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THE RISE AND FALL OF HEROIN USE IN AN INNER CITY AREA OF DUBLIN

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Summary

A STUDY on the extent of heroin use in a Dublin South Inner City Electoral Ward during the period 1979-1985 was conducted between May and September. A total of 82 questionnaires were completed. Each respondent had a settled address in the Ward during 1979-1985. All gave a history of heroin use. The authenticity of heroin use was validated for all respondents through medical records. The extent of heroin use in the area was greatest in the 1979-1981 period and during this time it was concentrated in the under 25 year age groups, particularly males 15-19 years old. Since 1981 there has been a marked decline in heroin use within the Ward. The profile of the heroin user is similar to that described in previous Medico-Social Research Board studies.

Introduction

Prior to 1979 serious drug abuse was little known in Irish society. It was confined to a small group of addicts whose supply of drugs was unorganised and constantly changing. Drugs used consisted mainly of amphetamines and barbiturates and were obtained on prescription or stolen from chemists shops or pharmacies¹. Organised drug pushing did not exist. However, in the seventies there was an increase in the non-medical use of synthetic opiates, Diconal (dipipanone) and Palfium (dextramoramide)¹, and following the increased availability of heroin in the United Kingdom^{1,2} and Europe, the drug scene changed dramatically. There was a rapid increase in the use of heroin by injection in Dublin, particularly in Central Dublin¹. This report is based on the population of a South Inner City Electoral Ward which includes a large flat complex. The Ward has many of the features typical of the Inner City, including a high level of unemployment, poor housing, lack of recreational facilities and low educational attainments.

At the request of the Eastern Health Board the local Youth Development Project Committee commissioned a report on the extent of heroin use in the area³. The Committee estimated that there were 57 individuals living in the area in September 1981 who were using heroin regularly and in September 1983 the Committee estimated that there were 39 Persons using heroin, four of whom were not on the 1981 list. An audit of the heroin use problem in one local general practice confirms the high level of use of heroin in the area⁴.

An area of South Central Dublin including the Ward studied had the highest rate per 100,000 for

those attending the Drugs Advisory and Treatment Centre (DATC) for opiate use in 1983⁵.

We have, therefore, undertaken a study to ascertain the prevalence of heroin use in the Ward in 1979, 1981, 1983 and 1985 and a profile of those who are using the drug.

Materials and Methods

The method of study adopted was similar to that used in the studies conducted by the Medico-Social Research Board in North Central Dublin 1983⁶ and Dun Laoghaire 1984⁹.

In these two studies the method was to bring together a committee of persons with local knowledge of the heroin problem; for the committee to compile a list of suspected heroin users living in the target area; for the researchers to validate the authenticity of the list; and for individuals on the list to admit to heroin use and agree to answer questions on a detailed questionnaire. The heroin users were first identified and residency for the years under study established. They were then interviewed and a questionnaire completed. Thirty-eight persons who met the criteria were known to the researchers from a previous study⁷, other names were suggested by local public health nurses, social workers, drug counsellors and by the Youth Development Committee. Still further names were supplied by those being interviewed during the course of the study. A total of 111 names were collected from these various sources. Eight of these were living outside the Ward.

Seventy questionnaires were completed by direct interview, seven by interview of a spouse or sibling, two were interviewed by a social worker (DATC) and three completed questionnaires by post. That is, there were 82 completed questionnaires out of a possible 103, giving a response of 80%. Eighteen respondents were in prison at the time of interview and five were undergoing a rehabilitation programme. Of the 21 who are not included, 15 had moved out of the area and could not be found and six refused to be interviewed.

Results

A total of 82 persons, 63 males and 19 females, from 63 families had lived in the Ward at some time between 1979-1985 and were included in this study. Eighty-one had lived in the same flat complex. All 82 respondents reported a history of heroin use, 76 of whom were known to be using from 1982 to 1984.

TABLE I
Numbers of the study population who were resident in the ward in any particular year and their use of heroin.

Year	No. of study population resident in ward	No resident -i- using heroin	No. using heroin (resident + non-resident in area)	No. who ever used heroin (resident 4- non-resident)
1979	75	45	46	46
1981	75	68	74	76
1983	61	52	67	82
1985	45	19	41	82

heroin by Jervis Street Hospital (DATC). Ten (12%) first used heroin between 1969 and 1976, 66 (80%) between 1977 and 1981 and 6 (7%)

Table I shows the number resident in the Ward and using heroin in each of the years 1979, 1981, 1983 and 1985 and the migration in and out of the Ward. By 1985, 45 of the 82 were living in the Ward and of these 19 were using heroin; of the 37 then living outside the Ward, 22 were using heroin.

In order to calculate the percentage of the population resident in private households, the population at the 1981 census¹⁰ was used. This excludes residents at a large hospital in the Ward, none of whom were using heroin (Table II). The percentage of heroin users in the age group 15-24 was then calculated for the years 1979, 1981, 1983 and 1985 for those heroin users resident in the Ward and using heroin in the relevant year. It is seen that heroin use was highest in 1981 when 9.3% of the population aged 15-24 years in the area were using heroin, 13.7% of the males and 5.1% of the females (Table III).

Of the 21 non responders in this study, 18 were known to be using heroin by the DATC. In the age group 15-24, four of the eighteen, all male, were known to be using heroin regularly and to be resident in the Ward in 1981. This increases the known number of heroin users in the Ward in this age group in 1981 from 57 (Table III) to 61. Therefore, of the 611 (299 males, 312 females) resident in private households in the Ward, 61 (10% of the males, 5.1% of the females) were known to be using heroin in 1981 (15.1% of the males, 5.1% of the females). These estimates are comparable with a similar study in a Ward in North Central Dublin¹ where in the age group 15-24, 9.9%

were using heroin in 1981 (males 11%, females 8.7%). As can be seen in Table III heroin use in the Ward was at its highest in 1981 (9.3% aged 15-24 years, excluding non-responders) and falls to 5.4% in 1983 and 1.5% in 1985. In 1985, 41 out of the 82 were still using heroin but only 19 of the 41 were still living in the Ward.

In 1982 the Youth Community Leaders Project undertook a private census of the residents of the large flat complex in the Ward (unpublished). In the age group 15-24 years there were 300 persons, 142 males and 158 females, resident in the flats. All of the 57 using heroin in 1981 aged 15-24 were resident in the flats. Among these resident in the flats therefore, in this age group, approximately 19% were using heroin, 29% of the males and 10% of females.

The main findings from our questionnaire were that respondents were likely to be young (57% under 25 years), single (76%), unemployed (87%) and usually living with parents or a partner (78%). Forty-four (54%) had one child or more and between them they had 60 children. Seventeen of the 19 women had a total of 36 children and 14 of them were taking opiates during pregnancy. In the average family there were 8 siblings. Educational achievement was generally low. Seventy-four (90%) had been arrested and 63 (77%) had served prison sentences. The average length of time spent in prison was 3.4 years. Seventy-five (91%) smoked cigarettes, 72 (88%) say they drank and 28 (34%) considered that one or both parents had a problem with alcohol.

Forty-four (54%) first used heroin between the ages of 15 and 19 years and four (5%) first used the drug before they were 15 years of age. The heroin was usually taken daily and intravenously. They had a wide experience of other drugs. All 82 said they had stopped using heroin at some stage. Cannabis was the first non-prescribed drug used by 54 (66%) and opiates, usually heroin, by 24 (29%). Peer pressure (63%) was the main reason given for starting to use heroin and prison (38%), own efforts (43%) or parents' influence (26%) the main reasons why they stopped using the drug at least for a time. Forty-two (50%) had one or more brothers or sisters who had used heroin. Twenty-eight (34%) had had hospital 3d-

TABLE II

Age and sex breakdown of the ward's population in 1981.

Age	Male	Female
0-14 years	345	376
15-24 years	299	312
25-29 years	154	131
30-45 years	192	240
Over 45 years	338	431

TABLE III
Current use of heroin by age and sex (for those living in Ward only).

	10-14	15-24	25-29	30-34	Total	
Male	4 (4.4%)	32 (10.7%)	3 (1.9%)	0	39	
Female	1 (1.0%)	5 (1.6%)	0	0	6	1979
Total	5 (2.7%)	37 (6.1%)	3 (1.1%)	0	45	
Male	1 (1.1%)	41 (13.7%)	8 (5.2%)	1 (1.0%)	51	
Female	0	16 (5.1%)	1 (0.8%)	0	17	1981
Total	1 (0.5%)	57 (9.3%)	9 (3.2%)	1 (0.5%)	68	
Male	0	27 (9.0%)	14 (9.1%)	2 (2.1%)	43	
Female	0	6 (1.9%)	3 (2.3%)	0	9	1983
Total	0	33 (5.4%)	17 (6.0%)	2 (1.1%)	52	
Male	0	8 (2.7%)	5 (3.2%)	4 (4.2%)	17	
Female	0	1 (0.3%)	0	1 (1.1%)	2	1985
Total	0	9 (1.5%)	5 (1.8%)	5 (2.7%)	19	

The figures in parentheses represent the percentage of the population in that age group using heroin. The populations at risk are the private householders, i.e. excluding hospital residents.

missions related to drug taking, generally abscesses, hepatitis or overdose. A high proportion had been detoxified at DATC. Fifty (61%) broadly supported the aims of the Concerned Parents Movement.

Discussion

The sudden rise in heroin use in this ward, as in other central Dublin areas, occurred in a vulnerable community where there are large families with a high level of unemployment and few recreational facilities^{11,12,13,14}. As in the Dun Laoghaire study⁹ heroin use was most common in local authority flat complex. Educational achievement was often poor¹⁵ and there was frequently a history of a previous contact with the Gardai and Probation service. Until relatively recently, there was great ignorance of the dangers of using drugs particularly the dangers of injecting heroin.

Heroin was not freely available in Dublin until the late 1970's and the earlier users of the drug had usually developed the habit in England. In the late 1970's there was a sudden influx of heroin, particularly in the Central Dublin area, often brought in by well known criminals.

The main medical problems were hepatitis, abscesses and overdose. None of the heroin users in the study have died. However, a new and most serious threat to health now exists for heroin users who share their syringes and needles and that is infection by the Human Immunodeficiency Virus (HIV) responsible for the Acquired Immune Deficiency Syndrome (AIDS). Of 537 heroin users tested by the DATC for HIV, one in four were positive¹⁰. Furthermore, babies born to HIV positive mothers are very likely to be infected. The danger of HIV

infection was not widely known at the time of the study.

The fall in the numbers of first time heroin users after 1982 is in line with the fall in first time attenders for heroin use by 1985 at DATC. Factors that may have contributed to this fall in the area are the revival in 1980 of the Local Development Association which fostered sporting, recreational and other activities and in 1982 the AnCO (The Industrial Training Authority) sponsored training programme for youth and community leaders. A number who were taking heroin have stopped using it perhaps because of factors such as decline in availability due to Garda activities and increased awareness of the dangers. A number of community activities may also have contributed, such as the Concerned Parents Against Drugs Group, the opening of the Youth Development Project and the establishment of drug counselling services in the area, all of which started in 1983.

In conclusion, we found a group of young people from a vulnerable community ignorant of the problem of heroin use who embraced this drug rapidly and readily when it became widely available in the late 1970's. The local community reacted to this in a number of ways to reduce its impact and has largely been successful. A continued commitment to fund and develop community resources in this and other vulnerable areas is required if the problem of heroin is to be contained.

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