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# Bray Community Case Study: Experiences And Perceptions Of Problem Drug Use



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# Bray Community Case Study: Experiences And Perceptions Of Problem Drug Use

November 2006

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Dublin

Published by the Stationery Office.

To be purchased directly from the  
Government Publications Sales Office,  
Sun Alliance House, Molesworth Street, Dublin 2,  
or by mail order from  
Government Publications, Postal Trade Section,  
4-5 Harcourt Road, Dublin 2,  
(Tel: 01-6476834/35/36/37; Fax: 01-4752760).

Prn. A6/1800

ISBN 0-7557-7456-6

€2

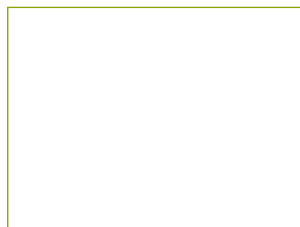
Baile Átha Cliath

Arna Fhoilsiú ag Oifig an tSoláthair.

Le ceannach díreach ón  
Oifig Dhíolta Foilseachán Rialtais,  
Teach Sun Alliance, Sráid Theach Laighean, Baile Átha Cliath 2,  
nó tríd an bpost ó  
Foilseacháin Rialtais, an Rannóg Post-Tráchtá,  
4-5 Bóthar Fhaearchair, Baile Átha Cliath 2,  
(Teil: 01-6476834/35/36/37; Fax 01-4752760).

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## Acknowledgements

Our partner in this research was the Bray Community Addiction Team (CAT). The team was established in 2002 under the Local Drugs Task Force (LDTF). The members work from two centres in Bray, one in Boghall Road and the second on the Dublin Road, Bray. Their mission is to 'respond to the needs of the individual, family and wider community who seek assistance in relation to substance use and/or addiction issues' (Bray Community Addiction Team). The team is managed by a voluntary Board of Management comprised of representatives from the East Coast Area Health Board, Garda Síochána, Probation and Welfare Services, and the local people and communities of Bray.

We would like to acknowledge the work done by the CAT in this research and in particular, those who were assigned specifically to work with us, Joanne Davey, Keelin McDonald and Vivienne O'Brien.

We would also like to thank the people of Bray who participated in the research. Without their support, enthusiasm and commitment to the research we could not have proceeded.

## Glossary

A&E	Accident and Emergency Department
ARC	Addiction Response Crumlin
BRL	Ballymun Regeneration Limited
CAFTA	Community and Family Training Agency
CAT	Community Addiction Team
CDP	Community Development Programme/Project
CE	Community Employment
CLAD	Community Links Against Drugs
CPAD	Concerned Parents Against Drugs
CPF	Community Policing Forum
CSO	Central Statistics Office
DART	Dublin Area Rapid Transport
DCC	Dublin City Council (previously known as Dublin Corporation)
DMRD	Drug Misuse Research Division
DTMS	Drug Trends Monitoring System
EDs	Electoral Divisions (previously known as District Electoral Divisions (DEDs))
EHB	Eastern Health Board
EMCDDA	European Monitoring Centre for Drugs and Drug Addiction
ERHA	Eastern Regional Health Authority
ESRI	Economic and Social Research Institute
GMR	General Mortality Register
HBSC	Health Behaviour in School-aged Children
HIPE	Hospital In-Patient Enquiry
HRB	Health Research Board
HSE	Health Service Executive
ICD	International Classification of Disease
IDG	Inter-Departmental Group on Drugs
KWCD	Kimmage Walkinstown Crumlin Drimnagh Area Partnership
LDTF	Local Drugs Task Force
LES	Local Employment Scheme
NACD	National Advisory Committee on Drugs
NCVS	National Crime and Victimization Survey
NDST	National Drugs Strategy Team
NDTRS	National Drug Treatment Reporting System
NESF	National Economic and Social Forum
NEWB	National Education Welfare Board
NPIRS	National Psychiatric In-Patient Reporting System
QNHS	Quarterly National Household Survey
RAPID	Revitalising Areas by Planning Investment and Development
RDTF	Regional Drugs Task Force
STFA	Strategic Task Force on Alcohol
UCD	University College Dublin
VEC	Vocational Educational Committee
WHO	World Health Organisation
YAP	Youth Action Project
YPFSS	Young Peoples Facilities and Services Fund

## The Context Of This Research

The goals of this study were to capture the experiences of communities of the drug problem since 1996 with a view to informing the development of a set of community indicators of a community drug problem. An innovative methodology of community participation in research was used; the lead researchers from University College Dublin (UCD) recruited local people as research assistants through community-based projects in the three communities under investigation: Ballymun, Bray and Crumlin. These communities varied in their social and economic environments. Twelve themes, producing valuable snapshots of change amongst these communities, contribute to the growing awareness that polydrug use is an issue within Dublin.

This report presents a profile developed from the information gathered in Bray.

### Aims Of The Research

1. To explore experiences of drug issues from 1996 to 2004
2. To describe initiatives developed between 1996 and 2002 which the communities perceive to have influenced any change
3. To explore how the communities experienced their involvement in planning and implementation of such initiatives
4. To assess how the then community infrastructure affected the community's experiences.

### Method

Qualitative participatory research was employed in the three communities Bray, Crumlin and Ballymun. Local contacts were recruited and trained as community researchers because they lived in and/or worked in the three communities in the research. A richness was brought to the research through the mixed involvement of the researchers. Data were analysed qualitatively with the assistance of the community researchers.

The analysis is firmly grounded in the data received from informants during the study. The use of a thematic analysis makes it possible not only to report on common threads and issues surrounding drug use that arise for the three communities, but also to identify areas of difference on specific issues. For validation, findings were presented to participants to confirm or challenge the interpretations of the research team, and most attendees were both surprised and pleased with the analysis.



# Profile Of Bray

## Introduction

This is one of three community profiles developed during the course of the research project on community drugs indicators. The profiles served to enhance understanding of the situations in these communities in relation to drug issues in 1996 and up to 2004. Further details of the research methodology, research findings and community drug indicators can be found in the main report (Loughran and McCann 2006).

The profile for Bray was drawn from findings in official statistical data, local documents in 1996 and 2002 (as dictated by availability of material). It also draws on newspapers and the qualitative data from interviews and focus groups which bring the data up to 2004 (when the last focus groups were convened). Bray is the second largest town in Ireland. It consists of five Electoral Divisions (EDs) although on some occasions it is listed as seven (O'Sullivan and Roche 1998). For the purposes of this research it was taken as five as the Central Statistics Office (CSO) and Community Addiction Team consider Bray to consist of five EDs, being Bray 1,2,3, Rathmichael and Kilmacanogue. (See Appendix 1). The research identified the community of Bray as being included in these five EDs. Some of the issues that emerged from the development of the profile are summarised as follows:

- Diversity of population in Bray: Bray is, in fact, at least three communities. It has some of the most advantaged and also disadvantaged areas in the country. This diversity may have contributed to the ambivalent response from government in particular in the early days of the Task Forces on Drugs. It may also account in some part for the reluctance of some people in Bray to acknowledge the growing problem with drugs that was evident in 1996. There may also have been community ambivalence due to the fact that in the early-to-mid 1990s drugs problems, and in particular the heroin problem, were more or less 'contained' within the most disadvantaged areas of Bray.
- Housing, planning and management: The areas of disadvantage in Bray correspond to large local authority housing projects. The development of these large housing projects proved a good indicator of deprivation and, indirectly, of risk of developing drug problems. There was some indication from participants that the very layout of these estates; in terms of size and proliferation of laneways and other disused or poorly maintained open spaces facilitated dealing.
- Location of Bray: Bray's location vis-à-vis the urban capital of Dublin may have placed it at higher risk in 1996. With an efficient train service from Dublin, and less intensive policing of the area, dealers moved easily around and conducted their business often openly in public places such as the train station and local parks.
- Lack of funding and government support: Community activists who were aware of the drugs problems from 1992 unsuccessfully demanded government funds for preventative measures, and service delivery. They worked to do what they could themselves and did set up a drop in for drug users. As inner city communities were given funding and resources to deal with their drug problems (through LDTF Funding) Bray was also left open to an influx of dealers into the area. This did in fact take place.

## Profile Of Bray

- **Drugs being used:** Heroin hit Bray, as it did many communities, with devastating effects. Perhaps because of the related crime, or the visibility of dealing and use, the community most affected were anxious to address the heroin use. Problems related to the use of other drugs such as hash, ecstasy, alcohol and prescription drugs were acknowledged but appeared to take second place to the need to deal with heroin. This delay in dealing with the problems of other drugs has resulted in growing concern within Bray around the role of these drugs in the current drug scene. Alcohol in particular has been seen as a very serious issue causing antisocial behaviour and public nuisance.
- **Changes identified by participants:** Participants identified their concerns that drug use was starting at a younger age; that drugs such as cocaine were being viewed as socially acceptable/cool; services designed to deal with heroin are under pressure to respond to other drugs; the educational system, seen as crucial to effective early intervention, is not getting the support it needs in spite of targeted funding from the LDTF. Participants also noted that the development of services in Bray was a very positive advance and the funds offered through LDTF were helping but perhaps not making the difference people had been hoping for.
- **Development of services:** While community activists had started to provide some support services within Bray, the momentum for development took off with the assignment of LDTF status to Bray in 2000. The emphasis in Bray on the development of professionally run services appears to have left community people grateful for the improvements brought about by these services yet feeling somewhat disregarded and ignored by policy makers and service planners.
- **Drug-related deaths:** Although Bray officially had a negligible record of drug-related mortality the effect on the community was still significant. It seems clear that official statistics do not reflect the 'real' numbers who die because of drugs nor do they in any way measure the impact on the community.
- **Methadone:** For those who fought the often difficult battle to get methadone services for Bray drug users the establishment of clinics was a great achievement. However many voiced their disappointment and disillusionment with methadone. Most recognised that many drug users have benefited in some ways from access to methadone. But others point to the failure to follow through with counselling and/or rehabilitation services which would target moving methadone users on to a drug-free lifestyle.

## Significant Social Indicators

Each of the EDs vary greatly in terms of key social indicators including employment, educational attainment and social class.

The social indicators of drug problems refer to statistics on unemployment, household income and poverty, housing, early school leaving, treated drug misuse, and drug-related mortality. These will be considered in relation to identifying Bray as an at-risk community. The community has some of the country's most advantaged areas side by side with some of the most disadvantaged. The research indicated that this diversity may have been instrumental, at least in part, for the delay in recognising the development of drug problems in Bray. Only analysis of local data such as the Small Area Population Statistics which break the area in to EDs would reveal the very different experiences of members of this community.

It is stated in the Bray LDTF Report (2001:44) that the areas most affected by drug misuse in Bray are those areas considered to be disadvantaged and that those people who are involved in drug misuse are themselves disadvantaged in social and economic terms. The association between disadvantage and heroin misuse is as pertinent in Bray as it is in inner city Dublin and reflects the pattern of early school leaving, social and economic exclusion and general disregard by society for the conditions under which people live. There are problems analysing official statistics at the micro level of community.

### Population

Bray has a population of over 26,000 people. Over the period in question Bray had reasonably stable population numbers with an overall increase of just over 1,000.

In 1996 there was a population of 25,252 people in Bray, comprising 13,119 females and 12,133 males. In 1996, 23.5% of the total population of Bray were aged 14 years or under. In this year Bray had a dependent population of 51.2% with approx 50% being young dependents (Bray Partnership Action Plan 2000-2006:5). About 2/3 of the population lived in the four EDs which form the focus of this study. In fact these areas record a small decrease in population over the time period of the study while Kilmacanogue had an increase of 14%. (Appendix 2).

### Unemployment In Bray

As reported in the first report of the Bray LDTF (2001:9), research carried out in 1994 pointed to a picture of two Brays – one in private estates with relatively low levels of unemployment and working mostly in Dublin and the other in Local Authority estates with high levels of unemployment and working largely in Bray. While the rate of unemployment for Bray as a whole was 8.5% this was misleading as the highest levels of unemployment recorded in Bray 1 and Rathmichael were again consistent with identified areas of relative deprivation. The unemployment rates in these two areas were well above the national average of 13% with 14.4% unemployed in Bray 1 and 18.6% in Rathmichael.

The overall percentage of those aged 15 years and over at work rose from 44% to 49.9% while the rate of overall unemployment fell from 8.5% to 4.3%. However the figures for 2002 continued to demonstrate the disadvantage experienced within the Bray 1 area as it recorded unemployment levels of 7% and Rathmichael was still well above average with 9.8%. This must be considered in the light of the national economic upturn, the Celtic Tiger (Appendix 3.1 and 3.2).

## Significant Social Indicators

### Household Income And Poverty

Gamma conducted an analysis of deprivation in Bray using the deprivation score developed by Trutz Hasse which measures factors such as the unemployment rate, levels of car ownership and overcrowding. Two EDs in Bray, namely Bray 1 and Rathmichael were found to be extremely disadvantaged. The survey concluded that 24% of the population within the EDs examined were among the most disadvantaged in the country (Regan, 2001: 7). According to O'Sullivan and Roche (1998:10), Rathmichael is particularly disadvantaged, with the lowest levels of educational attainment, the most disadvantaged social class structure and an extremely high unemployment rate. As a participant commented: *If those areas weren't looked after economically, it left them more vulnerable* (15:3).

There is an extreme polarisation in deprivation scores within the Bray partnership area. The Gamma survey highlighted the fact that two EDs, Bray 2 and 3 fall into the lowest 20% of deprivation scores and are therefore considered relatively advantaged (O'Sullivan & Roche 1998:10).

Overall, the Gamma statistics for the Bray Partnership indicate higher than average indicators of social and economic disadvantage in selected areas of Bray, most notably Little Bray (Isis Research Group, 1999:10). O'Sullivan & Roche (1998:10,11) have pointed out however that it is difficult to disaggregate meaningful data on disadvantage for other local authority estates because of the existence of large privately-owned estates in the same EDs.

Analysis of indicators of disadvantage has proven to be useful in identifying vulnerable communities for the development of drug problems. Table 3 illustrates the number of drug users by area of residence in Bray, attending treatment centres in 1996. While the figures for 1996 are low, they are consistent with the findings related to disadvantage. The connection between living in local authority housing and drug problems can be illustrated by considering areas of residence of drug users by ED (Table 3). This is also reflected in education levels (see Table 1) and again in data related to employment status (Appendix 3.1 and 3.2). This relationship was reinforced in the qualitative data gathered.

### Housing

While the pattern of drug problems being initiated in the disadvantaged areas of Bray, which coincided with local authority housing estates, was consistent with the experiences of other areas, questions around housing *per se* were not explored in depth (as for example in the Ballymun area which had specific issues on regeneration).

Statistics on housing in Bray for 2002 indicate the extent of local authority housing.

As of December 2000, there were 700 families on the housing list in the Bray area. The waiting list for Local Authority Housing has been steadily increasing (Regan, 2001:8)

### Education

Educational disadvantage leads to social exclusion, putting the educationally disadvantaged at higher risk of marginalisation, with educational disadvantage also being a high risk factor for drugs misuse (LDTF, 2001:42). Official figures for age at ceasing formal education reflect the disadvantage of two of the Bray ED areas.

As illustrated in Table 1, the percentage of the population in Bray 1 and Rathmichael who left school under the age of 15 years is substantially higher than other EDs in Bray. Although the percentage for these two EDs fell significantly between 1996 and 2002: from 31.8% to 21.7% for Bray 1, and from 30.1% to 18.3% for Rathmichael, they still have notably higher rates of early school leaving than other Bray EDs.

It is also made evident in the table that both Rathmichael and Bray No 1 have the two lowest levels of entrants to third-level education, at .91% and 2.6% respectively in 2002.

**Table 1: Level education ceased for Bray EDs 1996 and 2002\***

ED	Ceased Under 15 yrs		Ceased at 15 yrs (Lower Secondary)		Ceased at 17 yrs (Leaving Certificate)		Ceased at 20 yrs (Primary Degree)	
	1996	2002	1996	2002	1996	2002	1996	2002
Bray No.1	31.8%	21.7%	12.6%	10.3%	9.7%	9.7%	1.3%	2.6%
Bray No.2	10.2%	5.5%	6.1%	5.4%	11.5%	8.3%	3.4%	3.3%
Bray No.3	15.8%	11.1%	8.1%	7.1%	11.9%	9.4%	2.8%	3%
Rathmichael	30.1%	18.3%	15.1%	12.9%	8.8%	9.6%	0.86%	0.91%
Kilmacanogue	14.3%	7.8%	9.7%	6.1%	12.8%	11%	2.9%	3.6%

\* Age Education ceased for persons aged 15+ as a percentage of all those aged 15+ in each respective ED  
Source of data: Small Area Population Statistics, Census, 1996, 2002.

(NB: SAPS 2002 have two extra EDs - Shankill-Shanganagh and Shankill-Rathmichael, these are not included in the analysis as they were not considered to form part of the community of Bray by participants).

Table 2 below further highlights the fact that the majority of those who sought treatment for drug use in Bray between 1996 and 2002 had left school at 15 years or younger. This supports concerns that early school leaving adds to disadvantage for these young people.

**Table 2: Age at which those who sought treatment in Bray left school - % for the years 1996-2002**

Year	Age Left School Grouped		Total
	< 15 yrs	> or = 15	
1996	5 (22.7%)	17 (77.3%)	22 (100%)
1997	7 (18.9%)	30 (81.1%)	37 (100%)
1998	3 (18.75%)	13 (81.25%)	16 (100%)
1999	6 (37.5%)	10 (62.5%)	16 (100%)
2000	12 (27.3%)	32 (72.7%)	44 (100%)
2001	25 (24.7%)	76 (75.3%)	101 (100%)
2002	35 (33.3%)	70 (66.7%)	105 (100%)
<b>Total</b>	<b>93 (27.3%)</b>	<b>248 (72.7%)</b>	<b>341 (100%)</b>

Source: NDTRS Data 1996-2000, e-mailed 19/03/03 and 2001-2002, e-mailed 28/07/04

Figures relating to treated drug misuse for 1996 are limited in that they refer, for the most part, to heroin-related services. The same data for 2002 may have similar limitations where services continue to prioritise heroin use or are perceived to do so by users of other drugs.

## Significant Social Indicators

Data gathered in the community supports the concerns raised about risks for early school leavers in Bray. The picture is somewhat blurred because of the diversity of the Bray community. Bray 1 and Rathmichael, highlighted as having higher rates of early leavers, are also areas identified as having higher levels of disadvantage. The issue of early school leaving was seen as potentially related to drug use at two levels. Firstly that early school leavers may be more vulnerable to being exposed to drugs and secondly that pupils leave early because they are already engaged with problem drug use. Drug use in the family, particularly a parent, was also identified by participants as an issue (Bray Feedback).

Participants commented on the limitations of focusing on early school leaving as they reported that in their experience poor attendance is the precursor for drop out. They felt more attention should be paid to this in terms of developing community indicators (Bray Feedback). One participant reported that from the time children begin attending school, a pattern of attendance becomes established. Early identification and intervention with children who have poor attendance was seen as important. It was noted that the Educational Welfare Act covers children 6 and over. There was agreement that this was already too late for many children. One participant working with families with drug problems suggested that even by 3 years-of-age problems could be observed and so immediate action should be taken if these children start school at 4 years.

The connection between poor attendance and drug use in the family was seen as an issue for children as young as 3 years (pre-school). Drugs Task Force support for school liaison personnel underscores this fact. In Bray there are breakfast clubs and homework clubs run by volunteers and part-time paid staff. These services would be in a position to offer some insight into the needs of young people with drug-using parents. The concern was raised that information exchange would somehow breach the trust of service users. However the National Education Welfare Board (NEWB) in their 2003 report highlight that their role should have a pastoral rather than a legal orientation.

## Treated Drug Misuse

Significant social indicators offered at times a contradictory picture of the drug situation in Bray. This was complicated by the more specific attempts to monitor drug problems through the treated drug misuse data. Table 3 illustrates that these data showed that only 23 people were using drugs in Bray in 1996 as reported from treated drug misuse statistics. The accuracy of this information was challenged by research participants. They cite the proximity of Dublin as a major urban centre as a factor in distorting the figures for Bray. This failure of statistics to account for local anomalies may have contributed to weakening Bray's attempts to get help in the mid-1990s.

**Table 3: Bray drug users by area of residence in 1996**

Electoral Division	Number	Percent	Cumulative Percent
Shankill-Shanganagh	01	04.3	04.3
Bray No.1	12	52.2	56.5
Bray No.2	02	08.7	65.2
Bray No.3	02	08.7	73.9
Bray-Rathmichael	01	04.3	78.3
Bray-Kilmacanogue	05	21.7	100.0
<b>Total</b>	<b>23</b>	<b>100%</b>	<b>100%</b>

*Source: HRB 1997 : cited in O'Sullivan & Roche, 1998 p.14*

As illustrated in the above table, Bray 1, which is one of the most disadvantaged EDs in Bray, has the highest number of drug users.

**Table 4: Numbers of people ever previously treated for drug misuse in Bray from 1996 to 2002**

Year	Ever Previously Treated for Drug Misuse		Total
	Never Treated	Previously Treated	
1996	12 (54.5%)	10 (45.5%)	22 (100%)
1997	19 (51.4%)	18 (48.6%)	37 (100%)
1998	7 (33.3%)	14 (66.7%)	21 (100%)
1999	5 (23.8%)	16 (76.2%)	21 (100%)
2000	7 (10.6%)	59 (89.4%)	66 (100%)
2001	21 (28.4%)	53 (71.6%)	74 (100%)
2002	9 (13.8%)	56 (86.2%)	65 (100%)

Source: NDTRS Data 1996-2000, e-mailed 19/03/03 and 2001-2002, e-mailed 28/07/04

As illustrated in the above table, the numbers of those presenting for treatment who had never previously been treated, declined significantly between the years 1996 and 2000, before rising again to 28.4% in 2001 and then falling slightly again to 13.8% in 2002. Conversely, the numbers of those returning for treatment increased between these years from 45.5 % in 1996 to 86.2% in 2002.

A report by the Health Research Board (HRB) (Moran et al. 1997) found that in 1996, 23 Bray residents were being treated for illegal drug use, 20 of whom were being treated for heroin use. As in other areas, most (73.9%) were male and were not in regular employment (87%).

Research conducted in 1998 identified 67 treated heroin users in Bray, which is a substantially higher number than that recorded as being treated for drug misuse, which in 1998 was 21 people, as illustrated in the above table. It is important to bear in mind that there is a large hidden opiate-using population, which would increase these numbers significantly (Bray Partnership Action Plan 2000-2006:6).

Table 5 displays the main types of drugs used by those who sought treatment in Bray from 1996-2002. As with other areas the majority of those who sought treatment were using heroin. It is difficult to say with certainty that heroin was in fact the only drug being used and the data from participants indicates that this was not the case. The only thing the statistics can really demonstrate is that when services are set up for a specific drug then drug users will highlight their difficulties with that drug to avail of the services provided.

Significant Social Indicators

Table 5: Main types of drugs used by those who sought treatment in Bray from 1996-2002

Year	Main Type of Drug Used							Total
	Other Opiates	Heroin	Ecstasy*	Cocaine	Benzodiazepines	Hallucinogens	Cannabis	
1996	1	19	1				1	22
1997		37					1	38
1998		16	1		1		4	22
1999		19				1	1	21
2000		63		1	1		1	66
2001	2	138		1	1		2	144
2002	3	122			1		5	131
<b>Total</b>	<b>6</b> (1.4%)	<b>414</b> (93.2%)	<b>2</b> (.45%)	<b>2</b> (0.45%)	<b>4</b> (.90%)	<b>1</b> (0.22%)	<b>15</b> (3.4%)	<b>444</b> (100%)

\* and other MDMA

Source: NDTRS Data 1996-2000, e-mailed 19/03/03 and 2001-2002, e-mailed 28/07/04

Drug-Related Mortality

The official figures for drug-related deaths in Bray record only two morphine-related drug deaths from 1996-2003. This information would suggest that drug-related mortality is not an issue in the Bray community. Participants had different views. In particular those who worked in the field felt that Bray had suffered from such losses and that the impact on the community was tangible;

*I think that in the period that we're talking about, I can think of twelve who died as a result of drugs – overdoses – or connected with drugs. One of the things there, there is a great deal of community support for the families when that happens, but it's different from other kinds of deaths, it's more subterranean, and I think that there must be huge hurt out there, a very significant number of people, now, as a result of that, bereavement going on and on and on, which, you know, isn't really spoken about (13:16).*



## Profile 1996: The Drug Situation In Bray

### The Beginnings Of The Drug Problem In Bray

This study adopted a community perspective in investigating drugs issues. The extent to which any of the areas in the study constitute a community has been considered in earlier chapters. In considering the 1996 profile of Bray it is useful to remember that Bray appears to be made up of three communities. There was agreement among most of the participants in the research that Bray consisted of: Little Bray, Fassaroe and 'The Town'. Interestingly, some participants referred to communities in Bray as even smaller units – more akin to neighbourhoods. This highlights one of the deficiencies in official statistics where they do not reflect the reality of community identities on the ground. So, from the outset it is important to acknowledge that Bray is indeed many communities, with differing perceptions and experiences. This, in part, translates into some of the ambivalence demonstrated through the early 1990s, as the communities struggled to accept and deal with the growing drugs problem in the areas. This factor is particularly significant when exploring what was happening in Bray in and around 1996. The diversity of the experiences of the three communities in Bray is central to understanding how Bray addressed drugs issues and also how those drugs problems impacted to varying degrees in the three communities. Overall, however, it was clear that at least some community activists in the area had identified and were beginning to make demands regarding the drugs problems in Bray.

Reviewing the drug situation in each community from 1996 to the present was to some extent informed by the introduction of the Drugs Task Forces in that year. Bray was particularly interesting because it did not receive a Drugs Task Force in 1996. Local people who were already concerned about the drugs problems in Bray were very disappointed that their area was excluded and the issue was discussed in focus groups and with individual participants in the study. One of the key points raised was the fact that Bray had, as a community, been actively seeking help from the early 1990s:

*The Drugs Forum was organised in 1992. We did a survey in the second-level schools. The results were quite, I suppose, shocking to people at that stage, in that quite a high percentage of young people would have experimented, and in quite a range of drugs (16:5).*

The Drugs Forum was active in Bray from 1992 and were very concerned about the drugs issues for young people in the area.

*Well, most young people were dabbling in alcohol and there was then hash and a small amount of heroin at that stage. There were prescribed drugs that they had access to. By 1992, heroin started featuring (16:11).*

And by 1996 local people considered that the situation was definitely deteriorating:

*By 1996 there would have been a growing concern about heroin. You would constantly hear about a john shooting up in the street and kids were going into foster care (16:25).*

The movement into Bray was also highlighted. The Dublin Area Rapid Transport (DART) service was cited by some as a contributing factor:

*Not so much drug addicts, but what was coming into and out of Bray. It was very much in-your-face in 1996/1997. There was a big presence of undercover guards.*

*Well, obviously if the DART station was being hounded by the guards and being watched, these guys know that, so they just found a different way of doing it – taxis couriering drugs (14:185).*

## Profile 1996: The Drug Situation In The Bray Community

In 1996 the issue of drugs was a topical one. This is evidenced by participant's accounts in the research and also by reports in local media of the time.

In the March 14th issue, 1996, the Bray People gave coverage to a survey conducted by a local councillor, Joe Behan. Councillor Behan conducted a postal survey and recorded 800 responses. The results of the survey showed that:

A massive 92% of local people now believe that the drugs situation in Bray is slipping out of control. Drugs have also emerged as the issue of most concern to local people ahead of other problems such as unemployment, traffic and even violence and vandalism.

The top ten local issues were identified as:

1. Drugs
2. Vandalism/Violence
3. Traffic/Illegal Parking
4. Facilities for Teenagers
5. Need for more Gardaí on the beat
6. Emmet Park
7. Playgrounds/Green spaces
8. Unemployment
9. Safety on streets
10. Travellers (1996 March 14th).

The councillor stated that the findings of the survey showed the 'huge depth of feeling' which existed in the town in relation to drugs and crime, and that drugs and fear of crime were the most important concern of the electorate. The councillor went on to say that he believed the public were so concerned that they would be willing to pay more tax in order to build more prisons and to employ more Gardaí. The councillor stated that a solution to the problem of drugs and crime was to build a prison in every county.

In the August 29th edition of the newspaper, the Bray People gave coverage to a straw poll survey which they carried out themselves in the town, with the front page headline reading "*One in every three suffered at hands of criminals – Crime survey shock findings*" (August 29th). This survey was conducted on 50 randomly selected people in the town on two separate afternoons the previous week (*the town has a population of 25,000*), resulted in information which indicated that 100% of those surveyed considered crime to be a major problem and 60% of these attributed that crime to drugs (Bray People: 1996 August 29th).

Many of the participants in this study were involved or affected by drug use from the mid-1990s onward. Drug users themselves expressed the view that in 1996 they were treated as outcasts. The Gardaí were dealing with the drug problem by 'picking up' people they knew to be using, and sometimes giving them a hard time.

From discussion, it does appear that there was some ambivalence within the Bray community. As already discussed, Bray is, in reality, made up of three communities. While two of these were facing the drugs problem on a very direct, day-to-day basis, the third (a more affluent neighbourhood) appeared to be less convinced of the extent of the problem. The reluctance on the part of some people to acknowledge drugs as a problem in their area may account in part for the delayed reaction to Bray's drugs problem.

One example of such difficulties was raised in the focus groups. As participants recalled marching for services, yet:

*'There was a definite resistance to at least one clinic, if not more, by local communities. Communities who were already stigmatised, I suppose, in terms of how they felt they were perceived and treated by the rest of the town. They felt that that was being reinforced by – they were the ones – the clinics went into their community and there was a double disadvantage (13:64).*

This ambivalence has been shifted by the expansion of the drugs problem through the late 1990s, into all areas of the Bray community.

### Drugs Being Used In Bray

As illustrated earlier, heroin is clearly the most commonly used drug by those who sought treatment for drug misuse in Bray 1996-2000. This is a good example of some of the limitations of this type of data. The figures are not consistent with the verbal reports from informants about drug-related activities in Bray. The data is gathered in a very specific location from a very specific population, i.e. heroin users seeking treatment, that is focused on heroin use.

Data gathered from participants in this study suggested that a range of drugs were being used in Bray at that time. They offered a different picture to that presented by treatment statistics.

Bray had, by 1996, clearly identified a problem with illicit drugs. The drug causing most concern was heroin. Local participants tracked the development of the heroin problem from the early 1990s:

*It was also shown that they (kids) had access to quite major drugs, and ... we were getting specific drugs in different areas (16:109).*

As the drugs problem in Dublin's inner city was being addressed, Bray became an easy alternative venue for both dealing and using. This shifting of dealers and users from location to location forms a valuable lesson for policy makers. By focusing on clearly identified drug problem areas and enforcing more consistently in those areas, it may actually leave other unaffected areas at risk. The fact that such areas are not incorporated into overall strategy leaves them standing outside the policy net, and so very much at risk. This may have been a factor in Bray:

*In 1996 the drugs were being brought into Bray, they were brought in on these little kind of ... bikes. They were coming in from areas I've worked in – Rialto and Ballymun (14:141).*

Situated so close to the urban area of Dublin, where intensive efforts to tackle the drugs problems were underway, left Bray an easily available and relatively unprotected alternative. While the focus of concern was on the areas of disadvantage mainly identified as the local authority housing estates, one participant commented:

*Although you would have been aware that, you know, common sense would say that it probably was in the centre of the town as well, because a lot of people lived in flats and bedsits and all the rest of it. That they were probably part of statistics that were being quoted at the time by doctors and others, nobody was maybe breaking it down to say well, actually now, they're in the centre of the town, but they might originally have been from an area, and were still being part of that area or wherever (16:114).*

In the focus groups, community activists were very definite that Bray's problems by 1996 were such that they should have been included in the Drugs Task Force remit. Participants considered that the official statistics (Table 5) underestimated the number of heroin users in the area. Certainly in two specific areas of the Bray community local residents were engaged in protests and marches to draw attention to the growing problem of heroin. One participant recalled the growing awareness of the heroin problems:

*I think the whole problem of the drugs issue, you know, was apparent from the early '90s on. And it became increasingly so, so that when we applied say to the Partnership, which would have come into being in about 1996 or '97, as a forum we were actually given funding to do prevention work. Well, it wasn't a huge amount of funding but it was, it was funding, nonetheless. So, again, you were able to increase the amount of courses that you were able to put on. And you know, people were taking off on those. So there was a growing, the concern was there, and you know, people were getting worried that something was happening that was maybe spiralling out of control. Although they wouldn't maybe have phrased it in that way, but there was an awareness that this problem wasn't going to go away, and that it was getting worse at some levels (16:115).*

*You were saying that about the glue sniffing and stuff like that, and '97 – and I, because I worked in town at that time, would have seen quite a few people from Bray coming in with heroin problems so, it wasn't necessarily that it wasn't there, it was certainly there, it wasn't just the glue sniffing and the [correction fluid]. There was a start of a heroin problem (12:91).*

*A lot of these wouldn't necessarily have been very young teenagers, they would have been in their 20s at that stage. They would start off smoking it, and then end up injecting it at a later stage. We just had that perception that it seemed to be associated with the drinking ... and there would be a major dealer caught around that time (14:34).*

There was discussion about why Bray was not designated in the first Drugs Task Force (Government of Ireland 1996). One participant summarised their view as follows:

*Yeah, and it started to become a political football at that stage, because the health board had already decided that they would try to incorporate some services into the Health Centre. But it turned out that two of the people going to election lived down in the area and didn't want anything put down there. So they started to get into an anti-drugs thing. And then the marching started in the end, and people's houses were being marched on, and various things. And the health board was actually forced, I suppose, by some of that, to having to sit down and talking to communities. Although I think the lobbying probably started quite a long time before that. But they just weren't responding to it. You know, in a way, I think a lot of that ... stuff was avoidable. Had they listened to what was being said earlier (16:29).*

Although early responses to the drugs problem tended to focus on heroin other drugs were also available and in use – most particularly cannabis. While participants recognised the problems of cannabis use, it did not appear to mobilise community responses in the way that heroin did:

*'88 when it was all happening. ... '96 we should have been talking about, and I was talking about ten years before it. That was when they were taking heroin and hash. And where you got an awful lot of it, where the guards wouldn't deal with it, and the reason they didn't deal with it was – out of sight, out of mind. It was up in ... House, and I was all set to write letters to papers or something about it, and the VEC had big concerns, oh you don't mess around like that. And we had the place wrecked there, and all the time you were replacing glass, after every weekend, after every night, nearly (12:206).*

*No, '88 was about the glue and that. But '96 was [cannabis], and it's still going on. And it's huge damage that's being done.*

*Everything was there. You'd go in every morning and you'd pick up the tinfoil. You'd pick up the hash and the beer cans and all. A lot of them were smoking then (12:208).*

In one group it was suggested that the problems in 1996 were ignored:

*I think the services themselves are a little bit responsible for that, because when the services came in first in 1996, it was a deliberate policy to ignore cannabis use. ... and to concentrate on the major problem at the time - heroin. And I think that sort of sent out a message about it, particularly young people in the community, that it was sort of alright to use (13:28).*

This seems to be in agreement with the data in Table 5 which recorded only one cannabis-using client in the treatment statistics.

The prevalence of alcohol use among young people was raised as an issue for the 1996 profile and remains a key concern to date. Alcohol was not recorded as a primary drug in treatment statistics until 2004.

The topic of alcohol emerged from the communities as one which gave rise to grave concerns. This concern appeared in individual interviews and in each of the focus groups. Since the task of the research was to draw a profile of the communities for 1996 and then update that for 2004 the researchers sought to clarify the place of alcohol in terms of this time line. What seemed evident was that although other drugs were demanding specific attention during these years alcohol and the problems associated with its use were always in the background.

*Well, I suppose, with a lot of us working in areas, I mean, we felt that Bray, maybe ... that it was maybe cannabis was the great gateway drug, and we felt it wasn't – that it was actually alcohol. Because a lot of young people went out drinking, you know, on the wasteland or greens, or wherever, and these were the very same young people that ended up using heroin. And they were in fact they were introduced to it in the context of these drinking parties, and whatever, that went on. So, we all thought that it was a factor that was totally unrecognised and maybe different to some other areas, I don't know, but that was our experience (14:34).*

*And our concern would still be around the whole issue of alcohol. That I think for too long has gone totally unrecognised as having a contribution to make towards the drug problems that we actually have. I mean, even, I think I said to you that in the early days that we ran courses here and people would sit here and ... ah, but sure, ... we just had a few drinks, but we never took drugs – and you would know from personal experience that they would be out and there would be an alcoholic in the family and there was absolutely no connection seen to the two addictions, or whatever. They wouldn't look at it in that context at all, and still don't (14:18).*

Participants highlighted the role of alcohol in crime and in relation to the other drugs issues. The early identification of antisocial behaviour that was drink related might have underscored the development of a pro-drugs climate. Indeed some participants clearly saw young drinkers as vulnerable targets of dealers as their drinking activities lead them to frequent unsupervised and 'unsafe' areas within the community.

There was little evidence gathered of concern for cocaine in 1996. One participant commented that:

*there were also people with cocaine problems, you know coming in from Bray from the more affluent areas I suppose of Bray so, the problem was definitely there, it was just there was nobody to deal with it (12:91).*

Crack cocaine was not an issue that participants were aware of at that time.

As already evident in the comments from participants there was recognition that Bray had a polydrug problem. It was never just a heroin problem although that did get attention in the end. One participant recalled the place of prescription drugs and Benzodiazepines:

*Well, most young people were dabbling in alcohol, and there was then hash and there was a small amount of heroin at that stage. There was prescribed drugs that they had access to and they were taking from parents, things like that. That kind of stuff. I suppose, yeah, the feature would have been of heroin would become apparent in the area (16:10).*

Participants traced the use of hash back as far as 1988. They suggested that glue sniffing was also popular then but seemed to lose its place in the drug scene by 1996. They offered little support for the presence of ecstasy or cocaine but did feel that prescription drugs and Benzodiazepines had become quite established in the community. The information suggested that the heroin problem was almost exclusively confined to two areas of Bray. This may have contributed to a sense of complacency at local and government level. If so that complacency was misplaced. While there are many possible explanations for the failure to register local users in the treated drug statistics, the most obvious being the lack of services in Bray and the proximity of services in Dublin, it is evident that heroin had begun to cause problems in Bray by the early 1990s. Community activists concerned for their young people identified heroin as an urgent problem but gained little support for their efforts.

## Visibility Of Drugs In The Bray Area

### Drug Markets And Drug Dealing Locally

The drugs markets are perhaps the clearest indication of the extent of the drugs problem's infiltration into a community. When dealers feel free to deal openly in an area and are organised enough to protect themselves from police intervention, then the community within which the dealers operate inevitably feels vulnerable. Such was the case in Bray from 1996 onwards. This impacted particularly on the two areas identified as already disadvantaged, and which were incorporated into EDs Bray 1 and Rathmichael.

Participants in the study spoke of a number of housing estates where dealers moved around freely. Parents recalled seeing taxis pulling up and dealers selling in the front square of their estate – only to get a warning and dispersing at any sign of the police.

*If you get a run..., people come off the DART and they go to ..., where the phone-box is, and they are carrying the stuff. And they give it out to them here (14: 20).*

Dealers gradually moved down from Dublin to the less-organised, urbanised population of Bray. Many participants spoke of their frustration with regard to this type of unconcealed dealing. They felt that the police knew what was happening, but seemed unable to act quickly enough to prevent such activities. Bray as a community was unprepared to deal with the advent of such an 'urban' problem. As with other communities, there was apparently some relief that the dealing and drug activity was somewhat confined to specific areas, mainly local authority housing estates.

*But during that period, I worked in ... Estate and I seen syringes etc, on the streets. You couldn't walk but you'd see them (14:23).*

In fact, Bray mirrored the experience of other communities, in that this containment of the problem was directly related to the disadvantage already being experienced by those same areas. So that in Bray, 1996-onward, the areas of most significant economic disadvantage were also the areas where the drug problem took hold and thrived.

*They do not appreciate that the bigger the estate, the bigger the problem. There are 239 houses in ... Estate and to be honest with you, if there never such a thing as drugs – it's just too many houses (14:37).*

*Lanes at the back of houses are just 'loitering holes' (14:37).*

Local people in these communities reacted for the most part in support of users and against dealers. Participants recalled their frustrations and sense of being discouraged by the inability or unwillingness of authorities to protect them and their communities.

In 1996, the drugs problem was still predominantly a young-person's problem. There were some older users around the area, but by and large it was the young people who were using drugs. As with many other areas, it was more a male issue than one for females – although participants did know of both men and women who were involved.

This is reflected in official statistics (HRB 2002, 2003) and is also echoed in media reports such as the following account from the Bray People, September 19th, 1996. The paper published the results of another survey they had conducted, running with the front page headline "Our survey produces some disturbing findings...Drugs offered to 75% of teens". The survey was carried out amongst second-level students in the 14- to 17-years-age-group, outside four local secondary schools over a 3-day period.

## Visibility Of Drugs In The Bray Area

Out of 100 teenagers who were asked 10 questions, two relating to the above, 77% confirmed that they had been offered drugs and 95% said they knew someone who had been offered drugs.

When asked to specify the type of substances they were referring to, our respondents gave a range of answers which included hashish, heroin, ecstasy, speed, acid, cocaine and magic mushrooms (Bray People: 19th, September 1996).

One participant who had been an active user in 1996 spoke of the sense of belonging that she experienced as part of the drug culture in Bray:

*In some areas it seemed all the young people were involved and so you just got into it as well (14:115).*

This appeared to be of particular significance for those young people living in the housing developments already mentioned.

Even with groups of residents attempting to deal with the drug issues, it was not enough to prevent it catching hold in these areas.



## Community Response 1996

Community activists, sympathetic to the plight of users, were working to provide some response to their needs. They described the complete lack of services and facilities in the area. A group of local people who were concerned for the users initiated the first community-based response service. This was not an attempt at treatment, but an effort to provide support and contact for users. It is clear that these locals were worried about both the users and their communities.

*The end of '94, into '95, going up to September '95. Probably the first meeting (local volunteers who ran the 'Getalong Gang' drop-in) with the Eastern Health Board would have been somewhere around June/July 1995, and then a large meeting was called in the local hall here for awareness to drugs, and that would have involved ... and some of the other people from, well based in Dun Laoghaire, but we did have two or three in Bray – but based in Dun Laoghaire. So he would have come out and gave a talk at the meeting. But that was open to everybody in the area, parents of drug addicts and anybody that wanted to know about it.*

*And then the clinic got started in early '96, and ... got the Eastern Health Board to come on board with us and that was run in the portacabin, which is still there in the grounds of the church, which was at the time Franciscans – it's not now – but in our time, Franciscans. And we ran there for two or three years maybe ...*

*In '96, when it started, we would have had 30 drug users, and that was as much as we probably could handle. And we would have gone to 35 in a push, but then we would lose one or two, so we'd still be back to 30 (12:127-129).*

Interestingly, there was a lot of community commitment to helping users. Volunteers got organised and petitioned for help. The local parish priest was very supportive and agreed to provide a premises to start a drop-in service. In 1996, without designated funding, Bray as a community attempted to organise itself. It did so quite successfully and continued the campaign for recognition and funding, until eventually it was successful in getting a Drugs Task Force in 2000.

Until mid-April 1996, much of the coverage of the drug issue centred on the Little Bray area of the town, supporting the view that drugs were viewed as a concern in specific 'pockets' of Bray. However, in the April 11th issue the Bray People gave space to an article which covered a move to the other end of the town and how local people were trying to respond to the drug problem, with a follow-up article on the April 25th issue. Concerned people on this side of the town sought to create a community-based response to drugs in the largest parish in the town, St Fergal's. This move was created by the St Fergal's Parish Mission Social and Communications Group. This group sought to hold a drugs awareness evening for the community the following week, with the chairperson stating that they wanted to "identify areas related to the drugs problem which need to be addressed, while in the longer term, we hope to set up a locally based programme to provide advice, counselling and support on a confidential basis for families affected by drugs" (April 11th). Elsewhere in the article the group's chairperson spoke about members of the community who did not feel a part of the community and who should be allowed to feel as if they were living in a parish. He also makes reference to establishing a response that came from the community as opposed to imposing a response on the community. The April 25th issue reported on the outcome of the public meeting, at which over 200 people attended. The result of the public meeting was the establishment of Drugs Support and Advice committee whose first task was to travel to Dublin to the Merchants Quay Project to see how they operated. The organisers of the open meeting felt that the evening had been a valuable exercise "as drug taking was a key social issue which needed to be tackled from grass-roots level upwards" (April 11th, 1996).

Similar accounts were voiced in the focus groups:

*That was in 1997, we decided to meet and we'd march to try to highlight it, so we met the next night. There were 60 people. The night after that 300, and then after that, hundreds of people. And even then, from ..., they marched down and met in the Town Hall (12:3-4).*

*All the politicians marched with us and we actually went around the whole of Little Bray, right back to The ..., as we call it, ... (12:37).*

*'Marching to highlight the fact that people were selling drugs from taxis, into ... and Little Bray (12:39).*

*We had to go out to picket at St James Hospital for Little Bray, and we brought six addicts with us... (12:43).*

Other information regarding the communities response was also reported in local newspapers. On Thursday 27 July, 1995 the Bray People ran a front page headline "Vigils against drug dealers are not ruled out – Parents declare war on drugs". This article detailed the sentiments of some residents of the ... housing estate, a local authority housing estate located in the Little Bray area of Bray. This housing estate comprises of 400 households, and has one exit and entrance. The article reports that a meeting was held in the estate, at which 20 people attended, and that the Dublin-based Concerned Parents Against Drugs (CPAD) was invited to the meeting in order to set up a similar type organisation for the ... housing estate. The article reports that the objective of setting up this organisation was to get rid of drug dealers from the estate, with the claim being made that there were six drug dealers in the locality. The article conveyed the views of the local residents at that meeting who claimed that:

*Dealers were operating with virtual impunity on virtually every street in the estate...you can get heroin, cocaine, hash, E-anything you want...we recently had three addicts injecting themselves on the street. When they finished they threw syringes on the ground, where children could find them (Bray People: July 27th, 1995:1).*

The Bray Drug Awareness Forum was comprised (and still comprises) of representatives of local community and voluntary organisations. The group also lobbied for the provision of drug services in Bray. In their Annual Report of 1995, the Bray Drugs Awareness Forum noted its concern about the rise of CPAD, due largely to the lack of an adequate response from relevant authorities/statutory bodies to the problem of drug use and associated crime, which gave rise to growing unrest among residents.

The newspaper ran several series on CPAD from April to October 1995 but eventually local concern about the group lead to an end to their involvement in Bray.

The local Family Resource Centre expressed concerns about the modus operandi of the CPAD. The Little Bray Family Resource Centre, situated in the heart of the housing estate in question, stated that while they condemned drug dealing, they *could not condone or be associated with any group who used methods of intimidation through either physical or verbal abuse to deal with these problems* as the end result of such approaches lead to lawlessness. During the course of the activities of CPAD they had been reported to be targeting the houses of innocent people, with one particular resident claiming that her home had been visited by up to 20 people who had warned her that her home would be attacked if she got involved in antisocial behaviour, a claim which CPAD denied.

## Development Of Services

In the minutes held of the Bray Drugs Awareness Forum during 1996, evidence is shown of concerted efforts by the group to lobby for the provision of treatment services for drug users in Bray, with the Forum seeking to assist and lobby the EHB to provide counselling services and methadone maintenance. At this time, anybody who wished to receive methadone had to go to Trinity Court to avail of the service.

In the minutes of the Bray Drugs Awareness Forum of 17th July 1996, it was noted that a proposal had gone to the EHB for the provision of an addiction counselling service and that an acknowledgement was received, with the minutes of the 29th of July stating that a further letter would be sent to the EHB for an update of same. On the 2nd of August 1996, a letter was written to the Director of Community Care requesting information on the start date for the addiction counsellor for the Bray/North Wicklow region. It would appear from minutes kept for the remainder of the year and into mid-1997, that the Drugs Awareness Forum were dissatisfied with the response from the EHB for a number of reasons.

On the issue of the provision of an addiction counselling service, it was perceived that the EHB had let Bray down. A part-time addiction counsellor was given to Bray in early January 1997, but apparently had no base from which to operate. In a letter written to the Drugs/HIV Programme Manager on 3rd March 1997, the Forum wrote that they had the following concerns about the provision of the service in Bray:

- a. *Members of the Drugs Awareness Forum were receiving telephone calls from people waiting to avail of the service and although they were informing telephone callers that the service was available on Thursdays and Fridays, this was not a reality.*
- b. *Although the addiction counsellor had been offered the use of a number of facilities, ... operated out of only one premises for 2 hours per week, and was uncontactable the rest of the time*
- c. *Another full-time addiction counsellor was provided for Bray, but there was no sign of that materialising (Letter to Programme Manager: 3rd March 1997)*

A further letter was sent on 16th April 1997 to the Drugs/HIV Programme Manager, outlining that no improvements had occurred since the previous letter, and that the credibility of both the Drugs Awareness Forum and the EHB were damaged.

The EHB also were considered unfavourable in their response on the issue of the provision of treatment services (with a focus on methadone prescribing clinics). On 18th February 1997, the Bray Northern Esplanade and Area Residents' Association issued a press release, which they circularised to local people, entitled "Drug Treatment Centre Beside Dart Station". In this press release, information was given that following a meeting with the above group and the EHB, it was made known that services were intended to be introduced for intravenous drug abusers at the Health Board Clinic in Strand Road, which is near the Dart Station. The group, apparently, had been told that a counselling service would be provided from these premises, but they noted that they had a copy of a letter circulated to EHB members which deemed that the following services were necessary: counselling; assessment of addicts; urine testing facilities; prescribing service; retail pharmacist and outreach workers. The residents association said that they were disappointed at the lack of consultation, and felt that information which the EHB knew was withheld from them. They objected to the location of the clinic as it was frequented by children using the DART and bus etc, and by tourists. They also stated their belief that an extension of services would increase the number of addicts and dealers in the area.

## Community Response 1996

Focus group participants had pointed out the concerns with regard to access to the DART line and the proximity to the DART may have increased concerns about the proposed services.

On the 4th of March 1997, the Bray Drugs Awareness Forum wrote to the Programme Manager of the EHB, stating their concern at the attempts of 'a minority dictating their wishes above those most in need', to engage in the giving of misinformation and scare mongering. The letter also stated that the information received by the residents association had been leaked by the EHB. In a further letter of 10th April to the Programme Manager, the Bray Drugs Awareness Forum wrote that this leakage constituted a serious breach of confidentiality between the Forum and the EHB. The Forum outlined its disappointment that such a leakage would occur, given the unconditional support that the Forum was offering the Board in the setting up of local clinics. The letter went on to say that the Forum still supported and requested that a centralised treatment service be set up in Bray, with smaller support services in the two communities most affected by drugs misuse.

Apart from the above lobbying for addiction counselling and treatment services in Bray, the Bray Drugs Awareness Forum continues to run an annual week-long drugs awareness programme.

## Profile 1996 – 2004

### Changes In Drug Use

While the profile of Bray focuses on the community/ies in relation to drugs problems it is important to keep in mind that there is a different side to the story. One participant summarized it as follows and reflects the diversity of experiences of participants:

*I think Bray is a really well-situated town. I think it's almost a perfect situated town. Going through it, you've got Bray Head and you've got the facilities for walking and it's absolutely...if you were to plan a town, it's almost perfect. So I think, the physical and geographical place of the town is great...and I think there is a lot of very good people, a lot of talent in Bray, a huge amount of talent and resource involved (15:5).*

Bray as a community in relation to illicit drug use has changed since 1996. Years of activist involvement campaigning for services lead to the introduction of a methadone programme for heroin users. This programme runs in three different areas of Bray; Lincara, Killarney Rd and Fassaroe clinics, and provides a stabilisation and maintenance service for the heroin-using population. However participants in the focus groups reported that they were frustrated. They felt let down by the way in which methadone is being provided as a stand-alone service.

Some felt that the way in which Bray housing had been developed and handled had contributed to the problems. As mentioned earlier, people were concerned that large developments were constructed without thinking through the implications of such big estates. In 2004 some participants reflected on other problems related to housing issues. One participant commented on how one estate ... had not been given support to settle:

*If they hadn't of built a substandard housing in the first place, that ... could have been one of the best estates in Bray now. Because it could be settled. But it never got the chance (14:147).*

*When they took people out of ... and ... them into ..., they were nearly ready to settle, the kids were grown up and (14:149).*

The consensus was that drugs are still widely and easily available in Bray. One participant described their frustration that kids as young as 10 years-old were being offered drugs:

*Anything you want, you can get it, and it's very annoying in the evening time, the summer time when the kids are out playing longer in the evenings. And you're out with them watching them, the younger ones (the young girls??) especially, and you see these cars coming into the estate. And it's like what you see on the television in the Bronx. These guys coming in and they're stopping beside young fellows and kids. And they're asking them where will they get, whatever it is that they want. And the kids are standing there. And the effect that that has on those children. They under the age that – you know, they're not – they're ten-year-olds. (13:19)*

A Bray Garda spokesperson cited a number of changes:

*Drug dealing is different nowadays, its more complex and difficult to gauge with the widespread use of mobile phones and text messages it is a much more covert activity. Tracking and tracing such activity is difficult as its all around us yet can not be seen. The use of motorbikes to deal and deliver makes trying to intercept activity with today's traffic complications a more complex problem. The rise in burglaries and robberies is significant however, as cocaine is so expensive and addictive, this is something that has changed in*

*Bray. Also the introduction of much younger people being used as runners for the dealers is something we are very aware of and mobile phones make it all the easier. We are not receiving as much feedback from the public in relation to visible street dealing as we would have in the past. The way drug dealing is conducted, the different options of working and thinking about this activity creates new and complex dynamics (28:34).*

Drug patterns, trends and uses are changing in Bray, as is also the case in the rest of the East Coast Area. The development of cocaine as a social, recreational, good-time drug is creating the emergence of something very different. Hash and heroin continue to be perceived as problematic. Hash and E are often associated with younger users. The emergence of alcohol as a major community concern was evident in this community as it was in both other communities in the research. There was little discussion of crack cocaine.

### Cannabis/Hash

Participants reported that they saw little change in the level of use of cannabis/hash. They felt it was a drug of choice for many young people. They spoke about it in connection with E as a widespread problem for people as young as 14 years.

*you frequently see, every day, and they would be in secondary school. But you're talking 16- to 17-year-olds, and they would be sitting on the wall smoking, rollies. There's a lot of cannabis. Yeah. And especially amongst secondary school students (13:019).*

*Maybe a bit older, say, but – maybe say from 14 – I'm just guessing now. But that would be my experience, from what I get from the lads in school. Certainly there's a lot of that (13:08).*

*I think hash is growing tremendous in Bray (14:. 78)*

*Hash, and E are the main drugs that they use in Bray. There's a lot of E going around, and a lot of hash. Now, hash – every night ... nearly every night. Especially on Friday and Saturday nights. ... you nearly have to be ready for violence now. That's unreal. In a taxi, the violence is there every night of the week.*

*Ah, I suppose you'd see hash a lot used in Bray. But not – in houses more so than in pubs. And then I suppose ecstasy as well, in clubs. Not so much in Bray, but in Dublin and in the whole vicinity. Ecstasy would be a big problem as well. And then there's heroin, I'm sure, as well (14:77).*

### Ecstasy

Participants agreed that there was widespread use of E in Bray. One participant confirmed:

*But I know in my area there's all sorts of everything from Es right across the board (13:09).*

There was some suggestion that much of the use might still take place in Dublin rather than Bray itself but overall it was felt that the young people around Bray had easy access to the drug and used it in social settings such as pubs and clubs.

*Well, I think there's a whole ... around ecstasy and ... that we don't really accept that those are dangerous, and it's very much part of the social scene.*

Others gave examples of polydrug use which may have been related to problems of quality control and E:

*Well, we've had instances of it, and again, you know, it's very hard to quantify these things, but we've had the case of the young fellow gouging his eye out under the influence of what he thought was ecstasy, but turned out probably it wasn't – it was a combination of several other things. But you know that was very serious. That young man has lost the sight of his eye, and it took five people to hold him down (16:126).*

*There was another girl then, not so long ago, as well, who died from ecstasy, wasn't it? I think it was alcohol related as well – a combination. But again, you have this dual thing. It's a party so you take what's going, and there is that kind of combination all the time (16:127).*

## Heroin

Heroin continues to be a concern. There was general agreement that the provision of services had been helpful. Some of the discussion in groups revolved around people's disappointment about the methadone-based response to heroin use.

*People are under the illusion that working class areas have this problem. It's not just working class areas – every area in Bray has a heroin problem (13:27).*

*But I think that is one thing that has changed a huge amount and didn't exist really 10 years ago. And, again, I can't really talk about ten years. But drugs have changed. Heroin, ten years ago, is a lot different to the heroin you get today. Like, it was – well it wasn't pure, but it was like – what you get now is like, 75% less than what it was ten years ago. But you're paying so much more money for it now. So I think that's a huge thing as well. So it's taking people – that's why I think crime has increased a lot more, it's because people aren't getting the same hit out of heroin as they were 10 years ago which means they need to pay more and more money which means they're robbing more and more and there's more and more crime (14:144).*

## Alcohol

*There are young lads down there in Little Bray who are 13, maybe 14, and they're going around with 16-year-olds (that's right), and they're kind of drinking. They're buying drink, just walking into the shop and buying it. Doesn't matter what age. And then they're with the older crowd which are ... (10:104).*

There were references in the local newspaper the Bray People about difficulties caused by alcohol. On the 10th of June, 2004 the Bray People reports that the district court had decided to restrict the hours that some of Bray's most popular venues serve alcohol. According to the paper various establishments came before the district court to extend their opening hours for the June Bank Holiday Weekend, however:

*the Gardaí objected to the granting of the special exemption orders which allow clubs to serve alcohol to 2.15 a.m. and urged the court to restrict the hours to 1.30 a.m. The increased regularity with which public order offences were occurring was cited as the main objection.*

It is stated "that the Gardaí argued that public order disturbances emanated mainly from the operation of late-night clubs" (June 10th, 2004: 2).

There are quite a number of articles and reports in other editions of the Bray People for 2004 which relate to public order offences and drunken driving, therefore substantiating that alcohol consumption in the Bray area is problematic.

Participants in the focus groups were very concerned about alcohol use:

*And isn't there also a tendency for the purpose of going out for a drink is to go out to get drunk – that's certainly new from my early days.*

*(woman) But you only have to go up the road at night time and see the carry-outs that the guys are taking up the fields and places like that. You know the quantity they're taking in the plastic bags and they're going off to these lonely places for to have their sessions in. Because they're too young to go to pubs, they're not allowed for other reasons (13:39).*

*And it's affecting far more people. The problem of alcohol, the age at which kids are drinking, and also the rise in these alcopops. And the effects that they're having on people. I think parents now, if you were to encapsulate their concerns now, their concerns are at that level, rather than around drugs (13:98).*

*But just to reinforce ... point – in terms of the antisocial behaviour-that scored very high across the board, as being an issue and a strong concern for people. And whether that issue then, the antisocial behaviour, probably in some ways, not in totality, is linked in with alcohol issues. People are not associating alcohol as being a drugs issue, by times, I think. If you get a questionnaire and you see drugs as a category, then they think of illegal drugs (13:101).*

*Well, for me, living in Bray ..... very little, quite honestly. I don't think they have much impact, really. The bigger impact, you know, would be much more the use of alcohol in the younger generation, which has had, quite honestly, a big – (15:151).*

## Cocaine

Cocaine is an expensive drug and its use is widespread in Bray. It is a very addictive drug and in the words of one of the Health Board outreach workers should be called "more". This change in drug use creates a different effect within the community.

*But the fact that it is so much out there, and so cheap at the moment as well, that's the new drug - heroin is like old fashioned now. 'God, you're only taking that?!'*

*Yeah, but the biggest concern I actually have about the coke is the people who say, and I've met so many of them, oh no, I don't do drugs any more – I have the odd snort of coke. So, that's acceptable to them. There are kids of 13 and 14 that are getting into discos and they are snorting coke. So it's the acceptability of coke. It's a middle-class thing anyway (12:122)*

In terms of current dealing in cocaine, participants described that in some cases it is handed out free:

*And cocaine, it's a big thing.*

*Cocaine is being handed out free. Free at the moment ... outside schools.*



*Cocaine ... what happened last autumn, there was a drought of heroin, last autumn, in August/ September. Users were convinced that the drug dealers were over in Spain and didn't care about them. But anyway! But cocaine started to be used then, quite a lot (13:172).*

*But coke is becoming a real 'classy' drug like, it's seen as. And I think that – I've been away for quite a while now, but I think since I've been away it's become more popular – like even in six months, it's become more popular. And that's very sad, to think, that in that short space of time, that something could become such a (14:228).*

*It costs nothing to get coke. And, as well, hash is easy to come by. But at the moment you're paying the same amount for hash as you're paying for coke. So coke supposedly gives you a better buzz so (14:143).*

*(woman) And that's my fear, the actual drop in age. But the fact that coke is more acceptable makes it more dangerous. Heroin was always the ... you're a junkie if you take heroin. Absolutely not now, if you take coke. And that's the frightening part. The fact that coke is so addictive, which an awful lot of people don't realise, it is so addictive, but it's so acceptable. And it's acceptable even at a young age. Here, have a snuff of coke, it will wake you up (12:249).*

In the feedback session one participant commented that there had not been a drought of drugs for a long time in Bray. This, participants agreed, was indicative of the ease with which drugs were being brought into Bray and the network for distribution that appears to be very well established.

The "Bray People" also reported on the prevalence of cocaine in Bray. On the 21st of January, 2004, the front page was titled "Gardaí make major drugs seizure". The article stated that the Gardaí "made one of their biggest ever drugs seizures when they recovered cocaine with a street value of €145,000 in a raid on a house in the ... area of town". According to the article a 33-year-old man was arrested and charged with possession of cocaine for the purpose of sale or supply (21st of Jan, 2004, p.1). On the 22nd of July there was an article about a Bray man who was charged with having 5,000 Euros worth of cocaine for sale or supply to others and who had been formally sent forward for trial at the next sitting of Wicklow Circuit Court (22nd of July, 2004:11 ).

Since the introduction of cocaine to this area the Gardaí noticed changes.

People were particularly concerned because they felt that there was no obvious treatment response to cocaine:

*because coke is so rampant now, which is more – methadone isn't going to counter that (12:242).*

This appears more complicated by the fact that people describe two cocaine problems:

*There are two cocaine problems, I think, as I tried to point out. There's a cocaine problem that ... mentioned, people with money just using it as a recreational substance – of course it isn't like heroin, it's more like alcohol, in the sense that people can take it and leave it. Although, people who have addictions, like to heroin or are on methadone, they can't take it and leave it. They take it all the time. And as a result you have a major problem in that group (13:269).*

## Crack Cocaine

Participants in one focus group discussed the presence of crack cocaine in Bray. Overall they felt it had not really arrived yet. In response to the question 'is it used in Bray' one said:

*No not that I know of (13.211);*

and another hesitated and said maybe:

*in some areas (13.213).*

This information was supported in a Bray Drug Awareness meeting where workers discussed the arrival of crack cocaine in nearby areas if not yet in Bray and the need for developing alternative treatment responses. Crack cocaine users, it was suggested would not be attracted to the type of service currently available for heroin users.

## Benzodiazepines

While use of Benzodiazepines has little significance in official statistics, participants were very concerned about this issue. They felt that Benzodiazepines were easily available and widespread in use. Some reflected that the uncertainty about what drugs the user was actually getting was an added risk.

## Drug Markets And Drug Dealing Locally

Participants reported that dealing had become more organised and more hidden. Young kids were being employed to ride around on bikes getting their instructions about drop offs by mobile phone. People felt that there was no shortage of any drug. They were concerns also about the apparent ease with which users could access prescription drugs, in particular Benzodiazepines.

## Community Response 1996 – 2004

Community action in Bray appears to be somewhat limited to a small number of very dedicated people. The theme that emerged in the data seemed to indicate that there is an ongoing issue regarding the place of community activists and or volunteers in the development of 'professional' services. The issue did not appear to be as significant in the other two areas.

### Volunteers And Professionals

It was evident that a number of dedicated volunteers were at the forefront, in terms of drawing attention to the needs of drug users in Bray from the early-1990s. The government response appeared to emphasise the provision of professional personnel. This resulted in a range of services being developed in the Bray area, which participants clearly valued. However there was discussion that the professionalisation of the response had in some way undermined or devalued the volunteer effort. Some participants commented that it was difficult to engage people in a voluntary capacity because it all fell to the same few people.

Many of the participants suggested that people were in some cases frustrated that things were not improving as they should. Community activists are still committed to helping but there was some discussion that it is still the same handful of people that have been involved from the beginning.

*I do think – we had huge energy when we had the Celtic Tiger, but you can see, you know, kind of a little lack of activity creeping in the last year or so. Because lots of things again that were promised never happened. And we say that again in the context of young people's facilities and services, while we hoped to have three designated youth centres in Bray, and until you get those centres, that is not going to happen (16:128).*

*I can't, I couldn't say it's got worse. To be honest. But living in the estate-it may have – you probably think ... some of the residents' associations have sort of lost their spark. But I think it would be very foolish to think that it's better.*

*(facilitator) What we're hearing is that people are tired.*

*(woman) Yeah (14:120).*

*I'd say it's frustration more than fear ... I'd say people are frustrated that nothing's being done. I'm not really aware of what happens ... but what else is being done besides methadone (14:122)?*

In discussing this issue at the feedback session many of the participants raised the point that community representation on the Drugs Task Force at this time consisted only of people who were working in the drugs scene in the Bray area. One participant, who had been involved as a community representative on Health Board services described a situation in which they felt they had not been listened to and felt disrespected.

## Development of services

It is important to note that one major change in Bray since 1996 in relation to service provision is the establishment of the Bray LDTF in 2000. In January 2002, a total of 17 projects were funded under the BLDTF Action Plan, covering the areas of Treatment/Rehabilitation, Prevention/Education and Supply Control. All of these projects were, at the time of writing, in operation and are on interim funding and in time to be evaluated for effectiveness. Under this plan, certain groups are targeted namely – young children in school by means of homework clubs and breakfast clubs, children of drug users through social and emotional support at school and pupils in 6th class in school by way of direct drugs education and treatment/rehabilitation. The plan also targets active drug users, their families and drug-using parents, as well as members of the Traveller community who experience illegal drug/alcohol use.

Examples of Community Orientated Organisations in Bray include:

- Bray Local Employment Service Network: the aim of this organisation is to provide confidential information, advice and support to unemployed people within the community who wish to return to work
- Bray Youth Service: This is a joint project of the Catholic Youth Council and the County Wicklow VEC. It consists of an Education Officer, three Development Officers, a Youth Information officer, a Community Employment (CE) Supervisor, 16 CE staff and one Job Initiative Worker
- Bray Youth Information Centre: This centre provides special services to the youth in Bray such as CV Typing Service, European Youth Cards (EYC), An Óige Hostelling Cards, Internet/E-mail and Local Employment Service (LES).

The Drugs/Aids Service of the Health Board also provides services in terms of the local satellite clinics, a mobile needle exchange and an addiction counselling service, as well as having an education officer for the area.

The participants all appeared to agree that overall the provision of services in the Bray area had contributed to improving the drug problem. There was an acknowledgement that methadone was serving an important and useful purpose for many drug users in helping them to establish a more stable lifestyle. However, many voiced concerns that methadone services were not sufficiently therapeutic and may have become simply a way of controlling the situation. The value of long-term dependence on methadone was seriously questioned.

# The Impact Of Drug Use In Bray 1996 – 2004

## Deaths

Information from the national statistics indicated that two people died from drug-related deaths between 1996-2003. Local participants would suggest that this is under reported. Apart from the accuracy of such records, what emerges from this study is that the impact of deaths is not taken into account. Participants spoke of the devastation to families where children had died because of drug use. The impact on these families has a ripple effect throughout the community. This effect is not just about the unnecessary loss of life, but is reflective of the cumulative loss to the community as it attempts to deal with drug use.

What is clear from this research is that in 1996 the community of Bray was mobilised and demanding help with what they had identified as a serious drug problem. What seemed evident in the research also, was the disappointment and frustration of these communities in the face of the relentless impact of drugs on their communities.

Participants were very aware that their community had been affected by the deaths of particularly young people due to drug use. This was an issue that dated back to the early community response to the problem:

*(man) Another thing you have to remember is, people died before this. I think the ones that are called suicide, that is drug related. Even now you don't know the numbers, you won't be told the numbers and you can understand the family not wanting to talk about it (12:150).*

*(woman) Yes, there's been a huge amount of deaths, suicide or overdoses or whatever (13:199).*

Some participants were concerned that users remained unaffected by the death of others:

*Just on that point – we spoke about this, all of us have – out of the 12 or 14/15 deaths that we've had, and on a number of occasions our clients have carried the coffin down or gone to the funeral – it doesn't bother them (12:148).*

There was some discussion among participants of the rate of deaths attributed to drug use and a suggestion that the rate had fallen from the 1996 figures.

*(man) I think that in the period that we're talking about, I can think of twelve who died as a result of drugs – either in the way ... has described – overdose or connected with drugs. One of the things there, there is a great deal of community support for the families when that happens, but it's different from other kinds of deaths, it's more subterranean, and I think that there must be huge hurt out there, a very significant number of people, now, as a result of that, bereavement going on and on and on, which, you know, isn't really spoken about. There was a report there recently on the radio or TV, that by far the ... cause of death ... bigger than car accidents and all the rest. That's a thing. But one thing about that, I know there it was – it would be interesting to see the studies – my impression, and it's just anecdotal, is that there are fewer deaths in the last year or two, than there have been in the former years we were talking about. I think there were fewer than there were from '96 to 2000 (13:200).*

## Crime

In the mid-1990s, Bray became a place where drug users sought to fund their habit by 'jump overs' and street muggings. These were seen by participants in the research as desperate acts, but acts which left the community feeling very unsafe. Some participants spoke of areas that had become no-go areas since the mid-1990s. One participant said that she could no longer walk along the seafront after dark – a traditional local amenity.

*But you could actually live in an area of Bray and – I think it was ... saying it earlier on – and not really be exposed to it.*

*(woman) No. It's not to say – I think people do worry about their children. People in those areas that you say aren't affected, sometimes they're affected more by alcohol than by drugs, and I would know quite a few people whose children have been, say, attacked by groups – and in one particular case, this particular group, with a leader, came back again to this group and said, oh, yeah, sorry about that – I was ... out of my skull, that was drink. But there is a sense in which people are afraid to go about. When I came to Bray first, on a personal basis, I used to walk on the prom at night. I used to go everywhere in Bray. I never stopped ever to think about anything. Now I just wouldn't. I would not walk around Bray in the evening (11:96).*

In November 1996 the Gardaí at Bray carried out a comprehensive study on illicit drug use and related criminal activity. The study entailed compiling a database of all known hard drug users in the Bray area. The study indicated that there were 93 hard drug users in the Bray area in 1996. Of these, 67 were found to have criminal convictions. The type of detected crime included burglary, larceny and robbery. The study concluded that drug users perpetrate the vast majority of crime in the Bray area (O'Sullivan & Roche 1998:15). Therefore, high crime levels may serve as an indicator of problem drug use in an area.

A detailed analysis of the local newspaper for 1996 revealed that 52 that came before the Bray Court, related to drugs, were reported in the newspaper. This may reflect an increased activity in crime related to drug use but the newsworthiness of such items should not be dismissed. The study makes no claim as to the accuracy of the figures for drug-related crime as presented through news reports but such reporting would inevitably have an impact on the perceptions of local people with regard to the prevalence and nature of drug-related offences.

As one participant recalled:

*If you were to encapsulate the feeling of the community, the fears of the community – like in whenever, '96, and now – I think that is one big change. The fear of break-ins in your house in '96, now the fear is going out at night, of antisocial behaviour. And very often, drink related, rather than drugs-related (agreement) (11:97).*

The impact on local business was raised by many participants. This concern was also reflected in local news items.

Local traders were one group of people who appeared to suffer as a result of crime from late December 1995 throughout 1996. The January 18th issue of the newspaper ran with the front page headline “*One-a-day attacks provoke climate of fear – Traders rocked by new crime wave*”. This article reported that local traders were seriously affected by a crime spree which lasted for four weeks, with retail businesses being the target of crime at a rate of once per day over a 28-day period. The article was clear that drug addiction was the main reason for the huge upsurge in crime and reported that syringe robbery took place at a petrol station, an armed gang raided a convenience store, and a snatch thief robbed £1,000 from a local ... Stores. The article reported that:

*Drug addiction is being widely cited as an explanation for the latest crime wave with cash-strapped addicts seeking out easy targets for money to feed their expensive habits*  
(Bray People: January 18th, 1996: 1).

A local shopkeeper said that as a result of the crime spree, local businesses were working in a ‘climate of fear and intimidation’ (Bray People 1996 18th January) and that more local traders would be forced to close up earlier than they were then doing. The chairman of the Retailers’ Sub-Committee of Bray Chamber of Commerce stated that he had never experienced such a crime spree and that said committee intended to establish a local ‘Business Watch Scheme’ in an effort to “improve lines of communication, tighten security and support the Gardaí in their fight against the criminals” (Bray People 1996 18th January). The Gardaí were praised by the Retailers’ Sub-Committee which stated that the Gardaí had apprehended many of the individuals who had been involved in the recent crime upsurge.

There was no further mention of crime against retailers until the April 11th issue of the Bray People when an article entitled “Crime spree in Bray over the Easter bank-holiday weekend”, reported that local retailers were the victim of five robberies in as many days. One of the robberies, the article reported, was a syringe robbery.

## Fear

There were different opinions about the issue of fear in the community. This may be in part attributed to the success in reaching those not directly effected or involved in drugs. Some felt that they experienced very little negative consequences from the drugs problems.

*Well, for me, living in Bray [regarding the use of drugs] very little, quite honestly. I don't think they have much impact, really. (15:151)*

*Oh, yeah. I think where I live now, it wouldn't be really – you'd include alcohol in this. But there would be – there's loads of metal shutters up and they're not very aesthetically pleasing. It's like everybody has to pull down these metal shutters at night. And that sort of thing. That has changed.*

*And would that be the whole of Bray, do you think?*

*I'd say so, yes, everywhere in Bray. That sort of thing. So I think it would be almost like a kind of barricaded society, barricading themselves up at night, sort of. Now, as I said before, where I live, it has improved immensely ... pockets like the ... Walk, very pretty little walk, and that has its shutters up at night.*

*And there would have been problems before those shutters went down.*

*Yes. Well I would say that the shop windows would have got broken, from alcohol or drugs (13:37).*

The title of the front page of the Bray People on June 3rd, 2004 was "Residents tired of joyriding menace". This article reports that a ... resident stated that "youths have been terrorizing the neighbourhood for the past six months. They joyride around until 5 a.m. most mornings, and they're always drinking and shouting".

## Violence

The participants commented that one feature of the drug scene that had changed noticeably was the level of violence attached to drug use today. The violence was identified at two different levels. One level related to the effect of cocaine and/or alcohol in terms of users being more aggressive and intimidating. One person put it simply:

*I think drug-related crime has got more violent in Bray (14:121).*

As well as use, the second level was related to dealing as well:

*I'll tell you what I've noticed, and it's spoken about among young people, although there isn't the crime figures like the break-ins and that, the serious crime that's caused because of drug-pushing – we were doing a survey ... we were posting out surveys about the levels of conflict in people's lives, and in one particular area, neighbours were able to say that the person they were living next door to, he had a going concern of a drug round of about 30 grand every weekend. This particular guy – it was well known that this guy was able to collect. There were also guys involved with this guy that they bought debts from drug addicts, say if you bought some stuff off him and wasn't able to pay back, this guy would come and buy the debt, and you either paid him or you got it! And there's been some talk about two particular guys that were killed that way. Very violent deaths. But there was nothing that the guards could do to prove it, but it was well known among the young population that this was how or why these guys had died (13:189).*

*Oh-crime and drugs is huge. And I'll tell you, there's kind of feuds going between families and the recent drug find there in our estate, which was just across the road from me – that was supposed to be because somebody else didn't want him on his patch – that t this what – he was holding the drugs - acting as a fence (13:190).*

One participant agreed that there was more violence but was unclear if it was always drug related:

*I wouldn't say that there's been any huge change in the matter of crime. But then I don't think it was always drug related. I think it's to do with other things like just poverty in general in areas and a whole - broader social issues with young people that they're disillusioned, or they're more prone to violence, or whatever, than they might have been ten years ago. And the issues that are everywhere. So I couldn't say that a lot of it is particularly drug-related, that I'm aware of. There are isolated incidents, but you know it's hard to say what has to do with drugs and what doesn't (16:130).*



## Impact On Families

The drugs problem was devastating for families. Many families had more than one member involved in the drugs scene:

*There were definite family break-ups as a result of it and there was some families were very serious difficulties because it was affecting more than one family member. And also had an impact on children, you know, that they would have to be taken into care (16:113).*

Participants recalled that parents did not know who to turn to:

*Parents were coming up saying, 'well, my son has a problem. I can't get treatment. I can't get places for him. I can't get him away to Trinity Court. There's a waiting list ... And those things were coming up, even at that stage (16:117).*

Families suffered from the stigma attached to living in areas known for drug problems even where they were not involved:

*In the community where I live, where I come from, it was a known factor that if you gave the address, ..., on your application form, you wouldn't get called back. But if you gave your grandparents' address, you certainly were in with a shout for the job. Even to go to work in ... or places like that, you had to give somebody else's address (13:136).*

Families are affected in many ways by drugs problems. Some families experience difficulties directly when a family member develops a drugs problem. For others, the effect is more indirect in terms of the consequences of drug use in their community, school or social group. Participants expressed concerns for families living in the areas worst affected by drug use. They also spoke about their own attempts to safeguard their families in the current climate.

Participants reported that as they saw it, many families lost children to drug overdoses or AIDs. Regardless of the numbers involved the impact on families has been devastating:

*We've had one family in our particular area, [referring to the death of a son]. But it was through drug addiction and that. And that had a huge effect, it's a huge loss for the family and it does have a huge impact on the community around (13:62).*

*Yeah, they were showing – you know, there was definite family break up as a result of it and there was some families with very serious difficulties because it was affecting more than one family member. And also had an impact on children, you know, that they would have to be taken into care (15:15).*

*Just, are there any other things in the life of the community that would have been affected directly by drugs at that point.*

*(women) Families would have suffered terribly. Some of the mothers when we did start ... it was very, very sad listening to them. They ... they didn't want people to know (12:157).*

Families turned inward to protect themselves from what they perceived was going on around them.

*I think a lot of people have just kept away from it. I think that's sort of the reaction. A lot of people would be very, very angry with it. A lot of people would be protecting themselves very much (15:7).*

## The Impact Of Drug Use In Bray 1996 – 2004

In two of the groups there was a discussion of how families were looking to themselves rather than the community to safeguard their kids. Families feel that they can protect their children by keeping them away from other kids, not allowing children to play on the street or in local parks.

The CAT service reported experiencing an increase in the number of referrals, queries, phone calls and meetings with parents in relation to alcohol and drug misuse by teenagers. This is a serious concern, as service provision is not extensive for the under-18 age group.

This has been pointed out on numerous occasions by community workers, service users and professionals in the area. As was stated in the focus groups, young people are becoming involved at a younger age, there is less for them to do and little or no affordable amenities.

*That's the way we brought up our kids, but at the end of the day, society has changed so much. ... is absolutely appalling, drug wise and everything else,*

*(man) Kids out at all-hours... outside the community centre. The community centre up there has been damaged ... (14:134).*

Participants identified the issue of homelessness as a growing concern. Some of the people living on the streets in Bray, it was suggested, may have come from Dublin because they felt it would be safer in Bray. This issue was reinforced at the feedback session. The numbers are still relatively small but for Bray it is an expanding problem that people are taking very seriously.

### Impact On Value Of Property

Participants did not comment specifically on this issue. This may be a reflection on the fact that Bray contains very diverse economic areas and many parts of Bray continue to be high-value property areas.

### Impact Of The Economy On Drug Use

In some respects the question of the economy has served to disguise some of the difficulties related to drug problems in Bray. Again this relates to the diversity in terms of economically advantaged and disadvantaged areas that constitute the Bray area. It was not surprising that the topic was not raised by participants other than to comment on the Celtic Tiger and the improvements for all brought about by the economic advancement.

### Health

The Bray Drug Awareness Week 2004 held a community conference entitled "Drugs: Emerging Trends". Dr. Des Corrigan spoke about "experimental drug use in the East Coast Area being higher than average, with cocaine use as the highest in the country. Due to this change in drug activity, and due to increased use, the prevalence of HIV and hepatitis C is on the increase".

Official statistics can help to fill in the picture in relation to drug use and some health related issues.

## Health/Infectious Diseases

**Table 6: The amount of people who have sought treatment in Bray who have ever injected 1996-2002**

Year	Ever Injected		Total
	Yes	No	
1996	19 (86.4%)	3 (13.6%)	22 (100%)
1997	33 (86.8%)	5 (13.2%)	38 (100%)
1998	16 (72.7%)	6 (27.3%)	22 (100%)
1999	18 (85.7%)	3 (14.3%)	21 (100%)
2000	61 (96.8%)	2 (3.2%)	63 (100%)
2001	128 (90.8%)	13 (9.2%)	141 (100%)
2002	113 (80.7%)	27 (19.3%)	140 (100%)
<b>Total</b>	<b>388 (86.8%)</b>	<b>59 (13.2%)</b>	<b>447 (100%)</b>

*Source: NDTRS Data 1996-2000, e-mailed 19/03/03 and 2001-2002, e-mailed 28/07/04*

As illustrated in Table 6 above, the vast majority of those who present for treatment for drug use engage in injecting. This continues to be a high-risk behaviour and it is worrying to see the trend continue.

**Table 7: The amount of people who have sought treatment in Bray and who have ever shared (injecting equipment) 1996-2002**

Year	Ever Shared		Total
	Yes	No	
1996	12 (63.2%)	7 (36.8%)	19 (100%)
1997	29 (90.6%)	3 (9.4%)	32 (100%)
1998	10 (76.9%)	3 (23.1%)	13 (100%)
1999	10 (76.9%)	3 (23.1%)	13 (100%)
2000	31 (70.5%)	13 (29.5%)	44 (100%)
2001	71 (73.9%)	25 (26.1%)	96 (100%)
2002	71 (73.9%)	25 (26.1%)	96 (100%)
<b>Total</b>	<b>234 (74.8%)</b>	<b>79 (25.2%)</b>	<b>313 (100%)</b>

*Source: NDTRS Data 1996-2000, e-mailed 19/03/03 and 2001-2002, e-mailed 28/07/04*

Table 7 illustrates that the majority of those who engage in injecting also share their equipment.

Research carried out by Brady et al. (1999) found that drug misusers in Bray were not a homogeneous group, that the clientele cut across socio-economic divides and that the drug problem in Bray was multi-layered with some areas in Bray being known to have a range of social problems, with other areas having more hidden social problems due to the fact that they are mixed with privately owned estates (cited in Bray LDTF 2001:25).

## Examples Of Government Initiatives In Bray

The Community Development Programme (CDP) was established as a national programme by the Department of Social, Community and Family Affairs in 1990 in recognition of the role of community development in tackling poverty and disadvantage. The programme provides financial assistance to projects towards the staffing and equipping of local resource centres which provide a focal point for community development activities in the area and to other specialised community development projects and initiatives having a strategic importance. These projects provide a range of supports, development opportunities and services to community groups and individuals within their areas. At present there are over ninety projects nationally participating in the programme or in the process of being set-up.

### Bray Partnership

Bray Partnership is one of 38 local development companies in Ireland. Bray Partnership was set up in 1995, aiming to tackle social exclusion using an 'integrated' approach. In effect, the integrated approach is about bringing together local community groups, statutory organisations, social partners and elected public representatives to address social inclusion by devising local solutions to locally identified issues ([www.braypartnership.ie/about.htm](http://www.braypartnership.ie/about.htm)).

Bray Partnership understands community development as being concerned with the task of promoting social inclusion through the active participation of those communities experiencing exclusion. The partnership recognises the difficulties faced by individuals and communities who experience social exclusion and are thus barred from active citizenship.

On a local level, the ongoing work of community development and service provision in Bray has a range of needs. There are groups in need of basic administrative and organisational support. The needs can range from pre-development to consolidation, to influencing policy (Bray Partnership 2000: 11). The Partnership's community development team supports people to come together who want to address specific issues affecting their communities and the people within them.

Some of the problems inherent in defining Bray can be evidenced by the application of EDs to policy considerations. For example, for the purposes of the Bray Partnership Bray is divided into seven EDs: Bray 1, 2 & 3, Rathmichael, Kilmacanogue, Shankill-Rathmichael and Shankill-Shanganagh (the current study excluded Shankill-Rathmichael and Shankill-Shanganagh on the basis that the consensus of opinion among local informants was that these two areas were not generally perceived to be part of the community of Bray).

### Local Drugs Task Forces

These were established in 1997 in areas experiencing the worst levels of opiate misuse (including two other areas in this research, Ballymun and Crumlin). The areas where the Drugs Task Forces were established correspond directly with those areas designated, on the basis of objective criteria, as being economically and socially disadvantaged under the Operational Programme for Local Urban and Rural Development 1994-99 ([http://www.oireachtas-debates.gov.ie/\(B\)](http://www.oireachtas-debates.gov.ie/(B))). The CDP in Bray lobbied to get Bray designated as the 14th LDTF, which was achieved in 2000. It receives funding from the Bray Partnership, the Little Bray Family Resource Centre (funded through the Department of Social and Family Affairs Community Development Support Programme), Bray Urban District Council, Co. Wicklow VEC, the EHB and FÁS.

When reflecting on the fact that Bray did not get a Drugs Task Force in 1996, participants voiced their disappointment that Government failed to hear their concerns. There was much discussion in focus groups about the issue – many felt that commercial and political interests were best served by excluding Bray. Bray's reputation as a holiday destination would have been negatively affected, it was felt by participants, if it was identified formally as having a heroin problem. Participants also discussed the idea that property investment might have suffered if Bray got a name as a drugs area. Whatever the reasons, participants in the study agreed that there was ample evidence of a drugs problem in Bray by 1996, and they feel that inclusion in the Drugs Task Force, with its allocation of funding, might have prevented the problem from developing as it did.

The first meeting with the health board took place in 1995, in an attempt to establish a service for drug users in Bray. Bray was designated as an LDTF area in 2000.

The LDTFs have action plans which include a range of measures in relation to treatment, rehabilitation, education, prevention and curbing local supply. The focus of the plans is on the development of community-based initiatives to link in with and add value to the programmes and services already being delivered or planned by the statutory agencies in the areas, while at the same time allowing local communities and voluntary organisations to participate in the planning, design and delivery of those services.

The type of projects receiving support as part of the plans include local information, advice and support centres for drug users and their families, Bray CAT, special projects aimed at children involved in drugs or at risk, the production of drug awareness materials, drugs training programmes for community groups, teachers, youth workers and other professionals, rehabilitation programmes and initiatives to allow local communities to work with the State Agencies in addressing the issues of supply in their areas.

(<http://www.pobail.ie/en/NationalDrugsStrategy/TheLocalDrugsTaskForcesLDTFs/>)

## RAPID

In February 2001, five estates in Bray were deemed to be among 25 of the most disadvantaged estates in the country, based on information from the 1996 census. The time lag in processing census data from 1996 might have contributed to the Drugs Task Force decisions overlooking what by 2001 was recognised as serious problems of disadvantage in at least some areas of Bray. Based on the census data from 1996, certain areas in Bray are included in the RAPID initiative for revitalising areas through planning, investment and development, where resources through the National Development Plan will be front-loaded and focused towards those most at risk.

RAPID is based on the model of a bottom up approach where the community identifies its needs, with a top-down response, whereby statutory organisations meet those needs.

## Comments On Improvements

There was a consensus that the establishment of treatment services in communities was a huge step forward. However, many voiced the concern that these treatment-based facilities were not having any impact on preventing the problems. Across the three communities there also appeared to be disillusionment about methadone use. People talked about the fight to get services. They described attempting to influence the government. In the early days they did not even think about methadone; then they fought to have methadone clinics locally. But it seems that drug users get stuck on maintenance and so the pressure is off. Community activists, and some service providers, talked about their dissatisfaction with this as an outcome of treatment. There was some debate among participants about maintenance. A number were aware of people who had been stabilised and then got back into work and a stable lifestyle. However, others were aware of long-term methadone users who seem to be stuck.

In Bray, other participants suggested that there was an improvement in other facilities for younger people. They identified playgrounds and limited sports facilities. Across the three communities, attitudes to the success in providing such activities differed; some participants felt that things on this front had not improved at all.

Participants also commented that young people today were more aware of drugs problems and were better able to protect themselves. This did not diminish the concern that many young people do not appear to consider cannabis/hash, E, cocaine or alcohol to be potentially dangerous drugs.

At the outset of this research, Bray was identified as a community. This inevitably proved to be a simplistic notion, a product of outsider information. By working with people in the Bray area, this initial misconception was quickly challenged. While Bray certainly has a unifying identity as a rural town under the canopy lies a more in-depth tale of diversity and diffusion.

## Concluding Comments

Overall the data suggests that while people acknowledge the major advances due to the provision of services, they remain disillusioned and frustrated that the drugs situation in Bray has not improved. It has changed and continues to change. In relation to drug use, the main presenting problems are heroin and benzodiazepine dependence. This may be reflective of the services currently being provided rather than the needs of the community. Part of the changing face of drugs problems in Bray is clearly the emergence of cocaine as an easily available and popular drug of choice. The concern regarding the structure of methadone programmes and the lack of facilities for young people, in particular, around alcohol were evident.

Participants in the research were appreciative of the opportunity to tell their stories. They provide a rich, interesting and often upsetting account of the struggle to respond to the impact of illicit drugs in their community. What stands out in particular were the early attempts by community members to embrace the needs of the drug users themselves while attempting to prevent the escalation of the problem. The community story is not adequately told by official statistics or general social indicators alone. The main report of this study draws on community accounts of their experiences with drugs problems to develop a more sensitive understanding of drug use and its impact on community life.

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Bray People : 1995, July 27th

Bray People: 1996, January 18th, March 11th, April 11th and 25th, August 29th and September 19th.

Bray People: 2004, January 21st, June 3rd, 21st and July 22nd.

## Weblinks

<http://www.pobail.ie/en/NationalDrugsStrategy/TheLocalDrugsTaskForcesLDTFs/>

<http://www.braypartnership.ie/about.htm>

<http://www.pobail.ie/en/NationalDrugsStrategy/TheLocalDrugsTaskForcesLTDFs/>

<http://www.braypartnership.ie/community/development.htm>

<http://www.doh.ie/pdfdocs/stats-hiv aids.pdf>

<http://www.garda.ie/angarda/statistics/report99.html>

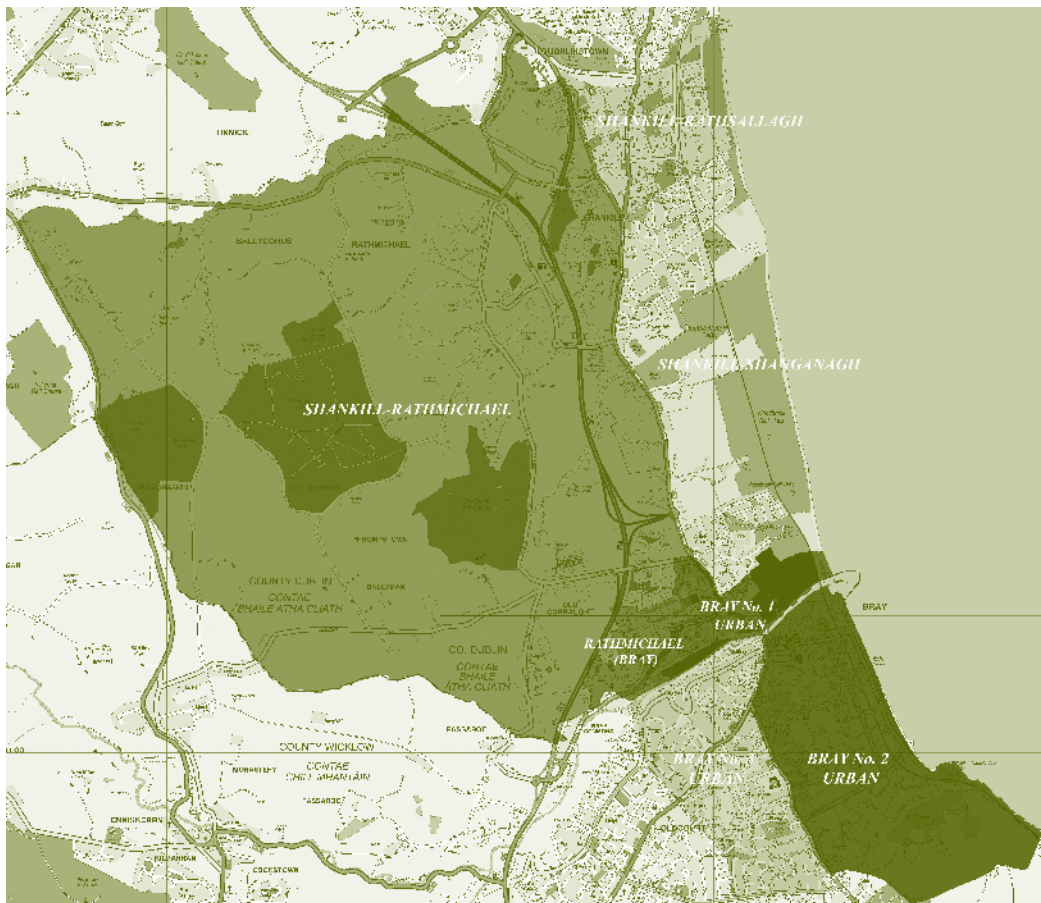
<http://www.garda.ie/angarda/statistics/report2000.html>

<http://www.garda.ie/angarda/statistics/report2001/stats02.pdf>



# Appendix 1

Map of EDs for Bray



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## Appendix 2

### Population rates per ED in Bray in 1996 and 2002

District	1996	2002		Change in Population		
	Persons	Persons	Males	Females	Actual	Percentage
Bray Urban Area	25,252	26,215	12,534	13,681	963	3.8
Bray No.1	1,557	1,624	789	835	67	4.3
Bray No.2	5,870	5,932	2,753	3,179	62	1.1
Bray No. 3	6,954	6,671	3,268	3,403	-283	-4.1
Rathmichael	2,516	2,451	1,152	1,299	-65	-2.6
Kilmacanogue	8,355	9,537	4,572	4,965	1,182	14.1

Source: Census 2002, Preliminary Report

## Appendix 3.1

### Employment status by ED of those aged 15+ in 1996 & 2002

Area	Bray 1		Bray 2		Bray 3		Rathmichael		Kilmacanogue		Total	
	'96	'02	'96	'02	'96	'02	'96	'02	'96	'02	'96	'02
<b>At Work</b>	37.2	<b>48.0</b>	43.6	<b>48.2</b>	48.9	<b>54.2</b>	34.3	<b>43.6</b>	53.5	<b>59.9</b>	47.5	<b>55.1</b>
<b>1st Job Seek</b>	0.64	<b>0.87</b>	0.43	<b>.46</b>	.59	<b>0.55</b>	2.5	<b>1.0</b>	1.1	<b>0.54</b>	.91	<b>0.56</b>
<b>Unemployed</b>	14.4	<b>7.1</b>	5.4	<b>2.5</b>	6.7	<b>3.7</b>	18.6	<b>9.8</b>	7.5	<b>4.5</b>	8.1	<b>4.2</b>
<b>Student</b>	6.3	<b>7.1</b>	11.9	<b>11.8</b>	15.1	<b>12.9</b>	10.3	<b>11.2</b>	13.2	<b>11.2</b>	12.8	<b>11.6</b>
<b>Household Duties</b>	21.6	<b>11.7</b>	20.3	<b>12.7</b>	17.3	<b>13.2</b>	25.1	<b>18.2</b>	18.2	<b>13.6</b>	19.2	<b>13.5</b>
<b>Retired</b>	13.4	<b>14.0</b>	16.1	<b>18.7</b>	9.2	<b>10.8</b>	5.7	<b>9.0</b>	4.6	<b>6.4</b>	9.1	<b>10.2</b>
<b>Unable to work</b>	6.3	<b>10.3</b>	2.2	<b>4.4</b>	2.1	<b>3.3</b>	3.4	<b>6.1</b>	1.7	<b>2.8</b>	2.4	<b>3.7</b>
<b>Other</b>	0.16	<b>0.95</b>	.04	<b>1.2</b>	0	<b>1.4</b>	.06	<b>1.1</b>	.01	<b>1.0</b>	.03	<b>1.1</b>
<b>Total</b>	100	<b>100</b>	100	<b>100</b>	100	<b>100</b>	100	<b>100</b>	100	<b>100</b>	100	<b>100</b>

Source: Small Area Population Statistics, Census 1996, 2002

## Appendix 3.2

### The employment status of all those who received treatment in Bray between 1996 and 2000

Year	Employment		Total
	Regular Employment	All Others	
1996	3 (13.6%)	19 (86.4%)	22 (100%)
1997	5 (13.9%)	31 (86.1%)	36 (100%)
1998	2 (10%)	18 (90%)	20 (100%)
1999	7 (33.3%)	14 (66.7%)	21 (100%)
2000	19 (32.2%)	40 (67.8%)	59 (100%)
<b>Total</b>	<b>36 (22.8%)</b>	<b>122 (77.2%)</b>	<b>158(100%)</b>

Source: NDTRS data e-mailed 19 March 2003





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