Symposium

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Drug problems in Dublin

Despite some evidence of a decline in first time use of heroin in Ireland, the underlying social and economic problems remain. There is, therefore, a threat that more widespread drug misuse will recur if the threat of AIDS loses its deterrent effect

IRELAND'S PROBLEMS WITH DRUG misuse occur mainly in the capital city, Dublin. Since the late 1970s, when large volumes of heroin became available, the drug has been widely used in deprived inner-city areas. The intravenous route has been favoured probably because of the relatively poor quality of the heroin imported to Ireland. Extensive intravenous ('mainlining') or subcutaneous ('skin-popping') injections have caused widespread HIV infection in this population. There is evidence of a decline in the numbers of new users since the early 1980s, but the causes of the problem remain and the risk of a new upsurge in drug misuse is always present.

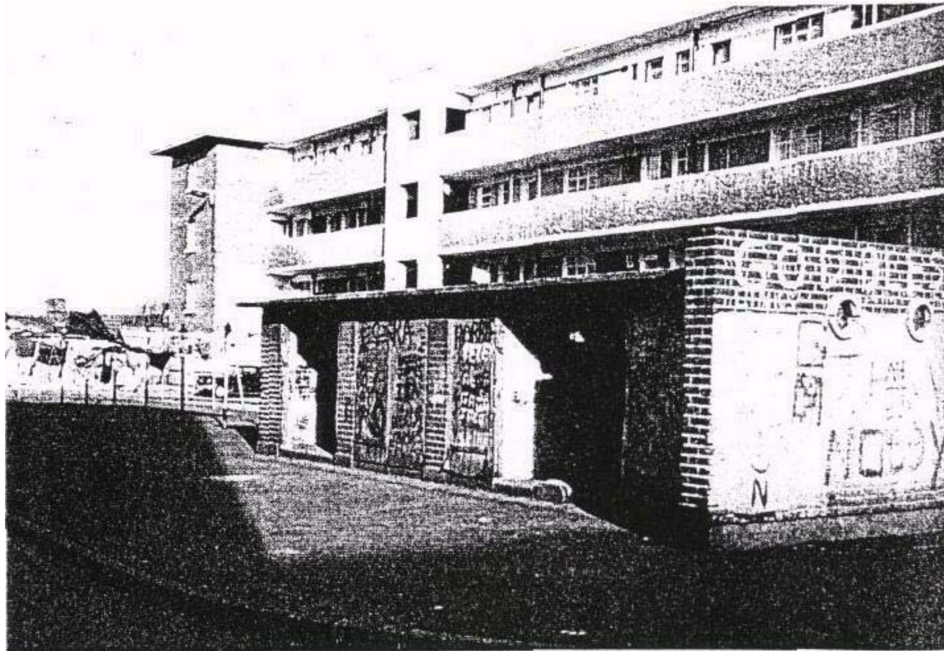
Who are the drug misusers?

Young people living in inner-city areas have been most affected by intravenous drug use in Dublin. Their families may have to cope with high-density local authority housing, poor employment, inadequate recreational facilities, serious family problems and low incomes[1]. Most of these young people began to use heroin because of peer pressure, usually during their teenage years although a few began as young as 11 years of age[2–4].

The communities confronted by the heroin problem in the early 1980s were probably the ones least well equipped to deal with it. These communities mostly lived in blocks of flats, had unemployment rates of up to 60 per cent and already faced serious crime problems. As a result, many people who had lived in these areas for years and who were the source of a sense of community, wished to move to other parts of the city.

The vacated flats were often used for temporary housing and a very high rate of transience through these areas was created[5]. The absence of a settled, united community, with clear aspirations and a sense of its own identity, was one of the key factors in the spread of heroin use through large parts of the inner-city.

This article is a reproduction of that published in: *The Practitioner*, 1989 Vol.233, pp.1486–1489. Pagination may not match that of the original.



Heroin is perceived as an escape route from social deprivation

Most drug misusers have used cannabis of some time in the past

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Most intravenous drug users began to use heroin without any real ideas about its potential effects or the possibility of addiction. Their vulnerability to the attractions of drug use arose from what many of them saw as the lack of a future for their families or themselves. This sense of despair and the virtual absence of any feeling of self-esteem among these young people remain at the root of society's difficulties in responding to the problems of drug use.

Some households now contain three generations who are unemployed, have been unemployed for years and are likely to remain so for the foreseeable future. Ireland's Combat Poverty Agency, a governmental agency, estimates that nearly one million people or one-third of the country's population is living on or below the poverty line[6]. In Ireland heroin and urban poverty seem inescapably linked.

The dimensions of the problem

Drug addicts are not registered in Ireland and it is almost impossible to assess the numbers involved. Estimates of the total number who have ever used heroin in Dublin range from 3,000 to 15,000; the truth is probably somewhere in between. Dublin has one Drug Advisory and Treatment Centre with a small number of beds to cope with this problem.

General practitioners are advised not to carry out detoxification or maintenance treatments but to refer patients to this centre for management.

Most drug misusers have used a very wide range of drugs including methadone (Physeptone), dextromoramide (Palfium), dihydrocodeine (DF118), dipipanone hydrochloride (Diconal) and cannabis; but for the majority heroin remains the drug of choice. Cocaine and its derivative, crack, have not yet made any real impact on the drugs scene in Dublin.

Most drug misusers have been arrested and many have spent time in prison because the money they need to buy drugs is usually obtained by petty crime. Few change their drug-using habits because of imprisonment and it seems to bring some users more deeply into the group culture that constitutes such an important part of the drug misusers lifestyle. On discharge from prison, many begin to use drugs again immediately.

HIV infection

Figures from Ireland's National Virus Reference Laboratory suggest that only about 15 per cent of all IV drug misusers tested for HIV infection are positive[8]. A general practice study, however, has suggested that at least 40 per cent of known misusers were seropositive; this is similar to the 50 per cent known to be infected in Edinburgh[9,10]. Around 60 per cent of known seropositive individuals are drug misusers or their children; other high-risk groups such as homosexuals and haemophiliacs account for about 30 per cent of the total.

A very limited needle exchange scheme was begun on a pilot basis in Dublin during 1989. A small number of outreach workers now work in conjunction with this scheme to modify some risk-taking practices. The effectiveness of these interventions will not be clear for some time to come.

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The role of general practice

General practice has much to offer in the care of drug misusers. The unique relationship between many GPs and their patients is an important resource in educating and motivating misusers to change their pattern of use. This is particularly important with respect to high-risk practices for the transmission of HIV.

The detoxification and maintenance programmes offered by the Drug Treatment Centre have meant that many GPs in Dublin have little day-to-day contact with these areas of care. However, drug misusers continue to require care for other problems and many attend their GPs. The obvious possibilities for manipulation and intimidation of the GP to obtain controlled drugs are minimised by a clear statement that these drugs will not be supplied.

Care for the families and carers of drug users and HIV infected individuals constitutes an important part of the work of the GP. Many families affected by intravenous heroin misuse will have more than one member who is HIV positive. Support and continuing care of these patients and the other family members is best provided by the GP in consultation with the hospital based services. The role of the wider primary care team, including social workers or psychologists, is important but not yet adequately explored in Ireland.

The intravenous route is favoured by heroin misusers in Dublin

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The future

The social, economic and attitudinal problems which led to the widespread use of heroin ten years ago still exist in Dublin. The threat of a resurgence of the problem may not be kept in check by fears about AIDS or by the non-availability of drugs.

The arrival of HIV is forcing a re-think of many of the fundamental principles of the management of drug abuse. Should maintenance and detoxification be rigidly enforced regimes aimed at strict compliance? Should safe injection materials and techniques be freely available? Should different regimes be adopted for those who are HIV positive and those who are not? Can young people be prevented from using drugs for the first time without radical changes in their environments and future prospects or will dire warnings about AIDS suffice?

Until these basic questions are seriously addressed and clear answers found, it seems likely that we will continue to react by trying to contain Ireland's drugs problems without making real progress in eradicating them. The roots of the problems lie in social and environmental issues, not in medical ones. A purely medical solution is neither likely nor appropriate.

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