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A SURVEY OF DRUG ABUSERS IN IRISH PRISONS

.he recent **increase** in drug abuse in Ireland is reminiscent of the increase **which** began in the late sixties, but is in many respects aore serious and **alanninc En** 1974 the European Committee en Crime Problems in its report "Penal Aspects'of" Drug Abuse", spoke of a recent "explosive trend of increase in drug abuse. According to the report the Irish experience reflected the **growth** of drug abuse in Europe. The report included an **estimate** that in 1970 betveen 2,000 and 2 500 people were involved in drug abuse, mainly of **cannabis** and LSD, in the Dublin' region (population 1 million). In retrospect, most of the drug-taking in **Ireland** in that period can be viewed as a by-product of an almost worldwide Zeitgeist that promoted youthful idealism, sexual revolution, political protect and flower power. As this Zeitgeist faded in the face of harsher socic-econonic realities so also did the popular fascination with LSD and cannabis. Although undoubtedlv there were casualties of this period, young people who became long-term addicts, the large majority emerged relatively unscathed and abandoned their experiments with drugs. Such an outcome is highly unlikely in the case of the present epidemi; of misuse of heroin in Ireland.

Also in the late sixties and early seventies there was a degree cf confident self-advertisement about drug-taking. This was expressed in the youth culture through popular songs, movements for the legalisation of cannabis and philosophies that espouse drug-taking as a route to consciousness expansion and self-fulfindent. In contrast the recent phenomenal rise in drug abuse in Ireland has been insidious, secretive and based on an unreflective philosophy of hedonism. It has only slowly forced itself upon the public awareness. The first notifications of a serious problem came in 1978 and 1979 from a number of centres in Dublin for the treatment of addicts. They reported an ever increasing and ever younger clientele involved with heroin.

By 1930, a significant increase in addicts had also been noted by prison authorities. A large majority of these addict offenders were convicted for thef: rather than drug-related offences, but were arriving in prison in need of medical ::ea:zent for drug dependence. This was an entirely new problem for Irish prisons and little was understood about these offenders' lifestyle and drug-taking behaviour. In an effort to raise the level cf information in these areas, Thomas Gilmore, the Senior Welfare Officer in Dublin's largest prison, and mysel: undertook a survey of all the addicts we could trace in Dublin's two committal prisons (male and female), and in the male juvenile detention centre.

In May 1931 we traced, through the prison welfare and medical services, 39 drug abusers in the three institutions. The total population cf the three institutions was a little under 600 offenders, which gives a proportion cf 6.5% drug abusers. These numbers were obtained using strict selection criteria, tr.s. is to say only serious drug abusers were included in the survey. Offenders who used minor tranquillizers or cannabis were excluded, as were people who ha~ not beep. using drugs on a daily cr near daily basis. Since it is probable **that ?---** adcicts had escaped the notice of the prison welfare and medical services **th-S figure** of 6.5% **must** be considered ar. underestimate of the number of serious cr::.; abusers as well as far below the proportion of offenders with some experience o: drug use. **Most** alarming, however, was the discovery that, in **Msy 1932,** cn-2 **ye*.**

after the original survey, the three institutions held 69 serious drug abuser= according to the sane strict selection criteria. This represents an increase over the year of 77% and indicates that in 1982 at least 11.5% of the)ffender-vcra serious drug abusers. This upward trend has continued into 1933.

Thirty-four of the drug abusers agreed to be interviewed for the purpose of our survey. Of these, 23 had been daily users of heroin, 5 daily users of other narcotic analgesics, 1 *r.a.d* been addicted to barbiturates and 5 had been regular users of LSD. The average age of the group vas 22 years and while 7 offenders were serving their fir.al term of imprisonment the other 27 had between them faced 95 separate terms in custody. Only about 10% of convictions were for offences under the Misuse of Drugs Act and a majority of the offenders had criminal convictions that pre-dated their drug addiction.

The 34 drug abusers had distinctive social and demographic characteristics. They were all Irish and all from the lover socio-economic classes. They were poorly educated, indeed only one of the group had attended school beyond the ace of 16 years and less than one third of the group had experienced continuous, ful-time employment for longer than cne year. Furthermore 19 of the 34 were themselves from families with at least 8 children and 15 of their families of origin were then, through death or separation, without one or both parents, VTr.ile only 7 of the 34 were married, 12 had children. These statistics clearly evoke a background of severe social, economic and educational disadvantage and in many cases almost inevitable parental neglect. To complete this stark picture we discovered that the majority had had their first e>rperience with narcotic dru23 by the age of 16 years, in their own neighbourhood, and in the company of their teenage friends.

While socially the group was remarkably homogeneous, the pattern of drug use of the 28 narcotic users was ever, more obviously stereotyped. A large majority had experience cf cannabis and miner tranquillizers, but they tended to discourage this *as* something ccrmmonplace and unremarkable, like cigaret te-smoking or beer-drinking. Use of narcotic analgesics had usually begun with the synthetic cpiate;, such as Dicar.ol and Palfium, which are widely prescribed by the medical profession. as painkillers. Initially these would be taken in their tablet form. Hovever mar.y ir. the grcup had then quickly graduated through three further steps in the mode of drug-taking. First they ground the tablets ar.d "snorted" the powd=r, absorbing the drug through the mucous membrane of the nose. In the second stage they wcuic dissolve the powder in water and inject the liquid intra-muscularly Finally, and all 23 people had progressed to this stage, they would inject the dissolved drug directly into the blood-stream through a vein. Once this final stage - "mainlining" - had been, experienced there was never any turning back to the slower and less dangerous methods of taking. Most had switched to a predominant use of heroin after a short period with the synthetic opiates. A considerable number had used cccaine on a few occasions, but use of amphetamines. barbiturates and hallucinogens was rare. Indeed, for the whole group, drug use was largely restricted to the various opiates, with heroin very much the drug of preference. The amount cf heroin used varied considerably according to the individual's level of developed tolerance, from less than 1/3 gramme *a* day to 1.5 grammes a day

Sincee hcroin then cost between £30 and £100 a gramme on the street. paying for a daily habit was a formidable financial burden. The men obtaining most of their fumd.s from house-breaking, robbery - usually handbag-snatching and the occasional direct theft of drugs from a chemist shop. On the other hand, the

women resorced frequently to false medical prescriptions, metnacone maintenance (a treatment which is no longer available in Dublin) or cetrxification program—es and, for money, shoplifting. If these prison addicts were an all typical of the far greater numbers of heroin users outside prison then it is clear that a verv large proportion of crime in the Dublin area is undertaken in order to pav for a drug habit.

Fifteen c: the group had suffered a bout of hepatitis and almost all these **injecting** substances had suffered damaged veins and skin abscesses. A surprising *50%* of the group had, on at least one occasion, critically overdosed. Eight, tha: is about [1]/A of the group, had made a serious attempt at suicide. Nonetheless, 11 out of the 34 addicts claimed to have had no experience of treatment whatsoever. Seventeen had undergone cethadene detoxification outside the prison on from one to ten occasions. Apart from medical detoxification centres and some psychiatric hospitals there is only one centre in Ireland that is specifically intended for drug abusers. This centre runs a drug-free residential programme similar in concept to the Daytop Village in New York, which emphasises the need for character development through psychological and social influence. Ten of the group had started at this centre but not cr.e of them was able to complete the year long programme. Five of the ten remained less than one week in the programme. We also asked the group about their attitude to using drugs in the future. Their responses were instructive, particularly in view of the fact that all 27 offenders, who had served a previous term in custody, had quickly returned to drug use, although drug-free while in prison. Eleven cf the group had no doubt that they would use drugs again. The remaining 23 answered that they wanted and intended to try to give up using drugs on their release from prison. **However,** whether through defeatism or realism, 17 of this 23 en further thought considered that despite their present decision to reject drugs, they would end up using drugs again.

From the attitudinal viewpoint there was a clearcut subgroup of heroin users. This was a group of mainly teenage boys who had been using heroin daily for less than six months and who were still using small and relatively cheap daily doses. These boys felt that if they really put their Rind to it they could take or leave drugs. They believed their willpower was not only intact but indeed strong. It was just thac they had never had to put themselves to the test. Rather they mace a free choice to take drugs because their friends did, because there was nothing else to do and, most of all, they said, because they enjoyed it. 0: course, in Che case of their continuing drug use their notion of their own willpower was becoming progressively nore meaningless and unrealistic. Indeed it is reasonable Co interpret their belief in their own control of the situation SE £ fundamentally delusory psychological process which does much **hana** because it prevents the drug user from seeking help until the time when he is, in cany respects, beyond effective help. Those beginning, light users of heroin, believe that their dr.: use is their **own** problem, one that they are more than able to handle. It appears impossible t: dissuade then cf this until they have experienced a considerable amount of drug-related hurt and are also very seriously physically and ps/choloiicaily dependent on heroin.

While many of the findings described here no doubt apply to drug abusers elsewhere in Europe, there are some features of the recent Irish experience with drug abuse which are unusual, and particularly disturbing and discouraging. In most European countries, drug-taking is part of an esoteric and rather sophisticated underworld culture in large cities. There are a great many foreign, **well-educated** people involved, and while this underworld is mainly the preserve of the young. they are rarely as young as 13 or *15* years of age. Thesepeople have not had to seek out heroin, rather it has been imported directly into the playgrounds and

back streets of their own disadvantaged neighbourhoods. **Whole** neighbourhoods are discovering that a very large proportion of their teenagers are **experimenting** with heroin and many are going on to become dependent on the drug. The forces of fashion, conformity and peer pressure have come to play a crucial role in the rapid spread of heroin use. Not only has drug-taking become the fashionable chir.; to do, replacing the relatively innocuous cider-drinking of a few years ago, **but** also the natural caution of young people ^about dangerous drugs has beer, thorcuz-.l • un**lemined** by **the** sight of so many **of** their peers **experir.ei**nting witn the most notorious of drugs, apparently without ill-effects. From the vie-point of law >-i order, the problems are very much compounded by the fact that the spread of hcroir. use has largely been concentrated in those areas that already produce a di**sorooortionatelv** high number of **voung** criminals.

Since this **survey** was undertaken, three new treatment prograrr.es for drug abusers have been initiated in the institutions studied. In **the** juvenile detention centre a weekly group therapy session led by a psychiatrist and a psychologist, his been available to drug users. In the female prison extensive education programmes have been run, featuring discussion croups and guest speakers from the outside agencies that offer help to addicts. In the **ciale** prison a temporary release programme for drug users has been initiated that entails the offender's attendance at a hospital for **urinalysis** three times weekly. Previously, drug abusers were not allowed temporary release, so this new programme both corrects an inequitable situation and also encourages drug abusers ro keep themselves drug-free in **oper.** society. These new services supplement the-long established treatments - detoxification on reception in prison (mainly using methadone) and, for selected offenders, the possibility of **serving** or completing a sentence outside the prison system in a therapeutic community for drug abusers. My own view is that, while an enforced drug-free period nay have short and **lor.^-term** benefits for an individual, prison itself is not the most appropriate environment for the treatment of drug abusers. The famous dictum "it is impossible **to** train men fcr freedom in conditions of captivity" is certainly true in the case cf drug abusers. An important requirement for treatment is that an individual be in a position to make a real and active choice whether cr not to use druzs.

Dr. Paul O[1] Mar.or.v