
EPIDEMIOLOGY

The Opiate Epidemic in Dublin 1979-1983

GEOFFREY DEAN
M.D., F.R.C.P., F.R.C.P.I., F.F.C.M.

MICHAEL KELLY
M.D., M.R.C.Psych., D.P.M.

AILEEN O'HARE
M.Soc.Sc.
AIDEEN O'CONNOR
B.Soc.Sc.

GRAINNE KELLY
Drug Advisory and Treatment Centre
Jervis Street Hospital
Dublin 1

The Medico-Social Research Board
73 Lower Baggot Street
Dublin 2

Summary

During the five years, 1979 to 1983, a total of 2,057 patients made their first contact at Jervis Street Drug Centre. Of these, 1,440 attended because of the abuse of opiates, most frequently heroin. Males exceeded females by a ratio of more than three to one for all the study years; there was an increase in attendance for younger age groups. The proportion abusing drugs for a shorter period of time prior to attending the Jervis Street Centre increased over the five study years. The increase in attendances confirms that there has been a recent epidemic in the use of opiates in Dublin, in particular of heroin and diconal, and that while the increase is most marked in certain areas such as north and south central Dublin, no area of the city is free from the problem.

There was little empirical evidence of serious drug abuse in Dublin during the 1960s. Unlike European or American cities where amphetamine dependence had reached serious proportions the findings from a Dublin study in 1966¹ showed only 0.9% of admissions to Dublin public psychiatric hospitals with a diagnosis of amphetamine dependence. The Report of a Working Party on Drug Abuse established by the Minister for Health² in 1969, stated that there were approximately 350 persons known to the Gardai in the Dublin area abusing drugs. These were primarily amphetamines or "uppers" and barbiturates or "downers" obtained from numerous raids on chemists' dispensaries.

But in 1970 the scene was changing; there were now 940 persons abusing drugs, an admitted underestimation of the real figure, and the drugs most commonly abused were cannabis and LSD² (d-lysergic acid diethylamide) – the sale and distribution of amphetamines had been prohibited under the Medical Preparation Regulation 1969. There was no evidence of any significant use of heroin. A study undertaken by the Medico-Social Research Board of post-primary students in Dublin showed that 2.3% claimed to have experimented with drugs.³ Unpublished data from the National Drug Advisory and Treatment Centre, Jervis Street Hospital, Dublin, revealed that prior to 1979, morphine alternatives such as diconal (dipipanone) and palfium (dexamoramide) were the most widely abused drugs obtained from pharmacy break-ins and prescriptions from a small number of doctors. However, since 1979 heroin abuse has increased greatly. The average number

This article is a reproduction of that published in: *Irish Medical Journal*, April 1985, Vol.78, No.4, pp.107-110. Pagination may not match that of original.

of patients treated for heroin abuse per month in 1979 at the centre was five; in December 1983 this had risen to 239. This sudden growth in the number of heroin abusers in Dublin was a consequence of the easy availability of heroin in western Europe from Iran following the fall of the Shah in 1979 and from Pakistan in more recent years. Most of the large cities of Europe have experienced problems with heroin abuse, which has been associated with the increase in crime.

Indicators of serious opiate abuse in Dublin from 1979 to 1982 came from Garda sources which showed a dramatic increase in the numbers of persons charged under the Misuse of Drugs Act 1977 (implemented in 1979) for offences involving heroin, and for seizures of the drug.⁴ Discharges from general hospitals of Dublin city residents with an ICD diagnosis of drug dependence increased and, to a lesser extent, so did admissions to psychiatric hospitals for the same disorders for the period 1979 to 1982 (unpublished data). In 1982 the Eastern Health Board Report on Drug Abuse⁵ concluded that there had been a startling increase in heroin abuse in the Dublin area compared with the situation described in an earlier report of 1971, a conclusion supported by impressionistic reports from local residents, gardai, clergy and politicians. A study in 1983 conducted by the Medico-Social Research Board in a central city area of Dublin⁶ revealed that 10% of young people aged 15-24 years had abused heroin in the previous twelve months, many injecting the drug daily.

In order to study the problem of heroin abuse in other areas of Dublin city and county the Medico-Social Research Board and the National Drug Advisory and Treatment Centre undertook to collaborate in a study of some of the characteristics of patients who had received treatment at the centre during the five-year period 1979-1983 inclusive. As the only treatment centre in Dublin it was felt that information from this source would give basic information on those drug abusers in receipt of care, where in the city they lived and the trends in drug abuse during the five-year period under review.

The National Drug Advisory and Treatment Centre, or as it is commonly referred to Jervis Street Drug Centre, opened in 1970 offering an out-patient treatment and advisory service to drug abusers and their families. Treatment is free and confidential and a referral is not necessary. In 1975 an in-patient detoxification unit with nine beds was opened for the purpose of withdrawing patients from drugs (including alcohol). The centre provides a medical and psychiatric assessment service, a withdrawal programme using methadone (physeptone linctus) for those dependent on opiates, appropriate medication for other conditions, psycho-therapy, group therapy and counselling. The centre liaises closely with other drug rehabilitation services, notably the day centre at Usher's Island, the Coolmine Therapeutic Community and the Rutland Centre.

Method

The following information was abstracted from patients' records for each of the study years 1979-1983, so that there was no duplication of patients within the year but possible patient duplication for recontact between the years:- folder no.; sex; age group; marital status; area of residence; drug use ICD 9 codes; first or re-contact; result of liver investigation and biopsy where present; length of time on drugs prior to first contact, and admitted heroin abuse in the year under review. Findings concerning liver investigations will not be commented on in this paper.

Results

The number of patients who attended the Jervis Street Drug Centre by sex, from 1979 to 1983 inclusive, is shown in Table 1. Males exceeded females by a ratio of more than 3:1. The number of attenders increased during these five years from 294 in 1979 to 1,314 in 1983. Most of this increase was due to attendance for opiate abuse, i.e. heroin and synthetic opiates, such as diconal,

from 182 in 1979 to 1,028 in 1983, a five to six-fold increase. In contrast, the increase in attenders for other than opiate abuse was less than three-fold.

The principal drugs of abuse for which patients attended Jervis Street in 1979 and 1983 are shown in Figure 1. The most common drug abused, on its own or in combination with other

Table 1
Jervis Street Drug Study 1979-1983. All Patients including Opiate Abusers.* Sex. Numbers.

	1979	1980	1981	1982	1983
<i>Male</i>					
All Patients	234	333	512	784	994
Opiate Abusers	148	239	400	595	790
<i>Female</i>					
All Patients	60	96	131	220	320
Opiate Abusers	34	62	97	166	238
<i>Male and Female</i>					
All Patients	294	429	643	1,004	1,314
Opiate Abusers	182	301	497	761	1,028

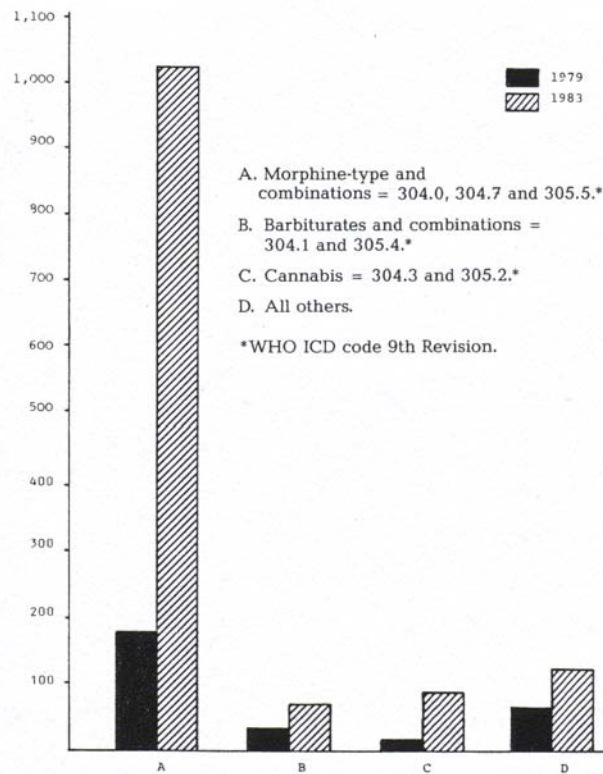


Figure 1: Jervis Street Drug Study 1979 and 1983. All patients by principal drug of abuse. Numbers.

drugs, was morphine-type for both years but the numbers rose from 182 in 1979 to 1,028 in 1983. Barbiturates and cannabis were the next most frequently mentioned, and abuse of both of these also increased between 1979 and 1983.

Table 2 shows that during the five years under review there was an increase in the younger age groups attending, particularly among those aged 12-19. There was a slight increase in attendance among those aged 20-24, while the proportions in the older age groups dropped.

The number of first and re-contact patients for the five-year period is shown in Table 3. First contacts increased from 114 in 1979 to 650 in 1983 and most of this increase was due to contact for treatment of opiate abuse, from 56 to 451. The data give some indication that the number of first contacts for opiate abuse peaked in 1982 and stabilised in 1983. Most of the increase in re-contacts was also due to the increase for opiate abusers. In 1983, opiate abuse comprised 87% of all re-contacts.

The length of time patients were on drugs prior to their first contact is shown in Table 4. It can be seen that in 1979, 68% had been on opiates for four years or longer before attending Jervis Street Drug Centre and this had fallen to 40% by 1983. The proportion of all attenders who had been abusing drugs for four years or longer also fell from 57% in 1979 to 39% in 1983. The proportion abusing drugs for less than one year rose slightly for all attenders, but was more marked for opiate abusers, rising from 9% in 1979 to 18% in 1983, suggesting that patients in 1983 were attending for treatment at an earlier stage.

Table 2

Jervis Street Drug Study 1979-1983. All Patients including Opiate Abusers.* Age. Numbers and Percentages in Brackets.

Age Group	1979		1980		1981		1982		1983	
	All Patients	Opiate Abusers	All Patients	Opiate Abusers	All Patients	Opiate Abusers	All Patients	Opiate Abusers	All Patients	Opiate Abusers
12-19	34 (11.6)	11 (6.0)	69 (16.1)	44 (14.6)	184 (28.6)	136 (27.4)	288 (28.7)	198 (26.0)	292 (22.2)	203 (19.7)
20-24	98 (33.3)	67 (36.8)	162 (37.8)	121 (40.2)	221 (34.4)	180 (36.2)	361 (36.0)	298 (39.2)	502 (38.2)	419 (40.8)
25 - 29	97 (33.0)	71 (39.0)	124 (28.9)	98 (32.6)	155 (24.1)	131 (26.4)	225 (22.4)	187 (24.6)	304 (23.1)	256 (24.9)
30 and over	63 (21.5)	32 (17.5)	64 (14.9)	33 (10.9)	80 (12.4)	50 (10.0)	130 (13.0)	78 (10.3)	209 (15.9)	144 (14.0)
Not Known	2 (0.7)	1 (0.5)	10 (2.3)	5 (1.7)	3 (0.5)	0 -	0 -	0 -	7 (0.5)	6 (0.6)
Total	294 (100.0)	182 (100.0)	429 (100.0)	301 (100.0)	643 (100.0)	497 (100.0)	1,004 (100.0)	761 (100.0)	1,314 (100.0)	1,028 (100.0)

* ICD Codes 304.0, 304.7, 305.5.

Table 3

Jervis Street Drug Study 1979-1983. All Patients including Opiate Abusers.* First and Re-contact. Numbers. Percentages in Brackets Refer to Opiate Abusers as a Proportion of All Patients.

	1979	1980	1981	1982	1983	Total
First Contact:						
All Patients	114	250	410	633	650	2,057
Opiate Abusers	56 (49.1)	168(67.2)	310(75.6)	455(71.9)	451(69.4)	1,440(70.0)
Re-Contact:						

All Patients	180	179	233	371	664
Opiate Abusers	126(70.0)	133(74.3)	187(80.3)	306(82.5)	577(86.9)

* (ICD Codes 304.0, 304.7, 305.5).

Table 4

Jervis Street Drug Study 1979-1983. All Patients including Opiate Abusers.* Age. Numbers and percentages in brackets.

Length of time	1979		1980		1981		1982		1983	
	All Patients	Opiate Abusers	All Patients	Opiate Abusers	All Patients	Opiate Abusers	All Patients	Opiate Abusers	All Patients	Opiate Abusers
<1 year	38 (12.9)	17 (9.3)	75 (17.5)	43 (14.3)	103 (16.0)	78 (15.7)	192 (19.1)	132 (17.3)	257 (19.6)	185 (18.0)
-3 years	67 (22.8)	36 (19.8)	113 (26.3)	84 (27.9)	221 (34.4)	184 (37.0)	380 (37.8)	313 (41.1)	462 (35.2)	385 (37.5)
more than 3 years	168 (57.1)	124 (68.1)	224 (52.2)	163 (54.2)	261 (40.6)	210 (42.3)	365 (36.4)	275 (36.1)	513 (39.0)	406 (39.5)
Not known	21 (7.1)	5 (2.7)	17 (4.0)	11 (3.7)	58 (9.0)	25 (5.0)	67 (6.7)	41 (5.4)	82 (6.3)	52 (5.1)
Total	294 (100.0)	182 (100.0)	429 (100.0)	301 (100.0)	643 (100.0)	497 (100.0)	1,004 (100.0)	761 (100.0)	1,314 (100.0)	1,028 (100.0)

* ICD Codes 304.0, 304.7, 305.5.

When area of residence of all patients was examined, it was apparent that they were attending from all areas of Dublin city and county but that the rates per 100,000 of opiate abusers were higher in the north and south central Dublin city areas.

Discussion

The present study presents some results based on the monitoring of the clinical and social characteristics of persons attending the Jervis Street Drug Centre over a period of five years. Both new patients and those returning for the second or more times are included.

The first point to be made concerns the startling increase in numbers attending over the five-year period, and in particular, the contribution that the abuse of opiates has made to this increase. While the increase in attendance for abuse of drugs other than opiates was three-fold for the five years, the increase for abuse of opiates was five to six-fold for the same period.

The trend confirms the fears of an alarming increase in the abuse of opiates in Dublin since 1979, which had already been pointed to by indices, such as the increase in the number of persons charged under the Misuse of Drugs Act 1977 for offences involving heroin;⁴ the increase in the number of drug addicts being committed to Dublin prisons⁷ and the report of heroin abuse among young people in a North Central Dublin area involving 10% of the 15-24 year age group in that area.⁶

This study reports more male than female attenders for each year, at a ratio of more than three to one. The male/female ratio is nearer to four to one for opiate abusers. There is also a trend towards younger age of attenders over the five years. This is in line with the findings of the North

Central Dublin study which gave a higher estimated prevalence of heroin abuse for males than for females in the 15-24 year age group, although for the 15-19 year age group the reported prevalence was higher for females.⁶ The Dublin Schools Drug Study documented a five-fold increase overall in the use of illicit drugs among post-primary school students between 1970 and 1981, but noted that the increase in drug use was greatest for boys under 16 years of age.⁸

The proportion abusing drugs for less than one year prior to attendance at the Jervis Street Drug Centre rose fairly steadily during the five years, comprising a fifth of all attenders by 1983. However, almost 40% of 1983 attenders had been abusing drugs for four or more years and while this represents a reduction from the 1979 figure of 57% (68% of opiate abusers), it is considerably more than that of 23% judged to have been abusing heroin for four or more years in the North Central Dublin Study. Even if we assume that those abusing drugs for four years or more are attending for the second or subsequent time, it may be an indicator of the deep-rootedness of the problem despite the best efforts of intervention programmes such as the Jervis Street Drug Centre. In this respect, we may note that only six of the thirty-four addicts surveyed in the Dublin Prisons Survey seriously thought they would never use drugs again. The others were certain they would actually use them again, whether they intended to or not.⁷

In a comparison between heroin users and an age and sex standardised control population in north central Dublin,⁹ the heroin abusers socialised much less, were markedly less influenced by family, had a much poorer educational and employment record and were more likely to be unemployed; they were more likely to smoke and to smoke heavily, less likely to drink but more likely to have a drink problem in their families; were much more likely to have been arrested for a variety of offences and were more likely to have lost one or both parents through death, than their matched controls.

Finally, when area of residence was examined, the results confirmed the belief that the Dublin central city area, both north and south, has seen the greatest increase in drug abuse during the five years under review. However, the spread of rates across all areas of Dublin city and county should warn us that the increase in drug abuse is by no means confined to the areas that are traditionally called "deprived inner city areas". In two wards in Dun Laoghaire, 1983-84, 2.2% of young people aged 15-24 had used heroin within the previous year.¹⁰ Three-fifths of these young people had presented themselves for medical treatment, mostly at the Drug Advisory and Treatment Centre, Jervis Street. Over three-quarters of these heroin users had been arrested and three-fifths of them had served prison sentences at some time. There was a higher use of heroin among those resident in a complex of flat blocks than among those resident in houses.

The result of this study are based on attendance at the Jervis Street Drug Centre. As the only treatment centre these findings reflect the characteristics of the majority of drug abusers in Dublin. Information on those who receive treatment from their general practitioner is not included.

Acknowledgements

We wish to acknowledge the help given by, Fionnuala Rafferty in the data collection, Deirdre Carey in the data processing and preparation of tables and Joan McCann who typed the manuscript.

References

- 1 Walsh D. Amphetamine dependence in Dublin. *J Ir Med Assoc* 1963; 58:161-4.
- 2 Report of the Working Party on Drug Abuse. The Stationery Office, Dublin, 1971.

- 3 Nevin M, Wilson-Davis K, O'Rourke A, Dean G. Drugs – a report on a study in Dublin post-primary school children 1970-71. *J Ir Med Assoc* 1971; 66: 231-7.
- 4 Report on Crime 1982. Report for the year ended 31 December 1982. Commissioner, Garda Siochana to the Minister for Justice. Stationery Office, Dublin, 1983.
- 5 Eastern Health Board Task Force. Report on drug abuse. Limited circulation to health and research personnel. 1982.
- 6 Dean G, Bradshaw JS, Lavelle P. Drug misuse in Ireland, 1982-1983. The Medico-Social Research Board, Dublin, 1983.
- 7 O'Mahony P, Gilmore T. Drug abusers in the Dublin committal prisons: a survey. The Stationery Office, Dublin, 1983.
- 8 Shelley EB, O'Rourke F, O'Rourke A, Wilson-Davis K. Drugs – a study in Dublin post-primary schools. *Ir Med J* 1982; 75; 254-9.
- 9 Dean G, Lavelle P, Butler M, Bradshaw JS. Characteristics of heroin and non-heroin users in a north-central Dublin area. The Medico-Social Research Board, Dublin. 1984.
- 10 Dean G, Smith R, Power B. Heroin use in a Dun Laoghaire Borough area 1983-84. The Medico-Social Research Board, 1984.