



THE MEDICO-SOCIAL RESEARCH BOARD

HEROIN USE
IN A
DUN LAOGHAIRE BOROUGH AREA
1983-84

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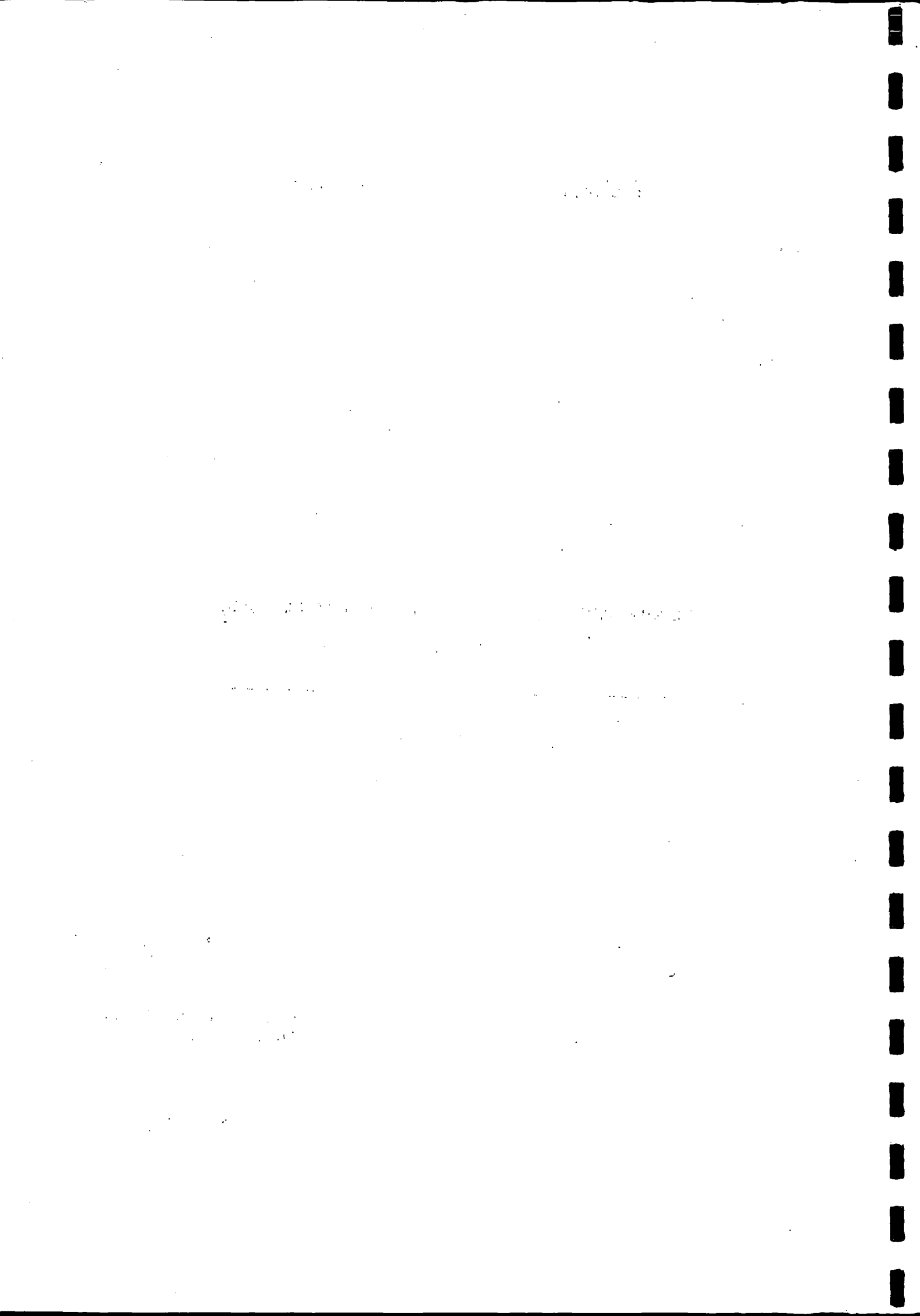


HEROIN USE IN A DUN LAOGHAIRE BOROUGH AREA

1983-84

73, Lower Baggot Street,
Dublin 2.

October, 1984.



HEROIN USE IN A DUN LAOGHAIRE BOROUGH AREA 1983-84

This report presents the principal results of a study of heroin use which was conducted in a small area of Dun Laoghaire Borough between 22nd May and 7th September 1984.

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INTRODUCTION

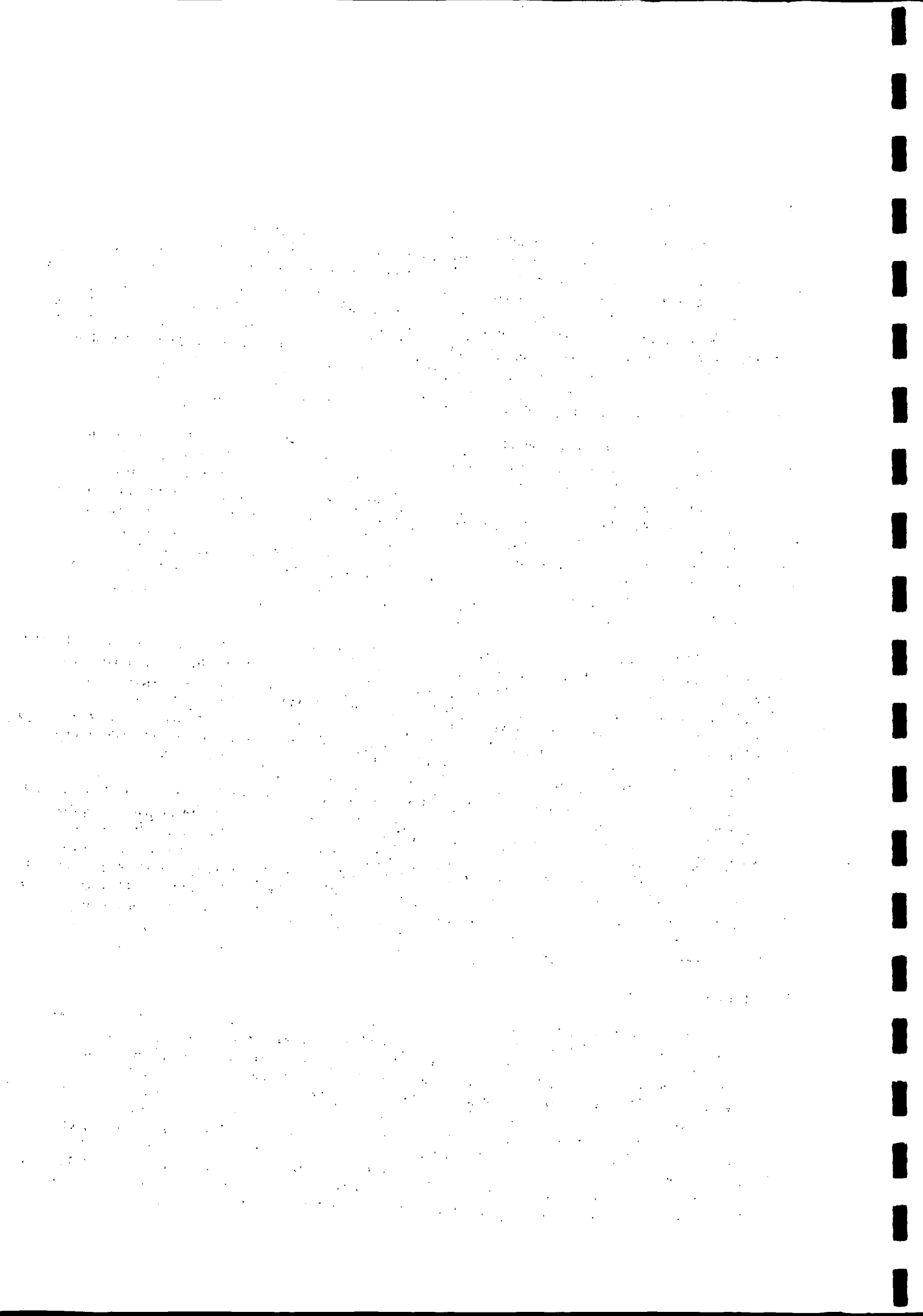
In April 1983 the Medico-Social Research Board issued a report, DRUG MISUSE IN IRELAND, 1982-83, which in the context of summarising a more general investigation highlighted the findings of a study of heroin misuse in a North Central Dublin area.¹ In September of the same year the Government released its statement on the report of the Special Government Task Force on Drug Abuse, which contained recommendations both for action and for further research. Subsequently, the Minister for Health asked the Director of the Medico-Social Research Board, Dr. Geoffrey Dean, to have such research carried out.

One area proposed for research was Dun Laoghaire Borough, where an exploratory observational study had been conducted, and reported on in June 1983, by the author of the present report. In February 1984 preliminary discussions were initiated by Dr. Dean with representatives of groups in Dun Laoghaire Borough known to be acquainted with the drugs scene there. Included in these discussions were the members of the panel responsible for the study finally carried out and, in the early stages, Councillor Jane Dillon Byrne and the Chairperson of the Dun Laoghaire Drugs Awareness Group, Rosalie McDonnell.

The delay in getting a study started was occasioned mainly by the initial hesitation of those who had been invited to the discussions to commit themselves to a time-consuming operation which might distract them unduly from their normal duties. Finally, it was found possible to get together a team of five, all members of the Dun Laoghaire and Monkstown Drugs Awareness Groups acting in their personal capacities and not officially representing these organisations. Two of this panel were housewives, two were curates in local parishes and one was a Holy Ghost priest engaged at that time in a fulltime mission to drug abusers and their families. In May 1984 Rosie Smith agreed with Dr. Dean that she would take responsibility for organising and coordinating the work of the panel in interviewing people resident on 1st May 1984 in two electoral wards selected out of twenty-one such wards in Dun Laoghaire Borough who were believed by the investigation panel to have used heroin or cocaine at any time between 1st May 1983 and 1st May 1984.

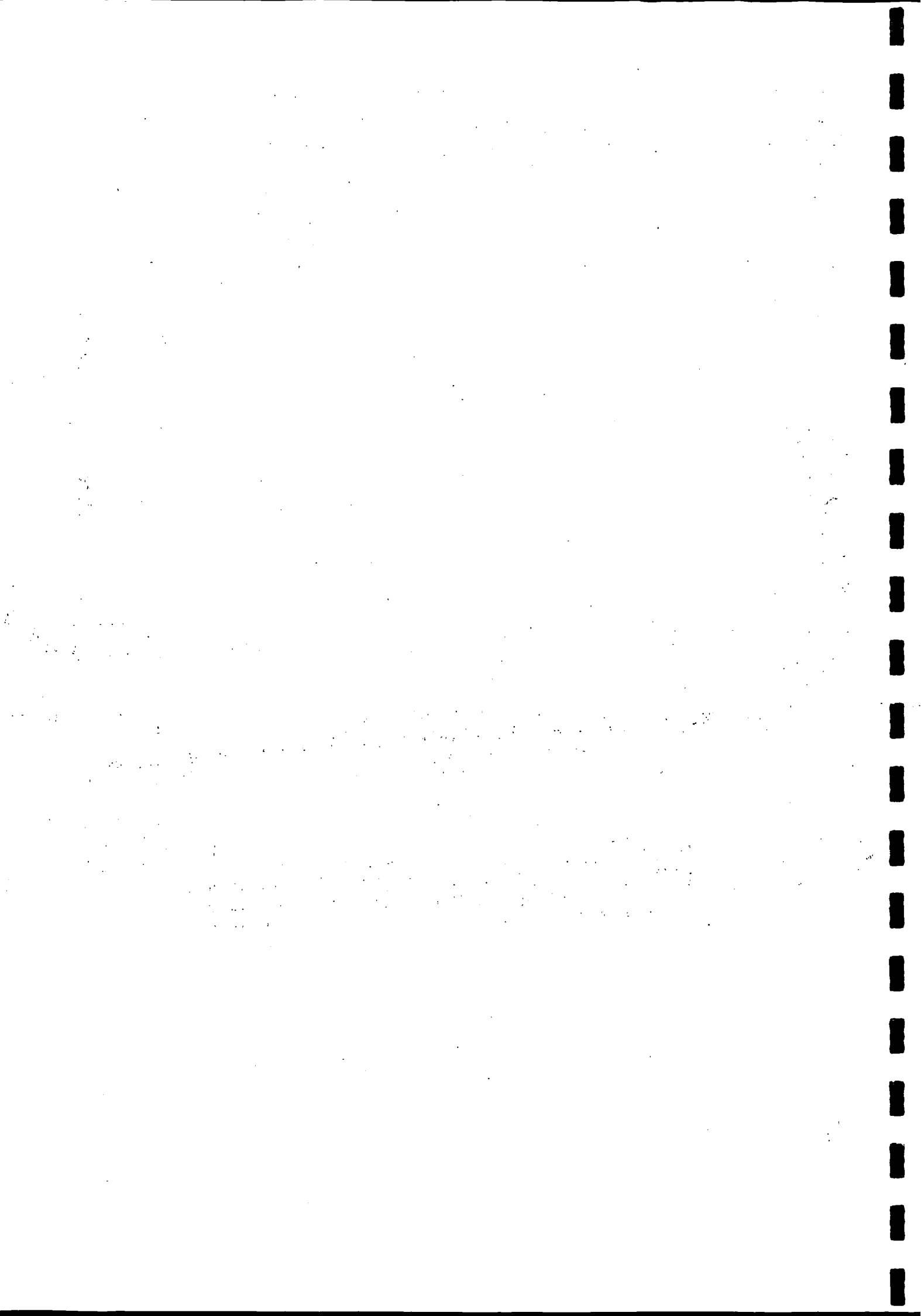
TARGET AREA

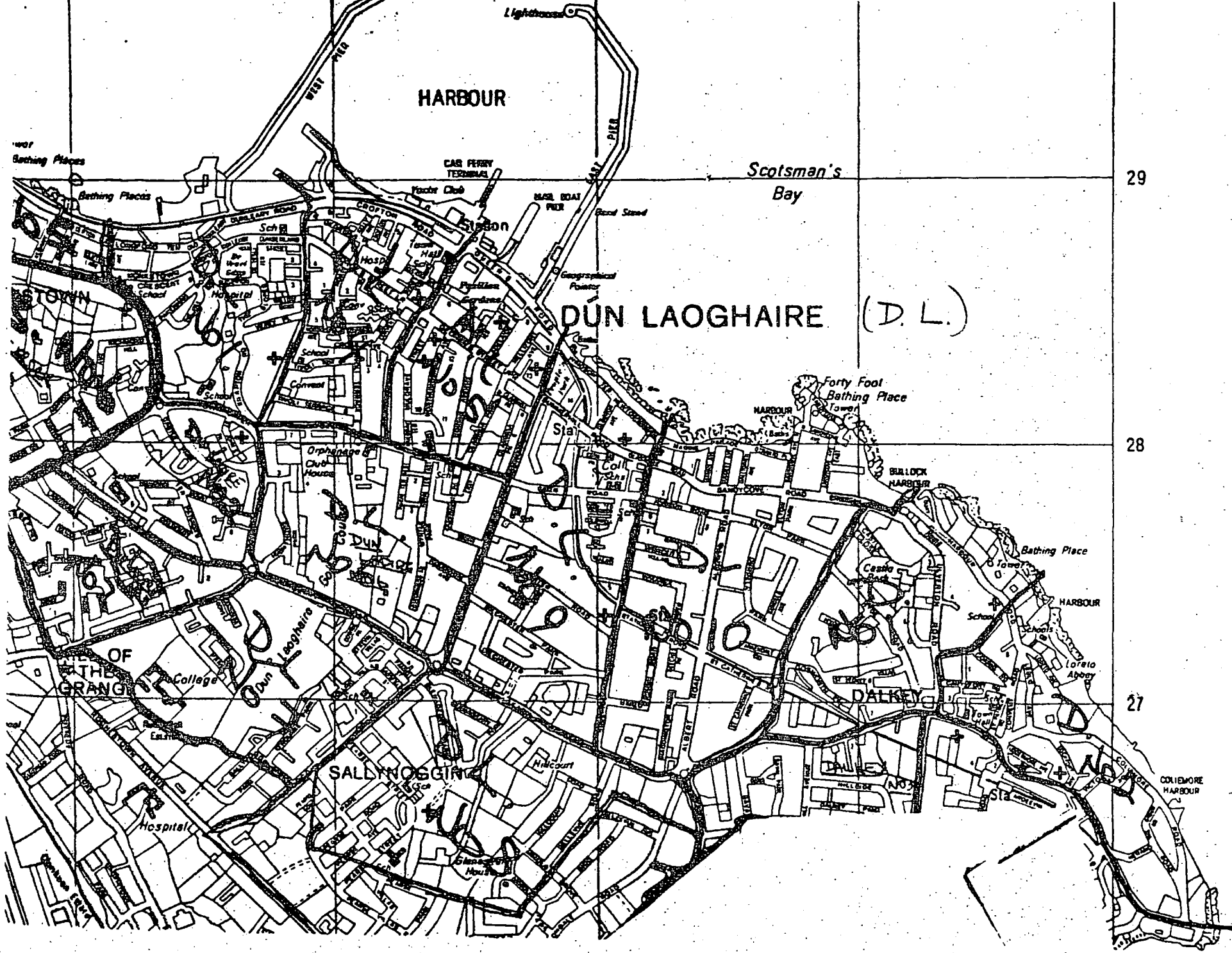
The two electoral wards, adjoining one another, which were selected for study were chosen for the following reasons. First, the members of the investigation panel had some knowledge of drug abuse in these districts. Second, in the estimation of the members of the panel these wards had neither the highest nor lowest incidence of drug abuse in Dun Laoghaire Borough. Third, a sizeable part of one of the wards was comprised of local authority flats - this would facilitate a comparison between heroin and cocaine use in these apartment blocks and that in nearby housing estates, which were a mixture of homes privately owned and homes purchased or rented from the local authority.



The map which follows shows a section of Dun Laoghaire Borough divided into electoral wards.

Only some of the twenty-one wards appear on the map, but it was two such wards, contiguous to one another, that were chosen for this study. For reasons of confidentiality, the identity of the two wards cannot be revealed.





HARBOUR

Scotsman's Bay

DUN LAOGHAIRE (D.L.)

Forty Foot Bathing Place

BALDOCK HARBOUR

Bathing Place

HARBOUR

Loreto Abbey

DALKEY

CONEMORE HARBOUR

Bathing Places

Bathing Places

CAR FERRY TERMINAL

MALE BOAT PIER

Geographical Point

Geographical Point

Stn

Coll

SALINOGGIN

OF THE GRANG

College

Hospital

Dun Laoghaire

Hospital

DALKEY

DALKEY

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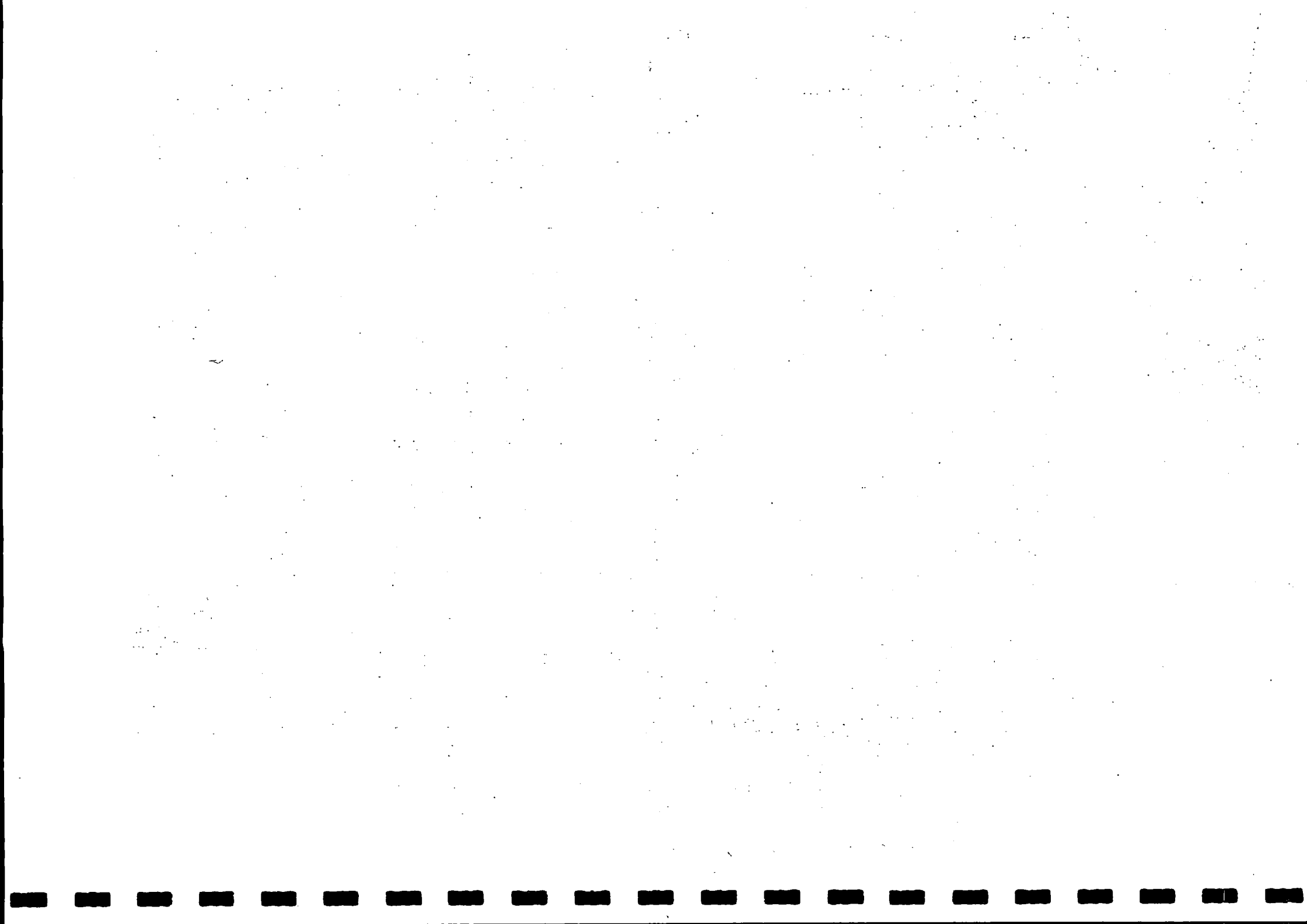
DALKEY

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29

28

27



FOCUS OF STUDY

For practical reasons, it was decided that the focus of the study would have to be limited to use of heroin and cocaine, both drugs which have a high addictive potential and regular use of which it would be difficult to conceal indefinitely, especially from other users and pushers. Every effort would be made to identify and interview anyone resident in the target area on the selected date who had used either of these drugs within the designated time period, but information would be sought also about their use of other drugs. In the event, cocaine use appeared to be a rare phenomenon and, since anyone who had used it had also used heroin, the focus of the study turned out to be heroin use only.

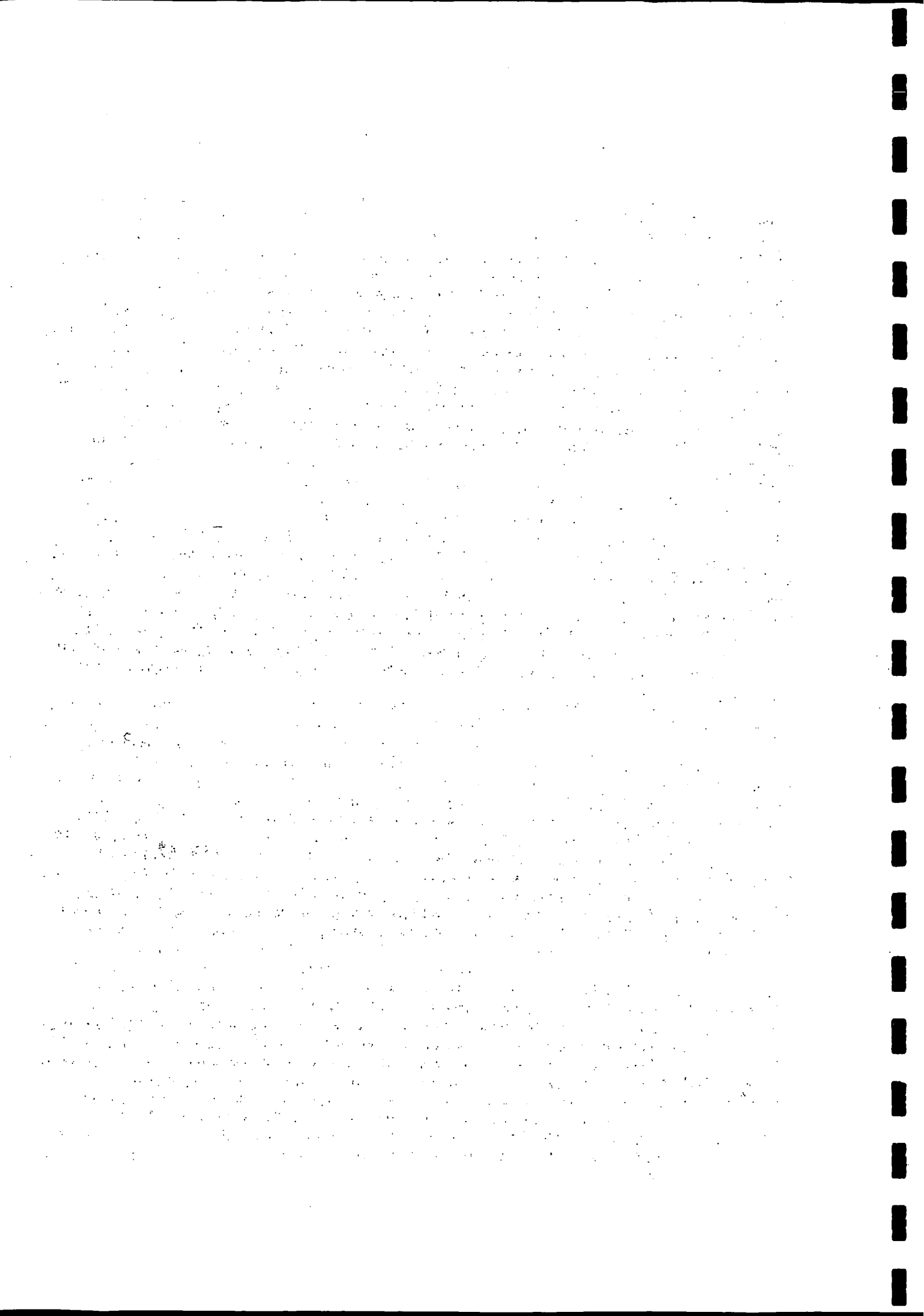
OBJECTIVES OF STUDY

The objectives of the study were as follows. First, to quantify the use of heroin within the time period specified in the area selected for study. Second, to obtain a profile of the heroin user in this area. Third, to determine the nature of the progression, if any, leading to heroin use. Fourth, to provide some basis for comparison between heroin misuse in Dun Laoghaire Borough and that in Dublin inner city. Fifth, to compare heroin use in a local authority flats district with that in adjoining housing estates.

METHOD

The method of study adopted was similar to that in the research done in a north central Dublin area (Bradshaw, 1983). The investigation panel would initially draw up a list of persons resident in the selected area on the agreed date (1st May 1984) whom two or more of the panel knew or believed to have used heroin or cocaine within the previous year (1st May 1983-1st May 1984). A questionnaire prepared by the Medico-Social Research Board would in due course be administered to each person on the list and to anyone else discovered during the process of interviewing to have used heroin or cocaine within the time period specified.

The same procedures to ensure maximum confidentiality would be adopted as were used in the study carried out in the north central Dublin area. In addition, both to safeguard confidentiality and to maximise the chances of gaining access to all eligible drug users, the interviewers would visit or consult with other local people who might be expected to know something about drug use in their neighbourhood. In this way, should news of their interest circulate in the area, the impression would be avoided that everyone contacted by the interviewers had to be a heroin abuser and, at the same time, fresh information might be acquired, the reliability of which could be assessed on its merits by the panel.



The original list drawn up by the investigation panel in May 1984 consisted of 29 names. This was cut to 27 when it was discovered that 2 people on the list had left the area before 1st May.

The panel believed that diligent inquiry in the area and consultation of professionals of various kinds would result in considerable expansion of the list. It gradually became apparent, however, that no great number of secret heroin users and scarcely any cocaine users existed in the target area. It proved possible to add, eventually, 11 names to the list of 27.

The panel, then, were anxious to interview 38 respondents. It was, in the end, possible to contact only 36, and in two of these cases, where evidence of heroin use was directly available, background data had to be acquired from family members. The two who were not interviewed were suspected on strong grounds, but not known with absolute certainty, to have used heroin within the time period designated. Because both had left home during the summer, after 1st May, it was found impossible to contact them. Since proof of their involvement was not conclusive and neither had made admission of heroin use to any member of the panel, it was decided that no justification existed for trying to acquire information from family members and their names were dropped from the list. The population to be interviewed, then, would consist of 36 respondents.

Respondents who were in prison on 1st May 1984 were included because they had lived in the target area directly before they had gone to prison. Although 5 respondents were, in fact, interviewed in prison, only 3 of these had been there on 1st May.

SAMPLING AND INTERVIEWING DIFFICULTIES

One difficulty in finalising the list was the high degree of mobility among some habitual heroin abusers. These displayed a tendency to shift residence, often staying in one place for little more than a matter of weeks. They moved about between parental homes, relatives and friends, although almost always within the Borough of Dun Laoghaire. In such cases, we had to go to some trouble to discover exactly where they had been on 1st May.

A good indication of this residential mobility lies in the fact that, at the moment of beginning this report, no less than 9 (25%) of the sample had left the places where they were staying on 1st May. How many other people who might have been interviewed, had they been in the area on 1st May, have since moved in or moved back to their homes there we cannot say, but we know of 3. In the case of some who left the area during the summer, disturbances connected with the anti-drugs protest movement may have affected their decision to depart although, generally speaking, they have not gone outside the Borough.

A difficulty encountered in the interviewing process, after a remarkably smooth beginning, was the growing atmosphere of fear and suspicion among drug users and their families as anti-drug marches and protests escalated during the summer months. A few respondents avoided being interviewed for some time because they suspected that the research might be designed to flush them out for purposes of intimidation or liquidation. "Has this something to do with the protest marches?" was the first question put to the interviewers by one young man who had refused to talk with us until we found a friend, a heroin user living elsewhere in the Borough, who was able to persuade him.

Several interviews were characterised by the reluctance of respondents to give details of recent drug abuse; they were ready enough to talk about it, but preferred to put it all well into the past tense even when the interviewer was fairly certain that they had not completely withdrawn from the drug scene. For example, 2 young respondents who claimed during the interview to have finally kicked their heroin habit admitted to the interviewer some weeks later that they had mainlined heroin since being interviewed.

In short, allegations made by respondents about having discontinued heroin abuse may not, in all cases, be valid.

GENERAL VALIDITY

While the investigation panel may not have traced every person in the area studied who had experimented with heroin or cocaine, we would be surprised if we missed anyone who was, at any time in the recent past, a regular user. Many of the respondents were cooperative in naming persons of their acquaintance who had used heroin; in fact, most of the names on our final list recurred several times in conversations with other respondents.

In some cases because of the nature of their occupations, and in all cases because of their membership of local groups working in the fields of prevention of drug abuse and care of abusers and their families, the members of the panel had between them a wide range of contact with such people, both inside and outside the area selected for study. Their sources of information and hope of gaining access to drug users were, as indeed Dr. Dean had persuaded them, better than what would have been immediately available to a research team coming into the area from outside the Borough of Dun Laoghaire.

Of the 36 interviews, 12 (33 %) were conducted with Dr. Dean or a second member of the panel in attendance. A check with Jervis Street Drug Advisory and Treatment Centre revealed that 22 (61 %) of the sample of 36 had attended there as heroin abusers and that no other heroin abuser resident in the target area on the designated date had attended there within the previous year. Checks with other institutions and associations failed to produce any names not known to us.

PLACES OF INTERVIEW

The places in which interviews were conducted indicate the kind of follow-up that had to be undertaken in order to contact respondents or offer them the degree of privacy they required. 10 respondents (28 %) were interviewed in their homes, sometimes by previous arrangement; 10 (28 %) in the home of the interviewer to which they were invited for this purpose; 5 (14 %) in prison; 4 (11 %) in the homes of relatives or friends (this includes 2 cases about whom information was obtained from family members after earlier evidence of heroin abuse had been accepted by the panel and where informants knew of this abuse); 3 on streets in their neighbourhood; 2 in a cafe; and 2 in the interviewer's car.

RESULTS

A third of the respondents (12) were female, two-thirds (24) male. Heroin use was concentrated in the 15-24 years age range. Out of the 24 males, 18 (75 %) were aged between 15-24, and out of the 12 females, 11 (92 %) were in this age range.

On the basis of the Census of Population statistics of April 1981, there were 668 males and 659 females living in the area studied who were aged between 15 and 24. Assuming that there have been no major population changes in the area since 1981, it transpires that 2.7 % of the males and 1.7 % of the females aged between 15 and 24 would have used heroin between 1st May 1983 and 1st May 1984.

The table below, based on the 1981 statistics, gives a rough estimate of heroin use during the designated one-year period in the area studied.

| | AREA STUDIED | | | | | |
|--------------|-----------------------|------------|---------------|-----------|---------------|-----------|
| | TOTAL AGE GROUP 15-24 | | MALES | | FEMALES | |
| Population | 1327 | | 668 | | 659 | |
| Heroin Users | 29 (2.2 %) | | 18 (2.7 %) | | 11 (1.7 %) | |
| Age groups | 15-19 | 20-24 | 15-19 | 20-24 | 15-19 | 20-24 |
| Population | 685 | 642 | 339 | 329 | 346 | 313 |
| Heroin users | 16 2.3% | 13 2.0% | 10 2.9% | 8 2.4% | 6 1.7% | 5 1.6% |

While these percentages are sufficient to indicate that the area has a serious problem with at least one addictive and highly dangerous illicit drug, namely heroin, they fall well short of the corresponding 10 % in the same age range reported in the North Central Dublin area study (Bradshaw 1983).¹ This finding offers some hope that intensive local efforts, over the past year and a half, to counter experimentation with dangerous drugs among the young have not gone in vain. The vast majority of young people in the area studied would seem to have accepted the fact that heroin, at least, is one drug that cannot be played with lightly.

That much said, there are good grounds for concern. The area studied is a very small part of Dun Laoghaire Borough, representing 2 out of 21 electoral wards, yet it contains at least 36 people, all but 4 under the age of thirty, who have used heroin within one year. Assuming that the area contains about a tenth of the population of the Borough, and allowing for the possibility that the average use of heroin per ward may be less than 36, it seems reasonable to estimate that at least 300 people could be found in the Borough who have abused or experimented with heroin between May 1983-May 1984.

Using the 1981 statistics, the total number of people aged 15-24 in Dun Laoghaire Borough was 10,907. If that number now remained the same and 2.2 % used heroin in the designated time period, the number involved would be 240 in the 15-24 age category. The total number of people between 15 and 34 years of age, however, in Dun Laoghaire Borough in 1981 was 17,537. In the area studied, the corresponding number was 1912, of whom 35 were found who had recently used heroin (1 respondent was 35, just above the 15-34 age range). This was 1.8 % of this age group in the area studied. If 1.8 % of the people aged between 15-34, that is, of 17,537 going by the 1981 statistics, had used heroin in the designated one-year period the number involved would be 316.

ESTIMATE OF PROBABLE HEROIN USE

| | AREA STUDIED | DUN LAOGHAIRE BOROUGH |
|------------|--------------|-----------------------|
| Population | | |
| 15-34 | 1912 | 17,537 |
| Heroin | | |
| Users | 35 | 316 (estimate) |
| | (1.8 %) | (1.8 %) |

While the figure shown for heroin use in Dun Laoghaire Borough is only an estimate, it may help to put further analysis of the sample in the area studied in some kind of perspective.

Housing

Of the 36 respondents, 15 lived in local authority flats. These 15 comprised the majority in the first electoral ward, where the remaining 7 lived in housing estates, mostly local authority, either adjoining or a short distance away from the flats. In the second electoral ward, all 14 respondents lived in local authority housing estates where a large proportion of homes would have been purchased from the authority; no heroin users could be found in private-purchase housing estates in this ward. Any comparisons which can easily be made will be between the 21 respondents (58 % of the sample) who lived in houses, mostly terrace or semi-detached, and the 15 (42 %) who lived in local authority flats.

Age and Family Background

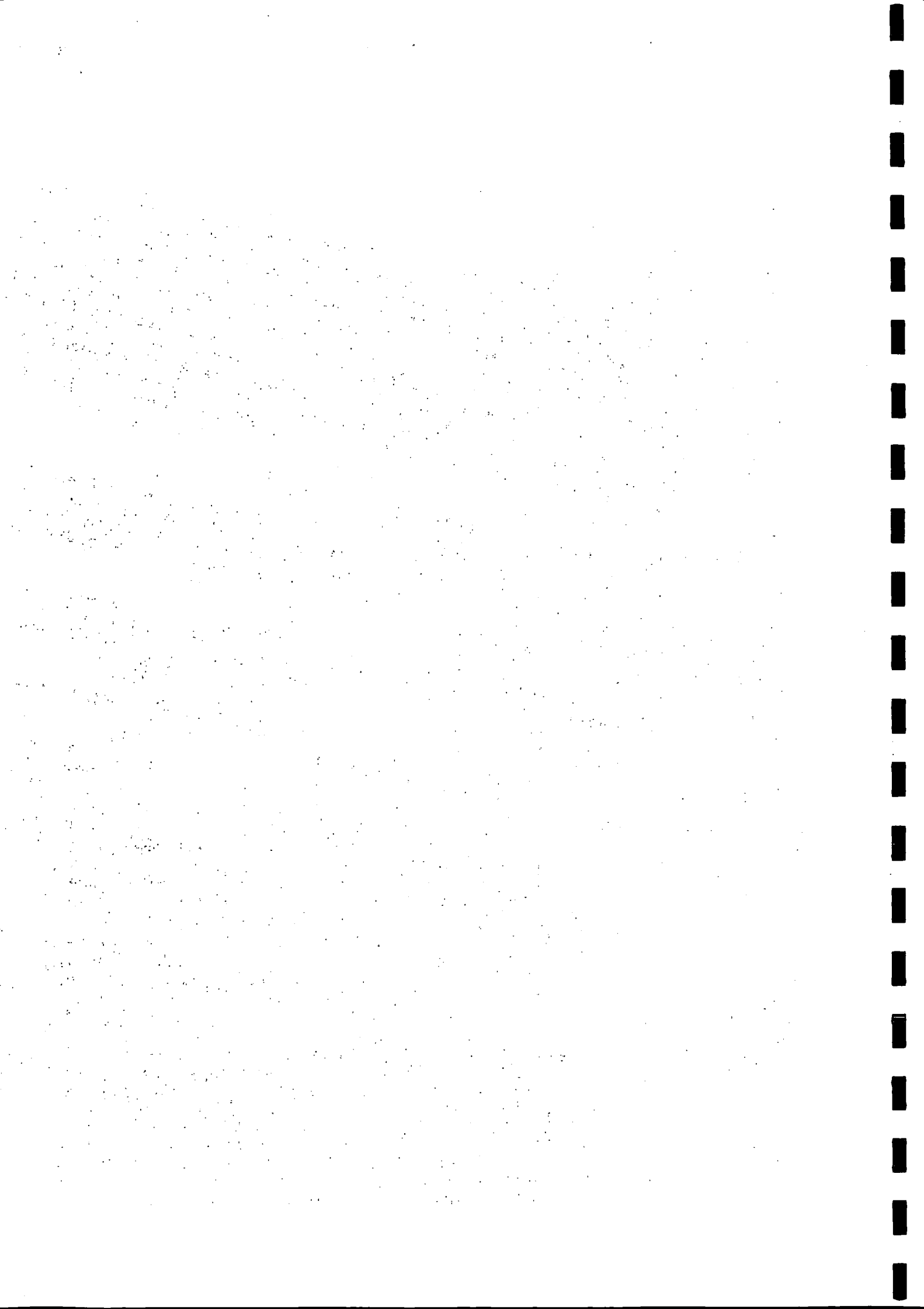
The ages of the respondents on 1st May ranged from 15 to 35. In the 15-19 age group were 16 (44 %); in the 20-24 age group 13 (36 %); in the 25-29 age group 3 (8 %); and 4 (11 %) were aged between 30 and 35. Four-fifths of the sample, therefore, were under 24 years of age (81 %).

On 1st May, 25 respondents (70 %) lived in their parental homes; 3 with other relatives (8 %); 3 with wife or husband in their own homes (8 %), and none of these owned their own homes, all being in flats; and 5 with friends (14 %).

The number of brothers the respondents had ranged from none to 9, and of sisters from none to 6.

Of the 36 respondents 12 (33 %) had children, and these 12 respondents had, in all, 15 children between them. Of the 15 children, 7 belonged to the married respondents living in their own homes, and 8 to unmarried respondents. None of the children was in care; all were living with either or both of their parents, that is, either with the respondent or the respondent's former or present partner. 1 female respondent who was married was pregnant at the time of interview, and 2 of the 11 unmarried female respondents were pregnant at the time of interview.

In the younger age groups (15-24), the majority (83 %) had both parents living and, furthermore, all but 2 of these younger respondents whose parents were alive had parents who were living together in their own homes. The reason why the father of two younger respondents (under 24) was absent from home was permanent disablement. The only respondent in the total sample whose father was deceased was in the 20-24 age bracket, but the mother of 4 younger respondents - 2 in the 20-24 and 2 in the 15-19 age groups - was deceased. Among the older respondents aged over 25, there were 4 whose fathers were deceased, but none whose mother was deceased.



Of 28 respondents aged under twenty-four whose fathers were alive, 15 (54 %) reported that their fathers were in good health. The fathers of the remaining 13 (46 % of younger respondents whose fathers were alive) were suffering from some form of chronic ill-health. In 8 of these cases, the illness was physical, and in 5 a combination of physical and psychiatric. Of the 25 respondents aged under twenty-four whose mothers were alive, 22 (88 %) said that they were in good health. It may be concluded, then, that among the younger respondents in the sample of heroin users whose parents were living their mothers were more likely to be physically active than their fathers.

When a respondent said that a parent suffered from an illness that was both physical and psychiatric, the illness usually specified was alcoholism. In all, 11 (31 %) of the 36 respondents reported that one or other of their parents suffered from alcoholism, but it should be noted that this included parents who were deceased. In 3 additional cases, however, where a respondent stated that a parent was healthy, the interviewer and at least one other member of the panel would have regarded that parent as an alcoholic.

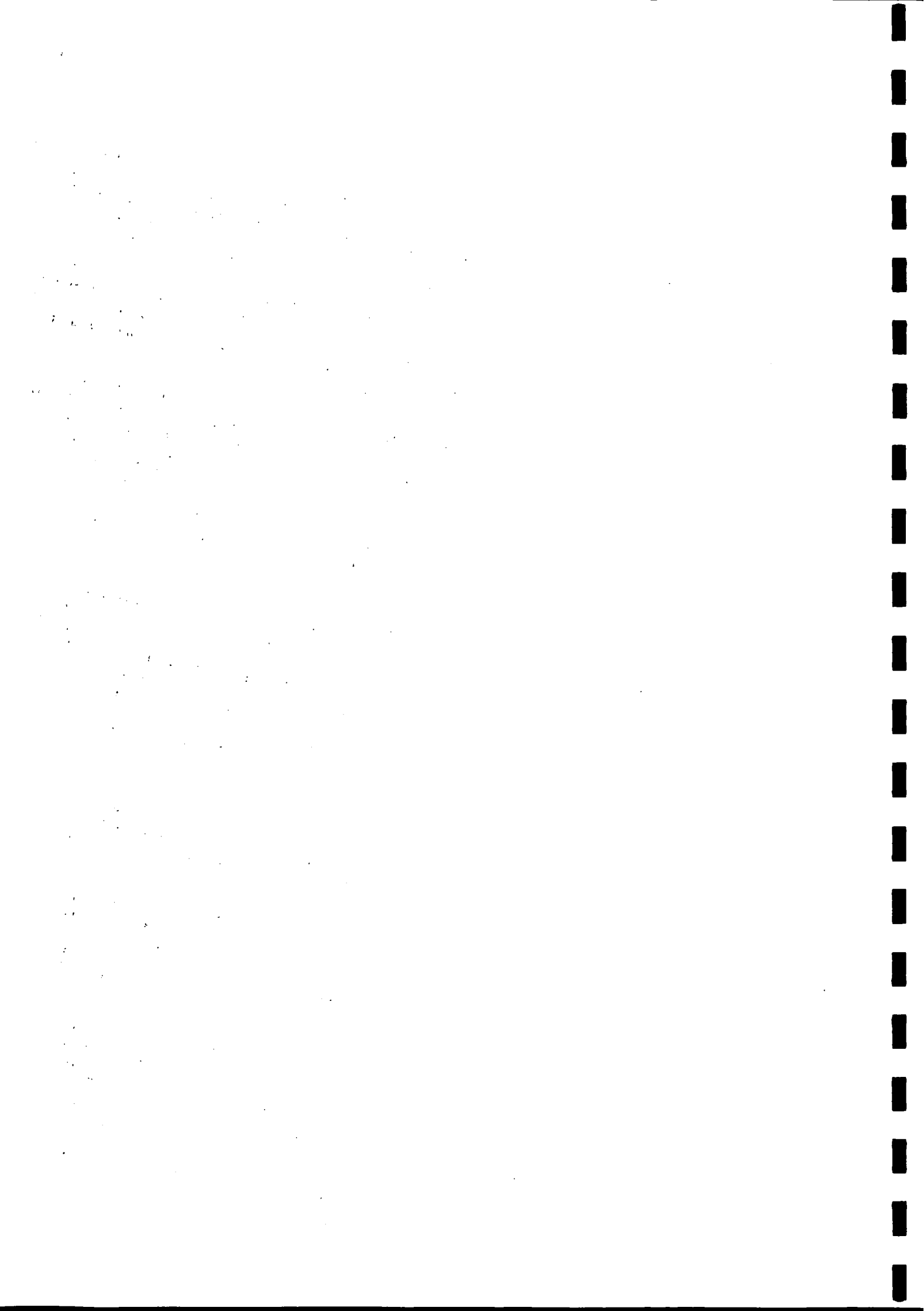
The fathers of 28 respondents (78 %) in the sample worked or had worked in occupations which would be classed as unskilled or semi-skilled. The other 8 (the fathers of 22 % of the respondents) were or had been in occupations which would have required a period of training or apprenticeship, only 1 being in a professional capacity. The former or present occupation of the mothers of the 36 respondents were mainly in cleaning and catering. All but 1, who held a professional post, had been or were in jobs that would be classed as unskilled.

Education

None of the respondents was still attending school, even though 16 (44 %) were in the 15-19 age bracket and 6 of these (17 % of the total sample) had not attained their seventeenth birthday.

Of the 29 respondents under 24 years of age, 11 (38 %) had left school before the age of 15, that is, before they reached the legal age limit for leaving school. The range of ages at which the total sample left school was 13 to 17 years. Only 2 (6 %) of the 36 respondents had, in fact, remained at school until they were 17.

Of the total sample, 6 (17 %) did not go beyond primary school, 4 of these being among the 7 older respondents aged over 24. None proceeded into third-level education. Vocational schools were attended by 23 (64 %), while 7 (19 %) went to secondary or comprehensive schools. This does not mean that the majority completed second-level education. Far from it. 9 (25 %) said that they had passed some examination - 2 the Intermediate, 6 (17 %) the Group and 1 the Leaving Certificate. The majority of the others said they never attempted any examination, only 1



saying that he had attempted an examination, the Group, and failed it. Of the 6 who said they had got their Group examination, 5 did so while in detention, either in Loughan House or in Lusk. None of the respondents in the age groups over 24 passed any examination.

Illiteracy did not appear to be a major problem. All but 1 of the 36 respondents said that they were able to read. Of the two who said that they could not write, 1 was able to read.

Work

Of the total sample, 30 (83 %) had held a job at some time in their lives. Most of the jobs mentioned were unskilled. Of the 6 (17 %) who never had a job, 4 were under 17 and 1 other under 19 years of age. In the under-19 age group, comprised of 16 respondents, therefore, 5 (31 %) had never held a job. In the total sample, 5 of the 6 who never had a job were males and 1 a female, all aged under 24. Almost all of the female respondents, 92 %, that is 11 out of the 12 females in the sample, had held a job at some time as against 79 % of the males.

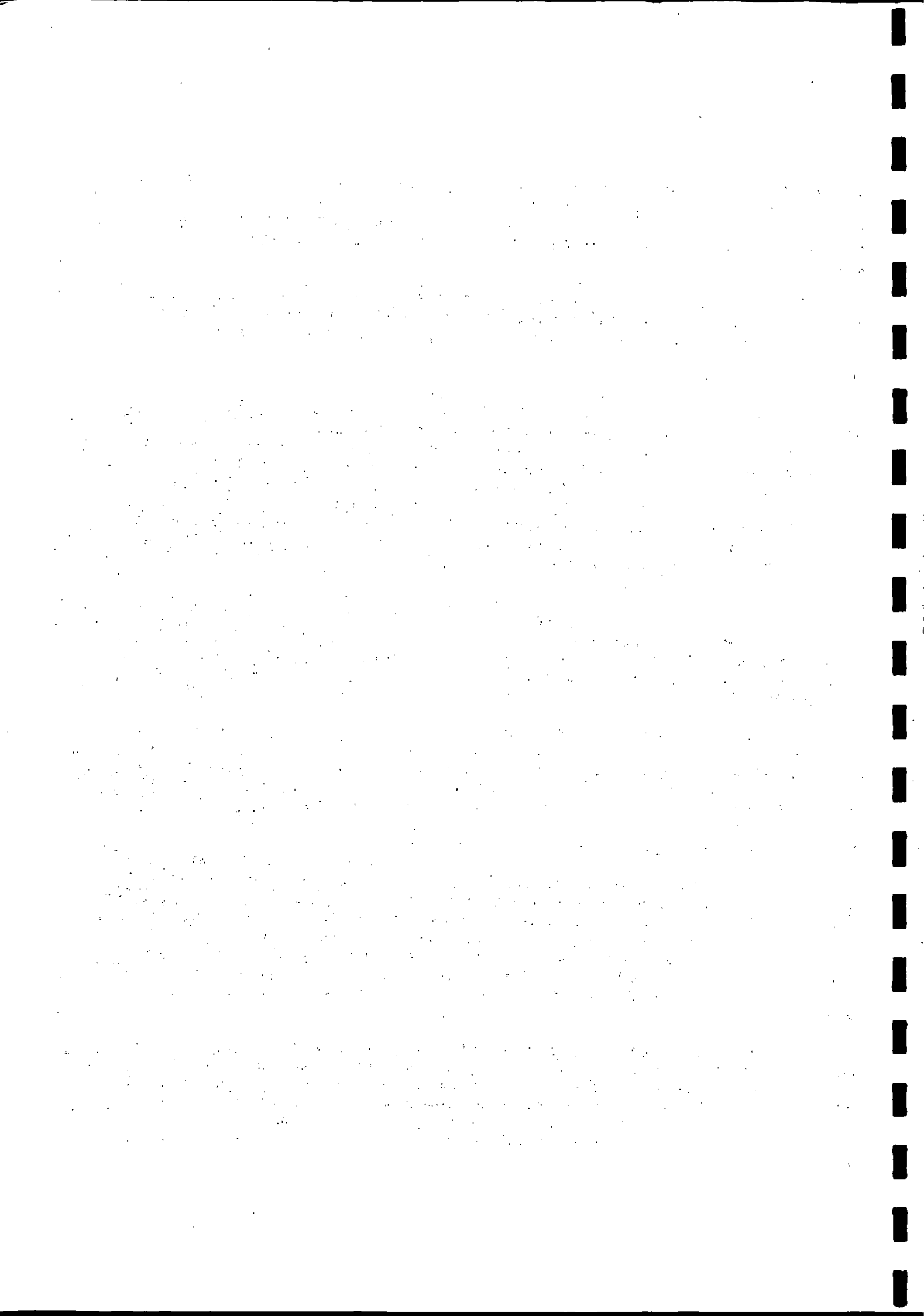
These percentages stand in striking contrast with the work situation at the time of interview. At this time, only 6 (17 %) of the 36 respondents were working fulltime in permanent or temporary employment. 2 were working in part-time jobs and 2, both females, at home duties. 26 (72 %) described themselves as unemployed.

There was little difference in the employment situation between those who lived in flats and those who lived in housing estates. 11 (73 %) of the 15 who lived in flats were unemployed as against 15 (71 %) of the 21 who lived in housing estates. At the time of interview, unemployment was evenly spread.

Earlier Leisure Interests

Most of the respondents were asked if they had ever been involved in any club or sporting organisation. 13 (36 %) said that they had been, usually specifying membership of a local youth club or football team. All 13 were under 29 years of age, 11 being males, 2 females. Among the 31 respondents aged under 29, therefore, only 2 (19 %) of the 11 females as against 11 (55 %) of the 20 males claimed ever to have had a leisure interest of this kind.

Smoking cigarettes was a pastime in which all the respondents with the exception of 1, a male aged eighteen, had indulged at some time. The ages at which they started to smoke extended from 7 to 22 years of age. There were 30 (83 %) who still smoked cigarettes. There was a very wide range in the number of cigarettes which they estimated they smoked per day, as little as 2 and as high as 40.



Primary Drug of Abuse

After they had been questioned about their use of different types of drug, respondents were asked to say what they believed to be their primary drug of abuse. This was usually explained by adding that we wanted to know which drug they mainly favoured or liked to use and would find hardest to give up. Of the total sample, 24 (67 %) named heroin, to which almost all referred as "smack". 8 (22 %) named cannabis, to which they invariably referred as "hash". 3 (8 %) named some other drug - 1 cocaine, 1 glue and, somewhat unexpectedly, 1 nicotine. Finally, 1 male respondent, a regular heroin user, said that he had no real problem with any drug and never did have. In all other cases, however, the estimate of the respondent (but in 2 cases the estimate of family members acquainted with the respondent's drug abuse) tallied with that of the interviewer. While the panel believes that some respondents may have played down their dependence on a particular drug, especially where heroin was concerned, we are prepared to accept that in the vast majority of cases the respondents identified correctly the drug that gave them most pleasure, or release from worry, and was most difficult to give up.

In the course of answering the question why they continued to use the drug they had named as their primary drug of abuse, no less than 19 (53 % of the sample) claimed to have stopped using heroin, the drug on which the study was designed to focus. This figure cannot be taken entirely at face value, however. It includes 2, both young males, who on their own subsequent admission to the interviewer have slipped up since the date of interview; 1 male about whom there is convincing evidence that he was using heroin shortly before and after the interview; 2 males about whose freedom from heroin use the panel have some reason to entertain doubt; 1 female who expressed doubt about her own ability to abstain from heroin and concerning whom there are good reasons to believe that she has already lapsed; 1 male who said he kicked the heroin habit a month before going to prison only to make it easier for him to begin his sentence; 1 male who appears to have substituted alcohol for heroin; 1 male who preferred cocaine and believed his continued use of it was harmless; and 6 respondents who seem either to have substituted cannabis for heroin or whose main drug of abuse was cannabis anyway, at least at this stage.

The panel are disposed to believe that the majority of people who have abused heroin over a period of time, however short, remain in grave danger of trying it again and eventually becoming addicted. We believe that this danger persists, even when they stop using heroin, as long as they are dependent on any other mind-altering substance. From the replies of those who claimed to

have stopped using heroin, their general conversation during interview, and what is known of the circumstances of their lives, the panel would hesitate to express optimism about the ability of more than 5 (14 %) of the 36 respondents to resist further misuse of an opiate drug or cocaine - unless they were prepared to accept some form of intervention which would offer them support in their resolve.

In the light of these assumptions, the reasons given by any of the respondents for continuing to take their favoured chemical substance are important.

First, there were the 17 (47 %) who did not deny that they continued to take heroin. The majority, 13 in number, gave answers here which indicated inability to stop because of psychological or physical need; for example, "Because I'd be sick if I stopped" or "I just can't stop" were typical replies. Other reasons given were associated with the relief of boredom and the pursuit of pleasure.

Of the 8 (22 %) who named cannabis as their primary drug of abuse, 3 said that they had stopped using it altogether - 1 because he was never really "hooked", 1 because he had withdrawn from all drugs "for fear of getting into smack", and 1 because she was having a baby. 1 other respondent said she had cut down to rare use of cannabis because she was pregnant. The others were enthusiastic about cannabis, offering a series of reasons such as liking, need and its power to make them feel good and help them with their problems.

1 respondent who favoured cocaine continued to use it because it was "nice" and "harmless". 1 who favoured nicotine simply smoked cigarettes and did not feel addicted to "hard" drugs which she only took when they were easily available. 1 who favoured glue said he had managed to stop because "you go off your rocker sniffing glue".

TYPES OF DRUG USED

Alcohol

All of the respondents had taken alcohol in some form at some time in their lives. Only 2 (6 %) had never drunk beer and 2 (6 %) had never taken cider. 15 (42 %), however, said they had never taken wine and 13 (36 %) that they had never drunk spirits. The ages at which respondents had first tasted cider ranged from 10 to 20, and beer 10 to 19. The ages at which some had first taken wine ranged from 12 to 20, and spirits 13 to 20.

19 (53 %) of the respondents had drunk beer at some time during the thirty days previous to the interview; 13 (36 %) cider; 8 (22 %) spirits; and only 3 (8 %) wine. The majority indicated that at no time in their lives had they been particularly interested in wine if there was anything else available.

Cannabis

All of the respondents had used cannabis at some time. 33 (92 %), moreover, had smoked it during the twelve months previous to the interview. On the other hand, 21 (58 %) said they had not used it in the month previous to the interview. Of the 15 (42 %) who had used it during this period, the frequency of use ranged from less than once a week to once a week or more. None admitted, in other words, to very frequent use, although in a few cases their further conversation tended to contradict this impression. The age range of first use of cannabis was 11 to 25 years of age.

Heroin

All of the respondents had, of course, used heroin at some time between 1st May 1983 and 1st May 1984, but there was 1 exception who was nevertheless retained as a respondent. He admitted that he was a heroin addict and was in fact widely known as such. He explained when he was interviewed in prison that the only reason he had not used heroin within the designated time period was because he was locked up shortly before it began. In the circumstances, we felt justified in including him.

23 respondents (64 %) said that they had not used heroin in the thirty days preceding the interview, while 12 (33 %) admitted that they had been using anything from once a week to four times daily during the month before the interview. 1 respondent, who would not give detailed information about his drug use, made no answer, but other evidence would justify his inclusion among those who were using.

The 64 % who said they had not used heroin for over a month may seem at first sight surprising, but it is necessary to assess each case before concluding that there had been a sudden mass conversion from heroin use during the summer of 1984. It should be recalled in advance that 70 % of the sample lived with parents and that there was an aggressive anti-drugs campaign in progress in the district. Some of the 23 respondents who denied having used heroin in the month before interview, nevertheless, seemed to have good reasons for not having done so. 3 had been in prison over a month; 2 said it was because they were pregnant and 1 because she was concerned about her young baby; 2 had been in treatment and 1 laid up with a serious heroin-related illness; 2 had been taking cocaine during the month in question. Among the other 12 were some who had been taking cannabis and some who seemed to be genuinely trying to stay clear of most drugs.

Asked about how they had taken heroin on the most recent occasions, the majority said that they had injected it. There were 9 (25 % of the sample) who said they had sniffed or smoked it. In 1 of these cases, that of an older respondent well known as a drug pusher, the drugs world would have exploded with laughter at the idea that he smoked rather than mainlined, but it could be that he had to use it this way. Another who said he had smoked heroin was the respondent whose primary drug was cocaine. But in at least three cases, it appeared, the respondent had never taken heroin save by sniffing or smoking it. 1 explained that this was the only way to escape detection at home. More significant, however, is the fact that 24 out of the 29 respondents aged between 15 and 24, that is 83 % of this age group, had injected heroin into their veins on the most recent occasions when they had used it.

The ages at which respondents first used heroin ranged from 13 (2 cases) to 25 (1 case - a respondent aged over 30). The great majority, 31 (86 % of the sample), first got heroin from friends; 2 from dealers; 2 from casual acquaintances; and 1 would not say.

Other Illicit and Non-prescription Drugs

12 (33 % of the sample) had tried cocaine at some time in their lives, and 5 of these (14 % of the sample) had used it in the past year. The respondent who regarded cocaine as his primary drug (he would not say of abuse) had sniffed it at least once a week during the previous 30 days and first used it at 15 years of age. With the exception of 2, however, none of the sample seemed particularly interested in cocaine.

23 (64 %) of the respondents had at some time used hallucinogens; 10 (28 % of the sample) had done so in the previous year; 2 in the 30 days before interview. These 2 had used hallucinogens once a week and four times daily, respectively. The drugs generally named here were "magic mushrooms", available locally, and LSD. The normal form of use was oral and the age range for first use from 14 to 22.

12 (33 %) respondents had at some time used amphetamines, 6 (17 % of the sample) in the past twelve months. Relatively little interest, however, was expressed in this type of drug, although 2 had first taken amphetamines at the age of 15.

A slightly larger proportion, 14 (39 %), had at some time used barbiturates, tranquillisers or sleeping pills, but only 5 (14 %) within the previous year. All 5 were in the 15-19 age bracket, that is 31 % of this young age group. Of 3 young respondents who had used such pills in the month before interview, 1 said she was taking sleeping pills four to five times daily. The age of first use of this type of drug ranged from 13 to 18.

11 respondents (30 %) had used inhalants at some time. 9 were in the youngest age group, comprising 56 % of the 15-19 year old respondents, of whom 3 (19 % of this age group) started using inhalants at 13 years of age.

Drugs Progression

A pattern emerged from the data of a progression from smoking nicotine in childhood to drinking cider and beer and then smoking cannabis in the early teenage years - until finally experimenting with heroin.

It has been noted that there were respondents (there were 3, in fact) who smoked their first cigarette at the age of seven. But the majority, 22 (61 %), had smoked cigarettes before their thirteenth birthday - that is, when they were children rather than teenagers - and 16 of these (44 % of the sample) were smoking by the age of ten. The corresponding numbers of respondents who had drunk cider and/or beer before their thirteenth birthday were 5 (14 %) for cider and 5 (14 %) for beer. Since 3 had taken both by that age, the number who drank either cider or beer before their thirteenth birthday was 7 (19 %). Only 1 respondent had tried cannabis before reaching thirteen years of age.

How many of the sample had smoked cigarettes before they touched alcohol or cannabis? The answer is 26 (72 %), while another 6 began smoking cigarettes about the same time as they first took either alcohol or cannabis.

While most of the respondents started drinking cider and beer about the same age, the chances were higher that they started with cider. Omitting 2 who drank only cider and 2 who drank only beer, and 1 for whom the age of initiation is not given, we find that out of 31 respondents 18 (58 %) tried cider and beer at the same age, 10 (32 %) started with cider and 3 (10 %) with beer.

It will be recalled that all of the respondents had at some time taken alcohol and cannabis. Information about the ages at which they started on both is available for 33. Of these 33, there were 25 (76 %) who drank alcohol before they tried cannabis, 7 (21 %) who took both at the same age, and 1 who smoked cannabis before trying alcohol.

In the total sample of 36, there were 24 (67 %) who reported that they proceeded as they grew older from alcohol to cannabis to heroin. The main group who varied this procedure consisted of 6 (17 %) who began with alcohol but tried cannabis and heroin at the same age. 2 proceeded from alcohol to heroin before trying cannabis, but only 1 took heroin before having touched cannabis or alcohol.

In short, there were 32 respondents (89 %) who had been drinking alcohol before they ever took cannabis or heroin.

Treatment

The respondents were asked the question: Are you interested in being treated and rehabilitated for your drug use ? 17 (47 %) said they were interested, although some expressed reservations about the type of treatment that would be acceptable. The reasons given by some of the other 53 % for not being interested included the belief that they did not need treatment.

17 (47 %) admitted to having received treatment for drug dependence. A confidential check with Jervis Street Centre revealed, however, that 22 (61 % of the sample) had attended there, and 1 of those who claimed to have attended there had not done so, at least under his own name. This means that 6 (17% of the sample) failed to give information about treatment received. A possible explanation may be that some discontinued treatment so soon that they did not feel it counted.

None of the respondents was in regular attendance at Narcotics Anonymous meetings at the time of interview.

Arrests and Detention

28 respondents (78 %) admitted that they had been arrested at some time in their lives. 21 (58 %) had served sentences either in a juvenile institution or in prison.

17 respondents, 61 % of those who had ever been arrested, said that their first arrest occurred before they began to use drugs, while 8, 29 % of those who had been arrested, said they were never arrested until after they had begun to use drugs. The others either could not answer or believed their first arrest occurred about the same time as they began to use drugs.

12, a third of the respondents but 43 % of those who had at some time been arrested, said that they had been arrested at least once for specifically drug-related offences. Of those who had at some time been arrested, 10 (36 %) had incurred arrest for assault, and 23 (82 %) for robbery or theft. 8 (29 % of this category) also mentioned other reasons for having incurred arrest; these usually involved taking cars, which they did not see as equivalent to robbery because the profit motive was not necessarily present.

BLOCKS OF FLATS COMPARED WITH OTHER HOUSING

One objective of the study was to compare heroin use in a group of local authority flats blocks with that in nearby housing estates. The result is surprisingly dramatic and the table that follows displays the contrast that emerged.

| | AREA STUDIED | | | |
|--------------|----------------------|-----------------|----------------------|----------------|
| | Age group 15-24 only | | | |
| | TOTAL | FLATS BLOCKS | ALL OTHER HOUSING | HOUSES ONLY |
| POPULATION | 1327 | 42 | 1285 | 1218 |
| HEROIN USERS | 29 | 11 | 18 | 18 |
| | 2.2% | 26% | 1.4% | 1.5% |

Calculated from the prevalence in the total 15-24 population in the study, one heroin user might have been expected among the 42 who lived in the local authority flats blocks. In fact, there were eleven. It should be noted that in the table, ALL OTHER HOUSING includes some self-contained local authority maisonettes and a small number of privately owned houses set in flats. Since none of the 15-24 age group in the sample lived in either of these types of accommodation, this factor does not radically affect the comparison. When the number of maisonettes, which was ascertained, and a liberally estimated number of private houses set in flats are subtracted from ALL OTHER HOUSING, the percentage of heroin users aged 15-24 in the housing estates becomes 1.5% instead of 1.4%.

The number of young people, 42, who lived in the 112 dwelling units in the flats blocks was relatively small. This is explained, however, by the high proportion in the flats of elderly people, whose families were reared and gone, and of young couples with small children who in most cases expected, like others before them, to get transfers in due course to local authority houses in the Borough.

One variable; the mobility factor, heightens the contrast in heroin use between young people in local authority flats blocks and those in other housing. All three respondents in the study who lived with relatives other than parents or spouses were staying in the flats district, and three out of the five respondents who lived with friends were also there. (All of these fall in the 15-24 age group). Transients, it may be concluded, were somewhat more likely to find shelter in the flats than in other housing.

The general effect remains the same. A young person growing up in the local authority flats blocks would seem to be much more likely to come in contact with heroin abuse than would a young person elsewhere in the area studied.

Respondents' Other Comments

Most of the respondents had more than one observation to make when invited to add their comments after the interview. Twelve (33%) mentioned the need for some kind of a centre for addicts in the Dun Laoghaire area, 8 complained that Jervis Street was too far away or said specifically that there should be detoxification facilities in Dun Laoghaire, and 4 seem to envisage a care or counselling centre without indicating that it should include detoxification facilities. Four expressed more general views about the need to control or get rid of drugs in the Borough.

Three advocated more recreational or work opportunities for young people in the Borough. Three expressed anxieties about the effects of heroin use on their health. Three said that they found the interview interesting or helpful, while three said that they didn't mind being interviewed, one that he hated having to talk about drugs, and one that he was worried about the possibility of his name being mentioned in the report.

Among the variety of other comments made by individual respondents was one by a young man who had used heroin but preferred another drug. "I just can't, he said, "understand these heroin addicts".

How many of the 36 respondents could be described as addicts is difficult to assess accurately because it was not always clear to what an extent the appeal of heroin had captured the imagination of younger users. Since heroin abuse exerts a devastating effect both on the abuser and the abuser's family, we can only hope that our study will contribute a little towards greater understanding of heroin addiction and experimentation in Ireland.

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SUMMARY OF RESULTS

In the area studied, the ratio of male to female heroin users was 2 to 1. Heroin use was concentrated mainly in the 15-24 age group, especially among the females. While heroin abuse in this age group posed a serious problem, it was considerably less than that reported in Dublin inner city.

The vast majority of heroin users were single and lived at home with their parents, but a good deal of shifting of residence, mostly within Dun Laoghaire Borough, was noted. Where heroin users, including those who were not married, had children, these children were invariably living with them or with the other parent.

Almost a third of the respondents reported some history of alcoholism in their families. The fathers of younger respondents (15-24) were more likely to be reported to be in poor health than were their mothers.

Judging from the occupations of their parents and jobs which they themselves had held at any time, the vast majority of heroin users came from families with a low socio-economic rating. Most had left school before the age of 17 and three-quarters never passed any examination. Although the majority had worked at some time in their lives, only about one-fifth had any kind of paid employment at the time of interview.

Almost all of the respondents had smoked cigarettes at an early age. Over four-fifths still smoked cigarettes. All had taken alcohol and cannabis at some time in the past, some at a very young age, and had done so before they tried heroin. The majority were first introduced to heroin by friends. The typical progression in drug use was from nicotine to alcohol to cannabis to heroin.

Over half of the respondents claimed they had stopped using heroin a month or more before being interviewed, but some had been obliged to stop, at least temporarily, for a variety of reasons. A sizeable minority of the respondents, moreover, said they were more attracted to some other drug than to heroin.

Nearly half of the respondents expressed some interest in receiving treatment. Three-fifths, more than admitted having done so, were found to have presented themselves for medical treatment.

Over three-quarters of the heroin users had been arrested and almost three-fifths had served sentences at some time in their lives. Easily the most frequent reason for arrest was robbery or theft. The respondents who had incurred arrest were more likely than not to have been arrested for the first time before they began to use drugs.

The most disturbing discovery to emerge from this study was the extraordinarily high incidence of heroin use among young people aged 15-24 living in local authority flats blocks as compared with that among those of the same age group living elsewhere in the area.

ACKNOWLEDGMENTS

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Copies of the statistical analysis and questionnaire used in the study are available on request.

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1. Dean G, Bradshaw, J and Lavelle P. Drug Misuse in Ireland 1982-83. Investigation in a north-central Dublin area, and in Galway, Sligo and Cork. The Medico-Social Research Board, Dublin. 1983.

