadvantage and the most deprived children coming down. And we would have a fair percentage of pupils in the school whose family backgrounds are troubled by drugs, alcohol and various types of dysfunctional family activities, you know, parents broken up, single parents that type of thing.

Like any generalization, there is some truth in the above quote. In all the life histories we collected and the focus groups we ran, drug abuse come tightly clustered with other problems. In other words, bad things correlate well with other bad things, which is precisely what the teacher senses in the above quote. Sometimes, this integration can be found at the level of the individual. All our

sample, for example, were early school leavers, although two of them went back later for their junior or Leaving Cert, and one is currently at a third-level institution. As formal schooling fades into the background, however, these individuals become adept learners in other areas of life. Thus, young people who understand the five mile trip to the City Centre as a major movement between social worlds, can draw a map of the Greater Dublin area detailing pharmacies and GPs with less than adequate controls over their scripts and/or pharmaceuticals.[5] Young men who are ill at ease in front of us, we know to be confident presences in doctors' surgeries, and skillful readers of the social landscape, able to figure out who is selling the best quality gear at which locations. In short, they have acquired a variety of abilities that would tend to get them in trouble, while nearly lacking competence in most other areas of their life. Not surprisingly, every male in our sample also had brushes with the law on their way to becoming problem users – both for their possession and use of illegal narcotics and for their crimes in support of their developing habit. The adult women that we spoke to narrate similar trajectories, albeit with fewer legal problems. Unfortunately, while all the older sample began to use gear with a boyfriend, younger women are much more similar to the boys.

More often, though, this integration of problems can be found at the level of the family. All but one addict we spoke to over our two years of interaction, for example, reported either alcohol or drug abuse in their immediate families (generally their father). About half of the sample report histories of physical and sexual abuse as well, generally at the hands of extended family members. This figure strikes us as high, insofar as international data is concerned, but we have heard the problem of physical and sexual abuse mentioned so frequently by different consultants in this study, that we feel some research hocused on this issue is both an absolute necessity and long overdue. In any case, by the time a serious issue is confronted by a problem heroin user – the prospect of a long prison term or seeking help for addiction – nearly every part of his or her life has been compromised in some fashion. In effect, heroin makes a situation that was already bad on a lot of fronts, worse.

In contrast to the relatively tight integration of problems, services directed at drug abuse tend not to be integrated, especially in the early stages, where interventions are likely to be more effective. Different administrative entities – Gardai, schools, the Eastern Health Board, and the Corporation – do not seem to have much sense that they regularly contact the same people often over periods of several years, and that some of these individuals are presenting ever-worsening

[5] Recall that it is only last December that regulations concerning doctor surgeries and pharmacists

life trajectories. There are few formal mechanisms allowing for either coordination of, or even much information flow between, different state services. There exists no formal mechanism of which we are aware that allows professionals to sit down around separate case files, arrest records, and service histories of the same individual and develop some strategy of dealing with the human being involved. What information exchanges that do exist tend to be driven by accidents of personality, and are, therefore, always hostage to changes in personnel. The professionals who have agreed to speak to us also convey a strong sense that they have received little encouragement to make connections between separate administrative/bureaucratic turfs or to come up with new ways of imagining their duties or deploying the resources available to them in dealing with difficult individuals.

It is our sense that at certain points in their life history, many addicts might be swayed by such an approach. Contrary to the stereotype of being self-absorbed people without insight into their condition, all the serious drug users we spoke with were well aware that they are at the endpoint of intersecting trajectories of individual and institutional failure. By the time they recognize themselves, or are defined as, “addicts”, however, a variety of problems have manifested themselves into a tightly-knit constellation, such that it can be daunting to even begin to approach the issues involved. Thus, even when individuals are prepared to take responsibility for the near-destruction of their own lives, “seeking help” is universally reported to be an unnecessarily difficult and confusing process.

Consider, at some point in time a young person obtains either illegal drugs or prescription pharmaceuticals illegally. Generally, this person is also not doing very well in school and is often associating with those similarly falling behind. For those going on to more serious problems, more school difficulties ensue, generally resulting in disciplinary measures, and a further drifting away from formal schooling. In the recent past, it appears that a sort of tacit contract was often hammered out in which problems students “agreed” not to show up to classes and schools “agreed” not to notice that they were gone. By this point or shortly thereafter, these youths (at least the males) have come in contact with the Gardai, generally through committing some petty crime. He or she might also have very likely to have come to the attention of some of the social services. By the time that they were young adults, furthermore, both the males and females had been a part of a couple of FAS courses from which they have gotten little benefit, begun to experiment with some of the more imaginative uses of their medical cards (and

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were tightened (Cleary 1999).

discovered just how easy this is). Finally, he or she reaches a point of experiencing some combination of homelessness, contact with formal medical (often mental health) services, and the Corporation. In each organ of the state, they have left a file to mark their passing, but little effort is expended to coordinate this information or to integrate the responses to the variety of worsening issues that they might be manifesting. Regrettably, the drug treatment facilities fit into this pattern of being either under-resourced, hard to find, or needlessly bureaucratic.

Too often, the solutions that are available are imposed from the top down with little local consultation or regard for the problems and history of the area. This tendency has a variety of consequences both for the user of illegal drugs and the neighbourhood. As we saw in the last chapter, while local access to drug rehabilitation services might indeed help certain individuals, other locals understand the provision of such services as yet another index of, say, Cherry Orchard's undesirability. It is not at all clear, for example, that even the addicts who complain about the lack of services locally mean that they necessarily want to receive methadone maintenance and drugs counseling in a building locally know to be dedicated to such services. What seems clear, however, is that places like Cherry Orchard have to have crises before they get services, consequently, a disproportionate number of facilities in the area are problem-oriented. This, too, is one of the contexts of the anger, even sometimes the violence directed at junkies. It would sadden anyone under the illusion mat all the citizens of the nation should have an equal opportunity to succeed in life that a large youth drug problem, overwhelmingly driven by large numbers of early school-leavers, had to develop in Cherry Orchard before serious resources were dedicated for schools to have community outreach officers. This situation is too easy to find in our data. The provision of school bus services for Cherry Orchard, for example, is beyond the reach of human ingenuity (with the result of £4,000/week, according to our estimates, leaving the area in transport charges during the school year), but such areas are seen to be logical places to situate money management advice centres because they answer an obvious "need" in this population. It is this grinding regularity of a lack of resources leading to local crises leading to resources to deal with the crises, but nothing else, that so inflames the anger of community activists.

In Search of Respect

It is in this context of relative deprivation that a drug problem develops and becomes self-sustaining. Heroin and heroin users accumulate in already-distressed populations and areas. This concentration attracts other addicts, especially if that area is already experiencing tense relationships with law enforcement, which makes these expanding markets harder for the state to control, while rewarding

those distributors best able to provide their own security. Ultimately, addicts represent a market, and markets draw to them forces to run them. Ironically, despite all the protest of "mainstream" society, this market is not really all that different from any other in a booming economy. It offers high rewards, albeit at some risk, it measures success in fairly crude quantitative ways (more, bigger, flashier indexes of success are sought after and displayed), and its has a limited acquaintance with ethics. Some of our consultants grudgingly admit, that it holds an understandable attraction for some local lads, perhaps the only glimpse of the Celtic Tiger that they are likely to get.

> The dealers were all local, most of them anyway, but I don't know where the buyers were comin' from. As I'd be comin' out from work, 1 work in town and there'd be gangs of them, definitely not from the area y'know from Cherry Orchard..... stoned out of the head or lookin' to be stoned out of the head y'know. [Mother of 3, CO]

In our opinion, the greatest issue affecting this aspect of the drugs problem is that of gender. We have met no women dealers, indeed, we have only rarely heard of such an individual. This is a male game. For already-alienated young men, the drugs economy is the "rags to riches" equal opportunities employer, the only part of the Celtic Tiger that they are likely to get a piece of. Unlike service jobs in what is often called the FIRE sector [Financial, Information, Real Estate], drug dealing requires no unconditional submission to bourgeois culture. Instead, it is street culture that determines *one's* competence and status. This form of power is unavailable in the high rise office for these young men, and, as an added bonus, these dealers know that they will occasionally interact with a successful business-type in a flash car as a relative equal, a provider of a desired product, rather than a despised "scumbag". In this way, the street offers both an economic alternative as well as an ideological framework that promises both pride and self-esteem.

It is difficult to overestimate the attraction of this aspect of dealing, as it permeates nearly every aspect of a young man's life who "chooses" this profession. The "hard" west Dub accent, for example, can now be developed at will: no teacher with a middle class accent and register will be there to denigrate and correct it. Indeed, no longer is this dialect a mark of inferiority, but a valued index of street credibility. The basic "track suit" outfit can be elaborated according to style codes with which one is at least passingly familiar, as opposed to business dress codes that one does not have a clue about Marks of progress and status in this culture are, again, at least potentially understandable, as they have been seen before. The type and amount of Jewelry worn by dealers, for example, is by and large, a quantitative exercise. Crudely speaking, people aim for more, bigger, better. The places where (at least young) Cherry Orchard residents shop for this sort of product – mostly large gold objects, viewable from a distance – is limited.

Very few shops on Grafton Street carry large sovereign rings, for example; very few of our consultants are comfortable on Grafton Street, in any case. The limited number of supply outlets and the very noticeable quality of the jewelry means that it is relatively easy for locals to estimate the value of the articles being worn at any one time.[6] In this way, jewelry is at once an index of success (thus likely to attract more business), as well as a sort of cash-save account, a means of storing temporary surpluses in a form that is fairly easy to convert to ready cash, through an informal pawning system. Finally, its visual nature is a style in its own right, able to be copied or artfully commented on by other people in the area, even those well outside drugs distribution as such.

Note how all aspects of this "style" both feed on and develops further other forms of social exclusion in the neighbourhood. The relative opacity of the locality and population to the bureaucratic gaze of the police and other social services is an advantage to the drug franchise holder. It also exists as a barrier erected against "rattin" for local people concerned with the problem. Skills that are handy enough to have, given the nature of the locality, say, the ability to whistle in a variety of notes over long distances (Cherry Orchard in particular is very spread out – you tend to see people from a long way off), are available to be elaborated by some of its more skilled practitioners as a warning call of police attention. In a similar fashion, the appalling lack of services in parts of the Cherry Orchard/Ballyfermot area make the availability of extended kin connections very desirable. Such connections are by no means universal, especially in Cherry Orchard, due to the recent development of many of the estates therein. Such connections not only help make up for deficits in the environment, however, they also provide a recruiting ground and basis for loyalty for some families involved in criminal activities. This fusion of some of the worst aspects of social exclusion with day-to-day life poses particular challenges to representatives of state institutions. For some, "criminal tendencies" and "local meanings" start to become indistinguishable. Garda ranks, for example, are still disproportionately filled by those with rural backgrounds. These men and women are separated by accent, register, and class habits from nearly all of the inhabitants of Cherry Orchard/Ballyfermot. They often do not comprehend the patterns of life in the locale, and they tend homogenize the area and her inhabitants, missing critical local distinctions. It is very easy for local youths to use these uncertainties and

[6] It is also probable that the jewelry serves another purpose. According to Section 23 of the Misuse of Drugs Act of 1993, these young men are searchable If the Cards find them suspicious (they almost always do). If discovered with a large amount of cash on them for which they cannot account for, this asset can be seized. Jewelry is far less likely to seized than cash but is still liquid enough for emergency purposes.

misunderstandings against these people, and, in turn, it is very easy for the Gardai to overreact to certain situations.

On the surface, then, the drugs culture has some of the qualities of what sociologists and anthropologists call a "total institution, ' an alternate social structure that fulfils most social functions in which people can live most of their lives. This "society", for example, possesses its own security apparatus, financial accounting systems, registers of speech, specific dress codes, and the like. Choosing this society, over the accepting "your lot," can then be seen a political decision taken by many men in Cherry Orchard. Finally, this society even comes complete has its own historical ideology. For example, these men draw very clear patriarchal lines of control, referencing "the way things used to be" as the reason for their attitudes to women and the necessity of men making their own way in the world.

The complete separation of street culture, though, is illusory: it is more accurate to that it partially overlaps with what is called mainstream society, both in Cherry Orchard and Ballyfermot and, to a lesser extent, with Dublin as a whole. Many teenagers (both girls and boys) in the area, for example, wear expensive track suits and trainers and adorn themselves with large and gaudy pieces of gold jewelry. For some, such extravagance does indeed exist as a sinister example of how even very young kids have become involved in the drug trade. When asked about the jewelry, one receives answers like, "Me ma gave it to me for me birthday, ' or, "I got if off me brother last Christmas." We know, though, that some of them have earned their opulence from delivering drugs to houses in the neighbourhood or even missing school to take packages as far a field as Belfast. For others, however, this outward marking is merely evidence of access to material possession, both indexed and displayed in the main locally meaningful idiom.

Clearly, there are lessons for state institutions in the above reflections, perhaps most obviously for policing bodies. To the extent that Cards see themselves engaged in a war "against crime", "drug abuse", or whatever, it easy enough to attribute a uniform to "your enemy", *i.e.*, that "pushers" or "scumbags" dress in a specific way. In war, enemies are to be sought out and neutralized, and this war like any other has its "non-combatants" who will inevitably be caught up in the fighting. Regrettably, during this struggle, folks who might bear no great love for the Gardai, but are not themselves involved in criminal activities, end up being reminded that the area that they come from is seen as the home of "scumbags" and "junkies." This has predictable consequences both for people's feeling of despair for their area and for their relationship with the state. The negative consequences of this state of affairs is difficult to overstate.

Not only is this warfare model a very disturbing idea for notions like universal citizenship and civil rights, it invariably becomes self-defeating for the police-Nothing arouses as much local ire, especially in Cherry Orchard, as when residents feel that their dress or their accent marks them a target of Gardai suspicion, that, “They think we’re all scumbags.” This lack of respect on die part of representatives of state authority is yet another part *of* the cycle – making it easier for a particular adolescent to think that school is not for them, for another to see what all the fuss about gear is about, as “there’s fuck all else goin’ on, “ and for yet another with an entrepreneurial impulse that would win him praise is a society that has begun to view the accumulation of money as good in its own right, to try his hand at dealing.

Review: Irish Society at a Cross-Roads

There is a vicious cycle of relative deprivation, social exclusion, specific social problems, and failure of state organisations in Cherry Orchard and Ballyfermot, of which substance use and abuse is one critical part. In order to investigate the drugs problem in this area, we have had to cast our analytical net widely to catch other aspects of these neighbourhoods. As part of this analysis, we have labeled the official response to the drugs issue “unintegrated.” It would perhaps be more accurate to say it is integrated in the same way as too many other phenomena are integrated in the Ballyfermot/Cherry Orchard area. Consider Cherry Orchard. Initially, resources are scarce for basic services and a politically powerless population languishes. For many years, for example, somehow it is beyond human ability to place a pub or a post office or get a school bus into the area. Problems develop within this population with greater than average needs and fewer than average resources available for their satisfaction. At the same time, for many years, there at least existed the impression that some of the more difficult tenants in the Jurisdiction of Dublin Corporation were being concentrated in Cherry Orchard in particular. In any case, problems fester. A glance at Table I in this chapter, for example, shows a profound alienation from school. This issue did not develop overnight. Profound alienation can be discovered in other relationships with the state, as the recent history of policing in the area shows (*e.g.,* the Halloween riots of 1995). By this point, though, a sort of feedback system had been set up between people in the area and the relatively few folks in “mainstream society”, the former having little faith that society works for them, and those delivering services to this population having little confidence that these people are willing to work for society. Services, when they finally do arrive, tend to come late, generally when problems are severe, and as often as not, they can be

understood by many locals as yet: another index of the problems that the area and population has experienced.

This is the context of the drugs problem in most areas of Dublin, including the more severely affected areas of Cherry Orchard and Ballyfermot. The data from our broader community study, moreover, contains some dark hints that heroin will not be a more or less exclusively a Dublin problem for much longer. We are now seeing heroin smoking in Athy, for example. In every market town, in every small city, indeed, in most bedroom communities, there are pockets of exclusion possessing important parts of the vicious cycle of problems that we have outlined for Ballyfermot/Cherry Orchard. The strategies and recommendations adopted by those areas in the capital that have been hardest hit by the drugs problem will, therefore, ultimately have national implications.

In our opinion, it is only by transforming the context of exclusion that significant strides can be made towards solving this problem. Attacking this context will likely involve making some people, a combination locals and folks in the broader society, uncomfortable.

In brief, there seems to be two broad paths open at present. The first of these is pressing on in the direction that has been begun. In other words, doing more of the same, only much more of it, particularly on the education and social services fronts. This will entail providing many more rehabilitation places (at least a trebling of them across the city, if Comiskey's data is accurate), continuing to increase the Garda presence in socially excluded neighbourhoods to provide better security, while getting policy-makers and the electorate to understand that this is a multi-year, potentially multi-decade commitment of human and physical resources to these areas. In order for this strategy to have a chance of working, moreover, *every* socially excluded area of the capital will have to be targeted for a significant length of time. It has been shown time and again that the drugs problem moves around – targeting one area with police and rehabilitation places tends to make other areas worse, arguably the situation that we are seeing in the Inchicore area at present.

Regrettably, we see that the current relationship between the interest factor of drugs, the rewards offered by dealing, and the services that are likely to develop in socially excluded neighbourhoods will stay in the favour of drugs for some time to come. In our opinion, therefore, an inevitable consequence of this first strategy will be a large jump in the prison population in Ireland, something less than that experienced by the United Kingdom, but still significant in an Irish context. We have already demonstrated, for example, that places like parts of Cherry Orchard will have an at-risk demographic bulge moving through it for the next twenty years. The first strategy consigns such places to more intrusive police

inspection than that found in the rest of society, to more of the children from these areas in prison, to continuing stigma in the short to medium term, with a pay-off of normalisation several years or a couple of decades into the future. It is questionable, moreover, whether economic growth as such will very much improve matters. The current boom, which has lasted most of the Nineties, has left many people better off, but it has radically widened social class divisions, while leaving pockets of serious deprivation. The ideology of this boom, moreover, might be labeled "Get It Now" – there is a delight in material things and the valorization of wealth for its own sake. Within such an environment there seems little to blunt either the appeal of drugs or the appeal of dealing in excluded neighbourhoods, at least in the short term.

The second option would be to take the same resources and apply them to a different problem. In other words, drugs and drug problems would be radically redefined as a public health issue, with harm reduction strategies taking over from law enforcement ones. In a words, Ireland would decriminalise drugs and drugs use as much as possible. The easiest start on this tactic would be to begin an addict registration programme providing free *heroin* to individuals who are injecting and would be using anyway. These moves, if they were comprehensive, would destroy much of the market for illegal drugs, which in turn should reduce a variety of forms of criminality, while addressing at least one of the main complaints of excluded localities, *i.e.,* that they are open air markets for addicts. It would also remove the logic for much of the petty criminality to which addicts are forced in the pursuit of their habit.

Alongside this programme would be an expansion of services to youths who are smoking herom. These resources would go to radically improving general services to the area while providing for a sustained programme of demand reduction. This programme would aim, through education, dialogue and professional services, to prevent the use of drugs, in the first instance, and, if all else fails, to reduce the adverse consequences of drug abuse *outside of the criminal justice system.* It would also attempt to introduce drug users and abusers to supportive environments at community level, aiming, in particular, at groups at risk, for example HIV positive addicts. Most of all, it would strive to get young people to think first before using. To make such decisions, of course, there would have to be a meaningful array of choices in front on an individual. Thus, this strategy would still take a multi-year commitment of human and physical resources to improve, indeed, in most cases, to provide, services to socially excluded areas.

Clearly, this second strategy would make a different set of people uncomfortable, including many in the community. We are under no illusions as to

the political difficulties involved in the second strategy. It would require a sea change in Irish policy which has been almost wholly dictated by thinking in London and Washington. It would also require Ireland to break ranks with some of its European partners. Whether there is the political will to do this is debatable. Both strategies, moreover, are fraught ones. Policy-makers may, in the end, have to accept that the state's best efforts can only slightly improve a situation.

Finally, and perhaps most importantly, the strategy decided upon, and the nature of its implementation, will speak volumes about what sort of society do Irish people want Ireland to be. The triumph list celebration of wealth for its own sake, which has been an earmark of this decade, for example, already renders doing poorly in the current environment more unpleasant than is strictly necessary. At the same time, much of Irish society has moved away from the notion that "we as a society have poor members" towards the idea that "there are poor communities in our environment." In short, present-day Ireland is very close to having national parks for the socially excluded, complete with socially-designated rangers, such as specially trained police and social welfare officers, to maintain the boundaries of, and keep the peace in, these people preserves. Regrettably, drugs have become one of the facts of life in these people preserves. In turn, it is unlikely that significant headway towards solving the drugs problem in Dublin will be made without confronting and mitigating the conditions leading to this sense of exclusion.

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