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# Crumlin Community Case Study: Experiences And Perceptions Of Problem Drug Use

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# Crumlin Community Case Study: Experiences And Perceptions Of Problem Drug Use

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Dublin

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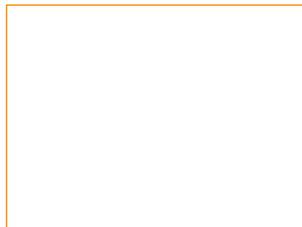
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## Acknowledgements

Our community partner in the research in the Crumlin area was Addiction Response Crumlin (ARC). ARC was founded in June 1996 in response to the problems of drug use in the Crumlin area. Many of the founder members of ARC were prompted to take action because of the tragic death from drug addiction of a family member.

ARC operates from a community hall on Cashel Road, Crumlin. Its mission statement recognises that the causes of heroin addiction are linked to social injustice and inequality in our society. ARC members believe that people can, and do, recover from addiction and go on to reach their full potential.

We are grateful to Susan Collins, the co-ordinator and a founder member of ARC, for her co-operation in this research.

ARC sought the help of another community group for this study, the Dublin 12 Centre for the Unemployed. This centre provided the personnel to work on the research, over the three years. We are indebted to the expertise of Rose Lynch, who worked with us for most of the time on the study. We are also grateful to all the people in Crumlin who took part, and offered help while we were gathering data.

## Glossary

A&E	Accident and Emergency Department
ARC	Addiction Response Crumlin
BRL	Ballymun Regeneration Limited
CAFTA	Community and Family Training Agency
CAT	Community Addiction Team
CDP	Community Development Programme/Project
CE	Community Employment
CLAD	Community Links Against Drugs
CPAD	Concerned Parents Against Drugs
CPF	Community Policing Forum
CSO	Central Statistics Office
DART	Dublin Area Rapid Transport
DCC	Dublin City Council (previously known as Dublin Corporation)
DMRD	Drug Misuse Research Division
DTMS	Drug Trends Monitoring System
EDs	Electoral Divisions (previously known as District Electoral Divisions (DEDs))
EHB	Eastern Health Board
EMCDDA	European Monitoring Centre for Drugs and Drug Addiction
ERHA	Eastern Regional Health Authority
ESRI	Economic and Social Research Institute
GMR	General Mortality Register
HBSC	Health Behaviour in School-aged Children
HIPE	Hospital In-Patient Enquiry
HRB	Health Research Board
HSE	Health Service Executive
ICD	International Classification of Disease
IDG	Inter-Departmental Group on Drugs
KWCD	Kimmage Walkinstown Crumlin Drimnagh Area Partnership
LDTF	Local Drugs Task Force
LES	Local Employment Scheme
NACD	National Advisory Committee on Drugs
NCVS	National Crime and Victimization Survey
NDST	National Drugs Strategy Team
NDTRS	National Drug Treatment Reporting System
NESF	National Economic and Social Forum
NEWB	National Education Welfare Board
NPIRS	National Psychiatric In-Patient Reporting System
QNHS	Quarterly National Household Survey
RAPID	Revitalising Areas by Planning Investment and Development
RDTF	Regional Drugs Task Force
STFA	Strategic Task Force on Alcohol
UCD	University College Dublin
VEC	Vocational Educational Committee
WHO	World Health Organisation
YAP	Youth Action Project
YPFSS	Young Peoples Facilities and Services Fund

## The Context Of This Research

The goals of this study were to capture the experiences of communities of the drug problem since 1996 with a view to informing the development of a set of community indicators of a community drug problem. An innovative methodology of community participation in research was used; the lead researchers from University College Dublin (UCD) recruited local people as research assistants through community-based projects in the three communities under investigation: Ballymun, Bray and Crumlin. These communities varied in their social and economic environments.

Twelve themes, producing valuable snapshots of change amongst these communities, contribute to the growing awareness that polydrug use is an issue within Dublin.

This report presents a profile developed from the information gathered in Crumlin.

### Aims Of The Research

1. To explore experiences of drug issues from 1996 to 2004
2. To describe initiatives developed between 1996 and 2002 which the communities perceive to have influenced any change
3. To explore how the communities experienced their involvement in planning and implementation of such initiatives
4. To assess how the then community infrastructure affected the community's experiences.

### Method

Qualitative participatory research was employed in the three communities Bray, Crumlin and Ballymun. Local contacts were recruited and trained as community researchers because they lived in and/or worked in the three communities in the research. A richness was brought to the research through the mixed involvement of the researchers. Data were analysed qualitatively with the assistance of the community researchers.

The analysis is firmly grounded in the data received from informants during the study. The use of a thematic analysis makes it possible not only to report on common threads and issues surrounding drug use that arise for the three communities, but also to identify areas of difference on specific issues. For validation, findings were presented to participants to confirm or challenge the interpretations of the research team, and most attendees were both surprised and pleased with the analysis.

# Profile Of Crumlin

## Introduction

This is one of three community profiles developed during the course of the research project on community drugs indicators. The profiles served to enhance understanding of the situations in these communities in relation to drug issues in 1996 and up to 2004. Further details of the research methodology, research findings and community drug indicators can be found in the main report.

Crumlin was first developed by Dublin Corporation in the 1930s and 1940s, at which time it was part of Dublin's outer suburbs. Now, with the expansion of the Greater Dublin Area, it is probably more accurate to regard it as part of Dublin's inner suburbs. For the purpose of analysis of official statistics the research employed the definition of Crumlin set out by Electoral Divisions (EDs) (Appendix 1). Some issues that emerged from the development of the community profiles for 1996 and 2004 are summarised below:

- It became evident that Crumlin is not a clearly defined community entity. Official and local data can vary in terms of the boundaries used to define the Crumlin area. This can make analysis of the community complex. Traditional indicators such as unemployment, poverty and housing have demonstrable limitations when it comes to an analysis of a community such as Crumlin. The way in which the community partners defined their community does not coincide with the official statistics, as those statistics are gathered for differently defined areas and important patterns may be lost in the larger statistical units.
- Crumlin is an 'old' and relatively settled area. The bulk of the housing pool is local authority housing much of which has now moved into the private market. Built in the 1930s and '40s, it was well established before the onset of the drugs problems in Dublin yet the area became a popular location for organised crime. It is not clear how or why this happened but it raises two points for this research:
  - 1) there is clearly a connection with the way in which public housing was/is planned and managed since within the Crumlin area newer housing developments stand out as experiencing the highest levels of problems with drugs and other social problems
  - 2) the existence of established organised criminal gangs in Crumlin appears to have facilitated their move into drug dealing resulting in Crumlin being labelled by the media and the public at large as the heart of drug crime in Dublin.
- The level of crime; participants had different views about the official statistics that suggest that the crime rate has fallen. Some agreed that muggings and attacks against the person had fallen off. Others described a sense of fear which resulted for some in reluctance to avail of community facilities. There was an acknowledgement that some people in the community felt intimidated. They also commented on the level of violence and even murders related to gang activities and drugs.
- Relationships with the Gardaí: while welcoming the community Gardaí, people felt that there was probably a loss of confidence in the Gardaí. If the community Gardaí had to act as regular Gardaí in the area, it undermined their position. It must be considered that the perceived failure to control the development of the criminal gang elements in Crumlin may have contributed to the declared loss of confidence in the policing system.

## Profile Of Crumlin

- Disengagement from the community: perhaps related to the loss of confidence in the Gardaí or maybe in response to the changing demands of people's lifestyles, there was agreement that many now coped with life in Crumlin by simply 'keeping their heads down' and looking out for their own family rather than engaging with the broader community. Some participants were in fact unaware of crime and or drug problems in the community . This unexpected feature may be attributed to their success in keeping themselves to themselves and just getting on with their lives.
- Drugs being used: there was an overwhelming concern voiced about the damage being done by alcohol in the community. Children as young as 13 are already in difficulty because of alcohol. Cannabis/hash is now viewed as an acceptable drug by many participants, including parents. The decline in heroin use has again reversed, and so, concern for health-related issues such as HIV, AIDS and Hepatitis C is evident. Perhaps the most significant change in terms of drugs being used is the emergence of cocaine and also crack cocaine use in the community. Participants attributed the fall in price of cocaine as at least one factor in its current popularity. This of course raises the concerns that there is no equivalent methadone response for cocaine use.
- Strength of community response and community organisation: from the outset the community responded to the drugs issue by demanding government funding and services but also by setting out to provide services within the community for the community. This continues to be an identifying aspect of drugs services in Crumlin. However there are weaknesses evident in the lack of support from government for sustainable community development dating back to the 1980s.
- Changing lifestyles: some participants commented that the strength of volunteer activities in Crumlin has been undermined by the development of a 'professionalised' mind set. People have less time to spare due to other demands and, given the availability of employment, people may be less inclined to work without financial reward. In particular, the change in lifestyle for women in the area was commented on, as they are now in a better position to take up paid employment. This has implications for the development and maintenance of preventative service for young people in particular. Such activities have traditionally depended on volunteer parents to run clubs and groups. With or without such support, participants felt that Crumlin was already suffering from a lack of resources in this area.

## Significant Social Indicators

### Population

There was a slight decrease in the population of Crumlin between 1996 and 2002 (Appendix 2). According to McKeown & Fitzgerald (1995:15), less than a fifth (19.4%) of the population in Crumlin are under the age of 15 compared to nearly a quarter (24%) in this age bracket nationally. This figure remained unchanged in 2002 at 19.4%.

### Unemployment In Crumlin

In 1996, Crumlin had a much higher unemployment rate than Ireland overall, with Crumlin's rate being 20% and Ireland's rate being 13%. Crumlin also had a higher level of long-term unemployment in 1996 (which may be defined as those who are unemployed for one year or more). In Crumlin, 69% of those who are unemployed have been unemployed for one year or more, compared to about 54% nationally (McKeown & Fitzgerald 1999:18).

As shown in Appendix 3.1, the percentage of those aged 15 years and over at work rose from 42.2% in 1996 to 49.2% in 2002. The percentage of those seeking their first job also rose slightly from 1.2% in 1996 to 1.5% in 2002. Also, the unemployment rate for this period fell from 11.8% to 6.1%.

It is important to note that for both 1996 and 2002, the EDs of Crumlin B and Crumlin C had the two highest rates of unemployment and Crumlin F had the lowest rate of unemployment. Furthermore, within the KWCD<sup>1</sup> Partnership's catchment area, the increasing marginalisation of the long-term unemployed is widely recognised. In terms of the Crumlin EDs, this problem is particularly prevalent in the areas of Crumlin A, B & C ([www.kwcd.ie](http://www.kwcd.ie)).

The numbers of people who are receiving drug treatment and are in regular employment rose sharply between 1996 and 2002 (Appendix 3.2). However, the vast majority of those in treatment are not in regular employment.

When asked how unemployment rates compare between 1996 and 2004, one participant responded:

*It fluctuates. Because a few of the lads on our road, who would have been unemployed a few years ago, you can actually see them. They've jobs now and they're doing very well. And an awful lot of them are in the building trade, on our road. But I can see, you know the downturn, you know how it's slightly slowing up a bit? And they're actually not getting – they're on contract, and they're getting like six months here, and waiting for another contract. And you actually see them being idle for a few months, before another contract comes up. And the kids now – a few of the lads now done their junior cert, they never went back to school. And they're on our road (21:132).*

### Household Income And Poverty

While employment has risen since 1996, Crumlin is a community which is still recovering from high unemployment levels, and a serious problem of educational under-achievement. Appendix 4.1 shows social welfare payments made to Crumlin residents in 2004 – 23% of the 2002 population figures. When considered with the proportion of lone-parent households (Appendix 4.2), which have a higher risk of being in poverty, and the increase in the rate of those who were retired (Appendix 3.1), it can be assumed that many households have low income levels, and are at risk of poverty in Crumlin.

1 Kimmage, Walkinstown, Crumlin, Drimnagh Area Partnership

## Housing

The EDs of Crumlin C and D are part of the South Inner City housing area of Dublin City Council (DCC). These two EDs, with part of Kimmage, form the boundary for ARC's catchment area. The South Inner City housing area accommodates the greatest proportion of DCC tenant households – 16.4% of the total (DCC 2002:22). However, 63% of the dwelling stock in the South Inner City are flats, built during the 1940s and '50s, such as Dolphin House, Oliver Bond House, Fatima Mansions and St Teresa's Gardens (DCC 2002:85). The Crumlin-area housing is more traditional, small in size. The estate is similar in design to other areas of the city, with little or no landscaping (DCC 2002:11). Many of the houses are now sixty years-old, and have moved into the owner-occupier tenure, because of the tenant purchase scheme. Crumlin, as in the rest of Ireland, has about eight out-of-ten houses in owner occupation. It is a particularly good example of how home ownership has been promoted in Ireland through the sale of local authority houses as well as through tax allowances on mortgages (McKeown & Fitzgerald 1999). Spiralling house prices, with the relative proximity to the city centre, have made property in Crumlin very popular.

*Nowadays 90% of the people in Crumlin own their own houses, or are in the process of buying their own house. So it's come a long way insofar as an awful lot of the people, I mean – you won't have a house for sale for very long. It will be grabbed up, because people want to come back into it (18:392).*

There was particular concern regarding the continued disadvantage related to new housing schemes which appeared to benefit very little from the experiences of the past in terms of setting them up in such a way as to avoid creating stigmatised pockets of housing.

In a certain part of Crumlin, some people are worried about the value of their depreciating value of their property because of drug use in the area. As commented by one participant:

*There's an awful lot of business people – they're probably more wealthy than the rest of Crumlin, and this is where the class distinction – well,, drugs knows no distinction. But you're talking about an awful lot of businessmen and women with an awful lot of clout, to me, from what I saw at the meetings and whatever – and there were more people higher up who knew who to contact, what button to press – from ... . They were all worried about the value of their property (18:319).*

On this matter a further participant commented:

*Well, I think we're all the same there. Go to any of the TDs or the counsellors, or any of them – they don't want it on their doorstep. Shove it up to Crumlin or Walkinstown, or wherever – don't put it on my doorstep (Crumlin Feedback Session).*

However, one participant contested these beliefs stating:

*We would have done a kind of a survey with the auctioneers, and it [treatment centre] didn't affect prices of the houses. It didn't – not yet. It's been there since 1999 (Crumlin Feedback).*

Participants highlighted the fact that the reality in Crumlin is different to the widespread image, which many outsiders have of the community:

*I think it was perceived as being a very rough area [10 years ago], although according to this participant things have changed, I think people are buying their own houses now and they're not going to take it (22:80).*

## Education

In 1996, close to half the working-age population in the KWCD catchment left education at, or before the age of 15. In 1996, 39.5% of the population had either no formal education or primary education only (<http://www.kwcd.ie>).

It is reported by McKeown & Fitzgerald (1999:18) that 36% of all adults in Crumlin left school before the age of 15. A study by Clancy (1995) shows that the rate of admission to higher education from the Dublin 12 postal district – which includes Crumlin – was just about half (18%) the rate for Dublin city and county.

Boldt (1995:7) suggested that early school leaving in Crumlin was perceived as a serious problem by service providers and that services were needed to address it. Also, early school leavers were seen to be more likely to become involved in activities which are harmful to themselves and the community.

**Table 1: Level education ceased for Crumlin EDs 1996 and 2002\***

ED	Ceased Under 15 yrs		Ceased at 15 yrs (Lower Secondary)		Ceased at 17 yrs (Leaving Certificate)		Ceased at 20 yrs (Primary Degree)	
	1996	2002	1996	2002	1996	2002	1996	2002
Crumlin A	38.2%	25.8%	14.1%	10.7%	11.2%	10.2%	0.78%	1.3%
Crumlin B	40.3%	24.7%	13.6%	10.1%	8.8%	8.2%	0.89%	1.5%
Crumlin C	41.2%	16.4%	11.8%	7.1%	7.9%	6.5%	0.88%	1.8%
Crumlin D	37.5%	19.2%	13.1%	10.2%	10.7%	8.2%	0.85%	1.6%
Crumlin E	43.4%	23.7%	12.9%	9.8%	8.3%	8.6%	0.89%	0.93%
Crumlin F	26.7%	12.3%	11.8%	8.1%	13.1%	11.8%	2%	2.5%

\* Age Education ceased for persons aged 15+ as a percentage of all those aged 15+ in each respective ED.

Source of data: Small Area Population Statistics, Census 1996, 2002.

Official statistics reflect a significant improvement in the numbers staying in school between 1996 and 2002. These figures represent the whole population and not specifically drug users. It is evident that the ED of Crumlin F has a much lower rate of people leaving school under 15 years and a higher rate staying in school until 20 years-of-age.

Many participants suggested that there is a link between drug use and early school leaving. As one participant observed:

*I also know that a lot of them [14-16yr olds who smoke hash] would be actually early school leavers – they would have dropped out of school before the Junior Cert, or they may have dragged on through the Junior Cert and left immediately after that. And, whether that's to blame or not, I don't know (17:23).*

## Significant Social Indicators

It was suggested by some participants that the educational system is to blame for early school leaving. As put by one:

*A lot of them [people living in the community who in desperation began selling drugs to make money and then ended up using them] hadn't an awful lot of schooling, they'd all left school at 14 or so. The kids got very little schooling because our schools do not cater for these people. The first thing, and they do it in this area, the first thing they do, if a kid hasn't a pair of shoes on him that's the right colour, they'd suspend him. They don't want the bother of that child because he's coming from a house that has problems. Even if there was a child – you know, when mine were going to school – there was one instance and there was a lad, I think he was dealing in drugs, he hadn't got – he didn't really know the concept of what dealing really meant. But instead of re-educating him or sending him to counselling or something – they expelled him. They [the education system] are definitely at fault (18:114).*

Another participant stated that although there are some strategies in place now in schools, they have come too late. This participant stated:

*Governor of the Joy, said there that something like 90% of his inmates had ADD. That they couldn't cope with school. Attention deficit disorder. They can't hold attention. In other words, they had school difficulties and they left school early. That's all tied up with deviance, probably with dysfunctional families and so on. But, that has changed, in the sense that now there are a lot of rescue packages going on in schools. But you just feel it's a lot too late. A lot of water has flown under the bridge. Ten years down the line is no time to do that (18:125).*

According to one participant, suspension from school is exacerbating the problem of early school leaving:

*We meet some of them [drug users] when they're 13/14. And sad to say, they're already too far gone – they've disengaged from schools, they've been suspended, they're on full-time suspension from schools. But the schools would suspend them and leave their names on the sheet, because they get a headage payment from the government. And teachers have said openly to us, look, we're not social workers, we're not youth workers. We don't accept certain behaviours. But these young people haven't got the life skills to behave, some of them are that disengaged that much. So basically you feel if you really got them early in the national schools, you'd have a chance (24:75).*

Suggestions for improvements in this area were made by one participant who stated:

*80-90 % of people in this area left school before sitting a state exam. So there's a lot of literacy problems in the area. I'm not saying that they're ignorant people – they're very smart people. I think literacy skills, more adult education [are needed] (31:144).*

It is evident from treatment statistics that the majority of those who sought treatment for drug misuse in Crumlin between the years of 1996 and 2002 left school at or younger than 15 years-of-age.

**Table 2: Age at which those who sought treatment in Crumlin left school - % for the years 1996-2002**

Year	Age Left School Grouped	
	< 15 yrs	> or = 15
1996	30 (28.3%)	76 (71.7%)
1997	23 (26.1%)	65 (73.9%)
1998	43 (33.1%)	87 (66.9%)
1999	19 (19%)	81 (81%)
2000	40 (24.8%)	121 (75.2%)
2001	42 (27.4%)	111 (72.6%)
2002	40 (26.6%)	110 (73.4%)

*Source NDTRS Data 1996-2000, e-mailed 19/03/03 and 2001-2002, e-mailed 28/07/04*

Despite much criticism, participants did draw attention to some positive aspects of the educational system. As put by one participant:

*You can see it, with their [kids whose siblings are using drugs] attitudes. They know – you'd be lucky to get the junior cert, some of them. And I think if they get past the junior cert and you get them back in, even into Leaving Cert Applied, now. To me, that's a great way of getting them to do their Leaving. It's great, because them kids just sitting on the wall – nothing. And then they're not entitled to anything, because they're within the age. Between 16 and 18 they're not entitled to nothing. And that was something that was a problem in '96 as well (21:217)*

Another participant said that the situation in schools is:

*Much better than two years ago. They're actually doing their junior cert, and the schools are patting themselves on the back. So I think they are doing a good job.*

This participant suggests that the reason for this is:

*Just changing attitudes, getting the community and statutory agencies to come around. And the community not to lose its head and expect something done tomorrow. It's about being realistic, and having small steps to reach a goal. Instead of everyone coming in – I want this and I want it now (31:58/59).*

## Treated Drug Misuse

The KWCD catchment area is characterised by high levels of drug dependency with the National Drug Treatment Reporting System (NDTRS) reporting over 260 people from Dublin 12 presenting for treatment in 1998. Other figures available show that in 1996 over 300 people from the area availed of the needle exchange programme in the Merchant's Quay Project. In addition, 170 people contacted the local project, ARC between June and November 1997. Table 3 illustrates the numbers of clients who presented to treatment services in Crumlin by ED between 1996 and 1998.

**Table 3: Clients who presented to treatment services in Crumlin by ED (for the first time) 1996-1998**

ED	1996	1997	1998
Crumlin A	17	15	19
Crumlin B	32	24	36
Crumlin C	14	24	31
Crumlin D	32	23	21
Crumlin E	22	17	24
Crumlin F	6	5	8
<b>Total</b>	<b>123</b>	<b>108</b>	<b>139</b>

*Source: NDTRS in Dublin 12 Drugs Task Force, 2000:12*

As evidenced in the table 3, there was a slight drop in the numbers presenting to treatment services in Crumlin for the first time between 1996 and 1997, however this number rose again in 1998. It is also evident in the table that Crumlin F has a significantly lower number of people presenting for treatment than other EDs.

**Table 4: Numbers of people ever previously treated for drug misuse in Crumlin from 1996 to 2002**

Year	Ever Previously Treated for Drug Misuse		Total
	Never Treated	Previously Treated	
1996	30 (25.2%)	89 (74.8%)	119 (100%)
1997	19 (18.3%)	85 (81.7%)	104 (100%)
1998	27 (17.9%)	124 (82.1%)	151 (100%)
1999	20 (17.9%)	92 (82.1%)	112 (100%)
2000	31 (18.8%)	134 (81.2%)	165 (100%)
2001	16 (10%)	144 (90%)	160 (100%)
2002	2 (1.2%)	160 (98.8%)	162 (100%)

*Source NDTRS Data 1996-2000, e-mailed 19/03/03 and 2001-2002, e-mailed 28/07/04*

Between 2000 and 2001, the number of new cases presenting for treatment in Crumlin dropped sharply from 18.8% in 2000 to 1.2% in 2002. Conversely, the number of clients returning for treatment increased between these years from 81.2% to 98.8%.

For each year between 1996 and 2002, the main type of drug used by those who sought treatment in Crumlin was heroin – 90.2% (Source of data NDTRS email 19/03/03 and 28/07/04). It is important to highlight that the statistics gathered through the drug treatment system represent only those who present for treatment and hence do not accurately reflect the true extent of the drug problem. In each of the areas involved in this study, these statistics resulted in some clear data regarding heroin but were not sensitive to polydrug use.

Also, it is important to note that the LDTF and the local community believe that the statistical information does not accurately reflect the extent of the drug problem in Crumlin. For example, an unofficial estimate suggested that there could be over 600 heroin users in Crumlin alone (<http://www.kwcd.ie>).

The qualitative data supports this criticism of the treated drug misuse statistics. Participants reported that use of hash was common place. There was some difference of opinion about the place of ecstasy in Crumlin at that time. Younger participants may have been closer to the drug scene and were aware of the extent of ecstasy use in night clubs and discos. Because it was not as visible on the streets many would not have recognised the symptoms of its use or were not exposed to it in the way they were to heroin users. Crumlin's links with organised crime were highlighted by regular newspaper articles reported drug seizures and dealing in the area. It was through some reports that information about cocaine seizures in Crumlin were also gathered, indicating that the dealing of cocaine even in 1996 was through the Crumlin criminal gangs. However it is possible that cocaine, at that time an expensive drug, was destined for a more upscale market and not for the users in Crumlin itself.

The lack of any service response to heroin and the resultant community action to demand and provide services for heroin users also may have contributed to the awareness within the community that heroin was taking a serious hold of some parts of the community.

### Drug-Related Mortality

There is a recognised discrepancy in drug-related death statistics in Dublin, due to recording issues. Currently in Ireland, the Central Statistics Office (CSO) collates data on drug-related deaths from the General Mortality Register (GMR). A study conducted by Byrne, showed that the annual numbers being investigated by the Dublin City and County Coroners' Office, between the years of 1998 to 2001, were consistently higher than those reported by the GMR. 332 opiate-related deaths in Dublin were investigated in that time, a period of interest to this study. Byrne's analysis of this data showed that 90% (300/332) of the coroners' cases lived in local drugs task force areas. This analysis included a broader range of opiate-related deaths than that recorded by GMR. Crumlin figures are part of Dublin 12 LDTF. The recorded rate was over 4 times higher than that of areas of Dublin not designated as task force areas (Long et al. 2005:43).

Two-thirds of the opiate users who died, tested positive for three or more drugs, while just over 11% tested positive for one drug (Byrne 2001 cited in Long 2005:44). Two distinct patterns were observed among the eight drugs most commonly implicated in drug-related deaths: benzodiazepines, opiates (heroin and methadone), and alcohol were by far the most common substances implicated in these deaths, while cannabis, anti-depressants, and stimulants (ecstasy and cocaine) were less commonly implicated.

These statistics support the views of the people in this study that drug-related death is a significant part of life in their communities, that polydrug use is involved, and that the impact is considerable.

Participants felt the figures were a gross under-estimation of the actual deaths. The impact on the Crumlin community will be commented on later in this account.

## Profile 1996: The Drug Situation In Crumlin

### The Beginnings Of The Drug Problem In Crumlin

The drug scene moved out from the city centre to Crumlin in the late 1980s. As stated by this participant:

*To me it relates to the South inner city communities, pushing the drug problem out of their areas – which they're entitled to do, but they only actually pushed it on to the next nearest area, which was ... Crumlin (24:18).*

This trend continued into the mid-1990s. It was reported in the Irish Times, 24th August 1996 that:

*Crumlin is facing a major increase in the availability of heroin as dealers forced out of the inner city take up residence in the area.*

According to one participant, this has resulted in an influx of people buying drugs in Crumlin:

*If you go into any of the local parks - ... Park in particular-where there's heroin being supplied openly, you'll find that people, some of the customers buying, are from the Barn, in around ... Street flats, ... Street flats – because they've been pushed out, and alienated in their own communities, they have to come up here now to get it. I think that brought it into the Crumlin area, you know (24:18).*

The drug situation in Crumlin in the 1980s was bleak, as put by one participant:

*There was a bad situation, even in the '80s, it was heroin at that time, big time (18:13).*

The newspapers ran stories on drug-related arrests and seizures, for example the Irish Times, 19th November 1996 reported that seven people were put in custody the previous night after heroin with a street value of up to £80,000 was seized by Gardaí. The operation began when uniformed officers raided a house in the Crumlin area where they arrested two people and seized heroin worth an estimated £10,000.

As a result, a second house in the area was placed under surveillance. Shortly afterwards Gardaí raided the house, arrested five people and seized heroin worth about £70,000.

That economic decline was identified as a factor in terms of prompting drug use is further exemplified by the statement:

*A lot of it [drug taking] started because of the downturn in the economy. So people were desperate. And people got into it for finance as well (18:25).*

This ultimately led to:

*Circumstances [where] they might have had a go at it [taking drugs] and then they needed it, so to get more, to feed the habit, they got into it. And that was right through, that didn't only apply to Crumlin, right through the whole system (18:25).*

By 1995 drug use was perceived by local statutory and voluntary service providers as Crumlin's biggest problem (Boldt 1995). In 1996, Crumlin was reportedly home to many major drug dealers and barons. One participant commented that:

*The big drug gangs did operate in the Crumlin area. But they were city wide, they were almost like multinational companies, they were that big. So they dealt in town where the real money was, in the clubs and the pubs, where they were chasing big dollars. And the gangs were so big and so powerful in the Crumlin area, and a lot of these gangsters, the head men, did live in the area. But they actually dealt in the higher end of the market (24:36).*

This participant states that many of these barons are in prison now.

Treated drug misuse statistics record only two people presenting with hash as a problem in 1996. This does not show the use of hash in the community, which was described by participants in this study very differently:

*In 1996, the only thing that I ever heard of was basically hash. Cough bottles. I can remember young fellows drinking the cough bottles to get a high...ten years ago, I wouldn't have been associated with anything else, heroin or anything like that – I'd maybe heard about it alright, but it was something that didn't happen – didn't affect me (21:18).*

Some participants observed that there was a view that hash was not harmful. One participant said:

*A misconception that hash wasn't harmful.....but it is very harmful and it is a thing (18:31).*

Another stated:

*I found there was an acceptance among adults of hash smoking, as being just another kind of smoking (18:33).*

Or again that:

*Hash probably would have been the preferred drug, and that'd be my memories locally in Crumlin then, anyway in our area – hash would have been the drug..... Well, it was sort of a drink-hash culture (24:14).*

When asked about drug use in Crumlin in 1996, one participant commented:

*Well, me, I know I started on hash and drink, but ecstasy wasn't a major problem, it was only like a select group of people that did it, that had the money, because you couldn't afford it. I remember at the time, like, it was £25 for one E. That's how I started on it. It was all the E and – I know a lot of people that started that way because heroin was a way of coming down off E. It was £25, and now you'd get one for €7 – that's a fiver really, so it's gone down £20 (18:134).*

A participant who had been involved in the drug scene in 1996 described the use of E:

*Everybody in the whole place was on E...if you had money you'd buy before you'd go in, or some people would bring in some in and sell them in there, or sell hash or something. Bring it in. But a lot of people were doing it and you'd have these places to go, and get gear. And that's how. That's what I mean – it was a mad place because there was nobody drank in it, everything was E and drugs, the whole lot (18:81).*

E was associated with night clubs and discos. As noted above, the price of ecstasy has fallen quite significantly since that time.

## Profile 1996: The Drug Situation In Crumlin

The official statistics for treated heroin users recorded 113 people in 1996. Participants in the study suggested that this was an underestimate of the problem. Participants recalled that in the mid-1990s, the age at which people began to use heroin was between 17 and 20 years-old. However one participant stated that he was 14 when he started to use heroin, and stated:

*Everyone was doing it. Peer pressure. It was around the '80s, when it was out then, nobody smoked it – well very few. ...So straightaway it was into injecting (18:206).*

The price of heroin at this time decreased which led to a concurrent increase in drug use. Coinciding with this, the economic recession in the 1980s led to high unemployment rates and it was suggested that the idleness which comes with this led to drug use. As stated by one participant:

*They [young unemployed people] were hanging around doing nothing, no employment, no prospect ... we started off with the glue sniffing (18:21).*

*And then we had the [correction fluid] and the deodorants – plus , what was it – ... . They were the things in the '80s. Then of course you had the drinking. So it moved along from that (18:23).*

Although it is evident that heroin was in use in Crumlin from the 1980s, a number of participants suggested that it was not as visible until the mid-1990s. One participant stated that:

*It was around 1996 when we found the needles, and after that I wouldn't let the kids go into the park (23:29).*

As commented by a further participant:

*To me it [1996] was sort of the time when heroin started to appear big-time in Crumlin. And there were problems particularly in lower Crumlin because I would have known a few people there. Some of the residents there were actually using heroin ... They would have been at the time, they were girls - 13 and 15. The two particular people I knew. And they were badly hooked on heroin (24:08).*

The use of alcohol among teenagers was evident in Crumlin in the 1990s. One participant observed:

*The kids, they were drinking cans at 13 or 14, I mean, they were openly drinking. Well, it would have gotten progressively worse [since 1996], but they would have been around 15 or 16 then. And then they were hanging around the corner, and there was a lot of antisocial behaviour went along with it (23:09).*

According to another participant, although hash was experimented with, alcohol proved more popular. This participant's friends:

*Smoked hash but it was like a phase they were going through. They never-none of them went onto harder drugs, except a few of them – except. It wasn't drugs really, it would be alcohol. A few of them turned into alcoholics (21:22).*

Discussion with community partners indicated that prescription drugs and benzodiazepines were around in 1996 in Crumlin but they did not arise in other aspects of the data collection although a couple appeared in the treatment statistics in 1997.

## Visibility Of Drugs In The Crumlin Area

### Drug Markets And Drug Dealing Locally

The 1980s was a time:

*That drugs started to creep in through most of the black spots within the city. And that's – the spin-off was then to the suburbs, and from there then, we had it all outside the schools, where they would be given it for practically nothing. And it started from that. And then we had the kids being given £5 at the time to do a drop, and once ... That would have been heroin, that was the stuff. This was going on (18:23).*

It was stated by one participant that ecstasy use in clubs and discos became common among his group of friends in the early 1990s. According to him it was possible to purchase drugs in the club, as stated:

*It depends, if you had money you'd buy before [ecstasy] you'd go in, or some people would bring in some in and sell them in there, or sell hash or something (18:166).*

A lot of drug dealing at this time took place indoors, so visibility of dealing on the streets in Crumlin was minimal. However, one participant commented that:

*People [dealing] in parks really, were easy to see in Crumlin (18:175).*

Concern about drug dealing in public parks was expressed by one participant who commented:

*It has progressively got worse. I mean, the park is a place that I wouldn't let the kids go into. I mean, I would have let the older ones, when they were younger [in 1989/90], but the younger two wouldn't have been up in the park at all. When I used to bring them up to the park [in 1996], there was drug dealing going on (23:13).*

Such behaviour has clearly had an impact on people living in the community to such an extent that they are fearful of letting their children out to play in local parks.

Commenting on dealing to use, one participant explained:

*(man) Well, it was like there were a lot of people that sell it and they wouldn't have money – they'd never have money. They just sold it for to get their own drugs. And like, they'd get themselves into shit and they'd owe money and the whole lot. But the people that were selling on the streets, they never had any money. They had money, but it wasn't theirs, like, you know. When you have it, you can't hold onto it. You can't just – when you're addicted (27:99).*

As previously mentioned, in the 1990s ecstasy use in clubs and discos was popular with both males and females. As one participant commented, upon going to a club:

*You'd walk into that place and there was no one even selling drink in it – all they sold was cans of coke or whatever. Everybody in the whole place was on E (18:164).*

In the mid-1990s, evidence of drug use was more prevalent in certain parts of Crumlin. In this regard, participants living in different areas had different experiences. As reported by one participant:

*I never seen that [needles] in my area ... an odd time you would but not as much as in the flats (18:296).*

As mentioned previously, public areas were problematic in terms of drug use, and:

*It wouldn't be fair to pinpoint anywhere. But I'd say generally within the vacant spaces, and that could cover the back of parks, shops, schools... (18:304).*

Another participant added that :

*I wouldn't get it [evidence of drug use] outside my door, and a few of the people around the back of me wouldn't get it, and maybe down the road wouldn't get it. All open space – where the dealers were, and that's where you'd find your needles – on the flats' steps and in the fields (18:306).*

## Community Response 1996

There was much community action in Crumlin in the early 1990s which manifested itself in the form of marches against drugs in the area. As put by one participant:

*There were a few names in Crumlin, people who were reared in Crumlin, who were known to the community as sellers, pushers. There were marches to their homes on several occasions, but I'm not too sure if there was any after 1996. I know there were marches to their homes before 1996, threatening to put them out, pushers out was the theme. I think it all started for our side of the city, I think it all started around ..., ... Avenue, where groups of people got together and formed committees and decided they'd had enough and they weren't putting up with any more of it. And they were trying to clean up the area (17:03).*

It was reported that a march in Crumlin had at least 3,000 people on it (Irish Times, 12th October 1996). Parents, in particular, who were concerned about drug use in Crumlin, were active in expressing this. One participant commented that:

*It [the drug situation] was getting worse [in the early '90s]. Like, there was an awful lot of glue sniffing, and there was a lot of antisocial behaviour as well. If you were involved in community, which I was then, you would have noticed it a lot more. And that's when the Concerned Parents became active. And they were marching. That was in the early '90s - late '80s, Concerned Parents. It was all the communities had the concerned parents (31:26).*

Despite the fact that this action by parents was having some impact, there were some dissenting voices in this regard. As put by one participant:

*The Concerned Parents, I think they got the big pushers out of their areas... but I never did agree with that, marching on people's homes now, whether they were or not. Yeah, I never agreed with it, but it worked. Now, there were people's houses marched on that wasn't people pushing drugs at all, and that was one way that people had to get back at other people that they had something against (18:108).*

This participant also expressed some concern about the marching, saying:

*They only picked the people, the most vulnerable, anyway, when they marched. And they marched on people that couldn't defend themselves, and named people at meetings. 78-year-old women that were supposed to be responsible for their 40-year-old sons' behaviour (31:94).*

This type of community action appears to have subsided in more recent years however, as one participant reflects:

*There was a real community feeling there – whether they were right or wrong – there were a lot of wrong things about them, obviously – but at least there was community feeling there. I can't imagine now, on ... Road or ... Avenue getting up now and going to someone, putting the windows in or picketing their house (18:437).*

Another participant remarked that in 1996 the drug situation in Crumlin had a high profile in the media, stating:

*It was on the telly all the time...It's a bit like the no-smoking ban now that's going on-it was all in the news. And then it kind of wears off and it's kind of accepted then. Something major will have to happen, and then there'll be uproar again (21:258).*

## Development Of Services

Despite the fact that drug use was perceived in 1995 by local statutory and voluntary service providers as Crumlin's biggest problem (Boldt 1995), there was no local service available for treatment. To access treatment, drug users would have availed of the centralised services available to all areas of the city. People attended central services, like the National Drug Treatment Centre (Trinity Court), and Coolmine Lodge, a therapeutic community, which was available for longer term rehabilitation. Many of the drug users would have experienced these services. These services were in the main focussed on the drug user becoming drug free. Following the recognition of the link between HIV/AIDS and intravenous drug use, harm reduction became an option in policy in 1991 (Government of Ireland 1991). A harm reduction service was established in Baggot Street Hospital, run by the then Eastern Health Board (EHB), in 1989. People from Crumlin also used central voluntary sector services, like the Anna Liffey Project, and Merchants Quay.

The first local service offered to drug users in the Crumlin area was set up in June 1996. Community activists recognised the plight of their young people who had become engaged in the drug scene. Taking a user-friendly approach as well as a strong community philosophy they formed ARC. The experience of those involved in setting up the project was that many people were hostile towards drug users, and to the establishment of services within their neighbourhood. The development of services was difficult and delayed because of this (McKeown & Fitzgerald 1999).

Nevertheless, the community-based service which works with trained community volunteers was well established in the late-1990s and continues to influence policy and service development. It is an example of the ability of a community to identify and respond to its own needs if given the appropriate support and funding.

## Profile 1996 – 2004

### Changes In Drug Use

It is widely perceived by participants that the drug situation in Crumlin has escalated in recent years:

*Over the last few years, yeah, definitely it has got worse. I wouldn't have seen it too much before then (20:13).*

Another participant described how the situation had improved temporarily, but deteriorated again recently:

*[The dealing and selling] had died off for a good couple of years, because I was living on ... before I got the house, it was grand. And when I moved into the estate, I was grand for a year or two I was thinking, this is a great house, getting into the community. And the last two years I've been pulled back big time. I don't want to know. I just want to go in and go out and keep the kids away (19:24).*

The age at which youngsters are engaging in drug use has become much younger in recent years and drug use by girls is now more apparent:

*I think it's [the drug situation in Crumlin] gone worse. They're younger – 14 and 15 up to the 20s. And there's even girls with them as well (20:113).*

In comparison to 1996, the sheer visibility of drug use in Crumlin in the present day is quite striking as was commented on by many participants. As put by one, it is:

*Absolutely, in your face. It wasn't in your face in '96. It was much more discreet, harder to maybe put figures and numbers on it because of that. But, you could sit now in any of the local fields and you could count the amount of deals being done. As a result of this now, it's-it's almost socially acceptable the way it's being done, and nobody seems to, they just walk on...yea (24:52).*

Commenting on recent change in drug-use patterns in Crumlin, it was observed by one participant:

*I see the pattern of drug abuse being more invasive in the community, getting in deeper in the grassroots of the community. It's no longer an outside problem it's now created by, delivered by and delivered to local young people – in my area anyway, in ..., in particular. The dealers are local, the users are local. And that's actually changed from the way it was, so that's actually a negative change. So the changes I see have been changes for the worse (24:61).*

This shift was supported by another participant who commented on the fact that there is a belief among many that Lower Crumlin is one of the most disadvantaged pockets in Crumlin. However this participant states:

*I know lower Crumlin have a name for saying they're the most disadvantaged.....The ... area – that was the amount of disadvantaged people they put in there...Huge families went in there, so there was poverty right from the start. So, the socio-economics of the area would have fuelled a lot of drug problems, just in that pocket. But that's not lower Crumlin. People in lower Crumlin wouldn't see themselves as having a major drug problem. The area as a whole has a major drug problem. Because we would have more numbers from ... Road ... and [another road] presenting for treatment ... when ... Park was built, there was major problems there (Crumlin Feedback).*

Describing recent changes in the drug situation in Crumlin another participant commented:

*I think overall they've [things] changed for the worse. What has changed is that there are far more young couples, raising very young children, so there's a huge young population again in the ... area. It's regenerated itself, second/third generations coming back into the area, and having kids. So there's a huge customer base now for anybody looking to deal either in hash or heroin, or any drugs. So that's changed (24:46)*

Many participants made remarks about the problems associated with Halloween and bonfires in Crumlin. One participant suggested:

*It is at the bonfires that youngsters are introduced to drugs, three years ago-I was coming home one night, and I saw a bonfire in ... Park, and I seen 13-year-olds asleep with drink, at the side of the road, walking around dazed, I could see what was happening, the head honchos ... they're getting the first joint and drinks at these bonfires (20:68).*

Another commented:

*All the old folk in this area are terrified of kids and their bangers. The bonfires and – we were only talking about it this morning at the treatment subgroup of the task force – we're going out on Halloween night at 5.30 to talk to these kids at the bonfires, to make sure they're safe. Not to say don't do it, but to make sure they're safe, and we're going to get another few people involved in that (28:130).*

Despite the above-mentioned change in drug-use patterns and behaviours in Crumlin since 1996, not all participants have similar views, nor indeed similar fears. As commented by one participant:

*I must be extremely naïve. Because up to last year I walked every day in that ... Park with the dog. Now, people said to me, don't go in there, and I thought – I went in anyway. I did see groups. Didn't take a lot of notice now. But I have to say, for at least 12 months, I walked every day in that park, and I didn't have any hassle, and didn't have any reason to fear (20:54).*

Another participant believes that the drug situation in Crumlin has changed for the good, and sees an improvement. This participant *feels more secure now (25:100)*.

## Cannabis/Hash

The young age at which children are smoking hash at present in Crumlin caused concern among many participants. Hash use by children as young as 9 years-old was noted. As put by one participant:

*I'm actually surprised how young they are, smoking it [hash] ... What happens, it stops the kids from playing in the green. There should be loads of kids up on the green – that's what it's there for (22:107). I think the main problem at the moment is very young kids on hash. And bigger kids ... (22:118).*

When discussing the current prevalence of drug use, one participant observed that:

*An awful lot more hash [is being used now in comparison to 1996] – I mean, every second person is having a joint, and more open about it (21:38).*

Numerous participants remarked that hash is accepted and is now becoming the norm in Crumlin, “as being just another kind of smoking. There still is..” (18:33) and “he’s only on hash, he’s not going on heroin – that’s allowed. So society in general – it’s being accepted” (21:43).

Another participant who experienced working with groups of young people commented:

*The one thing that’s endemic through them groups is the use of hash. And their non-acceptance that hash has any downside at all. They see it as a culture-friendly drug – they see it as a social drug. They see it to be as harmless as a cigarette (24:55).*

One participant pointed out that parents who allow their children to smoke hash may be unaware of the strength of it:

*That joint she smoked now would be ten-times stronger than the one she had fifteen years ago. You could have parents saying that, that had tried a joint in their own time. And they’re thinking it’s only a joint. But that joint is ten-times stronger (21:197).*

The visibility of the use of hash arose as another issue that affected many people living in the community. Numerous participants have commented on this matter. As stated by one:

*They don’t – it’s not hidden. I mean, I was walking up the road – and they’re standing at the front door having it (21:38).*

Another participant stated that:

*Last year and the year before, we had kids skinning up and sitting in the tree outside, across the road... it would be frightening, because it would be from 13/14 up to 16/17. Maybe a bit older, that would be hanging around together. Literally sitting on the wall at the green there. Skinning up, smoking hash and that. ... like at 3 o’clock in the afternoon (22:17/18/19).*

A participant commented on the fact that hash users are not deterred by the presence of a police station:

*There have been a lot of people hanging around the laneway, teenagers and older. And hash smoking, unbelievable. They’re doing it barefaced – that laneway is by the side of the police station (22:114).*

## Ecstasy

The price of ecstasy has dropped significantly since 1996:

*It was £25, and now you’d get one for €7 – that’s a fiver really, so it’s gone down £20 (18:134).*

Participants agree that this drop in price has led to the increased use of the drug.

A participant commented, similarly to hash, that the age group using ecstasy is getting younger:

*I still think there is a problem, with E and everything else. And I think the kids are actually getting younger (21:56).*

Despite the reported use of ecstasy, participants suggest that its use is not visible on the streets of Crumlin. As put by one participant:

*I haven’t seen it [cocaine or ecstasy], but I know it is – I mean it’s in Crumlin (22:110).*

This may be owing to the nature of the drug, which lends itself more to party and club use. Another participant stated;

*I haven't seen it (cocaine or ecstasy) in the area, but I have been to parties where it has been used. And I'm not talking about kids – I'm talking about old enough that they should know better. I'm talking about adults using it. Five years ago – that I noticed it (21:65).*

## Heroin

Participants perceived that people begin to use heroin in Crumlin at a much younger age in more recent years than they did in 1996:

*What I'm hearing, it's 13/14, sometimes even younger. (18:200).*

*did a study myself and the youngest child that was on heroin was 13 when I did that study, (21:57).*

The visibility of heroin use in Crumlin was remarked upon by many:

*You'd see them shooting up in the park ... we've found needles up in the park, I mean, you wouldn't openly see them injecting, but the evidence is there that they're doing it (23:25)*

Evidence of heroin use in public parks was commented on further:

*Yeah, it's a constant thing, as I say, if you walk dogs in the park, which my brother does every night, you see them scurrying around the park, and all the syringes then on the ground (20:26).*

In addition to the visibility of heroin use, the selling of heroin openly in public areas in Crumlin is also prevalent. As observed by one participant:

*You could sit now in any of the local fields and you could count the amount of deals being done. And Friday, to me, is like ... Stores – it's late-night shopping in some of the parks. You still have the clientele coming from outside the area, you have clientele who lived in the area originally and moved out, but they now still come back for their heroin (24:53).*

Despite the high level of visibility of heroin use described above, some participants did not experience this. One participant stated:

*I wouldn't mix in circles where I'd see it [heroin]. It's not that apparent (22:74).*

Another added:

*I don't see it [heroin]. The only way I've heard of it, basically through ARC when I done the drug addiction studies there and I got to know people over there who actually had heroin addiction in their family. And it was only through that that you'd talk to other people – it actually never – it was never on my doorstep. But I know it's out there and I know the consequence it's having on people (21:88).*

One of the participants who is centrally involved in drug services did feel that some of the information about heroin had gotten through to young people but saw no reason to be complacent about that:

*I think it's worse now. Younger age group. They're not taking heroin as much, definitely. We've sorted the heroin. I remember talking to one of our clients that didn't smoke. And he was a young man, and he was only 19. And he said, Jesus, ... I couldn't smoke the heroin, cuz I don't smoke. Smoking is bad for you. So he injected! So I think that heroin is seen as a dirty, filthy drug, and it's in everyone's heads that way. It's gradually got in there... Heroin's the big no-no now. But kids are still getting going onto it, but not as many. There are a lot more people not coming forward for treatment now because they think it's too strict (27:77).*

## Alcohol

Alcohol consumption in Crumlin emerged as an issue of major concern:

*The first choice drug here in this community is alcohol,..... Alcohol plays a major part in the problems of this community (23:66/68).*

*I would have said that the area I live in Crumlin has always had a drink problem, adult and young people alike. There's kids now that I know that are drinking, and they're not just dabbling, they're going weekenders on it and they're probably binge drinking. And it relates to the home again, they've seen it at home. They see drink as being totally Irish, totally cool, and let's face it, it's marketed that way (24:57).*

It was also observed that antisocial behaviour is associated with alcohol use:

*There is a lot of antisocial behaviour in the park across the road. You get a lot of the drinkers, drunks hanging out there. 8 o'clock in the morning, 9 o'clock and they're there. They'd have been there all night. Every morning. 5 or 6 of them (22:116).*

Alcohol use among young school children, and the acceptance of it, greatly concerned many participants:

*The first drug that becomes easily available [to kids] is alcohol. And a lot of them get a taste for it in the house. It's acceptable. I've heard mothers saying, ah, Jesus, they could be doing worse things. Where-how do you sort of accept that (23:43)?*

Another remarked that the alcohol situation:

*Has got worse, rather than improved ... .the kids are getting younger. Young girls drinking and smoking. Particularly the girls now. Ten, eleven years-of-age (19:69).*

Alcohol is readily available to underage youngsters in Crumlin. One participant commented that:

*They're hanging around the off-licence in Crumlin village at 13, they are standing around in their confirmation clothes, getting people to buy drink for them. The adults are worse, 'cause they do it (23:17).*

*But I know alcohol is more readily available because we have more off-licences in Crumlin village. I mean, three off-licences within spitting distance in Crumlin village ... (23:43).*

Alcohol use in Crumlin is evidently widespread and very visible and residents are intimidated by the presence of those drinking. As put by one participant:

*I see more alcohol, as you'd say, than anything else. I wouldn't go up to the village at night time, because sitting around in the – the ones that are in the park are actually – they're just in the park, sitting behind the wall and drinking. And they're drinking from 9 o'clock in the morning. And I find it very intimidating. And would the guards not move them, because they're there seven days a week (21:79).*

## Cocaine

According to participants, cocaine has become very widespread in Crumlin in recent times. One participant observed that the community is:

*Riddled with coke, now, isn't it? There's a lot of coke around, yeah. Now there is, but not when I started (18:135).*

And another said:

*I can't believe how many people are talking to me and saying, I do coke – it's unbelievable. Because years ago, even when I was on gear, nobody sold coke. People that you bought [other drugs from], they'd be doing coke. They'd be doing it themselves (28:221).*

Not unlike other drugs, it is evident that the price of cocaine has decreased:

*I think you'd get a bag [of cocaine] for 20 euro now...I'd say. They're saying now coke is as cheap as heroin now (18:215).*

As a result of this it is suggested that users are taking more, and:

*That there are an awful lot of people taking coke, who couldn't have afforded it before (18:141).*

Cocaine use appears to be prevalent at parties among an older age group:

*I have seen lines of coke. Mature, more or less older people ... and they wouldn't be regular users, but at a party ... I was very shocked. Just drinking, and then they get tired at 4 or 5 in the morning and take a line of coke ... they'd be in their thirties and forties (22:75).*

Another participant stated that:

*I would know of only a few, and I would know an awful lot of young people in the Crumlin area, but I would only know two who are seriously dabbling in cocaine (24:59).*

In terms of the effects of cocaine use, participants have stated that users can become very aggressive. As observed by one participant with regard to this:

*When a row breaks out, they're very violent ... Another added, They'd just smack out at the drop of a hat. They just go off their head. Rowing and screaming.*

However another participant believes that it depends on the surroundings when people take cocaine, stating:

*I think it depends what kind of a situation it is, how people are reacting when they take coke ... No matter how many people have come in with coke issues to the Centre, none of them have been aggressive. We've had no problem with anyone being aggressive. Because it's a kind of relaxed atmosphere when they walk in (Crumlin Feedback).*

## Crack-Cocaine

In terms of the use of crack-cocaine in Crumlin, participants stated that it is in use in the area, however:

*It's not major, but I think it'll get worse (18:495).*

Another added:

*It's becoming more and more prevalent (18:496).*

A further participant referred to:

*The new one – not the one you smoke – the cocaine – the crack cocaine. There's talk of that being used on the road and the children that would be using it are sixteen...average age that's using it (19:06).*

The use of this drug is increasing rapidly. As stated:

*We have a new group set up then, since April. and that's for cocaine and crack cocaine use ... a third of those have crack cocaine, as opposed to cocaine. So it is increasing – it's changing. And it's changing rapidly ... it's changing within a week (Crumlin Feedback).*

## Benzodiazepines

Local researchers did comment on their concerns about the use of Benzodiazepines. It also emerged in one of the individual interviews with a service provider in the area.

One participant commented:

*Other drugs are clean. Ecstasy and cocaine, benzos and sleeping tablets. There's an awful lot of sleeping tablets and they're the legal drugs that are prescribed. And they're being sold. And we need to start recognising the damage that benzos are doing. They would be accepted, definitely (27:79).*

## Drugs Markets And Drug Dealing Locally

A participant described how the pattern of drug dealing in Crumlin has changed from once being handled by barons to now involving local people:

*Instead of one or two major gang leaders dealing in Crumlin... that vacuum that they left was filled by little local mini-dealers, for the want of a better word, obviously being supplied by ... dealers from wherever in the area, or in town. But now, instead of a major gang leader bringing heroin into the Crumlin area, you've local working-class or unemployed families seeing that as a way of making money. So the whole tenor has changed from the gang to the little local people, or local street dealers (24:37).*

Another summarised the situation:

*A lot of people didn't go in for it for the kicks from the drugs, but for the money that could be made from it. And the change I've seen is that where, inevitably ... for want of a better word ... 'small-time' criminals, who would make their money and spend it at the weekend binge or whatever. Change seems to be now that when they have that money they're spending it on*

drugs – the small-time criminal is getting his satisfaction that way. Going off with his fix, with the money he's made perhaps from robbing. I think that's how it started, rather than the other way around. It wasn't that they were robbing to satisfy their drugs – they had money and what will we do with it? So they spent it on drugs. A lot of small-time criminals started because it was so available and they had money (18:76).

Dealing is still visible in parts of the community:

(woman) ...that's like in church grounds ... And a few of the laneways down at ... are being used an awful lot, there – where the kids are actually hanging around. You're talking about the youngest being 14, 18 and 22. They'd be hanging around an awful lot of laneways. And the adults, they actually come from Ballyfermot and other areas. They come down on the 18 [bus] from Ballyfermot, from the inner city they come up on the 54 [bus], get off at ... [shop] and go around, they wear their collecting faces, but they're also coming now from the Ballsbridge area on the 18, coming the other way. And when it's all over then, they get on the buses or hail a taxi...to collect and buy.

Many participants commented on the visibility of the dealing and selling of drugs in their neighbourhood:

The hash is being sold in houses from where we live, and it moves then from house to house and then around the corner, up the road and down the road. Around the area. At certain times and days that they come collecting. You see it all (19:12).

Another participant stated:

You'd have to be a blind man not to notice that they're dealing from the house. It's going on. Around here, you can nearly see the house from here, you know? It's happening. The police know it I know it. Other people know it.

Although participants are aware that drug dealing is taking place, it is not so visible according to some:

I know at a house across the road they were selling harder drugs out of, it's being rented out ... and again I think the residents' association put pressure on the landlord ... You wouldn't really know – there's nothing visible, they're discreet enough, but it's a suspicion (22:45).

Another participant remarked:

From what I hear – as I said, I'm naïve, I don't have any kids at home now so I don't really know what's going on-but what I hear, there's deals being done outside the house, and the police know – and there are two people living next door to each other. And one particular house they knock at the parlour window – they'd not go to the door because the mother is inside – they'd just go to the parlour window. She comes down and gives whatever they get (20:150).

The drug barons living in the area and the associated crime was also referred to:

You have some major players – not just living in our road, you have them living around the area. Using younger people. Part of the younger people that would be used there too, would be part of their families would be into crime. It wouldn't be just drugs, crime as well (19:25).

## Community Response 1996 – 2004

In 2004, there was still a drug problem, but there weren't any marches because, participants wondered:

*Who do you march on, that's the problem?*

It appears that it has become much more difficult to identify dealers, as they are everywhere now compared to years ago. There are many more local dealers in 2004 (Crumlin Feedback).

The belief that people living in Crumlin were more concerned with looking after their own families and less concerned about the wider community was expressed by a number of participants. As observed by one of these:

*There's far more young couples raising very young children, so there's a huge young population again ... and there's a huge customer base now for anybody looking to deal either in hash or heroin, or any drugs. So that's changed. But the actual willingness to take it on or deal with the problem at the community level hasn't changed. It's the same problem. I'm alright. I'll look after my own and I'm afraid to get involved (24:46).*

Another remarked:

*There aren't enough people in their area getting involved and looking after their area... But then again, there is certain roads too, where you see very few people coming outside their door. And they probably would be the roads where they are congregating. Or are being intimidated or whatever (20:288).*

Despite this however, community action still prevails in Crumlin, but not in the form of the marches there were in the mid-1990s. As stated by one participant:

*A friend of mine went down to sign up a football team, so she was a strange car in ...estate – she was totally new. She was surrounded by people immediately who thought she was a stranger, so she must be selling drugs. So she was most embarrassed. But there was a unity of action there (18:443).*

Another participant commented, when referring to intimidation by gangs of teenagers:

*We're not sitting down saying, oh they're taking over. Like, we're standing up. So we've an awful lot to deal with in Crumlin, you know, to overcome all this. We're not sitting on our laurels, there's an awful lot of people doing something. And trying to better the place (18:590).*

The frustration associated with the community voice, or lack of it was voiced by one participant, who referred to an incident with the health board which led to the conclusion that:

*They [authorities] don't listen to communities and they don't listen to the people themselves. But if they're bullied by a politician, they will do it. So has no one got power over the services. The service users should have the power, as opposed to the politician (Crumlin Feedback).*

On the issue of community spirit, it was suggested that it was greater in the past as:

*There wasn't much money so you were there for someone else, with a bit of sugar or things like that ... television stations or things like that – there wasn't things to keep you active in your home ... and like so if you wanted to socialise you'd do it outside.*

Although community networks are changing, people are still there for each other:

*The community spirit is there if you need it. If you're in trouble. If you go out and look for it, and ask for it, people will help you (Crumlin Feedback).*

Halloween in Crumlin provides a good example of community action, resulting in a ban on bonfires. As put by one participant:

*I could see what was happening ... they're getting the first joint and drinks at these bonfires, so that's where I stepped in. I asked the wife and a few of the neighbours – no more bonfires – so my name is shit with half of the kids around! We tried to stop it the first year – almost succeeded, and last year we succeeded (20:68).*

When speaking of the bonfires a couple of years ago, another commented:

*There would be a lot of drink, and I'm sure there would be drugs involved too. And actually, three years ago there was 50 people partying ...at 5 o'clock in the morning, they were still out there.*

This participant referred to the community action which was taken against this issue:

*Last year we had a vote then and people who voted for the bonfire the year before didn't vote for it this year. Because – I know it's a tradition and that, but it's become more than that now. With a lot of trouble (22:61).*

Although positive community action was observed by many participants, not all agreed that this existed to the same extent. One participant commented:

*We always felt, when we discussed it, that the south inner city people had the right to do that [march on flats and homes], and they were doing the right thing, but we [Crumlin] as a community, that we were too settled in our ways, and there weren't enough young people raising young children at the time. And a lot of the elderly couples said ah, it's not our fight, we don't want to be bringing hassle to our door. So nobody marched on houses. And it got a grip. But there certainly was a lot of concern ... everybody I think just barricaded up their own families and looked out for their own. And there was nothing ... there was no concerted community effort. There still isn't (24:24).*

Another participant believes that although there was action in terms of concern about bonfires, the drug issue is perhaps one which people are in denial about or even too ashamed to draw attention to. This participant stated:

*I won't call it apathy, but the – lack of willingness of locals, in my particular scheme, to deal with an oncoming problem, before it got root, really got root, still exists. Because local residents' associations will hold meetings on bonfires at Halloween, to ban them, and yet if you mention a local family or a local drug problem – oh now, we can't talk about that. So they're still, almost, fear, denial, and nothing's changed from that perspective (24:43).*

## Development Of Services

There has been a big expansion of services locally in the Crumlin area since 1996. ARC provides a range of services for drug users, and their families, such as outreach, methadone maintenance, counselling, after care support, acupuncture, family support, and community education.

However, a participant explained that:

*Every now and again they throw funding at ARC – Addiction Response Crumlin. But again, they're seriously underfunded. So, that's from the point of view of funding, to deal with it locally – I think it's non-existent (24:62).*

ARC works in collaboration with The Lodge, a statutory service for drug users, and with many other services. Other actions for prevention work, and for supply control issues, have been developed through the Dublin 12 LDTF plan.

Other important services have developed, like *"the Stay in School, the School Completion, the youth services in Dublin 12 youth service, none of those existed [in 1996]. So there's a lot of positives going on"* (24:99).

Despite the positive remarks about the introduction of the school programmes and their potential, it has been commented that this has happened too late (18:127). Another participant stated:

*Crumlin is a designated area, for RAPID. And that's covering this funding for the schools completion, and the Stay-in-School project, and they're two very good projects. But again, they're understaffed. Now I don't know if this is to do with the funding or the management or whatever, but again, they're only targeting a very, very minor amount of the young people. They're not targeting the big numbers (24:82).*

In relation to RAPID, it's important to note that only Lower Crumlin, is covered by the programme.

## The Impact Of Drug Use In Crumlin 1996 – 2004

Commenting on the impact of drug use in Crumlin in the last 5 years, one participant remarked:

*I'd see the devastation that it's [drug use] wrought on families. And I've seen kids that went to school with mine, and they're blighted by drugs, and drink. Some of the kids ... The whole community is affected by it. It's not just the families of the people who are using drugs, it's whole communities. I mean there's a hole left in the community when kids are using drugs (23:78).*

Drug use in Crumlin clearly has a huge impact on the lives of those living in the community. This impact manifests itself in the many different ways which are outlined.

### Death

The loss of young lives was a significant manifestation of the impact of drug use in Crumlin. It was commented by one participant that in the late 1980s drug use in the area was:

*Rampant – we had, in fact, one or two children who died from sniffing [correction fluid], so that's how far back it started (18:30).*

Another described how vulnerable young people are and the impact drug use can have. This participant remembered:

*An old photograph of a football team...of young lads, all 13 at the time ... and three of the young people in the photograph, and they were all Crumlin, all that area, had died from heroin abuse – or related diseases. And the fourth was actually in a wheelchair after taking an E at a rave in Tallaght. And that's all in the last six years that that happened (24:20).*

According to one participant, one of the first signs of drug use in Crumlin was:

*People dying, a few young deaths.*

Another participant added to this:

*I live on ... and there was two on that road....roughly around 1995, remember the bad drug – they mixed powder or something with it. And that's when I kind of thought, okay, there's a problem. Other than that – I had young children myself, but it didn't affect me – I think it's only when it happens to somebody that you know. Regardless. And it was only when these two lads died within about 8 weeks of each other – they were in a coma for weeks. And it was only when that happened, then I copped it (18:85).*

Newspapers also reported on local deaths, for example the Irish Times, 20th July 1995. 'A drug-related death served to highlight the extent of drug use in the Crumlin area. Mourners ... were deeply saddened by the death, with some local residents expressing a guarded welcome for the Government's stringent new anti-drug measures".

Commenting on the impact of death in more recent times, one participant stated:

*I think drugs anywhere, not just in Crumlin, but I think drugs in any community will impact on it. Yeah, I do. And I think there's an awful wastage of particularly young lives in this community, and I mean it's drug related (23:66).*

## Crime

The Crumlin area from 1996 was closely associated with the emergence of organised crime related to drugs. This was fuelled by newspaper reports on the death of Veronica Guerin which linked the murder with Crumlin-based criminals.

Participants in the study were asked about the image of Crumlin as a community in 1996. One response was that "it was bad" (18:384).

Another participant added:

*Well, I come from the north inner city myself, and sometimes when I'd be down there and I'd be getting a taxi home, and a lot of the taxi men, when you'd say Crumlin, they'd say, oh, do you live in that place? That's an awful place. I was coming from where people now say it's a black spot, the likes of ... Street and ... and that – I was coming from them areas, but they didn't class them as black spots, Crumlin was the black spot then (18:386).*

A further participant added:

*I'd be talking to people from the country now, the couriers and all, and they'd say, Crumlin, that's where all the big barons are from (18:387).*

A further commented:

*I'd like that [negative image] now to be taken off Crumlin. ... (19:159).*

It is suggested by some participants that the media has a role to play in the negative portrayal of Crumlin. One participant remarked:

*If you think about over the years, the number of top-notch drug barons that came out of Crumlin. You see them being mentioned today. Every time you see the newspaper, Crumlin is mentioned. On the other hand you'd like to see the good side of Crumlin, where there are a few kids come out of Crumlin school, and go to college. And there are some decent footballers. These aren't highlighted as much as say the drugs (20:242).*

Another remarked:

*We've got an awful bad press off the papers for the last 15 or 20 years (23:97).*

Examples of the types of drug-related crimes which were prevalent in 1996 are:

*Houses getting broken into ... car radios was popular...handbags...armed robbery.*

Participants added that these crimes were committed by:

*Users mostly. There would be kids/ lads, who wouldn't have the bottle to rob. And they were the ones who went to the barons and the barons –they sold then for the barons. And then they'd use and they'd get themselves into trouble because they'd owe hundreds and thousands (18:237).*

Shoplifting was popular among drug users who needed money for drugs:

*Because that was a ready market. We're talking about people who were using, their favourite way of getting the money was shoplifting. The quick way, because it was quick money (18:143).*

At this time, participants have suggested that it was the major drug barons who were making the money. The use of younger people by barons for selling drugs was referred to by a number of participants, and that if they owed money, they'd get a hiding. However, this punishment has changed:

*Not any more, they get shot.... In '96 you got a hiding, but not now (18:143).*

The level of crime in Crumlin in 1996 was high and this instilled much fear, especially amongst elderly people living in the community. However, a drop in the crime rate has been observed by numerous participants, one of whom stated:

*At the time [1996] there were a lot of housebreakings in the area. I'm not saying it was all drug related, but I'm sure a lot of it would have been drug-related....around my area – my side of Crumlin – there is a lot of older residents. And I know for a fact, from talking to them, that they were terrified, both of leaving their homes, in case their homes were burgled. They were afraid at night, during the night, in case they were burgled while they were asleep. They were terrified to go out. The fear was in them in case they were mugged. They were definitely terrified. It dwindled away, somehow, I don't know how. It seemed to die off, particularly at this side of Crumlin, anyway (17:09).*

Many other participants had similar views in terms of a drop in the crime rate. As commented by one:

*I don't think it's [crime] as bad as it probably would have been.....around 15 years ago it went sort of downhill. But it has seemed to come out of that ... You'd housebreaking, you'd car robbing, the kids were up in the park, they were hanging around corners, they were antisocial. The early nineties. It was grand, and it levelled off and it was grand (23:93).*

A further participant stated:

*I've heard older people comment that the housebreaking incidents seem to have dropped off. In '96 and pre-'96, you'd get a spate of house robberies in our area. And I think it was money for drink, basically. (24:110).*

An evaluation of ARC (McKeown and Fitzgerald 1999) found that there had been a dramatic reduction in the involvement of clients in criminal activity, resulting in a "corresponding decrease in the number of arrests, court proceedings and imprisonments and represents a huge if unquantifiable saving for the state, the victims of crime and the clients themselves" (1999:27).

Despite this however, not all participants agreed. One participant believed:

*Robbing cars is another thing that's increasing too. And again, it's when they're on the drugs that they're doing the high speed. They're not robbing old-fashioned cars, they're robbing Mercedes, everything they can get (19:332).*

Another commented:

*A few people, old people I know, have been mugged as well, going up and down, along the bushes. But definitely, in the area, it's [crime] a lot worse.... a lot worse (20:31).*

There was discussion about the role of the Gardaí. In general people felt that there was probably a loss of confidence in the Gardaí. Criticism of the Gardaí included comments that they were unresponsive to people who call them, they know what's going on but seem unable to do anything about it:

*The problem is when you ring the guards, they want to send the police car around. That wastes time and it's a waste of police-car time. Walk out of the police station and walk up the lane and you have the guys there ... I'd very, very rarely see a guard on foot in Crumlin ... Well, I've seen guards at the other side of the village ... I've seen them walking on a daily basis up there, but I don't see them walking down here ... and I think a garda presence is actually what you want (22:23)*

*They're not crooked, I'm not saying or implying that. But I mean, there's some of them in there that you could talk to or approach, and say something, and they know – they say they know what the story is. But what's being done about it? Nothing's being done (23:80).*

Another participant added:

*Yeah. I've called the police on numerous occasions ... [but they don't respond] in a very positive way, until I used someone's name whom I knew who was high up in the police. And I used his name, and they were shifted then" (23:33).*

And someone else felt disheartened:

*The police know what's going on but they don't seem to be doing anything. They just drive up and down.....These people are getting away with it time and time again. You just get disheartened, well, what is the point? And you're wasting your time complaining, because nothing's being done. And that's – I think people just say – aaugh, there's no point (20:45)*

One participant emphasised that the gardaí are responsive at the moment in Crumlin but this is largely due to the strength of the residents' association in the area and the subsequent pressure being put on the guards. As stated by this participant:

*A lot of people are moving in in the last four or five years, getting married and putting money into their houses ... and they are more aware of what's going on in the street and they've got a good residents association over the last three or four years ... They put a stop to stuff. I think there's less tolerance [now]. Before, people put up with it. I think a lot of people now – would expect the police, basically to do their job, whereas before they were let away with a lot. Nowadays we ring them up and say we want this dealt with and if they don't deal with it [in the past] it would be easier to get fobbed off, nowadays people think that's not good enough. With a chain reaction of at least two or three people ring at the same time (22:10).*

People in general welcomed the community Gardaí but again felt there were not enough of them and that young people in the community did not know them. If they had to act as regular Gardaí in the area it undermined their position as community Gardaí.

*We definitely need more community guards in the street. Because - they're not coping very well at all, in my opinion, they're not coping at all. They're in their cars, they're not walking the street. (31:166).*

## Positive Aspects Of The Gardaí

Despite much criticism of the actions of the Gardaí, the difficulties they face in terms of catching drug criminals have been highlighted. As put by one participant:

*From what I hear, there's deals being done outside the house ... and the police know – Now, you do see regularly - I see a blue light – and the cops going in. The cops know them better than their own families, I'm sure. And there's nothing being done ... The people would be very aware of the cops being aware of them, so they have different hiding procedures. They have back doors and windows, and they ... it's very hard for the cops to catch them at it (20:150).*

It has been suggested by some participants that the sentencing of those who are involved with drugs is too lenient, for example:

*No, that's not the guards' fault. The guard doesn't bring them – they bring them to court and the judge brings the sentence. And a few of the guards, I think, have sort of went, hssst ... what's the point! They're not getting the punishment for the crime. They're getting a slap on the hand (21:279).*

One participant who commended the efforts of the Gardaí and in terms of their presence, stated:

*Now it's not every day, it could be a random trip around, but it does make a difference. I think it does ... it is unpredictable, the car might just sweep in and do a sweep on the road at any time, you know. Do a circle up and down the various roads, which is a good thing. You know, it's definitely a good thing (25:66).*

## Fear

As mentioned earlier, drug use in public areas in Crumlin in the 1990s instilled fear among people in the local community.

Numerous participants have expressed feeling more fearful in recent times in Crumlin. As put by one participant:

*Five-ten years ago I would have been happy to walk through Crumlin Village in the evening. Now, there's no way I'd walk through it. You know, once it goes past 8:00 at night, I wouldn't... the gangs that congregate in both of those parks, then, you know – drinking and taking drugs – this goes on till all hours in the morning down there (20:007).*

Another added:

*Now, I wouldn't be easily intimidated, but in the same breath – I would be wary, I wouldn't carry a bag through the village, or any of the roads, because it's just dodgy, I think (20:41).*

This participant goes on to say that this has changed commenting:

*I was never afraid...I'd never be afraid if someone approached me...now I wouldn't walk through the streets (20:41).*

Another participant suggested that within the last three years things have been getting particularly bad in terms of the presence of drug pushers and this is instilling a sense of fear in the community:

*They're [drug pushers] acknowledged by every other kid in the area that's, say, on the rough side. But everybody knows them. And it's a fear factor in Crumlin village. A huge effect, over the last three years (20:201).*

It is not just in recent times that this fear has emerged. Fear of drug use and its associated behaviour clearly had a significant impact on people living in the community in 1996. As commented by one participant:

*It was around 1996 when we found the needles, and after that I wouldn't let the kids go into the park. It engenders a lot of fear, yeah, and it's animosity and it's sort of – you develop I suppose a certain – you put up a barrier. It's a barrier to sort of dealing with people who are basically your neighbours. Because I mean the people who are using drugs in this area, live in this area. You know, they're not coming in from outside (23:29).*

The local paper reported incidences that may have contributed to this sense of fear. Articles in the Echo, 8th February 1996, and 22nd February 1996 reported incidences of mugging, and raids on local shops, which were attributed to “drug users looking for the price of their next fix”.

The reaction of people becoming more insular was commented on by numerous participants. As stated by another:

*People start to keep things to themselves. They start to close their door and not become involved in the area. It's fear and it sort of stimulates fear in people. I mean, you're afraid of what the consequences of your involvement would be. I mean, even me ringing the police. I mean, you're doing it-you're not sort of standing at the door ringing them, because you're afraid they'll see you. So even, you're sort of doing it here, behind the door. But it's just to protect your own (23:36).*

The issue of public places being unsafe was commented on by a number of participants. Furthermore, when asked if Crumlin was an okay place to bring up children, one participant commented:

*I've a son and a daughter and I have a real fear that they might go on drugs – it'll always be there ... And that worries me. I'd probably say no (18:477).*

Fear also prevented people in Crumlin from carrying out everyday chores. As commented by one participant:

*You wouldn't go to the shop at night. Or even old people going out, you very seldom see the old people walking around – even during the day and you certainly wouldn't carry a handbag (20:212).*

Another participant says of the fear amongst elderly people:

*Very few elderly people now go to the bingo, because they will not walk up that road. There used to be loads of people walking up that road (20:217).*

It has been suggested that the face of Crumlin has changed due to this fear. As put by one participant:

*It was always busy. [now at night the village would be] Empty. Desolated. Nobody, except for teenagers ... And that's very true – any night of the week – even Saturday or Sunday night.*

Another commented:

*The amount of shops that have closed, like the – it's actually taken away a lot of the business. It actually looks like a ghost town now (20:217).*

Regarding the presence of gangs, a further participant added:

*There's a huge fear factor around Crumlin Village now. Which wasn't there say three years ago. (20:174).*

## Violence

The presence of gangs in Crumlin was referred to frequently. As observed by one participant:

*The violence now is almost a nightly occurrence on the street. There's a scenario now in Crumlin where a lot of young people hang around the area who are not from the area and there seems to be a lot of gang rivalry going on. But there's definitely local intimidation going on in certain houses. Families are seen to be weak, and they can't defend themselves, so the gangs at night hang around that house and they'll break the windows ... So there's an awful lot of in-your-face antisocial – to call it crime, I suppose – it is crime at the end of the day, what they're doing You know, It's just niggly antisocial behaviour. And that's in your face, in ... anyway (24:112).*

Participants spoke of the escalation of violence as they related it to a sense of intimidation within the community. Many participants commented on the intimidation experienced in Crumlin, which appears to be a growing concern.

According to one participant, this intimidation is having an impact on people's participation in community activities because of the:

*Drugs, and crime. Vandalism, cars, .... group intimidation as well (19:28).*

It is unpredictable and prevails in the new estates of Crumlin also. As observed by one participant,

*You don't know what you're going to see when you pull up the blinds in the morning, at times. Raids, everything. But so that's what's going on in the new estates (19:117).*

Another commented:

*You're out trying to do your best, and you're not annoying or bothering anyone, and you're getting harassed and tormented. But I don't think it's only Crumlin. It's not the worst place to live (23:96).*

Another participant stated:

*I think everyone's feeling intimidated. And I think, like [others have] said, people are putting their head down and they're just switching off ... Torment until you get to the next corner – put your head down ... (20:132).*

Intimidation in Crumlin instils much fear both in people living within the community and also in people from neighbouring communities. It was remarked that:

*Women that were coming from Harold's Cross. They wouldn't come up the road – too afraid to come up the road and coming out at 10 o'clock at night and going down the road. Terrified ... [because of the intimidation] ... It would be – the junkies and the kids that were doing it. And children as well, that would be out at 10 o'clock at night. Little kids firing stones and all ... they weren't on drugs then, but they are now. And it's increasing definitely (19:131).*

Many participants referred specifically to the impact intimidation has in terms of inhibiting people from using public space. As remarked by one participant:

*So the public space, the open space that you have could be lovely open space, but instead of that you're afraid to let your kids use it, because of the drug users hanging around and intimidating them. And antisocial behaviour and dealing going on (19:266).*

Another participant commented:

*Even in the streets, the car parks out there by the church. I go walking in the evenings, and we cover ... Road and all around that area. And the gangs that are congregating around – you know – you wouldn't walk on your own around, because – and they are only, as I say, 15 /16 (20:39).*

On a larger scale, intimidation is also having an impact on amenities in the area, as remarked by one participant:

*There's a shop there that actually had to close down because, as far as I know ... I believe he wouldn't sell cigarettes, it started off he wouldn't sell cigarettes to under 16-year-olds, so they smashed his window. And intimidation and that sort of thing. I think his family was 30 years in the business up there, and they closed it down (21:76).*

A further participant highlighted this, stating:

*We had a great community house and we lost it through vandalism being done by certain children on the road. Three children that done that on the road, that vandalised the house-the corporation took the house back off us (20:85).*

A further change that was highlighted was the presence of gangs on the streets. As stated by one participant:

*In 1996 the village was relatively safe, people walking around, people loved the village up to that time ... Everybody knew everybody and still do. But there's a huge, different environment from '96 to today. And there's groups of kids going around, it's new on the scene, over the last four or five years, and they're the same gang and they're stepping in from everywhere (20:62).*

It was also observed that levels of violence have increased. Upon commenting on this change one participant stated:

*Worse. Worse, being that it's got – to me now – in '96 they'd go in and rob you. Now they'd go in and rob you and beat the crap out of you. It's completely different. You know, it's gone more violent ... I just think it has got more violent (21:162).*

## Impact On Families

The impact of drug use on families was referred to by many participants. As described by one:

*The further they [the drug users] went into it, they weren't capable of robbing, couldn't get the money, so then they'd turn to prostitution. That was the sad part. The spin-off of that is how it affects the whole family. His behaviour, or her behaviour, as it were, became antisocial. So then the rest of the family was being persecuted because one unfortunate user – so there was a whole lot of misery around just one person on addiction (18:259).*

Fear among parents for their young children was also common. As remarked by one parent:

*You're fearful for who your children are playing with. I fear, like, I have a field beside me, and there has been needles found in it. In the summertime, you have the young fellows from the top of Crumlin village, very well-known criminal gang coming in, and they will come in and play football with the kids that would be in the field already – ah, givuz a game of football. Until they're waiting for their stuff to be delivered (19:77).*

### Impact Of The Economy On Drug Use

Some participants observed that the state of the economy has an impact on drug use. As stated by one participant:

*A lot of it [drug use] started because of the downturn in the economy. So people were desperate. And people got into it for finance as well. And when they got hooked, it was a way of feeding the habit (18:25).*

Conversely, it was also observed that when the economy was booming, people were inclined to increase their consumption of drugs as they had more money at their disposal:

*With the Celtic Tiger, when it was, it gave the younger population more money to actually spend on what they wanted. Now I know, drugs aren't that dear, but they're getting into the likes of – that frame of party – basically party (21:303).*

### Health

Participants remarked that the stresses of drug use in the Crumlin area has an ill effect on the health of some residents. As put by one participant:

*Like, the bungalows are all on valium, everyone of them living in the bungalows are all on valium, over their nerves. And they close their windows at 5 o'clock and lock up. And if a knock comes to the door, they won't answer the door. They'll talk out the window to you, for fear because of what they're living in. You know, and it's no way to be living (19:153).*

On this matter, another participant stated:

*I'm sure if you went to the doctors' surgeries, anywhere in the area, I know they can't disclose patient confidentiality – but the majority of these women are probably on antidepressants, not only the women – don't get me wrong – they're all depressed (20:238).*

Upon commenting on the impact of drugs and antisocial behaviour on mental health, one participant stated:

*I'd say stress would be the highest. And we all know stress can bring anything on. My mother-in-law, who's 83 and lives around ..., her bin was burned out. So, she put out her bin, and it was burned. So now, she can't sleep because it was burned. She thinks they're going to come into her house and burn her out ... She'd connect it to drugs (Crumlin Feedback).*

Regarding infectious diseases, the following two tables show that there is no room for complacency:

**Table 5: The amount of people who have sought treatment in Crumlin who have ever injected 1996-2000**

Year	Ever Injected		Total
	Yes	No	
1996	82 (67.2%)	40 (32.8%)	122 (100%)
1997	68 (65.4%)	36 (34.6%)	104 (100%)
1998	103 (71%)	42 (29%)	145 (100%)
1999	95 (85.6%)	16 (14.4%)	111 (100%)
2000	148 (88.1%)	20 (11.9%)	168 (100%)
<b>Total</b>	<b>496 (76.3%)</b>	<b>154 (23.7%)</b>	<b>650 (100%)</b>

Source: NDTRS Data 1996-2000, e-mailed 19/03/03

**Table 6: The amount of people who have sought treatment in Crumlin and who have ever shared (injecting equipment) 1996-2000**

Year	Ever Shared		Total
	Yes	No	
1996	43 (60.6%)	28 (39.4%)	71 (100%)
1997	38 (64.4%)	21 (35.6%)	59 (100%)
1998	57 (65.5%)	30 (34.5%)	87 (100%)
1999	55 (67.9%)	26 (32.1%)	81 (100%)
2000	102 (72.3%)	39 (27.7%)	141 (100%)
<b>Total</b>	<b>295 (67.2%)</b>	<b>144 (32.8%)</b>	<b>439 (100%)</b>

Source: NDTRS Data 1996-2000, e-mailed 19/03/03

## Comments On Improvements

Numerous suggestions for improvement were made by participants. These included provision of the following:

- Counsellors
- Budgeting for the development of services
- Support for volunteer work
- Improvements in education
- Teacher training
- Facilities for children
- More community effort
- Improvement in quality of life
- Changes in physical environment
- More communication and networking

- More family support and childcare
- Deal with illiteracy problems.

In terms of evidence of an improvement in quality of life, one participant stated that it would be:

*when you see the kids out walking again, and out playing and everything. And when you see the women being able to ramble around. And you don't have to say you're not going to this place, or you're not to play with them ... When you'd have freedom of choice to go where you wanted to (20:296).*

## Examples Of Government Initiatives In Crumlin

This section gives some examples of government initiatives in Crumlin, incorporating an analysis of community capacity to participate in planning and implementation of initiatives.

### The KWCD Partnership

Crumlin is covered by the KWCD Partnership, which also covers the areas of Kimmage, Walkinstown and Drimnagh. The KWCD Partnership was established in 1997, the same year as the LDTF.

The KWCD Partnership area covers six south Dublin City districts - Kimmage, Walkinstown, Greenhills, Perrystown, Crumlin and Drimnagh. The Government designated these districts as a Partnership area in 1994, due to severe deprivation and unemployment experienced, particularly in the northern and central areas. (<http://www.kwcd.ie>)

The KWCD Partnership is committed to working together with the local communities in order to seek and provide a range of supports, enhance the capacity of local groups, lobby for greater recognition for the area, facilitate co-operation between the locations and promote the co-ordination of local services, with the ultimate aim of reducing social and economic inequality in the area.

The KWCD partnership has a community development team that works on the ground with local community groups. However, it is important to note that this was not in place when the community in Crumlin first began to respond to drugs problems.

### Local Drugs Task Force

The Dublin 12 LDTF was established in March 1997. LDTFs have action plans which include a range of measures in relation to treatment, rehabilitation, education, prevention and curbing local drug supply. By the time the Task Force had been established, the local response, ARC, was up and running. ARC has played a significant role since the beginning on the task force.

### RAPID

The objective of the RAPID programme is to promote Social Inclusion. Twenty five areas of disadvantage, including Lower Crumlin have been selected nationally. The aim is to 'front load' monies from the National Development Plan into these regions of particular disadvantage. The programme in Crumlin doesn't cover all of Crumlin.

### Community Development Programme

Under the CDP, 90 community projects were set up nationally. At the time of writing, Crumlin has no CDP, and there is some concern that funding for CDPs has in fact been reduced. The delay in establishing a CDP means that key community development work in the Dublin 12 area has been hampered.

The delay in implementing provisions of the CDP was commented on by a participant:

*[Crumlin] still doesn't have a CDP. We don't have a community development project. There was one sanctioned back in 1997 for the Crumlin area that never materialised. And then there was one sanctioned this year, that hasn't materialised because they changed the criteria for getting a CDP – they wanted us to go through the Partnerships, and the group that had it in the Crumlin area said we're not going through the Partnership – it's community, it's not statutory. So that's*

## Examples Of Government Initiatives In Crumlin

*gone. We're great for rumours in this area. And now the thing is that they're having a new development plan for Crumlin—no one knows what it is. You hear at meetings that 'there's a new development plan' (28:127).*

Crumlin was described by a local researcher in the course of of the research as a fantastic community, which was getting behind things and working to make it a better place, a safer place. The evidence so far seems to show poor infrastructural support for this involvement.

The impact of the community action described earlier was perhaps in part responsible for the establishment of the LDTFs. As commented by one participant:

*It [the marching] started in '95. It kept on going until, it must have been '97, when the Task Forces were set up. And I well believe that the Task Forces were set up because of these marches, because they were huge. They were huge. They had a big, huge march in '96, to the Dail, with coffins and everything. Lots of people. Oh it worked, it definitely worked (31:94).*

When asked if they thought that the money the government has spent had brought about any changes in Crumlin, one response was:

*Well, facility-wise, yes (21:121).*

However, many participants held a different view of the effectiveness of the Drugs Task Force and the impact it had on the drug situation in Crumlin in 1996. A number of participants believed that it made it worse. The fact that community capacity to participate in planning and implementation of services was limited was emphasised by the statement:

*Well, they [the Government] came in with an attitude that they knew it all. So it put people's back up. Here was a crowd of volunteers who were working in this, doing the best they could, giving every waking hour to it. And we had these people, who had a degree, coming in telling these people what they already knew, promising the sun, moon and stars. I mean, we were promised all sorts of things in Crumlin, all sorts of different buildings. Still, we ended up getting a pittance, even for the youth services. We had to beg money for them (18:373).*

Along with the apparent lack of funding, the above mentioned 'attitude' of those working for the task force and its consequent impact on volunteer numbers was noted by a number of participants. As stated by one:

*That's one of the other big problems, that there's no volunteers – no adults willing to become volunteers. It's hard to get people ... Well, my personal thing is that because it's so hard to get any recognition from the people in power. Like, now, in my own organisation, we have been screaming since the Drugs Task Force was set up here, to get some sort of recognition that we're actually preventing kids from becoming involved in drugs. And for people to just recognise, right, you are preventing kids. It took us nearly five years to get anything – we are getting some small amount of funding now, and it's a great help. But we could do with a lot more (19:176).*

Many more participants had similar complaints in terms of funding.

It is believed by one participant that:

*The AIDS virus did a lot to highlight the whole thing [drug situation]. As soon as that came out then the Government started to look at it...and to listen to people from the communities..... Because it became a serious issue for the Government and it was only then that the Government started taking an interest. But I firmly believe that if AIDS hadn't been introduced into it, we would be still looking at volunteers (18:91).*

The recent Government interventions which were most lauded by participants were the school programmes which are part of the RAPID strategy. As observed by one participant:

*Crime in the area has definitely dropped, I'd say the schools have a lot to do with it ... the education. I think it's better now than it was, five years ago. I definitely do think there's a change, specially the schools completion project. The stay-in school project – things that are coming into place (31:112).*

There was a strong sense of dissatisfaction amongst numerous participants with Government interventions, or lack of, on drug issues in Crumlin:

*I don't think the Government have had any impact [in terms of intervention in relation to the drug issue]. I really don't think the Government give a damn. And they certainly, if they were worried about areas, they'd only be seen to be bothered about areas, it's not going to be Crumlin. It's not going to be high up the list to be seen to be involved, to be putting an effort into. It would be more ..., ..., ... (17:40).*

Another of these participants added:

*I think the Fianna Fail Government has taken its eye off the ball on the drugs issue. They will pay the price for it now ... in the whole country [not just in Crumlin]. And they're seeing it now. At one stage we had a junior minister specifically for drugs, and now we've half a junior minister. So, what is that telling the community – you're suffering deprivation, your social skills are below par, you're on the labour, you're a lone parent – and now you just ignore the whole situation and give you a quarter of a minister. They've given up, and they think if they throw money at something it sorts itself. It doesn't. You have to keep throwing the money at it and build up the services (31:157).*

Ultimately it is the people of the community as opposed to the Government who can make the biggest difference in this area. As stated by this participant:

*Well, I think community people is what makes the difference in anything. I don't think the drugs task force – yeah, as a body, it's great – but I think it's community people on things like that. Not statutory agencies, but the people who work in the area, who live in the area, they're the people who will make a difference in things like that (23:50).*

## Volunteers And Professionals

The role of the volunteer and volunteering has changed in recent times. As put by one participant:

*If you advertise for volunteers ... you'd get them, [you] would have even got people who are qualified – And that's how we run family support section, that we don't get funding for.*

## Examples Of Government Initiatives In Crumlin

The role of the volunteer has changed in that it has become more professional. As stated by one participant:

*You have to be professional enough in an organisation to give someone a job description, even volunteers – it's exactly the same as staff, so if someone thinks they can just walk in and volunteer, without training, that's not going to happen any more within an organisation. It's changed. You get training. If you go into volunteering on a helpline, you will get training before you actually get interviewed. It's more professional for volunteers (Crumlin Feedback).*

## Concluding Comments

Many changes have taken place in Crumlin in terms of drug use. These included some improvements in relation to heroin use but overall, there is a sense that the drug problem is not going away. There is concern about long established drugs such as alcohol and cannabis, and also about the emergence of cocaine and crack cocaine in the community. Increased intimidation and antisocial behaviour appeared to accompany these changes, and is having an effect in how people use local facilities. Local amenities, like shops, are closing in some cases. Drug dealing locally has changed, involving more people, and is more embedded in the local community.

It was acknowledged that increased funding had made a difference, just not enough of a difference. Significant social indicators show signs of improvement, for example rising education levels, and employment levels. This is an older community, which is attracting in new families. The divide in housing nationally, between owner-occupier, and local authority rented housing, is reflected in Crumlin. There is concern that small pockets of the overall area are badly affected by drugs problems, and that even newer council estates are vulnerable. People are avoiding public spaces, with a tendency to also withdraw from community involvement.

The problems go far beyond simple number counts of people in treatment, people using drugs, etc. They are to do with how safe people feel in their area, how confident they are to use local amenities, how much of a voice they feel they have, how important they feel they are to those in authority who make decisions about their lives. While there are positive changes, like the increase in retention in school to the age of 15, increased employment levels, increased drug services, it is doubtful that they can counteract the very powerful effect on the community life of ongoing problem drug use. Information which is available from current indicators are insufficient to be able to track change. New ways need to be developed to measure community drug problems. Some data collection instruments already exist, some remain to be developed (Loughran and McCann, 2006). Most of all data collection needs to gather local information on what matters to people as they live their daily lives, and how they perceive change in community drug problems.

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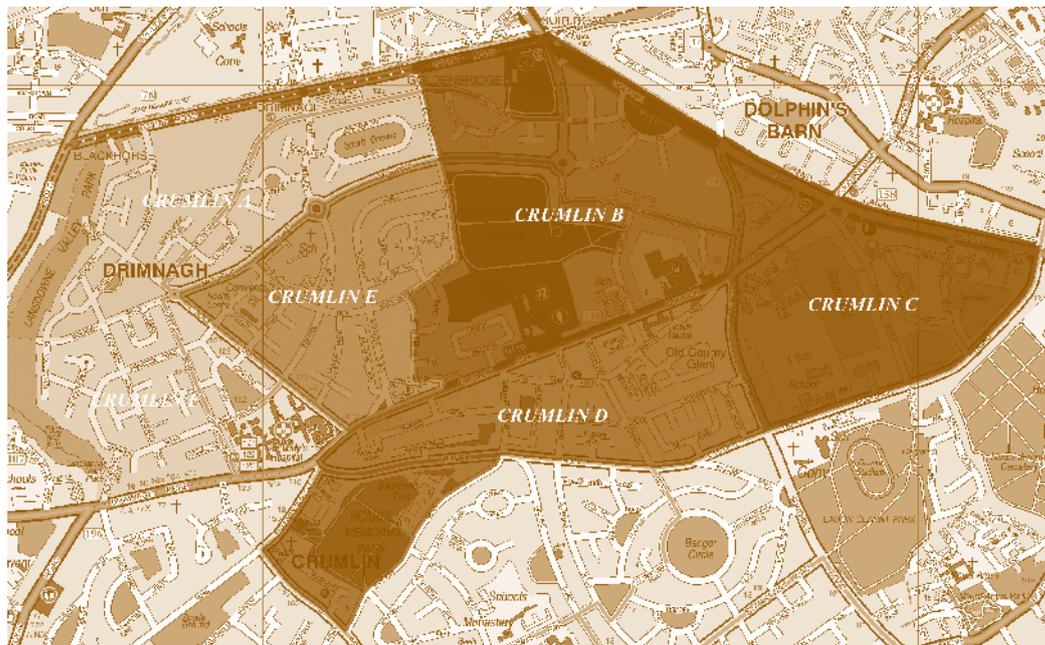
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# Appendix 1

## Map of EDs for Crumlin



"Ordnance Survey Ireland Permit No. 8277"

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## Appendix 2

### Population rates per ED in Crumlin in 1996 and 2002

District	1996		2002		Change in Population 1996-2002	
	Persons	Persons	Males	Females	Actual	Percentage
Crumlin A	3,952	3,805	1,767	2,038	-147	-3.7
Crumlin B	3,330	3,199	1,584	1,615	-131	-3.9
Crumlin C	2,345	2,346	1,097	1,249	1	0.0
Crumlin D	4,119	4,126	1,978	2,148	7	0.2
Crumlin E	2,925	2,928	1,336	1,592	3	0.1
Crumlin F	3,086	2,985	1,410	1,575	-101	-3.3
<b>Total</b>	<b>19,757</b>	<b>19,389</b>	<b>9,172</b>	<b>10,217</b>	<b>-368</b>	<b>-2%</b>

Source: Census 2002, Preliminary Report, p. 20

## Appendix 3.1

### Employment status by ED of those aged 15+ in 1996 and 2002

Area	Crumlin A		Crumlin B		Crumlin C		Crumlin D		Crumlin E		Crumlin F		Total	
	'96	'02	'96	'02	'96	'02	'96	'02	'96	'02	'96	'02	'96	'02
<b>At Work</b>	41.4	<b>49.8</b>	40	<b>46.3</b>	41	<b>50.9</b>	43.5	<b>50.1</b>	38.3	<b>46.2</b>	48.5	<b>53.8</b>	42.2	<b>49.2</b>
<b>1st Job Seek</b>	1.2	<b>.67</b>	1	<b>.60</b>	.88	<b>.45</b>	1.3	<b>.93</b>	1.6	<b>1.0</b>	.78	<b>.68</b>	1.2	<b>1.5</b>
<b>Unemployed</b>	12.2	<b>6.0</b>	14	<b>6.8</b>	14	<b>7.3</b>	11.8	<b>6.0</b>	12	<b>6.3</b>	6.9	<b>4.2</b>	11.8	<b>6.1</b>
<b>Student</b>	6.5	<b>7.3</b>	7.1	<b>8.8</b>	8	<b>8.3</b>	6.7	<b>7.6</b>	6.7	<b>7.8</b>	6.7	<b>7.8</b>	6.9	<b>8.0</b>
<b>Household Duties</b>	18.8	<b>13.5</b>	20.8	<b>12.9</b>	19.4	<b>11.3</b>	19.8	<b>13.1</b>	23.9	<b>16.1</b>	23.7	<b>14.3</b>	20.9	<b>13.5</b>
<b>Retired</b>	14.1	<b>15.2</b>	13.4	<b>16.9</b>	12.7	<b>14.7</b>	13.2	<b>15.5</b>	12.1	<b>14.2</b>	10.5	<b>14.0</b>	12.8	<b>30.4</b>
<b>Unable to work</b>	5.7	<b>6.8</b>	3.5	<b>6.9</b>	4	<b>6.1</b>	3.6	<b>5.8</b>	5.2	<b>7.3</b>	2.6	<b>3.9</b>	4.1	<b>12.3</b>
<b>Other</b>	0	<b>.74</b>	0	<b>.80</b>	0	<b>.90</b>	.03	<b>.93</b>	.04	<b>.89</b>	.12	<b>1.2</b>	.03	<b>1.8</b>
<b>Total</b>	100	<b>100</b>	100	<b>100</b>										
													15,862	<b>25,793</b>

Source: Small Area Population Statistics 1996 & 2002

## Appendix 3.2

### The employment status of all those who received treatment in Crumlin between 1996 and 2002

Year	Employment		Total
	Regular Employment	All Others	
1996	9 (7.5%)	111 (92.5%)	120 (100%)
1997	4 (3.9%)	99 (96.1%)	103 (100%)
1998	27 (18.9%)	116 (81.1%)	143 (100%)
1999	22 (20%)	88 (80%)	110 (100%)
2000	44 (26.5%)	122 (73.5%)	166 (100%)
2001	37 (22.7%)	126 (77.3%)	163 (100%)
2002	45 (27.6)	118 (72.4%)	163 (100%)

Source: NDTRS Data 1996-2000, e-mailed 19/03/03 and 2001-2002, e-mailed 28/07/04

## Appendix 4.1

### Number of social welfare payments made to Crumlin residents in 2004

Description	No. of Recipients 2004
One-parent family payment	668
Unemployment Assistance/benefit	809
Old age pensions	1662
Disability allowance	406
Back to work scheme	94
Invalidity pension	541
Deserted wives' benefit	119
Carers' benefit	0
Orphans' Pensions	30
Blind Persons' Pensions	15

*Source: Data from the Department of Social Community and Family Affairs 2004 (23% of population 2002).*

## Appendix 4.2

### Number of lone-parent households in 1996 and 2002 by ED

	Lone-Parent Households		% of Total Households	
	1996	2002	1996	2002
Crumlin A	216	235	15.5%	16.3%
Crumlin B	172	204	14.8%	17.2%
Crumlin C	138	138	16.7%	15.2%
Crumlin D	216	223	14.7%	14.6%
Crumlin E	191	237	18.7%	22.4%
Crumlin F	129	126	11.8%	12.2%

*Source: CSO Small Area Population Statistics 1996, 2002*

The household structure of the KWCD area comprises a high proportion of lone-parent households, a characteristic shared by the most deprived areas of the country. As made evident in the above table, the number of lone-parent households increased slightly for all but two EDs in Crumlin (C and D) between 1996 and 2002. In 1996, the national percentage of lone-parent households was 10%. As illustrated in the table above, all EDs in Crumlin in 1996 exceeded this percentage.









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