



Youth Work Ireland

**Dealing with Drugs, Alcohol
and Tobacco in
Youth Work Settings:
Guidelines for Youth Workers**

**DEALING WITH DRUGS, ALCOHOL AND TOBACCO
IN YOUTH WORK SETTINGS:
GUIDELINES FOR YOUTH WORKERS**

**By Youth Work Ireland
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DISCLAIMER

Although every effort has been made to ensure that the information in these guidelines as accurate and up to date as is possible, at the time of going to print, Youth Work Ireland cannot accept responsibility or liability for any errors or omissions.

PREAMBLE AND BACKGROUND

INTRODUCTION

The original guidelines, of which this document is an updated and revised version, were developed over a series of meetings and discussions by a Working Group drawn from 10 drugs workers involved in the Community Based Drugs Initiatives in the five Youth Work Ireland Member Youth Services in the South East: - Carlow Regional Youth Service, Ferns Diocesan Youth Service in Wexford (now FDYS Youth Work Ireland), Ossory Youth in Kilkenny, Tipperary Regional Youth Service and Waterford Regional Youth Service (now Waterford & South Tipperary Community Youth Service). The guidelines were developed via an extensive local consultation process involving staff, volunteers and young people from these local youth services. The document also underwent a national consultation process involving both internal and external agencies and was first published in 2004. This document has been revised and updated following a consultation process with Member Youth Services.

This document does not claim to have all the answers. Drug related legislation has frequently changed as have state services and structures over the past decade. It is a complex area and provides challenges and dilemmas for any worker faced with dealing with such issues on the ground. However, the document does endeavour to provide a framework for developing good practice in dealing with drug related issues on the ground and via the Appendices that are included provide the additional source materials, legal information and contacts required to respond in as effective a manner as is possible when faced with dealing with issues of drug use by young people.

COMMUNITY-BASED DRUGS INITIATIVES IN THE SOUTH EAST

The Community Based Drugs initiatives offer a range of responses to issues of substance misuse in communities. Local people for the community work in each CBDI committed to making a difference in their area by liaising with the community to develop area-based responses and to co-ordinate the delivery of a range of community based programmes.

The core aims of CBDI are to:

- Increase awareness of drugs and related issues
- Help local communities identify and response to local needs
- Implement and develop community-based responses
- Support communities in responding to local substance misuse issues
- Improve the quality of life for people affected by substance misuse
- Develop strategies to reduce demand
- Inform national and regional agencies of local needs and issues.

These aims are achieved by a variety of methods including:

- Family Support Groups
- Talks, Workshops and Drug Awareness Programmes Delivered to Parents; Young People; Community Groups; Professional Groups; Voluntary Groups
- Supports for Individuals, Families, Groups and Agencies
- Outreach Provision to Rural Areas
- Information and Referral Services
- Research into the Nature and Extent of Substance Misuse

DRUG PREVENTION AND EDUCATION

When exploring how to respond to the use of drugs both legal and illegal in a youth environment, drug prevention and education are arms on an overall strategy in dealing with the issue of drug use by young people. It is useful as a lead in to these guidelines to outline the kind of drug prevention and education approaches that one can adopt as part of an overall strategy and holistic approach to looking at the issue of drug use by young people.

DRUG PREVENTION

Within public health, the three levels of prevention activities or strategies are:

- **Primary Prevention**, which is aimed at ensuring that a problem does not occur;
- **Secondary Prevention**, which is aimed at reducing the prevalence of the problem or harm in the community;
- **Tertiary Prevention**, which is aimed at stopping or slowing down the progress of a problem even though the basic condition persists.

However a different approach to this has been developed in the United States by the Institute of Medicine. They proposed a new framework for classifying prevention based on Gordon's operational classification of disease prevention. This model divides the continuum of care into three parts: prevention, treatment and maintenance. It then subdivides the prevention category into three classifications: universal, selective and indicated prevention interventions.

- Universal prevention strategies address the entire population, e.g. at national, local community, school, or neighbourhood level with programmes, initiatives and messages aimed at preventing or delaying illicit drug use.
- Selective prevention strategies target subsets of the total population that are deemed to be at greater risk for substance misuse because they fall into a particular population segment.
- Indicated prevention strategies are designed to prevent the onset of problem drug use in individuals who already are experiencing early signs of substance abuse and other problem behaviours.

ASPECTS OF PREVENTION

Drug prevention can also be divided into three areas or aspects:

- Supply reduction;
- Demand reduction;
- Harm reduction/minimisation.

Supply reduction

Activities to control or reduce the supply and availability of illicit drugs can be categorised as follows:

- Reducing supplies at the point of origin;
- Controlling supplies at the point of entry;
- Controlling distribution.

Demand reduction

Demand reduction can be described as those activities which aim to:

- Stop people from experimenting with drugs in the first place;
- Delay the onset of experimentation;
- Reduce the numbers who take drugs;
- Stop drug-taking completely (abstinence goal).

Harm reduction/minimisation

Harm reduction can be described as:

- Any activity which aims to reduce the harm caused by drug use.

DRUG EDUCATION

There have been a variety of approaches to preventive drug education work with young people developed over the past 20 years. Those who wish to develop a programme of drug education for young people should consider a number of issues. These include:

- Carrying out a curriculum audit;
- A checklist of procedures;
- The content of any programme;
- The positioning of drug education;
- The importance of training.

Curriculum Audit

Consideration should be given to the kind of drug education, if any, that young people currently receive. This is sometimes referred to as a curriculum audit or assessment. Such an audit can involve a critical review of the following:

- Aims and objectives;
- Content;
- Approaches;
- Resources used;
- Place within curriculum/programme;
- Who delivers it and the training they have received;
- Current perceived strengths and weaknesses;
- Evaluation techniques.

Content of Drug Education Programmes

Those intending to review or initiate a drug education programme should consider carefully the content of the programme. The points below should assist such a process.

The Institute for the Study of Drug Dependence (ISDD) in the UK places emphasis on the need to have clear information objectives, which would include work on:

- The historical and cultural background of drug use;
- The nature and effects of drugs, their legal position, and role in the community;
- Alternatives to drug use, i.e. other leisure pursuits;
- Sources for help for drug-related problems.

In addition there should be social skills training which would enable young people to cope in situations where drugs are available and support would be given to young people in maintaining a drug-free position.

The Positioning of Drug Education

In addition to deciding on the aims and objectives of any drug education programme, and reaching agreement on possible content areas, consideration also needs to be given to the place of such a programme, regardless of the setting.

- Such an approach, i.e. locating drug education firmly within a holistic health education programme, is applicable to working with young people regardless of the setting.
- Possible settings include youth centres, church groups, young offenders groups, children's homes, hostels etc.

- Such a programme would ideally begin at an early age and allow for the progression of knowledge, understanding, skills and attitudes, as children grow older.
- Similar broad areas of content may be covered at each key stage, but the level of detail and approach need to be matched to the age and maturity of the pupils.
- Organisations wishing to carry out drug education should map out such a programme so that content and approaches are matched to the needs and circumstances of the target group and are contained within a holistic health education programme.

Quality Control

A SCODA document laid particular stress on the importance of maintaining and ensuring quality standards in respect of drug education. The document identified 4 categories of standards and a 7-step process for reviewing standards for drug education. The 4 categories were:

- **Category 1: Coordination, staffing and organisation**
- **Category 2: Teaching and content**
- **Category 3: Monitoring, evaluating and reviewing**
- **Category 4: The wider context**

The seven-step process involves:

- **Step 1 - Read through the quality standards and criteria**
- **Step 2 - Use gathered evidence**
- **Step 3 - Where criteria are met, note evidence**
- **Step 4 - Assess evidence and suggest action**
- **Step 5 - Extract action points**
- **Step 6 - Write and execute action plan**
- **Step 7 - Set next review date**

Importance of Training for Drug Education

Effective drug education should be part of a planned health education programme, encompassing non-didactic approaches, which is delivered by those who have received adequate training and continue to receive back up and support.

Access to good quality training and information resources will help to build confidence. Such training is a pre-requisite youth workers, social workers, probation officers, those who work with non-statutory organisations etc - who are working with young people and are in a position to carry out preventive drug education should receive adequate training and support.

Extracts taken and adapted from the Health Promotion Agency, UK, © 2003

SECTION 1: GUIDELINES FOR YOUTH WORKERS ON MANAGING ILLEGAL DRUG-RELATED INCIDENTS

INTRODUCTION

This section of the policy has been produced in the wake of growing concern with regard to responding effectively and professionally to drug misuse in youth settings, in order to provide a clear framework and practical guidance for youth workers working with young people.

It also bears in mind the legal, professional and managerial expectations that staff might be exposed to risk and difficult situations in responding to and managing drug related incidents.

Finally, these guidelines also recognise the parameters within which workers and volunteers operate will differ from setting to setting, project to project, event to event and from youth service to youth service and responses will be governed and shaped accordingly.

1: GUIDELINES FOR YOUTH WORKERS

PRINCIPLES OF GOOD PRACTICE

The following outlines some principles of good practice, which should be borne in mind when youth workers are undertaking work with young people in relation to drugs.

It is essential that workers recognise that work around drugs issues with all young people is part of good youth work practice
The process is not different to any other youth work practice
Work should be undertaken with all young people and not just targeted at those young people who are believed to be involved in drug use. The only exception to this should be in the case of a project funded to work with a specific cohort of young people.
A wide definition of the word "drugs" must be used
Workers should recognise the harmful effects of stereotyping young people involved in drug use
Non-judgemental approaches are essential. Workers should not condone the use of drugs but equally should not condemn young people who use drugs
Workers must accept that risk-taking is an important part of development and that for many young people this may include substance, legal and illegal drug use
The importance of peer groups must be recognised and workers should encourage positive peer group support
Workers should be prepared to support all young people and offer advocacy. If individuals feel unable to offer sufficient support, young people should be advised about appropriate specialist agencies (see Appendix 4)
Workers should promote the self-esteem and confidence of young people. Young people must not be perceived as their actions e.g., drug user, but as important valuable individuals
Workers must respect the decisions made by young people and aim to ensure their health and well-being

PREMISES/SERVICES

Any individual or individuals seen to be producing, preparing or taking controlled drugs or inhaling solvents on premises occupied by or at services being provided by the Youth Service should be required immediately to stop and/or to leave the premises.

In respect of these activities and on possession of drugs, workers are expected to intervene in ways which draw upon their professional skill and act in ways which will create the minimum amount of harm to themselves, other workers and other people involved in a situation which could become confrontational and possibly physically violent.

It is not expected that workers will put themselves at risk of personal injury.

If a person refuses to stop and/or leave the premises, parents/guardians should be contacted. (*This will need to be a judgement call based on the particular circumstances*). If possible a JLO should be contacted if the young person is under 18 years of age. The Gardaí should be called to assist in the person's removal if deemed necessary.

The Gardaí should be contacted immediately if controlled drugs are being supplied in the premises.

Should the Gardaí subsequently request statements from youth and community workers these should be given.

If premises are entered for purposes of arrest or search a worker should make a detailed note of what has happened which should then be signed, dated and witnessed.

SEARCH

Youth workers **cannot** search young people. People can be searched by their employer if it is provided for in a contract of employment.

You can be searched under law by people other than the Gardaí e.g. Customs Officer. However, a security guard does not have the power to search. If you are stopped by a security guard you must be handed over to the Gardaí as soon as possible so that they can search you.

The Gardaí can search a person or premises if they believe a crime has been committed, and/or if they reasonably suspect a person to be in possession of a controlled drug (Misuse of Drugs Acts 1977 & 1994).

Searches can be carried out without a warrant under the powers of the following Acts:

- Misuse of Drugs Acts 1977 & 1984
- Offences Against the State Act 1939
- Criminal Justice (Public Order) Act 1994
- Criminal Justice Acts 1999, 2006 & 2007

The rights and entitlements of a person being searched are as follows:

You are entitled to ask why you or your premises are being searched

You should ask the Gardaí to identify themselves and if they are in plain clothes ask to see their identity cards

If asked, give your name and address. If you do not, depending on the Act under which the search is being carried out you could be committing an offence

Ask to see the search warrant under which the Gardaí are acting, if it is required. If they do not have a

warrant ask under the powers of what Act are they carrying out the search.
Take note of the methods in which the search is being carried out as all searches must be carried out fairly and cannot be conducted in an oppressive manner.
Take a note of the names of the officers who carry out the search.
If you have any doubts as to the validity of the search or the manner in which it was carried out, contact a solicitor.

POSSESSION AND DISPOSAL

If a person makes it evident that they are in possession of small amounts of drugs for their own use, the Youth and Community Worker (or any other member of the public) may receive the illegal drug from the person in order to give it to the Gardaí or to destroy it (e.g. by flushing away).
The transfer of the drug from the person to the worker must be witnessed by another adult worker, as should the act of destroying the substance.
The action must take place as soon as possible and under no circumstances should the drug be kept in the possession of the worker or on the premises.
Technically, the worker who has taken possession of drugs in the circumstances described above may be committing the offence of 'possession'. Ideally, therefore, the worker will personally supervise the destruction of the drugs by the persons in possession of them.
Any such incidents should be 'included in the daily record as described in Recording (see below).
If possible the young person should be kept informed at all time and should witness the disposal of the substance.
Parents/guardians and the young person should be kept informed of any future developments/actions that may need to be taken

DISPOSAL OF SYRINGES

Workers must act with extreme caution when finding or taking into their possession a syringe that may have been used for injecting drugs. Blood residue in used or dirty needles and syringes could be infected with a number of viruses including HIV and Hepatitis B.
The syringe should be removed to a safe container preferably by the use of tongs whilst at all times taking extreme care not to come into contact with the needle.
A purpose-made container should always be available. If not, a used drinks can serve as a temporary substitute.
A designated point(s) of disposal should be agreed which is clearly identified and all workers should be made aware of where the point(s) of disposal is/are.
At the earliest opportunity the container and its contents must be handed in at the nearest designated point of disposal.

OBSTRUCTION

Workers must be careful not to obstruct the Gardaí. Obstruction has a technical/legal meaning e.g. the giving of false information to the Gardaí or preventing an arrest by hiding a person or destroying drugs which are the subject of a Gardaí search and could result in possible follow up action by the Gardaí.

ADMISSION OF DRUG USERS TO PREMISES/SERVICES

People should not be automatically excluded from premises/services solely on the grounds that they are known to be drug users, or that they appear to have been taking illegal drugs, unless it is specifically stated within a policy/agreed procedure or is a requirement of a worker's or volunteer's contract, conditions of employment or duty of care (if applicable).
If a person seeks admission to the premises/services when they appear to have recently taken drugs an important consideration is the safety of the person concerned.
The person may be 'at risk' and may be admitted to the premises/services rather than turned away provided their admission would not endanger other occupants of the premises including staff.
Consideration must be given to the condition of the individual.
They may require supervision or medical attention to avoid serious harm.
If it is deemed necessary the emergency medical services should be called.
If a person has been excluded from the premises due to unacceptable behaviour caused by drug misuse or where there is evident possession, this exclusion or ban should generally be of a short duration.
Whereby a person has been excluded from the premises contact should be maintained and help should be provided where possible.
Indefinite bans should not be readily used and if they are being considered should always be discussed with the worker's line-manager.

SENSITIVITY OF WORKER PARAMETERS AND LOCAL CIRCUMSTANCES

The parameters within which workers and volunteers operate will differ from setting to setting, project-to-project, event to event and from youth service to youth service.

- A project working with young people may have a specific policy position regarding young people known to be using drugs.
- A youth worker within a youth project, or a club worker or volunteer working within a youth club setting may have a very clear stance of no tolerance in relation to drug or alcohol use and as such no young person under the influence of a drug or alcohol will be admitted onto the premises or to participate in an activity or event as may be the case.
- In some cases a young person under the influence of alcohol but not severely so may be admitted to an event if they are of legal age (**see Section 2**).
- Local circumstances such as the conditions attached to the rental/leasing arrangement of the premises, the relationship with the community, the brief of a particular project or initiative etc. can all dictate to varying degrees whether a young person under the influence of a drug or alcohol will be admitted onto the premises or to participate in an activity or event.

These local parameters need to be respected and as such some of the responses as outlined in this section may not always be appropriate or practical to a particular setting or event. These guidelines merely provide a template for dealing with these often-difficult decisions and situations. Worker parameters and local circumstances must be taken into consideration when decisions need to be taken regarding allowing young people onto the premises or to participate in an activity or event.

DEALING WITH SOLVENT MISUSE INCIDENTS

The physical effects of solvent misuse, whilst potentially very dangerous, usually wear off after a few hours and the cardiovascular symptoms predominate. The most common toxic effects are cardiac arrhythmias and asphyxia from enhancement of inhalation of volatile substances via the use of plastic bags etc. Chronic headache, sinusitis and diminished cognitive function can all accompany chronic use. Short-term physical symptoms include:

- Chronic or frequent cough
- Tinnitus
- Chest pain or angina
- Nosebleeds
- Extreme tiredness or weakness
- Increased nasal secretions
- Red, watery eyes
- A dreamlike state with hallucinations
- Depression and/or anxiety
- Shortness of breath
- Indigestion
- Dizziness
- Stomach ulcers
- Deep inhalation over short periods of time may cause disorientation, unconsciousness or seizures

Effects of inhalation are immediate, lasting from 5 to 45 minutes after cessation of sniffing. While initial effects may fade after several minutes, depending on the method of inhalation, effects may be felt for several hours. For most users effects will pass within an hour of ceasing inhalation of the volatile substance. Chronic users may experience withdrawal symptoms similar to those experienced from a general anaesthetic. Hangover effects may persist for several days, and may be characterised by:

- Tremor
- Headache
- Nausea
- Vomiting
- Mild abdominal pain
- Loss of appetite
- Fatigue
- Muscular cramps
- Delirium

How to Deal with an Incident of Solvent Misuse

Remain calm and do not panic

Do not excite or argue with the young person when they are under the influence, as they can become aggressive or violent
--

If the young person is unconscious or not breathing or in obvious distress, seek assistance or call for help. CPR should be administered until help arrives.
--

If in any doubt call an ambulance and/or CAREDOC if the service exists in your location
Contact the parents/guardians of the young person as soon as possible
If the person is conscious, keep him or her calm and in a well-ventilated room.
Avoid excitement or stimulation as they can cause hallucinations or violence
Talk with other persons present or check the area for evidence as to what was used.
Once the person is recovered, seek appropriate professional assistance

RECORDING

When working with young people a worker should maintain records including records of drug-related work in an Incident Register (see sample template below).
The Register should be kept in a secure place in accordance with the organisation's agreed procedures on storage of confidential information.
Such records are, technically, the property of the organisation and can therefore be required by the worker's line manager at any time as a basis for reviewing the progress of the work in the context of management supervision.
In order to protect confidentiality and the consequences that may result if the worker's notes were mislaid or stolen, it is recommended that some form of simple coding be used to protect the identity of persons referred to in the worker's records.

DRUG INCIDENT TEMPLATE

When did the incident occur?

Where did the incident occur?

Who was present?

What exactly occurred? (A separate account should be recorded for each person who witnesses the incident)

Who was/were the on-site worker/volunteer(s)?

How was the situation handled?

Were the organisation's agreed procedures followed during and after the incident? If no, why not?

What will be the organisation's formal response/follow-up, if any?

Were any external agencies/individuals contacted or involved? If yes, how?

Will there be any follow-up required with any external agencies/individuals who were contacted or involved?

Signed _____ Manager _____ Date _____

EMERGENCIES/FIRST AID MEASURES

In the event of a person losing consciousness through the use of drugs:

Check whether the person has any sharp objects on their person and remove same if they have.
They should then be placed on their side in the " <i>recovery position</i> ".
If in any doubt call an ambulance and/or CAREDOC if the service exists in your location.
Contact the parents/guardians of the young person as soon as possible.
It is expected that a worker or designated First Aid Officer (preferable) should check that the casualty has a clear airway, and steady breathing and heartbeat.
A worker or designated First Aid Officer (preferable) should undertake any other appropriate first aid measures if required and call for an ambulance.
The person should not be left unattended at any time.
Find out as many facts about the situation as is possible i.e. Endeavour to ascertain how much and what has been taken. This information should be given to the paramedics on their arrival.
Do not make the person vomit..

In the event of encountering a person experiencing bad side-effects from a hallucinogen or other drug (e.g. LSD, Magic Mushrooms, etc.):

Try to ascertain what has been taken.
If in any doubt call an ambulance and/or CAREDOC if the service exists in your location
Contact the parents/guardians of the young person as soon as possible
If possible remove the young person to a quiet environment where you are unlikely to be disturbed.
Offer some fluids, preferably orange juice.
Try to ensure someone stays with the young person at all times.
Offer reassurance in a quiet and relaxed manner that the effects will come to an end.
Try to differentiate between the effects of the drug and what is real.
Always ensure there is adequate support available for you.

Drug Awareness Programmes should be run on a regular basis for workers and volunteers to consistently update them on current trends, methods and type of drug use by young people.

N.B. A comprehensive list of the main drugs of use, both legal and illegal, including the forms they come in, what they look like and their main effects are included in Appendix 6.

DEALING WITH DRUG & ALCOHOL RELATED INCIDENTS ON RESIDENTIALS, EXCHANGES/TRIPS ABROAD

An incident may occur with a young person during the course of a residential event, youth exchange or trip away from home, which contravenes acceptable behaviour.

The option of simply sending the young person home, escorting them home immediately or contact their parent/guardian may not be an option given the location and distance from home.

In addition to this the law in relation to drugs and drug use will differ from country to country and the relevant information should be supplied to and studied by workers/volunteers/leaders responsible for a trip/exchange before the event occurs.

This information should be supplied to parents/guardians in advance of the residential/exchange occurring e.g. when they sign the standard consent and medical forms in advance of a residential or trip away from home.

This information should also be supplied and explained in detail to the young people involved in any planning or orientation meeting takes place in advance of the residential/exchange.

Whatever procedures exist within a local youth service for dealing with drug related incidents the 'law of the land' i.e. the legal jurisdiction of the location where the residential or exchange takes place must take precedence and if an incident occurs the procedures/law as operated by local police authorities should be followed.

In some cases legislation relating to the disposal of drugs will differ depending on the country. Therefore, it is important to have all relevant information at the disposal of those leading the event.

In some cases the use of aerosol-based products is banned on trips due to the risk of solvent misuse. A position regarding the use of aerosols should be discussed and agreed between workers and young people in advance of a residential/exchange.

Given all of the above it is advisable that a specific procedure for dealing with a possible incident is agreed in advance between those leading the event and senior management of the Local Youth Service.

SUPPORT STRUCTURES FOR STAFF AND VOLUNTEERS

As can be seen by what is outlined above the role and responsibility for a youth worker or volunteer faced with responding to and/or managing a drug related incident is a heavy one. With this in mind it is vitally important that as would be the case with situations involving child protection, suicide and bereavement that adequate support and supervision structures are in place within the Local Youth Service to support workers and/or volunteers who find themselves in this situation. This should include:

- Adequate support, supervision and managerial systems and senior management and board level.
- Advice/information on and access to support and counselling services should be made available if required.
- If an incident leads to an external follow-up adequate insurance and legal provision should be in place and a mechanism to keep staff/volunteers up to speed on any external process at each stage

SECTION 2: DEALING WITH ALCOHOL AND TOBACCO RELATED SITUATIONS

ALCOHOL USE ON THE PREMISES

It is illegal for young people under the age of 18 to purchase or consume alcohol or tobacco. Youth workers have a duty of care for young people in this regard. However, there may be certain occasions where alcohol is consumed on the premises as part of an organised event, particularly if the event is not a specific event for young people, but young people are in attendance who are over the age of 18. In cases such as this workers and volunteers should ensure that they are in compliance and operating within the law in relation to the consumption of alcohol on the premises. This should take into account the following:

- Legal Age Limits for Consuming Alcohol
- Licensing Requirements
- Insurance Requirements
- Local Authority By Laws
- Appropriateness of the Event and the Setting
- Child Protection Requirements
- Health & Safety Regulations

BRINGING ALCOHOL TO OR CONSUMING ALCOHOL ON THE PREMISES

Outside of organised events such as the above, alcohol should not be consumed or permitted on the premises. If this occurs the person should be asked to dispense with the alcohol and stop immediately. If they refuse to stop they should be asked to leave the premises

YOUNG PEOPLE UNDER THE INFLUENCE OF ALCOHOL

In the case where a young person is under the influence of alcohol, the worker or volunteers should assess whether the person may be at risk. Workers or volunteers should take what they feel to be the appropriate action to ensure the safety of that person or there may be an agreed procedure in place. This action may take the form of:

- Monitoring the person within the setting
- Calling a parent/guardian *
- Not admitting the person onto the premises
- Administering First Aid
- In extreme circumstance calling an ambulance or the Gardai.

While attempting to ensure the safety and well being of the young person, there is a responsibility on workers and volunteers to intervene in ways which will minimise the possibility of harm to themselves, other workers and the other young people.

It is not expected that workers or volunteers will put themselves or anyone else at risk of injury. In certain circumstances where there is such a risk it may be necessary for workers or volunteers to call the Gardai for assistance.

The parameters within which workers and volunteers operate will differ from setting to setting, project-to-project, event to event and from youth service to youth service. These local parameters need to be respected and as such some of the responses as outlined above may not always be appropriate or practical to a particular setting or event.

Notwithstanding these parameters clear procedures should be in place, which are agreed, understood and made available to all concerned – workers, volunteers, young people, parents/guardians.

** All youth settings should have a mobile phone available for use in emergencies where the facility being used does not have a phone. In addition, a listing containing the contact numbers for the parents/guardian of all young people in their care should be available on-site at all times.*

WORKERS AND VOLUNTEERS UNDER THE INFLUENCE OF ALCOHOL

Workers and volunteers have a strong responsibility to take a lead role regarding the use of alcohol. It would be difficult for a worker or volunteer to speak with authority on or undertake educational work on alcohol use with young people if their own behaviour and attitudes in relation to alcohol use are open to criticism. The standards that workers and volunteers apply to young people in relation to legal, responsible and safe alcohol use they should be prepared to apply to themselves.

Workers and volunteers should not present themselves for any form of work, activity or involvement with young people under the influence of alcohol unless it is a specific activity where alcohol is permitted and the young people are of legal age and fulfil the criteria set out in the first paragraph of this section.

If they do present themselves for any form of work, activity or involvement with young people under the influence of alcohol they should be asked to leave the premises by their supervisor/manager or a fellow worker or volunteer if their supervisor/manager is not available. Appropriate disciplinary measures should then follow.

In many formal education settings staff are recommended or requested not to attend for work with young people if they are under the influence of a hangover or have been drinking heavily the night before. Staff and volunteers should check to see what the position is regarding this within their local youth service and abide by whatever procedure exists. If no clear procedure exists, one should be developed and agreed with staff and volunteers and all staff, volunteers and users of the service should be made aware of the position.

Workers and volunteers should also refrain from speaking in an inappropriate manner about their consumption of alcohol (and indeed any other drug), particularly excessive use of alcohol (or any other drug) when in the presence of young people, with the exception of using such experiences or language in an educational context.

SMOKING ON THE PREMISES

Most public buildings have now become non-smoking, with either no smoking being permitted on the premises or a specific area or room being set aside for those who wish to smoke. The position with regards to a youth setting or youth event should be no different. New legislation was enacted early in 2003 and commenced on 29 March, 2004 as part of the Public Health (Tobacco) Health Act, 2002 made make it illegal to smoke in any place of work and this includes:

- Aircraft, trains, ships other vessels including cars and public service vehicles in so far as they are places of work.
- Licensed premises (pubs) and registered clubs, in so far as they are places of work.

Outdoor areas such as playground, outdoor pursuits etc. which will be applicable to those involved in youth work will also come into this category and if a worker or volunteer has young people on their charge in an outdoor setting, this would constitute a working environment and as such they should not be smoking as consistent with this legislation.

The following places of work are exempt from prohibition:

- Prisons
- St. Patrick's Institution
- Garda Station detention areas
- Nursing homes
- Hospices
- Religious order homes
- Central Mental Hospital
- Psychiatric hospitals
- Residential areas within third level education institutions
- Hotel, guesthouse and B&B bedrooms

Workers and volunteers also have a responsibility to take a lead on this issue. With this in mind they should abide by whatever smoking regulations exist within the setting themselves and should seek to enforce the regulations if anyone else is breaking them, be they a worker, volunteer, young person or guest on the premises.

It is not good practice for workers or volunteers to supply cigarettes to young people accept cigarettes from young people or purchase cigarettes for young people. It would be regarded as good practice given the role of a youth worker or volunteer not to smoke on front of a young person in any circumstances.

ALCOHOL AND SMOKING LEGISLATION

ALCOHOL LEGISLATION

INTOXICATING LIQUOR ACT, 2003

This Act relates specifically to alcohol use and what was proposed was been the cause of much heated public debate and a heightened level of discussion on the issue of alcohol use and young people. The purpose of the Act is to amend the Licensing Acts 1833 to 2003 in order to respond to recommendations of the Commission on Liquor Licensing and to concerns outlined in the Interim Report of the Strategic Task Force on Alcohol. The main provisions of the Act are as follows:

Combating Drunkenness and Disorderly Conduct

- The Act contains revised provisions, including stronger penalties, in relation to the sale and supply of intoxicating liquor to drunken persons and drunkenness in licensed premises.
- Stronger provisions relating to the maintenance of order and the prohibition on disorderly conduct on licensed premises.

Enforcement and Sanctions

- Wider use of temporary closure orders where licensed premises are found to be in breach of the licensing laws, e.g. in relation to permitting drunkenness or disorderly conduct, or supplying alcohol to drunken persons.
- The extension of enforcement powers under the licensing laws to non-uniformed Gardai.

Trading Hours

- Closing time on Thursday nights to be brought back to 11.30 p.m.
- A new provision which will allow local authorities to adopt resolutions in relation to the duration of special exemption orders in their areas; the Courts shall have regard to such resolutions when granting special exemption orders.
- A prohibition on the provision of entertainment during the 30 minutes drinking-up time.

Admission and Service

- Amendment of the Intoxicating Liquor Act 1988 as follows:
- Prohibition on supply of intoxicating liquor to under 18s, and admittance of those under 18s only with the explicit consent of a parent or guardian.
- Licensees to have discretion to exclude under 18s from bars of licensed premises at any time but will be required to exclude them after 8.00 p.m.
- Moreover, a child (under 15) may be excluded from a bar if it appears to the licensee that the duration of the child's presence in the bar could reasonably be regarded as injurious to the health, safety or welfare of the child.
- A new requirement whereby persons under 21, other than those accompanied by a parent or guardian, must carry an age document in the bar of licensed premises.
- Transfer of jurisdiction in certain cases of alleged discrimination in licensed premises from Equality Tribunal to the District Court.

Amendment of Equal Status Act 2000

- The discretion of licensees to exclude children and persons under 18 years from the bar of licensed premises to be safeguarded;
- Licensees to be permitted to set a minimum age for sale/consumption of intoxicating liquor at level above the statutory minimum provided the policy is publicly displayed and operated in good faith.

Other Provisions

- Consumption of intoxicating liquor sold for consumption off the premises to be prohibited in the vicinity of a licensed premises, or in an off-licence.
- Lower price sales of alcohol during a limited period on any day, i.e. 'happy hours' will be prohibited.
- Provision for the making of regulations.
- To prohibit or restrict licensees from engaging in promotional practices that are intended or likely to encourage persons to consume alcohol to an excessive extent.
- To specify particulars to be affixed to any container in which intoxicating liquor is sold for consumption off the premises, which enable the identity of the licensee, and the licensed premises concerned to be identified.

PUBLIC ORDER BILL, 2001

The 2001 Public Order Bill provides for action to be taken against licensees of premises with a record of public order offences.

THE INTOXICATING LIQUOR ACT, 1988

This act prohibits the sale of alcohol to anyone under 18 years of age, the purchasing of alcohol for anyone under 18 years of age and the possession or consumption of alcohol in a public place by anyone under 18 years of age.

SMOKING LEGISLATION

THE PUBLIC HEALTH (TOBACCO) HEALTH ACT, 2002

The legislation, which became effective in January in 2004, banned smoking in any 'place of work'. The new legislation stated that smoking would be prohibited in: a 'place of work' as defined in the Safety, Health and Welfare at Work Act 1989. A 'place of work' under this piece of legislation includes *any "place, land or other location at, in, upon or near which, work is carried on occasionally or otherwise and in particular includes a premises, an offshore, a tent, temporary structure or movable structure and a vehicle, vessel or aircraft"*. A 'place of work' therefore includes:

- Aircraft, trains, ships other vessels and public service vehicles in so far as they are places of work.
- Licensed premises (pubs) and registered clubs, in so far as they are places of work. Dwellings, which are places of work, will be excluded from the scope of regulations.

SAFETY, HEALTH & WELFARE AT WORK (CARCINOGENS) REGULATION (S.I. NO. 078 OF 2001)

The amendment to the Safety, Health and Welfare at Work (Carcinogens) Regulation (S.I. No. 078 of 2001) identifies ETS as a carcinogen, a direct cause of cancer. Smoking and now passive smoking are recognised as both a hazard and a risk from which workers must be protected.

SAFETY, HEALTH AND WELFARE AT WORK ACT 1989

Under the Safety, Health and Welfare at Work Act 1989 employers have an obligation to protect their workforce from workplace hazards. Section 6. (1) of the Act places a duty on the employer "...to ensure, so far as is reasonably practicable, the safety, health and welfare of all his employees."

THE TOBACCO (HEALTH PROMOTION & PROTECTION) ACT, 1988

This act prohibits the sale of tobacco to anyone under the age of 18. It also restricted smoking in places such as cinemas but will be superceded at the beginning of 2004 by new legislation

SECTION 3: CONFIDENTIALITY AND DEALING WITH PARENTS

INTRODUCTION

There will be occasions when a young person is trying to cope with problems and difficulties of which the misuse of drugs is a manifestation. This use of drugs will have gone beyond the 'experimentation' stage. In such circumstances support and advice is to be expected during which the relationship between worker and young person should be established within the parameters described below.

CONFIDENTIALITY

The relationship of trust between youth workers and young people is fundamental to the service. Relationships are freely entered into by young people and the entire basis of the service would be changed if workers were under an obligation to inform parents of young people's experimentation with drugs. However, there will be cases where confidentiality cannot be guaranteed as outlined below.

DEALING WITH ISSUES OF CONFIDENTIALITY

Given the nature of youth work, those working with young people may find themselves in a position where young people disclose sensitive information about personal issues. **It is particularly important not to promise complete confidentiality before knowing what a young person is going to say, as it may be necessary to share that information with others.**

The worker should clarify that there are limits to confidentiality between the worker and the young person or group. This means that the worker will have to take any disclosed information about risks to anyone's safety or possible legal actions further.

Whilst confidentiality is important the young person should know that if it becomes necessary for health & safety or legal reasons or Duty of Care requirements for the worker to speak to a third party, contact might be made without their consent. In every case the welfare of the young person concerned must be a primary consideration.

In working with drug users, workers must maintain a balance between the requirements of the law and the interests of the individual with whom they are working. The nature of the relationship offered by the worker should be made clear from the start in order that there be a clear understanding between worker and 'client'.

In such an understanding the drug user would know that, usually, the worker is not required, in law, to inform anyone that a person has used solvents, an illegal drug, or is in possession of illegal drugs. It should be made clear that the worker would speak to a third party, if it were felt to be in the interests of the welfare of the person concerned, although this would not take place without their prior knowledge.

Within this understanding the worker should encourage the young person to make their own choices about how they deal with drug-related problems and should support and encourage the young person in any positive decisions they take.

Habitual drug users should be encouraged to use the support and services of appropriate agencies such as local Health Boards, treatment and addiction services, counselling services etc.

Recording and maintenance of incidents will respect the rights of young people to confidentiality where appropriate.

DEALING WITH PARENTS/GUARDIANS

The issue of contacting parents/guardians is likely to emerge as an early consideration. Workers should encourage and support the young person in any decision to inform their parents/guardians of the problems they are experiencing. Support may involve the worker accompanying the young person in meeting the parent/guardian(s) and trying to secure their understanding of the problems and positive support for the young person involved.

Parents may expect to be informed if workers are aware that their son or daughter has used illegal drugs or inhaled solvents. This may present a dilemma for workers. Many young people experiment with legal and illegal drugs or solvents. This drug use may not take place on the premises but workers are often aware of such activity through the disclosures of young people. These disclosures are enabled by a relationship of trust between workers and young people. They can also emerge during discussion promoted by a health awareness raising project or may even be the subject of boastful conversation amongst young people.

PARENTS/GUARDIANS - WHAT TO DO?

When repeated use of solvents or illegal drugs is confirmed, especially where this indicates a serious risk to a young person's health, parents/guardians should always be contacted. Workers should always seek to negotiate any such contact with the young person concerned, hoping that it may be done with their co-operation.

In all cases the situation must be discussed with the line manager before parents/guardians are contacted. A worker should consult their line manager in order to decide the best course of action and to ensure support and supervision for themselves.

If it is deemed appropriate arrange to set up a meeting with parents/guardians and decide in consultation with the parent/guardian who else should be in attendance including the young person.

It is important to be aware of the concerns and fear and in some cases anger that a parent/guardian may experience when such a meeting is called. Therefore, be sympathetic to these feelings and discuss the issues with them in an empathetic and supportive manner.

Make them aware of the organisation's support in providing further assistance to them where possible including follow-up meetings and also of the external support services that are available to them should they be required i.e. treatment/addiction, counselling services

It is also important to acknowledge the responsibility that the young person has for their behaviour and as such the role they should have in being involved in deciding what happens next.

In cases where the worker considers that family relationships may be an important contributory factor to drug use, or where the worker suspects that contact with the family may not be beneficial to the welfare of the young person, the situation must be discussed with the line manager before any decision to contact parents/guardians or not contact is taken.

Workers should be aware of the possible involvement of other agencies (e.g. government departments, social services, JLO's etc) and they should not act unilaterally if such agencies are in touch with the family.

SECTION 4: DRUG RELATED LEGISLATION

INTRODUCTION

In examining the issue of young people and drug use it is important to consider the legal position with regard to such drug use. This is particularly important as those who work with young people will often find themselves in the position of needing such knowledge if they are faced with having to respond to a drug related incident. Legislation in relation to alcohol and tobacco has already been outlined in **Section 2**.

They may also require such knowledge if they wish to introduce drug education to a programme or curriculum, in the form of information for the young people they work with, information to educate and inform themselves, or for use in an advocacy capacity. This section outlines the existing legislation that covers drug use in the Republic of Ireland from the point of view of use, possession, storage and dealing. This section will also outline the powers of the Gardai and the range of penalties and sentences available to the courts.

Some of the measures introduced over the past decade, as part of the Government's anti-crime package such as the Criminal Assets Bureau, the Revenue Commissioners, Recommendations from the Ministerial Task Force on Measures to Reduce the Demand For Drugs, the Housing Act and the new powers given to the Gardai in relation to the seizing of assets are covered in **Appendix 4**.

CRIMINAL JUSTICE ACTS 1999, 2006 & 2007

CRIMINAL JUSTICE ACTS 1999

Section 4 of this Act made an amendment to **Section 15** of the *Misuse of Drugs Act 1977* to provide for a New Drug Related Offence as follows - "Offence relating to possession of drugs with value of £10,000 (punts at the time) or more.

15A.—(1) A person shall be guilty of an offence under this section where—

(a) the person has in his possession, whether lawfully or not, one or more controlled drugs for the purpose of selling or otherwise supplying the drug or drugs to another in contravention of regulations under section 5 of this Act, and

(b) at any time while the drug or drugs are in the person's possession the market value of the controlled drug or the aggregate of the market values of the controlled drugs, as the case may be, amounts to £10,000 or more.

(2) Subject to section 29(3) of this Act (as amended by section 6 of the *Criminal Justice Act, 1999*), in any proceedings for an offence under this section, where—

(a) it is proved that a person was in possession of a controlled drug, and

(b) the court, having regard to the quantity of the controlled drug which the person possessed or to such other matters that the court considers relevant, is satisfied that it is reasonable to assume that the controlled drug was not intended for his immediate personal use,

he shall be presumed, until the court is satisfied to the contrary, to have been in possession of the controlled drug for the purpose of selling or otherwise supplying it to another in contravention of regulations under section 5 of this Act.

(3) If the court is satisfied that a member of the Garda Síochána or an officer of customs and excise has knowledge of the unlawful sale or supply of controlled drugs, that member or officer, as the case may be, shall be entitled in any proceedings for an offence under this section to be heard and to give evidence as to—

(a) the market value of the controlled drug concerned, or

(b) the aggregate of the market values of the controlled drugs concerned.

(4) No proceedings may be instituted under this section except by or with the consent of the Director of Public Prosecutions.

(5) In this section—

‘market value’, in relation to a controlled drug, means the price that drug could be expected to fetch on the market for the unlawful sale or supply of controlled drugs;

‘an officer of customs and excise’ has the same meaning as in section 6 of the Criminal Justice (Drug Trafficking) Act, 1996.”

CRIMINAL JUSTICE ACT, 2006

Part 8, Sections 81 - 86 of this act deal with the misuse of drugs making amendments to the *Misuse of Drugs Act 1977* by creating new offences in relation to the importation of controlled drugs and the supply of controlled drugs into prisons and places of detention, amending provisions on sentencing and certain evidential matters relating to the value of drugs and the making of a number of related amendments as follows:

Section 81 (*Amendment of section 15A of Act of 1977*) — This section inserts a new subsection (3A) into section 15A of the 1977 Act. The new subsection provides that, in proceedings for an offence under section 15A (offence relating to possession of drugs with a value of €13,000 or more for the purpose of sale or supply), it shall not be necessary for the prosecution to prove that the person knew that the market value of the drugs was €13,000 or more or that the person was reckless in that regard.

Section 82 (*Importation of controlled drugs in excess of certain value*) — This section inserts a new section 15B into the 1977 Act. It creates a new offence of importing one or more controlled drugs where the market value or aggregate of the values are €13,000 or more. Proceedings may only be brought under this section with the consent of the DPP. In any proceedings it shall not be necessary for the prosecution to prove that the person knew at the time of importation that the market value was €13,000 or more or that the person was reckless in that regard. Where the court is satisfied that a Garda or an officer of customs and excise has knowledge of the unlawful sale of controlled drugs, that Garda or officer shall be entitled to give evidence as to the market value of the drugs concerned. The penalty provisions in relation to this offence, including a mandatory minimum sentence of 10 years, are set out in section 27 of the Act of 1977 as amended by section 84 of this Act.

Section 83 (*Supply of controlled drugs into prisons or places of detention*) — This section inserts a new section 15C into the 1977 Act and creates a new offence of supplying controlled drugs into a prison, a children detention school or remand centre.

A person who, other than under regulations under section 4 of the 1977 Act, conveys a controlled drug into a prison, etc or who places a controlled drug inside or outside a prison, etc with the intention that it shall come into the possession of a person in the prison, etc shall be guilty of an offence.

A person who throws or projects a controlled drug into a prison, etc or who while in the vicinity of a prison, etc has in his or her possession a controlled drug with the intention to convey, place, throw or project the controlled drug into the prison, etc shall also be guilty of the offence. A presumption may be drawn as to the person's intention to convey, place, throw or project the controlled drug having regard to the fact that it is proved that the person had in his or her possession the controlled drugs and it is reasonable to assume, having regard to all circumstances, that the controlled drug was not intended for his or her immediate personal use.

A person shall be guilty irrespective of the quantity concerned. In proceedings for an offence under this section it shall not be necessary for the prosecution to prove that the controlled drugs in question were intended to come into the possession of any particular person in the prison, etc. The section also empowers a prison officer or an authorised member of the staff of a children detention school or remand centre to search a person suspected of having committed or is committing an offence under this section while he or she is in the prison etc.

A prison officer or other authorised member of staff may, for the purposes of performing his or her functions, have a controlled drug in his or her possession.

A person guilty of an offence under this section is liable on summary conviction to a fine not exceeding €3,000 or 12 months imprisonment or both and on conviction on indictment to a fine or imprisonment for a term not exceeding 10 years or both.

Section 84 (*Amendment of section 27 of Act of 1977*) — This section amends the sentencing provisions in section 27 of the 1977 Act to provide that the sentencing regime prescribed under that section in respect of an offence under section 15A (offence relating to possession of drugs with a value of €13,000 or more for the purpose of sale or supply) including the mandatory minimum sentence of 10 years shall also apply to an offence under section 15B (offence of importation of controlled drugs in excess of €13,000 as inserted by section 82 of this Act).

In addition the section provides for a number of amendments to the mandatory minimum sentencing regime under the section. A new subsection (3AA) is added. It provides that the court in determining the appropriate sentence shall have regard to whether the person has a previous conviction for a drug trafficking offence.

A new subsection (3CC) relates to cases where the court is considering whether a sentence of not less than 10 years would be unjust, it shall have regard to whether the person has a previous conviction for a drug trafficking offence and whether the public interest in preventing drug trafficking would be served by the imposition of a lesser sentence.

New subsections (3CCC) and (3CCCC) provide that in circumstances where a person has a previous conviction under sections 15A or 15B, the court must impose a sentence of not less than 10 years imprisonment.

Section 85 (Amendment of section 29 of Act of 1977) — This section amends subsection (3) of section 29, primarily by adding a reference to subsection (1)(d) of the new section 15C (Supply of controlled drugs into prisons and places of detention), as inserted by section 83 of this Act. Section 29 of the 1977 Act provides that a defendant may rebut a presumption of being unlawfully in possession of controlled drugs by showing that he or she was lawfully in possession by virtue of regulations under section 4 of the 1977 Act.

Section 86 (Amendment of section 3(1) of Criminal Justice Act 1994) — This section updates the definition of ‘drug trafficking offence’ in the 1994 Act by adding an offence under section 15B (Importation of controlled drugs with a value of €13,000 or more) to that definition.

CRIMINAL JUSTICE ACT 2007

Part 5, Section 33 of this Act deals with the misuse of drugs and makes amendments to **Section 27** of the *Misuse of Drugs Act 1977* as follows:

Section 33 substitutes subsections (3A) to (3K) of **Section 27** of the *Misuse of Drugs Act 1977*, as amended by the *Criminal Justice Acts of 1999 and 2006*. **Section 27** as amended provides, *inter alia*, for the 10 years mandatory minimum sentencing arrangements for certain drug trafficking offences. The purpose of this substitution is twofold:

- (i) to represent the amended subsections together and remove the somewhat opaque subsections (3CC), (3CCC) etc arising from previous amendments, and
- (ii) by means of subsection (3D)(a) to include what may be seen as a “construction clause” in order to set out clearly the purpose of the mandatory minimum sentencing arrangements in section 27. It is intended that the mandatory minimum sentence should be imposed in all but the most exceptional cases and that reductions in the minimum sentence should be exceptional and confined to cases where particular / specific circumstances apply.

PROVISION UNDER THE MISUSE OF DRUGS ACTS 1977 & 1984

The *Misuse of Drugs Acts* (1977 & 1984) are intended to prevent the non-medical use of drugs. For this reason, they control not just medicinal drugs but also drugs with no current medical use. Offences involving the general public are covered under these Acts. The drugs to which the Acts apply are specified in the Schedules to the Act and are known as controlled drugs. The list includes, in addition to narcotics such as heroin, other substances such as sedatives, which are open to abuse.

The Acts define a series of offences including unlawful supply, intent to supply, the import or export, and the unlawful production of controlled drugs. Other offences include the growing of opium poppies, cannabis and coca plants, forging of prescriptions, occupiers of premises knowingly allowing illicit traffic in drugs or permitting the use of controlled drugs on their premises. The Acts also prohibit the unlawful possession of drugs, but make a distinction between possessing for one's own personal use and possession for illegal supply to another person ('pushing'). This latter offence carries much heavier penalties. To enforce this law, the Gardai have special powers to stop, detain and search people and vehicles without a warrant if they have 'reasonable cause' to believe that someone is in possession of a controlled drug.

Possession

The basic offence under the Act is that of possession, and save for one exception, at Section 16 concerning the use of opium, the use of a controlled drug is not generally prohibited under the Act. The offence of possession is also a constituent of other offences under the Act such as that of possession for the purpose of supply, and of course a person cannot import or traffic in a drug unless it is in their possession, neither can they use a drug unless it is in their possession.

The legislation naturally contains exemptions for certain classes of person legally to possess controlled drugs. The Gardai or Customs and Excise officers may legitimately possess controlled drugs if acting in the course of their duty. There are similar provisions for doctors and chemists, etc.

Virtually all crimes require proof of a mental element known as *mens rea*. This is a requirement of all but the most minor offences under the Act, and is a component of the offence of possession.

As far as the criminal law is concerned possession can mean more than simply physical possession. If a person asks someone to hold a bag for him/her it remains in his or her possession. Possession in law requires custody or control and denotes the right and power to deal with the thing in question. Two or more persons may have possession of the one object or substance if both have control over it, and the right to deal with the object or substance in question.

However, before one has the right or power to deal with something one must have knowledge of its existence. Thus in addition to custody or control possession in the criminal law requires also knowledge - a person cannot be said to be in possession or control of something of whose existence he has no knowledge.

Supply of Controlled Drugs

Section 5 of the Act provides, *inter alia*,:

- (i) *For the purpose of preventing the misuse of controlled drugs, the Minister may make regulations:*
 - (a) *Prohibiting absolutely, or permitting subject to such conditions or exceptions as may be specified in the regulations, or subject to any licence, permit or other form of authority as may be specified*
 - (b) *The supply, the offering to supply or the distribution of controlled drugs.*

Article 4 of the Misuse of Drugs Regulations, 1979 states simply:

- (i) *Subject to the provisions of these Regulations a person shall not:*
 - (a) *Supply or offer to supply a controlled drug.*

This section refers to the actual supply of drugs and is rarely used. As one will see Section 15 of the *Misuse of Drugs Act 1977* is the more widely used section and is easier to prove. It should be noted that in relation to Section 5 and Article 4 mentioned above, it is irrelevant if the offer is not genuine as long as the offeror intends that the offeree should think he is receiving a controlled drug. Thus if a person offers to supply someone with ecstasy, when the person knows that the tablets are in fact harmless vitamins, the person is nonetheless guilty of offering to supply a controlled drug.

The offence of possession for the purposes of supply is much easier to prove and is the more generally prosecuted offence. It is also dependent upon the regulations. The Minister is empowered by Section 5(1) of the Act to make regulations prohibiting the supply of controlled drugs, and Article 4(1)(b), as previously quoted, does so.

The prohibition is absolute and the burden of proving an exception lies on the Defence, but is discharged on the balance of probabilities, rather than beyond reasonable doubt.

Section 15 of the Act creates the offence of *'drug pushing'*. It provides:

(1) A person who has in his possession, whether lawfully or not, a controlled drug for the purpose of selling or otherwise supplying it to another in contravention of the regulations under Section 5 of this Act shall be guilty of an offence.

The Act goes on to provide that supply includes giving without payment. It should be noted that possession is a constituent element of this offence.

The Act does not include a technical definition of the word supply and it should therefore be given its ordinary meaning. In all cases the accused may also be successfully prosecuted for the offence of possession of a controlled drug, and in almost all circumstances the offence of offering to supply will have occurred before such supply.

Section 15 is the more usual charge preferred as it is not necessary to prove that supply actually took place and, therefore, will not require evidence of observation of an actual 'drug deal' taking place.

Because of the existence of the presumption at Section 15 (2) i.e. that the person is in possession of the controlled drug for the purposes of supplying them to another, the prosecution need only establish the possession of the drugs to secure a conviction.

It is worth noting that the burden of proof then shifts to the defence to establish that the drugs were for personal use.

There are no statutory provisions for amounts of controlled drugs necessary to take a charge from simple possession to possession for the purposes of supply. The section simply refers to *'other than immediate personal use'*. Hence possession of five or six ecstasy tablets could warrant a charge of possession for the purposes of supply.

In the course of a trial for possession for the purposes of supply a forensic scientist will give the total weight or quantity of the substance. The scientist will also describe the usual quantities that the drugs are made up into for sale and the percentage purity of the drug usually found in the tablet as sold on the street.

To buy drugs on behalf of other persons, or to buy to give to one's friends, also constitutes the offence of possession for the purpose of supply. A person who takes possession of a controlled drug for the purpose of delivering it to another is also guilty of the offence.

Allowing on Premises

Generally to allow a crime to happen is not in itself a crime, nor does the mere presence at the scene of a crime constitute a crime. However Section 19 of the Act provides that any person who is the occupier, or is in control or is concerned in the management of any land, vessel or vehicle who knowingly permits or suffers any of a number of things to take place shall be guilty of an offence.

There are several different offences created by the section and it is therefore not proper to charge them in the alternative on the same count. The elements of the offence comprise knowledge of the prohibited activity and authority to prevent its commission.

Section 29 (4) provides:

"In any proceedings for an offence under Section 19 of the Act it shall be a Defence to show that the Defendant took steps to prevent the occurrence of the continuance of the activity or contravention to which the alleged offence relates and that, in the particular circumstances, the steps were taken as soon as practicable and were reasonable"

At the very least **Section 19** requires that the accused have some authority in relation to the premises. It need not be absolute but must exist to the extent that the accused was capable of doing some act whereby others would be obliged to desist from their criminal activities.

If the person has no right to take steps to prevent the prohibited activity he cannot be said to fall into the category of persons the Act seeks to penalise. The section covers even transient use of the premises once those charged can fairly be said to have control over what occurs within the premises.

The phrase "*concerned in the management or*" refers more to the activity carried on in the place and the degree of participation in that activity of the accused.

Once it has been proved that the requisite activity took place and the accused is proved to have been in control of the place where the activity took place, the burden shifts to the defence to prove, on the balance of probability, that the accused was unaware of the activity. Section 19(2) provides that:

"it shall be presumed until the court is satisfied to the contrary that the activity or contravention took place with the knowledge of the Defendant"

Garda Powers

Under the Act members of the Gardaí are given powers to stop, search and arrest persons whom they reasonably suspect to be committing an offence under the Act.

Section 23 of the Act deals with the power of members of the Gardaí to search persons whom they reasonably suspect are in possession of a controlled drug.

Pre arrest searches will involve an infringement of the constitutional right to liberty, and where a thorough search is required, a possible violation of the constitutional right to bodily integrity. Because of the substantial inroads into the liberty of the citizen, the Gardaí should inform the party to be searched of their reasons for so doing.

The member may search the person, and if he considers it necessary for that purpose, detain the person for such time as is reasonably necessary for the making of the search. Where he decides to search a person he may require that person to accompany him to the Garda Station for the purpose of the search. If such a requirement is made and the person refuses to comply with the said requirement, the member of the Gardaí may arrest without warrant the person of whom the requirement was made.

There is no power to arrest a person who merely refuses to be searched. However, he may then be lawfully requested to accompany the member of the Gardaí to the Station and if he refuses he may then be lawfully arrested. It is an offence to contravene a lawful direction under Section 23 and such an offence carries a fine of up to €200.

The search of premises will involve the violation of a constitutional right where the premises are the dwelling of the accused. Where the Garda propose to search a premises for the purposes of finding evidence, then they must first obtain a warrant. Reasonable force may be used, but doors may not be broken down unless entry has been demanded and refused. The Gardaí may search only the premises

specified on the warrant and no others. Persons found on the premises may also be searched as this power is contained by the Act. The face of the warrant must also specify the search of persons found on the premises if such is to be lawful.

A warrant may be issued by a District Judge or by a Peace Commissioner if he or she is satisfied on oath that the member of the Garda Síochána has reasonable grounds for suspicion. The standard of the information must go beyond a mere averment by the member of the Garda Síochána that he has reasonable grounds for suspecting any of the matters contained in the sub section.

A clear power of arrest is created by Section 25(1) in relation to drug pushing. The section provides that a member of the Gardai may arrest without warrant a person whom he suspects, with reasonable cause, has committed an offence. As we have seen, separate offences exist in relation to drug pushing, supply, offer to supply and possession for the purpose of supply, which is the only offence contrary to Section 15. However, every person who supplies a controlled drug will, at the moment of supply or attempt to supply have had the controlled drug in his possession for the purpose of supply. The power of arrest will usually, therefore, cover all three situations.

All other offences under the Act are arrestable only on specified conditions set out in Section 25(2). Thus the Act differentiates, for the purpose of arrest, between drug pushing and all other offences.

In order to have a reasonable suspicion, the Gardai need not have a prima facie case, or be sure of a conviction, but the suspicion must be reasonable and must not be based on guesswork, or on a hunch or on instinct. It must be founded on some ground which if challenged will show that at the moment of arrest the Gardai acts on a hunch, but has no reasonable suspicion, the factual correctness of the hunch will not render the arrested person's detention lawful, in consequence any confession made by that person will not be admissible in evidence.

As the arrest of a person constitutes an interference with his constitutional right to liberty the powers granted to the Gardai under the Act must be strictly adhered to and all the conditions precedent to their exercise complied with stringently.

The question of reasonable suspicion does not have any strict legal definition and each case will depend on its own facts. In founding a reasonable suspicion the Gardai may rely on hearsay, which must be reliable, which will depend on its source. The Gardai should exercise great care in arresting a person on the information of an accomplice. An anonymous communication will not be sufficient. Information given by one Garda to another can be said to come from a reliable source. The Gardai, in practice, invariably claim privilege as to the source of their information, which claim is invariably upheld.

While the behaviour of a suspect may justify an arrest, his refusal to co-operate with Garda enquiries will not, as this is the right of every citizen. In effecting an arrest the Gardai may use no more force than is reasonably necessary. The purpose of the arrest is to have a person charged with a criminal offence. The powers of arrest under **Section 25** should not be used for the purpose of questioning.

A person arrested is now invariably given a form outlining his rights whilst in custody, which includes the right of access to a legal advisor, although this does not include the right to have a solicitor present during interrogation. Where a person is arrested or subjected to any power, which involves a deprivation of his liberty he should be informed of the reasons for the exercise of that power. This is because no citizen is obliged to submit to a deprivation of his liberty until such time as he knows that such deprivation is lawful. An arrest will not be lawful if the suspect is unaware of the reason for his arrest. The burden of disproving the existence of such knowledge lies on the accused. However, an

arrest that is bad, for the failure to inform the accused for its reason, may be cured by that information being given to the accused later (Malone, 1996).

OTHER PROVISIONS

The *Misuse of Drugs Act 1984* also prohibits the printing, or sale of books or magazines, which encourage the use of drugs, prescribed in the Act, or which contain advertisements for drug equipment, pipes or cocaine kits.

Customs and Excise officers have similar powers under the *Customs and Excise (Miscellaneous Provisions) (No.2) Act 1988* which also permits intimate body searches by a medical practitioner acting at the request of a Customs officer, in order to detect smuggling of drugs in body cavities by so-called "Stuffers and Swallowers"

IRRESPONSIBLE PRESCRIBING

The Acts give the Minister for Health the power to give a direction prohibiting the prescribing of controlled drugs by a doctor, dentist or veterinary surgeon, who has been found, after investigation by a committee of inquiry, to have been prescribing, administering or supplying such drugs in an irresponsible manner. There is a special procedure that allows the Minister to give a temporary direction, which lasts for four weeks but may be extended for periods of 28 days at a time while the case is being investigated by a committee of inquiry. The committee having investigated the case can make a recommendation to the Minister for Health that a special (or permanent) direction be put in place. A doctor, dentist or veterinary surgeon with such a direction against him/her also has the right of appeal to the Courts.

PRECURSORS OF ILLICIT DRUGS

The processing of drugs from plants such as the Opium poppy and the Cocoa plant, as well as the synthesis of L.S.D., Ecstasy, Amphetamines and the so-called "designer Drugs" requires the availability of various chemicals needed in different stages of their production. Article 12 of the *1988 United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances* attempts to limit the supply of precursor and processing chemicals to illegal drugs producers.

Within the E.U. a number of Council Regulations have been introduced to give force to the provisions to be implemented by means of the *European Committees (Monitoring of External Trade in Scheduled Substances) Regulations 1993*. The principal effect of these Regulations is to designate the relevant national competent authorities for the various purposes of Council Regulation (EEC) No 3677190 to discourage the diversion of certain scheduled substances to the illicit manufacture of narcotic drugs and psychotropic substances. The Regulations also establish penalties for breaches of the council Regulation and for giving of false or misleading information or documentation. These EU Regulations lay down the measures necessary to implement Article 12 of the *1988 Vienna Convention* insofar as the Convention relates to trade with countries outside the European Union. (Department of Health, 1994)

The Commission of the EU has produced a publication entitled '*A Practical Guide for Operators*' which explains the operation of these EU Regulations in the various member states of the EU. By 'operator', the EU means, "*natural or legal persons engaged in the manufacture, production, trade or distribution of scheduled substances in the EU or involved in other related activities such as import, export, transit, broking and processing of scheduled substances. This definition includes, in particular, persons pursuing the activity of making customs declarations on a self-employed basis, either as their principal occupation or as a secondary activity related to another occupation*".

A copy of this publication can be obtained from: **Department of Health, (Drugs Section), Hawkins House, Hawkins Street, Dublin 2. Tel: 01/6714711 Fax: 01/711947**

PENALTIES AND SENTENCES UNDER THE MISUSE OF DRUGS ACTS

Maximum sentences differ according to the nature of the offence. Sentences are greater for pushing, illegal production or for allowing premises to be used for producing or supplying drugs, but are less for possession for personal Use. For the more serious offences, maximum penalties include an open-ended fine or life imprisonment.

In the case of cannabis, on the other hand, the maximum penalty for possession for personal use is restricted to a €635 fine for a first offence, a €1,270 maximum fine for a second offence with no option of imprisonment. For third and subsequent offences the maximum penalty is 3 years imprisonment or an unlimited fine or both. There is no distinction made between drugs under these provisions with the exception of cannabis as stated.

The maximum penalty for possession of all other drugs is seven years imprisonment or an unlimited fine or both. The maximum penalty for possession for the purpose to supply is life imprisonment or an unlimited fine or both.

N.B.: It should be noted however that drugs laws and sentencing can be very complicated so the above should not be taken as legal advice.

COURT PROVISION FOR THE TREATMENT OF CONVICTED DRUG OFFENDERS

When a person is convicted of an offence under these Acts, the Court may decide to obtain a written medical report on the convicted person, with recommendations about medical treatment which the person might require arising from his or her dependency on drugs, and also a report on the person's social background, vocational and educational circumstances. On the basis of these reports the Court may decide not to impose the appropriate penalty. It can decide to have the person detained in a custodial treatment centre or require him or her to undergo a course of medical treatment and/or a course of education and training to improve his/her social and educational background with a view to facilitating social rehabilitation.

REGULATIONS

Regulations made under the *Misuse of Drugs Acts* divide the controlled drugs up in different ways to take account of medical practice. They allow exceptions to the general prohibitions on possession supply, etc.

Schedule 1 lists mainly hallucinogenic drugs that are not used at present in medicine in Ireland and cannot be prescribed by doctors or sold in pharmacies. The use of these drugs is limited to scientific research or forensic analysis. Production, supply, import and possession are subject to special licensing.

Schedule 2 lists those drugs, which may be used for medical purposes, but which are regarded as particularly dangerous if abused. They consist mainly of the naturally occurring (e.g. morphine) and synthetic (e.g. pethidine) narcotics, but also include amphetamines and related stimulants and methaqualone. Any of these drugs can only be legally obtained if they have been prescribed by a doctor, dentist or veterinary surgeon, and supplied by a pharmacist. All aspects of the production and supply of Schedule 2 drugs are strictly controlled and licensed, and they are subject to stringent record keeping requirements.

Schedule 3 to which less stringent controls and no record keeping requirements apply, contains certain dependence producing sedatives such as barbiturates.

Schedule 4 includes various minor tranquillisers and preparations of phenobarbitone containing less than 100 milligrammes. There are minimal *Misuse of Drugs Act* controls applied, since these medicines are already controlled under the *Medical Products (Prescriptions and Control of Supply) Regulations, 1999* and **Schedule 5** lists certain preparations of controlled drugs to which the restrictions on possession do not apply. These are usually very dilute non-injectable products some of which can be bought over-the-counter without a prescription, but only from a pharmacy (e.g. some cough bottles and anti-diarrhoea products containing opiates).

(Some sections reproduced from The Facts About Drug Abuse in Ireland, Health Promotion Unit, 1994).

OTHER RELEVANT LEGISLATION

1947 HEALTH ACT

It permits the Minister for Health to make regulations to control the sale of medical preparations. Several such regulations exist. For example, the *Medical Preparations (Control of Sale) Regulations* restrict the sale of a wide range of drugs to pharmacists only. The drugs are divided into two schedules. Drugs listed in either part of the first schedule may only be made available by retail sale on medical, dental or veterinary prescription. This schedule includes amphetamine-type stimulants and barbiturate sedatives, both of which are also subjected to other far more stringent controls. Also included are various minor tranquillisers of the diazepam type. The second schedule lists substances which can be sold without a prescription, but which are restricted to pharmacies. The schedule includes various anti-histamine drugs used to combat hay fever and prevent travel sickness, and which may cause drowsiness. Accordingly, the latter type of product must bear a warning that "this may cause drowsiness".

THE 1961 POISONS ACT

The *1961 Poisons Act* controls the sale of poisons by confining their sale to authorised sellers (mainly pharmacists). Most recognised drugs of abuse are controlled in this way and are also subject to further legal controls.

MEDICAL PREPARATIONS (CONTROL OF AMPHETAMINES) REGULATIONS 1970

The *Medical Preparations (Control of Amphetamines) Regulations 1970* prohibit the manufacture, preparation, importation, sale or distribution of seven scheduled amphetamine ('speed') type drugs. However, the Minister for Health may grant licences for the manufacture, importation or sale of a specified quantity of a controlled preparation when it is needed for certain medical conditions.

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APPENDIX 1: NATIONAL DRUGS STRATEGY AND RELATED ACTIVITIES

NATIONAL DRUGS STRATEGY (INTERIM) 2009 - 2016

The National Drugs Strategy 2001-2008 expired in 2008 and a series of public consultation meetings took place from April to June 2009 to begin the process of developing a new National Drugs Strategy for 2009 -2016. Submissions and views in respect of the development of the new National Drugs Strategy could also be sent in writing or by email. Reports from these consultation meetings are available on the Department website: www.pobail.ie The National Drugs Strategy (interim) 2009 - 2016 was launched in September, 2009.

OVERALL STRATEGIC OBJECTIVE

The overall strategic objective for the National Drugs Strategy 2009–2016 is:

To continue to tackle the harm caused to individuals and society by the misuse of drugs through a concerted focus on the five pillars of supply reduction, prevention, treatment, rehabilitation and research.

OVERALL STRATEGIC AIMS

The following are the five overall strategic aims of the Strategy:

1. To create a safer society through the reduction of the supply and availability of drugs for illicit use
2. To minimise problem drug use throughout society
3. To provide appropriate and timely substance treatment and rehabilitation services (including harm reduction services) tailored to individual needs
4. To ensure the availability of accurate, timely, relevant and comparable data on the extent and nature of problem substance use in Ireland; and
5. To have in place an efficient and effective framework for implementing the National Substance Misuse Strategy 2009 - 2016.

OFFICE OF THE MINISTER FOR DRUGS

A new Office of the Minister for Drugs is being established which will:

- Marry the bottom-up approach to a top-down perspective to achieve and deliver a comprehensive and effective response to problem substance use;
- Continue to address the existing and emerging needs of problem substance users, their families and their communities;
- Facilitate any Minister of State who is given responsibility by Government for the National Drugs Strategy to effectively fulfill that role;

- Facilitate co-ordination across statutory, community and voluntary sectors;
- Build upon the partnership process that is already in place – including through the Local and Regional Drugs Task Forces;
- Provide the necessary assurances in regard to governance and accountability issues;
- Streamline administration; and
- Reflect problem substance use as a global issue that must be tackled on a world-wide, EU, national, regional and local basis.

The full **National Drugs Strategy (interim) 2009 - 2016** document is available to be downloaded at:

<http://www.pobail.ie/en/NationalDrugsStrategy/LaunchoftheNationalDrugsStrategy2009-2016/file,9964,en.pdf>

For further information on this strategy contact:

Drugs Strategy Unit, Department of Community, Rural and Gaeltacht Affairs, Dún Aímhígin, 43-49 Mespil Road, Dublin 4. Email: nationaldrugsstrategy@pobail.ie

NATIONAL DRUGS STRATEGY 2001 - 2008

The Department of Community, Rural and Gaeltacht Affairs had responsibility for co-ordinating the implementation of the National Drugs Strategy 2001 - 2008. The Strategy, which was launched in May 2001, was based on four pillars - supply reduction, prevention, treatment and research - under which a series of 100 individual actions were identified. These actions were to be carried out by the relevant Departments and Agencies.

OVERALL STRATEGIC OBJECTIVE

The following were the overall strategic aims of the National Drugs Strategy 2001 - 2008:

- To reduce the availability of illicit drugs
- To promote throughout society, a greater awareness, understanding and clarity on the dangers of drug misuse
- To enable people with drug misuse problems to access treatment and other supports in order to re-integrate into society
- To reduce the risk behaviour associated with drug misuse
- To reduce the harm caused by drug misuse to individuals, families and communities
- To have valid, timely and comparable data on the extent and nature of drug misuse in Ireland
- To strengthen existing partnerships in and with communities and build new partnerships to tackle the problems of drug misuse

OVERALL STRATEGIC AIMS

SUPPLY REDUCTION

- To significantly reduce the volume of illicit drugs available in Ireland; to arrest the dynamic of existing markets and to curtail new markets as they are identified
- To significantly reduce access to all drugs, particularly those drugs that cause most harm, amongst young people especially in those areas where misuse is most prevalent

PREVENTION

- To create greater societal awareness about the dangers and prevalence of drug misuse
- To equip young people and other vulnerable groups with the skills and supports necessary to make informed choices about their health, personal lives and social development.

TREATMENT

- To encourage and enable those dependent on drugs to avail of treatment with the aim of reducing dependence and improving overall health and social well-being, with the ultimate aim of leading a drug-free lifestyle
- To minimise harm to those who continue to engage in drug-taking activities that put them at risk

RESEARCH

- To have available valid, timely and comparable data on the extent of drug misuse amongst the Irish population and specifically amongst all marginalised groups
- To gain a greater understanding of the factors which contribute to Irish people, particularly young people, misusing drugs

CO-ORDINATION

- To have in place an efficient and effective framework for implementing the National Drugs Strategy
- Considerable resources are being put into the effort to combat the supply and demand for illicit drugs by a range of Government Departments, State Agencies and the Community.

Progress and Implementation Path Reports on the National Drugs Strategy 2001 – 2008 are available on the Department website: www.pobail.ie

LOCAL DRUGS TASK FORCES

The Government set up the Local Drugs Task Forces in response to the worsening situation in areas that were already hard hit by drug misuse. In all, 14 task forces were established, most concentrating on the Dublin area: Ballyfermot, Ballymun, Blanchardstown, the Canal Communities, Clondalkin, Dublin North Inner City; Dublin South Inner City, Dublin 12, Dun Laoghaire/Rathdown, Finglas-Cabra, Cork City, North East Dublin, Tallaght and Bray. It was hoped that the task forces would help the Government to respond more effectively to the drug situation in these areas and would also allow members of those affected communities a chance to get involved in the fight against drugs. Members of community and voluntary groups and elected officials were asked to work with Government agencies in coming up with new and more effective programmes of education, awareness, prevention and treatment.

The task forces were asked to prepare action plans for their area, which would co-ordinate the drugs services that already existed and would identify and eventually fill in any gaps in the services. To date, over 200 projects have received funding from the Government. These projects range from support centres and rehabilitation programmes for drug users and their families to drugs awareness training. After positive independent evaluation of the achievements of the task forces, over half these projects have now been guaranteed continued funding from the Government.

REGIONAL DRUGS TASK FORCES

The success of the Local Drugs Task Forces led to a recommendation in the National Drugs Strategy that Regional Drugs Task Forces be established in each of the current regional Health Service Executive (HSE) Areas, including each of the three that make up the HSE (Eastern) Area. These new task forces will replace the existing Regional Drug Co-ordinating Committees but will further develop their responsibilities. As with the local task forces, the regional task forces were to be made up of community and voluntary groups and those working for Government agencies. This will allow the task forces to co-ordinate their response to the drug problems in their regions. The regional task forces were asked to put together regional plans to combat drug misuse and to analyse and identify gaps that exist in the drugs services at the moment.

REGIONAL AND LOCAL DRUGS TASK FORCES

Carlow Kilkenny, Tipperary South, Waterford & Wexford

South Eastern Regional Drugs Task Force
Address: Drug Co-ordination Unit, 1st Floor,
Beech House, Dunmore Road, Waterford
Tel: 051-846720

Cavan Monaghan & Louth

North Eastern Regional Drugs Task Force
Address: 1 Castle Street, Kells, Co. Meath
Tel: 046 9248630
Email: info@nedrugtaskforce.ie
Website: www.nedrugtaskforce.ie

Clare, Limerick & Tipperary North

Mid West Regional Drugs Task Force
Address: Unit 4, Richmond Court, Mount
Kenneth Place, Dock Road, Limerick
Tel: 061 445392
Email: info@mwrtdf.ie
Website: www.mwrtdf.ie

Cork

Cork Local Drugs Task Force
Address: 57 Finbar Hospital, Douglas, Cork
Tel: 021 4923132
Email: info@corkldtf.ie
Website: www.corkldtf.ie

Cork & Kerry

Southern Regional Drugs Task Force
Address: Community Services Officers, St.
Finbars Hospital, Douglas Road, Cork
Tel: 021 4923135
Email: chris.black@hse.ie
Website: www.srdtf.ie

Dublin North

Ballymun Local Drugs Task Force
Address: Axis Centre, Main Street, Ballymun,
Dublin 9
Tel: 01 8832142

Finglas/Cabra Local Drugs Task Force
Address: 121 Broombridge Close, Ballyboggan
Road, Dublin 11
Tel: 01 8307440

Blanchardstown Local Drugs Task Force
Address: Second Floor, Parkside, Main Street,
Mulhuddart, Dublin 15
Tel: 01 8249590

North Inner City Local Drugs Task Force
Address: 22 Lower Buckingham Street,
Dublin 1
Tel: 01 8366592
Email: patricia@nicdtf.ie
Website: www.nicdtf.ie

Dublin North East Local Drugs Task Force

Address: Le Cheile, Clancarth Road, Donnycarney, Dublin 5
Tel: 01 8465070
Email: Derek@dnedrugstaskforce.ie
Website: www.dnedrugstaskforc.ie

North Dublin City and County Regional Drugs Task Force

Address: Estuary House, Estuary Business Park, Swords, Co. Dublin
Tel: 01 8135580
Email: info@ndublinrdtf.ie
Website: www.ndublinrdtf.ie

Dublin South

Ballyfermot Local Drug Task Force

Address: 3b Le Fanu Road, Dublin 10
Tel: 01 6238001
Email: info@ballyfermotldtf.ie
Website: www.ballyfermotldtf.ie

Canal Communities Local Drug Task Force

Address: c/o Addiction Services, Bridge House, Cherry Orchard Hospital, Dublin 10
Tel: 01 6206413 /6455

Clondalkin Local Drug Task Force

Address: Unit 5, Oakfield Industrial Estate, Clondalkin, D22.
Tel: 01 4579445
Email: cdtf@indigo.ie
Website: www.clondalkindrugstaskforce.ie

Dublin 12 Local Drug Task Force

Address: Dublin 12 Local Drug Task Force, 17a St Agnes Road, Crumlin, Dublin 12
Tel: 01 455 4890
Website: www.d12ldtf.ie

Dublin South Inner City Local Drug Task Force

Address: Bridge House, Cherry Orchard, Dublin 10.
Tel: 01 6206438

Tallaght Local Drug Task Force

Address: c/o Tallaght Partnership Killinarden

Enterprise Centre Tallaght, D/24.

Tel: 01 4664243

Website: www.tallaghtdtf.ie

Dun Laoghaire / Rathdown Local Drug Task Force

Address: Drop, 45 Upper Georges St., Dun Laoghaire, Co. Dublin.
Tel: 01 2803187
Email: eamonnegillen28@googlemail.com
Website: www.dlrdrugstaskforce.ie

Donegal

North Western Regional Drugs Task Force

Address: Saimer Court, Main Street, Ballyshannon, Co. Donegal.
Tel: 071 9852000
Website: www.nwdrugstaskforce.ie

Donegal, Sligo, Leitrim and West Cavan

North Western Regional Drugs Task Force

Address: Saimer Court, Main Street, Ballyshannon, Co. Donegal.
Tel: 071 9852000
Website: www.nwdrugstaskforce.ie

Galway, Mayo and Roscommon

Western Region Drugs Task Force

Address: Unit 6, Galway Technology Park, Parkmore, Galway.
Tel: 091 480044
Email: info@wrtdtf.ie
Website: www.wrtdtf.ie

Cork & Kerry

Southern Regional Drugs Task Force

Address: Drug & Alcohol Unit, Community Services Officers, St. Finbars Hospital, Douglas Rd., Cork.
Tel: 021 4923135
Email: chris.black@hse.ie
Website: www.srdtf.ie

Kildare, West Wicklow and South West Dublin

South Western Regional Drugs Task Force

Address: Maudlins Hall, Block A, Dublin Road, Naas, Co. Kildare
Tel: 045 848538
Email: admin@swrsrd.ie
Website: www.swrdtf.ie

North Western

North Western Regional Drugs Task Force

Address: Saimer Court, Main Street, Ballyshannon, Co. Donegal.
Tel: 071 9852000
Email: drugtaskforce@mailb.hse.ie
Website: www.nwdrugtaskforce.ie

Mid Western

Mid West Regional Drugs Task Force

Address: Unit 4, Richmond Court, Mount Kenneth Place, Dock Road, Limerick
Tel: 061 445392
Email: info@mwrtdf.ie
Website: www.mwrtdf.ie

Cavan, Louth, Meath & Monaghan

North Eastern Regional Drugs Task Force

Address: C/o St Anne's Resource Centre, Railway Street, Navan, Co. Meath
Tel: 046 9059488
Website: www.dnedrugtaskforce.ie
www.freetobeme.ie/

Midlands Region

Midland Regional Drugs Task Force

Address: HSE, Block 4, Central Business Park, Clonminch, Tullaghmore, Co. Offaly.
Tel: 057 9357928
Email: mrdtf@hse.ie
Website: www.mrdtf.ie

North Western

North Western Regional Drugs Task Force

Address: Saimer Court, Main Street, Ballyshannon, Co. Donegal.
Tel: 071 9852000
Website: www.nwdrugtaskforce.ie

Tipperary North

Mid Western Regional Drugs Task Force

Address: Slainte, 57 O'Connell Street, Limerick
Tel: 061 409275

Wicklow

Bray Local Drug Task Force

Address: Unit 2, First Floor, 24 Florence Road, Bray, Co. Wicklow.
Tel: 01 276 2975

East Coast Regional Drug Task Force

Address: Marlton Road, Wicklow Town.
Tel: 0404 20014

REGIONAL DRUG CO-ORDINATING COMMITTEES

These committees have been established in many Health Service Executive (HSE) Areas and are made up of representatives from the HSE Area, the Gardai, the education sector and members of community and voluntary groups who work with those affected by drug misuse. They are in regular contact with the National Drug Strategy Team to make sure they are following Government policy in whatever measures they may be taking. The Regional Drug Co-ordinating Committees are soon to be replaced by the Regional Drug Task Forces.

YOUNG PEOPLE'S FACILITIES AND SERVICES FUND (YPFSF)

The YPFSF assists in the development of youth facilities (including sport and recreational facilities) and services in disadvantaged areas where a significant drug problem exists or has the potential to develop. It aims to attract "at risk" young people (10-21 year olds) into these facilities and activities and divert them away from the dangers of substance misuse.

Responsibility for the Young Peoples Facilities and Services Fund has transferred to the Office of the Minister for Children & Youth Affairs since 1st January 2009. Contact details are as follows:

Children's Services Development & International Unit, Room 132, Office of the Minister for Children & Youth Affairs, Hawkins House, Dublin 2. Tel: 01 6743249

THE NATIONAL DRUGS STRATEGY TEAM

The National Drugs Strategy Team (NDST) is responsible for the monitoring and overall management of the local drugs task forces. It acts as a liaison between these task forces and the Government and makes policy recommendations to the Inter-Departmental Group on the National Drugs Strategy based on the observations and experiences of those working on the task forces. The NDST also reviews the need for local drugs task forces in areas particularly affected by drug abuse, e.g., areas badly affected by heroin use. As well as overseeing the operation of the local task forces, the NDST is responsible for the establishment of Regional Drugs Task Forces. When this happens, the NDST will have to evaluate any action plans drawn up by a regional task force (as it currently does with all local task forces) and make funding recommendations to the Inter-Departmental Group. The NDST must be kept aware of any initiatives or programmes that may be set up to tackle the drugs issue and that would affect the areas covered by the both the local and regional drugs task forces. The NDST is made up of representatives from Government departments and agencies working in the drugs area and members from both the voluntary and the community sectors.

The Terms of Reference of the NDST, as set out in the National Drugs Strategy 2001-2008 included:

- Ensuring effective co-ordination between official from Government Departments and State Agencies represented on the Team and members of the community and voluntary sectors in delivering local and regional task force plans
- Reviewing on an ongoing basis the need for LDTFs in disadvantaged urban areas, particularly having regard to evidence of localised heroin misuse
- Identifying and considering policy issues and ensuring that policy is informed by the work of and lessons of the LDTFs and the proposed Regional Drugs Task Forces (RDTF), through joint meetings with the Interdepartmental Group on Drugs (IDG)
- Overseeing the establishment of the RDTFs
- Drawing up guidelines for the operation of Local and Regional Drugs Task Forces and overseeing their work
- Evaluating Local and Regional Drugs Task Forces Action Plans, when submitted and making recommendations to the IDG regarding the allocation of funding to support implementation
- Ensuring that monies allocated by the Department of Community, Rural and Gaeltacht Affairs to projects overseen by the NDST are properly accounted for
- Preparing annual report and presenting to the Dept. of Community, Rural and Gaeltacht Affairs

- To meet regularly with the co-ordinator of the National Alcohol Policy and, similarly, a member of the Team should be represented on the body charged with co-ordination of the Policy
- To continue to be represented on the Young People Facilities and Services Fund (YPFSF) National Assessment Committee and to ensure that the LDTFs continue to be represented on the Development Groups for the Fund
- The NDST to be kept informed by Departments and Agencies of any initiatives being taken, which will affect Task Force areas. In addition, membership of the NDST and of the Local and Regional Drugs Task Forces to be acknowledged and written into the business plans/work programmes of all relevant Departments and Agencies
- To consider funding on a pilot basis training initiatives to strengthen effective community representation and participation in Regional and Local Drugs Task Forces
- To examine and advise the IDG on the feasibility of introducing a standards and accreditation framework for all individuals, groups and agencies engaged in drugs work. Such a framework should address issues such as standards, training, qualifications etc.
- To continue to identify best practice models arising from the work of the LDTFs and the proposed RDTFs and disseminate them widely

With effect from 1 May 2009, the NDST no longer exists. The functions of the NDST have been absorbed into the Drugs Office on an interim basis:

Drugs Office, 1st Floor, Department of Community, Rural & Gaeltacht Affairs, 43/49 Mespil Road, Dublin 4. Tel: 01 - 6473244

NATIONAL ADVISORY COMMITTEE ON DRUGS

The National Advisory Committee on Drugs (NACD) was set up in 2000 to advise the Government on the most effective ways of handling the drug use situation in Ireland based on an analysis of the available information and research. The committee is made up of representatives from Government departments, community and voluntary groups who work with those affected by drug misuse and people from academic or research backgrounds. To date, the NACD has produced an official report called "Drug Use Prevention: an overview of research", which analyses drug misuse in Ireland and makes recommendations to the Government about how it should respond. The Committee also manages a three-year programme that aims to fill in the gaps in our knowledge about drug misuse in this country. The programme involves developing an inventory of existing information and research on drug misuse and improving the co-ordination of research and information-gathering. It also involves gathering information on drug use in Ireland, analysing the effectiveness of current prevention and treatment methods and trying to establish the human cost of drug abuse in Ireland.

Functions of the National Advisory Committee on Drugs

- Based on the Committee's analysis and interpretation of research findings and information available to it, to advise the Cabinet Committee on Social Inclusion and through it, the Government, in relation to the prevalence, prevention, treatment and consequences of problem drug use in Ireland,
- To review current information sets and research capacity in relation to the prevalence, prevention, treatment and consequences of problem drug use in Ireland and to make recommendations, as appropriate, on how deficits should be addressed including how to maximise the use of information available from the community and voluntary sector;
- To oversee the delivery of a three year prioritised programme of research and evaluation as recommended by the Interim Advisory Committee to meet the gaps and priority needs identified by:
- Using the capacity of relevant agencies engaged in information gathering and research, both statutory and non-statutory to deliver on elements of the programme; liaising with these agencies with a view to maximising the resources allocated to delivering the programme and avoiding duplication;
- Co-ordinating and advising on research projects in the light of the prioritised programme; commissioning research projects, which cannot be met through existing capacity.
- To commission additional research at the request of the Government into drug issues of relevance to policy;
- To work closely with the Health Research Board (HRB) on the establishment of a national information/research database (in relation to the prevalence, prevention, treatment and consequences of problem drug use) which is easily accessible; and
- To advise relevant Agencies with a remit to promote greater public awareness of the issues arising in relation to problem drug use and to promote and encourage debate through the dissemination of its research findings.

Contact Details: *National Advisory Committee on Drugs, 3rd Floor, Shelbourne House, Shelbourne Road, Dublin 4. Tel: 01 6670760*

THE INTER-DEPARTMENTAL GROUP ON THE NATIONAL DRUGS STRATEGY

The Inter-Departmental Group on the National Drugs Strategy is involved in monitoring the implementation of the National Drugs Strategy. It does this in conjunction with the National Drugs Strategy Team. The two groups are also responsible for reviewing the Government's policy on drugs and making recommendations to the Cabinet Committee on Social Inclusion. The Inter-Departmental Group on the National Drugs Strategy is made up of representatives from relevant Government departments.

The Inter-Departmental Group keeps the Committee regularly briefed on the implementation of the National Drugs Strategy. The meetings provide an opportunity to review trends in drug misuse and also in the treatment and prevention of drug misuse. The Committee also assesses the progress of the various

strategies and programmes that have been put in place at national and local level to combat the drug problem. If there are policy and organisational issues that prevent a swift response to the drugs problem, the Committee will try to resolve them as quickly and effectively as possible.

PREVENTION OF DRUG USE (INCLUDING EDUCATION AND AWARENESS)

By raising awareness of the dangers of drug misuse and educating people as to its possible effects, the Government hopes to reduce the demand for drugs in Ireland. There are a number of Government departments involved in these preventative measures. The Health Promotion Unit of the Department of Health and Children advises local Health Service Executive (HSE) Areas on drug abuse prevention policies and provides funding for these policies. The Department of Education and Science is heavily involved in running awareness and education programmes in schools throughout the country to communicate the dangers of drug misuse to children and young people. The Gardai and the Local Drugs Task Forces are also involved in raising awareness of the drug problem through their education programmes for schools and communities.

DRUG TREATMENT (INCLUDING REHABILITATION AND RISK REDUCTION)

Drug treatment and rehabilitation services are primarily operated by the Health Service Executive (HSE) Areas under the guidance of the Department of Health and Children. These treatments include addiction counselling, detoxification programmes and methadone treatment programmes. Because of the serious nature of the drug problem in prisons, the prison services are also heavily involved in treatment and rehabilitation of drug abusers. Their aim is to provide the same standard of care for drug abusers in a prison setting that is available from the HSE Areas in the community. FÁS operates a number of programmes aimed at helping reformed drug users get back into the workforce and the Voluntary Drugs Treatment Network offers a forum for community and voluntary drug groups to share information and co-ordinate their services.

DRUG TREATMENT COURT

In 2001 a Drug Treatment Court was set up in north Dublin to deal specifically with drug-related crime. It was originally set up on a pilot basis, but is now permanent. In February 2006 the Courts Service announced that the Drugs Treatment Court is to be put on a permanent footing and plans for it to be extended on a staged basis across Dublin city, but this has not yet happened.

The court uses a multi-disciplinary approach to help those before it to tackle drug addiction as the cause of their criminal behaviour. The team consists of a Judge, Probation and Welfare Officer, an addiction nurse, a Garda liaison officer, an education/ training representative and access to other professional as needed.

RESEARCH

The National Advisory Committee on Drugs (NACD) is responsible for analysing all available research and drugs information and advising the government on drugs policy issues based on their findings. The Government will also use information provided by the Drug Misuse Research Division of the Health Research Board. This unit is responsible for operating the National Drug Treatment Reporting System, the main source of drug use information in Ireland.

DIAL TO STOP DRUG DEALING

One of the biggest barriers to dealing effectively with drug dealers big and small is the use of intimidation to prevent people from reporting this most serious crime. The initiative, which has been successfully piloted for 2 years in Blanchardstown was rolled out to other areas of Dublin from 30th September 2008.

Dial to Stop Drug Dealing is an initiative to tackle drug dealing in local communities around Ireland. It provides a safe, confidential and completely anonymous way for individuals to pass on information on drug dealing in their local community. The individual is never asked for their name, their address or any other information which might identify them. They can rest assured that the person answering their call will not know them and will not recognise their voice. The information gathered is passed on directly to An Garda Síochána. The initiative will be rolled out in a number of local and regional drug task force areas in three phases: Phase One areas will include Tallaght, Blanchardstown, Co Kildare (Celbridge, Naas, Athy and Newbridge), Dublin North East area (including Coolock, Donaghmede, Kilbarrack, Clarehall, Clonsaugh and Howth) and Dublin's North Inner City. The Freephone number is 1800 220 220.

Phases Two and Three will see the initiative rolled across the country, and participating areas will be announced towards the end of the year.

APPENDIX 2: OTHER GOVERNMENT MEASURES TO COMBAT DRUG PROBLEMS

A number of measures and new legislation have been introduced by the Government to respond to the criminal aspects of the drug problem i.e. drug trafficking, supply & dealing, and proceeds accrued from drug related crime and to increase the power of the statutory agencies in the form of the Gardai and the Courts to respond more effectively to the problem. These measures/new legislation are outlined below.

The Proceeds of Crime Act, 1996

This act will provide a mechanism for the freezing and forfeiture of the proceeds of crime. This will allow the State to deprive criminals of the benefits of their criminal activities. Between 15 October, 1996 and 31 January, 1997, property consisting of a number of dwelling houses, a number of motor vehicles and cash in the order of £190,000 (punts at the time) were made the subjects of orders under the Act.

The Criminal Justice (Drug Trafficking) Act, 1996

This act will provide for detention of up to 7 days for drug trafficking offences and allows inferences to be drawn by a Court from the failure of an accused to mention particular facts when being questioned by a Garda. The Act also provides for Garda Superintendents to issue a search warrant in drug trafficking cases.

The Disclosure of Certain Information for Taxation and Other Purposes Act, 1996

This act will provide for a more effective exchange of information between the Gardai' and the Revenue Commissioners.

The Housing (Miscellaneous Provisions) Bill, 1996

This act which deals, among other things, with the problems arising from drug pushing and related activity in local authority housing estates.

Non-Fatal Offences Against the Person Act, 1997

This Act reforms the law dealing with non-fatal offences against the person in the light of the recent Law Reform Commission Report (Non-Fatal Offences Against the Person). The Act repeals and replaces the 1861 legislation. In addition, it provides for new offences to deal with criminal conduct involving syringes and stalking.

Licensing (Combating Drug Abuse) Act, 1997

The Act deals with drug abuse in dancehalls, discos, pubs and other entertainment venues. It will give additional powers to the Garda Síochána to prevent unlicensed dances, such as raves where it is suspected there will be drug dealing and use. Owners of premises where drug use and dealing is known to be taking place will be given a 'yellow card' by the Gardai and be given the opportunity to stamp out any drug dealing taking place on their premises.

Criminal Justice Act 1994 - Orders/Regulations under the Act

The Minister for Justice signed a Commencement Order in March 1995 implementing anti-money laundering provisions of the Criminal Justice Act 1994. The Regulations under the Criminal Justice Act 1994 dealing with the seizure of imports or exports of cash associated with drug trafficking have been made by the Minister for Justice following approval by both Houses of the Oireachtas. (*Department of Justice, May, 1997*).

Child Care Act, 1991

Section 74 of this act prohibits the sale of solvents, glues, aerosols etc. to anyone under the age of 18, if there is reasonable cause to suspect that the young person concerned may use the produced to cause intoxication.

Criminal Assets Bureau

The Criminal Assets Bureau was established on a statutory basis in October, 1996 under the Criminal Assets Bureau Act, 1996 to target suspect assets. A Garda Chief Superintendent has been appointed as Chief Bureau Officer. This new body, which has personnel drawn from the Gardai, the Revenue Commissioners and the Department of Social Welfare, will ensure closer and more concerted co-operation between State agencies in dealing with organised crime. The Bureau is already proving itself to be an extremely effective Unit. The objectives of the Bureau are:

- The identification of the assets, wherever situated, of persons which derive or are suspected to derive directly or indirectly, from criminal activity
- The taking of appropriate action under the law to deprive or to deny those persons of the assets or the benefit of such assets, in whole or in part, as may be appropriate, and
- The pursuit of any investigation or the doing of any other preparatory work in relation to any proceedings arising from the objectives mentioned above.

The Garda Bureau of Fraud Investigation

The Garda Bureau of Fraud Investigation was established in April, 1995 in line with the recommendations of the Government Advisory Committee on Fraud. The Bureau's role is to lead the investigation of fraud on a national basis. The Garda staff at the Bureau concentrate on the more complex cases of fraud reported to An Garda Síochána while the less serious cases are investigated by Gardai at local level. In 1995, a total of 1,162 fraud offences were reported to the Bureau; the total amount at risk on the basis of these complaints was £37.7m (punts at the time). The objectives of the Bureau are:

- (1) To investigate serious cases of commercial fraud, cheque and credit card fraud, computer fraud, money laundering offences and counterfeit currency.
- (2) To collate information and intelligence and act as a resource centre on fraud related matter.
- (3) To play a pro-active role in the prevention and detection of fraud.

Operation Dochas

"*Operation Dochas*" came into operation in October, 1996. This particular strategy operates in all Dublin districts and involves the deployment of in excess of 500 uniformed and plain-clothes Gardai. Uniformed Gardai adopt a high profile through both foot patrols and mobile patrols and are working with local communities, both community leaders and individual families. Backup is provided by specialist mobile units and other units. This operation has already resulted in an increase in the quantity of drugs seized and in arrests made.

EU and International Developments

European Union

- Joint Action was agreed in relation to curbing trafficking on European routes, which provides for participation of the Member States in the strategic operation planned by the World Customs Organisation to combat drug smuggling on the Balkan routes.
- Joint Action was agreed on the Chemical Profiling of Drugs which provides for improved information and intelligence for law enforcement purposes on the sources and routes of illicit drug trafficking through the exchange of information between Forensic Laboratories, through

the Europol Drugs Unit (EDU) on the chemical profiling of drugs seized including cocaine, heroin, LSD, amphetamines and their ecstasy type derivatives.

- A Council Resolution was promoted to provide for measures to combat and dismantle illicit cultivation of drugs within the EU.
- Ministerial agreement to the ratification by all Member States of Europol Convention by end of 1997.

International Co-operation

On 4 July 1996 the Minister for Justice obtained the approval of the Dail for the terms of the following three important international conventions on criminal law:

- The European Convention on Mutual Assistance in Criminal Matters and the Additional Protocol to the Convention was ratified by Ireland on 28 November 1996;
- The United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances - this UN Convention was ratified by Ireland on 3 September, 1996; and
- The Council of Europe Convention on Laundering, Search, Seizure and Confiscation of the Proceeds from Crime was ratified by Ireland on 28 November 1996.

Other Measures

- The setting up of the National Drugs Unit in July 1995 under the control of a Deputy Commissioner
- The opening of a secure drugs free unit in the Training Unit in the Mountjoy Prison complex in 1996.
- The opening of a new drug treatment centre in Mountjoy Prison on 3 July 1996.
- The completion of a *Memorandum of Understanding* between the Garda Síochána and Customs and Excise Service, signed by the agency heads and endorsed by the Ministers for Justice and Finance
- The signing of a Memorandum of Understanding between the Garda Commissioner and the Chairman of the Revenue Commissioners governing the relationship between the Gardai' and the Customs and Excise Service in the fight against drug trafficking.
- The setting up of a Joint Task Force comprising members of the Gardai, Customs and Excise and the Naval service to counteract anti-drugs smuggling operations.
- Closer working arrangements between Gardai and Customs including enhanced liaison arrangements at local level.
- The Ministerial Task Force set up on 9 July, 1996, which reviewed the present situation in relation to demand reduction and in its first report recommended the establishment of a National Drugs Strategy Team to co-ordinate the State's response to the drugs problem. This National Team has now been established as a cross-Departmental team of the type envisaged by the SMI, with high level representation from the main Departments, their agencies and voluntary & community representation.
- The inter-agency and community response to the drugs problem has also been extended to the local level through the establishment of Local Drugs Task Forces in priority areas to identify local needs and co-ordinate responses at a local level. (*Tackling Crime Discussion Paper Department of Justice, 1997*)

Government Strategy to Prevent Drug Misuse

The Government Strategy to Prevent Drug Misuse was published in 1991 and was based on the recommendations of the National Co-ordinating Committee on Drug Abuse, which was established to advise the Government on general issues regarding the prevention and treatment of drug misuse. The Strategy recognised that the problem of drug misuse is a complex and difficult one to which there are no easy or instant solutions and proposed 'a multi-disciplinary approach requiring action in the areas of supply

reduction, demand reduction and increased access to treatment and rehabilitation programmes, together with a comprehensive co-ordinated structure geared towards their effective implementation'. Since 1991, the Department of Health, in co-operation with other Departments and state agencies has been implementing the recommendations contained in the Strategy.

In February, 1996 the Minister for Health Michael Noonan at the launch of new Government Demand Reduction Measures to prevent drug misuse announced a number of measures under the broad heading of Education and Prevention. This included a public media campaign launched by the Department of Health in 1996 to provide information to young people and parents on the danger of drug misuse. The Minister also announced a range of initiatives undertaken in conjunction with the Department of Education on education and health promotion in schools. The Minister also announced a number of planned initiatives aimed at responding on a community level including the following:

- Greater co-ordination of services among statutory, voluntary and community agencies at local level.
- The establishment by each health board of a contact service to provide assistance, information and advice to the public.
- Improved liaison arrangements between the prison service and community treatment services.
- The co-ordination of detoxification facilities in Dublin will be improved.
- Special attention will be given to the problems of those smoking heroin.
- Rehabilitation and support services for those misusing drugs will be further developed.

Other measures currently under consideration include: the provision of a mobile treatment unit; expanding the methadone maintenance programme; and using health centres as an adjunct to community drug centres in order to respond to the increased demand. As is evident from the above the government strategy on drug use has been focused primarily on heroin/IV drug use and existing initiatives and their expansion such as; the Methadone Maintenance Programme; Community Drug Teams; and Detoxification and Rehabilitation Centres have been developed with this in mind as were most of the measures being proposed launch by the Minister for Health highlighted above.

Recommendations of Ministerial Committee on Measures to Reduce the Demand for Drugs

The Ministerial Committee was established by the Government on 9 July, 1996. It was chaired by Pat Rabbitte, T.D., Minister of State to the Government and comprising seven Ministers of State. The Committee publicly advertised for submissions and received 123 submissions in total. At the launch of the recommendations arising from the submissions received, Minister Rabbitte announced an allocation of £14m to implement the recommendations, £10m of which would be earmarked for service development in priority drugs area, £3m would go on local estate improvement and £1m for specific anti-drug projects in Health Boards outside the priority areas. He highlighted the recommendation that current drug treatment waiting lists be eliminated during 1997. In this first report, the Ministers concentrated on the heroin problem. The Report identified eleven priority areas on which many of the recommended measures are focused. The eleven areas are: parts of Ballyfermot, Ballymun, Blanchardstown, Coolock, Clondalkin, Crumlin, Finglas/Cabra, Tallaght, North and South Dublin Inner City, and North Cork City. Subsequently 13 Local Drug Task Forces were set up (**see Appendix 5**)

The Committee recommendations, approved by Government, include:

- The establishment of a Cabinet Drugs Committee, chaired by the Taoiseach and comprising relevant Ministers, to give overall political leadership in the fight against drugs.
- The establishment of a National Drugs Strategy Team, comprising key personnel seconded from relevant Departments and agencies, as well as persons with a background in the voluntary and community sectors dealing with drugs, and mandated to implement the overall drugs strategy.
- The establishment of Local Drugs Task Forces in each of the eleven areas identified as having the most acute drugs problem and requiring priority action. The local Task Forces to comprise personnel from relevant agencies along with community representatives and a chairperson proposed by the local Partnership.
- Speedy establishment of information databases by the Health Boards, in order to establish the extent of addiction,
- Health Boards to move to eliminate drug treatment waiting lists, with the Eastern Health Board waiting list to be eliminated in 1997,
- Particular attention to be given to the needs of young drug misusers in the priority areas,
- Priority status for Community Employment (CE) applications offering integrated services for recovering addicts,
- A series of education and prevention steps, including enhanced truancy measures and an anti-drug programme for all primary schools in priority areas,
- An Estate Improvement Programme (£3m in 1997-'98) for run-down urban housing estates,
- Local Authorities to develop sports and recreation activities in the priority areas, within the national sports strategy framework.

A second report for which the Task Force had also sought public submissions would concentrate on:

- The effectiveness of the current response to drugs, such as cannabis and ecstasy,
- Measures to deal with the demand for drugs in our prisons,
- The establishment of State-run rehabilitation centres, and
- The development of facilities in therapeutic communities.

The second report of the Task Force reported back in May, 1997 and the key recommendations arising from the report are summarised below.

Summary of Key Recommendations

- The establishment of a Youth Services Development Fund - with contributions from the Exchequer and the corporate sector - to develop youth services in disadvantaged areas where there is a significant drugs problem.
- The preparation of development proposals by relevant bodies to meet the prioritised needs of young people in disadvantaged areas where there is a significant drugs problem;
- The according of a high priority in the allocation of the "demographic dividend" in education to the provision of staff to lead the development of the youth services in disadvantaged areas;
- The training and employment of youth leaders from disadvantaged communities under Community Employment and other social economy measures;
- The development and implementation of a substance abuse prevention programme specifically for the non-formal education (youth work) sector, to be introduced with an accredited "Training for Trainees" programme;
- The employment of a training to develop, co-ordinate and implement this education strategy throughout the Youth Service;
- The development of specialised outreach programmes to reach those not in contact with any services or organisations, i.e. those who are often most at risk;

- The development and implementation of information designed specifically to target young people with low literacy skills;
- The establishment of pilot projects in urban areas, where locally-appointed Sports Development Officers will work in partnership with Local Authorities, Vocational Education Committees, Health Boards, sports clubs, sports centres and community groups to attract isolated young people into sport and physical recreation;
- The establishment of Local Sports Development Forums to co-ordinate local activities and bring local clubs and groups together;
- The continued development of education/awareness initiatives, including the expansion of the programmes of substance misuse prevention/education in primary and second level schools;
- The development of information/media campaigns in relation to drugs such as ecstasy, which replicate the approach being taken in some other countries, like Britain;
- The establishment of an independent Expert Group - containing international expertise - to assess how treatment services inside and outside prison interact and to make recommendations for the improved co-ordination/integration of those services for drug misusers coming into contact with the criminal justice system;
- The development of properly supervised treatment programmes for "low risk" offenders who misuse drugs are convicted of petty crimes, as an alternative to prison;
- The continued development of security measures in Mountjoy to prevent the smuggling of drugs into the prison;
- The establishment of an Advisory Body to conduct research into the causes, effects, trends, etc. of drug misuse and to evaluate the effectiveness of different models of treatment.

APPENDIX 3: NATIONAL DRUG MISUSE EDUCATION & PREVENTION PROGRAMMES

There are a number of Government primary education and prevention programmes in place, broadly coming under the heading of National Drug Misuse Prevention Initiatives, which are outlined below.

On My Own Two Feet

Programme developed by the HPU and the Psychological Service of the Department of Education with assistance from the Mater Dei Counselling Centre. It is a comprehensive drug education programme, which involves the whole school staff of participating schools. This Programme had an extremely successful two-year pilot phase and is now available to all second level schools. It has been introduced to about sixty per cent of schools and in-service training and wider dissemination are continuing. The programme consists of modules on Identity and Self Esteem; Assertive Communication; Feelings; Influences on Young People and Decision Making. It is a participative programme, the aim of which is to enable students to develop their ability to take charge of their mental health and to make informed decisions about the use of drugs in their lives.

Parent Education on Alcohol, Drugs and Family Communication

This Programme has been developed by the Health Promotion Unit in conjunction with the Cork Social and Health Education Project of the Southern Health Board. This project recognises that young people and their parents must be provided with assistance to help them deal with the problems posed by both licit and illicit drugs. To this end, a course has been developed which focuses, not only on drugs themselves, but also on the skills and personal attributes that help people deal with drug situations. These skills relate to such areas as listening; communication; self-esteem; conflict resolution; discipline and similar issues.

"Parenting For Prevention" parenting programme

This Programme was developed by Community Awareness of Drugs - a voluntary organisation -with financial and practical assistance from the Health Promotion Unit. It aims to assist parents in exploring attitudes, beliefs and decisions about the issue of drug misuse.

National Youth Health Programme

This Programme is a partnership between the National Youth Council of Ireland, the Health Promotion Unit and the Youth Affairs Section of the Department of Education. The aim of the Programme is to develop Health Education resources and provide training in health issues specific to young people. This includes drug education and prevention. The Programme employs a Health Education Officer.

In 1995 the Programme organised a national one day seminar on Drugs Issues for the Irish Youth Service with the aim of highlighting the problem of drug misuse among young people and discussing a strategy for dealing with the problem in youth work settings. The seminar identified (i) the need for a drugs education programme specifically for the non-formal education sector (ii) the need for appropriate guidelines on dealing with drug misuse situations in youth organisations and (iii) the need for a National Trainers Forum to enable youth workers to avail of specialised training in different approaches in their work. A response to all these issues was developed by the Programme.

Solvent Abuse Resource Materials

The National Youth Health Programme developed Solvent Abuse Materials in 1992. These materials were designed for use by such people as youth leaders, instructors of Community Training Workshops. Youthreach projects as well as the formal education sector. The contents of the package are also flexible

enough for use in special schools, residential centres and as an aid to the Juvenile Liaison Scheme of an Garda Síochána. The underlying philosophy is that drug and alcohol education is not only about drugs but also about people. Thus, while young people need accurate information about drugs, this alone is not sufficient to ensure responsible behaviour. Information must be backed up by assistance in the development of skills in relation to the use of drugs. This incorporates, among other things, the enhancement of self-esteem and decision making skills. Young people also need to examine attitudes to drug use - both their own as individuals and the attitude of the community in which they live. This resource affords the educator the opportunity to do all these things.

Drug Questions - Local Answers?

Community-based training programme for health/education professionals, Gardai, youth workers and others interested in drug-related problems, which they meet in their own work. The Health Promotion Unit runs convenor-training programmes for this pack in conjunction with the eight regional health boards. As a result of these courses a large number of convenors have been trained to use this pack.

Leadership Training Programme for Primary Prevention of Drug Misuse

This programme, which is a CROSSCARE (Catholic Social Service Conference) initiative, is being partially funded by the Health Promotion Unit, the European Commission and CROSSCARE. It is a pilot project that aims:

- To develop and implement a flexible process to facilitate the people in the target communities in tackling their own drug prevention issues, and
- To enable the local people to develop their own skills and resources so that they may address these issues more effectively.

My Best Friend: A Drug Education Story

Video and booklet produced by the Health Promotion Unit of the Department of Health to assist educators in schools, youth organisations and other educational environments. It is primarily aimed at 13-17 year olds but can be used with a variety of groups in formal and informal educational settings. The package is designed to be used as part of an ongoing drug education programme.

Parent To Parent Programme

Parent to Parent is a programme aimed at helping communities create a parent culture that is supportive of children and intolerant of the negative influences which impact on young people and that the best drug prevention tool to protect young people in an informed, trained and motivated parent.

The programme originates in America and is a cascade model. It is a video-based teaching programme with accompanying ready-made training aids for all levels of programme. It involves initially training a group of parents in the Parent to Parent Course. This course can then be followed by a two-day facilitator course after which people will be trained to deliver the Parent to Parent course to other parents. Finally one can train as a Master Facilitator, who is then authorised to train facilitators.

For further information on Parent to Parent please contact: ***Martin Hayes (Master Facilitator), Clonmel Parent to Parent, Tel: 052 70876***

APPENDIX 4: DRUG SERVICE AGENCIES BY COUNTY

This appendix on services is divided into two sections: **Counselling and Treatment Services; Education and Information Based Agencies.** It is not an exhaustive list under either section. Each section provides a range of agencies, which can be used by people to assist them in sourcing information on treatment provision, and general information on drug related issues.

Carlow

Alcohol & Drug Treatment Services

Services: Counselling Clinics • Weekly in Tullow • Bagenalstown and Borris Home visits as required, please contact the above number for more information.

Address: St. Dymphna's Hospital Carlow

Tel: 059 9136317

Ardu Carlow Substance Misuse Team

Services: • Counselling • Drug Treatment • Methadone • Prescription

Address: Kickham Street, Kilkenny.

Tel: 056 778 4638

Carlow Community Based Drugs Initiative Carlow Regional Youth Services

Services: • Information & support • Parent & family support • Drug education • Peer education

Address: 11 Kennedy Street, Carlow.

Tel: 059 9140616

Drug Treatment Clinic

Services: Tuesday from 9.00a.m. to 3.00 p.m. or Friday from 9.00 a.m. to 1.00 p.m.

Address: St. Dymphna's Hospital Carlow

Tel: 059 9178053/56

HSE Alcohol & Addiction Services

Services: • Inpatient treatment • Outpatient treatment • Aftercare • Counselling • Advisory Services • Treats alcohol, drugs, gambling and prescription drug addiction in adults.

Address: St. Dymphna's Hospital, Carlow.

Tel: 059 9136301

St Francis Farm (Merchants Quay Ireland)

Services: • 1 year Residential Programme • Treatment for former long term drug users • Over 18's

Address: Beaumont House, Tullow, Co. Carlow.

Tel: 059 9151369

Cavan

Cavan/Monaghan Drug Awareness

Services: • Addiction Counselling for individuals / families • Family Support • Education/Awareness Programmes • Auricular Acupuncture • Provision of literature.

Address: Thomas Street, Bailieborough, Co. Cavan.

Tel: 042 966 6983

Drugwiser Support Group

Services: • Support meetings for friends and family of drug and alcohol users

Address: 74 Sycamore Drive, Enniskillen, Co. Fermanagh (serves West Cavan)

Tel: 077 4969 9243

HSE Addiction Resource Centre

Services: • Outpatient • Aftercare • Counselling • Advisory Services • Employee Assistance Programme • Treats alcohol, drugs, gambling and prescription drug addictions in adults and teens

Address: Local Health Centre Unit, Rooskey, Co. Monaghan.

Tel: 047 72100

North West Alcohol Forum

Services: The North West Alcohol Forum (NWAFF) is a community initiative, which is

actively working to reduce harmful drinking in the North West.

Address: 1st Floor East St. Conal's Campus Letterkenny, Co. Donegal

Tel: 074-9104447

Email: info@nwaf.ie

Website: www.nwaf.ie

Clare

Bushypark Treatment Centre

Services: • Outpatient treatment • Aftercare • Counselling and advisory services for adults

Address: Bushypark House, Bushypark, Ennis, Co. Clare.

Tel: 065 684 0944

Clarecare

Services: • Outpatient treatment • Aftercare • Counselling and advisory services for adults

Address: Harmony Row, Ennis, Co. Clare.

Tel: 065 682 8178

Website: www.clarecare.ie

Clare Community Drug and Alcohol Service

Services: • Counselling • Information and advice • Outreach work • Policy development • Development of prevention and education initiatives

Address: Museum House, France Street, Ennis, Co. Clare.

Tel: 065 6869852

Email: ccds@mwhb.it

Ennistymon Day Hospital

Services: • Outpatient treatment • Aftercare • Counselling and advisory services for adults

Address: Ennis Road, Ennistymon, Co. Clare.

Tel: 065 7071611

Kilrush Day Hospital

Services: Counselling • Medication • Education

Address: West Clare Mental Health Services, St. Joseph's Terrace, Kilrush, Co. Clare.

Tel: 065 9054100

Our Lady's Day Hospital

Services: Outpatient treatment • Aftercare • Counselling and advisory services for adults

Address: Gort Road, Ennis, Co. Clare.

Tel: 065 6821414

Cork

Arbour House Treatment Centre

Services: Outpatient counselling for adults/adolescents • Aftercare • Advisory Services • Employee Assistance Programme

Address: St. Finbar's Hospital, Douglas Road, Cork.

Tel: 021 4968933

Email: addictiontreatment@mailp.hse.ie

Bandon Community Drugs Initiative

Address: Room 6, Town Hall, North Main Street, Bandon, Cork

Services: Intervention • Positive redirection • Personal development • Harm reduction • Empowerment

Tel: 023 20721 / 086 8251215

Email: Julie.Cummins@foroige.ie

Cobh Community Drugs Initiative

Services: Work with 14-23 year olds on a one to one basis • Support young people in recovery • To tailor-made personal development • Family support • Provision of a safe, confidential environment • Onward referral • Advocacy

Address: C/o YMCA, The Convent, Cobh, Co. Cork

Tel: 086 8283760

Email: gemma@ymca-ireland.org

Fermoy Community Drugs Initiative

Services: Support for young people at risk of / or using drugs and alcohol • One to one support

Address: Family Resource Centre, Fermoy, Co. Cork

Tel: 025 51887 / 086 6096874

Email: martina@cdys.i.e

Mallow Community Drugs Initiative

Services: Reduce drug and alcohol related harm to individuals, families and communities • 1:1 support • Family support • Outreach • Onward referral

Address: C/o CDYS, Youth Centre, Mallow, Co. Cork

Tel: 022 53526 / 0868031109

Email: Catherine@cdys.ie

Matt Talbot Adolescent Services

Services: Treatment for boys under 18 • Individual and family counselling

Address: Rockview, Trabeg Lawn, Douglas, Cork.

Tel: 021 4896400

Mitchelstown Community Drugs Initiative

Services: Education • Personal support • Individually tailored programmes

Address: 1 Thomas Street, Mitchelstown, Co. Cork

Tel: 025 41511 /086 0439702

Tabor Lodge Treatment Centre

Services: • Inpatient treatment • Aftercare • Halfway House • Counselling • Advisory Services • Employee Assistance Programme.

Address: Belgooly, Co. Cork

Tel: 021 4887110

Email: taborlodge@eircom.net

Website: www.taborlodge.ie

Youghal Community Drugs Initiative

Services: One to One support for those misusing drugs and Alcohol • Advice • Referral • Education/Prevention • Support to parents affected by drug/alcohol issues in the Family

Address: C/o Youghal Youth Committee, 28 North Main Street, Youghal, Co. Cork

Tel: 024 90793 / 086 3842183

Email: youghaldrugsinitiative@foroige.ie

Dublin North

Ana Liffey Drug Project

Services: Outpatient counselling • Advisory service • Group-work • Peer Training • Drop-in Centre • Aftercare 'low threshold - harm reduction' project working with people who are actively using drugs and /or alcohol.

Address: 48 Middle Abbey Street, Dublin 1.

Tel: 01 8786899

Email: info@aldp.ie

Website: www.aldp.ie

Artane Drug Awareness Project

Services: Teenage Drop in club • Arts & Crafts • Sexual Health programme • Life Skills • Drug Awareness • Drama colour therapy • One to one counselling

Address: 55 Gracefield Rd, Artane, Dublin 5.

Tel: 01 818 7318

Email: artanedrugawareness@hotmail.com

Ballymun Youth Action Project Ltd

Services: Counselling • Education • Training

Address: Horizons Centre, Ballcurris Road, Ballymun, Dublin 11.

Tel: 01 8428071

Barrymore House

Services: Inpatient aftercare alcohol education

Address: 217 North Circular Road, Dublin 7

Tel: 01 8680608

City Wide Drugs Crisis Campaign

Services: Support & Guidance for families of people with drug problems • Support and facilitate local groups

Address: 175 North Strand Road, Dublin 1.

Tel: 01 836 5090

Email: info@citywide.ie

Website: www.citywide.ie

Crosscare Drug & Alcohol Programme

Services: Crosscare offers young people with drug / alcohol addiction issues external programmes of support if they are willing to address these issues.

Address: 64 Eccles Street, Dublin 7

Tel: 01 8600877

Email: yass@crosscare.ie

Website: www.crosscare.ie

Donnycarney Youth Project Team

Services: Drop-in service • One-to-one support • Cocaine response programme • Family support • Group Work • Pre-CE courses • Methadone maintenance programme (in conjunction with HSE Satellite clinic) • sessional counselling services • FAS special category CE scheme for education

Address: Le Cheile, Collins Avenue East, Donnycarney, Dublin 5

Tel: 01 8314985

Website: www.dyp.ie

FAST (Finglas Addiction Support Team)

Services: Counselling • Drop in service • Family support • Prison visits • Info on drugs and alcohol • Massage, reiki & acupuncture • Aftercare support group • Cocaine service
Address: 2a Wellmount Road, Finglas, Dublin 11
Tel: 01 8110595
Email: fast_ltd@eircom.ent
Website: www.fastltd.ie

HSE Addiction Counselling Services

Phibsboro

Address: Phibsboro Tower, Phibsboro, Dublin 7.
Tel: 01 8820300

Mountview/Blakestown Community Drug Team

Services: • Outpatient counselling • Counselling • Needle exchange • Acupuncture • Massage
Address: 105 Coolmine Ind. Estate, Coolmine, Dublin 15.
Tel: 01 8219140/8211333
Email: info@mbcdt.org
Website: www.virtualdublin15.info/mbcdt/home.html

Peter McVerry Trust - Community Detox (The Lantern)

Services: Six week programme for drug users wishing to detox from methadone • Psychosocial / relapse prevention
Address: Referral and Assessment Team, 29 Mountjoy Square, Dublin 1
Tel: 01 8230776
Email: info@pmvtrust.ie
Website: www.pmvtrust.ie

SAOL Project

Services: Non residential rehabilitation for women
Address: 58 Amiens Street, Dublin 1.
Tel: 01 8553391
Email: saol@saolproject.ie
Website: www.saolproject.ie

Soilse

Services: Addiction Education • Recovery

Group Sessions • Individual Care Planning • Literacy Support • FETAC Accredited Education • Career Guidance • Ongoing Educational Support for participants who go on to further education • Aftercare
Address: 1-2 Henrietta Place, D 1, 6-7 North Frederick Street D.1
Tel: 01 8724922

St Vincent's Psychiatric Hospital

Services: Inpatient • Outpatient • Family therapy • Detoxification
Address: Richmond Road, Fairview, Dublin 3.
Tel: 01 8842401

Stanhope Centre

Services: Individual counselling • Family counselling • Alcohol assessments
Address: Barrymore House, Grangeegorman Lower, Dublin 7
Tel: 01 6773965

Talbot Centre

Services: Individual counselling and family therapy • Child and family work • Advocacy and family support • Drug education and information • Working with under 21's and families
Address: 29 Upper Buckingham Street, Dublin 1.
Tel: 01 8363434 / 836 6746
Email: talbotcentre@eircom.net

Teach Mhuire

Services: Residential and non-residential addiction treatment service for alcohol and drug abuse • Weekly aftercare programme • Family support group • On-site Narcotics Anonymous, AA
Address: 38/39 Lower Gardiner Street, Dublin 1
Tel: 01 8788877

Teen Counselling

Services: Services cover a wide range of adolescent problems with special emphasis on the treatment of substance abuse which is dealt with in a family context.
Address: Mater Dei Institute, Clonliffe Road, Dublin 3

Tel: 01 8371892

Email: drumcondrateen@crosscare.ie

The Snug Counselling Service

Services: Community Drugs Project •
Counselling • Information • Advocacy •
Referral • Open door policy • Family support
group every 2nd Tuesday • Woman's group
every Wednesday.

Address: MACRO Resource Centre, 1 Green
Street, Dublin 7

Tel: 01 8786231

Email: thesnug@eircom.net

Dublin South

Addiction Response Crumlin

Services: • Drugs Outreach • Counselling •
Family Support • Methadone Maintenance •
Detox • Outreach support for families • Drop
in 9 am-2pm Mon-Fri.

Address: 101 Cashes Road, Crumlin, Dublin
12.

Tel: 01 4563111

Alano Club of Ireland

Services: Organise meetings for recovering
alcoholics and drug users • Mon -Sun 11am -
12am • Alcohol • Counselling • Drugs

Address: 21 Patrick Street, Dun Laoghaire,
Co. Dublin

Tel: 01 2805402

C.A.R.P (Community Addiction Response Programme) Killinarden

Services: Methadone substitution treatment •
Counselling • Drop-in advice • Outreach to
young people at risk • Hep/HIV testing •
Parental support • Rehabilitation • Needle
Exchange • Tues 5pm-7pm, Fri 12- 12.30pm

Address: Killinarden Community Centre,
Tallaght, Dublin 24

Tel: 01 4626033 / 82

Clan William Institute

Services: Individual, family & group therapy,
utilising rational and emotive Therapy
Principals and Minnesota model tasks.

Address: 18 Clanwilliam Terrace, Grand

Canal Quay, Dublin 2.

Tel: 01 6761363

Email: office@clanwilliam.ie

Website: www.clanwilliam.ie

Clondalkin Addiction Support Programme (C.A.S.P.)

Services: • Counselling • Drugs Outreach •
Detoxification • Family Support

Address: Ballyowen Meadows, Fonthill Road,
Dublin 22.

Tel: 01 6238000

Email: info@casp.ie

Website: www.casp.ie

Community Awareness of Drugs

Services: • Drug education • Training for
parents, carers and community workers.

Address: 31 Central Hotel Chambers, Dame
Court, Dublin 2.

Tel: 01 6792681

Website: www.cadaboutdrugs.ie

Community Drugs Project: Mounttown

Services: Rehabilitation and Prevention •
Youth Outreach Worker • Ages 12 - 18

Address: 74 Maple House, Mounttown, Dun
Laoghaire, Co. Dublin.

Tel: 087 2832213

Coolmine Therapeutic Community

Services: • Inpatient • Outpatient • Education
• Aftercare

Address: Coolmine House, 19 Lord Edward
Street, Dublin 2.

Tel: 01 6794822 / 6793765

Email: declanarthur@gmail.com

Website: www.coolminetc.ie

Cuan Dara Detoxification Unit

Services: Two week detox followed by one
month counselling • Group and family therapy
on an in- patient basis • Service for pregnant
woman

Address: Cherry Orchard Hospital,
Ballyfermot, Dublin 10

Tel: 01 620 6050

D.R.O.P.

Services: • Drop in treatment centre •

Counselling • Outreach service • Rehabilitation facilities

Address: 45 Upper Georges Street, Dun Laoghaire, Co. Dublin.

Tel: 01 2803187

Email: dropmanager@eircom.ent

Website: www.drop.ie

Drug Treatment Centre Board

Services: • Inpatient treatment • Outpatient treatment • Aftercare programmes for drug users • Advisory service to professionals •

Advice for parents and teachers

Address: Trinity Court, 30/31 Pearse Street, Dublin 2.

Tel: 01 6488600

Website: www.dtcb.ie

Dublin Simon – Detox Unit

Services: Services for homeless or recently settled people over 18 whose primary addiction is alcohol • Group work • twice weekly relapse prevention

Address: Ushers Quay, Dublin 8

Tel: 01 6759950

Email: info@thehanlycentre.com

Website: www.dublinsimon.ie

Fettercairn Drug Rehabilitation Programme

Services: Advice • Referral • Treatment • Family Support • Services for people in the Fettercairn area

Address: Fettercairn Community Centre, Fettercairn, Dublin 24

Tel: 01 4623192

Hanly Centre

Services: Alcohol Assessment • counselling • group therapy

Address: The Mews, Eblana Avenue, Dun Laoghaire

Tel: 01 2809795

Email: info@thehanlycentre.com

Website: www.thehanlycentre.com

HSE Baggot Street Addiction Centre

Services: • Support • Advice • Outpatient counselling • Aftercare

Address: 19 Haddington Road, Dublin 4.

Tel: 01 6602189

FreeTel: 1800 201 187

HSE Community Alcohol Services

Services: • Counselling • Assessment • Education programme • Aftercare

Address: Ground Floor, Glen Abbey Centre, Belgard Road, Tallaght, Dublin 24.

Tel: 01 4516589 / 4516754

Inchicore Community Drug Team

Services: • Counselling • Advice • Outreach • Alternative Therapy

Address: 135 Emmet Road, Inchicore, Dublin 8.

Tel: 01 4736502

Jobstown Assisting Drug Dependency (JADD)

Services: Advice • Referral • Treatment • Family Support • Needle Exchange • Drop in service

Address: Jobstown Road, Fortunestown Way, Tallaght, Dublin 24

Tel: 01 4597756

Email: jadd@iolfree.ie

Merchants Quay Ireland

Services: • Outpatient counselling • Aftercare • Group Therapy • Educational Services • Needle exchange • Methadone support service • 12-week residential programme • 1-year residential programme

Address: 4 Merchants Quay, Dublin 8.

Tel: 01 6771128

Email: info@mqi.ie

Website: www.mqi.ie

Oasis Project

Services: • Outreach • Counselling for adults

Address: 74 Maple House, Mountdown, Dun Laoghaire, Co. Dublin.

Tel: 01 2845722

Patrick Street Addiction Centre

Services: • Methadone prescription • Counselling • Hepatitis C treatment.

Address: 99 Patrick Street, Dun Laoghaire, Co. Dublin.

Tel: 01 2808472

RADE (Recovery through Arts, Drama and Education)

Services: • Art and drama therapy • Tai Chi

Address: OLV Building, Cathedral View Court, Off New Street, Dublin 8.

Tel: 01 4548733

Email: info@rade.ie

Website: www.rade.ie

Rialto Community Drug Team

Services: • Counselling • Advice • Outreach

Address: St. Andrew's Community Centre, Rialto, Dublin 8.

Tel: 01 4540021

Rutland Centre Ltd.

Services: • Intervention • Family mobilisation • Assessment • Pre-treatment counselling • Drug-free residential and family treatment programme • Comprehensive aftercare • Consultation service for employers

Address: Knocklyon Road, Templeogue, Dublin 16.

Tel: 01 4946358

Email: info@rutlandcentre.ie

Website: www.rutlandcentre.ie

St. Aengus Community Action Group

Services: Advice • Referral • Treatment • Aftercare • Family Support

Address: St. Aengus Centre, Castletymon Green, Tymon North, Tallaght, Dublin 24

Tel: 01 4610239

Email: sacag@eircom.net

St. John of God Hospital

Services: • Inpatient • Outpatient • Family therapy • Detoxification

Address: Stillorgan, Co. Dublin.

Tel: 01 2881781

Email: communications@sjog.ie

Website: www.sjog.ie

St. Patrick's Hospital

Services: • Inpatient • Outpatient • Family therapy • Detoxification

Address: Steeven's Lane, James Street, Dublin 8.

Tel: 01 2493200

Email: info@stpatmail.com

Website: www.stpatrickshosp.com

The Lodge

Services: • Methadone Maintenance • Detoxification and Stabilisation • Counselling • Outreach • Referral

Address: Old County Health Centre, Old County Road, Crumlin, Dublin 12.

Tel: 01 4154806

Tallaght Community Drug Team

Services: • Assessment • Counselling • Advice

Address: First Floor, Glen Abbey Centre, Belgard Road, Dublin 24.

Tel: 01 4513894

Donegal

Alcohol & Substance Counselling Service

Services: • Comprehensive Assessment • Care planned counselling • Motivational Interviewing • Some group work • Shared care liaison work with General Practitioners • Referral to residential treatment • Support services for concern person's of drug / alcohol users

Address: Bayview Family Practise, Station Road, Bundoran, Co Donegal

Tel: 071 9842449

FAS Le Cheile Parenting Programmes

Services: The aim of the le Cheile programme is to promote positive relationships between Parents and children. Two courses include issues related to drugs and alcohol.

Address: Parentstop, 33 Celtic Apartments, Letterkenny, Co Donegal

Tel: 087 6913777

HSE Alcohol and Substance Counselling & Advisory Service

Services: • Drug/alcohol counselling • Advisory Service • Drug/alcohol education

Address: East End House, 18 Main Street, Donegal Town.

Tel: 074 9721833

HSE Alcohol and Substance Counselling & Advisory Service

Services: • 30-day outpatient group therapy • Group and 1:1 counselling and advice • Aftercare • Relapse prevention • Treats alcohol, drugs and gambling addictions.

Address: 9 St. Eunan's Court, Convent Rd, Letterkenny.

Tel: 074 9128769

HSE Alcohol & Substance Counselling & Advisory Service

Services: • Counselling • Self referral • Onward referral if necessary • Treats alcohol, drugs and gambling addictions

Address: Community Nursing Unit, Magin Avenue, Buncrana, Co. Donegal.

Tel: 074 9362529

HSE Donegal Mental Health Services

Services: • Counselling • Self referral or by Doctor • Onward referral if necessary • Treats alcohol, drugs and gambling addictions

Address: Psychiatric Service, Dungloe District Hospital, Dungloe, Donegal.

Tel: 074 9521860

North West Alcohol Forum

Services: The North West Alcohol Forum (NWAF) is a community initiative, which is actively working to reduce harmful drinking.

Address: 1st Floor, East St., Conal's Campus, Letterkenny, Co. Donegal

Tel: 074-9104447/9

Email: info@nwaf.ie

Website: www.nwaf.ie

White Oaks Rehabilitation Centre

Services: • 37-day residential programme • One to one counselling • Individual treatment plans • Meditation • Self/family/professional referral • Family service • 2-year aftercare

Address: Derryvane, Co. Donegal.

Tel: 074 9384400

Website:

www.columbacomunity.com/WhiteOaksCentre.html

Young Person's Alcohol & Substance Counselling & Advisory Service

Services: • Comprehensive Assessment • Care planned counselling • Motivational Interviewing

• Parent support programmes (out of hours) • Shared care liaison work with General Practitioners and Consultants • Referral to residential treatment

Address: 9 St. Eunans Court, Convent Road, Letterkenny, Co Donegal

Tel: 074 9128769

Galway

Cuan Mhuire

Services: • Inpatient • Aftercare • Counselling • Advisory Services • Treats alcohol, gambling and prescription drug addictions in adults

Address: Coolarne, Athenry, Co. Galway.

Tel: 091 797102

Email: info@cuanmhuire.ie

Website: www.cuanmhuire.ie

HSE Addiction Counselling Service

Services: • Outpatient treatment • Aftercare • Counselling • Advisory Services • Employee Assistance Programme • Treats alcohol, gambling & prescription drug addiction in adults

Address: Mental Health Centre, Mountbellew, Co. Galway.

Tel: 090 9679571

HSE Addiction Counselling Service

Services: • Community based addiction services • Counselling • Education • Detox • Treats alcohol, drugs, smoking, gambling, prescription drug addictions in adults.

Address: East Galway Psychiatric Services, St Brigid's Hospital, Ballinasloe, Co. Galway.

Tel: 090 9643107

HSE Addiction Counselling Service

Services: • Outpatient treatment • Aftercare • Counselling • Advisory Services • Employee Assistance Programme • Treats alcohol, gambling & prescription drug addiction in adults

Address: Merlin Park Regional Hospital, Galway.

Tel: 091 755883

HSE Addiction Counselling Service

Services: • Outpatient treatment • Aftercare •

Counselling • Advisory Services • Employee Assistance Programme • Treats alcohol, gambling & prescription drug addiction in adults
Address: Day Hospital, 7 Dublin Road, Tuam, Co. Galway.
Tel: 093 24695

HSE Addiction Counselling Service
Address: Community Day Hospital, Ennis Road, Gort, Co. Galway.
Tel: 091 630949

HSE Addiction Counselling Service
Services: • Outpatient treatment • Aftercare • Counselling • Advisory Services • Employee Assistance Programme • Treats alcohol, gambling & prescription drug addiction in adults
Address: Dochas Nua, Bride Street, Loughrea, Co Galway.
Tel: 091 847556

HSE Drugs Service
Services: • Advice • Information • Support • One to one drug counselling-all ages • Under 18 alcohol counselling
Address: Dochas Nua, Bride Street, Loughrea, Co Galway.
Tel: 091 847088

HSE Drugs Service
Services: • Advice • Information • Support • One to one drug counselling - all ages • Under 18 alcohol counselling • Education service for parents and community groups
Address: 64 Dominick Street, Galway
Tel: 091 561299

HSE Drugs Service
Services: • Advice • Information • Support • One to one drug counselling-all ages • Under 18 alcohol counselling • Education service for parents and community groups
Address: The Mall, Tuam, Co. Galway,
Tel: 093 60474

Kerry

DAN (The Drugs Awareness Network)

Services: Countywide tailored training on drug and alcohol misuse
Address: Caherciveen Community Resource Centre, Church Street, Caherciveen, Co. Kerry
Tel: 066 9471300

Drugs Awareness Training
Services: • One day free drugs awareness training course and is open to parents, teachers, voluntary and community workers.
Address: Health Promotion Department, Kerry Community Services, Rathass, Tralee, Co. Kerry
Tel: 066 719 5617

HSE Counselling and Advisory Services
Services: • Free addiction counselling - drugs, alcohol, gambling • Non-residential Treatment Programme • Concerned Persons Programme
Address: Block F, Edward Court, Edward St., Tralee Edward Street, Tralee, Co. Kerry
Tel: 066 7184968

Killarney Community Drugs Initiative
Services: Providing low threshold intervention to people living in the Killarney area who are displaying signs of problematic drug or alcohol misuse • The initiative aims to work primarily with people aged 17-22 who are currently using drugs, have recently stopped or at risk of drug or alcohol misuse.
Address: C/o KDYS, Youth Centre, Listowel, Co. Kerry
Tel: 064 31748 / 086 736 4605
Website: www.drughelpkillarney.ie

Listowel & North Kerry Community Drugs Initiative
Services: Identifying and working with young people most at risk from drug / alcohol misuse aged 12-21 • All meetings and information are strictly confidential • All services are free.
Address: KDYS Youth Centre, Listowel, Upper Church Street, Listowel, Co. Kerry
Tel: 068 23744 / 097 926 3803
Email: gerardlowe@kdys.ie
Website: www.drughelpkillarney.ie

Talbot Grove Treatment Centre
Services: • Inpatient • Outpatient • Alcoholism

• Drug Addiction • Gambling • Prescribed Drugs • Counselling and advisory service
Address: Castleisland, Co. Kerry.
Tel: 066 7141511

Tralee Community Drugs Initiative

Services: Identifying and working with young people most at risk from drug / alcohol misuse aged 12-21 • All meetings and information are strictly confidential • All services are free.
Address: C/o Partnership Trali, Ashe Street, Tralee, Co. Kerry
Tel: 066 7180190 / 087 6708702
Email: phannafin@partnershiptrali.com
Website: www.drughelpkillarney.ie

Kildare

Community Addiction Services

Services: Addiction Counselling • Outreach • Education / Prevention Service • Accredited Addiction Studies • In-service Teacher Training • Schools Substance Use Policy Development • Kildare/West Wicklow Areas
Address: Newbridge Health Centre, Henry St., Newbridge, Co. Kildare
Tel: 045 446350

Community Addictions Team

Services: Offering services to families affected by drug use
Address: Hillview House, Kilcullen Road, Nass Road, Nass
Tel: 045 872500

Cuan Mhuire

Services: • Inpatient • Aftercare • Halfway House • Counselling • Advisory Services • Treats Alcohol, Drugs & Prescription Drug Addiction in Adults • National Service
Address: Stradbally Road, Athy, Co. Kildare,
Tel: 059 8631493/8631090
Email: counsellingcuanmhuire@gmail.com
Website: www.cuanmhuire.ie

Teen Challenge

Services: Rehabilitation service for woman aged 18 - 40 with addiction issues • 14 month drug free christian based residential programme • One to one counselling

Address: Shechem House, Rickardstown, Newbridge, Co. Kildare
Tel: 045 436416
Website: www.teenchallenge.ie

Kilkenny

Aislinn Adolescent Addiction Centre

Services: • Inpatient • Aftercare • Counselling • Family Support Programme • Treats Alcohol, Drugs, Gambling, Prescription Drug Addictions for people aged 15-21 years old.
Address: Ballyragget, Co. Kilkenny.
Tel: 056 8833777
Email: info@aislinn.ie
Website: www.aislinn.ie

Carlow / Kilkenny Substance Misuse Team

Services: • Counselling • Drug Treatment • Methadone Prescription
Address: Kilkenny/Carlow Substance Misuse Team Kickham Street (directly opposite Community Care, James Green) Kilkenny
Tel: 056 7784638

HSE Community Addiction Service

Services: • Inpatient • Outpatient • Extended Care • Counselling • Advisory Services • Treats alcohol, drugs & prescription drug addiction in teens and adults.
Address: St. Luke's General Hospital, Kilkenny.
Tel: 056 7784638

Kilkenny City Drugs Initiative

Services: • Information • Onward Referral • One to One or Group Support • Education • Community Involvement
Address: Ossory Youth, Desert Hall, New Street, Kilkenny.
Tel: 056 7761200
Email: mbay@ossoryyouth.com
Website: www.ossory.ie/drugs.htm

Laois

HSE Community Alcohol & Drug Service

Services: • Outpatient • Counselling • Advisory Services. • Drug/Alcohol treatment

for adults • Prescriptions

Address: 1 Coote Street, Portlaoise, Co. Laois.

Tel: 057 8692516

Leitrim

Breffni Family Resource Centre

Services: Alternative therapies to support those suffering drug and alcohol addictions

Address: Breffni Crescent, Carrick-on-Shannon, Co. Leitrim

Tel: 071 9622566

Email: brefcom@eircom.net

Website: www.breffnifrc.com

HSE Alcohol & Substance Counselling Service

Services: • Comprehensive Assessment • Care planned counselling • Motivational Interviewing • Some group work' • Shared care liaison work with General Practitioners • Referral to residential treatment • Support services for concern persons of drug / alcohol users

Address: Summer Hill Lodge, Carrick-on-Shannon, Co. Leitrim.

Tel: 071 9621215

HSE Alcohol & Substance Counselling Service

Services: • Outpatient • Aftercare • Counselling • Advice & information • Employee Assistance Programme • Treats alcohol, drugs & prescription drug addiction in teens and adults.

Address: Day Centre, The Rock, Ballymote, Co. Leitrim.

Tel: 071 9183002

Limerick

Churchtown Day Hospital

Services: • Inpatient • Outpatient • Aftercare • Counselling • Advisory Services • Treats alcohol, drugs, gambling and prescription drug addictions in adults.

Address: Newcastlewest, Co. Limerick.

Tel: 069 61799

HSE Health Promotion Drug & Alcohol Team

Services: • Outpatient • Counselling •

Advisory Services • Treats alcohol, drugs, gambling and prescription drug addictions from age 14 upwards.

Address: Slainte Health Advice Centre, 57 O'Connell Street, Limerick.

HSE Limerick Drugs Helpline

Services: • Information and advice on drug and alcohol issues • One to one counselling •

Referrals

Tel: Lo-call 1850 700 850 Mon - Fri, 2pm - 5pm

Kilmallock Day Hospital

Services: • Inpatient • Outpatient • Aftercare • Counselling • Advisory Services • Treats alcohol, drugs, gambling and prescription drug addictions in adults.

Address: Railway Road, Kilmallock, Co. Limerick.

Tel: 063 98668

Limerick County Community Drug Team

Services: • Counselling • Advice • Outreach work • Education

Address: Carnegie Centre, Bishop Street, Newcastle West, Co. Limerick.

Tel: 069 61430

St. Anne's Day Hospital

Services: • Outpatient • Aftercare •

Counselling • Treats alcohol, drugs, gambling and prescription drug addictions in adults

Address: Roxboro Road, Limerick.

Tel: 061 315177

Tevere Day Hospital

Services: • Outpatient • Aftercare •

Counselling • Treats alcohol, drugs, gambling and prescription drug addictions in adults.

Address: Shelbourne Road, Limerick.

Tel: 061 452971

Longford

HSE Community Alcohol & Drugs Service

Services: • Outpatient • Aftercare • Counselling • Advisory Services • Treats alcohol, drugs, gambling and prescription drug addictions in adults.

Address: 3 Leader House, Dublin Road, Longford.

Tel: 043 50988 / 044 9341630

Louth

Crossroads Project

Services: • Advice & referral • Counselling • Day programme • Peer support

Address: 82 Trinity Street, Drogheda, Co. Louth

Tel: 041 9846981

Drogheda Community Drug & Alcohol Forum

Services: • Public information • Prevention education initiatives • Parental drugs education programmes

Address: c/o Drogheda Partnership, Workspace centre, Mayoralty St, Drogheda

Tel: 041 9842088

Drogheda Partnership New Start Project

Services: • Day programme • Counselling • Peer support • Advice & referral

Address: Workspace centre, Mayoralty St, Drogheda, Co Louth

Tel: 041 9842088

Dundalk Counselling Centre

Services: • Counselling, • Advisory Services. • Treats alcohol, drugs, gambling and prescription drug addictions in adults.

Address: "Oakdene", 3 Seatown Place, Dundalk, Co. Louth.

Tel: 042 9338333

Footsteps Family Support Group

Services: • Support meetings for friends and family of drug and alcohol users

Tel: 087 317 9654

HSE Alcohol Counselling Service

Services: • Inpatient • Outpatient • Aftercare •

Counselling • Advisory Services • Employee Assistance Programme • Treats alcohol, drugs, eating disorders, prescription drug addictions in adolescents.

Address: St. Brigid's Hospital, Ardee, Co. Louth.

Tel: 041 6853264

HSE Alcohol Service

Services: • Information • Specialist advice • Resources • Training • Counselling

Address: Ladywell Centre, Louth County Hospital, Dublin Road, Dundalk, Co Louth.

Tel: 042 9326156

HSE North Louth Drug Outreach & Addiction Counselling Service

Services: • Assessment • Support • Withdrawal treatment • Counselling • Referral.

Address: 3 Chapel Street, Dundalk, Co. Louth.

Tel: 042 935 7516

HSE South Louth Drug Outreach & Addiction Counselling Service

Services: • Assessment • Support • Withdrawal treatment • Counselling • Referral.

Address: 11 Chord Road, Drogheda, Co Louth.

Tel: 041 984 3531

Make Change Project

Services: • Street outreach • Education & prevention • Advice & referral • Peer support • Family support

Address: Ait na nDaoine CDP, Muirhevnemor, Dundalk, Co. Louth

Tel: 042 9326645

TURAS Counselling Services

Services: • Counselling • Aftercare for recovering drug users over 16 years

Address: 59 Clanbrassil Street, Dundalk, Co Louth.

Tel: 042 9338221 / 8224

Mayo

Hope House

Services: • Inpatient • Outpatient • Aftercare •

Counselling • Advisory Services • Employee Assistance Programme • Treats alcohol, gambling and prescription drug addictions in adults. • Family counselling

Address: Foxford, Co. Mayo.

Tel: 094 9256888

Email: hopehouse@eircom.net

Website: www.hopehouse.ie

HSE Addiction Counselling Service

Services: • Inpatient • Outpatient • Aftercare • Counselling • Advisory Service • Treats alcohol, drugs, gambling and prescription drug addictions in adults

Address: Swinford Treatment Centre, The Lodge, Dublin Road, Swinford, Co. Mayo.

Tel: 094 52715

HSE Addiction Counselling Service

Services: • Outpatient • Aftercare • Counselling • Advisory Service • Treats alcohol, gambling and prescription drug addictions in adults.

Address: Ballina Community Mental Health Centre, Mercy Road, Ballina, Co. Mayo.

Tel: 096 20300

HSE Addiction Counselling Service

Services: • Inpatient • Outpatient • Aftercare • Counselling • Advisory Services • Treats alcohol, gambling and prescription drug addictions in adults.

Address: St. Mary's Hospital, Castlebar, Co. Mayo.

Tel: 094 9021733

HSE Addiction Counselling Service

Services: • Outpatient • Aftercare • Counselling • Advisory Service • Treats alcohol, gambling and prescription drug addictions in adults.

Address: Ballinrobe Day Centre, Ballinrobe, Co. Mayo.

Tel: 094 9541615

HSE Drugs Service

Services: • Information • Advice • Support • Drugs counselling for adults/teens • Alcohol counselling for under 18s • Education for parents and community groups

Address: Neighbourhood Youth Service, Pearse Street, Ballina, Co. Mayo.

Tel: 096 60060

HSE Drugs Service

Services: • Advice • Information • Support • Drugs Counselling for all ages • Alcohol counselling for teens • Education for parents and community groups

Address: The Arcade, Main Street, Castlebar, Co. Mayo.

Tel: 094 9020430

Meath

Aisling Group International

Services: • Counselling/Recovery programme • Nationwide referral service. • Drug/Alcohol training/education • Community Group development • Drug policy development • Safe passage programme • Family/Organisation Support • Early intervention programme

Address: P.O. Box 26, Bradan House, Navan, Co. Meath.

Tel: 046 9074300

Website: www.aislinggroupinternational.ie

HSE Alcohol Service

Services: • Information • Specialist advice • Resources • Training • Counselling

Address: Clonard House, Market Square, Navan, Co. Meath.

Tel: 046 9071648

HSE Drug Outreach & Addiction Counselling Service

Services: • Assessment • Support • Withdrawal treatment • Counselling • Referral

Address: Health Promotion Department, Railway Street, Navan, Co. Meath.

Tel: 046 9076400

Pillar Family Support Group

Services: • Support meetings for friends and family of drug and alcohol users.

Address: 7 Abbey View, Slane, Co. Meath.

Tel: 086 8404395

South Meath Family Support Group

Services: • Support meetings for friends and family of drug and alcohol users

Tel: 086 408 1511

South Meath Response

Services: • Awareness • Education • Support • Counselling

Address: T.I.D.E, Trim Social Care Centre, The Maudlins, Trim, Co. Meath.

Tel: 046 9437245 (Family support 086 408 1511)

Email: smrproject@eircom.net

St. James Camino Network

Services: Holistic approach • Group therapy • Individual counselling • Family support • Relapse prevention • Accommodation support.

Address: Meadowbrook, Cloncurry Cross, Enfield, Co. Meath.

Tel: 046 9549241

Tabor House

Services: Inpatient treatment • 12 step meetings • Lectures • Group therapy • Counselling

Address: Trim Road, Navan, Co. Meath,

Tel: 046 9077909

Email: tabornavan@eircom.net

Monaghan

Addiction Resource Centre

Services: Outpatient • Aftercare • Counselling • Advisory Services • Employee Assistance Programme • Treats alcohol, drugs, gambling and prescription drug addictions

Address: Room 23, First Floor, Local Health Centre Unit, Rooskey, Monaghan.

Tel: 047 72100

Cavan/Monaghan Drug Awareness

Services: • Addiction Counselling • Family Support • Education/Awareness Programmes • Auricular Acupuncture • Provision of literature • Treats alcohol, drugs, gambling and prescription drug addictions

Address: Henry Street, Bailieborough, Co. Cavan.

Tel: 042 966 6983

Foroige Peer Education Project

Services: • Youth-based prevention & education initiatives • Youth mentoring & support • Family support • Advice & referral

Address: Monaghan Neighbourhood Youth Project, Monaghan

Tel: 047 71663

St Davnet's Hospital Services

Services: • Inpatient • Outpatient • Extended Care • Counselling • Advisory Services • Treats alcohol, drugs, gambling and prescription drug addictions in adults.

Address: St Davnet's Hospital, Monaghan.

Tel: 047 77400

Roscommon

HSE Addiction Counselling Services

Services: Outpatient • Aftercare • Counselling • Advisory Services • Treats alcohol, drugs, gambling and prescription drug addictions in adults

Address: The Lodge, Co. Hospital, Roscommon.

Tel: 090 6626477

HSE Drugs Service

Services: Advice • Information • Support • Drugs counselling for all ages • Alcohol counselling for teens

Address: Roscommon Youth Information Service, Castle Street, Roscommon.

Tel: 090 6625395

Sligo

Alcohol & Substance Counselling Service

Services: Comprehensive Assessment • Care planned counselling • Motivational Interviewing • Some group work • Shared care liaison work with General Practitioners • Support services for concern person's of drug / alcohol users

Address: The Rock, Ballymote, Co. Sligo

Tel: 071 9183002

Alcohol & Substance Counselling Service

Services: Comprehensive Assessment • Care planned counselling • Motivational Interviewing

• Some group work • Shared care liaison work with General Practitioners • Referral to residential treatment

Address: Charter House Old Market Street Sligo.

Tel: 071 9143316

Hospital Liaison Service

Services: Triage Assessment • Shared care liaison work with Medical Team • Motivational Interviewing • Care planned counselling • Referral to community addiction counselling services • Referral to residential treatment

Address: Charter House, Old Market Street, Sligo.

Tel: 071 9143316

HSE Alcohol and Substance Counselling Service

Services: Counselling • Advice • Prevention • Education

Address: Tubbercurry Health Centre, Tubbercurry, Co. Sligo.

Tel: 071 918 5966

HSE Drugs Service

Services: Advice • Information • Support • Drug counselling for all ages • Alcohol counselling for under 18s • Education service for parents and community groups

Address: Neighbourhood Youth Project, St. Josephs Resource Centre, Abbeystown, Boyle.

Tel: 071 9664801

Sligo Springboard Co Ltd (Resource House Project)

Services: To enhance and promote self-esteem • Assist young person in making more positive informed choices • To discuss and address issues relevant to young people e.g. drug/alcohol awareness, decision-making, sexuality and sexual health

Address: Sligo Springboard Co Ltd, 2 Racecourse View, Cranmore, Sligo

Tel: 071 9147070

Young Person's Alcohol & Substance Counselling Service

Services: Comprehensive Assessment • Care planned counselling • Motivational Interviewing • Drug Education Programme for Parents (out

of hours) • Parent supporting programme (out of hours) • Shared care liaison work with General Practitioners • Referral to reside

Address: Charter House, Old Market Street, Sligo.

Tel: 071 9143316

Youth Action Project (YAPS)

Services: To promote and enhance decision-making skills • Assist young people in making healthy and responsible choices • Discussion and education on drugs/alcohol

Address: Youth Action Project (YAPS) 1 Chapel Street (First Floor) Sligo

Tel: 071 9144152

Tipperary

Aiseiri

Services: • Inpatient • Outpatient • Counselling • Aftercare • Advisory Services • Employee Assistance Programme • Treats alcohol, drugs, gambling and prescription drugs addictions in adults

Address: Townpark, Cahir, Co. Tipperary.

Tel: 052 41166

Email: infocahir@aiseiri.ie

Website: www.aiseiri.ie

Alcohol & Addiction Treatment Services

Services: Counsellors also offer outreach support to clients in St. Michael's Unit, St. Joseph's Hospital, Clonmel, Co. Tipperary

Address: Coolgreaney House, Queen Street, Clonmel, Co. Tipperary

Tel: 052 26533

Clonmel Community Based Drug Initiative

Services: Community Drug Services

Address: Clonmel Community Based Drug Initiative, The Wilderness Youth & Community Centre, Wilderness Grove, Clonmel, Co. Tipperary

Tel: 052 70876

HSE Alcohol and Substance Counselling Service

Services: Counselling • Advice • Prevention • Education

Address: Day Centre, The Rock, Ballymote, Co. Tipperary.
Tel: 071 9183002

HSE South Tipperary Alcohol & Addiction Service

Services: Outpatient • Aftercare • Counselling • Advisory Services • Employee Assistance Programme • Treats alcohol, drugs, gambling and prescription drugs addictions in adults.

Address: Coolgreaney House, Queen Street, Clonmel, Co. Tipperary.

Tel: 052 23015

Mid West Tipperary Drug Initiative

Services: Community Drug Services

Address: Mid West Tipperary Drug Initiative, Tipperary Regional Youth Service, 17 Bank Place, Tipperary

Tel: 062 52604 / 087 6188075

North Tipperary Drug and Alcohol Service

Services: • Counselling • Advice • Outreach work

Address: 94a Silver Street, Nenagh, Co. Tipperary.

Tel: 067 42220 / 422221

North Tipperary Mental Health Services

Services: • Counselling • Assessment • Detoxification • Advice

Address: Dromin House, 2 Dromin Road, Nenagh, Co. Tipperary.

Tel: 067 46811

South Tipperary Outreach Project

Services: To provide services and responses for 13 year olds and upwards who are involved in high risk substance misuse and are experiencing social exclusion because of their substance misuse and socio economic background.

Address: South Tipperary Outreach Project, Irish Town, Clonmel, Co. Tipperary

Tel: 086 8561683

South Tipperary Substance Misuse Department

Services: Substance Misuse Co-ordinator •

Drug Education • Counselling Clinics: Carrick-on-Suir Health Centre, St. Brigid's Hospital • Tuesday and Friday afternoons Mullinahone, Health Centre Fri,day afternoons Knockanrawley Family Resource Centre, Tipperary Wednesday. Polish / Russian drop in service every Tuesday evening from 6:00pm - 9:00pm for advice, information and / or treatment for addiction.

Address: South Tipperary Substance Misuse Team, Health Service Executive, 11-12 Peter Street, Clonmel Co. Tipperary

Tel: 052 77900

Suir Valley Community Based Drug Initiative

Services: Community Drug Services

Address: Suir Valley Community Based Drug Initiative, 56 New Street, Carrick-on-Suir, Co. Waterford

Tel: 051 645775 / 086 8557212

Thurles Addiction Counselling Service

Services: Counselling • Assessment • Detoxification • Advice

Address: St. Mary's Health Centre, Upper Parnell Street, Thurles, Co. Tipperary.

Tel: 0504 23828

Waterford

A.C.C.E.P.T. Addiction Treatment

Services: Clinics: Cappelquin Health Centre: Every Monday, 1.00 p.m. to 4.00 p.m.

Dungarvan Health Centre: Every Thursday, 10.00 a.m. to 1.00 p.m. Tramore Health Centre

Address: Brook House, Cork Road, Waterford.

Tel: 051 842790

Aiseiri (Ceim Eile Waterford)

Services: Inpatient • Outpatient • Counselling • Aftercare • Advisory Services • Employee Assistance Programme • Treats Alcohol, Drugs, Gambling, Prescription Drugs Addictions in Adults

Tel: 051 853974

Email: aiseiri@eircom.net

Website: www.aiseiri.ie

Axis Youth Project

Services: This Project will focus on widening access to existing community-based youth facilities for young people aged 10 to 19 years who live in the Ballybeg estate and who are at risk of substance misuse.

Address: Ballybeg Youth Resource Centre, Clonard Park, Ballybeg, Waterford

Tel: 051 358638

Cityside Community Based Drug Initiative

Services: Community Based Drugs Initiatives • Promote drug prevention • Family Support

Address: Abbeylands Community Building, No 1 & 2, Ferrybank, Waterford

Tel: 086 8561641

Community Based Drug Worker

Services: Providing Community Based Drug Information Education

Address: Community Building, Ard An Ghleanna, Tramore, Co. Waterford

Tel: 086 3886936

County Waterford Community Based Drug Initiative

Services: Community Based Drugs Initiatives

Address: C/o Dungarvan Youth Resource Centre, Rinnasillogue, Dungarvan, Co. Waterford

Tel: 058 48946

Drug Treatment (Methadone) Clinic

Services: Methadone Clinic

Address: Waterford Community Services, Cork Road, Waterford

Tel: 051 842835

Frontline Drugs Worker

Services: Services and responses for young people between the ages of 13-21 involved in high-risk drug misuse who are experiencing exclusion because of their drug use and socio-economic background.

Address: Millennium Youth & Community Centre, Church Road, Lisduggan, Waterford

Tel: 051 351105

HSE South East Regional Drug Service

Services: • Counselling • Advisory Services • Treats alcohol, drugs, gambling and prescription drug addictions in adults

Address: 52 Upper Yellow Road, Waterford.

Tel: 051 373333

HSE Substance Misuse Team

Services: • Counselling for adults and adolescents • Drug education and awareness

Address: 10A Waterside, Waterford.

Tel: 051 301201

Making Connections Programme

Services: A FAS funded programme providing rehabilitation services focusing on general life skills, as well as vocational opportunities.

Address: Millennium Youth & Community Centre, Church Road, Lisduggan, Waterford

Tel: 051 351105

Millennium Youth & Community Centre

Services: To provide services and responses for young people between the ages of 13-21 involved in high-risk drug misuse who are experiencing exclusion because of their drug use and socio-economic background.

Address: Millennium Youth & Community Centre, Church Road, Lisduggan Waterford

Tel: 051 351105 / 087 2235218

Southside Community Based Drugs Initiative

Services: Community Based Drugs Initiatives

Address: Southside Community Based Drugs Initiative, Youth Resource Centre, John's Park Waterford

Tel: 051 843525/087 6394065

Special Community Drug Education Programme

Services: Community based Drug Education

Address: Millennium Youth & Community Centre, Church Road, Lisduggan, Waterford

Tel: 051 351105 086 8589872

Special FAS CE Drug Programme

Address: Millennium Youth & Community Centre, Church Road, Lisduggan, Waterford

Tel: 051 351105

TREO

Services: Offers basic education • Training and life skills programmes • Support for participants in accessing appropriate community based responses.

Address: 34 Tycor Business Centre, Tycor, Waterford.

Tel: 051 379740

Waterford Outreach Drug Project

Services: To provide services and responses for 13 year olds and upwards who are involved in high risk substance misuse and are experiencing social exclusion because of their substance misuse and socio economic background.

Address: C/o Youth Resource Centre, 2 Friary Street, Dungarvan, Co. Waterford

Tel: 086 8561681

Westmeath

HSE Community Alcohol & Drug Service

Services: Outpatient • Aftercare • Counselling • Advisory Services • Treats alcohol, drugs, gambling and prescription drug addictions

Address: Rea Nua, St. Vincent's Hospital, Athlone, Co. Westmeath.

Tel: 090 475301

HSE Community Alcohol & Drug Service

Services: Outpatient • Counselling • Advisory Services • Treats alcohol, drugs, gambling and prescription drug addictions in adults

Address: Bishopsgate Street, Mullingar, Co. Westmeath.

Tel: 044 9341630

St. Loman's Hospital

Services: Inpatient • Outpatient • Aftercare • Counselling • Advisory Services • Treats alcohol, drugs, gambling and prescription drugs addictions in adults

Address: Mullingar, Co. Westmeath.

Tel: 044 40191

Wexford

Aiseiri

Services: Inpatient • Aftercare • Counselling • Advisory Services • Treats alcohol, drugs,

gambling and prescription drug addictions in adults.

Address: Roxborough, Wexford.

Tel: 053 9141818

Email: infowexford@aiseiri.ie

Website: www.aiseiri.ie

Community Alcohol/ Drug Services

Services: Catchment area: Wexford Town and County Opening Hours: Monday - Friday from 9.00 a.m. to 5.00 p.m.

Address: Wexford Mental Health Services, St. Senan's Hospital, Enniscorthy, Co. Wexford

Tel: 053 9243200 / 053 9123899 ext 225

Cornmarket Project

Services: Personal and Family Counselling • Core Skills Development • Personal and Social Development • Work Experience • Job Search assistance • Drop-in centre

Address: Cornmarket, Mallin Street, Wexford.

Tel: 053 9155800

Confidential Tel.: 053 9144931

HSE Counselling Service

Services: Inpatient • Outpatient • Aftercare • Counselling • Advisory Services • Employee Assistance Programme • Treats alcohol, drugs, gambling and prescription drugs addictions in adults

Address: St. Senan's Hospital, Enniscorthy, Co. Wexford.

Tel: 053 9233110

HSE Wexford Substance Misuse Service

Services: • Counselling • Family therapy • Education.

Address: Park House, New Ross, Co. Wexford.

Tel: 051 426600 / 087 9825816

Treo Nua

Services: Advocacy • Counselling • Drug Education Programme and Relapse Prevention • ECDL Computers • Educational support and training • Health and Fitness • Healthy Eating • Holistic therapies including acupuncture, chi gong, massage, meditation and relaxation • Life skills activities and personal development • One

to One support • Vocational support and training.

Address: 39 Wexford Road, Arklow, Co Wexford

Tel: 0402 31312

Email: cwcasltd@gmail.com

Wexford Community Based Drug Initiative

Services: Opening Hours: Monday - Friday 9.00 a.m. until 5.00 p.m. Drug Project

Worker Attends: New Ross: 051 420044

Wexford: 053 9121691 Gorey: 053 9480749

(Tuesday and Wednesday a.m.) Enniscorthy: 053 9234574 (Wednesday pm & Thursday am)

Address: C/o FDYS Youth Work Ireland, Francis Street, Wexford

Tel: 053 9121691

Wicklow

Betel of Ireland

Services: Residential Rehabilitation Centre for Men • Drugs & Alcohol

Address: Southlands, Alleys River Road, Bray Co. Wicklow

Tel: 01 2821207

Email: Ireland@betel.org

Website: www.betel.org

Bray Community Addiction Team (The Bara Project)

Services: • Counselling • Referral for individuals or families directly affected by alcohol or drug use • One to one support • Family support • Addiction counselling •

Referral to rehabilitation • Prison links work.

Address: 37 Beechwood Close, Boghall Road, Bray, Co. Wicklow.

Tel: 01 2764692

Email: brayaddictionteam@eircom.net

County Wicklow Community Addiction Services Ltd Services

Advocacy • Counselling • Drug Education Programme and Relapse Prevention • ECDL Computers • Educational support and training (FETAC.) • Health and Fitness • Healthy Eating • Holistic therapies including acupuncture, chi gong, massage, meditation and relaxation • Life skills activities and personal development • One to One support • Vocational support and training.

Address: Marlton Road, Wicklow Town, Co. Wicklow.

Tel: 0404 65700

Email: cwcasltd@gmail.com

Killarney Road Clinic

Services: • Addiction Services • Counselling referral • Outreach • Needle exchange

Address: Killarney Road, Bray, Co. Wicklow.

Tel: 01 276 2918

Teen Challenge

Services: Rehabilitation service for men aged 18 - 40 with addiction issues • 14 month drug free

Address: Tiglin, Ashford, Co. Wicklow

Tel: 040 440010

Website: www.teenchallenge.ie

APPENDIX 5: EDUCATION AND INFORMATION BASED AGENCIES

Aisling Group International

Counselling/ Recovery programme. • Nationwide referral service. • Drug/Alcohol training/education • Community Group development • Drug policy development • Safe passage programme • Family/Organisation Support • Early intervention programme

Address: P.O. Box 26, Bradan House, Navan, Co. Meath.

Tel: 046 9074300

Website: www.aislinggroupinternational.ie

Alanon/Alateen

A fellowship of people whose lives have been or are being affected by other peoples drinking. Alanon/Alateen hold weekly meetings all over Ireland

Address: Al Anon/Alateen Information Centre, 5/6 Capel Street, Dublin 1

Tel: 01-8732699

DrugScope

DrugScope is the UK's leading independent centre of expertise on drugs and the national membership organisation for the drug field. Our aim is to inform policy development and reduce drug-related harms - to individuals, families and communities. They provide quality drug information, promote effective responses to drug taking, undertake research, advise on policy-making, encourage informed debate - particularly in the media.

Address: Prince Consort House, Suite 204, 2nd Floor, 109/111 Farringdon Road, London EC1R 3BW

Tel: 00442075207550

Email: info@drugscope.org.uk

Website: www.drugscope.org.uk

Drug and Alcohol Programme

Training and drug education • Support • Counselling • Advocacy • Confidential interactive website • Text service

Address: Red House, Cloniffe College, Drumcondra, Dublin 3

Tel: 01 8360911

Drug Education Workers' Forum

Voluntary network committed to identifying and responding to the needs of voluntary, community and statutory drug education workers in Ireland.

Address: PO Box 9364, Dublin 1.

Email: dewfireland@lycos.com

Website: www.dublin.ie/dewf

Drugs HIV Helpline - Rep of Ireland

Providing free and confidential guidance to anyone concerned with drug use or HIV infection. Offers information on drugs, HIV testing, safer sex and sexually transmitted infections.

FreeTel: 1800 459459

Drug Misuse Research Division

The Drug Misuse Research Division (DMRD) of the HRB is involved in national and international research, information gathering and disseminating on drugs and their misuse in Ireland. Through its activities the DMRD aims to inform policy and contribute to the academic understanding of drug misuse. The DMRD is funded by national and EU sources and by contract research.

Address: Health Research Board, Holbrook House, Holles Street, Dublin 2.

Tel: 01 6761176

Email: dmrdd@hrb.ie

Website: www.hrb.ie

Drug Treatment Centre Board

Inpatient treatment • Outpatient treatment • Aftercare programmes for drug users • Advisory service to professionals • Advice for parents and teachers

Address: Trinity Court, 30/31 Pearse Street, Dublin 2.

Tel: 01 6488600

Email: info@dtcb.ie

Website: www.dtcb.ie

EURAD

EURAD is a volunteer non-profit drug information network and advocacy organization that promotes the creation of healthy drug-free cultures in the world and opposes the legalization of drugs. EURAD upholds a comprehensive approach to drug issues involving prevention, education, intervention /treatment, and law enforcement / interdiction. EURAD's aim is to provide policymakers, the media, and the public with current information, factual research, expert resources, and to counter drug advocacy propaganda.

Address: 8 Waltersland Road, Stillorgan, Co. Dublin.

Tel: 01 2756766

Email: eurad@eurad.se

Website: www.eurad.net

Garda National Drug Unit

The Garda National Drugs Unit (GNDU) is a specialist agency that investigates domestic and international drug trafficking. Its remit also includes strategically reducing the demand for drugs in conjunction with Government agencies.

Address: Dublin Castle, Dublin 2

Tel: 01 6669900

FreeTel: 1800 666111

Health Promotion Unit

Engaged in programmes dealing with health promotion issues, such as immunisation, drugs, smoking, alcohol, hygiene, cancer and HIV/AIDS. Public office is on ground floor of Hawkins House from which a wide range of promotional material is available.

Address: Department of Health, Hawkins House, Hawkins Street, Dublin 2.

Tel: 01 6354354

Infoline: 1850241850

Website: www.healthpromotion.ie

Irish Association of Alcohol and Addiction Counsellors (IAAAC)

National professional body whose aims include: to promote high ethical and professional standards in the field of addiction counselling; to provide ongoing support, education and

training for members; to represent the views and interests of members; and to establish a communications network. IAAAC also produce a quarterly newsletter.

Address: Senior House, All Hallows College, Drumcondra, Dublin 9

Tel: 01 7979187

Email: info@iaaac.org

Website: www.iaaac.org

Irish Medicines Board

Established in 1966 under the Health (Corporate Bodies) Act 1961. Assesses the safety, quality and efficacy of marketed drugs for human and veterinary use. Inspection of pharmaceutical manufacturers and whole-salers and advising the Minister on the issue of manufacturing and wholesale licenses. Organising and administering a system for the recording and assessing of side effects to drugs. Advises the Minister for Health on precautions, restrictions, testing, manufacture, etc. Disseminates information on drugs and produces publications primarily for medical practitioners and pharmacists.

Address: Kevin O'Malley House, Earlsfort Centre, Earlsfort Terrace, Dublin 2

Tel: 01 6764971

Email: imb@imb.ie

Website: www.imb.ie

Lifeline

Produces an extensive range of publications, posters, card sets, cartoons/comics on all aspects of illicit drug use, particularly dance drugs. The publications are specifically aimed at young people currently engaged in drug use. Much of the information is written with young people in mind and thus some of the language is explicit in content and should only be used with an appropriate adult. Also provide an advice service and undertake research projects.

Address: 101-103 Oldham Street, Manchester M4 1LA

Website: www.lifeline.org.uk

Narcotics Anonymous

Community based organisation for recovering addicts. NA members learn from one another how to live drug-free and recover from the

effects of addiction in their lives.

Address: Irish Regional Services Committee,
29 Bride Street, Dublin 8.

Tel: 01 6728000

Email: info@na-ireland.org

Website: www.na-ireland.org

National Documentation Centre on Drug Use in Ireland

Provides information support to researchers in substance use and addiction in Ireland. The Centre is a unique information resource with easily accessible online documentation and a valuable collection of books, serials and other print material. Electronic copies of Irish research and policy documentation on drug use are available online at www.hrb.ie/ndc. The documentation centre makes up-to-date international research available to its users. All aspects of drug use are covered in the book and reports collection, and the library has an extensive collection of periodicals specifically devoted to addiction and substance use.

Address: Health Research Board, 3rd Floor
Knockmaun House, 42-47 Lower Mount
Street, Dublin 2

Tel: 01-2345175

Email: ndc@hrb.ie

Website: www.drugsandalcohol.ie

National Youth Health Programme

The National Youth Health Programme is a partnership between the NYCI, the Health Promotion Unit and the Youth Affairs Section of the Department of Education. The aim of the Programme is to develop Health Education resources and provide training in health issues specific to young people. This includes drug education and prevention.

Address: National Youth Council of Ireland, 3
Montague Street, Dublin 2.

Tel: 01 4784122

Email: nyhp@nyci.ie

Website: www.youthhealth.ie

Transform Drug Policy Foundation

Transform Drug Policy Foundation exists to promote sustainable health and wellbeing by bringing about a just, effective and humane system to regulate and control drugs at local, national and international levels. Raising the debate on the prohibition, legalisation and regulation of all drugs including heroin, cocaine and cannabis.

Address: Easton Business Centre, Felix Road,
Bristol, BS5 OHE

Tel: 00441179415810

Email: info@tdpf.org.uk

Website: www.tdpf.org.uk

APPENDIX 6: DRUG EDUCATION AND TRAINING RESOURCES

This section on resources is divided into two sections: *Education and Training Materials*; *Research and information Resources*. Neither section is an exhaustive list. Each section provides a reasonably comprehensive range of materials, which can be used by people to assist them in sourcing resources for drug education, & prevention and general information on drug related issues. Where possible publisher/availability details have been included for non-Irish materials.

EDUCATION AND TRAINING MATERIALS

A Little Book of Alcohol

by Vanessa Rogers

Booklet containing activities for the youth work to explore issues around alcohol misuse with young people.

Published by **Russell House Publishing**, 2006

A Little Book of Drugs

by Vanessa Rogers

Booklet containing activities for the youth work to explore issues around drugs with young people.

Published by **Russell House Publishing**, 2006

Adolescent Substance Misuse: Why one young person may be more at risk than another, and what you can do to help.

by Dr. Ian Sutherland

Book looks at why one young person may be more at risk of drug abuse than another and advises the youth worker on what can be done to help prevention.

Published by **Russell House Publishing**, 2004

Be Cool, Obey the Rule – Two No Drink / Driving Ads

by Carrick Youth Club

DVD made by Carrick Youth Club, which aims at sending out a message to young adult drivers about the risks of drink or drunk driving.

Available from the Irish **YouthWork Centre**, 2007

Cigarette, Alcohol & Drug Use Among Second Level Students

by Kiran Sarma, Mary Walker & William Ryan

Research report examining the prevalence & nature of tobacco, alcohol & drug use among second level students in Waterford, Kilkenny & Kerry Garda Diversion Project.

Published by **Garda Research Unit**, 2002

Cocaine to Crack

by Educational Media International

Video relating a story of how two teenagers develop an addiction to cocaine and eventually crack.

Available from: *Educational Media International, 235 Imperial Drive, Rayners Lane, Harrow, Middlesex, HA2 7HE.*

Drinking - Know the Score (2002)

by Garda Schools Programme and the Cider Industry Council

Video aid for schools, youth groups and sports clubs aimed at 12-18 year olds. Produced to facilitate members of an Garda Siochana, Juvenile Liaison Officers, teachers and group leaders in opening up the issue of underage drinking to young people to assist them in their decision making and outlining the problems that can be associated with binge drinking. It comprises a series of vox pops and four separate scenarios to be used as standalone items or as discussion starters.

Drug Education for Young Offenders

by TACADE

Specialist pack containing a compendium of learning activities for drug education with young offending drug users. The manual is made up of five units with detailed guidelines. Suitable for group or one to one work it includes handouts, reference materials and a reading list.

Available from: *TACADE, 1 Hulme Place, The Crescent, Salford, Greater Manchester, M5 4QA.*

Drug Education: A Handbook for Teachers and Youth Leaders

by Graham T. and Linda Davies

Designed to provide support materials for teachers and youth workers involved in drug education. It contains a record of training, easy reference to drug related facts and the primary considerations involved in implementing a drug education programme.

Available from: *Health Promotion and Education Centre, Carville House, Rookwood Hospital, Liandaif, Cardiff, Wales.*

Drug Myths: A Parent's Guide

by Lifeline

Guide for parents on the common myths around drug use that can lead to fear and misunderstanding.

Published by: *Lifeline Manchester, 101-103 Oldham Street, Manchester M4 1LW*

Drug Questions - Local Answers?

by Health Promotion Unit, Department of Health

Community-based training programme for health/education professionals, Gardai, youth workers and others interested in drug-related problems, which they meet in their own work. The Health Promotion Unit runs convenor training programmes for this pack in conjunction with the eight regional health boards. As a result of these courses a large number of convenors have been trained to use this pack.

Available from: *Health Promotion Unit, Department of Health, Hawkins Street, Dublin 2.*

Drug Warning

by David Stockley

Practical guide to identifying and recognising illicit drugs such as analgesics, heroin/opium, hallucinogens, tranquillisers, cannabis & solvents. Easy to use with colour coding to help find the chapter on drugs required with pictures and information on what one needs to know about them.

Available on loan from: *The Breakthru Project.*

Drugs

Covers some of the most important issues surrounding young people's use of drugs including information on trends, the dangers, drug education, drug-related crime and what can be done about drug use. Each chapter tackles a different issue and focuses on key questions which young people can discuss with other young people, teachers and parents. It also includes a list of other publications on drug use as well as National & Local organisations who can be contacted for help and information.

Available on loan from: *The Breakthru Project.*

Drugs Issues for Schools

by John Chapman, 1992

Complete guide to drugs and the issues surrounding them, which directly affect schools. It includes a section on drug education, which evaluates the different approaches from deterrence to peer-led education. It also offers sound practical advice on how to cope with drugs problems within schools including how to develop a coherent drugs policy. The final section contains useful background information on why young people use drugs, trends in drug use, information on drugs and their effects.

Published by: *ISDD, Waterbridge House, 32-36 Loman Street, London SE1 0EE.*

Drugs: Your Questions Answered

by ISDD

Provides a selection of short chapters from other longer works dealing with illegal drugs and is a very good introduction to a wide range of drugs issues. Topics covered include effects of drugs on the family, drugs and crime, the legalisation debate, existing drugs strategy for the UK. It also includes a final chapter exploding myths, which have developed about drugs.

Published by: *ISDD, Waterbridge House, 32-36 Loman Street, London SE1 0EE.*

Drugwise Drug Free - A Drug Education Programme for 14-18 Year Olds

by Scottish Office

Video and training manual aimed at 14-18 year olds. It is complete with photocopiable activity sheets, which aid the students to be more aware that the substances, which are sold on the streets, are often of unknown purity, that dealers are only interested in making money. It also explores the legal difference between possessing and supplying drugs and the legal penalties, which accompany. These issues are explored through group activities and group discussion in order to enable the young person to develop a clearer understanding of the implications for them.

Available on loan from: *The Breakthru Project.*

Drugwise First - A Drug Education Programme for 5 to 10 year olds

by Scottish Office

First in the series of drug education programmes that have been specially written for use in schools. It is aimed at 5-10 year olds. The package contains a training manual and photocopiable activity sheets. The package aims to make children aware of drugs as medicines, that there are simple safety rules regarding drugs and other substances. It highlights the fact that although some people require medicines to live a normal life, drugs may have side effects and are harmful if not used properly. The package also introduces to children the basic techniques for resisting pressure from friends and others in order to be safe in situations where they may be at risk.

Available on loan from: *The Breakthru Project.*

Drugwise Too - a Drug Education Programme for 10-14 year olds

by Scottish Office

Video and training manual, which is aimed at the 10-14 age bracket. It is complete with photocopiable activity worksheets which aid the students to be more aware of the risks in taking drugs (physical and social) through group discussions and enabling them to make more informed decisions if ever placed in a drug offer situation. There are two sections, one aimed at 10-12 age bracket and the other at the 12-14 age bracket. The training manual is flexible in that it realises that attitudes constantly change within our culture and especially throughout adolescence making it harder to resist peer pressure.

Available on loan from: *The Breakthru Project.*

Empathy for the Devil

by Phil Harris

The ideas and tools in this book are wide ranging and are designed to offer the reader a deep grounding in working with addiction, from the initiation of use to the establishment of the recovered life.

Published by **Russell House Publishing**, 2007

Facts about Drug Abuse in Ireland

by Health Promotion Unit

Third edition of this book aimed at giving people in a non-technical way background information on legal, medical, social and historical facts on drugs used for non-medical purposes in Ireland.

Available from: **HPU, Department of Health, Hawkins House, Hawkins Street, Dublin 2.**

Guidelines for Good Practice at Dance Events

by Scottish Drugs Forum, 1995

Guide to all aspects of running a safe dance venue. All aspects are covered including availability of free water, air conditioning and the reduction of heat levels inside venues, staff training, medical/first aid provision and guidelines on stewarding and security.

Available on loan from: ***The Breakthru Project.***

Hammered: Young People & Alcohol

by Fast Forward Positive Lifestyles

Training resource designed to help the youth worker feel confident in working with youth groups around the issues of alcohol.

Published by **Russell House Publishing**, 2004

Joint Effort: A Training Game Promoting Awareness & Development of Drug Policy (2002)

by Lancashire County Council

Joint Efforts is a board game designed to assist in the promotion and development of drug policy by enabling youth and community workers, school personnel and young people to become familiar with existing policy and guidelines around dealing with drug related incidents and by enabling youth and community groups to identify areas of existing policy which need to be developed.

Lets Act

by NYCI/HEB

Training and resource pack for youth leaders to help them in tackling the issue of drug and substance abuse among young people.

Available from: **NYCI, 3 Montague Street, Dublin 2 (OR) HPU, Department of Health, Hawkins House, Hawkins Street, Dublin 2.**

Locating Drug Education

by Health Education Council

Resource pack aimed at youth and community groups in both club and detached work to assist groups to assess the starting point of young people on this issue and to plan their own programme as a result.

Available from: **TACADE, 1 Hulme Place, The Crescent, Salford, Greater Manchester, M5 4QA.**

My Best Friend: A Drug Education Story
by Health Promotion Unit (HPU, 1996)

Video & booklet produced to assist schools, youth organisations and other educational environments. Primarily aimed at 13-17 year olds but can be used with a variety of groups in formal and informal educational settings. Designed to be used as part of an ongoing drug education programme.

Available from: *HPU, Department of Health, Hawkins House, Hawkins Street, Dublin 2.*

On My Own Two Feet

by Health Promotion Unit (HPU), Department of Health

Comprehensive drug education programme, which involves the whole school staff of participating schools. It consists of modules on Identity and Self Esteem; Assertive Communication; Feelings; Influences on Young People and Decision Making. It is a participative programme aimed at enabling students to develop their ability to take charge of their mental health and to make informed decisions about the use of drugs in their lives.

Available from: *HPU, Department of Health, Hawkins House, Hawkins Street, Dublin 2.*

Safer Dancing Guidelines

by Dr. Russell Newcombe

Written for Lifeline/Manchester City Council, the guidelines aim to promote good practice in nightclubs and raves. Covers temperature regulation, provision of cold water and training of security staff.

Published by: *Lifeline Manchester, 101-103 Oldham Street, Manchester M4 1LW*

Secret Lives: Growing with Substance Abuse: Working with Children and Young People Affected by Familial Substance Misuse

by Fiona Harbin & Michael Murphy

Book offers new and challenging insights into the task of working with children and young people who are affected by substance misuse, particularly those who are brought up in substance misusing households or those beginning to misuse substances themselves in this context.

Published by **Russell House Publishing**, 2006

Snowdrops, Snowballs and Blue Bananas

by Contact Youth and N.I. Youth Forum

Excellent, locally produced resource, which contains a training manual and video and concentrates on 'dance drugs'. The 30-minute video was scripted by Martin Lynch, one of Northern Ireland's best-known playwrights. It is set in Belfast and tells the story of a teenager who enjoys the rave scene. He succumbs to peer pressure and gets into recreational drugs. The training manual describes what the drugs are and their side effects. It gives guidelines as to how the video can be used in a group setting.

Available on loan from: *The Breakthru Project.*

Solvent Abuse: A Guide for Professionals and Parents

by Health Promotion Unit

Resource handbook offering background information, recognition and prevention of solvent abuse and guidelines on helping the abuser for parents, youth leaders, teachers, social workers, probation and juvenile liaison officers, Gardaí and community and voluntary groups.

Available from: *HPU, Department of Health, Hawkins House, Hawkins Street, Dublin 2.*

Solvent Abuse Programme

by NYCI/HPU/Youth Affairs Section (Department of Education)

Programme designed to provide youth leaders with specially designed materials and information to plan and implement a solvent abuse programme with young people.

Available from: *NYCI, 3 Montague Street, Dublin 2.*

Substance Misuse and Child Care: How to Understand, Assist and Intervene when Drugs Affect Parenting.

by Fiona Harbon & Michael Murphy

Handbook, which looks at the difficulties, that emerges when drug use by parents impact on their children and looks at how to respond.

Published by **Russell House Publishing**, 2006

The Big Blue Book of Dance Drugs

by Lifeline

Provides detailed coverage of Cannabis, LSD, Ecstasy, Amphetamine, The Law, Drug Set and Setting and Drugs and Sex, (suitable for use in schools).

Published by: *Lifeline Manchester, 101-103 Oldham Street, Manchester MW 1LW*

The Family Guide to Substance Misuse

by Anne Bradshaw

DVD developed by the Mid-Tipperary Drugs Initiative work telling a story of the effects of substance misuse on families.

Produced by: **Mid Tipperary Drugs Initiative**, 2005

The Substance Use Peer Educational Responses

by Bernie Roe

Manual developed as a result of a training programme, aimed at supporting workers & young people to become key agents of change by supporting peer led approaches to drug issues in the community

Published by **Irish Youth Work Press**, 2003

What's the Buzz

by Farranree Alcohol & Drugs Awareness Project

Film explores the use of drugs by young people asking questions like who takes drugs, when, where, why and what might prevent drug use.

Published by **Framework Films**, 2003

Working with Solvent Snifters

by Richard Ives

This booklet outlines some possible danger signs and details the legal position. It suggests a number of practical approaches for dealing with people who are using drugs or solvents.

Available from: *ISOD Publications, 1 Hatton Place, London EC1N 8ND.*

Youth Work Support for Dealing With the Drugs Issue

by National Youth Health Programme, NYCI, 1996

Resource pack aimed at supporting youth organisations/workers dealing with the drugs issue and/or involved in drug education and prevention work. It is divided into four sections: Youth Work in a Drug Using Society; Youth Work Responses to Drug Use; Policy Development; and Supporting Information.

Available from: *National Youth Health Programme, NYCI, 3 Montague Street, Dublin 2.*

APPENDIX 7: RESEARCH AND INFORMATION RESOURCES

A Collection of Papers on Drug Issues in Ireland (2001)

by Various for the Drug Misuse Research Division

Collection of papers on drug misuse that was developed as part of the work undertaken by the Drug Misuse Research Division in the context of its work as Focal Point to the European Monitoring Centre for Drugs & Drug Addiction. Papers cover issues such as the main institutional mechanisms involved in the implementation of the Irish Government strategy in relation to illegal drugs; the current situation in Ireland in relation to drug-related infectious diseases; and it presents findings from an exploratory study of cocaine users.

Available from: *Drug Misuse Research Division, Health Research Board, Holbrook House, Holles Street, Dublin 2. Tel: 01 6761176 Fax: 01 6618567 Email: dmr@hrb.ie Website: www.hrb.ie*

An Overview of Cocaine Use in Ireland (2003)

by National Advisory Committee on Drugs

Report that provides baseline information on cocaine, its use and treatment options in addition to patterns and trends of usage in Ireland.

Available from: *NACD, 3rd Floor, Shelbourne House, Shelbourne Road, Ballsbridge, Dublin 4 Tel: 01 6670760 Fax: 01 6670828 Email: info@nacd.ie*

*** Adolescents and Alcohol/Drug Addiction Services: A New Initiative is needed (2004)**

by The Wheel

Report describes the extent and character of the abuse of alcohol, heroin, methadone and other drugs being used by the under 20s in Ireland. It highlights the consequences of methadone drug substitution for addicted adolescents and its counterproductive, de-motivating influence. Recommendations include services needed for parents and their children in the area of prevention, early intervention and problem solving and support facilities. The report also raises concerns about the lack of drug free recovery facilities including detoxification, day programmes, drug free residential and aftercare programmes urgently required by under 20s who become addicted.

Available from: *The Wheel, Irish Social Finance Centre, 10 Grattan Crescent, Inchicore, Dublin 8, Ireland. Tel: 01 4548727 Fax: 01 4548649 E-mail: info@wheel.ie Web: www.wheel.ie*

Alcohol and the Community

by MEAS

Conference report from the Alcohol and Society conference held in 2005, which looked at the nature of alcohol consumption in the community and how a collaborative approach to dealing with it is necessary.

Published by MEAS, 2005

Drug Misuse in Britain 1994

by ISDD

Gives reliable and factual information on the drugs situation in Britain, it lists all the major studies and projects. The main drawback of this book is that Ireland is not included.

Published by: *ISDD, Waterbridge House, 32-36 Loman Street, London SE1 OEE*

Drug Use Among the Homeless Population in Ireland

by National Advisory Committee on Drugs

Report looks into the problem of drug abuse among the homeless in Ireland

Published by NACD, 2005

*** Drugnet Ireland**

by Drug Misuse Research Division (DMRD)

Newsletter of the DMRD produced three times a year. Aims to disseminate information, news and research findings among those involved in the drugs area in Ireland.

Available from: *Drug Misuse Research Division, Health Research Board, Holbrook House, Holles Street, Dublin 2. Tel: 01 6761176 Fax: 01 6618567 Email: dmr@hrb.ie Website: www.hrb.ie*

E Ecstasy and the Dance Culture

by Nicholas Saunders, 1995

Probably the most comprehensive source of information about ecstasy and the dance culture ever produced. It provides a detailed background to the history of ecstasy, the dance culture, the effects of ecstasy (positive and negative), its possible uses, personal experiences, other dance drugs etc.

Published by: *Self published, London.*

Ecstasy and Eve: The Rainbow Series

by Lifeline

Looks at the story of ecstasy to date, latest information on ecstasy, what's bought as ecstasy can often be Eve, and what is actually in some of the more common tablets/capsules bought in Britain?

Published by: *Lifeline Manchester, 101-103 Oldham Street, Manchester MW 1LW*

Ecstasy & Young People

by Fran Bissett

Report providing an overview of ecstasy in an Irish context, report contains detailed background on the development of ecstasy, its onset into Ireland, the effects & national response to it.

Published by the **Irish Youth Work Press**, 2003

Fixing It: Young People, Drugs and Disadvantage

by Margaret Melrose

Based on interviews with young people who have offended, been excluded from school or 'looked after' in public care, Fixing It describes why young people use drugs; the patterns of their drug use and the meaning it has for them. It also details the link between drug use and disadvantage

Published by **Russell House Publishing**, 2000

Go Ask Alice

by Anonymous

Diary of a drug addict who didn't quite make it which has become a landmark publication.

Available from: *Corgi Books, Century House, 61-63 Onbridge Road, Ealing, London, W5 5SA.*

If It Weren't for the Alligators: A History of Drugs, Music and Popular Culture in Manchester

by Rowdy Yates

Funny and moving book that provides a personal account from Lifeline's ex-director of the history of Lifeline from the Barbiturate haze of the early 70s to the rave generation of the 90s.

Published by: *Lifeline Manchester, 101-103 Oldham Street, Manchester MW 1LW*

Just Say.....Know about drugs (2000)

by Paul Delaney (COAIM)

Resource written to provide the reader with a one-stop resource for knowledge and information about drugs and substance misuse in an Irish context.

Mid Tipperary Drugs Initiative – Report on Young People and Drug Misuse in the Mid Tipperary Region: Survey Analysis and Recommendations
by Sinead O’Mahony

Report which looks at the perceived extent of drugs misuse among young people in the Mid Tipperary region. The aims of this project were to support young people in acquiring knowledge & skills to make positive life choices; to increase awareness of drug related issues and to develop a community based strategy to identify & respond to local needs relating to drug misuse.

Produced by **Mid-Tipperary Drugs Initiative**

Overview of Drug Issues in Ireland 2000: A Resource Document (2001)
by Various for the Drug Misuse Research Division

Document that provides a general overview of the situation in Ireland regarding different aspects of the drugs phenomenon. It should be of use to individuals and groups interested in the drugs area in Ireland. Various topics are covered such as Government strategies, body of legislation available, results from studies, descriptions of reduction programmes and data gathered from law enforcement agencies.

Report of the Youth Working Group on Alcohol Policy
by European Youth Forum

Report lists key recommendations relating to young people and alcohol and suggests the need for a policy mix and integrated approach in order for alcohol policies to be effective.

Published by the **European Youth Forum**, 2007

Smack in the Eye: An Evaluation of a Harm Reduction Comic for Drug Users
by Michael Linnell, 1993

Report that explains the rationale and theoretical basis for Lifelines publications approach. Data from over 400 drug users who responded to a questionnaire is used to evaluate what effect the comic has on its audience, does it do any good?

Published by: *Lifeline Manchester, 101-103 Oldham Street, Manchester M4 1LW*

Street Drugs
by Andrew Tyler, 1995

Excellent introduction to the whole range of drugs issues. It deals chapter by chapter with the different drug groups including tobacco and alcohol. It includes histories of each drug group and self-help tips and advice for coming off. The author presents all sides to each debate covered but is not afraid to give his own opinions and addresses the substantial shifts in culture, policy, treatment and services. Very readable book where complex issues are dealt with in-depth but without the scientific jargon.

Available on loan from: *The Breakthru' Project, (see above).*

Support Pack for Dealing with the Drugs Issue in Out-of-School Setting
by National Youth Health Programme

Support manual which aims to be a practical resource & reference guide for those who are involved in the development of drug related policy & strategy.

Published by **NYHP**

Teenagers Views on Solutions to Alcohol Misuse: Report on a National Consultation
by OMC & Dept. of Health & Children

Report outlines the views of 257 teenagers between the ages of 12 & 18 who took part in consultations organised by the OMC.

Published by the **Stationery Office**, 2008

The Agony of Ecstasy

by Julian Madigan, 1996

Insightful book written by a young Dublin man who has been through the ecstasy experience (and other drugs) and come out the other side. It provides a compelling account of his experience and a number of chapters are written by his father outlining his perspective as events were occurring.

Published by: *Poolbeg Press Ltd, 123 Baldoyle Industrial Estate, Dublin 13.*

The Ecstasy Papers

by ISDD, 1993

Collection of articles taken from Druglink Magazine produced by the ISDD. It gives an excellent rundown on the 'dance culture' and the drugs scene that goes with it. The articles are extremely readable, accompanied by cartoons and quotations from young users and ravers.

Published by: *ISDD, Waterbridge House, 32-36 Loman Street, London SE1 OEE.*

The State of the Drugs Problem in the European Union

by EMCDDA

Report outlining evidence based picture of the drug situation at a European level.

Published by *EMCCA, 2004*

Young Women, Sexuality and Recreational Drug Use

by Sheila Henderson, 1993.

Report focused on the use of 'dance drugs' among young women, their sexual behaviour, attitude to sex and AIDS and their leisure and wider lifestyles.

Published by: *Lifeline Manchester, 101-103 Oldham Street, Manchester M4 1LW*

Working Together to Reduce Alcohol Related Harm – Alcohol and Society Annual Conference Series

by MEAS

Conference report, which looked at the theme of partnership, the aims of the conference, was to promote an awareness of the partnership approach to reduce alcohol related harm.

Conference Report, 2008

All of the above resources and those included in the Bibliography are available for loan or reference purposes from:

Irish YouthWork Centre, Youth Work Ireland,

20 Lower Dominick Street, Dublin 1.

Tel: 01 8584500 Fax: 01 8724183

Email: fbissett@youthworkireland.ie / ghalpin@youthworkireland.ie

Website: www.iywc.com

APPENDIX 8: DEFINITIONS & EFFECTS: DRUG BY DRUG

Breakdown of the main drugs of use with a brief explanation on what each one is, other names for them and of the effects of each of them.

DRUG	NAMES	BACKGROUND	EFFECTS
ALCOHOL	Drink Booze Scoops	Alcohol is a depressant and is usually taken orally.	Short-term effects include relaxation, removal of inhibitions & self-control, increased confidence. Blackouts/memory loss can occur. Long-term effects include depression, addiction & dependency, brain/liver organ damage, stomach problems & ulcers.
AMPHETAMINES	Amphetamine- sulphate Speed Whizz	This is the most widely used dance drug and is generally felt to be more reliable than ecstasy i.e. there is a greater likelihood that the user will know what s/he is using. It is a little bit cheaper than ecstasy and is usually sold in wraps (packs of silver foil). It is normally cut with filler or sometimes other drugs. It can be taken in a variety of ways; snorted; dabbed with a finger onto the gums; added to a drink; or injected.	Provides energy and is often used for dancing. Carries the same physical dangers as ecstasy but is regarded as having a high potential for psychological addiction with the tendency to cause binge and crash behaviour and may result in amphetamine psychosis or paranoia. Overdose results in feeling irritable and even violent. Its effects usually last for approximately 8 hours, depending on the initial amount taken.
ANABOLIC STEROIDS		Should not to be confused with the steroids used to treat conditions like eczema and asthma. The most common use is by athletes to build up muscle in power sports which require a level of explosive energy like weightlifting, sprinting and American football, and for body building competitions and in training. Often injected which brings its own problems especially if equipment is shared.	Heavy regular use in men can lead to problems with sexual activity, can inhibit male erection or prevent erection from going down and cause the testicles to shrink. Tendency to make the user tense, on edge, with a short fuse and a propensity for violence. Consistent use can also cause liver and blood pressure problems. Heavy regular use in women can lead to the development of male features such as body hair, deep voice, and reduction in breast size, which are not reversible when usage is stopped. In young people who are not fully grown, they can stunt growth. Psychological dependence is also quite common
ANGEL DUST/P.C.P.	Crystal Peace pill Loveboat Rocket Fuel DOA	Its scientific name is Phencyclidine and it was originally produced in the U.S.A. as a veterinary anaesthetic. It comes in the form of a liquid, white crystalline powder in pills and capsules or sprayed on leafy substances so it can be smoked. It can be swallowed, smoked, snorted or injected.	Has the properties of a tranquillising anaesthetic with hallucinogenic effects causing distortions of perception and disorientation. The effects can be very long lasting and involve the risk of a 'bad trip' similar to using L.S.D. Short term health risks can include anxiety, panic, vomiting, convulsions, and respiratory failure. Long-term health risks include kidney damage.
BARBITURATES	Barbs Downers sleepers	Man-made drugs manufactured for medical use to treat anxiety and depression and as sleeping tablets. Barbiturates come in many different types - amytal, nembutal, seonal, soneryl and	Strong sedative drug that acts as a 'downer'. Slows people down and in small quantities helps people relax. A large dose is like being drunk - slurred speech, loss of co-ordination, falling asleep.

		<p>tuinal. They usually come in tablet form but can be ampoules, suppositories, capsules or syrup. Commonly prescribed by doctors in the 1960's and 1970's as sleeping pills. Prescribing fell drastically due to the number of accidental and deliberate fatal overdoses. Now mainly replaced by tranquillisers.</p>	<p>Significant risk of overdose, which can be fatal. Tolerance and physical dependence can develop quite quickly. Dependent users who try to stop abruptly may experience severe withdrawal symptoms, fits and in some cases death. Barbiturates are sometimes injected and this adds to the many dangers.</p>
BENZODIAZEPINES	Benzos Bennys Sleepers	<p>Benzodiazepines are minor tranquillisers such as Valium, Mogadon and Rohypnol and are usually taken orally but can be injected.</p>	<p>Short-term effects are to calm and sedate, reduce anxiety and aid sleep. They are extremely dangerous when mixed with alcohol of any kind. Long-term effects can include lethargy and weight gain as well as dependency/addiction.</p>
CANNABIS. MARIJUANA	Hash Smoke Blow Dope Pot Grass Draw Weed Ganga	<p>Normally smoked either as dried leaves (grass/blow) or the resin (hash) from a cannabis plant mixed with tobacco and rolled into a 'joint/spliff/reefer'. It can also be eaten but the effect is not as immediate. It is also available in the form of cannabis oil although this is rare. It is a liquid extracted from the plant and then concentrated into a black oily substance with the consistency of liquid tar. Skunk has come on the scene in recent years and is a particularly potent variety of marijuana developed in Holland.</p>	<p>The effects are well known and include amusement, mellowness, enhanced sound and colour, hunger pangs and memory loss. It can also produce paranoia and hallucinations when taken in large quantities. Widely regarded as harmless, but scientific medical research has shown that consistent use can lead to a deterioration of brain cells and that long-term chronic use of cannabis can increase the risk of: developing cancers of the aero-digestive tract; leukaemia in offspring; respiratory diseases; birth defects in children of pregnant women who use cannabis; and cognitive impairment. Cannabis has been prescribed medically in certain cases as a pain reliever and relaxant.</p>
CAFFEINE	Java	<p>Caffeine is a stimulant derived from the cocoa bean and is found in coffee, tea, cola and some over the counter medicines and is taken orally.</p>	<p>Its primary short-term effects are to increase alertness and delay sleep. Long-term effects of consistent use can include anxiety, headaches and insomnia.</p>
COCAINE (COCAINE HYDROCHLORIDE)	Coke Snow Flake Charlie	<p>Stimulant that usually comes in the form of white powder and is snorted up a nostril. It is more expensive and less long lasting than amphetamine, with the effects happening quickly but only lasting about half an hour.</p>	<p>Cocaine is similar to amphetamine in the effect it creates but with a stronger tendency to binge and crash behaviour. It sometimes causes numbness where it touches the mouth or throat. Consistent use may dissolve the division between nostrils.</p>
CRACK COCAINE	Crack Rocks Freebase	<p>'Crack' as it is commonly known is the name given to small pieces of freebase cocaine, which is smoked in cigarettes, pipes or tinfoil and gives a shorter, bigger burst of energy than cocaine.</p>	<p>Regarded as more addictive than cocaine with stronger tendencies to binge and crash. The high is almost instant, but quickly diminishes. The physical risks include increased heart and pulse rate, chronic coughing and wheeziness, angina and in some cases death due to cardiac arrhythmia or respiratory failure.</p>
DEXEDRINE	Dexys	<p>Comes in the form of a 5mg white scored tablet marked EVANS.DB5 which consists of dexamphetamine sulphate.</p>	<p>The effect when taken is similar to amphetamines and causes high blood pressure.</p>
ECSTASY	E MDMA	<p>Ecstasy is an hallucinogenic and stimulant and is normally taken in tablet form orally.</p>	<p>Short-term effects included feelings of happiness, empathy and euphoria, enhanced stimulation, altered sensory perception.</p>

	XTC Yokes Doves Mitsubishis		Nausea, profuse sweating, extreme thirst, jaw clenching and grinding also can occur. Rise in body temperature, which can lead to heatstroke and coma or water toxification is too much water is ingested. Comedown can be difficult and can cause depressive tendencies. Long term damage to major organs is now being documented
EPHEDRINE		Ephedrine and the related Pseudoephedrine are found in prescription cough and cold remedies. About 3 tablets (60mg each) have a similar effect to caffeine or speed.	Physical effects last 3-4 hours with gentle comedown, but the general high can last for several days. It is a prescription drug with a maximum dose of 60mg. The recreational dose is several times the prescription dose and is potentially dangerous for people with weak hearts. An overdose produces restlessness, muscle spasms, racing heart, dry throat and cold extremities.
GHB (GAMMA- HYDROXYBUTYRATE)	GBH G Liquid E Liquid X Blue Verve	Central nervous system depressant, which had a medical use as a form of anaesthetic to help people go to sleep before an operation. A colourless, odourless, liquid with a slightly salty taste usually sold in small vials. It has become a very trendy drug to use, particularly in Britain but is becoming increasingly prevalent in Ireland, and has been predicted by some as the drug, which will replace ecstasy over time. Also used as a date rape drug.	Essentially a 'downer' drug in its effects. Small doses (perhaps one capful) feel like the effects of having a few drinks. Larger doses (perhaps a whole bottle) can cause a variety of side effects including vomiting, nausea, stiff muscles, disorientation or even fits and collapse with life-threatening danger. The main dangers with GHB are mixing it with alcohol and the unknown strength of the drug, some batches being weak, others a lot stronger.
HEROIN	H Gear Junk Smack Skag Brown	Heroin was originally developed as a safer form of painkiller than morphine whose use was limited by its addictive qualities. However, heroin was ultimately found to be four times as addictive and potent than morphine. It is made from the opium poppy and usually comes in powder form (white or brown) and is usually heavily diluted with substances like flour, talcum powder, glucose, caffeine etc.	It is sniffed, smoked or injected and its immediate effects are an intense rush lasting less than a minute, which involves a flushing of the skin and a burst of sexual excitement. After the initial rush the feelings are pleasant, peaceful and content. Pain, aggressive tendencies and sexual drives are often reduced. It can cause nausea and vomiting and other side effects of regular use include constipation, palpitations, reduced sex drive, rashes and itching. Tolerances to the effects develop thus making it highly addictive.
ISO-BUTYL NITRATE OR AMYL NITRATE	Poppers Rush Liquid Gold	Legal in most countries it comes in liquid form in small bottles. It is sniffed or breathed into the mouth. A less common form of poppers is amyl nitrate. It is traditionally popular among gay men for sex as it acts as a muscle relaxant for the anus.	It gives strong rushes of euphoria for a minute or two, especially while on ecstasy. It can cause blackout, headache, nausea and even heart attacks in some cases.
KETAMINE		Sometimes sold as ecstasy but usually cut with other drugs such as ephedrine and caffeine or ecstasy. Ketamine is medically prescribed as an anti-depressant and normally comes in tablet form.	Low doses produce a relaxed feeling but higher doses produce dissociation (feeling separate from your body), near death experiences and insights. Higher doses may cause hallucinations of a different type to those experienced on LSD that can be confused with reality and are harder to relate. Since it is used as an

			anaesthetic in far higher doses, ketamine is not widely regarded as physically dangerous but it can result in coma, if the dosage used is high enough, the mental effects may be disturbing and it can become psychologically addictive.
LSD	Acid A. Trips and type names such as Microdots or Strawberries	LSD (lysergic acid diethylamide) is an illegally manufactured drug that usually comes in the form of small squares of blotting paper, which are then dissolved, on the tongue. A square contains about 75 micrograms of LSD.	In low doses it can enhance vision and sound, but in higher doses it can produce strong visual and emotional effects (often negative) and psychedelic and hallucinogenic effects, the strength of which will depend on the amount taken. Bad 'trips' can lead to depression, dizziness and panic and the hallucinogenic effects can cause users to react to what they believe they are seeing thus pulling themselves at personal risk.
MAGIC MUSHROOMS	Psilocybin Liberty Caps Mushies Shrooms	Similar to LSD with the added attraction of being natural, free and legal in some countries (not the Republic of Ireland) if eaten fresh from the field. The mushrooms are dried and are usually thin and dark brown in appearance, but may be powdered. They are found in pasture in the autumn, but tend to be hidden in the grass. They are among the smallest mushrooms, and are distinguished by being an uneven grey colour with pointed caps and wiggly stems. The whole stem is active and they can either be eaten or stewed/strained and then drunk as tea.	The effects are similar to those caused by LSD (see above).
METHADONE	Physeptone Phy Green	Methadone is an opiate substance, which usually comes in green liquid form and is commonly used as a maintenance and/or reduction treatment programme for heroin addiction.	Short-term effects to counteract heroin withdrawal symptoms and can include light-headedness, dizziness, nausea and vomiting. Long-term effects can lead to respiratory difficulties and low blood pressure
METHAMPHETAMINE	Ice Crystal meth	A very pure form of amphetamine, which comes in the form of a white crystalline solid. It can be smoked, snorted or injected and its effects last up to 24 hours. When heated it gives off a vapour which is inhaled.	The major risk associated with taking Methamphetamine is cardiotoxicity and a magnification of all the effects one would associate with taking amphetamines (speed).
TEMAZEPAM	Jellies Wobbly eggs	Sold in 10-30mg capsules or 10-20mg tablets. Medically used as a muscle relaxant and sleeping pill. Becoming popular to use when coming down after taking ecstasy.	Normally swallowed and it induces a calming effect, but when melted and injected can solidify and cause circulation problems. In 1994, 50 deaths were linked to Temazepam in the Glasgow area alone. It has a high potential for dependence and for resulting in irrational behaviour.
TOBACCO	Fags Smokes Ciggies	Tobacco is a mild stimulant with addictive properties and is normally smoked	Short terms effects include relaxation, removal of stress/anxiety, increased heart rate and blood pressure can occur. Long-term effects include addiction/dependency, cancer, heart disease, and ulcers. Discolouration of teeth and fingers and halitosis (bad

<p>VOLATILE SOLVENTS & INHALANTS</p>	<p>Glue</p>	<p>Glues, butane gas, many aerosols, petrol, dry cleaning fluids, typewriter correction fluids, nail varnish remover etc. Mainly used amongst the younger age range and primarily in groups. Although some use solvents very heavily, every day often by themselves. They are inhaled through the nose and mouth from a bag or some other receptacle or squirted down the throat. The recent trend has been away from glue use to the more dangerous use of butane gas and aerosols. Their use tends to go in and out of fashion quickly</p>	<p>breath) can occur.</p> <p>Effects come on fast but are short lived. Users often feel light headed and dizzy. Some users they get dreamy and have hallucinogenic visions. Others feel sick and drowsy. Their use can also cause severe headaches, nausea, diarrhoea and irregular heartbeats. As it wears off the after effects are similar to a hangover. Accidents are more likely when people are high on solvents and are hallucinating, especially, when they are used in dangerous places like riverbanks or near main roads or train lines. Users sometimes lose consciousness. Usually they come round quickly, but there have been deaths from people choking on their own vomit or suffering heart failure. Suffocation is a serious risk if solvents are put in a large bag and the bag is then put over the head. Squinting butane gas or aerosols straight down the throat can be fatal. They can freeze the airways or cause heart failure. Long-term use can result in fatigue, depression, brain, liver and kidney damage and lead poisoning if sniffing leaded petrol but this happens rarely. Tolerance can develop with regular use so more is needed to get the same effect. Physical addiction does not result but there is a high risk for psychological dependence.</p>
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APPENDIX 9: LEVEL OF ALCOHOL USE INDICATOR & ALCOHOL USE DISORDER IDENTIFICATION TEST

LEVEL OF ALCOHOL USE INDICATOR

BAC (%)	Stage	Clinical Symptoms
0.01 - 0.05	Subclinical	Behaviour nearly normal by ordinary observation
0.03 - 0.12	Euphoria	Mild euphoria, sociability, talkativeness Increased self-confidence; decreased inhibitions Diminution of attention, judgment and control Beginning of sensory-motor impairment Loss of efficiency in finer performance tests
0.09 - 0.25	Excitement	Emotional instability; loss of critical judgment Impairment of perception, memory and comprehension Decreased sensory response; increased reaction time Reduced visual acuity; peripheral vision and glare recovery Sensory-motor incoordination; impaired balance Drowsiness
0.18 - 0.30	Confusion	Disorientation, mental confusion; dizziness Exaggerated emotional states Disturbances of vision and of perception of colour, form, motion and dimensions Increased pain threshold Increased muscular inco-ordination; staggering gait; slurred speech Apathy, lethargy
0.25 - 0.40	Stupor	General inertia; approaching loss of motor functions Markedly decreased response to stimuli Marked muscular inco-ordination; inability to stand or walk Vomiting; incontinence Impaired consciousness; sleep or stupor
0.35 - 0.50	Coma	Complete unconsciousness Depressed or abolished reflexes Subnormal body temperature Incontinence Impairment of circulation and respiration Possible death
0.45 +	Death	Death from respiratory arrest

***Blood Alcohol Content Percentage**

ALCOHOL AND THE BODY: CONTRIBUTORY FACTORS

Healthy people will eliminate alcohol at a relatively consistent rate. As a rule of thumb, a person will eliminate between 7ml and 12ml of alcohol from their body per hour, with an average of about 9.5ml/hr. The process is mainly by metabolising the alcohol through oxidation, with some alcohol eliminated directly through breathing and urination.

General Assumptions Used In Calculation of Blood Alcohol Content

Alcohol Metabolism Rate: 7.0 grams/hour (male and female and assumed constant with time)

- Specific Gravity Of Alcohol: 0.79 grams/millilitre
- Water Content Of Blood: 81.57%
- Body Water Volume Adjustment Factors:
 - Height: ~ +0.11/cm
 - Weight: ~ +0.34/kg (male) and ~ +0.25/kg (female)
 - Age: ~ -0.10/yr
- No adjustments made for liver function or variations in gastric absorption levels
- No adjustments made for body temperature or ambient temperature

The ability of the body to eliminate alcohol is affected by several factors:

Age: Total body water also tends to decrease with age, so an older person will be more affected by the same amount of alcohol. Blood alcohol concentrations may be up to 10% higher in a 60 year old individual compared to a 30 year old individual where their body compositions are similar.

Exercise: Strenuous exercise increases the body's metabolic rate on the one hand, while associated increases in breathing rates and air volumes increase the flow of alcohol across the lung membranes, caused the alcohol to be expelled through breathing at a greater rate. In one study the blood alcohol content of subjects before and after running up a flight of stairs decreased 11-14% after one trip, and 22-25% after two such trips. In another study, a 15% decrease in blood alcohol was reported in subjects following vigorous exercise or hyperventilation.

Gender: Generally women tend to have a higher percentage of body fat, and thus a lower percentage of body water, and if a man and a woman of the same weight ingest the same amount of alcohol the woman will tend to achieve a higher alcohol concentration. This, of course, would not be true if the woman was very fit and the man was somewhat obese, but on average, this is the case. The differences in alcohol concentration due to average body composition differences based on gender would be between 16% and 10% depending on age. Although not completely supported by clinical studies, another gender-based difference is in the elimination of alcohol. Studies appear to show that women eliminate alcohol from their bodies at a rate 10% greater than that of men, which may counteract gender differences in body composition.

Level Of Fitness: For people of the same weight, a well-muscled individual will be less affected by the same volume of alcohol than someone with a higher fat percentage. Fatty tissue does not contain much water and will not absorb very much alcohol; hence more alcohol makes its way into the bloodstream.

Weight: In general, the less you weigh the more you will be affected by a given amount of alcohol. Alcohol has a high affinity for water and one's blood alcohol concentration is a function of the total amount of alcohol in one's system divided by total body water. In two individuals with similar body compositions and different weights, the larger individual will achieve lower alcohol concentrations than the smaller one if ingesting the same amount of alcohol. *Taken and adapted from: www.rupissed.com*

ALCOHOL USE DISORDER IDENTIFICATION TEST

Please circle the answer that is correct for you

1. How often do you have a drink containing alcohol?
 - Never
 - Monthly or less
 - 2-4 times a month
 - 2-3 times a week
 - 4 or more times a week

2. How many standard drinks containing alcohol do you have on a typical day when drinking?
 - 1 or 2
 - 3 or 4
 - 5 or 6
 - 7 to 9
 - 10 or more

3. How often do you have six or more drinks on one occasion?
 - Never
 - Less than monthly
 - Monthly
 - Weekly
 - Daily or almost daily

4. How often during the last year have you found that you were not able to stop drinking once you had started?
 - Never
 - Less than monthly
 - Monthly
 - Weekly
 - Daily or almost daily

5. How often during the last year have you failed to do what was normally expected from you because of drinking?
 - Never
 - Less than monthly
 - Monthly
 - Weekly
 - Daily or almost daily

6. How often during the last year have you needed a drink in the morning to get yourself going after a heavy drinking session?
 - Never
 - Less than monthly
 - Monthly
 - Weekly
 - Daily or almost daily

7. How often during the last year have you had a feeling of guilt or remorse after drinking?
- Never
 - Less than monthly
 - Monthly
 - Weekly
 - Daily or almost daily
8. How often during the last year have you been unable to remember what happened the night before because you had been drinking?
- Never
 - Less than monthly
 - Monthly
 - Weekly
 - Daily or almost daily
9. Have you or someone else been injured as a result of your drinking?
- No
 - Yes, but not in the last year
 - Yes, during the last year
10. Has a relative or friend or a doctor or other health worker been concerned about your drinking or suggested you cut down?
- No
 - Yes, but not in the last year
 - Yes, during the last year

Scoring the AUDIT

Scores for each question range from 0 to 4, with the first response for each question (e.g. never) scoring 0, the second (e.g. less than monthly) scoring 1, the third (e.g. monthly) scoring 2, the fourth (e.g. weekly) scoring 3, and the last response (e.g. daily or almost daily) scoring 4. For questions 9 and 10, which only have 3 responses, the scoring is 0, 2 and 4 (from left to right).

A score of 8 or more is associated with harmful or hazardous drinking, a score of 13 or more in women, and 15 or more in men, is likely to indicate alcohol dependence.

Saunders, J. B., Aasland, O. G., Babor, T. F., de le Fuente, J. R. and Grant, M., (1993), *Development of the alcohol use disorders identification test (AUDIT): WHO collaborative project on early detection of persons with harmful alcohol consumption - II*, (*Addiction*, 88, 791–803)

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