YOUTH WORK HIT BY DRUG ABUSE

Peter McVerry, S.J.

The emergence of readily available illegal drugs has effected the most significant change in youth work in deprived areas of Dublin in recent years. The characteristics of the typical drug user are young, unemployed, early school-leaver, living in disadvantaged areas and often from dysfunctional families. For many, the meaninglessness of life, with its sad and confusing past and its bleak and aimless future, makes drug use attractive, at least temporarily. Some current drug users are themselves the children of drug users and many are rearing children who will, in turn, be seeking treatment in the drug clinics in a few years time. The problems that I experience operating a number of hostels for homeless young people, are:

- the long delays, up to six or seven weeks, in even accessing a detoxification programme. This makes life in the family or hostel almost impossible as parents or staff try to be supportive of the drug user in his/her willingness to seek help but also having to minimize the potential damage to other children in the home

- the absurdly long delays (sometimes four or five months) in accessing the ten bed unit in Beaumont Hospital which serves an estimated 4,000 to 7,000 hard drug users (depending on who is doing the estimating!)

- the absence of any treatment programme (as distinct from a detox programme) for medical card holders who are under 17 and the availability of only one treatment programme, Coolmine Therapeutic Centre, for over 17s. Coolmine is a very valuable programme, but it is only one model of treatment for drug users and is not suitable for everyone. Younger people who feel very insecure and with very low self-image may not be suited to the model which Coolmine operates

- the huge waiting lists for the Community Drug Clinics in Baggot St., Amiens St., and Cherry

Orchard involving often a year or more before a vacancy occurs. While recognising the difficulty in opening more Community Clinics because of local opposition to any suggested location, the political apathy on this issue is only matched by the political apathy on travellers' issues

- the failure to involve more GPs in the treatment of long-term drug users. Many GPs are understandably wary of having drug users coming to their surgeries and the lack of readily accessible back-up, such as urine analysis, ensures that manipulation of GPs by drug users who wish to sell their physeptone is all too easily achieved

- the absence of any proper detox, treatment or education programme within the male prisons where many drug users end up, often serving relatively long sentences during which some rehabilitation work could usefully be undertaken.

I would consider the minimum service to drug users to include;

-"walk-in" assessment centres where initial steps towards detoxification and treatment are immediately accessible. Such centres ideally should be community based but in the interim, while local residents' fears are dealt with, could be based where available

- ready availability of several residential treatment centres based on different models of treatment

- proper medical detoxification, treatment and education programmes in the prisons, at least up to a standard which is available outside prison

- encouragement and proper resourcing of GPs who are willing to provide services to drug users who have been assessed and stabilised

- an education programme on drugs, alcohol and valium, beginning in primary schools, and including in later years parenting skills.

The inadequacy of resources committed to dealing with the problems of drug users is indicative of the low political concern for the issue. The drug problem is primarily a problem of poor people and deprived neighbourhoods and therefore gets a token response. In such inadequately resourced services, even committed staff are frustrated at the impossibility of providing quality care to drug users or dealing in any substantial way with their problem. There is no time to work on building self worth or dealing with dysfunctional family relationships.

An adequate response to drug use has to be linked to a comprehensive community care programme. Where drug users come from dysfunctional families in deprived neighbourhoods, with family members who can no longer cope and are worn out trying to care, a drug treatment programme without a proper community care programme is seriously ineffective. An inadequately resourced drug treatment programme linked to an inadequately resourced community care programme has brought us to the mess in which we now find ourselves.

A whole re-assessment of our response to the drug problem is required. We need to fundamentally question what we are doing. But a political system which is more concerned with the problem of crime and social control than with treating addiction and which seeks instant solutions even for complex problems, is probably incapable of initiating such a re-assessment and certainly not prepared to provide a co-ordinated, inter-disciplinary response which can meet the needs of drug users and the multiple personal, interpersonal and community difficulties which have created and which maintain their drug addiction. The problem is going to get much worse before it gets any better.

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