

# Seen but not Heard?

Thirty Years of Communities  
Responding to Drugs

ORGANISED BY:



**Ballymun Youth Action**

**Project Limited**

*As part of a programme of events  
to mark the Project's 30<sup>th</sup> anniversary.*

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## OVERVIEW

Ballymun Youth Action Project (BYAP) is a community-based response to substance misuse. The Project was founded by local people in 1981 after three young people from Ballymun had died from drugs-related causes. Over the past three decades, it has worked to tackle substance misuse in Ballymun – a community to the north-west of Dublin city – and surrounding areas.

On 23rd March 2011, BYAP marked its 30th anniversary by hosting a national conference on drugs in Dublin Castle. ‘Seen But Not Heard? - 30 Years of Communities Responding to Drugs’ explored how communities throughout Ireland have responded to addiction over the past 30 years and looked at current and future challenges.

The conference was addressed by a number of practitioners in the areas of community activism, social work and the media. In addition, a keynote address was delivered by John Lonergan, former Governor of Mountjoy Prison.

The conference focused on the concept that those working in local communities – at the coalface of problems associated with drug misuse – have a visible presence. But, despite this visibility, their voices are seldom heard in the policy and political decision-making arenas, particularly within the partnership approach to addressing drugs-related issues. This report documents the proceedings at the conference and the inputs made by attendees on the day.

# 1. INTRODUCTION

In the past 30 years, there has been a steady increase in the breadth and depth of the drugs problem in local communities. The number of drug-users has steadily increased over the past three decades, rising from 55 users registered on the central treatment list in 1979 to over 15,000 in 2011.

While drug use in the early 1980s was confined primarily to heroin use, current drug-users are accessing a far wider range of drugs, such as crack cocaine and head-shop drugs and – in some cases – developing an over-reliance on prescription drugs, such as benzodiazepines.

For areas such as Ballymun, the depth of the drugs problem has meant that services like Ballymun Youth Action Project (BYAP) are beginning to treat second and, in some cases, third generations of the same families for drug misuse.

In March 2011, BYAP marked its 30 years of working in the Ballymun community with a series of activities and events. The month-long programme included:

- A visit by President Mary McAleese to BYAP's premises.
- An art exhibition curated by renowned artists Guggi and John Duffy, featuring the work of established artists with links to Ballymun, alongside work produced by BYAP clients down through the years.
- A rose-planting ceremony to commemorate those with links to BYAP who died over the past 30 years.
- A major public art project, delivered in conjunction with the Axis arts centre in Ballymun, whereby BYAP staff members and clients participated in a number of workshops over the course of four weeks, and then produced a large-scale piece of public art.
- A community festival held at the large, open-air plaza at Ballymun. This was a free, family-focused event, with music performances by established and up-and-coming artists with links to Ballymun.

As part of the 30th anniversary programme of events, a national conference was held in Dublin Castle. The conference – 'Seen But Not Heard? 30 Years of Communities Responding to Drugs' – was attended by over 130 people, many of whom work in drugs projects similar to BYAP. Representatives from related community and voluntary organisations, as well as from the statutory sector, were also in attendance.

The main aim of the conference was to reflect on the past 30 years in relation to patterns of addiction, responses to the drugs problem and how the media have reported on drugs-related issues within different communities. While the conference was reflective of what had occurred over the past 30 years, it also looked to the future and examined challenges that potentially lie ahead for communities. In addition, conference speakers and participants challenged one another to develop new ways of working together to address current and future challenges.

There was a strong focus at the conference on encouraging interaction and the active participation of attendees in the roundtable and plenary discussions. Delegates at the event also gave real-time feedback and interacted with each other through the use of social media tools, such as Twitter.

The following sections document the conference proceedings and delegates' inputs, and look to the future for community-based responses to substance misuse.

## 2. OVERVIEW OF CONFERENCE PROCEEDINGS

The BYAP conference took place over a full day, and was split into four distinct sections:

- Introductions and the keynote address.
- Session 1: Intergenerational patterns of addiction.
- Session 2: Responses to addiction over 30 years, and evolving responses.
- Session 3: The Media's treatment of the drugs problem.

The conference commenced with introductory comments by the Chairperson of BYAP, Joe Merry, and the conference facilitator, Peter Cassells, and a keynote address by John Loneragan. After that, there was a wide range of inputs across the three sessions. In addition, over the course of the day, BYAP staff members presented testimonies from service-users, summaries of which are included in this report.

### 2.1 KEYNOTE ADDRESS

The conference keynote address was delivered by John Loneragan, who was the Governor of Mountjoy Prison from 1986 until his retirement in 2010. Drawing on over 40 years of experience in the Irish prison service, Mr. Loneragan spoke about the individuals he had met during this time and, in particular, what he viewed as the most successful approaches to treating drug-users. He also outlined strategies that could be developed in the future in order to prevent young people falling into addiction.

Mr. Loneragan said he felt there was a sense of inevitability attached to some individuals who ended up in prison and with addiction problems. He believed this was illustrated by the fact that 75 per cent of prisoners born in Dublin are from only six different postcode areas. Despite media and society's often negative portrayal of those with addiction problems, he said drug-users are the same as 'all of us' – no better and no worse. It is essential that people at the coalface remember this when they are working with those who are affected by addiction, he said. He commended services such as BYAP that carry out tough and demanding work with energy and enthusiasm, particularly in the face of setbacks. He also said that there is a need for such work to be conducted in a nurturing environment, with a focus on facilitating individuals to change from the inside out.

In his address, Mr. Loneragan highlighted the role that creative arts can play in facilitating change in people's lives. In particular, he emphasised the importance of continuing to fund this area as it often acts as a catalyst for change for those affected by addiction. In order for creative arts to be effective, it is important that individuals are aware of their talents and get the opportunity to develop them early in life, he said, adding that it was his belief that there were people in Mountjoy who would not have been in prison if they had been given the opportunity to develop their talents earlier.

Successful approaches to addiction should focus on preventative measures and should take a holistic approach, according to Mr. Loneragan. Most people who have an addiction also have other difficulties and these need to be addressed, he said.

Looking to the future, he outlined that we need to ensure that young people are prevented from falling into addiction. This can be achieved through education and also through community-based initiatives. The community response to the drugs issue is 20 times more beneficial than options originating with individuals or organisations based outside the community, he said. However, the violence associated with drugs presents a huge challenge to this work and to families trying to raise their children in communities where drugs are prevalent.

Mr. Loneragan acknowledged that drug use is widespread and is not just an urban, working-class problem but also rural, middle-class and cutting across nearly all geographical locations in Ireland.

He finished his address by quoting lyrics from the well-known Phil Ochs song, 'There But For Fortune', which reiterated the points he had raised in his speech:

*Show me a prison, show me a jail,  
Show me a prisoner whose face has grown pale*

*And I'll show you a young man  
With many reasons why  
There but for fortune, go you or I.*

## Testimony 1: Annie's Story

*I grew up on the north side of Dublin; I was the eldest of five. My mother spent a lot of time in bed and only got up when my father was due home – you see, she was sick. My dad always stopped in for a drink on the way home. Sometimes, he arrived home happy; sometimes, he would be mad – especially with my mam. I remember always being on the lookout to make sure I could get the others out of the way if he wasn't happy.*

*Sometimes, when my mam was really sick, she had to take lots of tablets. I'd stay home from school to mind her and clean the house. Then it was hard to go back to school 'cos I had missed so much. In the end, I left school after my Inter Cert and got a job in a shop.*

*Around this time, things got worse. My dad was always in bad form and there were huge rows about money or about his drinking. I was giving money to my mam just to keep us going. Two years later, my dad left and we had to cope on our own.*

*After that, I met David. We were married within a year, and my first daughter was born a year later. From the start, I had a giggling feeling that I was not a good enough mother to my child.*

*When my second child was born 18 months later, I still felt the same way – only now it was worse. At one stage, I was at the doctor's with my son and, when she asked me how I was, I burst into tears and told her I was a wreck: that I couldn't look after my children, I couldn't sleep and I was anxious all the time.*

*The doctor put me on some tablets that she said would help. I was reluctant to take them but I was desperate. Now I felt even a worse failure – I needed tablets to help me cope.*

*Meanwhile, my husband had moved ahead in his job so he was away more and more. When he was home, he just wanted to meet up with his friends for a few drinks. By the time my son was in playschool, I felt worthless. My husband complained that I never did myself up and I had put on weight. At this stage, once I had dropped the children off to school, I went home and got into bed. Then one day I got up and found my little girl was giving her brother his cereal and suddenly I realised that I was doing exactly what my own mother had done. I felt frightened and realised I had to do something to get myself out of this rut.*

*Eventually, I got the courage to go start a FÁS course. There, I met other people and was surprised that some of them felt exactly like me. Others, however, were much more confident and positive. One woman there was a real support, and I began to enjoy little bits of my life. My husband didn't like her, saying she was a bad influence. But I felt better about myself than I had in a very long time.*

*I began to realise that my marriage had real problems. It had never occurred to me that I could talk to my husband about it. I was scared because all I could remember was my mam and dad fighting. However, when I got the courage to talk to him he agreed that we had drifted apart. Neither of us knew what to do, but we did try to spend some time together. But there were still lots of problems, but at least we were talking a bit more.*

*Last year our son was caught with hash in school. I immediately went into the 'bad mother' role. I blamed myself. My husband blamed me too. He accused me of being too easy on the kids and not watching them well enough. I took this criticism on board and was miserable.*

*But at the school I met the counsellor and she suggested that I go to some meetings for family support. There I met lots of people just like me. After a while I began to see some of the things that were wrong. I also was challenged to look at some of the things that could be fixed.*

*I have been in counselling now for a few months. It is very hard to look at all the things that happened in my life – all those lost years. But at least now I have a future to look forward to.*

## 2.2 SESSION 1: INTERGENERATIONAL PATTERNS OF ADDICTION

Following the keynote address, the first session of the BYAP conference explored intergenerational patterns of addiction and was addressed by Sunniva Finlay, Manager of Ballyfermot STAR, a community response to drugs, and Fr. Peter McVerry, founder of the Peter McVerry Trust, an organisation that works with young homeless people in Dublin.

During their inputs, both speakers noted how they have observed a sharp increase in drug use over the past number of years. Fr. McVerry spoke about how drug use has become normalised, with many users not seeing their drug-taking as a problem. For instance, cocaine-users who take the drug at the weekend are not losing their jobs or queuing up at treatment centres and, therefore, see their drug-taking as a normal part of life, he said. The normalisation of drug use and the introduction of head-shops are amongst the challenges he now faces in his work on the ground, according to Fr. McVerry.

In her address, Sunniva Finlay outlined how community responses to drugs in the 1980s were few and only a small number of doctors were prescribing methadone, with patients using their social welfare payments for the prescription. She said the introduction of the methadone protocol gave people the opportunity to stabilise and women, who traditionally did not present to medical services, began to present more frequently. However, there have been some negative consequences of the protocol, such as the inability of some drug-users to wean themselves off methadone, as well as little interagency cooperation between communities and medical practitioners.

She echoed Fr. McVerry's words about cocaine use, saying that in the last 10 years there has been an increase in cocaine use, with many users of this drug not seeing it as a problem as – for the most part – it is viewed as being part of a night out. This has led to a need for a different response to this problem, as these users will not mix with a population of heroin-users.

Fr. McVerry, like John Lonergan who spoke before him, emphasised the need to support drug-users in a holistic manner and to help them to deal with not only their addiction but also with the issues behind their addiction. He emphasised that the relationship between service-providers and drug-users is integral to their recovery and, therefore, it is important that the ethos of support services focuses on making people feel good about themselves. Fr. McVerry noted that when young people come back to the Peter McVerry Trust after a few years, they often say 'Thanks for being there for me when I needed you' or express similar sentiments.

In relation to the children of drug-users, Fr. McVerry said the lack of consistency in their lives is one of their greatest problems. He described how one day they can be shown love and care, followed by a complete lack of love and care the next. This lack of consistency can result in a cycle of chaos in the child's life, which can continue until they themselves become a parent. One of his key concerns, he said, is how do we deal with the children of drug-using parents? He outlined various options, noting that if children are left at home with drug-using parents, a range of support services are required to ensure they can experience some level of normalcy in their lives.

Ballyfermot STAR has carried out research on families accessing the organisation's services to ascertain their wellbeing in comparison to a representative sample of Irish families, and Sunniva Finlay drew on this research in her address to the BYAP conference. The research highlighted a number of areas where additional supports need to be put in place, as well as concluding that service-users of Ballyfermot STAR are significantly below average, relative to the wellbeing of parents in Ireland. In response to this, the organisation has developed a range of measures, such as a care-planning system for family members; the evidenced-based programme 'Community Reinforcement Approach' (CRAFT); and programmes targeted at the children of drug-users. The latter includes the evidenced-based 'HighScope' programme and the 'Strengthening Families' programme.

Ms. Finlay outlined her belief that many drug-users have little or no self-esteem. There are negative attitudes to drug-users within communities and negativity towards the families of drug-users, she said. Communities themselves are not going to be supportive to drug-users.

Fr. McVerry spoke about the hardness of heart of the second generation of drug-users. He drew a link between this

'hardness of heart' and increasing levels of violence amongst drug-users. He also spoke about the high incidence of drug misuse in prison and, as John Loneragan had mentioned earlier, acknowledged that most drug-users end up in prison. It is therefore important that support services like BYAP link in with the prisons and this is a particular challenge they face, he said.

Fr. McVerry and Ms. Finlay identified a number of future challenges for service-providers, including the changing profile of drug-users, as well as the increase in drugs being sourced via the internet and the challenge of informing the public about the dangers associated with these drugs. The recession will also present challenges in terms of increase in heroin use, growing poverty levels and funding cutbacks, they said. One way to address this is through an interagency approach focused on sharing resources and working together, according to the speakers.

## Testimony 2: Keith's Story

*My name is Keith. I am 18 years old. I live with my parents, but have a partner and child who live with her parents.*

*It all began when I was 16: I began hanging around the blocks with my mates – drinking, smoking and having a laugh. As time went on, we picked up stupid charges for anti-social behaviour, drunk and disorderly, and robbing. A lot of my mates were introduced through friends to lads in the community who we looked up to and who seemed to have everything we wanted to have, like big wads of money, nice cars and a pretty good lifestyle. They were involved in drug-dealing but seemed untouchable. Everyone looked up to them.*

*I began holding, carrying, dealing small amounts, but – very quickly – it escalated to pretty large amounts. It all seemed so easy and I felt like I was somebody – that I had arrived, I belonged, I was part of something big. I had money and things I could never afford, and I felt invincible.*

*It all came to an abrupt end one evening when I was approached and told that I owed three grand for drugs. Apparently, drugs had gone missing and money was owed and that it was me who owed it. What? How? I was stunned and tried to explain that I had nothing to do with it. I hadn't lost anything and had paid what I owed – this meant nothing. They didn't want to know and, furthermore, I was told that they would get it one way or another, either from me or my family and – if the money did not come forward – I would, or my family would, pay for it another way.*

*Sheer panic set in. How was I gonna get out of this? I had to tell my parents. They were petrified when they heard who I had got caught up with and feared greatly for my safety. Very quickly, I was threatened again and told I would have to pay it back or else...*

*My options were to deal even larger amounts to clear the debt or find the money elsewhere.*

*Demands came quickly, and requests for money and threats to my parents about my safety became more frequent. The debt that started off as three grand seemed to grow by the day. At this stage, they said it was now 10 grand.*

*We began borrowing from credit unions, friends, and family until we exhausted all avenues.*

*I have had to change my signing-on days and times so that I don't meet anyone. I seldom leave the house. My parents are in the process of moving out of the area as they cannot take the strain or stress anymore and have been in and out of the doctor's trying to deal with all of this. I have had to leave the area where I lived.*

*At present I worry, my parents worry, and my only option seems to be to leave the country – but how can I?*



## 2.3 SESSION 2: RESPONSES TO ADDICTION OVER 30 YEARS AND EVOLVING RESPONSES

Session 2 of the BYAP conference looked at evolving responses to addiction over the past 30 years, and featured a panel of speakers comprised of:

- Chris Flood, former Minister of State with responsibility for Local Development and the National Drugs Strategy.
- Professor Joe Barry, Professor of Population Health Medicine at Trinity College Dublin; he has worked on public health in Ireland since 1986, with a particular focus on marginalised groups affected by drug and alcohol misuse.
- Dr. Mary Ellen McCann, Vice-Chairperson of the National Advisory Committee on Drugs; she has extensive experience of community-based responses to drugs, and worked in Ballymun for 17 years.

During this session, the speakers examined responses to drug misuse from political, policy and community perspectives. A common feature of the inputs made by each speaker was the emphasis on the role of the community in responding to drug misuse.

Chris Flood recalled that, when problems with drugs first emerged in the 1980s, the initial response was piecemeal due in part to a lack of experience of the issues. Mobilisation by communities led to a group called Concerned Parents Against Drugs being formed. It was following the formation of this group that the political class finally acknowledged that, in order to tackle drug misuse, a community-led response was needed.

Joe Barry acknowledged that, in order to achieve real change, community engagement is essential and – while this can be difficult to achieve at times – it is important to develop such engagement in order to make progress.

Mary Ellen McCann spoke about the role of community development – past and present – in responding to the drugs problem. She noted that one benefit of adopting a community development approach is that it allows service-providers to analyse what makes certain areas more vulnerable to problems than others. She also praised the community development ethos, which means support services are provided for individuals but underlying issues in communities are also addressed. However, she said, there are limitations to the community development approach, and it cannot solve all problems. In particular, she outlined challenges around representation and ascertaining who exactly ‘speaks for’ the community. There are many different voices and it is important to listen to many different views; therefore, dialogue is an important part of the work, she said.

According to the speakers, the establishment of 11 Local Drugs Task Forces (LDTFs) in 1997 (with three more added later) and a further 10 regional task forces under the National Drugs Strategy, 2001-2008, showed that the political class and policymakers had acknowledged the need for a community-led response to tackling drug misuse. These task forces – which brought together statutory, voluntary and community sectors – began to break down the tensions between the sectors to the benefit of both service-users and service-providers.

The speakers also outlined how the setting-up of the National Advisory Committee on Drugs (NACD) in 2000 brought together the different perspectives of all of those dealing with drug misuse. The type of information that has been generated by the NACD has helped to inform responses to drug-related issues, such as investing in early school-leaving interventions and early childhood education. However, they felt there needs to be an emphasis on the importance of rehabilitation, particularly as the drugs problem spreads geographically and there are increased incidences of poly-drug users. The current National Drugs Strategy (2009-2016) continues to build on the preventative strategy and recognises the need to develop a national substance misuse strategy, covering both drugs and alcohol.

In his input, Joe Barry highlighted the importance of mapping trends in relation to substance misuse. Without such information, it is hard to make the case for funding, he said. During the 1990s, there was easier access to funding from the State, as well as a commitment to education and community engagement, according to Mr. Barry. The current recession has made accessing funding more difficult, he said, adding that a holistic response is essential in developing effective policies: responses must encompass the whole community, as well as covering all of the drugs in use.

According to the panellists in this session, current and future challenges in the fight against drug misuse include the increased use of cocaine and the emergence of psychoactive substances available through the internet and head-shops. In addition, Mary Ellen McCann emphasised a point earlier raised by Fr. Peter McVerry: that there are still major drug problems

in Dublin and that, often, the violence that hits the news headlines is strongly connected to the drugs trade. Looking to the future, she stated that the challenges that exist include a threat to funding, new emerging trends in drug use and the need to continue to lead the development and implementation of quality standards for community drugs work.

In terms of treatment, the current National Drugs Strategy recognises that provision must be greatly expanded, particularly outside of Dublin. For a national drugs strategy to be successful – involving as it does the unique partnership between the statutory, voluntary and community sectors – the provision of adequate resources will always be critical, the speakers said.

Future approaches in policy development should focus on continuing the task force process, according to the panellists. Responses should involve service-users and, in particular, young people. Services also need to anticipate trends, as well as working at many tiers of response. Finally, the speakers highlighted that it is important for services to imagine what a better future will look like and to have hope.

## Testimony 3: Joe's Story

*At 16, I started smoking heroin and, before long, I was injecting it. My whole day revolved around getting heroin: where, how much... As time went on, my family would nag me to get off the stuff. But they didn't understand I was hooked on it. I would do anything to get it. I robbed from my family and friends. In the end, I was homeless – my family threw me out on the streets because of the hassle I was causing and that's when I decided I had to change.*

*I was terrified of the pain of coming off heroin, but I had to do it. I went to a place in town where I could see a doctor and get on a methadone programme.*

*I started the programme, but I really missed the feeling heroin gave me. When I told my doctor I was feeling anxious and agitated, he prescribed me diazepam and it seemed to do the job, but my tolerance went up, so I had to keep getting more by buying it on the streets.*

*The great thing about taking this drug was, when I had to give in a urine sample, no-one would know I was taking any more than what my doctor was prescribing, so I got away with 'clean samples'. I continued with the diazepam, but then I was offered another benzo, so I took that every now and again, depending on how my life was doing. I continued taking the tablets until I noticed that I was taking up to 10 diazepam a day and around the same of the other benzo. As I wasn't getting anything from them, I started on sleepers. In my mind I was 'clean' because I was not using heroin and the drugs I was using were all legal.*

*My life changed when I met my now wife. She never took any type of drug; however, it was only a matter of time before she realised I was on something. It caused so many arguments that she split up with me. I wanted us to get married, but she put it to me it was her or the drugs. So I had to go to my doctor and tell him everything. He started me on a detox and it was awful. I thought I would die with what I was going through. I had crazy dreams, really bad mood swings and I would get so angry I'd punch holes in the walls in my bedroom. My anxiety got worse. My doctor told me that what I was going through was normal and to stick to what he asked me to do. I went through this for weeks and then, eventually, the symptoms started to ease, and I stayed off the drugs.*

*I got back with my ex and we got married a couple of years later. We had four beautiful girls. Life was grand, and I stayed off the drugs, which was great too.*

*Then, around two years ago, my older sister died. I was so distraught that I felt the need to go to my doctor for help. He put me on anti-depressants and told me he would only have me on them for a short while because of my history with them. My wife wasn't happy but I told her the doctor was looking out for me. After a few weeks on them, my doctor began to detox me. I was scared and I felt I couldn't be without them. My doctor advised me to go bereavement counselling to help me, but he was adamant I was coming off the benzos. I wasn't having any of this, so I began to buy them off the street while I was detoxing. When my prescription ran out, I had to buy more and – in no time – I was fully back to where I was a few years ago.*

*Now, it's 18 months later and my whole day once again revolves around getting them. I hate them. My wife is suspicious all the time, but I keep avoiding her questions by telling her the doctor said I should still be taking them. I'm not sure how long I can keep up the lies. I'm totally dependent on them. I'm thinking of going away for a few days and going cold turkey, but it's really dangerous to get off these drugs that way and it's hard knowing I'll have to do it alone. But what else can I do? I feel so trapped.*

## 2.4 SESSION 3: THE MEDIA'S TREATMENT OF THE DRUGS PROBLEM

For the final session of the BYAP conference, a panel discussion on the media's treatment of the drugs problem was held. The panel was comprised of:

- Una Mullally, a freelance journalist, formerly a columnist with the Sunday Tribune.
- Gerard Colleran, Editor of the Irish Daily Star.
- Carl O'Brien, Chief Reporter with The Irish Times.

The speakers provided conference attendees with an insight into what they feel are the main issues arising for journalists and media outlets when reporting on drug misuse and related topics. A summary of each of their inputs is provided here.

### Una Mullally

In her input, Una Mullally pointed out that, for the most part, the media's coverage of the drugs problem has focused on 'the gangsters versus the State'. She said she feels there is very little room for anything outside of this, for a number of reasons: firstly, time constraints and under-staffing mean that regular newspaper staff do not have a lot of time to put into more in-depth articles; secondly, it is necessary to consider what sells – newspaper sales in Ireland prove that stories about organised crime, feuds amongst families associated with the drugs trade and the distribution of drugs sell well.

Ms. Mullally said it often seems like this is the only 'lens' through which the media can cover drugs. Occasionally, there is a diversion away for these topics, often sparked by 'personalities', for example the coverage of the model Katy French's death and the role of cocaine in her death. In some ways this is useful in that it helps to push on the debate, Ms. Mullally said, but often it is nothing other than a short diversion, with a lack of willingness to develop more in-depth analysis and discussion around the complexities of the issue.

Public opinion, political pressure and policy are very much intertwined in the media's presentation of issues, according to Ms. Mullally. When the media do go after something, they can have a huge impact, she said, citing the recent media focus on legislation to outlaw head-shops: because of the way head-shops were portrayed in the media – through shock campaigns – shutting them down became a political issue. This is proof that the media can drive reactionary legislation and / or lead to amendments to existing legislation, she said. She made the point, however, that the media's actions in this incidence were very reactionary: instead of focusing on why people were buying head-shop drugs or who was operating in the trade, they adopted a fire-fighting approach, with no real exploration of the issues. She felt this approach mirrored how the political system dealt with the issue of head-shops, i.e. in a reactionary way.

Ms. Mullally said she felt something that got scant media coverage was the stories of those personally affected by drugs, i.e. users themselves, their families and communities. She said the media do not care about these people and, consequently, society does not care. She also spoke about the 'dehumanising' of drug-users, for example by labelling them with derogatory names. This leads to the general public viewing such people as 'not us'. As a result, there is no interest from the media in talking about the most vulnerable people in our society in a more human way, as the public just do not want to know, she said. Ms. Mullally posed the question: if the public and politicians are not dealing with the issues, do the media have a role to play in taking that argument up and being leaders in that debate? Without the leadership of the public and the politicians, change will not happen, she felt.

### Gerard Colleran

In his input, Gerard Colleran said he feels we are living in a very corrupt society and the media should operate as a mirror to what we are and what we may do; it should reflect successes, but also failures. The fundamental challenge for the media is to have some degree of honesty in its coverage and non-coverage of issues relating to drugs, he said, stating that – in his opinion – the coverage by RTÉ of the broadcaster Gerry Ryan's death was not 'honest'.

The media have been accused of both glamorising and sensationalising the issue of drugs, according to Mr. Colleran.

Addressing the charge of 'glamorising' the drugs problem, he said that – time and again – the media have used 'before and after' pictures of drug-users to show the debilitating impact of drugs on their lives. They also cover the death, jailing and sentence of those living in the most appalling conditions as a result of addiction, so – on glamorising drugs – the media are not guilty, he felt.

In relation to sensationalism, Mr. Colleran acknowledged that the media are 'probably guilty' – but with justification. The drugs industry – and the criminal activities mixed up with it – is a sensational story, he said. He also made the point that, while we hear criticism directed at the media about sensationalising the issue, we rarely hear criticism directed at film directors or television programmes that focus on drugs and related issues. He questioned if film and television get away this on the grounds of providing 'entertainment'; however, his belief is that the media also provide entertainment.

Finally, Mr. Colleran said he has huge admiration for people who work in communities affected by drugs, and for services like BYAP, and the selfless work they do on the ground.

## Carl O'Brien

In his input, Carl O'Brien said he feels media coverage of drugs tends to focus on two main areas: the death of a celebrity from drugs and the resulting fallout and naval-gazing about drug use, or gangland violence associated with the drugs trade, with more emphasis on the personality of the gangsters than on the human misery caused by drugs. There is a lack of coverage of the impact of drugs on communities and their efforts to tackle problems on the ground, and this is an issue for all marginalised groups and communities, he said.

Mr. O'Brien said the reasons why coverage of drug-related issues is skewed in this manner can be attributed to the use of news values by journalists and editors when weighing up whether or not to cover an issue, namely:

**Timeliness:** Did something happen recently? Is it breaking news? He pointed out that the effects of drug use on a community is a process; an evolving social state – rather than a particularly topical event – and, therefore, is not considered newsworthy.

**Impact:** How many people are affected by this? Mr. O'Brien made the point that, although drug misuse affects large numbers of people, it is mostly marginalised communities that are affected: these are people who are not well off, less likely to vote, less valuable to advertisers and – therefore – less relevant to the media.

**Proximity:** Did something happen close to home, or did it involve people from here? Given the extent to which marginalised communities are excluded, they might as well – in the eyes of some media consumers – be a million miles away, he said.

**Prominence:** Are well known people involved?

**Oddity:** Is the story unusual? In the case of a story on the effects of drugs on communities, the answer to this question would be 'no', he said.

Mr. O'Brien said that this scenario was absolutely unfair. He made that point that, while some news organisations see their work as a public service, most view themselves as businesses that have to make a profit to survive. Therefore, their news must include items that will draw an audience. These two characteristics need not to be in conflict because some of the best stories on any given day can be both important and interesting, he said. However, he feels that, in general, when it comes to issues affecting marginalised communities, the coverage is often sporadic and tokenistic.

For communities to change the way in which the media cover drug-related issues, Mr. O'Brien said it was necessary to 'politicise' the issues. The political arena is where most journalists are found, he said: for example, The Irish Times has six or seven reporters based in Leinster House. This is because the political system provides a never-ending supply of information, which can be easily transmitted for media stories. Given the investment media outlets make in terms of staff members covering political issues, stories tend to only make the news when they enter the political area. Politically,

drugs are not currently seen as an important issue, according to Mr. O'Brien, and communities must work to address this. Mr. O'Brien also suggested that working to make drug use an ethical issue – of concern to middle and working classes – would help to reverse current trends in how the media cover drugs. He cited research on Limerick's gangland and drugs problems by sociologist Niamh Hourican in the University of Limerick. Her research found that drug consumption by young, middle-class people was at the root of many of Limerick's woes. This poses the question: just as animal rights activists succeeded in making fur deeply unfashionable, should it not be possible to make profound links between exploited children, destroyed societies and middle-class recreations, and – thus – make drugs 'unfashionable'? The ethical consequences of drug consumption by middle-class people is something that needs to be more publicly discussed, said Mr. O'Brien.

He concluded his address by saying the media have enormous capacity to make a genuine difference to society and to issues around drugs and communities – but not on their own. They need the proactive involvement of community leaders, politicians and the State to fight this battle and ensure the situation improves in the future, he said.

### 3. ATTENDEE INPUTS

Active participation by all attendees at the BYAP conference was encouraged throughout the day, and conference delegates were facilitated to share their opinions and give their feedback on points raised by the guest speakers.

At the end of the first two sessions – on intergenerational patterns of addiction and evolving responses to substance misuse – facilitated roundtable discussions took place, with approximately 10 conference delegates participating in each roundtable discussion. These discussions drew on the inputs from the speakers and asked the participants to discuss their own experience of the issues presented. While a wide range of divergent points were raised, a number of common issues emerged.

After the third session of the conference – on the media's treatment of drug-related issues – a plenary discussion on the issues raised took place.

The following sections summarise the points raised by attendees at the BYAP conference.

#### 3.1 FEEDBACK FROM SESSION 1: INTERGENERATIONAL PATTERNS OF ADDICTION

For the purposes of the first roundtable discussion – on the issues raised by speakers during the session on intergenerational patterns of addiction – participants were asked to focus on the following questions:

- What has been your experience in relation to intergenerational patterns of drug use?
- Have your experiences differed or been the same as those of the conference speakers?
- What, in your experience, has been the impact on communities of intergenerational patterns of addiction?

Attendees' answers to these questions focused on intergenerational drug use; the normalisation of substance misuse; emerging trends; the importance of treating addiction with a holistic approach; and the geographic spread of the drugs problem.

#### Intergenerational Drug Use

A significant issue identified by conference attendees was the intergenerational nature of drug use. Many people noted that, within services, they were seeing three – and, in one instance, four – generations of the same family presenting for support in relation to substance misuse.

Attendees noted that the impact that parental drug misuse has on children is quite profound. For instance, they noted

that limiting drug usage within families proves exceptionally difficult, particularly where support services focus solely on an individual's needs and not the entire family's needs.

In some instances, children can access services at drugs projects. Attendees felt there is a limited benefit to these services, as children access them for a number of hours and then return home. In order to fully break the cycle of intergenerational drug addiction, we must address the issue of children being in the care of drug addicts and whether or not they should remain in this setting.

The normalisation of drug use within families has a significant impact on intergenerational patterns of addiction, attendees felt: when children grow up in families where drug misuse is present, they view this as the norm. Attendees referred to Fr. Peter McVerry's comment that children view drug misuse as 'Mammy taking her medication'. In instances such as this, it is almost inevitable that the children will also end up with drug problems.

## Normalisation of Drug Use

Conference attendees noted that the normalisation of drug use can take place within the home, but that it can also move beyond this when children attend clinics with their parents and are exposed to this as normal behaviour. The normalisation of drug use also occurs at the community level. There is a widespread acceptance in some communities that drug misuse has become so prevalent that it is the norm.

Perceptions of 'legal' drugs – in particular alcohol and substances available in head-shops – contribute to this normalisation also. In some instances, as demonstrated in the testimonies from BYAP clients, these are seen as 'clean' drugs. Conference attendees were particularly concerned about the increase in the number of head-shops and the potential damaging effects they have in terms of normalising the drugs culture.

## Emerging Trends

Attendees named the increased profile of head-shops within communities as a concern for those working to tackle the drugs problem. In addition, some attendees noted that crystal meth has emerged as a new drug in their communities. Of particular concern is the fact that this drug can be made at home from legal ingredients. The point was also made by conference attendees that taking head-shop drugs and crystal meth can have long-term consequences. For example, many participants noted that users of these drugs may experience hallucinations and carry out acts that they do not remember afterwards. In some instances, this may lead to arrest. Participants recognised the need to develop appropriate responses to deal with these new emerging problems.

## Holistic Approach to Addiction

There is a need for a more holistic approach to services provided to those experiencing drug addiction problems, according to those who attended the BYAP conference. A particularly important area is in relation to self-esteem and how services can provide appropriate supports to individuals, which would build their self-esteem. Issues relating to self-esteem are connected with the 'hardness of heart' that is strongly evident amongst drug-users in many communities.

The curtailment of drug use proves exceptionally difficult where support services which target the family as a whole are absent. As such, conference attendees felt that there needs to be a focus not just on the needs of the individual but also on the individual's family unit. For example, participants mentioned that children / prisoners / users may be in safe, addiction-free environments for several hours, but – once this ends – they are right back into dangerous environments where addiction, violence and temptation are prevalent. There is an emerging problem that, with pressures on funding, services are not working together but instead are focused on 'defending their patch, their users and their funding'. While we need a holistic approach, in many cases we are not getting this.

## Geographic Spread of Drugs Problem

The drugs problem is no longer seen as being restricted to pockets of disadvantage in urban areas. In particular, conference attendees noted that there is a growing problem in rural areas. A particular challenge in rural areas is that the services are years behind their urban counterparts, according to attendees.

There was also consensus that there is a lack of learning from the mistakes made in the past. The planning of some estates in the Midlands is similar to that employed in Ballymun a number of decades ago, for example, i.e. poor-quality built environment and wide open spaces that have the potential to exacerbate many social problems. With addiction no longer confined to major cities, the drugs problem has taken root in almost every town in the country, particularly in disadvantaged areas.

## 3.2 FEEDBACK FROM SESSION 2: RESPONSES TO ADDICTION OVER 30 YEARS AND EVOLVING RESPONSES

For the purposes of the second topic – evolving responses to addiction over the past 20 years – participants were asked to focus on the following questions:

- What are your initial thoughts on the inputs from the conference speakers?
- Drawing on your experience of working in this area, what do you think have been the key developments in the response to drugs in the past three decades?
- Have these responses been adequate, in your experience?
- What is your view / experience of the role played by community development in responding to the drugs problem?

The following sections summarise the key issues that emerged in response to these questions.

### Political Response

The BYAP conference took place two weeks after a new Government had been elected in Ireland. This political context was to the fore of attendees' minds, as it remained uncertain which Minister would be designated responsibility for drugs policy and strategy. The importance of having a Minister with specific responsibility for drugs was stressed by attendees.

Participants noted that, without a dedicated Minister, communities across Ireland feel doubtful that the issue of drug misuse is being taken to the heart of government and retained on the Government's agenda. People on the ground in communities know that the problem has not gone away, but often feel that this is not reflected in government policy.

Attendees at the BYAP conference also felt that a Minister with specific responsibility for drugs was needed to drive change from the top down, particularly in relation to encouraging more collaboration and cohesion between the statutory and voluntary sectors. A dedicated Minister would help to ensure that there are real reforms and to fight for the area in terms of state financial support, they felt.

### Response from the Community

Across the roundtable discussions, there was a strong emphasis on the importance of a community-based response to drugs. In particular, it was emphasised that, without activists in the community, the cause would be lost. One group noted that the community response should be at the lowest level (for example, at street level) in order to prevent organisations becoming too big and unwieldy.

Key challenges facing community-based responses to drugs are reduced funding and a lack of certainty around funding, attendees felt. While these were concerns for a number of participants, however, others felt that projects like BYAP were born out of earlier recessions or began with low levels of funding and, as such, were well placed to withstand current budgetary constraints.

## Response from the Statutory Sector

The statutory sector's response to the drugs problem was discussed in terms of the work undertaken by statutory agencies and the development of policy responses to the issue. There is a need for the statutory sector to approach their service provision in a more holistic manner, attendees felt. For example, some drug-users may be in contact with FÁS, the HSE or other statutory agencies, but conference attendees felt that these organisations do not see all of the needs of the individual and often compartmentalise their dealings with people to solely reflect their own organisation's remit. As a result, there is a lack of a joined-up approach between the different statutory organisations. This is a key area that needs to be reformed so that it is made more accessible and more efficient for services-users, attendees felt.

In relation to the policy response to drugs, attendees noted that this needs to move more quickly to reflect developments on the ground. There was a sense, for example, that drug use is evolving but that the practice and policy are not advancing at the same speed.

## Inter-Agency Approach

A key feature of the way in which drug problems are addressed is an inter-agency approach involving the statutory, community and voluntary sectors. One of the issues raised in relation to this was about the relationship between the voluntary and statutory sectors. In particular, attendees felt that there is a certain amount of friction between these sectors, underlined by the fact that the voluntary sector is dependent on the statutory sector for funding but, in other instances, needs to be critical of government policy. If community / voluntary organisations challenge the State and the policy agenda of the day, does this threaten their funding? Attendees felt we need to achieve a situation where the community and voluntary sector feel they can challenge policies in a meaningful and effective way, rather than simply criticising.

Another issue raised was in relation to the high number of reports commissioned by the statutory sector: it was acknowledged these are necessary to get a proper view on what the problems are at community and national levels. However, attendees questioned what progress is made on the recommendations contained in these reports and felt that we need to act on the recommendations and common knowledge within the sector to achieve significant progress.

## 3.3 PLENARY DISCUSSION

Following the inputs from the panel of media professionals, a plenary discussion took place on the role of the media in covering issues relating to drugs. The following key points were raised by conference attendees:

### Glamorisation of Gangs

An issue of key concern for those attending the conference was the way in which the media portrayed drug-dealing gangs and gangland feuds. Both attendees and panellists discussed the cartoon-like characterisation of gang-leaders in the media. While it was emphasised that 'cartoon-like' names were originally used due to legal issues, their use has persisted in media coverage of gangland feuds. The portrayal of gang-leaders in this way can mean that young people look up to these figures. Many attendees felt relating to gang-leaders in these terms glamorised the drugs problem and did not cover the issues that services deal with at the coalface. However, coverage of these figures persists in some newspapers, as it is perceived that this is what people want to read.

### Editorial and Content

The editorial decisions made around content for media outlets were discussed by conference attendees. To the fore of this discussion were the lack of coverage in relation to drug-users and the individual, personal experience of substance misuse. The panellists discussed the reasons for the lack of coverage of issues from this angle and felt that this was, in part, due to the fact that the news values applied by newspapers deem that that these sorts of stories are not something readers want to read.



The pejorative terms used by the media in relation to drug-users and areas affected by drug misuse were raised by participants as a key concern. Participants questioned the type of editorial policies that allow these terms to be used in newspaper articles.

Connected with the negative labelling of drug-users was the use of 'a media shorthand', particularly in relation to crime. For example, the use by journalists of the term 'known to the Gardaí' was criticised by conference participants and some members of the panel. In particular, it was noted that this term is only ever used for one group in society and, in the past, has sometimes been wrongly applied. However, there was disagreement amongst the panellists as to the use of this term, with one member of the panel stating it was a way to overcome potential legal difficulties in reporting certain crimes.

## Self-Esteem

The issue of self-esteem – which had been raised during previous sessions – was also raised during the plenary discussion after the media panel input. Conference delegates made the point that the way in which the media portray disadvantaged areas can impact strongly on children – and, indeed, people of all ages – from those areas. The media's negative portrayal of disadvantaged areas – with an emphasis on crimes and issues such as substance misuse – can have a very negative impact on the self-esteem of people from these areas, delegates felt.

## Potential Role of the Media

At the end of the plenary discussion, conference delegates made the point that an opportunity exists for the media to play a lead role in addressing some of the complexities of substance misuse. They felt that there is a need to move away from negative reporting of drug-related issues and to focus, instead, on success stories, such as highlighting positive initiatives that have been developed to tackle drug problems. Through a more positive portrayal of issues related to drugs, the media has the potential to galvanise communities, as opposed to reinforcing negative stereotypes, delegates felt.

## 4. CONCLUDING REMARKS AND LOOKING TO THE FUTURE

As the conference came to a close, Dermot King, Director of BYAP, reflected on the day's proceedings. In his concluding remarks, he asked conference delegates to think about why they had attended the event: were they looking for something different instead of the usual, 'jaded' responses? Did they want to connect with likeminded people to see what was being said, or tried, or noticed? Or was there another reason?

The theme of the conference, 'Seen But Not Heard?' perhaps inspired some participants to attend, he said: many of those attending work tirelessly in their communities with individuals affected by drug use yet, while they hold a visible presence within the communities in which they work, it is vital that their experience at the coalface is heard when policies and strategies are being developed at a national level.

The conference was held shortly after the formation of the Fine Gael / Labour Government in spring 2011, and concern was raised with regard to the delay in appointing a Government Minister with responsibility for drugs policy. In the aftermath of the conference, responsibility for drugs policy was included in the brief of the Minister of State with responsibility for Primary Care. This is in contrast to the previous Government's policy in relation to tackling substance misuse: it had included a Minister of State with specific responsibility for drugs policy. In this context, it is essential that those working in the area ensure that the drugs problem remains on the political agenda. In addition, it is crucial that any political or policy response developed by those in power has the voice of those working in the community at its centre.

Both the delegates and speakers at the BYAP conference in March 2011 highlighted the increasing complexity of the drugs problem, pointing to issues of growing concern, such as the changing profile of drug-users, the increased levels of violence associated with drugs and the use of the internet to buy drugs. Reflecting on this and the day-long presentations and discussions, Dermot King drew on the poem 'The Journey of the Magi' by T.S. Eliot, stating that we are 'no longer at ease here in the old dispensation'. The increased complexity of substance misuse requires a response that not only builds on what has worked in the past, but also recognises the need to develop an innovative response to new and emerging issues, he said. Any future approach to addressing the structural nature of the drugs problem must also be a collaborative approach between the community and statutory sectors, according to Mr. King.

However, beyond the development of services in collaboration with all stakeholders, there is also a need to change the wider public's perception of drug-users. The media play an important role in shaping public opinion on a wide variety of issues. The plenary discussion on the media's treatment of drugs highlighted the need to adopt a new approach in reporting about individuals and communities affected by substance misuse. Since the BYAP conference, the Press Ombudsman has found that one journalist's article on drug-users breached Principle 8 (prejudice) of the Press Council of Ireland's Code of Practice. While this may only relate to one particularly inflammatory article, the decision represents a step in the right direction in terms of counteracting sensational reporting of drug-related issues.

Finally, as the current macro-economic environment has presented new challenges for communities and compounded many of the problems associated with drugs, it is important that services remain optimistic in their approach. Those working in the community should remember that, beyond the delivery of a service, the work they do can have a prolonged effect on people's lives, as noted by Fr. Peter McVerry in his address to the BYAP conference, when he spoke about young people returning to his service and thanking individual workers for having 'been there for them'.

# APPENDIX 1: SPEAKER BIOGRAPHIES

**Peter Cassells** is a former General Secretary of the Irish Congress of Trade Unions, and also served as Executive Chairperson of the National Centre for Partnership and Performance in the past. In 2010, he was appointed as incoming Director of the new Kennedy Centre for Conflict Intervention at NUI Maynooth, which is due to be launched in late 2011. He is a member of the Institute of European Affairs and the Council of the European Movement and serves on a number of voluntary boards.

**Joe Merry** is the Chairperson of Ballymun Youth Action Project. He has worked in the area of drug counselling for almost 20 years. He is a fully qualified mental and psychiatric nurse, specialised in mental health counselling, and is a Senior Outreach Counsellor at the Drug Treatment Centre, Trinity Court, Dublin 2. Joe has particular expertise in user-friendly patient systems, rehabilitation programmes for addicts, person-centred care planning and community psychiatric nursing.

**John Lonergan** is a native of Bansha, Co. Tipperary. He joined the prison service in March 1968 and became Governor of Mountjoy Prison in June 1984. He also served for four years as Governor of the top-security prison in Portlaoise, Co. Laois. His philosophy is that all people have the capacity to change and real change only comes from within the person.

**Sunniva Finlay** has been the Manager of Ballyfermot STAR – a community response to drug use – for eight years. Ballyfermot STAR provides non-judgemental support, guidance and education to drug-users, their families and the community, enabling them to cope with and overcome the effects of drug use in their everyday lives. Previously, Sunniva worked in the Dales organisation (known then as Darndale Drugs Awareness).

**Fr. Peter McVerry SJ** was ordained as a Jesuit Priest in 1975. While working as a priest in inner-city Dublin, he encountered some homeless children and opened a hostel for them in 1979. The organisation he founded at that time was originally called the Arrupe Society, but was renamed several years ago as the Peter McVerry Trust. Fr. McVerry has written on many issues relating to young homeless people, such as accommodation, drugs, juvenile justice, prisons and education.

**Chris Flood** is a former TD. He was appointed Minister of State at the Department of Health with responsibility for childcare in 1991. In 1997, he was appointed Minister of State with special responsibility for Local Development and the National Drugs Strategy. In 2006, at the request of the Irish Government, Chris carried out a full review of the position of Irish Prisoners Abroad and produced a report incorporating a number of recommendations aimed at improving conditions and entitlements of prisoners and their families. He is currently the Chairman of the Irish Aid Expert Advisory Group.

**Joe Barry** is Professor of Population Health Medicine in Trinity College Dublin, where he is Head of the Department of Public Health and Primary Care. He has worked in public health in Ireland since 1986, focusing in particular on marginalised groups, including those affected by problems related to drug and alcohol use. He has been a member of the National Advisory Committee on Drugs since its inception, and he was also a member of the National Drugs Strategy Team from 1997 to 2007.

**Mary Ellen McCann** is Vice-Chairperson of the National Advisory Committee on Drugs. She has extensive experience in community drugs work in Dublin. For 17 years, she worked in Ballymun and, under her direction, Ballymun Youth Action Project came to be recognised as a leader in the field of community-based responses to drugs, accessing funding from a variety of national and European sources to develop its work. Since moving to the Department of Social Policy and Social Work at University College Dublin in 2001, Mary Ellen has been involved in a variety of teaching projects: with voluntary groups, undergraduate and Masters' level students.

**Una Mullally** is a broadcaster and journalist. She was a staff writer and columnist at the Sunday Tribune for over five years, and is currently a presenter on TG4, as well as a freelance journalist. Her journalistic specialities include the internet and social media, music, media analysis, popular culture, and the social impact of trends in drug use and policy.

**Gerard Colleran** has been editor of the Irish Daily Star since 1999. He started his career in journalism by joining the Clare Champion in Ennis and later moved to The Kerryman, becoming editor there in 1994. Gerard is a regular commentator on politics and current affairs across a broad range of high-profile broadcast media programmes in Ireland. He holds a Masters in Business Administration (MBA) from the University of Limerick.

**Carl O'Brien** is Chief Reporter with The Irish Times. Previously, he was Social Affairs Correspondent with the newspaper for several years, covering a wide variety of topics, such as issues affecting marginalised members of the community and minority groups. He has also worked for the Irish Examiner as a political correspondent and general news reporter.

**Dermot King** is the Director of Ballymun Youth Action Project. In his previous role as Coordinator of URRÚS, Ireland's Community Addiction Studies Training Centre, he facilitated the development of a range of training and research initiatives in relation to communities responding to the impact of drug and alcohol issues. Dermot is also the Chair of the Policy and Research Sub-Group of the Ballymun Local Drugs Task Force.



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