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



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

November 2006

Dr Hilda Loughran

Dr Mary Ellen McCann

School of Applied Social Science

University College Dublin

Dublin

Published by the Stationery Office.

To be purchased directly from the  
Government Publications Sales Office,  
Sun Alliance House, Molesworth Street, Dublin 2,  
or by mail order from  
Government Publications, Postal Trade Section,  
4-5 Harcourt Road, Dublin 2,  
(Tel: 01-6476834/35/36/37; Fax: 01-4752760).

Prn. A6/1799

ISBN 0-7557-7455-8

€2

Baile Átha Cliath

Arna Fhoilsiú ag Oifig an tSoláthair.

Le ceannach díreach ón

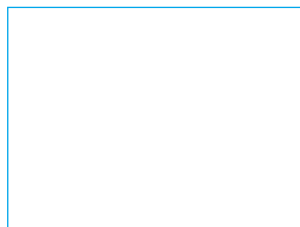
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Foilseacháin Rialtais, an Rannóg Post-Tráchtá,  
4-5 Bóthar Fhaearchair, Baile Átha Cliath 2,  
(Teil: 01-6476834/35/36/37; Fax 01-4752760).

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## Acknowledgements

We are indebted to Ballymun Youth Action Project (YAP), our local partner for this research.

YAP is a community response to drug use in the area, with many years of experience to draw on. It was founded in 1981, when there was little awareness in the country of the serious problems in Dublin being caused by various forms of drug use.

The aims of YAP are:

1. To develop the community response to drug abuse
2. To provide information/advice/support services for people caught in the cycle of drug abuse, and their families
3. To develop preventative services, particularly in relation to young people at risk or vulnerable to drug abuse
4. To engage in community education on drug abuse
5. To work closely with other voluntary and statutory groups providing community services
6. To facilitate research into drug abuse in the area.

YAP has been to the fore in developing community capacity in Dublin and other parts of Ireland, and participates in the Local Drugs Task Force (LDTF), as well as other regional and national bodies.

We are grateful to Anne Marie Hughes and Eileen Griffin for the expertise they brought to the research, and to all the people of Ballymun who participated in groups and interviews, and provided material.

This account focuses on the Ballymun data from the research, and should be read in conjunction with the main report of the study.



## Glossary

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

## The Context of this Research

The goals of this study were to capture the experiences of communities of the drug problem since 1996 with a view to informing the development of a set of community indicators of a community drug problem. An innovative methodology of community participation in research was used; the lead researchers from University College Dublin (UCD) recruited local people as research assistants through community-based projects in the three communities under investigation: Ballymun, Bray and Crumlin. These communities varied in their social and economic environments. Twelve themes, producing valuable snapshots of change amongst these communities, contribute to the growing awareness that polydrug use is an issue within Dublin.

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

### Aims Of The Research

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

### Method

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

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



# Profile Of Ballymun

## Introduction

This is one of three community profiles developed during the course of the research project on community drugs indicators. The profiles served to enhance understanding of the situations in these communities in relation to drug issues in 1996 and up to 2004. Further details of the research methodology, research findings and community drug indicators can be found in the main report (Loughran and McCann, 2006).

Ballymun, on Dublin's north side, is a very identifiable geographical area, known throughout Ireland, and Europe, as a "problem area" (Power 1998). It is one of the areas widely recognised as having a high level of drug problems. The picture painted by the newspapers at the time it was built in the 1960s was one with "well-dressed children in school playgrounds, with trees and tower blocks in the background. It was to be a clean and modern counterpoint to the squalor of Dublin's tenements. The Corporation's tenants were lining up to move in, Ballymun was the place to be." (Somerville-Woodward 2002:35).

However, it is now recognised as one of the most socially deprived areas of Dublin. Rather than becoming the symbol of a new modern Ireland, Ballymun became a quagmire and the problems of living there became apparent very soon after the first families moved in. By the summer of 1969 an entire community had been 'created' miles from Dublin city with none of the amenities necessary to satisfactorily conduct their daily lives.

A 1987 description of Ballymun reads:

The casual visitor to Ballymun is immediately struck by the level of physical deprivation, especially around the flat complexes: lifts out of order, poor lighting on stairways, vandalised flats without doors or windows, litter especially around the basement chutes, graffiti, etc. (SUSS Centre 1987).

A particular set of conditions in which poverty and related social problems were more likely to develop was created in Ballymun. Exacerbated by the global economic recession of the late 1970s and 1980s, Ballymun went into a downward spiral of economic, social and physical decline (Somerville-Woodward 2002).

Some significant data are presented here, to give the context of drug use. The information is presented for six Electoral Divisions (EDs). However, it should be noted that the area generally referred to locally is that covered by the first four EDs listed here – Ballymun A, B, C, & D (Appendix 1).

Some of the issues which were raised by people in the research are summarised as follows:

- There is now inter-generational drug use in Ballymun. Since 1980, drug use has been recognised as a problem and the community moved to respond. This is important from a community perspective, because of the experience which has been gained, and because of the effects of this on families in the area.
- Local concerns do not focus on one particular drug. Polydrug use is widely recognised. Included in this are benzodiazepines. Alcohol is a cause of serious concern. Much of the difficult behaviour being experienced by local people is attributed to alcohol. The data points to frustration that this was not recognised earlier.

## A Profile Of Ballymun

- There have been changes in local drug dealing since 1996. With the use of mobile phones, and the development of a cocaine market, there isn't the same visibility. Public spaces, like the local shopping centre, have improved greatly since 1996. However, respondents reported greater violence associated with drug dealing, and a greater sense of intimidation from gangs on the street. There was some loss of faith in the gardaí being able to respond effectively to the problems.
- The overriding topic in this profile was the regeneration which is happening in the area. Major changes are taking place, in people's housing, and in the level of population. Very mixed feelings were expressed about the changes, with some hope and excitement, and many fears that mistakes of the past were being made again. There was a concern that the social environment was not being given enough thought and planning.
- The community in Ballymun is well used to organising itself. However, there is a sense that a level of local bureaucracy has taken over the community voices, and that concerns are not being heard.

# Significant Social Indicators

## Population

The population of Ballymun has decreased slightly since 1996 (Appendix 2). However expectations in the community are that the population will rise over the next few years to an estimated 30,000 due to the regeneration process. According to Ballymun Partnership, the population of Ballymun is very young. The numbers under 15 are 6,228 (35%), up from 32% in 1996 and 76% of the population is under 40 years-of-age (Ballymun Partnership 2003).

## Unemployment

The percentage of people aged 15+ working in Ballymun increased by almost 7% between the years 1996 and 2002, from 39.1% to 46% (Appendix 3.1). The overall rate of unemployment in Ballymun fell from 17.2% in 1996 to 10.8% in 2002.

In 2000, the Labour Force Participation Rate for men in Ballymun was lower than the national average although the rate for women was about the same (Appendix 3.2). The unemployment rate for men was nearly five times as high as the national rate and for women it was double; overall the unemployment rate was 14.4% compared with a national rate of 4.3%. The overall unemployment rate for the Dublin region at the time was 3.4% (Muir 2003:312).

Only a small minority of those receiving treatment for drug use in Ballymun engage in regular employment (Appendix 3.3). However, the percentage of those in employment increased with each year between 1996 and 2000, before dropping in 2001 and increasing again in 2002.

Over the period of interest here, the numbers of unemployed in Ballymun had generally fallen by 44% between 1996 and 2002, with a consistently downward trend until 2002 when there was a slight increase (Appendix 3.4). The number of long-term unemployed decreased by 72% over the same period and long-term unemployed as a share of the total number of unemployed halved from 64.5% to 32.5%.

A survey in April 2000 on unemployment found that unemployed people in Ballymun had worked in either semi-skilled or unskilled occupations. The most common occupations for men were labouring and general operatives (33.9% together) although 18.5% had worked in skilled manual occupations. For women, the most common occupations amongst those looking for work were general operatives and cleaners (39.7% together) (Ronayne 2001).

This survey also found that there was considerable interest in training programmes amongst the unemployed in Ballymun. In April 2001, 16.5% of unemployed people had participated in some form of training programme, compared to 9% nationally. 43.3% of unemployed people said they would be interested in participating in some kind of training programme, with women (50.6%) more interested than men (38.7%) and younger people more interested than older ones. The most popular types of training identified were computer-related; learning a trade or craft; and driving (Ronayne 2001).

The number of social welfare payments made to Ballymun residents fell during the period in almost all categories, with the exception of Disability Allowance and Blind Persons' Pensions which increased very slightly (Appendix 3.5).

## Household Income And Poverty

Ballymun now houses a large proportion of Dublin City Council's (DCC) poorest, most vulnerable families (DCC 2002). In 2001, the average total weekly household income was €311.28. Of the households in Ballymun, 62.3% lived below the 50% income poverty level. Ballymun contributed 15.4% to the incidence of overall income poverty in DCC households (DCC 2002:72).

In 2001, 45.1% of households had incomes below 40% of average, 62.3% of households had incomes below 50% of average and 72.1% of households had incomes below 60% of average income (DCC 2002:45).

## Housing

Ballymun was proposed as an urgent remedy to the housing crisis of the 1960s. 2814 flats in 4, 8 and 15 storey blocks were built, together with a further 2,000 houses. It was the first high-rise housing scheme in the country, and was intended to herald a new dawn in public housing in a city which had a major housing problem. There was great hope (Power 1998; YAP 1998).

Families were selected to live there, and the general profile seems to be of two-parent families, with at least one employed parent, and no obvious issues which would make it difficult to live in this new style of housing in the Irish local authority landscape. There are many families there still who were the early residents from that time.

Two local authorities originally built almost 100% of the housing stock, and while in other areas people tend to buy their houses in time, this did not happen in Ballymun to a similar extent. In the main, this was due to the fact that it was not possible to buy the flats, but the economic downturns of the '70s and '80s, the general decline in Ballymun, and policy decisions such as the Surrender Grant Scheme of the mid 1980s, has left the area with Dublin Corporation (now DCC) being the landlord for most residents.

In 2001, 15.4% of DCC's total housing stock was located in Ballymun, accommodating 11,189 people. The area consists of 69.4% of housing stock as flats, while 25.4% is houses and the remaining 5.2% is senior citizen accommodation (DCC 2002:71).

The housing tenure in Ballymun in 2001 was made up as follows: 58.5% local authority rented, 0.96% private rented, 6.2% tenant purchased, 33.6% owner occupied/other (DCC 2002:22).

Households headed by lone-parents have now become the most prevalent household type in Ballymun and the pattern of uptake of DCC housing in Ballymun is higher amongst lone parents than amongst other categories 50% of applications to DCC for housing come from lone parents (<http://www.cap.ie/cap/ballymun.htm>). In 2001, 35.2% of households in Ballymun were headed by a single adult with children (DCC, 2002:71). In 1996, the proportion of households made up of couples with children had fallen to less than 35% from 42% in 1991. Lone-Parent households had increased to just over 37%, from 28% in 1991, of all households in Ballymun.

The 1996 Census figures show that lone parents accounted for 14.6% of adults aged 15 years and over. This corresponds to an absolute figure of 1,877. In absolute terms, the number of lone parents in Ballymun is estimated to be in the region of 2,100. This indicates a slight increase in the number of lone parents over the 1996-2000 period (Ballymun Partnership 2003).

## Education

The 1996 census showed that 57% of Ballymun's residents ceased their formal education at age 15 or younger, compared to 34.5% nationally. Less than 3% continued their education past 20 years-of-age, compared to 19% in the Dublin area as a whole (RAPID 2002).

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

ED	Ceased Under 15 yrs		Ceased at 15 yrs (Lower Secondary)		Ceased at 17 yrs (Leaving Certificate)		Ceased at 20 yrs (Primary Degree)	
	1996	2002	1996	2002	1996	2002	1996	2002
Ballymun A	37.5%	15.6%	12.7%	7.8%	8.6%	6.7%	0.7%	0.71%
Ballymun B	37.1%	15.7%	13.9%	8.4%	7.7%	6.4%	0.5%	0.60%
Ballymun C	28.9%	14.9%	16.6%	9.7%	8.5%	8.8%	0.6%	0.93%
Ballymun D	32.1%	18.3%	20.9%	11.1%	9.6%	7.4%	0.4%	0.62%
Ballymun E	10.5%	7%	7.1%	5.3%	17%	11.6%	3%	3%
Ballymun F	18%	11.1%	9.7%	7.3%	13.4%	11.1%	1.6%	2.2%

\* Age Education ceased for persons aged 15+ as a percentage of all those aged 15+ in each respective ED.  
Source of data: Small Area Population Statistics, Census 1996, 2002.

The table above illustrates that, with the exception of one ED, Ballymun E, the percentage of those leaving school under the age of 15 years-of-age in 1996 was consistently higher than the percentage of those who ceased education at 17 years-of-age, or Leaving Certificate level. The statistics are similar for 2002. Local research in 1996 estimated that less than 25% of children attending schools in Ballymun complete the senior cycle (<http://www.cap.ie/cap/ballymun.htm>).

However, between the years 1996 and 2002, a marked decrease in the numbers leaving school under 15 years-of-age, and at 15 and 17 years-of-age (with the exception of Ballymun C for 17 years-of-age) is evident. Furthermore, there is a very slight increase in the percentage of those ceasing education at 20 years-of-age between these years. While it is encouraging that the numbers leaving under 15 years-of-age show such a decrease, levels of educational disadvantage are still a major issue of concern.

The educational levels of adults in Ballymun are substantially lower than the national population: 49.8% of persons in Ballymun left school before completion of the junior cycle of second level compared to a national figure of 27.8%. Given the level of educational disadvantage prevalent in Ballymun it is not surprising to find that educational levels among the unemployed also compare unfavourably with national figures (Ballymun Partnership 2003).

More detailed examination of the educational levels of the unemployed in Ballymun shows that the largest concentration of educational disadvantage is found among unemployed persons aged between 35 and 44 years and 45 to 53 years: 68.2% and 85.4% of unemployed persons in these age groups respectively have no second level qualifications (Ballymun Partnership 2003).

However, in Ballymun Partnership's survey (2003), nearly all parents (99.6%) said they would like their children to go on to Third Level education (Ballymun Fact File 3:9). While 74.3% of parents in this survey rated the schools in Ballymun as good or very good, over a third (36%) of households, with children attending primary or secondary school, use schools outside Ballymun for at least one of their children. The reasons given for this were summarised as:

## Significant Social Indicators

- Originally lived elsewhere – still use the same school
- Better schools elsewhere
- Bad behaviour by children in Ballymun schools
- Attend a special needs school (2003,3:9).

Table 2 highlights the fact that the majority of those who sought treatment for drug use in Ballymun between 1996 and 2002 had left school at 15 years or younger.

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

Year	Age Left School Grouped		Total
	< 15 yrs	> or = 15	
1996	106 (38.8%)	167 (61.2%)	273 (100%)
1997	52 (26.5%)	144 (73.5%)	196 (100%)
1998	111 (33.5%)	220 (66.5%)	331 (100%)
1999	88 (32.1%)	186 (67.9%)	274 (100%)
2000	137 (38.3%)	221 (61.7%)	358 (100%)
2001	126 (34.3%)	241 (65.7%)	367 (100%)
2002	96 (34.3%)	184 (65.7%)	280 (100%)

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

## Treated Drug Misuse

The numbers of those presenting for treatment who had never previously been treated declined significantly between the years 1996 and 2002, falling from 32.6% to 9.8% (Table 3). However, the numbers of those returning for treatment increased between these years from 67.4% to 90.2%. In absolute numbers, there seems to be a significant drop between 2001 and 2002.

**Table 3: Numbers of people ever previously treated for drug misuse in Ballymun from 1996 to 2002**

Year	Ever Previously Treated for Drug Misuse		Total
	Never Treated	Previously Treated	
1996	94 (32.6%)	194 (67.4%)	288 (100%)
1997	63 (31.2%)	139 (68.8%)	202 (100%)
1998	83 (23.1%)	277 (76.9%)	360 (100%)
1999	60 (19.9%)	241 (80.1%)	301 (100%)
2000	36 (9.5%)	344 (90.5%)	380 (100%)
2001	42 (10.5%)	358 (89.5%)	400 (100%)
2002	29 (9.8%)	267 (90.2%)	296 (100%)

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

Part of the explanation for this lies in the expansion of drug treatment during this period, which took some time for drug users to access. Also of significance, as we shall see from the qualitative data, is that drug use has changed, with cocaine and polydrug use being more prominent.



The main type of drug used by those who sought treatment for drug misuse in Ballymun from 1996 to 2002 was heroin (Table 4). This drug was used by a significant 90.3% of those who sought treatment over these years. As is evident in the table, the percentage seeking treatment for other drugs is negligible.

However, the services provided are, in the main, recognised particularly as a method of treatment for heroin addiction. Therefore, those experiencing problems with other drugs would not present to the treatment services available. As will be evident from the qualitative data in this study, there is a mixture of drugs being used in the area, which is not recorded in the drug treatment statistics.

**Table 4: Main types of drugs used by those who sought treatment in Ballymun from 1996-2002**

Year	Main Type of Drug Used								
	Other Opiates	Opiate Substitute	Heroin	Ecstasy*	Cocaine	Hypnotics & Sedatives#	Benzodiazepines	Hallucinogens	Volatile Inhalants
1996	52		224	1	1	1	7		
1997	14		185		2				
1998	30	1	334		3				
1999	45		256						
2000	21		360		1		1		
2001	16	3	377	1		N/A	1	N/A	N/A
2002	10		275	1	4	N/A	1	N/A	N/A
<b>Total</b>	<b>188</b> (8.4%)	<b>4</b> (0.18%)	<b>2011</b> (90.3%)	<b>3</b> (0.13%)	<b>11</b> (0.49%)	<b>1</b> (0.04%)	<b>10</b> (0.45%)	<b>0</b> (0%)	<b>0</b> (0%)
* and other MDMA									
# Excluding benzodiazepines									
Source: NDTRS Data 1996-2000, e-mailed 19/03/03 and 2001-2002, e-mailed 28/07/04									

Ballymun LDTF reported that there were 683 known opiate users in Ballymun for the year 1998 (Foxe 1998). Of these, 66% were male and 34% were female. The average age of the 683 known opiate users was 26.3 years. Users were predominantly young males. This figure contrasts with those recorded as ever previously treated for that year – 360 in total.

## Drug-Related Mortality

There is a recognised discrepancy in drug-related deaths statistics in Dublin, due to recording issues. A study conducted by Byrne (cited in Long et al. 2005) showed that the annual numbers being investigated by the Dublin City and County Coroners' Office, between the years of 1998 to 2001, were consistently higher than those reported by the General Mortality Register (GMR). In Dublin, 332 opiate-related deaths were investigated in that time, a period of interest to this study. Byrne's analysis of this data showed that 90% (300/332) of the coroners' cases lived in LDTF Areas. Of particular interest to this study, Ballymun, along with the Ballyfermot and Canal Communities Task Force Areas, had the highest rates of opiate-related deaths for the reporting period, approximately 16 times the rate experienced in areas of Dublin not designated as task force areas (Long et al 2005:43).

## Significant Social Indicators

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

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

# Profile 1996: The Drug Situation In Ballymun

## The Beginnings Of The Drug Problem In Ballymun

The local story of drugs starts pre-'96. The data reflected the long history of problem drug use in this area. Ballymun was one of the first Dublin communities to organise around the drugs issue. In 1980, three young people died (McCann 1991). This respondent remembered the response then:

*And the people of Ballymun, they were very far-sighted, because rather than just letting the question hang, there was a series of meetings held in Ballymun – I was at two of them – there were probably three or four – where it was discussed. They were open meetings, what can we do about this? Is this a new thing? Is there much of this going on? (4:3).*

## Drugs Being Used

Participants in the research confirmed that while heroin may have been the drug that was capturing everyone's attention there was evidence of polydrug use in the community. The participants in this research reported increased cocaine use, ongoing ecstasy use, widespread cannabis use, with alcohol causing problems for people who live in Ballymun. It was also pointed out that the users were mixing a lot of the drugs above, and that very few were abusing just one drug. The picture which emerges from the qualitative data highlights the polydrug use which predominates over the years in this community. This polydrug use is not adequately captured in the treatment statistics (Table 4).

An example is given from the 1994 Annual Report of the community response to drugs, the YAP. An outreach worker gave a rundown of other drugs being used in Ballymun on the occasion of the launch of the report, 1st July 1994. He talked about them in the order of those that were the most abused. The list reads: alcohol, cannabis, ecstasy, tranquillisers (Valium had become routine), heroin, naps, physeptone, rohypnol, temgesics, acid, solvents (YAP 1994):

*Ballymun was different in that there was a very very small amount of people who were using it [drugs] intravenously, but there was a huge amount of people using cough bottles, and there was people using prescription tablets, and people were breaking into chemists and they were getting lots and lots of tablets. So there wasn't the same incidence of HIV, when HIV reared its head around the inner city and the south side, that didn't happen to the same extent in Ballymun, because the same type of drug use wasn't in evidence. Now there was intravenous drug use, but it was like a small group would use, in one area. There would have been 20-30 people using it intravenously in Ballymun – now I'm talking about '81-'82 (4:6).*

Heroin use was the focus of community and government interventions. This may be explained by the different nature of heroin use including injecting behaviour with its consequent health risks, and of course the illegal activity associated with its procurement and use. Whatever the reasons it is clear that heroin was distracting many people from the widespread use of a range of other drugs. While interventions, specifically methadone and community-organised responses, appear to have had some impact on the use of heroin, the failure to attend to the other drugs would emerge as a serious mistake in the 2004 profile.

A respondent who has worked for a long number of years with young people in the area listed a number of drugs as being ones which were taken pre-'96 and '96:

*Eh, There'd be cannabis, there'd be valium of course, there would be heroin. We never, as I say, came across cocaine then, the benzos – are valium, yeah. That would have been a predominant drug. I can't remember whether ecstasy was a major player in those days, my memory of it is that it wasn't, but I can't, I'm not sure when it became a major drug of obvious use. Maybe it came in a year later.*

*There were other drugs then. There was one other one, I can't remember the name of it. But it disappeared completely. I mean I haven't come across it for years and years. It was a tablet form of drug. What did they call it? GGs, [temgesics] and that was very common. A lot of young people started on that. And of course we hadn't got a clue, because this was all beginning at that stage. And it wasn't even, even though at that stage we were probably drug-testing lads, but the drug-treatment centre weren't even testing for the GGs. So, young people were on it for months and months before we would realise that they were. And that was the gateway then for them into hard drugs (9:49).*

Cough bottles were commonly used:

*But there was a huge amount of people using cough bottles, and there was people using prescription tablets, and people were breaking into chemists and they were getting lots and lots of tablets (4:6).*

There was some indication that part of the explanation for the polydrug use at the time related to the financial constraints on local users who were in general robbing to feed their habit and the disruption in supply of heroin in these early days of dealing in drugs. Users were prepared to use what they could get, even if their drug of choice was heroin.

Participants also reported the long-term use of cannabis in this community:

*Well - there's always been a level of cannabis use, and it's certainly out there. And we have the tablets as well, the benzos and that's out there (7:28).*

While discussing the situation in 1996, a focus group emphasised:

*I think it's also important to know that while that was going on, the hash trade was very very big here.*

*Oh yeah.*

*Some people were happy just being on a bit of hash. Some were just hash addicts (3:37).*

And another one also emphasised this:

*Smoking hash has been here for a long time. It's kind of the age group. (2:13).*

By 1996 heroin was very accessible:

*It was very difficult. I mean, even in our tower, where the hostel was, there were two heroin dealers living in the tower.*

*So our kids who wanted to use heroin didn't even have to go into the open air to buy their heroin. All they had to do was go up the lift.*

*But heroin, drug dealing was very open. It was in-your-face, it wasn't quite forced on you, but certainly a young person would not walk very far in Ballymun without being offered drugs. And that made life very difficult for people. So, yeah, the shopping centre – that's where everybody passes through and congregates-it was obviously a main source of drugs. Within and in the vicinity of the shopping centre. The snooker hall would have been another major source (9:12).*

The use of cocaine did not emerge as a significant problem in Ballymun in the 1996 profile.

Local research has suggested that the level of benzodiazepine prescribing in Ballymun may be notably higher than the national level. This could, it suggests, have a contributory effect when it comes to considering the misuse of other drugs (Ballymun YAP 2004:8).

Opiate-based tablets were also popular:

*Dike [diconal] was very popular then because of the heroin epidemic, and when heroin wasn't around, dike was the next best thing - diconal. They were pink pain killers, pinkies. They were opium-based. 20 seconds of heaven, sort of (10:11).*

Other drugs such as NAPs were also in use:

*So that was kind of like '93/4. So at that stage it wasn't that easy to get heroin here?*

*No, not really. It was more naps down here.*

*And that changed sometime around '96.*

*Yeah. Or '97, it started taking over from the naps.*

*Yeah, about '95, the gear started coming in here (3:70).*

These tablets were seen as safer:

*There was a few. It was coming in, gear being took out that was either contaminated, people hitting the deck over it and all. And it was getting mixed with everything.*

*That's one reason they were taking naps. They knew what they were getting, you know (3:78).*

## Visibility Of Drugs In The Ballymun Area

### Drug Markets And Drug Dealing Locally

By the 1990s, Ballymun had very open dealing, which seriously impacted on people going about their daily lives:

*And it was being dealt openly. I remember my son coming in from school. That school around the corner. He came from school and came home giving out yards about these fellows who were outside the bakery ... and the cop shop, and he was disgusted that this was happening. And everybody was. Everybody was fed up with it (4:24).*

It had a serious effect on small businesses in the shopping centre:

*Yeah. And there were drug addicts then and people stopped coming to the Centre, because at the entrance to the Centre there were drug groups selling, and ... buying drugs at the very entrance and all around the entrances, and people were afraid. And they were out of their mind on drugs. And in the shop I'd say it was horrendous then. Because you couldn't leave the shop to go home for your lunch but there would be a phonecall that some druggie had said that he'd given £20 – he hadn't even been served. There was uproar in the shop. Then there was a tremendous amount of stealing going on. Even though my shop is mainly behind counters, you'd only have cards out and things like that-they would come in and they didn't care, they'd rob a ham – they'd rob a full corn beef, under their coat. They'd lean over the fridge and take it. And they were defiant. When we got cameras we could see-they'd force open the presses..... they were tough, rough years in Ballymun (5:13).*

People felt intimidated in their immediate areas:

*(woman) This is going back to '96 – yeah – when we all – we had a major drug dealer on the block. And I mean, we got harassed. Something terrible. Right. And these people were coming in to get their stuff, and ...*

*The lift was broke you had to climb up the stairs and you'd be trying to – you've a little child... trying to get by. And you'd be afraid they'd o.d. And it was terrible, horrible. (1:151)*



## Community Response 1996

The community in Ballymun had been aware of the drug problems long before 1996. The residents' response to the many problems in the 1970s and 1980s was to develop a more organised community sector – hence the establishment of groups such as YAP as a response to drugs, Ballymun Job Centre as a response to unemployment, Ballymun Coalition as an umbrella group, Ballymun Housing Task Force as an initiative on housing. These groups added to the already existing Ballymun Playgroups Association, sports groups, youth groups, parish groups and women's groups, which had grown with the development of community life since the early tenants moved in from the late 1960s, into the early 1970s. Ballymun was described in 1991 as a "huge self-help community" (participant in YAP's 10th birthday conference). As stated earlier it was one of the first communities to move to address the local drug situation in 1980, when three young people died (McCann 1991).

A fairly typical comment by participants in this study is encapsulated in these two quotes:

*It used to be a GREAT community out here. Anything happened, you know, we looked after each other (10:78).*

*(man) It was a better community then. People had their little discos in the basement and their little bingo. Whatever. And there was more community ... we were looking after the kids, and they were getting stuff going.*

*(woman) They started handing the flats out to anybody they wanted to.*

*(man) This was it, at one time there was 50% of the flats weren't occupied. Then all of a sudden people were getting put out here. .... people with big problems (1:193).*

Ballymun Addiction Forum was formed in 1994 by Ballymun Community Coalition. This forum looked at three areas in particular – supply & demand, education, and treatment. This forum ceased when the LDTF was subsequently established in 1997. The new LDTF featured a front page photograph of people on Tower Watch, in the first issue of its newsletter *Drugs Update*, in June 1997.

By 1996, the people of Ballymun had taken to the streets to display their feelings about the extent of drug use in their community, and local anti-drugs meetings were being held (reported in Irish Times, 24th September 1996 and 17th October, 1996).

While there were some marches in Ballymun, they did not enjoy the widespread support of other areas:

*But Ballymun itself didn't back that issue, ...*

*Do you remember, they brought busloads of people in for those marches.*

*And the people of Ballymun had more support for the people who were sitting out, the block watches and that. ... when the clinic opened, there was some hesitation, people had, but the difference it has made to the amount of drug addicts that are hanging around waiting to buy gear, and who were selling gear-is unbelievable. There's only, I'd say, at very ... to what there was back in '96/97 (3:18).*

*On these marches-one of the things that was frustrating was that there was people from, we'll say, Cabra and other areas, coming up to Ballymun telling us that we had the drugs problem. And we were well aware of our drugs problem. We just had decided that we weren't going down that road (4:13).*

One interviewee described the Ballymun marches as:

*I think the marches in Ballymun were only a pale image of the marches that took place in the inner city. Marches in the inner city were full of passion by the residents, and they really targeted the most prolific drug dealers in the area, all of them had to get out – even the very violent ones. That didn't actually happen in Ballymun. The drug marches I think were, a certain level of passion, but it didn't have the same passion as the inner city marches. And it certainly didn't drive out many of the drug dealers (9:14).*

This respondent went on to describe different levels of feeling in 1996:

*Well, people were very, I think there were different levels of feeling. There were certainly groups in the community who were very determined to do something about the drugs problem. And there were others who didn't like to see the drugs problem, but hoped someone else would deal with it. And then there were those who couldn't give a damn. And perhaps our tower... was an example of that. Attitudes were ambivalent. There certainly were small group who were very determined to get this tower drug-free. And they operated a rota system on the doors. But the majority of the residents didn't join that rota system. They were quite happy that someone else did it. But they weren't going to do it. Maybe there were good reasons – maybe they had young kids and maybe they were very busy and that, but it was left to a small group in the Tower to do all the work. Eventually that group got fed up and said, why are we – this 20% of us trying to keep this Tower, when the rest don't give a damn about trying to help us? And the thing fizzled out (9:20).*

*In Ballymun you weren't just marching on one house. People lived on top of each other, and you marched on a block. People recognised that this was intimidating for a lot of families (Feedback session).*

This respondent could understand the motivation for marching, but had reservations about the consequences:

*When something is very emotionally felt by people, so that's where I imagine the marches came from. But sometimes, when you'd hear stories, I felt it was kind of unjust as well. That parents' homes were marched on. I felt that was a bit unjust. Was there not in other way of dealing with this? People lived there for years and were always decent salt-of-the-earth people, and yet their sons and daughters had become mixed up in something, and they were all being punished for it. I used to feel that that was wrong. And I would have loved there to be another way. No obviously people in the march were angry and just wanted people OUT. That their families were being damaged. I did feel that it was unjust in some ways (6:35).*

Community Links Against Drugs (CLAD) was a community initiative to try and rid the area of dealing. There was a period, around 96/97 when people organised to protect their blocks:

*Subsequently, the community did form anti-drug protests. And they formed groups to patrol the towers and the flat blocks. In some ways that made things worse. Because what happened then – and this would have been after 1996 – what happened then was that there were residents manning the doors and the public areas into the flats. Which meant the drug dealers couldn't get into the flats. So the drug dealing was done out in the open space, but you would have groups of ten or twelve drug users wandering around Ballymun wondering where the drug dealers were going to be operating from today, and it was very intimidating for people (9:13).*

*One of the things that happened was when in the shopping centre when they closed off, and people couldn't congregate, they flooded to all the blocks.*

*... and that's where the drug watches came from, as a response to the shopping centre, because there'd be maybe 20 people on the balcony, or ... and that's where the drug watches kind of came from (3:70).*

A local media co-op made a video of the action taken and spoke to some of the people who were participating in the block watches (Ballymun Development Co-op 1997). The sense from the interviews is one of hope, of taking back control of their immediate environment. People felt they had to take charge before they would be listened to. People spoke of "feeling protected" when Dublin Corporation put up gates on the entrances to the blocks. Today those gates are unused, many covered in graffiti, and in poor condition.

The video contains an interview with local politicians, among them Prionsias de Rossa, who was a government minister at the time. There is reference in the interview to looking at the Community Development Programme (CDP), to consider how additional resources could be made available through this programme for supporting communities in their fight against drugs. This subsequently was approved for the setting up of Dublin CityWide Drugs Crisis Campaign.

The block watch action was reported in the local press, e.g. Northside People, 26th February 1997. This article reported the financial support from Dublin Corporation. The steel doors erected allowed tenants to patrol the back entrances of the blocks, with some "keeping watch for up to 16 hours".

It was also reported in the national press, e.g. Irish Times, 20th February 1997 and Evening Herald, 24th February, 1997. One of the tower blocks featured on national television (RTÉ News) on February 7th 1997, and the next day on February 8th items were shown of Ballymun Anti-Drugs Campaign. By April, the Assistant Garda Commissioner was being reported as claiming a dramatic drop in drug activity in the Ballymun area, attributing this largely to a local community initiative (RTÉ News 9p.m. April 6th 1997).

Despite this, a letter to the Irish Times, 16th April 1997, signed James Connolly Tower, rejected claims of success by the Gardaí, saying that "up until recently, it was just our own locals that were buying drugs. But we're now getting a lot of what we call 'tourists' coming in looking for drugs". These people were coming from areas of Dublin where the local residents had made their areas drug-free zones.

The letter stated that "really to address the drug problem in Ballymun, we, the people of Ballymun, must unite as other areas of Dublin have done to defeat the pushers. At the end of the day, the only solution to the drug issue is people power".

Seven years later, the descriptions of the block watches in this study differ somewhat from these reports.

One respondent described them like this:

*What was sorted out was the block watches. And that was made up of people were given the granny flats to use them as a base. And in the evening they'd bring out a table and they'd stand there and take people's names as they went in, or identify people going into the block. It took a while to become effective, because you had the drug dealers laughing at these people. The drug dealers were part of the community as well – they weren't from Australia or New Zealand, like! They were from ... or ..., like. They were our own people, unfortunately. And they were laughing at the block watches. And they used to just pass them by. So they set up a different system, instead of scoring at the entrance, they scored upstairs or at someone's house, or they knocked – you were collecting something – so that occurred (4:42).*

This action was fairly short lived. Respondents in this study reported some adverse effects on them from participating in the watches. One claimed *I had to move after the drug watch* (1:148).

People were supported initially, but things got worse, according to this focus group discussion:

*They say when the Drug Watch was up and running, we had a mobile phone to go straight to the police.*

*(woman) How long did they come, though?*

*(woman) Well at the start of it, yes, they did come down. But it was getting worse.*

*Were you involved in the Drug Watch?*

*(woman) Yeah, a few of us.*

*How long ago was that?*

*(woman) Five years ago?*

*(woman) No, it was longer. About six years ago. It would have been, six or seven.*

*Agreement*

*(woman) They had to stop it because it got too much* (1:39).

## Development Of Services

During this period, the major services available were in the main centralised services. People attended Trinity Court (Jervis Street as was). Residential detox was available through this avenue in Beaumont Hospital. Coolmine Lodge, a therapeutic community, was available for longer term rehabilitation. Many of the drug users would have experienced these services. A harm reduction service was established in Baggot Street Hospital, run by the then Eastern Health Board (EHB). The local psychiatric clinic ran services for alcohol users, who also availed of the Stanhope Alcohol Centre.

Non-medical services were developed through the YAP. This group provided outreach, referral, information, support, counselling and community education to drug users and their families. Through this group, Narcotics Anonymous established a weekly meeting in Ballymun in 1983. For many years, this was the only meeting on the north side of Dublin. It continues to this day. One respondent remembered the first meeting, saying:

*But that was '81/82. I remember the first NA (narcotics anonymous) meeting set up here. There was 3 people at it. And I remember somebody from YAP having to be here. Like, it was all very tentative and very – are we doing the right thing? We think we're doing the right thing and just checking in with people. There was a lot of meetings that seemed to go on to the early hours of the morning. And at that time there wasn't a big drug-using community in Ballymun. In the city really. Well, there had been a bit of a growth in the inner city, in the flat complexes around – huge increase in heroin in ... and ... and ... flats. And I would have had relations who lived there* (4:6).

In one of the focus groups, the time pre '96 was remembered like this:

*You couldn't get help back then. It was a total nightmare. You'd go to your GP, tell him you're on drugs. You're basically told to get out. I'm not giving you anything. You think you're coming down here for medication or drugs – you're not getting it. In other words they think you're down there to get more stuff, rather than to get help. There was no understanding from GPs back then, at all. And then to get on a programme was another joke. The waiting list was phenomenal .... – a joke. Everything was a joke back then and you'd be pulling your hair out. My personal view is this. My husband was on drugs, and to get that man treatment when he actually wanted it – he couldn't get it. And that man's dead today. And I have no faith in the system back then. And I really think – I'm not saying he would have been cured or he would have been – he did get treatment eventually, and fell off it, and whatever – but at the stage he was at, he was still kind of a new user, as such, only a year or two on it, and he went and cried for help. His GP told him to get out of there, he wasn't getting anything. In the end he went up to Pearse Street [Trinity Court] and ... the same thing. So I personally called back down ... and today now obviously, things have changed .....*

*You'd leave the place crying (27:12).*

It is interesting to note that, with the development of community methadone facilities in the early 1990s, the existing community addiction counsellors were in effect redeployed to these facilities. In Ballymun, this meant that a service which had operated from the local health centre ceased, as the counsellors were transferred to the methadone clinic. This effectively reduced the possibility of people using other drugs presenting to the health board for help.

Following the *Government Strategy to Prevent Drug Misuse, May 1991*, an attempt was made to develop a Community Drug Team in Ballymun. This effort concluded formally in 1994. The model attempted was one of partnership between a community group and the then EHB. An evaluation of the process was undertaken (Forrestal 1996). This evaluation shows good worker co-operation between the EHB addiction counsellor, the outreach worker of Trinity Court, and the staff of YAP.

Following this, the health board proceeded with plans to open an addiction centre in the community. While there was one report of concern in the local paper from residents, there were no protests held against drug treatment. There was, however, a protest to the EHB head office, which presented a case for more of a community voice in the running of the centre.

Domville House (known locally as the Red House), opened in 1996. The centre provides methadone maintenance and one-to-one counselling. Ballymun drug users also used central voluntary services, for example the Merchants Quay Project and the Anna Liffey Project.



## Profile 1996 – 2004

### Changes In Drug Use

Participants noted the changes in drug use in their area. Changes related not so much to the range of drugs being used but more to the change in the patterns of use and drug markets.

### Cannabis/Hash

Cannabis/hash use also came up in most of the interviews and groups. One group discussed it like this:

*Smoking hash has been here for a long time. It's kind of the age group. It's more acceptable first and foremost nowadays, than it was way back when I would have been involved in ... because if you can remember back in the '80s, glue, that was the big one, and hash has got much more acceptable among people on the ground. And the age group has changed. It's a younger age group now are smoking it.*

This participant went on to reflect on her own attitudes to cannabis:

*I know I don't have the same feeling about hash that I did fifteen years ago. My feelings toward it have changed. I'm not so panicky as a parent around it. I have to say. Whereas I would have been dragging my son to the Mater, I think it was the Mater, ...give him an operation at the time, to stop him smoking hash. But it's much more acceptable now. The drug of choice, I think, now-on the ground no longer, but you still see it with the young people (2:13).*

*(man) I think we're knee-deep in hash in Ballymun. We're involved in the youth club, and just go down under the balconies and you'll see all the tobacco taken out of the cigarette covers on the ground, where they make the joints (2.27).*

There was agreement that it had become more acceptable over the years:

*I've often sat back and I've had a think about, how come hash seems to be so acceptable, you know? And the only thing I can think of is that hash became kind of synonymous with a lifestyle, in the '60s and '70s – you know, the hippy, laid-back, Woodstock lifestyle. Now, young people of 16 and 17, who were using hash are now raising their own kids, and maybe they don't see a problem with it ....*

*(man) I've read about cannabis that the drug is now ten-times stronger today than it was in the '60s, so you're dealing with a different drug.*

*(woman) Our kids would be like ... and younger and younger ... there were some ten year-olds, about three weeks ago.*

*(man) Oh, the age is definitely lowering.*

*(woman) a group of ten year-olds, and it's very visible, and like you're saying – it actually comes from the home, I think. The access – they're getting it from the shopping centre, there's no problem in going to buy it (2:30).*

Cannabis is not considered by some to be a drug:

*So what has happened in the meantime - those sort of gateway drugs – so our experience is that the drugs have focused. ... is cannabis, young people who come to me and say I'm totally drug-free, are still using cannabis. They don't even consider cannabis to be a drug (9:4).*



But it was considered to be harmful by this participant:

*I know a large number of young people, in ..., for example, who are addicted now. And they're probably 14 year-olds. And they're probably taking a stronger drug than the hash now at this stage (2:27).*

While use of cannabis has been there for a long time, participants were adamant that it was more widespread now, and among younger people:

*But now it's definitely worse, and everybody's at it. I'd say when I was a teenager, probably about 10 to 15% of the teenage population was at it, now it's about I'd say it's about 7 times that?? (10:42)*

*... Everything is worse, definitely. If it was 15% then, it's 75% now. It's crazy. I see them every day, and I know them all. More people are doing it, especially with the coke. They're even the sort of star students, we would have called them back then, they would have done well, went on, got their degree – that sort of person is now getting into it, at that age. Whereas before, they wouldn't have touched it. It was only the minority of dysfunctional people like meself! That would have got involved in it. Some of them because they're coming from a bad background, but not necessarily, some of them, excellent background, lovely parents, always worked, never scabbed off the dole all their lives - yet those kids are getting sucked in. Whereas years ago when I was younger that wouldn't have been the case, it was more the dysfunctional houses of society that was getting involved in it ... Things have got worse, and they're only going to get worse. It's not going to get any better. (10:44)*

This participant in a focus group went on to express strong views on the illegality of cannabis:

*All they can do is control it. And to do that they need to legalise it. That is really the problem. As long as they have gangsters in control of it, it's going to get worse. You put a legal control on it and one of the most attractive things for me when I was that age was that I was breaking the law, it was cool. I fit in with this crowd because they were breaking the law ... if you take away that coolness, it becomes less attractive. Take prohibition. It never did work. Or even prohibition here. And now they're trying to ban cigarettes! That'll just create another black market. And more gangsters, at the expense of us. The people on the ground (10:44).*

## Ecstasy

Ecstasy seems to be freely available, and was spoken about in the transcripts in conjunction with other drugs:

*There was three different basements now, on one block, where you can go – this fellow – his pitch, he's selling hash. And you walk up to the next one, and get your E tablets – or your cocaine or whatever. Like different shops – no problem. You can walk over there now, and they're saying that's going on all over (1:127).*

*Yeah, more in the clubs. There is a huge ecstasy market out there, as regards ecstasy, and it seems to be in the clubs and pubs. And I think there's been a drift away from it, towards cocaine, in the last number of years, there definitely has been a drift away from it. We wouldn't be coming across many young lads with ecstasy (7:69).*

*But it's the E and the hash now. In every block. Everywhere! Coke is unbelievable. If you have enough change, you can get a few Es for a fiver. Like, say, you wanted ... if you want 15 euros worth, they'll give you five ... it's absolutely everywhere (10:40).*

## Heroin

*I wasn't involved in '96, but just from when I took over from xxx, I was aware that, like, definitely heroin was what had been going on. And we had the scenes on the streets, where you had droves of people going around looking for heroin (7:25).*

*... They're definitely heroin users, a lot of the heroin users are using coke now. I've heard recently that a lot of them are shifting back towards heroin use. Because they don't know what they're getting with coke – the mixes are generally – they vary and a lot of the time it's not good coke, as such. And they're shifting back towards heroin (7:48).*

*We're generally coming into contact with them at around 16, 17 – they'd be beginning to show at that stage. Now you are coming across an odd one – an odd one - under that age, but generally it's probably 16 or 17 before we would come into contact with them (7:71).*

Numbers have dropped:

*Yeah. I know Eamon Keogh done research in 1996, Greg Fox did research in 1998, he done good research in Ballymun in particular. And going from the figures from the research that was just done recently by ourselves, it seems to be down on what Greg Fox had done. It seems to be about 200 down, in relation to – he had about 673 heroin addicts, whereas we're putting it more about 450.*

*This is the research now you were talking to us at the start?*

*No, Greg's research – yes, compared to that. His was up around 670, if I'm not mistaken, and this research would show a drop, in and around about 450. Now, that could be for a number of reasons. Some of them may have moved outside the area and that. But the amount of new addicts coming on – I don't think, in talking to the healthboard workers, it doesn't seem to me as many (7:135).*

*So have you seen changes now?*

*Oh, it's a lot better. It's a lot quieter. In a sense, as regards heroin. Heroin seems to – it's still there, it's still massive in ... but it's not right in your face and on your doorstep. It's very quiet and hush-hush. (10:39)*

However, it's still an issue:

*So that the lesser drugs, we would find have faded away and the heroin, and in very recent times – I'd say in the last twelve months – cocaine has become a major problem. We would never have encountered cocaine back in 1996, never. We had never known anybody using cocaine. Now, a lot of young people are using cocaine along with heroin, and are using cocaine as a substitute for heroin. So it's becoming a major problem. So I would say that heroin has become the dominant drug of choice for many of the young people we are meeting (9:4).*

## Alcohol

Alcohol use was widely reported. Age groups span from young children (10 years), to adults. Gangs of young people drinking are causing trouble to neighbours.

*... The alcohol. I'm only in the house 15 weeks, and they said all these blocks across the way are secure. They're not. They're getting in ..., they're getting all the old wood and throwing it about. They're drinking.*

*... In the blocks that are empty. That we've left, and they're just empty. There are 96 flats on that row that are empty and they are still getting in. The Corporation said they had sealed them totally – they haven't. They're throwing chairs out, they're sitting across the way drinking and throwing their bottles.*

*12 and 13 year-olds. Drinking. Everybody would see that.*

*Mostly at the weekends, you're talking Friday-Saturday, Thursday-Friday-Saturday. Weekends. And if it's a long weekend, you'd get them there Sunday as well.*

*Plus, they'd stop you if you're going into the off-licence, they're asking you to get their alcohol for them. Young children asking you (1:10).*

*.... There's a lot more drinking on the street, and we know there's a lot more antisocial behaviour. We know that we're living in a very serious time in Ballymun where the whole community is moving – we're not stable ... and we have such huge building going on around us, and the neighbours are moving from one place to another and we're never sure who we're going to be living beside (2:88).*

*.... I suppose – all the time, we come across young people all the time with alcohol cans. I can go up there on a Thursday, Friday night. I can go to any location and you'll come across young people with cans of beer, bottles of these alcopops or whatever, and there's a lot of them out there using it (7:77).*

Alcohol is often the first drug experienced by young people:

*.... Ecstasy and cannabis would be the next step up. But alcohol, and once they get a bit of a high from that, it's a new world ...*

*That's it yeah (1:6).*

*Well they start off ... they start off with alcohol. And the problem with the alcohol is they need too much to get drunk, or it's too expensive, so ... in a short time they just switch to drugs. Cannabis then is very easily available (1:97).*

However, alcohol is used by different groups, not only by young people:

*A lot of addicts will, when they do finish up with the heroin, the majority of addicts will go onto drink. There's a lot on the drink (3:362).*

Alcohol is used with other drugs:

*Cocaine and alcohol, and – a lot of it - how it manifests itself for us or for the guard on the street, is generally aggressive behaviour after pubs close down, or nightclubs close down. Aggressive behaviour into the early hours of the morning. When I say aggressive behaviour – we always had a kind of drink culture there, and a little bit of aggression, but it seems to be far more serious aggressive behaviour (7:54).*

This quote is an example of the depth of feeling about the harm caused by alcohol:

*Ballymun is rampant – I think – I would suggest that there's probably far more family damage from circumstances associated with alcohol, than there is with other hard drugs – I don't know. Now the other is more blatant, than the hard drugs – you may rob somebody's purse or mug somebody, and you can see – but I'd say there's far more hurt and damage in family households in Ballymun and elsewhere, arising out of the ... and ... and the off-licence, than ever the hard drugs (8:168).*

The issue of pubs being part of the regeneration proposals for the forum areas has been a contentious one:

*And now we have it down in ..., where the people down there, we touched on drink, the number one. The people down there, 99% of the people down there did not want the pub. And they're still putting it down there. Because they can see, as we already said, that the drink is the starting point of drugs. (1:380).*

Interestingly, and alarmingly, Ballymun YAP has drawn attention to the increase in alcohol off-licence outlets, directly as a result of the retail plan of Ballymun Regeneration (YAP submission for the review of the regeneration). Where there were two off-licences before, there is now a total of seven.

## Cocaine:

Almost all participants talked about cocaine use.

*It would be seen on the street in certain parts of Ballymun. It's quite evident. It depends on the time, but it would be ... available on the streets (2:19).*

*For us, in two years, we've gone from heroin being the, I suppose the most seriously abused drug, apart from cannabis now. The most seriously hard drug, and then we're into the cocaine scene. And the cocaine scene is big. It seems to be big. Now our problem in relation to the cocaine scene is that it's very hard to quantify (7:19).*

Cocaine is a street scene, and a pub scene:

*And the one drug I think that's more frightening to me now is cocaine, which I think is not seen on the street, is not seen by us picking up on the ground by young people. It's now much more in pubs ... It's used as a recreational drug for people ... (2:13).*

*Just take the pubs for example. A lot of the bar people would look down on us, you know, if we were going in and out, and you'd have the name of a junkie – as a heroin user. But they might be into the coke now. It's okay for everybody to be on coke. It's a 'recreational' thing. But they don't realise how – when it grabs a hold, what it will do.*

*Everyone knows now – the cocaine can – ...*

*You can get very paranoid, and*

*The majority of people now that uses coke, will take a bag of heroin and smoke it, to come down off the coke. And they'd take valium to come down off the coke.*

*I think the association with cocaine, it is the nightclubs and ... it's the weekends, it's more social. There's movie stars (3:350).*

*Em, I'd say a shift towards cocaine use, as well. The shift towards cocaine use over – it's very hard to say, like, in 1996, it was like this and in 1997 it was like that, and 1998 it's just over time, it has developed into a case that it's not as in-your-face – I suppose for one reason, mobile phones, cameras. The CCTV cameras would have contributed in some way to it, in Ballymun. And now, the shift towards cocaine use has certainly changed things, insofar as they're not out on the street corners looking for their heroin. They're doing coke – a lot of the young people are doing coke in the clubs and pubs. They're going out, they're drinking at the weekends. They're taking their cocaine, and the general public as such doesn't see it happening (7:44).*

Young people are using cocaine:

*So that the lesser drugs, we would find have faded away and the heroin, and in very recent times – I'd say in the last twelve months - cocaine has become a major problem. We would never have encountered cocaine back in 1996, never. We had never known anybody using cocaine. Now, a lot of young people are using cocaine along with heroin, and are using cocaine as a substitute for heroin. So it's becoming a major problem (9:4).*

*Coke is in now, and they're making ...*

*They're making their own, yeah.*

*And it is getting a grip ... it has a grip on the younger crowd (3:238).*

Participants felt that cocaine is not being associated with problem drug use:

*People wouldn't admit they're addicted to coke. Coke, people think, ah, it's not the same. They wouldn't recognise it as being on drugs, or strung out, or anything like that (27:262).*

*The coke is getting a grip.*

*I think the younger kids are using the coke. You see, they don't look on it as a drug. 'I'm not a junkie.....It's looked on as a clean drug. Like the music industry and that' (3:230).*

*A lot of the young people that are out there now, are working. They're holding down a job and at weekends they're going out and they're getting their couple of – maybe a hundred bag of coke, or two hundred. Two one-hundred bags of coke. They use it over the weekend, show up for work on Monday morning, and generally don't present any problem, and it doesn't cause any – I won't say it doesn't cause any headaches for us, because eventually down the line, at some stage, they will come to our notice. But a lot of them don't (7:53).*

Some linked increased aggression to the cocaine use:

*They're crazy. Ultraviolent, very willing to use weapons, and it's the coke. Great when you're up, but when you're coming down, psycho, mad and they don't think twice about sticking a knife in ... okay, they've changed a lot. In my day you could carry a knife and barely be a slap on the wrist. Nowadays, it's a big thing if you're caught carrying a knife. ... All the young fellows have them, and I see them every day. Half of them come in here, too stoned to think. Reminds me a lot of meself when I was that age (10:45).*

*And the kids, instead of going drinking, maybe at 14 or 15, instead of going drinking at the weekends, they chip in and get a couple bags .... and they snort. And they walk around Ballymun, the young fellows, and they end out kicking the living daylight out of somebody. Most weekends (3:355).*

One participant recalled:

*The coke brought me to my knees quicker.*

*... Years ago ... I seen what crack had done ... over in London ... and I said it to myself, if that ever comes into Dublin, it'll destroy the place. And it's exactly what's happening. Coke is in now, and they're making [their own] (3:237).*

## Crack Cocaine

There was no major comment on the presence of crack cocaine in Ballymun.

## Benzodiazepines

The level of benzodiazepine prescribing in Ballymun may be notably higher than the national level. Local evidence suggests that there is a significant supply of benzodiazepines, originating in prescriptions, which is available for misuse within Ballymun. This informal benzodiazepine economy seems to be a common and culturally acceptable practice. Benzodiazepine use is considered to be a normal part of life in Ballymun (Ballymun YAP 2004).

Participants in this study in Ballymun also regularly mentioned valium and benzodiazepine in their discussion of drugs in the area:

*But there's be more women, possibly, addicted to the benzos.*

*Yeah.*

*Yeah, like if you do look at who is standing around for benzos every day, it is mainly girls (3:301).*

Like cannabis, valium use has a long history in Ballymun:

*Eh, there'd be cannabis, there'd be valium of course, there would be heroin. We never, as I say, came across cocaine then, the benzos – are valium, yeah. That would have been a predominant drug (9:49).*



The difficulty of coping with the major disruption associated with the building works, was considered to be a factor in 2004 in use of benzodiazepines:

*They have more ... fighting with each other [kids], because both sides is hoarded in. So you've got neighbour against neighbour, fighting. And the stress levels! Some people are on benzo, who never took before (3:447).*

Ballymun YAP's study of benzodiazepine use also noted the impact of the regeneration process on increased use, because of the stress involved (Ballymun YAP 2004:25). There were also views expressed by three of the four focus groups that this benzodiazepine use in Ballymun had become more prominent with the development of treatment services (2004:41).

### Drug Markets And Drug Dealing Locally

Cannabis use is not new to Ballymun, or the dealing of it. While discussing the situation in 1996, another focus group emphasised *the hash trade was very, very big here (3:37)*

There seem to be a lot of local dealers now, associated with cocaine supply:

*Up in our estate there's about ten different coke dealers. Just in one estate.*

*It's more scarier now than maybe the heroin, because it's done by mobile phones. There's a lot of younger kids are doing the running.*

*Yeah, there's more risk (3:325).*

Changes to the physical environment were making it easy to deal drugs:

*Ballymun, I suppose, the [names an area] area there, along the blocks – the old blocks in ... there is a significant problem there in relation to dealing in both cannabis and cocaine in that particular area. Now there's pockets in other areas as well, I'm not just saying that it's that area...*

*A lot of it is – there's no residents within the area, or a lot of the residents have moved on to new housing, it just lends itself to the whole thing of dealing (7:94).*

Some cocaine dealers are users as well:

*Dealers - aren't hidden anymore.*

*They're kind of power-tripping when they're on the coke as well ...*

*They say take what you want-and they aren't aware of what they owe them. (3:256).*

## Community Response 1996 – 2004

Ballymun today is recognised in community development circles as having a long, and fairly successful, history of community action to achieve facilities and services for the people who live there. RAPID (2002) estimated that there were 150 – 200 community and voluntary organisations in Ballymun. A survey published in 2003 highlighted “a major strength of Ballymun is the close community networks”, with nearly a third of the population (31.1%) actively involved in voluntary groups or local organisations (Ballymun Partnership Summary 2003:9). A citizens’ jury in 2003 reported that it was “astounded” by the amount of activity and services being undertaken by community groups (Ballymun Citizens’ Jury 2003).

Despite this, and the subsequent importance attributed to community development by Dublin Corporation (now DCC) and Ballymun Regeneration Limited (BRL), there has been no overall strategy to develop the infrastructure for the community sector. It remains strong, yet fragmented.

This was attributed in one group to the effect of the regeneration:

*(woman)... A multimillion billion operation that moved in, and very small spiders like us – that’s what we became. And I don’t see any of these ... I see this community in bits at the moment. I could not say in all honesty that this is the same community I belonged to many years ago (2:198).*

One respondent reflected on the changes he had seen over a long period in community involvement, saying:

*I think we’ve created layers of middle management around community and local development that weren’t there before. When we’d no money, we just done it. We had to do it. People came to work together. Three and four nights a week and they lobbied for this, and they – any money we got we campaigned to get it. But then it was used wisely and every penny counted ... a lot of people have sort of handed over to them, more people are getting jobs – all of these professional organisations have come into play, to respond to problems, so people don’t feel- volunteerism isn’t as strong as it was before. Most of the people have the sense that there’s other people there to do it (8:61).*

He went on:

*And, you know, are they creating their own levels of bureaucracy, which impact upon getting things done ...I think it’s a huge challenge to organise .... any local development entity...*

*And more in ‘90 than there was in ‘96 [volunteer work]. Ah yes, Ballymun, it’s not the same community as it was, not the same community as it was, at that level. It’s much more –*

He felt it wasn’t so much that people had given up hope as:

*People, as I say, volunteers don’t volunteer any more. Professional organisations have come into play. I mean, look at Ballymun now, as it was in 1990 or earlier, there’s a plethora of new organisations that were never there before. There must be at least ten professional organisations that have come into the area over that time. So, I suppose like any middle class area, you know, you have low levels of community activity in middle class areas because they don’t need the services, or supports that others do. So, like, it’s not all down to people giving up hope, I think that some people are burnt out – from doing all the work all the energies - others are saying we’re not needed any longer. Other entities have come in to take on roles and remits that was done by the volunteers in the past. And there’s a more diluted sense of one community. So it’s a combination of things, plus ... people have got jobs (8:83).*

This issue was also discussed in one of the Ballymun feedback sessions, when the local partner also reflected that community participation had changed, and there was more local bureaucracy now. She felt that people were still involved, but in their own neighbourhood, very local, issues. She also commented on the energy that was being taken up by the regeneration process.

There was a sense of frustration, however, expressed by other participants, about having their voice heard in these forums:

*(woman) ... To take back our power. We're very unsure now. What can we do to get it back to make it work like it did? What can we do as a community? And everybody on the community side is kind of saying, something has to happen now. We need to find our voice and take back our power. But how can we take it back without being written off as cranks?*

*(man) That's what happens.*

*(woman) ... Some kind of community document? Do we go to the EU and complain? ... and how do we get our voice heard? (2:187)*

*(woman) You know what happened, these agencies feel that they can get on with the job better, without waiting for the people on the ground to catch up with them. And a lot of the time that's what we seem to be doing. We're token people sitting there and we're only brought in to do that ...*

*(man) That's right. We don't have any power (2:233).*

## Development Of Services

Following several years of falling drug use and larger numbers of residents admitted to treatment programmes, it was thought that there had been a re-emergence of the use of heroin by young people in 2002 (RAPID 2002). Getting an accurate estimate of prevalence is difficult, involving a range of methods (NACD 2003). The difficulties are shown in Ballymun when we see that in June 2002, 433 opiate users from Ballymun were reported as receiving treatment from the Northern Area Health Board Addiction Services (BRL 2002). However, the NDTRS reports 296 for the year 2002. This is probably explained by the addresses of those receiving treatment. NDTRS uses addresses to locate people. The Community Addiction Service (Domville House) in Ballymun has a wider catchment area.

There has been a major expansion of services in Ballymun since the establishment of the LDTF.

There were different views about the services available, from *the clinic was a lifesaver In Ballymun. (3:197)*, to:

*(woman) What ... from the physeptone service was a lot of fat young people, as opposed to skinny ones who were on drugs. Suddenly we saw these young people and they had blown out to that size. And I was kinda saying, God, maybe if it gets them on the road-maybe it's worth it for them. I don't know. But I'd say – (2:188).*

*But that certainly has made a difference, because young people now can obviously access methadone, maybe not too easily, but they can access it. But what they're doing now is taking tablets along with the methadone, to get the buzz that they used to get from heroin, and that they don't get from methadone on its own. (9:4)*

# The Impact Of Drug Use In Ballymun

## Deaths

Young drug-related deaths were experienced in this community in 1980:

*And there were three children died that long weekend – between two weekends, and one of them was a long weekend, and there were four or five taken into hospital. But three of them died. And the community were flabbergasted by this. And I remember it very well. There were questions – what's happening here (4:3).*

*People being found in gardens, in the forest. The first person I knew, [names person], he was about 16, and he was found up in the forest. He had – there had been a chemist robbed and stash was in the woods. He went looking for it, found it and there was nothing decent left. He took a load of phenobarbitone and ... tablets and it stopped his heart. Shocking. He was found dead. He was one of the first, that I knew. But after that over the next ten years, there was loads of them... (10:2).*

Barbiturates and alcohol were the drugs involved in these deaths:

*What was after actually happening was that one of the children's brother had stolen tablets from a chemist and had used the 'good' stuff, and threw away what this was – the barbiturates. Now barbiturates were in normal use at the time, but these were very strong, very dangerous with alcohol. As a result three young people died (4:3).*

## Crime

As with other communities such as Bray there was a view that the crime scene was directly linked to drug use. This respondent linked the decline in Ballymun directly to the drug situation, saying:

*People were being attacked and robbed. Handbags gone. I do think drugs destroyed Ballymun. It could have been a good place (5:52).*

Experience of crime is higher than national averages (Ballymun Partnership 2003 Summary:8). Much of what makes community life difficult now comes under the term of Antisocial Behaviour. Drug use and drug dealing are included in this term, but are not the only issues. Alcohol-related behaviour is often cited under this heading in 2004:

*The fact is there is a lot more violence in the community.*

(Agreement)

*(man) A lot of those kids would be beating up other kids. Seriously beating them. I know a kid that's so traumatised he practically hasn't left the house except to go to school since November. He was beaten by one of those lads (2:47).*

*I think that the symptoms of drug addiction are more apparent, which would be things like street crime, a sense of tension, increased violence, more antisocial behaviour. I think it's much more .... I think it's – from my experience, and I've been around for 20 years, it's the worst it's ever been. And unfortunately these are young people, these could be the future adults of Ballymun (8:106).*

The experience of antisocial behaviour threatens the future. There are fears that the main street will look nice, and will be safe; but that the problems will be on the periphery, and will be more hidden.

As with the other communities there was concern about relationships with the Gardaí:

*(woman) I think there is also a very definite taking of the law into your own hands now. I think people don't go to the police, they are taking care of their own business. And that trust and that divide between the community and the guards has gotten wider. And even people that might have had great respect for them, have suddenly fallen away from them (2:174).*

This poor relationship was also identified in the report of Ballymun Citizens' Jury in 2003.

## Fear

Participants recalled their fears when drug dealing was taking place openly in Ballymun in the mid 1990s.

*It was scary for people that weren't on drugs, with people running to the bus!*

*That was where a lot of the media stuff came from, I think. It didn't matter who you were in Ballymun – you were offered or asked about it (3:347).*

There weren't huge numbers causing problems:

*I would say it would have been a gang of about 30 drug addicts would have made life impossible – and pushers – at that time. Maybe they've moved out of the centre. Maybe they've moved out of Ballymun. Maybe they're dead – maybe in prison. I couldn't see them still in prison, because I haven't seen them in ten years maybe (5:39).*

People voiced their fears about the current situation. There was a view that things were in fact more dangerous now. Some former users and users stabilised on methadone discussed the fact that young people using drugs including alcohol were intimidating them on a regular basis. There was agreement that the use of cocaine had escalated people's anxiety about drug users as they were perceived to be more agitated than heroin users.

## Violence

*You can see it – it'll be more hidden, but you'll still see it. It's like another generation ... all over again.*

*There's a lot of violence done along with it ...*

*... The way they're selling it, you have to be ruthless. The dealers have to be ruthless towards ... if they owe money ... (3:249).*

*... They're hanging around on the block. ... and they're selling the hash and they have a few bob now to buy the coke. So they're getting a bit braver and braver (3:421).*

*Now it's like – there's a gang atmosphere and you're talking about severe injuries, you know? (3:503)*

Use of empty flats facilitated this behaviour, and the organisation of the local markets:

*There's an awful lot of empty flats now ... but kids are climbing in, drinking, having their ... and kids arguing with the guards, because kids will kill themselves. And there's no response. There's not even the sight of a squad car appearing. More recently too, there have been an extra two gardai (2:75).*

*My instinct is that it's getting worse in some respects, that's what I'm hearing. Definitely the level of – how I can only measure it is in terms of tension. You know, I've been in Ballymun ... at all hours, day and night, I'd say in the last two or three years I'd feel less secure than before –*

*In what way?*

*I think that there's a body of young people coming up now that are totally disconnected, you know, family circumstances. Many of them are taking drugs, who have little or no regard for themselves or anybody around them, you know.*

*And it would be young people?*

*Young people, yeah. I think you'd be talking mid-to-late teens.*

*... Without a doubt. It's the worst I've ever seen it (8:46).*

Findings of the Ballymun Partnership survey (2003) report that six out of ten people (60.7%) were either dissatisfied or very dissatisfied with the areas immediately outside their accommodation. Households in the 15-storey tower blocks were most dissatisfied (81.6%) and occupants of the new units were most satisfied (60%). (Ballymun Partnership 2003, 6).

The Chief Executive Officer of BRL acknowledged that there are “negative impacts associated with the programme such as the impact on residents of the construction works” (Ballymun Partnership 2003, 6:4). He went on to say that this “is not an issue that affects all residents at all times”. He saw the negative impacts decreasing as the “physical building programme progresses and a greater number of new developments are completed”, because the construction works will “decrease in intensity and scale”.

However, in the interim, the findings of this study show that those who are living with the disruption are under heavy pressure. Urrús (the training centre of Ballymun YAP) has moved premises, as a result of the changes in their immediate environment directly due to regeneration works, and the antisocial behaviour. This is the first time in YAP's history (23 years) that a move of premises has been undertaken for such a reason.

While residents now report serious antisocial behaviour, with a higher level of violence, the experience of the shopping centre is much different to '96:

*About the same time as the clinic came, they started doing up the shops. Closing up the shops. And that was the central place where we all used to stand around, by ... . And when they closed off the shopping centre, we kind of dispersed around, you know what I mean, and there was no standard centre place. And it was more invisible to the public.*

*And do you think that was a good or a bad thing to do that?*

*I think it was a great thing. It made it harder (3:106).*



*Some of it is, and you don't see much in the shopping centre any more now.*

*(man) No because the shopping centre were put under pressure by the Council to remove that scene, because there was a time when you couldn't ... (1:111)*

*Maybe there still is a lot of drugs and drug deals being conducted in Ballymun, but it's definitely not in the Centre, and it's a different place to work. It's 100% different (5:25).*

And the experience of someone who has moved to the new housing is that it's not so difficult to manage antisocial behaviour:

*Well, my experience of my move is, I would have been aware of a family that would have been considered antisocial. And my experience is that it doesn't happen – it's not happening as much. Now if it's happening in the home, I don't know. But because it's more in the open, things are happening, people know where these kids are coming from. It's not like they can run into a block of flats or something, and they're gone. They're seen. And people have a bit more ownership over their property, that they come out and they might say to children who've been fairly antisocial, look, what's the story here. Where, in the flats, people weren't inclined to come out to antisocials. Like they're a bit more inclined to come out (6:14).*

But another interviewee was pessimistic about change, saying:

*No, that was in the early '90s. I mean, it was rampant, I'd say up until – I think it's still rampant – still invisible. It may not be down in the shopping centre. It may now be over at .... or at the steps of ... But I don't think it's fundamentally changed. That's why I that's my concern about it all (8:129).*

A speaker in a focus group agreed with this view:

*(woman) The drugs problem in Ballymun now is exactly like the '80s, despite all the resources thrown in, despite the amount of very good initiatives. Despite the amount of intervention work. Despite all that going in, we are actually back to where we were in the '80s (2:294) ...*

## Impact On Families

*..... I think we seen it firsthand for families, like, basically it was destroying families. It was eating away slowly, but surely, it was eating away at families. While we knew it was happening, there wasn't a lot – I suppose from the garda point of view – we knew it was there. There wasn't a lot you could do in relation to it. You could try and help out families as best as possible. And I'd say we built up strong links with a lot of families as a result of their problems. They'd ring you and they'd say, look, we have a problem (7:31).*

*Anything that's saleable, out the door with it, Christmas clothes – you couldn't leave them anywhere. The minute he saw anything that looked sellable, it was gone. Gone (27:238).*

## Impact On Property And Impact Of Economy

These issues did not emerge as themes in the Ballymun data.

## Health

Compared with the State, Ballymun has proportionately twice as many people describing their health as poor (Ballymun Partnership 2003 Summary:7). Since poorer levels of health are associated with other indicators of disadvantage this is not a surprising fact for Ballymun. In terms of health as an indicator of drug problems it is helpful to look at information regarding health problems directly linked to drug use.

The majority of those who sought treatment in Ballymun from the years 1996-2002 had injected (Table 5). This is important for health reasons, since the problems associated with injecting can create serious health issues for people. In particular, the sharing of injecting equipment poses risks for the transmission of Hepatitis C and HIV.

**Table 5: The amount of people who have sought treatment in Ballymun who have ever injected 1996-2002**

Year	Ever Injected		Total
	Yes	No	
1996	192 (68.8%)	87 (31.2%)	279 (100%)
1997	140 (69.3%)	62 (30.7%)	202 (100%)
1998	287 (78%)	81 (22%)	368 (100%)
1999	248 (82.7%)	52 (17.3%)	300 (100%)
2000	334 (86.3%)	53 (13.7%)	387 (100%)
2001	321 (80.4%)	78 (19.6%)	399 (100%)
2002	242 (81.7%)	54 (18.2%)	296 (100%)
<b>Total</b>	<b>1764 (79.1%)</b>	<b>467 (20.9%)</b>	<b>2231 (%)</b>

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

From Table 6 it can be seen that levels of sharing injecting equipment has increased over the years from 1996 – 2002.

**Table 6: The amount of people who have sought treatment in Ballymun and who have ever shared (injecting equipment) 1996-2002**

Year	Ever Shared		Total
	Yes	No	
1996	140 (77.8%)	40 (22.2%)	180 (100%)
1997	101 (78.3%)	28 (21.7%)	129 (100%)
1998	188 (70.9%)	77 (29.1%)	265 (100%)
1999	166 (75.8%)	53 (24.2%)	219 (100%)
2000	226 (73.9%)	80 (26.1%)	306 (100%)
2001	248 (82.4%)	53 (17.6%)	301 (100%)
2002	184 (82.9%)	38 (17.1%)	222 (100%)

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

## Examples Of Government Initiatives In Ballymun

The Ballymun Partnership was established in 1991. This followed the national partnership agreement, the *Programme for Economic and Social Progress* in 1989, which recommended the establishment of local, area-based companies to address the problems of long-term unemployment. This initiative was probably directly influenced by community responses to the widespread unemployment of the 1980s (Rafferty 1990). Unemployment at that time was described as the “biggest social problem of them all” (Ó Cinnéide 1989).

Like the other area-based companies set up, Ballymun Partnership seeks to create a partnership incorporating the Community, Voluntary, Statutory and Social Partner Sectors. The Board of the Partnership seeks to devise and implement a strategy which will target the needs of the most marginalised, and to enhance and co-ordinate the state services to Ballymun. Together with other Dublin area-based partnerships, Ballymun Partnership was tasked with the responsibility for setting up the LDTF, following the *First Ministerial Report on Measures to Reduce the Demand for Drugs* in 1996.

### Local Drugs Task Force

The Ballymun LDTF is made up of local people and agencies, DCC, the ERHA, the Gardaí, FÁS, the Youth Service and the Probation and Welfare Service. All of these agencies were brought together to develop plans which would address the drugs problem in Ballymun in the coming years and oversee the implementation of plans (Ballymun LDTF 1997:1) The model used is adapted from the area-based partnership model, which by 1996 had been evaluated favourably (Sabel 1996).

### RAPID

Ballymun is the largest RAPID (Revitalising Areas by Planning Investment and Development) area. It offers an opportunity to develop a new, area-based and integrated approach to tackling social exclusion and cumulative disadvantage in the area. RAPID Ballymun is charged with planning and delivering a programme of social and economic investment, and development, which in tandem with the physical regeneration process currently underway, is hoped, will bring about a sustainable community in Ballymun ([http://www.dublin.ie/public\\_site1.asp?site\\_id=6828&page=1](http://www.dublin.ie/public_site1.asp?site_id=6828&page=1)). RAPID is important for the drugs issue, as the National Drugs Strategy is rooted in a social inclusion framework.

### Domville House Addiction Centre

This centre was opened in 1996 by the EHB for the treatment of drug users in the Ballymun area. The centre provides a range of services including GPs to provide medical care, counsellors to provide ongoing support to the drug abusers and their families, a community welfare officer who provides advice on entitlements and outreach workers to work with drug users in the community and provide educational programmes.

### Ballymun Regeneration

The regeneration project in Ballymun presented a unique experience of a community in which social issues such as drug problems had been recognised and an attempt made to adopt a more structural response. This structural response in the main addressed the physical environment, specifically housing accommodation. The project was inevitably a central issue for residents and appears to have taken priority. This may result in putting the drugs issue into the background somewhat for the moment. It did appear that some of the problems related to this research in terms of accessing and engaging participants were exacerbated by the demands on their time from the regeneration project.

There were mixed views expressed on the success of regeneration, from those who were happy to be rehoused in new houses instead of flats, to those who felt that the social structure of the community which had been achieved through much hard work and commitment had been neglected in the move towards the physical regeneration. The disruption of the area due to demolition of the high-rise blocks and even more importantly, the delays in knocking the block thus leaving numerous vacant properties available for drug-related activities were cited as contributing factors to some of the disappointment expressed by residents. The participants in general were sceptical about how regeneration would contribute to the resolution of the drug problems in the community.

The regeneration of Ballymun has been featured extensively in local and national press in the last five to six years. Ballymun has been featured on gardening programmes, house building programmes, property pages, etc. The overall impression is of a new town, with exciting architecture, and a good quality of life for its residents. During 2004, much of the focus was around the demolition of the first tower block, the art exhibitions that have taken place, the property which has come on the market, and the hopes for a new future. Much of the coverage agreed with the "good riddance" thinking; e.g Frank McDonald writing in the Irish times on July 9th, talked about the writing being on the wall for 25 years, and described Ballymun as a sociological 'sink'. But residents' feelings are more mixed – sadness with anticipation of a better life.

Some of the focus groups talked about the physical changes in the area, for example, the boarding up of areas that were open before, and the effect of this on residents.

One of the focus groups put words on the scale of the change:

*We know that we're living in a very serious time in Ballymun where the whole community is moving – we're not stable ... and we have such huge building going on around us, and the neighbours are moving from one place to another and we're never sure who we're going to be living beside (2:88).*

Also mentioned was the availability of empty flats for people to not only use drugs, but to organise the drugs trade. Almost empty blocks have been used as centres for distribution. This has been particularly difficult for neighbours who are still living there (reported at an LDTF public meeting):

*(woman) If you look at an example of what happened there. The flats ... there was one person left in. And he had a cocaine ... the Gardaí knew who the suppliers were. All through mobile phones. Loads of people being intimidated. Between Gardaí, drugs task force and Dublin Corporation, it took six months nearly for them to get the flats boarded in so that people would feel safe walking past them, and now ... (1:499).*

*But if you look at ... they've created ghettos, because laneways where we've never had them, we have places that are hidden, just beside where people are living, that they come all day ... it used to be all open and visible. Dealing happened, but a lot of the young kids and the drinking didn't happen so much because they were too visible and they'd go and tell their ma (2:283).*

One group referred to efforts to anticipate the effects of the disruption on drug and alcohol use:

*It has never been addressed, it wasn't taken on board when they came in, we were asking-what are you going to do? People are going to be disturbed by this whole thing. How are you going to deal with it? It was never taken into consideration. It wasn't seen as an issue. We saw it. But BRL didn't (2:141).*

*The regeneration was a way to get rid of the old problems without looking at them. And that was said publicly at meetings. If everyone in Ballymun gets a house, we'll have no social problems. No drugs, no alcohol, no nothing. And that was the perception of BRL (2:283).*

*We've got this big major regeneration going on but it's actually created upheaval instead of stability. The Youth Services Facilities Funding, that's supposed to be, from the Second Drugs Task Force Report – set up to work on prevention. Putting in new facilities for areas, so that young people that were highly at risk would have facilities. So in Ballymun ... that was developed through that fund. And there's others like the Rapid Initiative came out of this, it's connected to the drugs, because if you look at the drug strategy, it says all the areas where there is poverty and ... they have a Rapid Project now.*

*(woman) But ... residents are unhappy with the regeneration, what's going on, they will not buy into the ethos of community co-operation. And become part of the community, which then does have a fairly negative effect. Because if people ... are respecting each other and feeling okay and good about the community, the drugs issues ... there would be more people willing to look at it seriously and respond to it. Now they just think, f\*\* it, what's the point ... (2:283).*

*I think if we don't address crime and drug use in the area, it will have a negative effect on the regeneration, rather than – the regeneration itself per se won't. How will that affect drug addiction? No (8:105).*

People complained that families evicted for antisocial behaviour had been rehoused:

*We were told that anyone who was evicted by Dublin City Council or the Corporation policy on antisocial behaviour, wouldn't be rehoused by them. They are rehoused, and most of them are rehoused ... (1:198).*

This was identified as an issue by another respondent, but through the private rented sector. When discussing the new apartment blocks going up, he commented:

*I don't think it's changing things. I think it's a backward step. It seems so silly.*

*I would have concerns, like they're going into private, or they're private apartments and flats, mostly purchased by investors. And the people that are going to go into them are the people that are either going to be thrown out of houses for dealing – with social problems – and they're being placed into these, and it's going to create – possibly – create a kind of ghetto scene where you'd have a load of antisocial people, or drug-related offenders in blocks of private apartments. I suppose you could look at it from one point of view, and say that it's good. And look at it from another and say it's bad – it depends on what way you look at it (7:104).*

*Private developers are coming in to buy it and the Northern Health Board rents. It's not people coming in to buy from them. They're buying it to rent. So the whole social thing will go. But with that it's housing people that can't get houses anywhere else. It's for the landlords that bought all them houses now. And the Eastern Health Board is paying for them. And nearly half of Ballymun is privatised (1:389).*

*(man) The civic offices ... the industrial estate down there, business park. And so far they've only housed 420 people.*



*(woman) Which just sums that up.*

*(man) They haven't taken down one block. And that's 7 years into this programme.*

*(woman) The population of Ballymun is going to double ... flats and houses, now we're going to have nearly 10,000. More families in Ballymun ... but the facilities are not really going to be accommodated. We'll have more children and schools.*

*There'll still be more families.*

*And we'll kind of double our population. But it won't be a city or town ...*

*The green spaces are going (1:404).*

There are hopes that housing tenure in Ballymun will change. There are assumptions that home ownership will reduce levels of difficulty, e.g. anti social behaviour. However, Ballymun residents' fears that this may not be the case are backed up by some literature. Tony Fahey, Economic And Social Research Institute (ESRI), who has been to the fore in examining local authority housing in Ireland, claimed that the positive impact of tenant purchase schemes on social inclusion was exaggerated (Irish Times 17.11.04 Kitty Holland *Housing sell-off to have 'little impact' on poverty*). Similarly, in the UK, Wood and Vamplew claimed "tenure diversification is unlikely to represent a panacea for the problems of disadvantaged areas" (1999).

People felt they had no voice:

*We've no control on our community any more. All them out there, BRL, Dublin County Council – have that control.*

*(man) They're not listening to the people (1:540).*

Some people were very positive about the regeneration:

*Oh, I love my house. I absolutely love it. And I love the fact that I don't have to keep cleaning the stairwells and I'm not ashamed any more of people coming up and down. It's much more open. And there is much more community spirit about the place (6:64).*

A mid-term review<sup>1</sup> of the regeneration took place on Thursday 20th January '05. RTÉ news covered the visit of an eminent sociologist, Dr. Anne Power (RTÉ news Friday 21st Jan). There was a positive response from her to the progress. However, Newstalk 106 carried an item on the review on Monday 24th January. A long-term resident, and voluntary youth leader, claimed that the mistakes of the past were being made again. He claimed that the interests of developers and investors were taking precedence over the interests of the residents. He cited the loss of the local swimming pool as an example. The current pool, which is run by DCC, will be replaced by a leisure centre, which will be run privately, and will involve membership fees. Local youth clubs, for example, will not be able to use the pool as they did in the past; competitions will not be able to be held there because the new facility will be too small. It seems ironic that the swimming pool, which was fought for by the early residents of the area, is now being cited as an example of the loss of amenities to the community.

<sup>1</sup> When the researcher mentioned this review to the co-ordinator of a local group, he stated that the review lasted an hour and a quarter, and compared it to the extensive consultation and call for submissions which has been undertaken as part of the NDS review.



One aspect of the regeneration programme which has received national coverage is the issue of the new health centre. This new facility has been ready for almost two years now. Because of conflict about who would pay for the fitting out of the centre, residents and staff of the health service are coping with a very old, dilapidated building. Issues like these seem to support the residents' fears that their health and well-being are not paramount in the plan.

In October 2002, some residents expressed mixed views on the destruction of the flats. Among their concerns was the health effects the demolition could have on Ballymun residents (RTÉ media library RTÉ News 2nd Oct 2002). Residents reported that Ballymun was like a building site, and children were playing on the street.

Commenting on the change which Ballymun is undergoing, Ballymun Neighbourhood Council noted:

*"However, there exists a darker side to living in Ballymun illustrated by police helicopters flying overhead, residents moving out of the area, a young lad is badly beaten up by youths, drug dealers delivering on motor bikes! No, we are not talking Los Angeles or anywhere else, this is the reality in parts of Ballymun, of serious antisocial behaviour"* (Ballymun Update November 2003).

This same edition also reported that

*"Coultry Neighbourhood Forum were attempting for some length of time, to get the local authority to take action against the young hooligans who are dealing drugs and creating a reign of terror for local people.*

*... They finally succeeded in getting Dublin City Council (DCC) to agree to shut down unused lifts in Block D and to seal up all the flats.*

*... They fear that the type of antisocial activity, including drug dealing, that Coultry residents are being subjected to will be repeated in other decanted blocks across the estate.*

*Coultry Forum Chairperson said 'We are firmly supportive of the proposal by Ballymun Neighbourhood Council for a unified effort to deal with the issues of crime, and other antisocial activities. Ballymun residents must feel as safe and secure walking our streets as we used to' ..*

Ballymun Neighbourhood Council organised a series of meetings with key sectors to see if a co-operative and co-ordinated response to antisocial, anti-community actions could be delivered. On Tuesday 25th November 2003, Eve O'Connor (CAFTA) gave an input on Community Spirit. After the Transition Course<sup>2</sup> there was an awareness of the need to check in on people to find out how they were progressing in their new homes. *"The findings were that residents loved their new houses. However, people felt let down by DCC and the Gardaí, and the 'new Partnership' which had been promised was not in situ. ... offered the opinion that whilst DCC were excellent during the Transition Course, since moving to the new Civic Offices relationships have deteriorated, and contact has diminished. Eve indicated that she does not know how people can put up with consistently being told that they have to do more in relation to dealing with antisocial activity"*.

Research carried out, specifically focussed on the regeneration as a case study, noted that there was no task force to address antisocial behaviour, and that no agency took responsibility for addressing it (Muir 2003).

2 This is a course run locally by a local group CAFTA (Community and Family Training Agency), on behalf of BRL, in preparation for the move to the new homes.

Drugs have had a major effect on the community:

*Oh, it's completely gone, [community spirit] compared to what it used to be. It used to be a GREAT community out here. Anything happened, you know, we looked after each other. Not any more. That all died in the '80s. Around '81.*

*... Because of the drugs coming in, because of people getting their handbags snatched, getting their flats broken into, getting mugged. That it just broke down from there, and then ... it polarised people. And there's so much out there. If you're fighting the war against drugs, and you have people who are on drugs and people who aren't – you've got polarisation straightaway, and therefore the community's gone. (1:77)*

*When Ballymun people came out here first, they came from a strong stable community. They were ... neighbours and all. And they were coming from stability, within maybe town or other areas. And they then started the community here. But through the years the community seemed to have been fragmented, so the younger generation now that are here, that have grown up, they haven't got much stability to look to, because the community seems to be fragmented at the moment. (1:194)*

A bad image was created of the community:

*And it must have been the same in other communities, but it was particularly noticeable out here. There were a couple of programmes done on the television. They were very sensationalised as well, and that didn't help either (5:40).*

*We actually are considered second-class citizens here in Ballymun, by everybody (1:102).*

## Views On "Community"

*(woman) ... It's the people. There's a huge difference between my community I talk about. I talk about people because, it pisses me off no end, the amount of paperwork that goes out on the backs of us people. That describes us as early school leavers, broken marriages, you name it, we have it! All they're short of is sending us to Lourdes to make us better!*

*(man) We've grown up together, we've shared our problems together. We're a better community in that way. A community only exists from the bottom up, never from the top down, anyway. So that's the big disaster (2:215).*

*Community is your school, your identity is your school. We've had success with youth clubs, sports clubs, all those things were there long before the regeneration started. And what I'm hearing tonight is that they're doing their best to stop this, put them down ... (2:154).*

*Hopefully, when we're moved out of the flats and we're living in streets and that, there will be a sense of community, which there is no sense of community now. It's a horrible thing.*

*... Down in ..., there's no sense of community (3:163).*

Minister Noel Ahern, TD, in an interview with Ballymun Concrete News, discussed the regeneration programme, saying "We will be proud in the future of regenerating a dynamic community, but there's bound to be teething problems, it's difficult to live here right now, particularly on a wet day. It may take us up to ten years or longer to see the benefits..." (March 2004:6).

## Concluding Comments

The dominant issue in this community area at present is inevitably the programme of regeneration. This has relevance to aspects of continued community development as well as service provision. At present the actual physical environment created by the building project itself has implications for those living around the construction areas. Concerns have been noted in relation to safety and also the effects on children growing up with these levels of disruption. The apparent community preoccupation with this issue will no doubt colour the current research but also offers a unique opportunity to record community views on such extensive geographical change.

As also noted in other communities, concern about the effects of polydrug use, including alcohol use and the use of drugs by young teenagers, continue to be voiced. Antisocial behaviour is a major issue. There are major concerns about the 'community spirit', and a sense of being excluded from powerful structures running the area. There seems to be a lack of trust between important community leaders, some residents, and BRL (Muir 2004). Once again, people fear that the promises may not be delivered upon. Some of this scepticism has come through in our focus groups and interviews.

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

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[www.cap.ie/cap/ballymun.htm/Ballymun-ASummaryIntro](http://www.cap.ie/cap/ballymun.htm/Ballymun-ASummaryIntro)



# Appendix 1

## Map of EDs for Ballymun



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## Appendix 2

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

District	1996	2002		Change in Population 1996-2002		
	Persons	Persons	Males	Females	Actual	Percentage
Ballymun A	1,766	1,571	815	756	-195	-11.0
Ballymun B	4,431	4,087	1,966	2,121	-344	-7.8
Ballymun C	6,575	5,836	2,769	3,067	-739	-11.2
Ballymun D	3,794	3,735	1,698	2,037	-59	-1.6
Ballymun E	1,863	1,633	765	868	-230	-12.3
Ballymun F	2,937	2,630	1,279	1,351	-307	-10.5
<b>Total</b>	<b>21,366</b>	<b>19,492</b>	<b>9,292</b>	<b>10,200</b>	<b>-1874</b>	<b>-8.8</b>

Source Census 2002, Preliminary Report, p. 19

## Appendix 3.1

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

Area	Ballymun		Ballymun		Ballymun		Ballymun		Ballymun		Ballymun		Total	
	A	B	C	D	E	F								
<b>Years</b>	'96	'02	'96	'02	'96	'02	'96	'02	'96	'02	'96	'02	'96	'02
<b>At Work</b>	39.6	<b>52.1</b>	34.9	<b>42.5</b>	35.2	<b>46.1</b>	31.0	<b>42.6</b>	50.0	<b>44.8</b>	53.0	<b>50.8</b>	39.1	<b>46.0</b>
<b>1st Job Seek</b>	6.9	<b>1.3</b>	3.5	<b>1.7</b>	1.0	<b>1.0</b>	4.7	<b>1.2</b>	.62	<b>.36</b>	.46	<b>.08</b>	2.5	<b>1.0</b>
<b>Unemployed</b>	15.9	<b>11.9</b>	23.7	<b>16.3</b>	24.6	<b>12.2</b>	17.4	<b>13.8</b>	3.0	<b>2.4</b>	5.0	<b>2.9</b>	17.2	<b>10.8</b>
<b>Student</b>	13.0	<b>10.7</b>	7.8	<b>9.1</b>	10.0	<b>9.7</b>	6.1	<b>8.2</b>	11.1	<b>9.9</b>	10.1	<b>11.4</b>	9.4	<b>9.7</b>
<b>Household Duties</b>	19.9	<b>14.1</b>	23.0	<b>16.1</b>	20.5	<b>16.6</b>	30.6	<b>19.5</b>	21.2	<b>16.4</b>	20.0	<b>13.6</b>	22.5	<b>16.2</b>
<b>Retired</b>	0.83	<b>3.6</b>	4.0	<b>7.3</b>	4.8	<b>7.7</b>	3.9	<b>5.2</b>	12.9	<b>21.8</b>	9.4	<b>16.5</b>	5.7	<b>9.6</b>
<b>Unable to work</b>	3.9	<b>5.1</b>	3.0	<b>6.1</b>	3.8	<b>5.5</b>	6.6	<b>7.8</b>	1.4	<b>3.4</b>	2.03	<b>3.8</b>	3.5	<b>5.5</b>
<b>Other</b>	0	<b>1.2</b>	.03	<b>.77</b>	0	<b>1.1</b>	0	<b>1.6</b>	0	<b>.88</b>	0	<b>.85</b>	0	<b>1.1</b>
<b>Total</b>	100	<b>100</b>	100	<b>100</b>	100	<b>100</b>	100	<b>100</b>	100	<b>100</b>	100	<b>100</b>	100	<b>100</b>

Source: Small Area Population Statistics 1996, 2002, Central Statistics Office

## Appendix 3.2

### Labour force participation rate

Labour Force Participation and Unemployment by Gender in Ballymun and Nationally in April 2000

	Men %	Women %	All Persons %
<b>Labour Force Participation Rate:</b>			
<b>Ballymun</b>	62.5	46.7	54.0
<b>National</b>	71.0	47.2	58.9
<b>Unemployment Rate:</b>			
<b>Ballymun</b>	19.6	8.6	14.4
<b>National</b>	4.3	4.2	4.3

Source: Muir, 2003:312

## Appendix 3.3

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

Year	Employment		Total
	Regular Employment	All Others	
1996	9 (3.1%)	278 (96.9%)	287 (100%)
1997	17 (8.4%)	185 (91.6%)	202 (100%)
1998	40 (11.2%)	316 (91.6%)	356 (100%)
1999	53 (17.7%)	246 (82.3%)	299 (100%)
2000	94 (26%)	267 (74%)	361 (100%)
2001	70 (17.4%)	332 (82.6%)	402 (100%)
2002	61 (20.3%)	239 (79.7%)	300 (100%)

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

## Appendix 3.4

### Registered unemployment in Ballymun 1996-2002

Year (April)	Total Registered Unemployed	Percentage of Working Population Unemployed (See note 1)	No. registered unemployed for over a year	Percentage registered unemployed for over a year
1996	2,636	20.4%	1,700	64.5%
1997	2,173	N/a	N/a	-
1998	2,080	N/a	N/a	-
1999	1,751	N/a	N/a	-
2000	1,358	14.4%	654	48.2%
2001	1,201	N/a	499	41.5%
2002	1,481	N/a	481	32.5%

\*Sources: 1996 - BRL (1998); 1997-2002 - BRL (2002); Ronayne (2001); figures from live register of unemployed.

Note 1: this figure was not available for every year; no independent calculation was made as the working population figure was not available - In Muir (2004: 313).

## Appendix 4

### Social welfare payments

Number of Social Welfare Payments Made to Ballymun Residents in 2002 and 2004

Description	No. Recipients 2002	No. Recipients 2004
One-parent family payment	1,565	1,451
Unemployment assistance/benefit	1,507	1,094
Old age pensions	620	389
Disability allowance	327	374
Back-to-work scheme	313	59
Invalidity pension	258	231
Deserted wives' benefit	190	145
Carers' benefit	53	0
Orphans' Pensions	52	42
Blind Persons' Pensions	13	14

*Source: RAPID (2002), data from the Department of Social, Community and Family Affairs.*

Note: the figures cannot be expressed as a percentage of the population and household figures at that date are unknown.





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3rd Floor  
Shelbourne House  
Shelbourne Road  
Ballsbridge  
Dublin 4

Tel: 01 667 0760

Web: [www.nacd.ie](http://www.nacd.ie)  
email: [info@nacd.ie](mailto:info@nacd.ie)