

Heroin Abuse in an Inner-City Practice

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Summary

During the five-year period from April 1980 to April 1985, 67 hard drug abusers attended a single practice in Dublin's south inner city. All used heroin parenterally. Most were male, started heroin use while teenagers, had poor education and employment records and have had contact with police and prison. Thirty-eight of the sixty-seven patients had lived at some stage in a local authority flat complex and forty-two belonged to families where alcohol or benzodiazepine abuse had occurred. The group had a total of 56 children, all of whom may be at risk.

Before 1979 hard drug abuse in Dublin was confined to a small group of habitual users. Their supply of drugs was unorganised and constantly changing. The drugs used were mainly morphine, dipipanone, barbiturates and amphetamines. These were obtained from break-ins at chemist shops and hospital pharmacies, from forged prescriptions and by legally-held prescriptions.¹ Organised street drug-pushing was virtually unknown. However, in 1979/1980 the involvement of organised criminal elements in the distribution of drugs — together with the increased availability of heroin across Europe — changed the drug scene dramatically.²

The changing drug scene was reflected in our practice as we began to see cases of hepatitis B secondary to parenteral drug use.³ We saw approximately 16 cases from January 1981 to June 1981. Around this time a particular case highlighted the worsening problem. A home visit was requested for a 12-year-old boy who looked no more than 10.⁴ He was deeply jaundiced and suffering withdrawal symptoms from the use of intravenous heroin. This frightening situation led directly to the formulation of practice policies on involvement with the drug problems we were encountering.

When dealing with individual drug users, the practice's policy is one of empathy, non-prescription, referral for detoxification and continuing support. At community level, practice members are involved in giving talks locally on the effects of drugs and their misuse and in supporting the local Youth Development Project, together with the promotion of preventive measures.

Since the summer of 1983 there has been a Youth Development Project operating in the area, which had evolved from the original intentions of a group of community workers and local professionals to set up a locally based drug rehabilitation programme for teenagers. The project's objective now is to provide preventative youth development activities for at-risk young people. The project works alongside a drug counselling programme which operates as a community service to the Drug Advisory and Treatment Centre (DATC) at Jervis Street Hospital.

A number of studies have been carried out on the effects of drug abuse in Dublin. It was initially hoped that the 1983 Medico Social Research Board review of addiction problems in a north inner city area⁵ could be extended to include our practice area but this was not possible at the time. In the absence of a full study we decided to look at our own practice experience over the last five years and to describe some of the medical and social characteristics of those patients who are known to have abused heroin and other drugs.

Material and Methods

The practice is a postgraduate training practice with two principals and one trainee, located in Dublin's south inner-city. The practice population is approximately 3,000, 80% of whom are medical card holders; about 50% of the practice population live in three large local authority flat complexes.

A register of patients known to have drug abuse problems was compiled and a retrospective

collection of relevant information made from their records. The register of names was reviewed by the DATC in order firstly to validate a drug abuse problem from their records, and secondly to provide information regarding dates of attendance and medical complications. Excellent correlation was found between practice and DATC records.

Results

A total of 67 drug-users, 42 males and 25 females have attended the practice between April 1980 and April 1985. All have used heroin parenterally, most having injected it both intravenously and subcutaneously. Of the total, 62 are known to the DATC, having attended for treatment of heroin-related problems. The authors are satisfied that the remainder have used heroin on a regular basis. Three patients — all males — were aged less than 15 years when they first used heroin. Thirty-five patients — 13 females and 22 males — were aged between 15 and 19 years at first use (52% of the total). Twenty-one patients — eight females and 13 males — were aged between 20 and 24 years at first use. Only eight patients — four females and four males — first used heroin when aged 25 years or more. The average age at first use was 19½ years.

Fourteen patients were known to the practice prior to their first drug-related visit. Forty-nine attended for the first time with drug-related problems and four gave a history of drug abuse which had ceased at their first visit. Fourteen patients made only a single visit to the practice, 25 attended on two to five occasions, 12 attended on six to ten occasions and 16 attended more than 10 times. Of the total, 10 attended for the first time in 1980, 14 in 1981, nine in 1982, 20 in 1983, 11 in 1984 and three in 1985.

Of the 67 patients, at least 59 have used more than one drug. 31 are known to have used dextro-moramide, 27 dipipanone and 23 cannabis but a wide variety of other drugs is known to have been used including cocaine, LSD, methadone, benzodiazepines and alcohol. 34 of the total are known or presumed to be still using heroin. 33 are not using heroin at present; 7 of these are in prison and 5 are in Coolmine Rehabilitation Centre. Of the 21 others thought to be off heroin, 7 have stopped within the last year, 6 between 1 and 2 years and 8 over two years. However, caution must be used in interpreting these figures; during the six month period of data collection for this survey, two people who had stopped for periods of over one year have reverted to heroin use.

No deaths have occurred in the group. Forty-six have had hepatitis. Thirty-three are known to have had abscesses but this figure is probably a significant underestimate due to attendance at accident and emergency departments. At least 11 patients have had overt psychiatric problems. Other problems included endocarditis, epilepsy and asthma.

The following are some relevant sociological findings: Sixty-four of the group left school at or before 14 years of age. Only three have continued in school beyond this age and none has had third level education. Only one of the group is currently employed. Thirty-eight are known to have been arrested and 27 have served prison sentences. Only eight are definitely known not to have had contact with police or prison. No information is available on 21 drug users in this respect. Fifty-nine live in local authority housing and 8 live in private accommodation. Forty-three live in flat complexes and 38 lived in one particular flat complex at some time. All live in the Dublin 8 postal area or in adjacent areas of Dublin 12. Nine patients are known to come from families where at least one parent has died. In 27 cases one parent is known to abuse alcohol and in 17 cases a parent abuses benzodiazepines, giving a total of 37 families where regular chemical abuse occurs. The subgroup of 25 women includes 15 who are single, 6 who are married, 3 are separated and one has been widowed by heroin use. Seven have no children and the 18 others have a total of 32 children of whom 12 are in care or are being brought up by grandparents. Fifteen women have been pregnant while using heroin. The 67 heroin users have had a, total of 56 children, all of whom may be considered to be at risk.

Discussion

This study presents the experience of a single practice in a small area of Dublin's south inner city. No generalisations regarding the drug problems of other areas or general practices in the city can be made but this study compares well with other published data. In local terms the number of heroin users attending this practice alone during the last five years represents a very significant problem in medical and social terms.

The heroin users studied share many similarities with those reported on by a Medico-Social Research Board survey of the north inner city,⁵ which initially highlighted Dublin's growing drug problems. In our study, the heroin users tended to be male, and in their teens at first use, to have had poor education and employment records, to come from families where chemical abuse was prevalent and to have police/prison records. Interestingly, the high numbers of females seen gives a male to female ratio of 1.7:1 which contrasts with the 3:1 ratio recently reported in a city-wide review of the problem.⁶

All of our patients use heroin parenterally. The majority of the patients are polyabusers but the impression in the practice is that no strict progression occurred from soft to hard drugs; this may be supported by the very rapid appearance of a local hard drug problem and by the continuing use of soft drugs by heroin addicts. Many of the patients presented for the first time to the surgery only after previous attendances at the DATC for detoxification. This is borne out by the DATC's experience that many addicts tend to revert to drug use following detoxification.⁶

This study presents only some of the many facets of drug abuse; it does not permit any deductions about the real causes of the recent very marked increase in heroin use. Detailed research into the problems of drug abuse is needed. We recommend that such research is urgently undertaken, especially in order to identify the social and psychological characteristics of those at risk.

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References

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