

EXPERT VIEW

THE GP

After 22 years' experience, Dr Ciaran Donovan shares his insight

I'VE been a GP in this city for 22 years and so I've seen lots of changes in drug usage. Alcohol was always there and with the Celtic Tiger, it's got worse as there's more money for it, off-licences are now on every corner, pubs open later and supermarkets offering cut-price deals. In the first 15 years, cannabis was the only real illegal drug in use to any great degree and up to four or five years ago, cocaine was an extreme rarity. Ecstasy has been there for the past 10 years but I have to say that this did not seem to do the huge immediate damage that cocaine is doing. Cocaine is incredibly expensive and incredibly addictive and I have people in here who admit to spending €1,200-€1,400 a week on it. Young men working in the building industry, for example, now have huge amounts of money available to them. I suppose it wasn't sold here before as there just wasn't the market as people didn't have the money. I think that nowadays, ecstasy has been superseded by cocaine as the drug being used by 17-25 year olds at the weekends.

The classic situation where we meet addicts is on a Monday morning. They'll arrive in front of me at the end of their tether and wanting an instant cure. They may have run into trouble with the law or ran up huge debts but the main problem is that there aren't immediate services. If you have a fractured femur or a brain tumour, I know exactly what point of contact to send you to. I will tell you the hospital and the consultant but for acute drug abuse, I can only send you to A&E.

There is no coherent HSE treatment pathway for drug abusers in the South. Mainstream psychiatry services such as St Michael's at the Mercy or GP at Cork University Hospital don't want drug users. They don't see it as part of their remit. They will, if they have to, take drug abusers but it's a revolving door with a huge reliance on voluntary groups like the youth services on Shandon Street. In Cork, we don't even have a psychiatrist with an interest in addiction.

I have no doubt that it's a class issue as the abusers who suffer most are generally working class. The middle classes can afford to go to a costly private clinic. There's a waiting list of over a month for Arbour House in Cork city. What are you supposed to do in between? Alcohol is still the main drug abused in Ireland and there is still huge denial around it but at least you have a well-developed Alcoholics Anonymous network in this country.

Dr Ciaran Donovan is a GP on Commons Road in Cork city.



BEHIND

CLOSED

DOORS



Pictures: Maura Hickey

Heroin use is a very worrying development in Cork, while cocaine remains the main problem. Claire O'Sullivan speaks to families and others at the coalface



IT'S ONE of the first cold nights of autumn and we're sitting shivering at a table outside a well-known northside pub. We hid away earlier in one of the snugs as Gráinne\* half-whispered and I scribbled furiously. Although well removed from eager ears, Gráinne was tense — always alert to anyone moving in our direction.

It's Cork though, so that paranoia is justified. You could leave this city for 20 years and then take a walk down St Patrick's Street, and you'll still stumble upon the girl you sat beside in Leaving Cert maths — and she'll recognise you.

Although anxious to get her story out and shatter the silence around Cork's growing heroin problem, Gráinne is still terrified that anyone might discover how her world has come crashing down. She's terrified this article might identify her.

We go out for a much-needed cigarette. The tension evaporates momentarily from Gráinne's face as somebody nods towards her. She smiles broadly: "How are ya, love?"

Gráinne embodies all that is legendary about Irish mothers. Strong, articulate and warm. In her own words: "I'd go through boiling water for my children."

And that she has done. About a month before we met, her son stood before her: "I'm f\*\*ked man. I really am." He was too, she says. He was a pity.

Twenty-four days before we met, she started putting him through cold turkey. He had come clean on what was really going on. He was on cocaine, heroin, uppers, downers, cannabis and alcohol.

"There's an epidemic starting out there. Up to a dozen people from around the city have died from heroin and cocaine in the past year. Nobody's talking about it. Nobody's admitting it. Cocaine is everywhere but heroin has spread to the northside, southside and even out to the small towns — to Youghal and Cobh. They're starting on coke and then can't afford to keep paying for it and then they turn to heroin. A high for only €20 a bag. None of the politicians want to admit it and none of the health agencies. Nothing's been done for them and it sickens me," she says.

While the nascent Irish love affair with cocaine has been highly publicised, the continued grip of

heroin and its ugly slide into Irish towns and villages is much less so. Some argue this is because cocaine still has an upmarket image while heroin is associated with skeletal excuses for humanity huddled in alleyways. If cocaine is seen as champagne, heroin is like drinking methylated spirits for a buzz.

In a Cork City Council meeting last month, Cork North Central city councillor Jonathan O'Brien accused his colleagues of "burying their heads in the sand" on Cork's growing heroin problem. He called for a public forum to be established, made up of councillors, gardai, the voluntary sector and community representatives. His fellow councillors said his motion would be best dealt with by the new policing committee.

"Part of the point of the motion was the urgency of the situation and that decision doesn't take due regard of that. If we're sending out the message this isn't urgent, that would be a serious mistake," Mr O'Brien said.

Cork's drug squad is in no doubt about the urgency of tackling Cork's growing, albeit still small, heroin problem. It's all about stamping it out before it gets a stranglehold on working class communities, wreaking havoc like it did in Dublin in the 1980s. Their main focus these days isn't whipping cannabis joints out of teenagers' mouths but nailing the cocaine and heroin dealers.

In the eighties, people liked to speak about drug dealers as "drug pushers" — some kind of urban bogey man who lurked in flat stairwells entreating bored, unemployed youngsters to "try it for the buzz". Nothing could be further from the truth. There's a voracious market for drugs out there, according to users and any amount of dealers who see it as "a quick buck".

Kevin Kelly, aged 26, of 69 Hawthorn Mews, Dublin Hill, Cork was caught following a surveillance operation at his Commons Road home. He used his bedroom to cut pure cocaine, mixing it with Manitol — a drug used for horses — and then compressing it into blocks to make it look like freshly-imported pure cocaine.

Kelly travelled to Dublin and purchased the pure cocaine which had been brought into the country by foreign nationals who had swallowed it in capsules. He then brought quantities down to Cork on three separate occasions and used it in his cocaine-processing factory.

In his judgement, Judge Patrick J Moran said that Kelly was at the heart of the drugs trade: "What you were in effect doing was operating a cocaine factory from this premises that you had rented in a false name, an assumed name. That type of activity is one that goes to the root of drug dealing, preparing the imported drug for the market."

"This drug ends up in the hands of young people, often with devastating effects for them and their families. Det Sgt O'Brien tells me you were doing it for financial gain. It is why people get involved in drugs. It is very easy money."

In working class communities, growing links between Cork criminals and the notorious Limerick gangs is a common theme. One city councillor alleges Cork families are providing safe houses for Limerick criminals on the run.

The recent infiltration of heroin into the Cork drugs world is probably the most frightening aspect of Cork's drugs problem, but it has to be remembered that it is a small problem compared with cocaine.

There has been a marked increase in drug abuse, according to many of the youth workers. "They're drinking, taking all these uppers and downers and smoking cannabis as if it was nicotine. I don't know if they even think of it as a drug anymore. The amount of prescription drugs on the black market is incredible. They tell me they can get anything they want," said one.

One 18-year-old UCC student, Eoin O'Sullivan, said: "Cocaine is quite normal at the grad balls. I suppose it goes with the hummers and the fancy suits. This year, most hotels had security guards going in and out of the toilets all night. They would knock on the doors and in some cases, pull themselves up over toilet doors. It was mad really."

Co-ordinator of the Cork Local Drugs Task Force, David Lane gets quite irritated about all the talk about Cork's heroin and cocaine problem. "We need to take it in context, as our biggest drug problem was and still is alcohol," he says.

the death of Anthony (Tony) Staunton, aged 27, from Castlebar in Co Mayo. Mr Staunton, who was a resident in Cork Simon Community emergency homeless shelter on Anderson's Quay, died of a heroin overdose in his room just 10 days before Christmas.

Sociologists have long been fascinated with the factors that kept heroin from the streets of Cork for the past 25 years. There was always a handful of people around the city smoking it but it never really took root here, unlike Dublin and its commuter towns and Limerick and Waterford.

Cork was a bleak city in the '80s, a grey, murky port ravaged by high unemployment after the closure of the Ford and Dunlop factories. If you had plans for the future, that only meant one thing — get out. With all that depression, heroin still passed the city by.

One drug user on the northside, Jason\*, claims Cork people have the IRA to thank for that. "They never allowed it in here and neither did the criminal families that ruled the city in the 80s and '90s."

"It's since the Limerick gangs have made contacts here that things have changed. They couldn't care less. Immigrants have also seen it as a new market to develop while others just brought their own addiction here."

Working class communities, growing links between Cork criminals and the notorious Limerick gangs is a common theme. One city councillor alleges Cork families are providing safe houses for Limerick criminals on the run.

Yet the availability of treatment facilities bears no relation to the extent of the city and county drug problem.

Gráinne gets very angry about this. When her son came clean on his drugs problem, she rang the HSE immediately for help.

"I was told there was a month-long waiting list for the HSE's Arbour House treatment centre and we didn't have a month. I didn't have €5,000 to send him for private treatment either. I decided that we'd have to do the detox ourselves and I

asked for information from the HSE and Arbour House. Arbour House didn't have any information and some other HSE woman told me to contact a psychiatric hospital. The hospital didn't want to know us. One woman on the phone even told me to contact the HSE's senior pharmacist. I was sent on a runaround."

"We ended up putting him through cold turkey in his bedroom and I had to get my information on how to do the cold turkey from the internet. For nearly a week he couldn't take liquid and he didn't eat for two weeks. He was screaming from cramps and had constant diarrhoea," Gráinne said.

"There is nothing in Cork for heroin users. Two weeks after he started detox, some information leaflets on heroin detoxification came in the letter box from Arbour House. It's a disgrace."

Despite six phone calls to the HSE, nobody from Arbour House would speak to the Irish Examiner about Cork's drug problem and its treatment facilities.

"All over this city today, there are mothers

Mr Lane points to research done by senior public health doctor Tim Jackson, which showed a decrease in Cork's drug problem in areas where the task force was active. The research compared 1997 with 2004.

"There is a lot of good work being done in projects like Strengthening Families, where we give former users and their families the skills to communicate better and to create boundaries of what's acceptable and not. The projects are showing results. We are clear on the limits of education and that's why we use the methods of practice that we know to work. There is a lot of preventative work out there but people just don't know the half of what's happening," Mr Lane said.

"Alcohol has been desensitised in this country with very serious consequences."

"The same thing is happening with cannabis which is worrying. Cannabis is being seen by young people as being like smoking cigarettes and yet it's highly addictive and can have serious psychiatric effects."

"Cocaine is also being used across the board.

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EXPERT VIEW

THE CONSULTANT

A&Es are used as drop-in centres and it's wrong, writes Chris Luke



HOSPITAL emergency departments are normally one of the first places to see big changes in a society.

From Avian flu and tuberculosis to increased violence and drug misuse, we are faced with these changes far earlier than the academics and the bureaucrats that collate statistics from our reports.

Extreme violence caused by cocaine usage is my big concern. You commonly see it on a Sunday morning — young people coming in, off their heads on coke, causing mayhem. Just the other day we had a very violent young man causing havoc for other patients. His girlfriend was with him — off her head too. It's routine.

The normal scenario is that somebody comes in after a big fight or because they are acting delirious or displaying psychotic behaviour. Others are self-harming.

DRUG INDUCED HEART ATTACKS

Common cocaine users are aged 18-35 and they're having heart attacks, seizures and strokes. We've also had collapsed lungs. A great number of people are dying. Sudden cardiac arrest is common.

Cocaine is absolutely everywhere. It's particularly widespread in the northside of the city (Cork) but also in the county and on the southside. The middle classes are also using it in towns and villages across the county. We are seeing a steady trickle of heroin cases in Cork. This a new development.

HEROINE USE IS RISING

Heroin was mainly in Dublin, Limerick and Waterford. We are not being afflicted by intravenous drug usage yet. It's still, for the most part, "chasing the dragon" or smoking heroin. There are, however, reports of needles being found in the vicinity of the hospital. Just the other night, we saved the life of a young man who had overdosed on heroin.

In the past 18 months, I've easily seen about half a dozen serious cases, where people are overdosing on a cocktail of drugs including heroin. The typical heroin user lives in the north inner city, is unemployed and a poly-substance abuser. Generally, they drink heavily and regularly take valium and codeine.

A growing number are from the homeless community and they'll take any drug going and that's how heroin starts. We'll regularly see them at the Mercy, which is more like the Mater or St James's in Dublin in that there is a large inner city spread, while at Cork University Hospital (CUH) it's more suburban, bourgeois and rural.

They're starting on coke and then can't afford to keep paying for it and then they turn to heroin. It's a high for only €20 a bag

PRESCRIPTION DRUGS

Large numbers are also abusing prescription drugs — uppers and downers. They're often robbed from family members. These have been abused for decades — the likes of benzodiazepines temaze, pam and distalgic, prozac and viagra. Most are taken with drink.

People don't realise that the younger you are taking these, the more vulnerable you are to getting sick and delirious.

I can't remember a single migrant drug issue. I don't remember one African or Eastern European. A lot of the Africans in inner city areas like Shandon Street smoke khat — an indigenous drug derived from the Coca leaf. It's a mild psychedelic and stimulant.

As for the lack of treatment here, it's the same everywhere. For instance in Liverpool where I worked before, there was a chronic heroin problem and there was just one four-bed treatment centre.

People are more sympathetic to harm reduction than treatment. Yes, A&E is being used as a drop in centre and it's not right.

Names have been changed to protect identity.

Chris Luke is a consultant in emergency medicine at Cork University Hospital

EXPERT VIEW

THE CAMPAIGNER

Crisis as serious now as 10 years ago, says **Anna Quigley**



**M**ANY people will remember the scenes in the mid-1990s of angry crowds marching in the streets to protect their communities from drugs.

Dublin's disadvantaged communities were in the grip of a devastating heroin crisis as a result of the State's failure to respond to a problem that was first highlighted by community leaders in the late 1970s and early 1980s.

In 1996, a combination of the street campaign in local communities, political campaigning by community leaders, and the shocking murder of Veronica Guerin finally led to a co-ordinated government response.

The Local Drugs Task Forces (LDTFs) were set up so that local communities and State agencies could work together in partnership to deliver a response to the drugs crisis in the communities most affected.

Communities were given a link to national policy-making with a representative on the National Drugs Strategy Team (NDST).

Between 1996 and 2002 funding of IR£25 million was allocated between the 14 LDTFs and a whole range of drug projects were developed in local communities.

In 2002, the Government launched the National Drugs Strategy, which outlined 100 actions to be carried out by 2008. It included the setting up of Regional Drugs Task Forces to cover all areas outside of Dublin and Cork.

This progress was welcomed by community leaders. Despite this community concerns were growing during 2002 that the political will was waning.

There was a slowdown in funding to local projects and LDTFs were not being asked by government to draw up future plans. Comments made during the 2002 election gave the impression that the drug problem was more or less sorted out.

After the election, the junior ministry dealing with the drugs issue was effectively downgraded to a half-time position.

A further indication of how drugs slipped down the political agenda was the slow response to the emerging cocaine problem.

Citywide first highlighted this problem in September 2002 and we called on the Government to give the Local Drugs Task Forces a mandate to respond to cocaine.

The Government said there wasn't a serious problem. The delay meant crucial years were lost, with a huge cost to individuals, families and communities.

Research by Citywide in October 2006 found an increase in dealing, public nuisance and anti-social behaviour, and 90% of projects saw an increase in violent crime in their communities since 2004.

Families were living in fear of dealers and money lenders, with threats of violence over money owed.

There were also serious delays in setting up the Regional Drugs Task Forces.

In 1999, we said it would be "absolutely inexcusable" for any other city or town to experience a heroin epidemic similar to Dublin, but that this would happen unless preventative strategies were put in place.

Figures for heroin use outside of Dublin have grown steadily. NACD research in 2004 indicated approximately 2,000 heroin users outside of the Dublin region, and all of the RDTFs indicate a growing problem with heroin use.

Heroin and cocaine are of major concern, but a whole mix of drugs are being used, including illegal drugs, legal drugs such as alcohol and prescription drugs such as benzodiazepines.

The NACD cocaine report shows a 300-400% increase in those seeking treatment for cocaine use, while Garda data shows nearly a 400% increase in cocaine seizures between 2000 and 2005.

There is evidence of crack cocaine use in some communities, and there are concerns of crystal meth in parts of Dublin. Community projects are concerned heroin use is on the increase again in Dublin. This is backed up by Garda seizures and reports of huge opium harvests in Afghanistan.

There is no doubt there has been a major expansion in drug services during the last 10 years and that structures have been put in place to enable local communities and statutory agencies to work together. But there is no doubt that the initial momentum of the late 1990s has not been maintained and we are facing a drug problem every bit as serious as 10 years ago and a lot more complex.

Following this year's election, Citywide welcomed the return of a full-time ministerial position with responsibility for drugs. If the Government is serious we must see:

- An immediate mandate to be given to Local Drugs Task Forces to draw up new plans to respond to the changing drug problems.
- A commitment to Regional Drugs Task Forces that work on new plans will begin in 2008 so that they can respond to the rapidly changing situation in the regions.
- Allocation of an adequate budget for the implementation of the Report on Drugs Rehabilitation in 2008.
- Full implementation of the actions in the National Drugs Strategy by the target date of end 2008.

■ Anna Quigley is co-ordinator of the Citywide Drugs Crisis Campaign



Members of the Baltimore lifeboat going dangerously close to shore to recover the large €110m haul of cocaine that was found in the sea near Mizen Head, in Dúnlough Bay, Co Cork. Picture: Richard Mills

# A NEW GLOBAL TREND

Despite greater numbers of seizures, the price of drugs has actually fallen, writes **Cormac O'Keeffe**



**I**T APPEARS a bit baffling. Every second day comes news of another major drugs haul.

But the seizures never seem to have any effect on availability. If anything, availability has grown in recent years.

Prices, often considered a good indication of availability, have not risen. This should happen if supply is being squeezed by seizures. If anything, prices have fallen.

This picture is not peculiar to Ireland — it is replicated across Europe and globally. All the official figures here point to greater and greater successes by gardaí and Customs. The number of drug seizures have risen, from 5,603 in 2002 to 7,550 last year.

The volume of drugs seized has also jumped in most cases over the same period. Seizures of cannabis resin rose from three tonnes to seven tonnes. Hauls of heroin jumped from 17kg to 128kg. The volume of cocaine intercepted rose from 32kg to 190kg.

"Seizures don't stop supply," said Detective Chief Superintendent Cormac Gordon of the Garda National Drugs Unit (GNDU).

He said the GNDU carried out research in the Clondalkin area of west Dublin in October 2006 following the seizure of 54kg of heroin by a city centre drug unit in the area — the single-biggest seizure of heroin in the history of the State.

world's top five countries with "large increases" in cocaine use.

A British Home Office study estimated that to have a significant effect, law enforcement authorities would need to intercept about 80% of all drugs in the system.

UN figures show more than 220,000 acres were under coca cultivation in 2000, which had a potential to manufacture 880 metric tonnes of cocaine.

By 2006, the area under cultivation fell by 30% to 157,000, but the potential manufacture increased to over 980 metric tonnes.

The bulk of cocaine from South America enters Europe through Spain, Portugal and the Netherlands. In a new trend, many shipments are stopping along the relatively un-policed West African coast for onward delivery to Europe.

West African gangs have become major players in global trafficking and have recruited Eastern Europeans to carry the drug through European airports, including those in Ireland.

on the basis of intelligence and surveillance as well as tip-offs from sources, including people in the drug trade.

They also receive information through greater co-operation with law enforcement authorities in other EU states. The GNDU has liaison officers in several key countries, including Spain and the Netherlands. The GNDU and Customs also have officers in Europool.

Last September, a new EU agency was set up to combat drug trafficking, particularly cocaine, through European waters, of which 16% are in the Irish zone.

The UN has repeatedly warned about greater production of heroin from Afghanistan, which is resulting in greater availability of the drug and higher purity levels, posing a risk to users.

"Last year, the volume of heroin seized was more than four times that of the previous year," said Chief Gordon. "There is increased demand for it nationally. We had established heroin problems in areas like Athlone, but in the last 18 months increased

He said drug trafficking gangs here operate a fairly sophisticated business.

"They bring in large quantities without detection, they store them, manage the distribution of them at different levels. There might be half a dozen people below the main guy, each of them might have four to five people below them.

"Drugs is run like a business, but it is based on fear and threat. If someone owes money they might distribute the next load to work off the debt."

The GNDU and the Customs Drugs Law Enforcement Team, conduct constant operations against traffickers, often jointly. Other garda units, including the National Bureau of Criminal Investigation also target drug gangs.

As well as national operations, the GNDU, along with local gardaí, conduct undercover operations in local areas.

Last June, Operation Scarf resulted in the arrest of 11 suspected heroin and cocaine dealers in Galway. The previous month, Operation Fossil saw the arrest of 18 sus-



The number of drug seizures have risen, from 5,603 in 2002 to 7,550 last year.

"We checked the implications and we found it had no effect on street dealing or on prices. There was no apparent difference in supply or availability."

This trend is reflected across Europe. Research published by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) found despite greater seizures, the prices of drugs had actually fallen across the continent.

Commenting, the head of the European Commission drug policy unit, Carel Edwards, said: "What this seems to suggest is that a lot more drugs are in the system than we estimated. If increased seizures are not having an effect on prices, indeed prices have come down, whatever we are seizing is not hitting the market."

The United Nations estimated that 42% of all cocaine traffic was intercepted in 2006, almost twice the amount seized in 2002. But despite this, the UN said the consumption of the drug had increased significantly in Europe, doubling or tripling in several countries. Ireland was among the

"Cocaine is the drug of choice at the moment," said Chief Gordon. "Europe is second after the US for cocaine use. There has been a rise of 10% each year in recent years in Europe."

The mushrooming of flights to Spain and across Europe has increased the opportunity for criminals to make contact with suppliers.

The expansion of the EU has meant that more and more people can fly around the EU without impediment. Under EU law, customs officers can't stop people flying within the EU without having prior suspicion. Official figures show that 28 million people flew into Irish airports in 2006.

In addition to the threat to Irish airports and ports, there is an unknown level of trafficking along the isolated Irish coastline.

Last July, more than €110m worth of cocaine was accidentally found off the west Cork coast, while last September €1.4m worth of cannabis resin was found off the Aran Islands.

Customs and Garda drug units operate

ing amounts of heroin have been seized in Galway, Cork and elsewhere."

Chief Gordon said there was "an increasing number of people" involved in drug trafficking, facilitated by vastly expanded travel opportunities and attracted by possible substantial profits.

He said criminal organisations involved in trafficking were more loosely structured than depicted in the media. He said a number of Irish players act as facilitators for gangs. "They put people in contact with other people. They know ways and means of bringing drugs in."

He said there were a large number of Irish people based in Spain — who have either fled on warrants or to escape the Criminal Assets Bureau — who have made connections with local suppliers. He said there are people between the suppliers abroad and the gangs in Ireland who are "generally not known" to the authorities.

"They could be individuals employed by legitimate companies or individuals in their own right who transport goods."

pected heroin and cocaine dealers in Tal-laght, Dublin.

Operation Anvil, which runs nationwide, targets serious gangs and gun crime, much of it linked to the drugs trade.

The CAB targets the assets and income of drug traffickers and other criminals and is increasingly examining lower level dealers in Dublin and in the regions.

Both the CAB and the GNDU report gangs are becoming more sophisticated in laundering their money.

Chief Gordon said they are seizing a lot of cash where they expect to find drugs and that there are over 20 forfeiture orders in the courts. He said many gangs are smuggling the cash out of the country and spend it elsewhere in the euro-zone.

He said while seizures don't stop the supply of drugs, they do have an impact.

"You are taking an illegal commodity out of the market. There are effects on the people involved. They are out of pocket for a while. It may lead to a prosecution and conviction."

EXPERT VIEW

THE MINISTER



Minister of State **Pat Carey** on what is needed to beat drug abuse

IT IS important to remember that illegal drug use is a global issue and so our efforts to tackle it in Ireland must be seen in that context.

The Government is deeply committed to tackling this issue and to honouring our international obligations.

We will continue to facilitate and support agreed international responses while pursuing our own goals through the implementation of the various actions contained in the National Drugs Strategy.

The fact that over €200 million was targeted at problem drug use in 2006 shows how seriously the Government views this problem. In fact, this sizeable investment involves expenditure predominantly focussed on addressing the issues surrounding problem drug use.

It does not include expenditure through mainstream services that problem drug users also avail of — such as adult and youth education services, employment services and treatment services other than those specifically for addiction.

It is important to realise the Government can only do so much and individuals — whether in the choices they make in their everyday lives or through their contributions to society — also have a critical role to play in minimising the effects of problem substance use in our society. I recognise the disproportionate and devastating impact it has had in disadvantaged communities.

Under the National Drugs Strategy, the Government has sought to address problem drug use in a co-ordinated way through the four pillars of supply reduction, treatment, prevention and research and through a new fifth pillar — rehabilitation — the need for which was identified in the mid-term review of the National Drugs Strategy in 2005.

Under the prevention pillar, Social Personal and Health Education (SPHE) and Walk Tall programmes are being taught in schools and awareness campaigns have been organised.

There has also been a very substantial investment through my own Department in the Young People's Facilities and Services Fund — of the order of €125 million.

Treatment facilities have also increased greatly. About 8,500 were on methadone programmes in July this year. A wide range of services is being provided by the statutory, voluntary and community sectors in areas most damaged by problem drug use.

We need to adopt a flexible approach to addressing the issues involved, by:

- Continuing to tackle drug crime and the associated disproportionate effects felt in communities where these criminals predominantly operate.

- Developing synergies between problem drug use policies and alcohol policies.

- Continuing to focus on breaking the link between social and economic disadvantage and problem drug use while at the same time addressing new areas of concern as they arise.

- Expanding the focus on prevention, both at a local and a national level, through the development and delivery of prevention strategies aimed at young people and young adults in particular. This will involve focussing on the needs of young people in appropriate settings whether in school, third level institutions, work place or sport and recreational settings.

- Developing drug treatment services to comprehensively meet the evolving problems arising and the needs of those availing of the services.

- Developing an integrated rehabilitation service as set out in the Report of the Working Group on Drugs Rehabilitation which will deliver the continuum of care required to assist those damaged by drugs misuse.

- Considering strategies to address problem drug use issues facing new communities and marginalised groups in Ireland.

- Promoting further interagency collaboration to derive maximum benefit from the wide range of initiatives now in place.

As is the case in all developed countries, I acknowledge that much remains to be done to tackle the problem of drug misuse, but I believe that progress is being made and that we must continue to build on the excellent work being done by communities all over this country.

I am committed, as Minister of State with responsibility for the National Drug Strategy, to maximising the success of the present Strategy and moving forward with a view to having a new Strategy in place from 2009.



# MURDER RULES THE DRUG TRADE

**D**EREK DUFFY'S death was a grim reminder of how the drugs trade is governed.

Late one night in September, the 37-year-old drove to a pre-arranged meeting with associates at a park in Finglas, north Dublin.

He was unaware of any threat to his life. Moments later, he was shot five times in the head at close range.

The killer doused Duffy in a flammable liquid and set him, and his car on fire. The brutality of the attack prevented gardai or family members from visually identifying Duffy.

His family — totally unconnected to the drugs trade — was left with images of horrific violence and pain for the rest of their lives.

This is the reality of the drugs trade, a reality at odds with the civilised world of recreational drug users who make their purchases in the safe and sociable world of friends' houses, pubs and clubs.

It is not yet known why Duffy was so savagely murdered. He was known as a drug dealer, but was not considered a major player by gardai. He had come from St Attracta's Road in Cabra where crime boss Martin "Marlo" Hyland, a few years older than him, grew up.

Officers don't believe he was a member of the powerful network of criminals that worked for Hyland, who was shot dead last December. Duffy moved away from Cabra only to return in recent years. He is thought to have had a number of young men supplying drugs for him in

## Far from the cosy world of recreational drugs is a grim, savage reality, writes **Cormac O'Keeffe**

the west Dublin area. Gardai suspect some of these men may have turned on him. Or, he may have fallen foul of his own suppliers.

"Many of these murders come down to money or debts," said one senior source investigating the murder. "People are now killed for small amounts of money."

Drug gangs are notoriously unstable. Internal feuding is thought to be behind the murder of Hyland, with two senior gang members deciding to kill their boss and take over the business.

The murder of Hyland reminded the public that gunmen won't balk at killing innocent civilians.

Anthony Campbell, aged just 20, was working in the home of Hyland's niece in Finglas at the time Hyland's killers came. It is believed the gunmen decided to end the man's life for fear he could be of assistance to gardai.

Two innocent men have been shot dead by gangsters this year. In May, Ian Tobin, a 25-year-old father-of-two, was shot dead in Clonsilla, west Dublin. Gardai believe he was not involved in criminality and was not the intended target.

Mr Tobin was shot in the neck after he pulled back curtains at the front door of a

friend's house. He was due to marry his girlfriend next year and leaves behind two children.

Last month, Edward Ward, aged 24, was gunned down by criminals as they went to murder another man, Brian Downes, in Walkinstown, south Dublin. Mr Ward was in the wrong place at the wrong time, and leaves behind a wife and two young children, one just six months old.

He was the 14th gangland-style murder victim so far this year, although at least three of them are considered to be the result of personal feuds.

A few days after Mr Ward's death, Limerick man Garry Grant, aged 25 and a dad-of-three, was shot dead in St Mary's Park.

Speaking at his funeral, parish priest Fr Donough O'Malley said: "This parish suffers the loss of life of loved young men due to the greed for money from the sale of drugs."

In the 16th gangland-style murder, notorious armed robber and drug dealer John Daly, aged 27, was shot dead in Finglas. One of the suspects is a local drug dealer, who has taken over much of Marlo Hyland's drug empire.

The number of gangland murders have jumped sharply in the last three years, with 19 in

2005, 22 in 2006 and 16 to date this year. Duffy is the oldest victim so far this year. The average age of the 16 victims is just 26.

Ten of the 16 fatal shootings have occurred in Dublin and seven in the west Dublin Garda division, covering Blanchardstown, Finglas, Clondalkin and Ballyfermot.

These murders leave behind the forgotten victims, the families of those lost. Debbie Quinn is one. The 21-year-old answered a knock to their house in Clondalkin last January.

Two masked men pushed past her and sought out her boyfriend, Damien Dowdall, aged 22, in the sitting room. Ignoring her pleas, they fired a number of shots into Dowdall as she looked on. The couple had just moved into their first home together before Christmas. Gardai said the man was not a criminal, but he had been seen with associates of a major drug dealer in the Clondalkin area. This same dealer has been linked to other drug deaths in the area, including that of Robbie O'Hanlon.

The 25-year-old was shot dead last March in Clondalkin in what was thought to be a drug-related row. Local kids, some as young as eight, saw the victim's bloody body on the

ground.

Gangland murders are not confined to Dublin with three in Limerick and one each in Meath and Cork. In Limerick, Noel Campion, 35, was shot dead on a busy street in broad daylight last April while he was travelling on a motorbike. It is suspected a member of the McCarthy-Dundon gang may have been behind the attack. One of the attackers is thought to be just 16. He is the eighth Limerick man claimed by a bloody feud between the McCarthy-Dundon and the Ryan gangs and the Keane-Collopy gangs.

These gangs control the lion's share of the drugs scene in the city, along with a number of other gangs, including two families in the Southill area.

The spiralling violence, concentrated in Dublin and Limerick, has been driven by the availability of high-powered weapons including AK-47 assault rifles, full-automatic sub-machine guns and rocket launchers.

Gang members are now flying to Eastern Europe to avail of cheap firing ranges to gain practice.

Community workers and gardai have also noticed increasing levels of serious violence being meted out by dealers on addicts who owe small amounts of money.

"These guys take offence if they are not paid and their egos are such that they can't accept that," said a Garda source. "They won't give the addict a hiding, they will shoot him, even kill him."

# Limerick's deadly family business

**T**HE key players in the Limerick drugs scene are serving time in prisons in this country, Britain and Belgium. But their absence has not created a vacuum.

New young operators have joined the main gangs who oversee the shipment and distribution of drugs throughout the city and the wider region.

While the two feuding gangs, the McCarthy Dundons and the Keane Collopy, control the lion's share of the drugs scene in the city, a number of other gangs, mostly individual families have also carved out a slice of the market.

Two of these families who sell drugs in Southill were recently embroiled in a confrontation which resulted in multiple shootings.

Following the intervention of gardai at Roxboro Road Station a truce was called and it is still holding.

Christy Keane, whose family has a huge say in the drugs situation in the northside of the city, is serving a 10-year sentence having been caught five years ago moving a large quantity of hash. With remission he will be due for release in just over two years.

His son Liam was at the centre of the highly publicised collapsed trial in which he was charged with murdering Eric Leamy.

Numerous state witnesses refused to back up statements they gave to gardai when the trial got under way.

One witness at that trial, Roy Behan, who gave a statement to gardai identifying Liam Keane as the killer, recently got 12 months for perjury after he went back on that statement.

Behan claimed the late Kieran Keane, a brother of Christy's, called to his house armed with a handgun and told him he'd be killed if he gave evidence.

Kieran Keane was abducted and murdered by the rival McCarthy-Dundon gang in January 2003.

His nephew Owen Treacy, who was abducted with him, survived horrific stab wounds and his evidence led to the conviction of the five-man gang involved in the attack.

The top figure in the McCarthy-Dundon gang is serving an 11-year sentence in Britain for his involvement in gun dealing. His wealth from drugs enabled him to travel extensively. A keen boxing fan, he travelled frequently to fights at Madison Square Garden in New York. He left Limerick after he became a



Mid-West Correspondent **Jimmy Woulfe** on the main players of Limerick's drugs scene

suspect in a major murder investigation. Another central figure in the Limerick drugs triangle is a former publican, Jim O'Brien.

O'Brien comes from a respectable Limerick family and got into dealing drugs when he owned The Chaser pub in Pallasgreen.

He opened a second pub in Limerick city centre from which he operated a major drugs distribution network.

One of his main operatives is a grandmother who was jailed after drugs squad detectives uncovered a drugs hub at her rural home.

O'Brien skipped the country after the murder of Kieran Keane. He was held for questioning by gardai after the killing. O'Brien became a marked man as the Keane-Collopy gang made it known that as far as they were concerned O'Brien's name was on a bullet.

However, on leaving Ireland, O'Brien quickly got involved in drugs operations stretching from Spain to the Netherlands.

He and others were arrested in a huge drugs bust organised two years ago by a number of police forces on the continent. O'Brien is still awaiting trial.

The big change in the Limerick drugs market has been the increase in demand for heroin which had previously been almost exclusively a Dublin problem.

But an explosion in the output of opium has led to a saturation of the drug throughout the country.

Garda authorities have set up a special drugs unit at Roxboro Road which works in tandem with the divisional drugs squad, based at Henry Street.



Liam Keane, 19, walking free after the case against him for the murder of Eric Leamy, also 19, collapsed when several witnesses withdrew their statements.

Picture: Courtpix



Clonmel, where a recovering user says the amount of heroin in use is similar to the levels of cannabis a few years ago.

Pictures: Patrick Browne jnr

# NO WAY OUT

**L**IKE most other large towns, Clonmel has had its share of problems with drugs over the years, but it's only in the last two years that the inexorable tide of heroin has started to wash over the big estates, the hang-outs, the dark alleyways and the riverside nooks and crannies where surveillance can easily be evaded.

The prospect of large-scale heroin addiction in the town is one that will be resisted by the professionals, who can see the roots of the problem bedding down and can only hope that they will be weeded out before it's too late.

However, some think it already is too late. One recovering drug user, who experimented with smoking heroin in the past, but put a stop to her need before it progressed to injecting, predicts that, within a short few months, the heroin problem will "blow up" around Clonmel.

"The amount of heroin that's around the town is just unnatural. It's going around like hash used to be a few years ago," she says. "It's just everywhere. The wrong people are taking it. That would be the worrying thing, I'd say, in Clonmel." While those who work with drug-users and are in a position to observe the trends as they change over the years would be more measured in their attitude, it's generally agreed that heroin has become more readily available in the area, as has cocaine.

"I have to say, as a treatment provider, that there seems to be an increase in cocaine and certainly an increase in heroin," says south Tipperary substance misuse co-ordinator Johnny Casey. "We're not seeing it in clients here, but that may be because they're out there having too much of a good time and it's not a serious issue for them yet. Anecdotally, I know from clients who tell us about the availability, and we know to some degree from the general hospital services and the GPs."

The substance misuse centre in Clonmel, where counselling and many other support services are available, has gone from a position of having no heroin users on its books a couple of years ago, to having a small but measurable amount now. And, it's reckoned, for every user that comes into a clinic or counselling service looking for help, there could be three more out on the streets.

One professional who works in the field, who didn't want to be named, told the Irish Examiner that certain sections of local authority housing estates in the town are "flooded with heroin" and that

## Conor Kane looks at drugs misuse in Clonmel where a heroin epidemic is considered a possibility by some



young people are using each other's houses to shoot up.

There's a growing belief that the town's proximity to Limerick is leading to certain elements of the Limerick crime scene setting up shop in Clonmel and using it as an "outsourced" market, as well as a convenient trading post — 50 miles from Limerick, 30 miles from Waterford, 60 from Cork and 100 from Dublin.

"There is a Limerick connection, we'd certainly see that," said a source. "There's a lot of weapons around and that's where they're coming from, and then you have two big factions against each other." Some criminals who originated in

is needed to deal with demand, with education top of the list.

Hilery Condon of the Clonmel Community-Based Drugs Project agrees that heroin is "creeping into the town", particularly in the last 12 months. "Smoking heroin is the biggest concern we have at the moment. That's coming from the fact that it was inevitable it was going to happen at some point. What I'm seeing on the ground is smoking heroin and it's about eight months to a year before it gets quite bad and you end up injecting. This summer it really started to dominate."

If the problem isn't dealt with, she said, it could be at epidemic proportions five or six years down the line.

also up from a low base but not yet swamping the toilet-cisterns and kitchen marble-tops of middle-class society, presented as the reality in some parts of Ireland.

Meanwhile, the ecstasy situation moves in cycles, but is thought to have peaked some years ago in the area, with cocaine becoming more affordable and heroin more available.

Meanwhile, Johnny Casey likens the drugs trade to a pyramid-selling scheme, where each small-time supplier in a community buys from a larger-scale supplier somewhere up the line, who in turn is receiving from an even bigger player, and so on. Often, removing one small link in the chain makes little difference.

upon getting involved in the use, and then supply, of illegal substances. Indeed, in the past, different gangs have set themselves up as rivals between the two estates — even using the pages of the Bebo website to trumpet their "feud" — but this has been overblown and such self-publicising is often more about bravado than real territory-marking. Those really involved in the trade tend to keep a lower profile.

However, much remains to be done. The Clonmel Community-based Drugs Project at The Wilderness is an oasis of sorts, a clean, respected base for many services which are available to anyone who wants to drop in, run by com-



Hilary Condon, Jenny Ryan, Audrey Cotter and Catherine Guerin, community drugs workers at the Wilderness Centre, Clonmel.

Limerick have already made their way to the local courts. However, gardaí claim there is no evidence to back this up and play down any talk of a heroin epidemic.

Accepting that heroin has begun to make its presence felt in the last 18 months, the garda spokesman said Clonmel was no worse than any other town in this regard and gardaí have made a number of heroin seizures recently which should help to stem the flow.

Cocaine has become much more popular, he pointed out, while cannabis remains "the drug of choice" for the majority of users.

Gardaí say there are sufficient resources to fight the supply of the drugs, but a multi-agency approach

But how can it be dealt with? "Methadone and needle exchange, that's the way Dublin is dealing with it. If they're coming in, they're looking for methadone. They're not coming in for a cup of tea and a chat."

Official figures for 2006 show 15.6% of drug users seen at centres across south Tipperary were on heroin, with three-quarters of those from Clonmel. The main drug of choice remains cannabis (51.9%), but the worrying thing for those at the coalface is that heroin use, while still relatively low in the area, was non-existent not too long ago.

Cocaine use was present in 7.8% of drug-users who presented themselves at service-providers last year,

"It's pyramid-selling at its best, and if you have that system, how do you break it down? There's not an awful lot to be gained by sending someone away for one or two years for supply."

As with many towns and cities, drug use tends to be focused on deprived areas and, in Clonmel, this is as much the case as in any other urban centre. Two areas in particular come up in conversation when people talk about drug problems: Elm Park and The Wilderness, two large local authority estates which have suffered their share of woe in the past. Both communities have active residents' associations, supported by official agencies, but can do little when groups of young people set

mitted staff and volunteers.

Yet it's difficult to escape the setting. Outside, over the fence which separates the project HQ's grounds from the rest of The Wilderness, remains the typical urban decay of television cliché. Rubbish strewn across a green area, old vehicles abandoned, boarded-up houses and youngsters wandering aimlessly. Despite the best will in the world from many residents, Ireland's recent prosperity hasn't had the desired effects in these pockets of our towns.

As one person involved in the drugs project puts it, staring across the bleak wasteland on this edge of Clonmel: "You look out and see the reality of it. What the fuck is going on in this country?"

## USER'S STORY: What begins as child's play ends in a lifetime struggle to get clean

"I WAS using for about 13 years, from about the age of 13. It just started off, like with most other children, with experimenting.

"There was a lot of us together and we all started at the same time. We started off smoking and then we used to sniff glue or aerosols, and then we all started smoking dope together. That would have been before first year in secondary school. The older lads would have been selling it.

"It was just something to do. There wasn't much else. It's very different today — there was no services in place back then. You came from a shit area and stayed in a shit area and that was it. My parents were dealing with their own stuff at that time as well and it was just a very different life.

"I grew up in a corporation estate in Clonmel and neither of my parents was working full-time. There was addiction in the family anyway, not that we knew it as addiction at the time. But it wasn't a healthy, normal childhood.

"It wasn't just hash. There was magic mushrooms if you couldn't get your hands on dope or you hadn't any money. Then we moved on slowly to acid, LSD, Es, whatever. You just move on to what's in fashion. Hash was always available, that never stopped. Anything else is usually available in Clonmel.

"I never started robbing or anything like that. I was a single mother when I was 16 and that was late for my group because one of the girls had her first child in second

year, so I had my [social welfare] book every week and the children's allowance. I was never in full-time employment. There was always little jobs you'd pick up now and then.

"The baby was fine, health-wise, but with me there was just one bad relationship after another. I was never in full-time employment, just being able to get by. "I smoked heroin, never injected it. I would know the scene well in Clonmel and I'd see the gaps in the services.

"There's nowhere for the lads who are using downtown to drop in when they're strung out. They're sitting down on the quay and drinking and trying to come off it. I grew up with most of these people. You're just depending on other people or volun-

teers in the service. It's not enough. "I'm in recovery myself. I've been going to the community-based drug project for about two years. I just had to stop. I would have been injecting otherwise and then I'd have lost everything and everyone would have known.

"If you're really serious about it, you'll give it a try. I'm at a different stage of my life as well. You never say you're recovered, but getting there. I hope I am anyway.

"In Clonmel, I think in a few months' time it's going to completely blow up. The amount of heroin that's around the town is just unnatural. It's going around like hash used to a few years ago. It's just everywhere."

## Drug users are starting younger

Conor Kane talks to members of support services in Clonmel

ALL those involved with treating drug users and trying to break the vicious circle of substance abuse agree that the age profile of drug users in the Clonmel area is getting younger.

### USERS AS YOUNG AS 16

With ecstasy available for as little as €2.50 per tablet, cannabis cheaper than ever and more money floating around, that's probably no surprise. "An average young lad going out would get plenty for €15 [euro]," says Hilery Condon of the Clonmel Community Based Drugs Project.

Voluntary drugs youth worker Audrey Cotter, based at the Wilderness local authority estate, says drug users are coming in as young as 16, most of them having started off on alcohol and progressed to cannabis — possibly via glue or aerosol-sniffing.

"Cannabis would be very prevalent," she says, "and cocaine is getting here and it's getting here hard and fast."

### SOMEWHERE TO TURN

Seeing the damage caused by drug abuse, Hilery says that it's important to have a presence in the community which can be a first contact point for those seeking help, or for those trying to stay away from drugs: "We're here for the benefit of the young adults that use the service. We're not going to question where they get it from or where it comes from. The priority is them, helping them."

### FAMILY TIES ARE KEY

Hilery Condon, who has worked in the field for 13 years, says relationships and trust within families is key to keeping young people away from drugs: "Once the relationship is broken, then the child is at sea. Sometimes children just need an excuse to get away from doing drugs, so that they don't look like a geek. If a child comes home and says, 'all my friends are smoking hash', and they're looking for a reason not to, if you say to them to tell their friends you're not allowed because your mam is a lunatic and she insists on a weekly urine test, sometimes they could be delighted with that. They're just looking for a way out."

### ALCOHOL THE GATEWAY

Alcohol is widely seen as the biggest gateway drug, with up to 90% of those who come into the state and voluntary services with drug problems having started off by drinking.

Clonmel-based substance misuse co-ordinator Johnny Casey said: "I'd argue with anyone that our biggest problem in this country and in south Tipperary is alcohol, still. If you want to talk about your main gateway substance, then alcohol is your main gateway."

But, for young children, it can also start with substances as apparently innocent as a can of 'squirry cream'.

What it has in common with household items such as spray polish and deodorant is butane gas.

"Unfortunately it stops the oxygen going to the brain and literally one dose of it could kill you. Within a matter of seconds, they could become very drunk, they could black out. It's quite instant. A side effect can be death," explains Ms Condon.

### CAUSE AND TREATMENT

The point about easy drug availability in this day and age is echoed by Mr Casey.

"It's available pretty much anywhere. There's a normalisation of drug use among the youth culture today, in that many young people are aware of what's available and where it's available and whose selling it."

The substance misuse centre in Peter Street, Clonmel, has been widely praised for its work in helping drug users, while the HSE-run Coolgreaney House at Queen Street in the town concentrates on mental health issues surrounding alcohol and addiction, with inevitable overlaps.

## USEFUL NUMBERS

- Clonmel Community-Based Drugs Project, The Wilderness, Clonmel
- South Tipperary Outreach Drugs Project, 052-76871.
- South Tipperary Substance Misuse Centre, Peter Street, Clonmel, 052-77900.
- Coolgreaney House Alcohol and Addiction Service, Queen Street, Clonmel, 052-26533.
- HSE (south-east), Western Road, Clonmel, 052-77000.



# THE LOCAL FACE OF HEROIN

**Noel Baker** discovers the quiet explosion in heroin use taking place in midlands towns



**O**UR MAN heads off up the town of Edenderry for an early afternoon pint, which he explains later is on the house. He will go by the name of Tom, even though this isn't what his parents call him.

He doesn't want to be identified and has every reason to maintain his anonymity. His past is messy, pock-marked by drug use and in recent years scorched by heroin. He'd like his future to be different.

His walk through the streets of his home town hints that others living here might not be so lucky. There are nods and waves of recognition as 'Tom' passes some local faces he knows, people who he says are either on the way to or coming back from making small deals involving bags of heroin. No big-time dealers, just fellas who operate a small trade to ensure they have a smoke themselves.

He has stories of bumping into others, today and yesterday, who were feeling sick, "dying from the gear", and men who cried their eyes out in front of him. He mentions teenagers, who are already wrapped up in the daily grind of scoring and smoking.

Edenderry is less than an hour's drive from Dublin. This is Offaly, the midlands, far removed from the city but now waking up to a problem on its own doorstep.

It is taking place in the living rooms of houses and breaking the hearts of family members. In addition to the 'recreational' drug use common in towns up and down the country, there has been a quiet explosion in heroin here, and Tom feels it will get worse before it gets better.

"I think this is only the tip of the iceberg so far in Edenderry," he says. "I'd say by 2010 there'll be a few hundred people in this town strung out — easy. I don't think it's going to get any better, I just think it's going to get worse. I see kids growing up now, they're worse than what we were."

The population of Edenderry has soared by 46% between its urban and rural areas in the past 10 years, to 6,105 people in the last census. Housing estates have sprung up around the town, which is now firmly in the Dublin commuter belt.

Last month, the Edenderry Addressing Substance Abuse (EASA) group held a week of events aimed at raising awareness about drug use. Minister Pat Carey attended, as did many parents, but no pharmacists, GPs or vintners.

Members of EASA, including Pro-

gressive Democrat councillor Fergus McDonnell, believe that this opening up on the subject is painful, but necessary if they are to get a grip on something which could wreak more havoc if they do not act now.

Local estimates from EASA put the number of people using heroin — almost exclusively smoking, and not injecting — at between 25 and 30.

A local taxi firm ferries people from Edenderry and surrounding areas to Portlaoise once a week for their 'script', which they then produce at local pharmacies for methadone.

**G**RAHAM RYALL of EASA spent years working in the drug treatment area in Dublin, but moved back to his native Edenderry three years ago. His ears pricked up when he started hearing about the number of drug cases making it into the local district court.

"One case that really struck me, and I actually kept the piece of paper, was of a young fella in Tullamore who went in to the hospital and asked for needles. Active drug user, asked for needles and was refused because they wouldn't give them out. So he robbed some. He was caught and he got 11 months in Mountjoy."

"Now, the judge made a comment that the society in Tullamore at large did not need individuals like that within their community, and that young fella, who is obviously an intravenous drug user, was sent to the biggest drug gallery in the country."

Another EASA member, Garda Community Liaison Officer Niall O'Leary, can remember when cannabis was the first drug that was available in Edenderry. That is certainly not the case any more.

"There is a significant problem with heroin, with coke, with ecstasy, you name it. We are no different from any other community," he says. "Most of our heroin users, as far as I know, are travelling to Dublin for it. Usually they will bring back enough for each other, a group of fellas, so they will become dealers themselves. Then you have the locals who will see this as an opportunity to make a few pound. If we believe that a certain fella is carrying, committing an offence, then we will stop and search him," he adds.

EASA is keen to raise awareness of the problem of drug use, particularly among parents who might otherwise become overwhelmed by the situa-

tion, but is also eager to ensure that their attempts to deal with the issue of local drug use are not hampered by outside influences.

In the firing line are planners who have allowed the construction of sprawling housing estates with little or no municipal facilities, successive governments who did not make contingency plans for the closure of large factories, and health providers who oversee a system in which waiting lists for treatment, including methadone, are far longer than in Dublin.

"There are people in the town who are on treatment and have to travel for that treatment," Graham Ryall explains. "The longest waiting times are in the midlands, and that's not helping. If someone goes in to be assessed and they're told 'right, you're on a waiting list now for six to eight months', their drug use is going to become more chaotic and they are also going to become more disillusioned."

Employment here was traditionally provided by Bord na Móna, the ESB and a shoe factory in Edenderry, which once had 1,000 staff. The number of townspeople with third-level education is lower than the national average, while past government complacency exacerbated the problem, according to Mr McDonnell.

"There was no need for government of any hue to concentrate on job creation in this area, and in fairness to the partnership board here in 88/90, they did an analysis of the impact of the downsizing of all those agencies in the area and they came up with a formula, a quantifiable figure, that found it was equal to a 30,000 job loss in the greater Dublin area."

"Now if that were ever to happen in Dublin at any time, you'd have anarchy, but because it was down here in rural Ireland, less than an hour from Dublin, it had absolutely no impact (on the Government) whatsoever."

Another EASA member, Corina Curley, remarks how many of the new families who have moved into the area from Dublin have not been given much of an opportunity to integrate, and how there isn't a town park. For Mr Ryall, the expansion in the town is just "houses, houses, houses".

Yet when it comes to mechanisms to address drug use in the area, Mr Ryall believes the frameworks are already there, primarily through the National Drugs Strategy and the Midlands Regional Drugs Strategy.

"We do not need to re-invent the wheel," he argues. "Prevention is not about extra garda numbers or stopping drugs coming into the country — you are on about creating facilities in the town and creating belief within young people to partake in those facilities."

"There are GAA clubs, there are soccer clubs; the under-10s here won the county final yesterday. That's all brilliant. But it's about as kids get older. It's about giving kids the belief to partake in things. Edenderry is promoted as the fastest-growing town in Ireland. We're the fastest-growing housing estate."

**I**F EDENDERRY is looking at how to deal with its heroin problem, it could do worse than look at the town of Birr. Here the population is roughly half that of Edenderry, yet unofficial estimates put the number of heroin users at 50. Despite this, heroin does not seem to stalk the streets with the same malevolence. As one local has it, people head away to their hurling matches and don't notice what's going on around them.

The introduction of heroin into Birr came, as in so many places, with people returning home from England. The first seizure of heroin in the area was in late 1996, and the situation

now seems to have stabilised. According to gardaí, the crime rate in Birr overall is down 15%, while drug detection rates are up 5%. Typically, the district will see around 300 crimes a year, but there does not seem to have been any rise in crime associated with drugs. Addicts live in a number of areas; one essentially a townland, another an estate on the fringes of town. Compared to some estates in other parts of the country, and particularly in Dublin, they betray no hint of the activity that takes place behind the curtains.

The addicts in the area are "a tight-knit group" according to Sgt Dermot Dray. "There is a small circle of people, they have kept (heroin) to themselves and it is not available to the masses," he explains. "You can't get it in the pub. Some are on methadone. It's a small town and you can imagine that we would do our job well down here."

The heritage town of Birr is one of a number of places throughout the midlands that has seen heroin breeze through the door in the past 10 years. Nenagh, Carlow, Kilkenny, Portlaoise, Longford — the list goes on. People move around and the network grows with them.

Birr seems to have minimised the impact of heroin on the general population, meaning it is seen as a desirable place to live. According to Sgt Dray,

some people are "growing old with the problem — there is a genuine want for them to try and get off it". The gardaí are empathetic towards the user and their family, but tough on the dealer.

Meanwhile, as he drains his pint from the glass, 'Tom' tells stories of his recovery and the people he met. There was one American man strung out on crystal meth, who used to scratch his arms interminably before getting up in the morning, ripping open the sores and sucking out the blood.

Then there is the story of his own break with heroin, sparked by the words of his young daughter. Tom's weight had dropped to something over eight stone.

"She hugged me and she started crying and she said 'Daddy, you're very skinny'. She said, 'that's from the heroin Daddy, please get off it'. I walked out to the yard and I cried my eyes out."

He has not taken heroin for five months, and is talking about settling down, moving on, but when he looks around his home town he worries about his old mates, the lads who are dying sick, and others who might get drawn in.

"Unless it's grabbed now, very, very soon, it could get worse," he warns. "It's not that it could, it will get worse."



This picture and above: Birr, Co Offaly, which, though seen as a desirable place to live, has an underlying heroin problem. Pictures: James Flynn/APX

**Q. How many people are registered as drug users in Offaly and the midlands area? How many people living in the county are on a methadone programme?**  
**A.** 152 clients attended clinics and GPs in 2007, 32 from Offaly.

**Q. How long is the current waiting list for access to treatment/methadone in the Midlands area?**  
**A.** The longest waiting period at present is seven months, but the HSE claims the average waiting time has halved in the past year. 77 people are currently on the waiting list, and the HSE says emergency cases are prioritised.

**Q. How many detox beds are available within the HSE area?**  
**A.** Detox beds are accessed in a number of areas, including Dublin and are accessed as need arises.

**Q. Is the HSE considering any new plans or proposals regarding the treatment of people who might become addicted to cocaine or other class A drugs?**  
**A.** Counselling services are already available to treat

people with addictions to cocaine and other class A drugs.

**Q. Is there any evidence of people in either Offaly or the HSE Midlands area using drugs such as ketamine, crystal meth or crack cocaine?**

**A.** Heroin, benzodiazepines, cannabis and alcohol are the main drugs abused. In recent times, clients have tested positive for cocaine, and after they have been advised of the dangers, and there has been increased supervision of methadone dispensing, some clients have discontinued using cocaine. All clients who present with cocaine abuse are offered Addiction Counselling.

**Q. How many people work in the area of drug treatment in Offaly and has this number grown or fallen in recent years?**

**A.** Approximately 18 people. Staff include addiction counsellors, GP's, general assistants, consultant psychiatrists, nurses, security, management and administration.

**Q & A**

EXPERT VIEW

Johnny Connolly traces the Irish drug market to its global roots



IT HAS been claimed that the illicit drug market is now the third most profitable in the world, surpassed only by oil and arms.

The United Nations Office on Drugs and Crime estimates that the wholesale value of the illicit drug market worldwide is US \$94 billion (€64bn), compared with \$24bn for wine and beer and \$21.6bn for tobacco.

In Ireland, the number of heroin and cocaine seizures has increased significantly so far this decade.

Heroin seizures rose from 598 in 2000 to 1,115 in 2006. In the same period, the number of cocaine hauls jumped from 206 to 1,324.

The number of people treated for problem drug use rose from 8,931 in 2001 to 12,397 in 2005.

Europol believes Colombian organised crime groups dominate cocaine supply, with cells in Spain, Britain and the Netherlands.

Turkish organised crime groups dominate the heroin market.

The Netherlands and Belgium are the primary locations for the production of synthetic drugs, like ecstasy.

Most cannabis resin used in Ireland originates in Morocco.

The Garda Síochána believe the distribution of drugs within Ireland is organised by networks of criminal gangs.

The impact of drug markets, drug-related crime and antisocial behaviour harms individuals and communities.

The forms of crime that cause most harm are the violence and intimidation associated with drug markets and the property crime committed by problematic drug users to fund their habit.

Systemic types of crime surrounding drug distribution include gangland murders and fights over organisational and territorial issues and disputes over transactions or debt collection.

The available evidence, when considered along with newspaper and court reports, suggests there is a significant and increasing amount of violence associated with the drugs trade in Ireland.

This can have a profound effect on feelings of public safety and instil a sense that the problem is out of hand.

Policing initiatives strive to disrupt markets and thus reduce or control supply.

On the other hand, demand-reduction strategies attempt to target users and divert them into drug treatment, by means of arrest referral schemes, for example.

Ultimately, it is assumed that by reducing supply and demand the market will shrink and drug-related crime will decrease accordingly.

A number of writers in this area have shown, however, that law enforcement initiatives can have unintended consequences.

Applying basic market logic, it can be assumed that successful attempts to stifle supply should lead to higher prices and this in turn should reduce consumption.

In reality, however, most estimates of prices through Europe are either stable or falling.

There are a number of possible causes of this. First, although the hidden nature of drug markets render them impossible to measure accurately, it is estimated that law enforcement activity leads to the seizure of 10%-20% of the drugs in circulation.

Consequently, the amount that remains undetected is such that the long-term impact of successful enforcement will be minimal.

Second, drug distribution systems adapt quickly, so that where drug suppliers have been arrested, they will quickly be replaced.

Third, demand is often inelastic for problematic drug users, relative to moderate or recreational users, and increased prices may simply lead them to engage in greater levels of crime in order to pay the higher prices.

Effective intervention strategies may be those which combine attempts to disrupt local markets with attempts to divert drug offenders into treatment services.

There is a growing consensus that a partnership approach, combining law enforcement, social and health services and local communities, offers the most sustainable method of responding to many drug problems.

■ Johnny Connolly is research officer with the Alcohol and Drug Research Unit, Health Research Board.

# ALCOHOL ROUTE TO TEEN DRUG ABUSE

**T**HE VERDICT on a unique drink-and-drugs-free concert for teenagers in Offaly this summer seemed to be quite unanimous: deadly.

Organised by teenagers from the Alternative Persons Association (APA) in Laois, the one-day bash at Charleville Castle attracted a number of bands from around the Midlands, in addition to a lot of goodwill, and 300 music fans. The only downside was that it had originally been hoped that more than 1,000 punters might show.

Therein lies the rub as far as Ireland's relationship with drink and drugs is concerned. The last ESPAD (European School Survey Project on Alcohol and Other Drugs) contains data for countries across the European Union, dating from 2003, and by any reckoning we compare unfavourably to many of our EU neighbours.

For example, the only area in which Irish students did not match or exceed the ESPAD average was in the taking of tranquillisers and sedatives. According to the figures, the proportion of Irish students who had drunk alcohol in the last 12 months (88%) is higher than the average of 83%, while the percentage of Irish students who had been drunk in the same period was much higher than the average: 72% versus 53%.

The smoking of cannabis by Irish students is much higher than the ESPAD average — 39% versus 21%, while the use of inhalants is also higher, at 18% for Irish students versus 10%.

Figures contained in the Irish Health Behaviour in School-Aged Children (HBSC) study, based on information gathered over a number of years, showed that a high percentage of children are familiar with drugs such as tobacco, alcohol and harder substances.

Overall, 36% reported that they had smoked tobacco, although the number seems to have fallen from 21% in 1998 to 15% last year. More than half of children surveyed had taken alcohol, although again, this figure seems to have decreased compared with that in previous years.

Some 16% of children reported using cannabis during their lifetime — an increase of 4% compared with 2002, while 12% said they had used cannabis in the past year. Rates were highest for those in the 15 to 17 year age group. Almost one-in-three boys (27.5%) in this age group said they had used cannabis in the preceding 12 months, with the percentage rising among those in lower socio-economic brackets. This figure is a cause for concern, and while the corresponding statistic for girls showed cannabis use to be less of a problem, girls in the 15 to 17 years age group were just as likely to have been drunk in the preceding 30 days as their male classmates.

Dr Bobby Smyth, consultant child and adolescent psychiatrist at the Drug Treatment Centre Board, argues that until Irish society comes to terms with its con-

## Drink and cannabis are the drugs of choice for children, writes Noel Baker

tradictory relationship with alcohol, children and teenagers will be provided with a readymade route into possible problems with other substances.

"Alcohol abuse is at the core, or a major drive, for substance abuse," he says, adding that parents are "increasingly tolerant" of their children's drunkenness, which could actually be providing camouflage for other problems, in addition to weakening a person's resolve and reasoning regarding the taking of other substances.

Also significant is the gender shift which has seen a greater number of girls admitting to being drunk, while there has been a similar shift regarding the use of cannabis.

At the sharper end, however, it seems the situation is not as grim as it once was. Dr Smyth admits that there are 14 and 15 year olds using heroin, but the numbers presenting with problems in Dublin have fallen sharply. While 200 people under the age of 18 were known to have a heroin problem in 1997, that figure has dropped to between 10 and 15 — a level similar to that in the early '90s.

"Heroin has a bad name and people have moved from it," he says, adding that the implementation of aspects of the National Drugs Strategy were important in reducing the problem.

The number of under-18s who have come forward with cocaine problems has slowly risen since 2000, however, although Dr Smyth is wary of "overplaying" the situation. The most recent figures for Dublin, dating from 2004/2005, show no more than eight under-18s presenting with cocaine problems, although this may have risen since then.

"With cocaine they do not see the drug as a huge problem for themselves, they view it as a bit of fun," he says.

"What can happen is they can end up in debt pretty quickly, getting into debts of thousands of euro in a few weeks. Dealers can put them or their parents under pressure [to pay up]."

A number of these cases have occurred and, according to Dr Smyth, from across the socio-economic spectrum. To many parents the prospect of demands and threats from unsavoury characters is an "utterly alien world".

More worrying again is the growth of heroin use among teenagers outside of Dublin.

"It has to be acknowl-

edged more by the communities outside of Dublin than this is not going to go away as an issue," he says. "They could learn a lot from the local Drugs Task Forces in Dublin."

He says that waiting lists for treatment are also a problem, particularly in some parts of the country, although a report into treatment for under 18s, drafted some years ago by the Department of Health and Children, and which outlined plans for adolescent specific services, would improve the current situation, even if it is being "slowly funded and implemented".

The APA organisers are reported to be considering another festival next year, and will doubtless be hoping to attract more people in the gates. They are probably not the only ones.



## Youth workers play pivotal role in fight against drugs

**R**ECENT years have seen the issue of drug misuse becoming one of the most important social and political issues affecting young people.

In this current climate of political change and development in relation to how the drugs issue is addressed, it seems that more young people are coming into contact with drugs than ever before.

While a lot of work has been done in regards to education, prevention and treatment — particularly in the Dublin and Cork areas through the establishment of 14 Local Drugs Task Forces and the development of the Young People's Facilities and Services Fund — the National Youth Council of Ireland (NYCI) believes that there is still a serious "supply" issue which needs to be addressed.

The NYCI believes that young people's health and wellbeing must be safeguarded and it is the right of each young person to live a healthy and safe life without drugs. Our work in the area of drugs is based on some simple but essential understandings.

Firstly, we believe that drug misuse must be understood as an aspect

### Youth work is different from other services — young people participate because they want to, writes Clodagh O'Brien

of modern society and a problem which does not have an easy single solution. It needs to be tackled in a multi-faceted way.

Drug misuse is a health issue, but we must not confine ourselves to just looking at it from a health point of view. The misuse of drugs is often linked to justice and crime, but overemphasis on this element has proven not to work.

Secondly, we believe that all responses to the problem of drug misuse must be based on respect for the person. Too often the drug user is identified only as a problem, and a nuisance to society. But they also have needs that should be met and the right to be treated with respect just like the rest of society. Also, the use of 'scare tactics' to turn people off drugs has been found not to work. Often the shared experience is at odds with young people's own knowledge and experience of drugs, making such approaches ineffective.

Thirdly, drug misuse should not

be treated as an isolated issue. Social factors, including the influence of peers, family, social class, work, education and geography all play a part in whether particular young people participate in drug misuse as well as influencing the type of drugs they use.

Fourthly, the NYCI believes strongly in the necessity of using prevention as the key approach in tackling drug misuse. This does not in any way detract from the need to use other approaches and strategies, such as risk reduction, treatment or supply reduction. In order to work effectively in the current climate, the various approaches should complement each other. We believe, however, that strategies based on prevention have been ignored in the past. They have huge potential for effecting change and need to be significantly developed.

Many youth organisations have been to the forefront in developing drug prevention and education

interventions in the context of a holistic, health promoting approach.

While drugs education is essential in a school setting as well, it is often services, such as those provided by youth organisation outside this type of environment, in a more informal yet structured setting prove more successful.

Youth workers can play a pivotal position in relation to young people and drug use. Due to the nature of their roles they engage with young people on a regular basis, particularly those in vulnerable positions.

"Youth work is different from other services as it is outside of school, young people participate in youth organisations because they want to. There they have the opportunity to take part in a range of enjoyable, creative activities. This type of activity can encourage the development of skills and knowledge among young people and make them feel like genuine partners with adults. This helps the

young person to make informed decisions about their personal health and development and feel empowered to say 'no' or refuse to bow to peer pressure in relation to drugs," said Mary Cunningham, director of the National Youth Council of Ireland.

A number of groups which the NYCI represents are involved in dealing with the issue of drugs and young people.

■ Foróige has a number of projects and services funded to target young people at risk in North Dublin.

■ Youth Work Ireland Galway facilitates the CAPE Project working with young people on issues around drug abuse.

■ Catholic Youth Care (CYC) has three dedicated drug education teams in Bray, Finglas and Swords/Baldoye and supports the development of The Parachute Programme in Dun Laoghaire.

■ Pavee Point work under the Traveller Specific Drugs Initiative which was established in 2000 as part of the National Drugs Strategy Team.

■ Clodagh O'Brien is communications officer with the National Youth Council



# THE LEGAL DEBATE

Keeping cannabis illegal causes more harm to users, writes **Fr Sean Cassin**



Reducing demand by prevention, is the way forward, says **Gráinne Kenny**



**W**HILE watching my home county, Kilkenny, take the plaudits from Henry Shefflin on their win of the All-Ireland against Limerick I went from euphoric to shudder in a millisecond.

He included in the thanks the suppliers of the most available and problematic drug used in the country, Diageo/Guinness.

Most of our young people that end up in casualty units and in treatment centres do so from use of this drug rather than from cannabis, ecstasy, cocaine or heroin put together.

This is neither a ban drink rant nor a demonise illegal drugs tirade. It's a plea to people to stop adding to the harm caused by illegal drugs by the fact of the drugs they use are illegal.

It's mostly our young people who choose cannabis drug over alcohol because it doesn't give you the hangover alcohol does, isn't as expensive and the effects of a single spliff (joint or cigarette) last longer than a drink.

Taken orally in a tea or biscuit removes the high cancer risk that goes with smoking. Most of these 300,000 users do so with little or no harm as they use the drug occasionally and not to excess.

Most know that becoming 'zonked' on the drug is an unpleasant sensation that needs to be avoided, just as becoming drunk is mostly avoided by people. The periods between their uses are adequate to allow their bodies and minds to recover from it.

Yet the use of this drug is illegal. For possession of the drug you can be fined or sent to prison.

It's hypocritical, harmful and senseless to treat cannabis users in this way. A recent Lancet Paper on cannabis suggested a link between psychosis (mental problems) and cannabis use.

This fuelled the prohibition of drugs lobby to ban the drug, make severe penalties and lock up for longer periods those found supplying and or using it.

All drugs carry a potential for harm, especially alcohol, and this is why we try to control how much, how often and when people take alcohol.

Putting in place such controls for cannabis as the Dutch coffee shops makes sense, where licensed premises control the supply and control who buys it, and makes some revenue in taxes for Government.

The notion that keeping cannabis illegal will somehow lessen its use is evidently mistaken as the numbers using it are increasing every year as indeed is the supply of it.

Children as young as 14 are trying it out and it's the drug of choice of hundreds of thousands. Our young people have the third highest rate of illegal

drug use in the EU. (All consistent drug use legal or illegal can adversely affect adolescents' development).

Keeping drugs illegal does not work in reducing use. Reducing demand may be more effective.

Where the state seeks to block, seize and remove illegal drugs results in the market being entirely in the hands of unscrupulous criminals.

It results in millions of euros going into the criminal underworld.

The State has been operating a very effective heroin short circuit for the last ten years and is supplying almost 9,000 opiate users with a synthetic opiate that normalises their lives and improves their health and employment prospects.

It keeps them out of the crime needed to finance illegal drugs.

Keeping the cannabis issue in the criminal zone causes more harm to users of the drug than the drug itself.

In July 2001, Portugal's government implemented such a decriminalisation drug policy.

Users of any illegal drug apprehended by police were brought not before the courts, but before special commissions of health, legal, and social work professionals. Their aim was to give users access to treatment for addiction and other problems related to drug use.

The State began viewing drug users not as criminals, but as victims of drugs. Experience of this initiative so far allows some conclusions:

- The Portuguese authorities implemented a national programme of change in the way they deal with drug offenders without major delays or administrative problems

- It has been possible for the police, health and social services to work together to prioritise the help to drug users rather than punishment

- The system has led to an improvement in the ability of the authorities to intervene early in a young person's drug problem, and to deal with cases more quickly and cheaply than the courts

- The new approach has not led to a significant increase in drug use there

If anything is to come from this debate, there must, at least, be agreement, that users of cannabis shouldn't end up more harmed by our laws than by any drugs they use.

■ Sean Cassin is a Franciscan psychotherapist who has worked with drug users and their families for 20 years. He founded the Merchants Quay Drugs Project and is the chair of the National Voluntary Drug Sector, a member of the National Drug Strategy team and chair of the Drug Policy Action Group.

**I**RELAND'S drug epidemic has led to calls for drug legalisation. It has been suggested that drugs should be given free of charge.

What is meant by 'regulate' and 'control'? These are terms used for decriminalisation/legalisation. They mean one thing: to take illegal, addictive, toxic substances and make them freely available to addicts. How are drugs 'controlled', if they are freely available? How will we stop them seeping down to young teenagers? Who would be responsible for their strength and quality and who would supply them?

Somehow, it would be hard to imagine the local pharmacy becoming a distributor. If heroin is given freely on demand how do we keep up with demand?

Methodone was introduced because of its long-term action. The effects of heroin wears off within a couple of hours. The heroin addict would need a constant supply of heroin and clean needles throughout the day to keep him or her away from the black market. Who will pay for the additional family and addiction counsellors? We can't cope, as it is.

Why would there be a black market? Presumably, addictive, toxic substances would not be available to under-18's in line with alcohol and tobacco restrictions. So a black market would be established to supply them. Ireland has the youngest cannabis/binge drinking population in Europe. How would we propose to stop these substances seeping down to Irish kids.

Recent UN figures claimed most people are introduced to illicit drugs in the school or its vicinities. Not at the tertiary stage. Cigarettes, alcohol and cannabis are proven gateway drugs.

A recent example is our near neighbour England. Acting on the advice of a committee of drug liberals and without the advice of psychiatrists working in the field of addiction psychosis, Home Secretary David Blunkett downgraded cannabis. There was uproar from mental health charities, for example SANE. As predicted, there has been a 85% rise in mental hospital admissions.

Since 1997, use among 13- to 14-year-olds has increased by 1% and is still rising among 11- to 12-year-old boys. Older teens are moving to cocaine and the police are reporting a huge rise in street dealing.

Mr Brown's government is actively considering reversing downgrading of cannabis. Scientists and researchers in Ireland and internationally agree that a liberal drugs policy creates a particular risk among young people. Those also at risk are the poor and those who are mentally vulnerable. Even the Dutch are becoming alarmed.

It should be remembered that crime, violence and drug use go hand-in-hand. Alcohol is already causing significant problems. Adding another cocktail of mood-altering substances would only add to the violence. Criminal gangs are known to use cocaine to psyche themselves up before going on a crime spree.

There are many questions that should be asked for instance, how would the Garda deal with the rise in drugged driving? They will now have to test road accident victims for alcohol. What about drugs? If illegal drugs are charged for and taxed, the revenues raised could be used to pay for treatment, they argue. But if too much is charged then the blackmarket will thrive with cheaper and stronger drugs. If too little is charged the demand will grow.

How will the Government handle the international treaty signed with the United Nations together with 200 other countries? Can we expect the taxpayer to pay for this when their relatives lie on hospital trolleys. What about family violence closely associated with substance abuse? Will those who promote drug legalisation take responsibility for the new wave of mentally ill or addicted youngsters in Ireland? No country, not even the Netherlands, has legalised drugs. Sweden is the most successful country in Europe in tackling drugs. They employ a restrictive drugs policy. Swedes have the lowest figures of drug use and it is illegal to consume a drug there.

In simple terms, the proposal is that the so-called 'War on Drugs' is not an appropriate way to deal with the drugs epidemic. I would argue that there has never been a War on Drugs. All we have to defend the health and safety of our vulnerable citizens are our police, customs and, further afield, crop eradication. Drug substitution through methadone is another 'weapon'. These approaches will never work to solve a problem unravelling the fabric of our society.

That is why, in 1989, a group of concerned European citizens brought a new dimension to the so-called war demand reduction.

We in EURAD believe reducing the demand for illegal drugs by prevention, together with strong legal measures, is, and must remain, an intricate part of the solution. Legal sanctions are the last line of protection the citizen has a right to expect. Drugs are illegal because they are dangerous. Changing the law will not alter this fact. It is a policy of despair.

■ Gráinne Kenny is International President of Europe Against Drugs (EURAD). For further information log on to [www.eurad.net](http://www.eurad.net)

# THIS IS JULIE



... she is 27. She is scarred from three years of injecting cocaine. She was assessed for detox at Beaumont Hospital. She was turned down.

Picture: Maura Hickey

**J**ULIE'S hands and legs look like they have been repeatedly stabbed and clobbered. They are badly disfigured with lumps, sores, abscesses and scars. There are large black sores, which look like little craters.

The tissue around some of them has eaten into the skin. Some of the sores are abscesses, with yellow puss. Many of the scars are red and raw looking. Blood oozes out if Julie even lightly scratches them.

The palms of her hands are riddled with prick marks. So are her finger tips, Julie reckons she has around 45 marks in her upper body and about 50 in her legs and feet. "This is all from injecting cocaine. You will stick the needle in anywhere with cocaine," said Julie, from Darndale in north Dublin. "You keep sticking it in anywhere to get a vein, into your neck, your breasts, stomach, legs, you name it. You will do anything to get the cocaine into you."

She said as bad as the scars are now, they were 10 times worse a few months ago. "My hands looked like there were big blackberries on them," she said.

Now 27, and a mother of a 12-year-old daughter, Julie is at her wits end. "I'm sick of this life, the depression I'm going through. I think I'll be dead next year if I don't get help."

Julie's story is the story of cocaine, particularly intravenous cocaine use, and how it is ravaging the same parts of the country, mostly in Dublin, that were devastated by heroin epidemics in the 1980s and 1990s.

The fear is that, like the heroin epidemic, the State is responding too slowly. And with cocaine use, far more widespread across the country and social classes than heroin ever was, the fear is that the impact will be far greater.

As a sign of an unusually open relationship between her and her mother, Julie is willing to show her wounds, and tell her story in her mother's company.

Rachel has stood by her daughter against all the odds. She lives a life of such stress and anxiety that only parents of addicts can truly comprehend.

"I am very, very worried. I worry that one day I'll walk into the room and find her gone. It worries me sick. It's like a devil eating my child away."

Julie was only 12 when she got involved with an older crowd, through a neighbour three years older than her.

## Cormac O'Keeffe talks to an addict about her 14-year battle with drugs



That was back in 1994-95, at the height of the last heroin epidemic. She started on cannabis and ecstasy, but graduated to heroin at just 13, smoking at first and then injecting. She started going out with a guy and at 15 became pregnant.

"It was the only time in my life that I was completely drug free. I stuck by my mam's side."

Rachel said when her daughter was 14 she thought she was anorexic. "I remember we went in for Christmas clothes and she was fitting and I pulled across the curtain and I got an awful shock. Her bones were just sticking out. She wouldn't admit it, but I discovered she was on heroin."

She said she had to conduct a "24-hour watch" during Julie's pregnancy and couldn't let her daughter out of her sight.

Julie said that six weeks after giving birth, she went out to buy Sudo Cream for her baby.

"I met one of me old friends and she said she had a bag and did I want to go for a smoke and I got strung out again."

Julie went on a methadone maintenance course for her heroin addiction at 17 and has been on it ever since. She tried a detox at Beaumont Hospital but it didn't work.

She said as bad as her life was on heroin, everything changed for the worse at 23 when she started injecting cocaine.

A guy she was going out with at the time (who soon after died from a cocaine-induced heart attack) asked her if she wanted to have a "turn on" (inject). "I said f\*\*k it, come on we'll do it. I said a prayer beforehand, saying I really don't want to do it. I got the vein, got the hit and it was f\*\*king brilliant."

But she added: "What heroin had done to me in the previous 10 years was nothing compared to what cocaine done to me in the last four years. Cocaine has absolutely wiped the floor with me. I haven't touched heroin in the last four years. This cocaine has destroyed my life."

She said she immediately had a craving for cocaine and started "banging" or injecting every day.

"With heroin you give yourself a hit, you're out of your head for four, five hours. But with coke it's madness, you have a turn on and it lasts for two minutes — that's even a long time — and it's gone."

The short duration of the effects, and the psychological addiction, says Julie, makes the drug so much worse than heroin.

"I could take cocaine and go down to me ma and waffle the ears off her. Then all of a sudden it's gone and I need another turn on. She might try and talk to me and I'd go 'I'm not in the humour, I'm not in the humour' — total Jekyll and Hyde stuff."

She said dealers often give a "lay on" or drugs on credit, to be paid for the following week. This makes sure the addict comes back for more and may even mount up more debt in between.

"As soon as you use it, you're paranoid, knowing you owe money. One day I was walking in the area and a guy I know came up to me and said he has seen me looking behind me 20 times as if I was being followed."

She said her mother had bailed her out a number of times to pay off debts after she was threatened.

"I have paid money for her after threats she'd be beaten up if I didn't pay," said Rachel.

"She came crying to me, she was terrified. I've done it about three times, around €400-€500 each time. One time they had her social welfare card. I couldn't tell anyone for fear she'd be beaten or have her face slashed."

Such was her addiction that Julie had to find some way of earning money.

Her mother offered to leave during the interview. She knows what her daughter did for money, saying it "really, really hurts" her, but understandably does not want to hear it directly from her own daughter.

Julie said she started prostituting and worked in the well-known districts in the city centre. She'd take cocaine before and during her work and got cocaine off a dealer who supplied women in the area.

"I was prostituting for a long time. You could make a lot of money," she said.

But all the time her addiction was getting worse and worse. "It was getting to the stage that I was forgetting where I was putting needles in the house. I used to be careful about that, because of my daughter."

She tried detox in Beaumont Hospital again, over a year ago. She lasted four weeks, but was dying to have a "turn on" when she got out, just one hit.

"When I got out, I had one and got a vein. But it wasn't just one. I was back to prostituting. My family had enough of me."

A couple of nights later, she nearly died.

"I put a bit into the needle, it looked like muck. I had a quarter of a gramme left. Don't ask me how I lived, but I am still here to tell the tale. I said 'will I put it all in?' It was

hard for me to get veins, so I put the whole lot in.

"I started feeling out of it. I said 'this is nice coke'. Then me knees started wobbling, it's called the wobblers. It's like an epileptic fit while you are awake, you can't control what your body is doing."

She said her legs gave in and she smacked her head off a load of DVDs and couldn't remember after that.

Luckily, her mother heard the smash and rang for an ambulance.

"My ma said she really thought I was going to die. She said my body was hopping off the floor," said Julie.

"When the ambulance came, I said 'I'm OK'. The ambulance men were searching me. I'd said 'I'm OK, I'm OK'. I still had a little bit of coke left in my bra. Even though what was after happening to me, all I could think was 'get these ambulance men out of here because I want the rest of this coke'."

The doctor in the emergency ward told her she was lucky to be alive. "He said 'I don't know how your heart is still going. You'll be dead next year, if you don't stop.'"

The doctor found a clot, but was able to disintegrate it. I take aspirin every day to thin the blood."

But she didn't stop. "My ma thought I'd get a fright, but I didn't. The next day I was using again. I was still selling myself, still banging up. I didn't care. I said to myself 'it's inevitable, I'm going to die from this, why not have a good one.'"

Her local doctor referred her to Trinity Court treatment centre on Pearse Street to be assessed after she started injecting into her neck, breasts and shoulders. Julie wanted to go back to St Michael's Ward in Beaumont Hospital for detoxification.

Rachel went in with her. "From dealing with her for 13-14 years, she seemed fully determined to go to Beaumont and a residential centre for a year or two. But the person who interviewed her got the impression that she just wanted to avoid being evicted by her parents."

She was very low after being turned down. She continues to drink a bottle of vodka every night, a habit she developed in place of taking heroin.

Julie said it's three weeks since she went on a binge with cocaine and only had one slip last week, when she got a €50, or half gramme, bag of cocaine.

"I had a little slip last week, but I could have another and then go on a binge. I still owe the €50. When I go back, they'll say 'I've lovely coke here'. Cocaine is in my head every day. I just want a chance to get out of here."

“What heroin had done to me in the previous 10 years was nothing compared to what cocaine done to me in the last four years. Cocaine has absolutely wiped the floor with me”

