

DOES ULSTER STILL SAY NO? DRUGS, POLITICS, AND PROPAGANDA IN NORTHERN IRELAND

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Considerable emphasis has been placed in Northern Ireland as elsewhere upon providing an estimate of the prevalence and pattern of drug misuse, yet despite the importance of this information, a less than adequate picture has emerged. In this paper, divided into three sections, we attempt to layout and explore the assemblage of factors influencing drug misuse in Northern Ireland and subsequently our knowledge of it. In the first section we endeavor to demonstrate that drug use, distribution, and policy cannot be examined in isolation from the politics and practices of the protagonists to the conflict in Northern Ireland. In the second we critically review existing data on drug misuse ranging from the various public health and law enforcement indicators through to the limited empirical research available. The final section makes urgent calls for quality research in Northern Ireland that would be instrumental in influencing effective drug policy and practice.

Introduction

Drug policies often are motivated by political rather than by public health concerns. Historically, drug policies about use and availability were influenced by the concern for control over markets or trade (Adams 1972; Bemdge and Edwards 1987; Partridge 1978). More recently, the relationship between drugs and politics was central to the controversy regarding U.S. Central Intelligence Agency and French secret service involvement in the heroin trade in Vietnam (McCoy et al. 1972) as well as U.S. relations with General Noriega (Chambliss 1989). Similarly, scholars have argued that the latest U.S. War on Drugs serves to justify the presence of U.S. military on foreign soil in the absence of a cold war (Elias 1993). Discussions have included “state sponsored” traders in drugs (Dorn and South 1990), narco-terrorism (Henze 1986), and the twin dangers of terrorism and drugs in the context of European Union integration (Clutterbuck 1990), all part of what South (1995:419) referred to as the “blurred and murky activities such as drugs, money laundering, arms dealing, and political crime”.

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Domestically, moral panics about drugs have been linked with political competition and, in turn, policy both in the United States (Reinannan and Levine 1989) and in Israel (Ben-Yehuda 1986). Drug policies have also been implemented in response to perceived threats of particular groups, often ethnic minorities. In the 1800s opium use among persons of Chinese descent was outlawed largely because of the concern over sexual relations between persons of Chinese descent and white Americans (Musto 1987). More recently, substantial differences in the amount

of crack-cocaine and cocaine powder result in similar penalties under federal law in the United States, a policy that disproportionately affects African-Americans (Tonry 1994). Drug policies also serve to protect a particular class of people; federal treatment programs in the United States in the 1960s were implemented only after middle class youth were found to be using illicit drugs (Hanson et al. 1985).

These studies have rightly become part of the literature on drug abuse. However, despite the emergence of a vast and diverse literature on the political context of illicit drugs, little has been written about drugs in the context of Europe's longest ongoing political conflict of this century. Northern Ireland.

Little work of a theoretical nature has been done on the relationship between the conflict in Northern Ireland and drugs other than the occasional article appearing in quality newspapers. The official discourse on drugs in Northern Ireland is that until the 1990s, unlike the Republic of Ireland, England, Wales, and Scotland, Northern Ireland did not have "a drugs problem."¹ That official discourse continues that from the 1990s onwards, and in particular during the period of the Irish Republican Army (IRA) cease-fire, a "rapidly growing drugs problem has emerged" (Northern Ireland Affairs Committee 1997:vii), largely based on the availability and use of "dance drugs," primarily Ecstasy. Although some of these arguments may have greater validity than others, we seek to deconstruct that official discourse and to develop a more nuanced account of the drug scene. Given the paucity of research in the area, our work by its nature cannot be definitive, and although we have endeavored to check the authenticity of our information, the difficulties of access and verifiability for any researchers regarding drug use and supply are considerably amplified in a political conflict of the longevity and complexity of Northern Ireland.

The structure of this article is divided into three sections. First, we explore the question of drugs in relation to the ideology and practice of the three protagonists to the conflict. Second, we critically review existing data on illicit drugs in Northern Ireland. Finally, we offer suggestions for future research that might guide effective drug policy.

The Protagonists to the Conflict and their Relationship to Drugs

As Whyte (1990:vii) has suggested, relative to its size, the Northern Ireland conflict has meant that it is one of the most researched jurisdictions in the world, albeit not in the field of drugs. Below we offer a highly simplified outline of the principal protagonists to that conflict and attempt to draw out their various relationships with drug-related issues. This review is by no means comprehensive but rather an attempt to provide sufficient background information for readers less familiar with the complexities of Northern Ireland history and politics to make sense of the account.

On August 31, 1994, the Army Council of the Provisional IRA called a unilateral cease-fire, followed 1 month later by a similar declaration by the Combined Loyalist Military Command. Until that time Northern Ireland had experienced 25 years of political violence with the deaths of more than 3,200 people and tens of thousands injured and imprisoned. The IRA ended their cease-fire in February 1996 and reinstated it in July 1997. Although the main Loyalist paramilitary organizations *have formally* remained on ceasefire since 1994, they have killed a number of Catholic civilians over that period. The Royal Ulster Constabulary (RUC), the police force in Northern Ireland, have continued with their joint responsibility for the policing of "terrorist"² crime (supported by the British Army and intelligence services) and "ordinary" crime such as drug-related offences. These three groups, Republicans, Loyalists, and the British State, are the armed protagonists to the conflict in Northern Ireland.

Republican Paramilitaries

As detailed below, there are considerable differences in the relationship between various factions within the Republican movement and drugs and, consequently, these are dealt with separately.

The Provisional Irish Republican Army (IRA)

The Provisional IRA is the largest and most well known Republican paramilitary group in Northern Ireland. They have conducted a campaign of political violence for more than 25 years (interrupted by two major cease-fires) that has entailed bombings and shootings in Northern Ireland, Britain, and Europe (Bowyer Bell 1979; Coogan 1985; Bishop and Mallie 1989). These included attacks on security forces, political and judicial figures, Loyalists, and economic and non-military targets and, in the latter stages, broadening their concept of "legitimate targets" to include those who built for, or sold goods such as fruit or petrol, to the security forces (Kelly 1988; O'Brien 1993). Their stated objective, at least until the 1994 cease-fire, was the reunification of the island of Ireland, and an end to British jurisdiction in the North of Ireland. However, their resumption of violence in 1996 appears to have been based on the failure of the British government to instigate inclusive all party talks (An Phoblacht 1996). Sinn Féin, the political wing of the IRA, received 15.47% of the overall vote, or 42% of the Nationalist vote in the elections held in May 1996 designed to pave the way for entrance to the all-party talks at Stormont. However, they had been refused entry to those talks, on the stated grounds that the IRA has not reinstated their cease-fire.

As well as engaging in a campaign against British security forces and other targets related to their overall military campaign, the Provisional IRA have also long been engaged in the "policing" of Republican areas against anti-social crime, including the supply of drugs.³ The IRA point to the inability or unwillingness of the RUC to police Republican areas; the actions of the latter in trying to recruit "informers" from among the ranks of petty criminals to pass information on suspected IRA activists (Helsinki Watch 1992; Munck 1988); the traditions of alternative justice systems in Ireland as a challenge to the legitimacy of the state (Kotsonouris 1994); and the pressure from local communities to act as justification for their actions (Sinn Féin 1996). The form of punishments administered have varied from beatings with iron bars and baseball bats studded with nails as well as shootings in the ankles, knees, and elbows (Kennedy 1995). Particularly notorious alleged offenders have been shot to death.

Despite the total cessation of "military activities" declared in September 1994, "punishment beatings" (without shootings) continued and apparently increased (Conway 1997). However, in April 1995, despite the cease-fire, a vigilante group calling itself Direct Action Against Drugs (DAAD)⁴ began a series of murders of alleged drug dealers. That group was heavily criticized by the RUC, Unionist and Nationalist politicians, and the media as a "flag of convenience" for the IRA (Conway 1997; Hollywood 1997). The killings continued amid much controversy as to whether they entailed a breach of the cease-fire (Anderson 1996:3).

The political and ideological rationale of the IRA's apparent decision to begin systematically killing drug dealers at that time is worth exploring in some detail. In the context of a highly disciplined cease-fire, and the efforts by Sinn Féin to galvanize national and international pressure upon a reluctant British government to call together the all-party peace talks, the organization decided to brave the inherent political risks in such a strategy. The authors have been told that they established a separate structure, under centralized command, taking the task of killing drug dealers outside the personnel and structure of the normal IRA "policing squads" and into the hands of individuals normally involved in the "military" campaign.⁵

One can see such an initiative on a number of levels. At a community level, there was certainly considerable concern about the perceived increase in drug misuse associated with the dance or rave scene that resulted in pressure on the IRA to react.⁶ From a military perspective, the IRA were also concerned at the inroads the RUC were able to make by recruiting informers connected to the drug scene that might hamper their ability to restart the military campaign if necessary. At the ideological level, despite its ostensible commitment to a supposed revolutionary and progressive ideology, the IRA has historically shared some of the most conservative views on the question of drugs and their control with British Ministers.⁸ Their social, political, and military fears of the potential of drugs, allied to their natural conservatism on the issue and the potential legitimacy and support to be garnered from being seen to be "acting on it," encouraged the IRA to take political risks in the arena of drugs that they would not have taken in other arenas.

Given their rhetoric and policing activities, from the information we have been able to glean, it is not surprising that it would appear that the Provisional IRA have not been involved in any organized fashion in the sale or distribution of drugs in Northern Ireland. The government (Northern Ireland Office) by and large acknowledges that the IRA do not appear to be involved in the drug business. Citing research based on community perceptions with appropriate caveats, they conclude that:

“Some perceived differences were registered between Loyalist and Republican groups. Loyalists were regarded as being less successful in distancing themselves from involvement both in terms of control and supply, and through personal use. Republican groups had been more successful” (Northern Ireland Affairs Committee 1997:73).

Republican Socialist Groups and Drugs (Irish National Liberation Army [INLA] and Irish People's Liberation Organisation [IPLO])

The Republican movement in Ireland has contained an element that might be termed “Republican Socialism” since at least the end of the 19th century (Ryan 1948). The founding father of Irish Republican Socialism, James Connolly, believed that the question of national liberation from British rule could only be achieved in the context of a class based struggle, “national independence as the indispensable groundwork of industrial emancipation” (Connolly 1987:311). In 1974 the INLA, explicitly donning the mantle of Connolly, was formed as the military wing of the Irish Republican Socialist Party (IRSP), intent upon continuing that tradition. Despite its ideological origins, almost since its inception the INLA has been marked by violent internal schisms, sectarian attacks against Protestant civilians, and, in the latter part of its existence, involvement in ordinary criminal activity including drug trafficking (Coogan 1995:277, Holland and McDonald 1994).

Due to their Leftist leanings, the INLA had established links with various Leftist groups in Europe, in particular in Holland and France (Bowyer Bell 1993). These contacts were originally used to obtain weapons but ultimately became supply routes for the importation of Ecstasy tablets from Amsterdam.¹⁵ One of the schismatic splinter groups to emerge from the INLA was the IPLO and it was they who, according to the most authoritative source on the INLA and its derivatives (Holland and McDonald 1994), began the importation of large quantities of drugs into Northern Ireland.

Holland and McDonald (1994:317) argue that the IPLO was making such substantial profits from drugs that they actually met with members of the Loyalist paramilitary organizations (their principal targets for assassinations) in order to divide territory in Belfast, agreeing to assassinate smaller dealers who stood in their way (1994:317). They established a front taxi firm that was used to ferry drugs to various “raves” and discos around Belfast. After a series of bloody internal feuds, further sectarian killings, and continued activity in the drugs trade, the IPLO was finally disbanded when the IRA killed one leading member, shot several others in the knees, and warned the remaining members to disband or face further violence in a series of actions dubbed by the media as “the night of the long knives.” Although the INLA has continued to exist, despite its membership being further depleted by yet another internal feud during the IRA cease-fire, and while periodic reports appear in the media about the involvement of members and former members in the drug trade, particularly in the Republic of Ireland, it does not appear, based upon information from RUC, Republican, and media sources, that the same degree of infrastructure and organization exists as in the days previous to the disbandment of the IPLO.

Loyalist Paramilitaries

The second group of protagonists to the conflict are the Loyalist paramilitaries, primarily the Ulster Volunteer Force (UVF) (Boulton 1973) and Ulster Defence Association (UDA) (Nelson 1984) and more recently the Loyalist Volunteer Force (LVF). Loyalist paramilitaries were responsible for the greatest number of deaths leading up to the 1994 cease-fires (McAuley

1995). Their targets were traditionally uninvolved Catholic civilians, economic or civilian targets in the Irish Republic, or Republican activists (Bruce 1992). They regard themselves as primarily defensive in nature, driven to the use of political violence because of the IRA campaign, defending their community from the IRA and resisting their political aspiration to break the Union with Britain (Bruce 1995). In the elections to the all-party talks in 1996, the political parties associated with Loyalist paramilitarism, the Progressive Unionist Party and the Ulster Democratic Party, gained 5.69% of the votes and have continued to take their seat at the talks because of the continued cease-fire of the Loyalist paramilitaries.

Like Republicans, the relationship between Loyalist paramilitarism and drugs cannot be understood without reference to their ideology and politics, and their impact upon the organizational structure and quality of recruits. Loyalist paramilitaries are in essence a pro-state "terrorist" group (Wilkinson 1986), sharing the ideology and political aspirations of the state to maintain the Union with Britain (although ever mistrustful of British duplicity), but frustrated at the inability of the security services to confront the IRA and protect the Protestant community from them.¹⁰ Structurally the Loyalist paramilitaries, at least until the period of the ceasefires, have tended to be much less formalized and centralized than the IRA, built around strong personalities and control of particular territories rather than military or organizational ability (Bowyer Bell 1993; Bruce 1992). They regard themselves as coming from a highly individualistic culture, and will juxtapose the Protestant traditions of free thought and civil and religious liberties (and their own dislike for tight command structures) with the monotheism of Catholicism and the perceived automaton nature of IRA personnel, with their emphasis on collectivism, clear command structures, and firm control." Consequently, there is a considerable degree of geographical autonomy among Loyalist paramilitary groups, particularly in the larger group (the UDA) and problems of internal discipline are endemic.

The Loyalist paramilitaries also engage in the informal policing of the working class areas from which they draw their support. They, too, lay claim to the policing of antisocial activities including petty crime and drug dealing (Combat 1994:4). However, although Loyalist punishment shootings outnumber those conducted by Republicans in virtually every year between 1986 and 1994 (Kennedy 1995:70-71), it has been argued that the reasons are more complex and varied than might first appear (Hillyard 1985). Conway (1993) and Bell (1996) argue for example, that although young people who are punished by Republican paramilitaries are rarely associated with the Republican movement, punishment shootings and beatings on the Loyalist side are significantly about Loyalist organizations policing their own members. Young people in Loyalist areas engaged in "ordinary" criminal activity may be encouraged to "join up" or at the very least contribute a percentage of the proceeds obtained through criminal activity (Conway 1993:8).

Involvement in ordinary criminal activity has been a systematic problem for Loyalist paramilitaries since their inception (Dillon 1989). Paramilitarism creates significant potential for, at the very least, suspicions of self-enrichment. As Bruce (1995:131) has argued, "...when money is raised by the bank-robbing, extortion, prostitution, and the sale of drugs and pornography...the temptation is for some of it to stick to the fingers of those who raise it." It has been suggested that the lower quality of Loyalist recruits, both in terms of the sophistication of their military activities, and their propensity for ordinary criminal activities, may be at least in part accounted for by their pro-state position. Bruce (1992:272-273), the primary researcher on Loyalist paramilitarism, argues at one point in his book that unlike committed Republicans, if one wishes to fight to maintain the Union in Northern Ireland, one can Join the "legitimate" state forces (i.e., the RUC or the Royal Irish Rangers, the locally recruited regiment of the British army) for better pay and more respectable lifestyle. Therefore, generally, Loyalist paramilitaries will recruit lesser quality individuals.

The result of these factors is that there is a widespread belief in Northern Ireland, tacitly acknowledged by Loyalist political spokespersons¹², that Loyalist paramilitaries are involved in the selling and distribution of illegal drugs in Northern Ireland. Their involvement appears to vary based on geography, faction, and the strength and personalities of the local leadership.¹³ Although there have been some attempts to eradicate the practice, and persistent warnings in Loyalist

paramilitary magazines for those involved to desist (Combat 1996), the practice is apparently continuing (Bruce 1995; McKittrick 1994; Winston 1997).

The British State in Northern Ireland

The State as Armed Protagonist

As noted above, the third group of armed protagonists engaged in the conflict are those representing the British state, namely the Royal Ulster Constabulary, British army, and a range of intelligence agencies¹⁴. The British state has engaged militarily in a variety of ways from open confrontation between British soldiers and the IRA in the 1970s (Barthop 1976; Hamill 1985), to the policy known as “Ulsterisation” that put the RUC on the front line from 1976 (Ryder 1989) and sought to contain the role of the army as much as possible, to the locally recruited Ulster Defence Regiment (Ryder 1991), with support from specialist squads such as the Special Air Service engaged in covert ambushes (Dillon 1990). The RUC has throughout that period had the dual function of policing ordinary crimes including drugs as well as political violence associated with the Loyalist and Republican campaigns. They have vigorously resisted any suggestion of “two-tier policing” that would entail separating these functions (Brogden 1995), arguing instead for the continuation of one monolithic police force that deals with all crime, regardless of its nature.¹⁵ The role of the RUC in relation to drugs in Northern Ireland is discussed in some detail below.

State Policy on Drugs and the Conflict

It would be erroneous to give the impression that all aspects of civil administration (such as drug policy) in Northern Ireland have been driven by a strategy based upon the British state’s military, ideological, and political needs with regard to conflict. Below we offer considerable detail of the nature of governmental response to drugs in Northern Ireland. In general terms there is a vigorous debate within Northern Ireland as to whether or not state policy and the range of areas within civil administration are affected by the conflict. Some scholars, in areas where one would expect a direct relationship such as joyriding, pay scant attention to the structural impact and causes of the conflict in relation to state policy (e.g., Kilpatrick 1988). Others, largely from within an anti-imperialist framework, argue with varying degrees of subtlety that tactical changes of policy across a wide spectrum can be viewed within a context of “strategic continuity” of facilitating capital growth by fomenting working class sectarianism and preserving the territorial integrity of the British State (Martin 1982). Others argue that British policy is neither wholly rational nor consistent (Bew et al. 1995), are characterized as “inconsistent” (O’Malley 1983). Still others offer something of a middle ground, although holding a more pluralist view of the state, they nonetheless argue that there are salient features in security policy, political initiatives, and other aspects of state policy that may be drawn out and thematized (Boyle and Hadden 1985; O’Leary and McGarry 1995).

Although we would reject the narrow determinism offered by some anti-imperialist commentators, we suggest that state policy and practice on drugs has to some extent been influenced by factors relating to the political conflict. We will argue that with regard to politically contentious issues such as the contested legitimacy of the RUC, the period of the cease-fires, and the arguable occurrence of a moral panic around the use of Ecstasy and the dance culture, and government’s political and ideological desire to find areas of common ground where agreement can be reached between the Republicans and Loyalists, drugs cannot be artificially separated from the conflict.

The Legitimacy of the Royal Ulster Constabulary (RUC) and the Potential for a Drug Moral Panic

The RUC is over 90% Protestant and male.¹⁶ It has had a controversial history since its inception with the formation of the state (Farrell 1983; Ryder 1989; Weitzer 1995), accused at various junctures of nakedly sectarian policing (Farrell 1980), torture (Taylor 1980), and of

operating beyond the rule of law to the point of collusion with Loyalist paramilitaries (Amnesty International 1994).

Despite these criticisms, public attitudes toward the police, as evidenced in several public attitude surveys had, until recently, remained broadly positive (Northern Ireland Office 1996a:118). The possible reasons for that puzzling uniformity of views are explored below, but has been challenged by two recent studies suggesting marked differences in attitudes toward and expectations of the police between Catholics and Protestants¹⁷ (O'Mahony *et al.* 1998; Police Authority of Northern Ireland 1996).

The RUC Drug Intelligence Unit was formed in 1970¹⁸ (Royal Ulster Constabulary 1970). A perusal of the Chief Constable annual reports over the past 25 years showed that until the 1990s, cannabis was the most common drug about which concern was expressed. By 1995, Ecstasy was cited as "the most popular" drug (RUC 1995:6). For a 3-year period prior to 1995, each annual report contained the same paragraph about drug misuse, that is, that illicit drug use was not a major problem in Northern Ireland. In 1995, however, the annual report noted that drug misuse was "becoming a problem" and drugs were considered to be an "insidious threat" (RUC 1995:193). With substantial increases in staff, the threat of police redundancies in light of the cease-fires appeared to recede (Hollywood 1997). There also is considerable evidence, at least historically, that there is substance to the allegations of the RUC using petty criminals as informers upon suspected paramilitary activists.¹⁹

It may be that considerably more drugs may have become available because of the cease-fires; thus warranting a shift in emphasis for their resources. Our point, however, is that one cannot ignore the symbolic and political significance of the drug issue. It has great potential for healing the difficult relationship between sections of the Catholic community and the police in Northern Ireland.²⁰ Similarly in the political arena where the Unionist and Nationalist political parties find it so difficult to agree on anything, and where the Political Affairs Department of the Northern Ireland Office spends considerable time trying to fashion a common ground, everyone can be "against drugs." The difficulty is that the potent combination of the police, government, political parties, and a supportive media (Hollywood 1997) are all the necessary ingredients for a moral panic from which it can be difficult to separate reality from fiction.

As noted at the beginning of this section, we do not support a reductionist view of the state or its agencies where all actions in the arena of drugs are driven by the dynamics of the conflict. The relationship between the state and civil society in the north of Ireland is much more complex than such a view would permit and there are numerous non-governmental agencies and individuals who are influential in this field. Nonetheless, we would argue that the factors outlined above must be borne in mind when considering the evidence on prevalence of drug misuse as outlined using the various measures described below.

Extent of Drug Misuse in Northern Ireland

We have a far from adequate picture of the extent and patterning of illicit drug use in Northern Ireland. To our knowledge, studies of drug misuse (largely surveys of youth) did not emerge until 1992. Similar to other locations, drug-use indicators represented through official or survey data are plagued with validity problems. These data limitations are compounded in the north of Ireland where the political situation affects nearly every aspect of research methodology, including access and sampling issues, data collection, as well as the reporting of results. In this section, we examine multiple indicators of drug use (i.e., public health and law enforcement indicators and existing research) in Northern Ireland and also report the limitations of these data that are specific to the overall conflict.

Public Health Indicators

Public health officials in the north did not consider drug misuse to be a major social problem prior to the 1990s. As late as 1986 the Department of Health and Social Services (DHSS) claimed that drug prevention and education strategies were not necessary in Northern

Ireland because of the [apparent] “relative low level of drug misuse” (Northern Ireland Committee on Drug Misuse 1995:5). This policy was guided largely by public health indicators rather than by research and these data are discussed below.

Notifications

Physicians are required to notify in writing the Chief Medical Officer of the DHSS if they attend a patient whom they consider to be, or have reasonable grounds to suspect is, addicted to any of the specified controlled drugs. Subsequently, this information is fed into the National Home Office Addict notification system. The limitations of this official Home Office system are well understood (Hartnoll et al. 1985; Hay and McKeganey 1996). The register refers only to use of the 14 opioids and cocaine, thereby overlooking other controlled drugs such as benzodiazepines. Reporting inconsistencies have also been documented. First, despite guidelines that attempt to define addiction, the initial determination still requires some subjectivity on the part of physicians. An evaluation of the notification system in the mid-1980s, for example, found that only one in four drug addicts actually known to medical practitioners were reported (Strang and Shah 1985). Second, Mott (1994) claimed that increases in notifications are in part due to greater compliance with regulations among physicians. If so, analyzing trends is problematic. Third, some users fail to seek medical attention for drug problems at all because they do not wish to be reported (Institute for the Study of Drug Dependence 1989). This issue has special implications in Northern Ireland. Despite assurances of confidentiality, considerable evidence suggests that petty offenders from republican and loyalist areas are sought by police to serve as informers whereby police withhold arrest in exchange for information on paramilitary activities (Weitzer 1995). Other reports claim that police regularly collect demographic information, including health records, relating to the nationalist population (Metress 1995). In the interests of security, no data are confidential. These claims may affect the validity of notification data in that persons may be less likely to seek treatment for drug abuse simply to avoid police exploitation.

Notification data have been supplemented by the creation of regional drug misuse databases (RDMDs) that require a range of service providers including medical services, specialist drug services (statutory and non-statutory), and penal institutions to report contacts with drug users who attend their services. A comparison of the number of individuals notified to the Home Office and those reported to RDMDs whose main drug of addiction was a notifiable drug suggests that the RDMDs already perform better than the Home Office in most regions (Haw et al. 1994a).

Table 1 presents data from the Home Office addict notification system for Northern Ireland, Scotland, and England and Wales. The data include both total registrations and new notifications. Although the small numbers for Northern Ireland are immediately apparent, it is also evident that Northern Ireland has a notable percentage increase in the number of new notifications between 1991 and 1995. A further rise in notifications for Northern Ireland is observed in 1996 when the total number of registered addicts increased to 119. Additionally, 46 new notifications in 1996 represents a threefold increase in new notifications since 1991. However, these figures should be treated with caution as the low baseline rate in the north of Ireland inflates percentage increases.

Injection Drug Use

Notification data indicate that heroin remains the main drug of misuse officially recorded in Northern Ireland. Figures for 1993, 1994 and 1995 indicate 46, 55, and 61 notifications, respectively, for misuse of (diamorphine) heroin, with many of the addicts reporting injection of the drug. There were also a small number of notifications for other opiates such as dextromoramide (palfium) and dipipanone (diconal). Studies elsewhere have noted the association between use of these drugs and injecting (Haw et al. 1996; Peters et al. 1994). Additionally, between 1990 and 1994, 19 persons died of opiate-related causes, yet no deaths

from opiate use were recorded in 1995 (R. Phipps, Health Promotion Agency of Northern Ireland, personal communication 1997).

Table 1
Registered Addicts and New Notifications in Northern Ireland, and in Scotland, England, and Wales

	1991	1992	1993	1994	1995	Percentage Increase
Registered addicts	51	60	80	87	96	88
Northern Ireland ^a						
Scotland ^b	1,499	1,849	2,220	3,691	3,542	136
England and Wales ^b	19,289	22,819	25,706	28,224	33,583	74
New notifications	11	23	32	29	24	118
Northern Ireland ^a						
Scotland ^b	727	868	1,045	1,813	1,464	101
England and Wales ^b	7,271	8,776	10,490	11,633	13,249	82

^a Figures from the Northern Ireland Register of Drug Addicts (Belfast).

^b Figures from the Home Office Register of Drug Addicts (London).

Yet thus far, official information together with anecdotal assertions suggest that Northern Ireland does not have a significant injecting culture and the attendant health risks associated with injection practices. This issue was noted by O'Neill (1995) who using a case study approach, researched a small sample of drug users in Belfast who were not in contact with treatment services. Several of his subjects made note of the fact that there was not an established heroin or injecting culture within Northern Ireland, yet added that this may be related to lack of availability of "hard drugs." O'Neill also reported the slow beginnings of meprobamate use among some of his subjects. Other indicators often, although not always reflective of trends in injecting drug use, are HIV infection and Hepatitis B and C prevalence rates. Northern Ireland, even without specific drug harm-reduction services in place, has one of the lowest known HTV rates within the United Kingdom and by 1996 had only 6 of a cumulative total of 147 cases of HIV-1 infection cited as having injection drug use as the probable mode of transmission (Public Health Laboratory Service 1996). Furthermore, it cannot be assumed that the virus was contracted in Northern Ireland. Similarly, the known rates of Hepatitis B and C remain relatively low. In the south of Ireland, 43% of persons diagnosed with AIDS (data for HIV-1 infection were not available) through 1995 reportedly are injecting drug users (written correspondence from the Department of Health Services, Dublin 1997). As with any statistics, trends in these reports must be treated with caution as the diagnosis of HIV infection in an asymptomatic person depends upon risk recognition, willingness to be tested, and test accessibility. Research specifically addressing injection drug use, even when targeted at small numbers, is necessary in order to examine trends and patterns of use, in addition to factors that influence risk behavior.

Caveats around interpretation of all such data are imperative. For example, when the number of newly recorded addicts rises it is unclear whether this increase is indicative of the fact that a higher proportion of addicts are receiving help or highlights a need for concern by suggesting that there are more addicts in need of assistance. That fluctuations in these statistics reflect corresponding patterns in the overall level of drug misuse in Northern Ireland hinges upon an invalidated assumption that each year approximately the same proportion of addicts come to light. Given the lack of empirical research, even if research were occurring, it is difficult to effectively factor into the equation the effects of changes in enforcement priorities, prescribing policies, medical practitioner compliance with the reporting system, supply networks, and changes in drug users themselves, not least of which is how many are not presenting themselves to medical practitioners and for what reasons.

Multiplier techniques have been applied to Home Office registers elsewhere in the United Kingdom. Hartnoll et al. (1985) tentatively suggested that there were five regular users of heroin and similar drugs in the population for each user notified to the Home Office as an addict. Further multipliers ranging from 2 to 10 have been used throughout the United Kingdom (Crowe 1988; Ditton and Speiritis 1982; Segar 1992).

O'Neill's (1995) study added weight to the conclusion that not all addicts in Northern Ireland are in contact with treatment services and, therefore, remain hidden. He reported that users were reticent about approaching the addiction services and that statutory and voluntary addiction services in Belfast at the time of his study were seen as stigmatizing and anti-drug use, *per se*. O'Neill also found that many of the subjects reported that they would have "difficulty approaching [treatment services] due to actual experience of the services or due to hearsay about the type of treatment or services on offer" (1995:68).

Pattison et al. (1982), in attempting to establish prevalence, had difficulty in locating an area in northeast England where there were enough 'problem drug users' to merit the effort of attempting to count them. These sentiments are probably reflected at present in Northern Ireland and are indicative of the fact that research into drug misuse is likely to target areas or populations with a visible problem or at those deemed particularly at risk. It is important to bear in mind that although there is no overwhelming reason to suggest that Northern Ireland is at greater risk than anywhere else, it would be foolish to assume that it is somehow entirely immune and, therefore, would be well served by empirical research that confirms or refutes anecdotal evidence.

In summation, the limited empirical research, anecdotal evidence, and official statistics for Northern Ireland point to a relatively small opiate and injection problem and would indicate that the use of any multiplier for estimating the rate for Northern Ireland would be misleading at this juncture. It would nonetheless be pragmatic to acknowledge that not all addicts are known. The true extent of general or injecting use of these and other drugs such as Temazepam is as yet unexplored and the potential for further increases in the general and injecting use must also be considered.

Whatever kind of prevalence data are required in addition to official statistics, there is a consensus that detailed information on demographics (Peveler et al. 1988), patterns of drug use (Darke et al. 1991) and qualitative information on the dynamics of drug taking (Diaz and Anas 1992; Hartnoll 1992; Haw *et al.* 1994b; McKeganey et al. 1995) are extremely important.

Treatment

As of January 1997, 51 organizations provided some type of rehabilitative or support services for persons with drug or alcohol problems (Research Group on Chemical Dependency 1996). Most organizations provide out-patient counseling, advice, and/or education services. One agency only focuses exclusively on prevention of HTV and offers support services for persons infected with HIV.

The majority of programs operate during daytime hours only. Ten programs provide residential 24-hour treatment for drug and alcohol abuse, yet only three residential programs operate in Belfast, the largest city in the region, and one of these programs exclusively serves homeless males with drug or alcohol problems.

There are no methadone clinics in the north. In fact, local health guidelines state that methadone "cannot be regarded as an effective or advisable regime in the management of addiction" (Department of Health and Social Services 1992).

Comprehensive data are lacking on treatment utilization. Intake data from most programs do not differentiate between drug and alcohol admissions so that these data provide limited information on trends. Demand for residential treatment is not high at least in terms of waiting lists; a few programs do have waiting lists but rarely do lists exceed 10 persons at any one time. Waiting lists, however, may be a poor indicator of treatment needs in Northern Ireland. Anecdotal evidence suggests that some users wish to avoid the stigma associated with drug use and,

therefore, may be less inclined to seek treatment. Further, the perception that police recruit drug users as informants might also affect treatment utilization.

Law Enforcement Indicators

Prior to 1990, drug seizures by police or Customs were minimal and rarely were reported by the media. More recently, seizures of certain drugs have been noteworthy in comparison with previous years. Although seizures of illicit drugs are often poor indicators of demand and supply (South 1995; Stimson 1985), these events now capture considerable media attention in the north (Hollywood 1996). Moreover, police officials have drawn inferences about the demand for drugs based on seizures. For example, the lead officer of the RUC Drug Squad recently issued his report to a governing committee. Citing seizure data he noted that: "... the *demand* [emphasis added] for illicit drugs has been growing..." (Irish News 1996).

Table 2 presents drug seizure data reported by the RUC for the years 1985 to 1995. The data suggest that increases in the amount of Ecstasy seized were noted first in 1991, but that substantial increases were reported in 1994 for cannabis, LSD, Ecstasy, amphetamines, and cocaine. In 1995, seizures of cannabis and Ecstasy continued to show an upward trend.

Similarly, drug offenses (possession and trafficking) recorded by the RUC for the years 1992 to 1995 (table 3) the first major increase occurred in 1994. A total of 1,286 drug offenses were recorded for 1994, compared with 811 in 1993 and 619 in 1992 (Royal Ulster Constabulary 1994, 1993, 1992). In 1994, 12% of the drug offenses were for trafficking rather than possession. Similarly, trafficking offenses accounted for 10% of all drug offenses in 1989 (data not shown). Drug offenses continued to increase somewhat in 1995 (N=1,426), but during that year trafficking offenses accounted for the largest proportion of drug offenses ever (25%). Since 1992, no increases in recorded offenses were reported for robbery, burglary, or theft.

Table 2
Seizures by Drug Category and by Year

Drug Category	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995
Cannabis											
Resin (kilograms)	16 ^a	18 ^a	6 ^a	13 ^a	22 ^a	38	39	16	45	89	116
Plants						5	19	0	419	6	634
Ecstasy											
(tablets)	0	0	0	0	0	0	2,711	4,408	2,923	23,853	136,860
Powder (grams)	0	0	0	0	0	0	0	0	0	168	0
LSD											
Grams	0	0	0	0	18	0	0	0	0	0	0
Doses	903	559	500	917	485	573	800	9,201	8,022	15,484	8,761
Amphetamines (kilograms)	<1	<1	<1	<1	<1	<1	<1	6	2	11	7
Opiates											
Grams	90	0	196	<1	25	0	1	20	363	34	4
Doses	0	7	0	0	1,052	2,757	250	57	0	0	0
Cocaine (grams)	6	0	98	<1	52	0	88	77	19	1,092	322 ^b

Note: LSD - lysergic acid diethylamide.

Table 3
Royal Ulster Constabulary Recorded Offences, 1992-95

Offence Category	1992	1993	1994	1995
Drug possession and trafficking	619	811	1,286	1,426
Robbery	1,851	1,723	1,567	1,539
Burglary	17,117	15,735	16,902	16,457
Theft	34,256	33,161	33,233	33,472

Because notable increases in drug seizures and drug offenses coincided with the 1994 cease-fires, we suggest the possibility that these increases reflect a change in police activity rather than an indication of a demand for drugs. In 1994 the RUC employed 13,183 officers. The rate of full-time officers per capita was three times higher in Northern Ireland than in England and Wales and twice as high as metropolitan areas in England (data presented in Northern Ireland Office 1996a: 109). The advent of the ceasefires altered the role of police considerably. In previous years, police resources largely were allocated to the overall security situation, including the prevention and investigation of terrorist offenses, yet by 1995 the number of arrests under the Prevention of Terrorism Act and the Emergency Provisions Act²¹ had declined considerably (Irish News 1995). The area's rate of "ordinary decent crime"²² one of the lowest described in two international crime victimization studies (Van Dijk and Mayhew 1993) hardly required more police attention. Thus, the ceasefires that commenced in 1994 raised the question: How would government justify the large number of police officers in a post-conflict situation? Indeed, some reports indicated that police personnel were seeking employment elsewhere (Cadwallader 1995).

Hollywood (1997) interviewed senior drug squad officers and analyzed local media content and concluded that the cease-fires changed the focus of police expenditures so that more time, effort, and monetary resources were designated for investigating the illicit drug trade. He noted that:

"Within three months of the cease-fires, at a time when police redundancies were being mentioned in the press, the RUC Drug Squad was augmented by 52 officers, plus five new 'Drug Liaison Units' (ensuring dozens of other jobs) set up in regional towns" (1997:67).

An alternative explanation is that the demand for drugs. Ecstasy in particular, has increased and that the increases in seizures and drug offenses reflects the growing demand. If the demand exceeds the supply we might expect drug prices to increase. Street sources, however, suggest that the cost of cannabis has not increased in approximately 15 years although marketing selection is more limited at present. Further, the cost of Ecstasy has declined from £25 per tab in 1991 to £8 to £9 per tab in some areas of Belfast. These figures suggest that demand does not exceed supply although it is also possible that a limited supply has led dealers to reduce the purity rather than increase the price (Farrell et al. 1996). Unfortunately, research on drug purity levels has not been conducted.

Self-Report Surveys

By 1998, approximately 12 self-report surveys of drug misuse have been conducted in the north of Ireland. Most surveys focused on samples of youth, or young adults and all were administered between 1992 and the present. These survey prevalence rates ranged from 13% (Health Promotion Agency for Northern Ireland 1995) to 52 percent (West Belfast Economic Forum 1996) for lifetime use of any illicit drug. The one study published in the academic literature found a lifetime prevalence rate of 26% (any drug use) among school children in Northern Ireland

(McMiller and Plant 1996). Results from this study also showed that prevalence rates in Northern Ireland were somewhat lower than rates in England, Wales, and Scotland, particularly among female youth. Vast methodological and geographical differences make comparisons difficult. However, all youth surveys showed that cannabis was used most often and that smaller numbers of youth had used LSD or Ecstasy. Further, all studies showed extremely low prevalence rates for cocaine or heroin use (i.e., 2% or less).

Most of the self-report studies are 'plagued with methodological limitations. Nevertheless, local media have responded with alarming headlines. One recent news article, *Ulster Children in Drugs Shock* (Belfast Telegraph 1997:3) reported results from the latest self-report study conducted by a community organization wherein 61% of youth aged 12 to 17 reportedly had tried illicit drugs. However, a second newspaper suggested that, "The reality [of drug misuse among youth] is far removed from that hysterical headline" (Andersonstown News 1997).

Questions about drug misuse were included in two surveys that focused largely on samples of adults. Data for the Northern Ireland Crime Survey were collected between October 1993 and January 1995, dates that were pre-ceasefire and post ceasefire. Persons aged 16 to 59 were included. Results indicate a lifetime prevalence rate of 20 percent for any illicit drug use, cannabis included (Northern Ireland Office 1996b). In comparison, the British Crime Survey, which included respondents from England and Wales and was administered during the same approximate time period, revealed a lifetime prevalence rate of 28% (Ramsey and Percy 1996). Prevalence rates for drug categories were similar in both surveys with the exception of cannabis (Northern Ireland=12%; England and Wales=21%). Although some people in Northern Ireland admitted having used cocaine, heroin, and methadone, the numbers were so low as to register under 0.05%. An attitudinal survey of adults, administered post-ceasefire, found that approximately 10% of respondents had used cannabis (Jardine 1997). In comparison, data reported from the British Attitude Survey found that 21% of respondents had used cannabis (Gould et al. 1996).

It is by now well documented that the nature of illicit drug use renders its prevalence difficult to detect using survey methods (Haw et al. 1994a). National surveys are usually founded on household units derived from the census and people not based in houses simply fail to be picked up by the research. Prisoners, travelers, students, and institutionalized and hopeless people are typically excluded from national or regional surveys of drug misuse. Surveys are subject to limitations, other than sampling error, including the assumption that all individuals within the population sampled are equally prepared to admit having taken illicit drugs, in fact, studies suggest that that drug use is admitted by respondents (Maddux and Desmond 1975), willingness to do so decreases in inverse proportion to the perceived deviance of the activity. After reviewing self-report studies, Harrison (1995) concluded that cannabis use is generally admitted, but use of heroin less so. The characteristics of respondent and interviewer are also likely to have an impact on the validity of self-reported behavior. Young interviewers for example tend to elicit higher rates of drug use among young respondents than older interviewers (Reuband 1992). In addition, other characteristics such as gender, social class, religion, and ethnicity are also likely to have an impact. The limitations of survey data are exacerbated in the north of Ireland and these problems are discussed below.

The Politics of Counting

Extensive political conflict in the north of Ireland has tremendous implications for drug misuse data. Various social and political phenomena have been studied in Northern Ireland (Whyte 1990) to the extent that some residents may suffer from survey fatigue. The annual Social Attitude Survey shows rather consistent response rates that range from 66% to 71% since 1989. A similar response rate (72%)²³ was observed for the Northern Ireland Crime Survey (Northern Ireland Office 1996b). These response rates are acceptable by social science standards, yet little is known about the characteristics of persons who refused to participate. The possibility for sample selection bias is increased if either those who use drugs or persons who abstain are

disproportionately represented among excluded persons. Additionally, despite assurances of confidentiality some users of illicit drugs might not be willing to disclose this information for fear that they will be identified to informal and justice systems.

From an official perspective, there have been considerable efforts in recent years to portray the “normality” of life in Northern Ireland, emphasizing high levels of satisfaction with the RUC (Northern Ireland Office 1996), that individuals were considerably more likely to be killed in a traffic accident than by terrorism, the perceived strength of family and community (Northern Ireland Home Page 1996), and high church attendance (Belfast Telegraph 1996:11). The views and experiences of this idealized “average” citizen, and by extension, communities are often juxtaposed to the incomprehensibility of the activities of the “tiny minority of men of violence,” obfuscating any structural links between violence, the state, and the deeply divided communities. Although such portrayals of “reality” may reflect the daily lives of some citizens, there are substantial variances across socioeconomic, religious, and geographic boundaries in Northern Ireland (O’Mahony et al. 1997).

Previous research on drug misuse has found that interviewer traits at times affect responses to survey questions about drug misuse (Reuband 1992). Equally important is the possibility of interaction effects that emerge from the dynamics of the interview setting. For example, we are unaware of any research that has examined interaction effects of interviewer and respondent characteristics, such as class, gender, and religion.

Our review of the self-report studies of youth found that several of the reports estimated prevalence incorrectly. In one study, cited often by policy makers, prevalence was calculated with the numerator, “number of drugs used by the entire sample,” failing to note that drug use categories are not mutually exclusive, i.e., some persons use more than one drug. In other studies, prevalence was not calculated at all, but authors highlighted the number of persons who used a particular drug as a percentage of the number of persons who used any drug. These calculations inflate “prevalence,” alarm media, and perhaps contribute to inappropriate policy.

We experienced several difficulties in our attempts to obtain drug misuse data for this article. For example, some self-report studies were either “no longer available” or could not be located by the staff of the agency that sponsored the survey. We requested prescription data and learned that monthly reports that summarize these data are distributed to physicians. We were told, however, that the author of the reports does not keep copies. We also requested seizure data by month from the RUC but were told that this information was not maintained by the police. Annual seizure data were readily available, which prompted us to wonder how the yearly data were compiled in the first place. Perhaps because so few studies of drug misuse have been conducted here due to preoccupation with research in other fields, persons with access to information are highly suspicious of persons who seek to obtain data.

Conclusion

Considerable emphasis has been placed in Northern Ireland as elsewhere upon providing an estimate of the prevalence and pattern of drug misuse. Despite the importance of such information and obvious concern for drug misuse, which is reflected in the often dramatized press coverage, we have a far from adequate picture of the true extent and patterning of illicit drug use in Northern Ireland.

As we have gone to considerable lengths to demonstrate, drug use, distribution, and policy cannot be examined in isolation from the politics, ideology, and practices of the protagonists to the conflict in Northern Ireland. Only with such a backdrop can the normal methods of drug research be undertaken, analyzed, and understood.

The limited empirical research prompted us to examine multiple indicators of illicit drug use. The validity of drug use indicators as measured by official data and surveys has been questioned elsewhere and it is difficult to ascertain to what extent these limitations may apply to the various Northern Ireland indicators. However, it is our contention that the context of the political conflict, the questionable techniques employed in some studies, and the possible vested

interests in high rates of prevalence, may serve to amplify methodological flaws and the consequent results in drug research.

With those concerns in mind, if as the existing sources suggest, illicit drug use in the north of Ireland is substantively lower than in neighboring jurisdictions, explanations for this finding must be located within the context of the range of epistemological axioms about the political, cultural, ideological, and social norms that prevail in Northern Ireland.

For once we feel that we can approach the issue of calling for more research with clear consciences. Effective policy formulation should be based upon solid ethnographic work on illicit drug use on a range of populations. Longitudinal research on illicit drug use has yet to be conducted here and these data would greatly benefit policy formulation. Studies of injectors and drug lifestyle risk behaviors for HIV are also lacking. The official discourse maintains that the number of injecting drug users is extremely low, yet street sources suggest active pockets in at least two regional towns. Given the proximity of large injecting communities in Glasgow, Edinburgh, Dublin, and London, research is needed to investigate explanations for the apparent lack of an injecting culture and also to examine the treatment needs and utilization and risk behaviors in the absence of methadone maintenance and needle exchange programs.

Finally, one of most obvious consequences of the lack of knowledge in Northern Ireland is that it leaves the field open to wishful thinking, anecdotal assertions, and inaccurate guesswork that disproportionately impact upon policy, service planning, and delivery.

Notes

1. For example in 1986 the Northern Ireland Committee on Drug Misuse (NICDM), an advisory body on illicit drugs to the Northern Ireland Department of Health and Services, advised the department that a low profile approach to public education and prevention was appropriate in view of “the relatively low level of drug misuse” in Northern Ireland (Northern Ireland Affairs Committee 1997 :vii).
2. The use of the word terrorist in this article is in line with the definition advanced in the Prevention of Terrorism Act 1991 (as amended). Section 66 of which defines terrorism as “...the use or threat of violence for political ends.” For a discussion on the difficulties of accurately defining the term see Teichman (1989) and Wardlaw (1989).
3. Republicans have also been involved in anti-drug campaigns in the Republic of Ireland, particularly the Concern Parents Against Drugs in Dublin in the 1980s and its more recent manifestations (McCullagh 1996). The activities of such groups have included public forums where offenders were permitted to defend themselves, disruptive tactics designed to make drug dealing more difficult in various areas of the city, evictions, and some beatings (Bennett 1988).
4. Interestingly, during the same year (1995) the government implemented the Central Co-ordinating Group for *Action Against Drugs* (emphasis added).
5. Confidential Republican source.
6. Hollywood (1997), argues convincingly that much of that concern was encouraged by a range of moral entrepreneurs including the media, RUC, politician and paramilitaries, using the “drugs menace” to fill the vacuum hitherto occupied by discourses on the political conflict.
7. “In order to fulfil a political agenda of demoralising the nationalist people the RUC has systematically recruited anti-social and criminal elements, including drug sealers, from within the Nationalist community to act as informers. In return a blind eye has been turned to their illegal activities. In many case they have been encouraged in those activities as a means of lowering nationalists confidence and morale” (An Phoblacht [Republican News] 1996).
8. In pledging to eradicate drugs, G. Company of the Belfast Brigade of the IRA referred to drugs in the community [at that time primarily marijuana] as “...the poison of our community, the rotten apple which corrupts all around it” (Burton 1978). Similarly in more recent times, despite the restart of the IRA’s campaign of violence, one of the most contentious motions at the recent Sirm Fein Ard Fheis (Annual Convention) was a proposal to add the decriminalization of cannabis to the party’s manifesto.

9. One former INLA activist now living in Amsterdam is repeatedly named in investigative journalist accounts of drugs in Ireland as one of the principal supplier of drugs to Ireland. These accounts, largely based upon Irish police sources and contacts within the Dublin criminal underworld, allege that this individual flies his private jet to South America to pick up drugs bound for the Irish market.
10. They have also apparently been motivated, at times, with deep rooted sectarian hatred of Catholics which has led them to engage in some of the most horrific and ritualistic of murders (Dillon 1989).
11. Interview with former U.V.F life sentenced prisoner, September 1996.
12. *"I am not going to say that no [Loyalist J paramilitaries are involved in drugs. I don't know whether they are or not. I do know however that any Loyalist involved in drug dealing is not doing it with the blessing of the paramilitary leadership."* Councillor Hugh Smyth, Progressive Unionist Party, (political wing of the Ulster Volunteer Force) in the Forum Debate on Drugs in Northern Ireland (reported in Irish News 1997).
13. Interview with Loyalist political activist December 18, 1996.
14. Such a view is hotly contested by agents of the state and considerable effort and expenditure are exerted in attempting to portray the state as neutral umpire, keeping the warring traditions apart. Within such a paradigm the state is beleaguered, at times bewildered, but ultimately benign (Curds 1983; Rolston and Miller 1996).
15. Speech by the Chief Constable of the RUC at the Annual General Meeting of the British Society of Criminology, 4 December 1996.
16. Figures provided by the RUC Equal Opportunities Unit.
17. For example the PANI research found that 81% of Protestants believed that the RUC treated everyone equally compared to 67% of Catholics who thought that Protestants were treated better and 85% of Protestants compared to only 48% of Catholics who thought the RUC were doing a good job. The O'Mahony et al. study (1997), which broke down respondents into socioeconomic, religious and geographical groups found similar alienation from the police with 62% of Catholic working class respondents stating that they thought Protestants were treated better.
18. The RUC Drugs Squad on 1 January 1970 consisted of one Sergeant, two Constables (one trained in dog handling for cannabis recovery), and one woman constable (RUC 1970:40).
19. Interviewer: "Do the RUC use petty criminals as informers on the paramilitaries?"
Respondent:
"Informer is rather a loaded term since it smacks of betrayal or treachery. We prefer to think of it as helping the police. As you know it is the duty of every citizen to give relevant information to the police. All police work needs intelligence and that is especially true in facing the ongoing terrorist threat in Northern Ireland. It is in fact the duty of every policeman to collect information." Interview with RUC officer August 1991 (McEvoy 1991).
20. For example the main Catholic newspaper in Northern Ireland, often critical of the RUC on its human rights record, led with an editorial entitled, "Drug Squad must be given Priority" (Irish News 1995).
21. The Northern Ireland (Emergency Provisions) Act applies to persons suspected or charged with terrorist offenses. Among other powers, the Act allows for warrantless arrests and searches and authorizes non-jury (one-judge) trials for persons accused of terrorist offenses.
22. "Ordinary decent crime" or "ODC" is an official phrase that refers to non-terrorist offenses.
23. Fewer respondents were selected to complete the questions about illicit drug use. The response rate for this sub-sample has not yet been published.

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ILLICIT DRUG USE IN IRELAND: AN OVERVIEW OF THE PROBLEM AND POLICY RESPONSES

Aileen O’Gorman

Problematic drug use, mainly regarding the use of opiates, has been identified as a major social problem in Ireland. Such problematic drug use has been found to be concentrated in Dublin’s inner city areas and outer estates where poverty, multi-generational unemployment, high population density (particularly of young adults), and poor facilities are the norm. Policy responses, although acknowledging the environmental context of the drug problem, have tended to focus on the medical treatment of the individual, rather than tackling the wider social and economic issues.

Introduction

To date, few research studies on the patterns and prevalence of illicit drug use have been conducted in Ireland. Evidence identifies three main illicit drug-using groups; those whose main drug of use are either opiates (often mixed with benzodiazepines). Ecstasy, or cannabis. It is with the former group that most concern arises, for as noted in the recent governmental report of the Ministerial Task Force on Measures to Reduce the Demand for Drugs:

Ireland’s drug problem is primarily an opiates problem - mainly heroin... [and] is principally a Dublin phenomenon (Department of the Taoiseach 1996:5).

Given the social problem that such opiate use entails for the individual, their families, local neighborhoods, and the wider society, this paper focuses on the development of such problematic drug use and the responses by policy makers and local communities. The paper draws on existing research as well as initial trends from a study on the environmental context of problematic drug use.¹

The Development of an Opiate Drug Culture

In the 1960s and 1970s, research on the use of illicit drugs in Ireland found evidence of amphetamine (Walsh 1966), cannabis, and LSD use (Masterson 1970; Nevin et al. 1971). However, neither these research studies nor indicators of drug use (i.e. seizures, prosecutions, and treatment) demonstrated a sufficiently widespread extent of use to warrant much concern.

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