

**NATIONAL CO-ORDINATING
COMMITTEE ON DRUG ABUSE**

First Annual Report

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Part I

INTRODUCTION

1.1 Establishment

The Minister for Health established the National Co-ordinating Committee on Drug Abuse in March 1985 on the recommendation of the Special Governmental Task Force on Drug Abuse. The Task Force had recommended that such a Committee be established to monitor the implementation of the recommendations which the Task Force had made in the areas of law enforcement, treatment and rehabilitation facilities, education, community and youth development and research.

1.2 Terms of Reference

The Terms of Reference of the Committee are:—

- (i) to advise the Government on general issues relating to the prevention and treatment of drug abuse;
- (ii) to monitor the effectiveness and efficiency of measures in force to prevent and treat drug abuse;
- (iii) to facilitate communication between the various agencies involved in the prevention and treatment of drug abuse;
- (iv) to submit a report to the Minister for Health on an annual basis.

1.3 Membership

The following persons were appointed to the Committee:

- * Mr. Fergus O'Brien. T.D., Minister of State at the Department of the Environment. Chairman.
Mr. Joseph O'Rourke, Assistant Secretary, Department of Health.
Mr. Brendan Meehan, Assistant Secretary, Department of Education.
- ** Mr. Michael Haydon, Superintendent, Customs & Excise.
- *** Mr. Noel Ryan. Assistant Secretary, Department of Justice.
Deputy Commissioner John Paul McMahon, Garda Siochana.
Superintendent Phil Sheridan. Garda Drug Squad.
Mr. Tony O'Dalaigh. Principal Officer, Department of Labour.

Dr. Michael G. Kelly, Medical Director, Drug Advisory and Treatment Centre. Jervis Street Hospital.

Dr. Allene Scott, Medical Director, National Drugs Advisory Board. Mr. Donal O'Shea, Chairman, Health Education Bureau.

Mr. James Comberton, Executive Chairman, Coolemine Therapeutic Community.

**** Mr. John Ballance, Chairman, Community Action on Drugs, National Federation.

Ms. Grainne Kenny, Secretary/P.R.O., Community Action on Drugs, National Federation.

Ms. May O'Brien, Womens' Affairs Officer, I.T.G.W.U.

Ms. Aine Flanagan, Community Care Programme. Eastern Health Board.

Mr. Joseph O'Toole, Irish Congress of Trade Unions.

Dr. Desmond Corrigan, School of Pharmacy, Trinity College.

Mr. Noel Usher, Assistant Principal. Public Health Division, Department of Health, Secretary to the Committee.

* Mr. Fergus O'Brien, T.D., Minister of State at the Department of the Environment, resigned due to the extra responsibilities assigned to him by the Government. Mr. P. W. Banagan, Secretary, Department of Health, was appointed as the new Chairman.

** Mr. Michael Haydon, Customs & Excise retired and was subsequently replaced by Mr. J. A. Kiernan.

*** Mr. Noel Ryan, Assistant Secretary, Department of Justice resigned and was subsequently replaced by Mr. Desmond Matthews, Assistant Secretary.

**** Mr. John Ballance, Chairman, Community Action on Drugs, National Federation, resigned due to business commitments.

1.4 Meetings

The first meeting of the Committee was held on 25th March, 1985 and was addressed by Mr. Barry Desmond. T.D., Minister for Health. To date the Committee has met on eight occasions,

Part II
MAIN TOPICS OF DISCUSSION AND DECISIONS MADE BY
THE COMMITTEE

2.1 Preparation of Directory of Organisations concerned with Substance Abuse

The Committee recognised that there was no comprehensive Directory in existence outlining the facilities available to drug abusers in the areas of prevention, treatment and rehabilitation. The Committee agreed that such a Directory is necessary and would be of great assistance to persons and organisations involved or interested in the field of drug abuse.

The Committee recommended to the Department of Health that a Directory of such facilities should be prepared and each member of the Committee agreed to provide a list of all facilities with which they had come into contact. The health boards and voluntary agencies were also asked to provide similar lists.

The Department of Health is collating this information at present and, it is understood, will soon be in a position to submit a draft of the Directory to the Committee.

2.2 Acquired Immune Deficiency Syndrome (A.I.D.S.) and Drug Abusers

The Committee concerned itself with the problem of A.I.D.S. as it affects drug abusers. Dr. J. H. Walsh, Deputy Chief Medical Officer in the Department of Health, who is co-ordinating the response to the A.I.D.S. problem at national level, was invited to apprise the Committee of the current situation regarding A.I.D.S. Dr. Walsh said that the figures for the numbers screened for the HTLV-III virus and found positive were certainly worrying. Screening of patients attending the Drug Clinic at Jervis Street Hospital has shown that of the 636 drug abusers tested during 1985, 177 or 27.8% were positive in tests for HTLV-III antibodies. A similar investigation of 190 heroin abusers in Mountjoy Prison found that 22% were HTLV-III positive, 10 of whom were women.

Dr. Walsh and the Department are working very closely with two members of the Committee, namely Dr. Michael Kelly from Jervis Street Hospital and Mr. James Comberton from Coolemine Therapeutic Community. Dr. Walsh feels that the counselling services in Jervis Street Hospital and in Coolemine for those with A.I.D.S. antibodies are very good.

Up-to-date information is available to drug counsellors and social workers in out-reach work in the community via monthly meetings in Jervis Street Hospital which are arranged to facilitate discussion on developments in this area. The Drug Treatment Centre in Jervis Street is currently screening all new patients for the antibodies and is giving all existing patients the option of being screened, and is, itself, providing back-up counselling services.

Coolmine Therapeutic Community is generating its own literature for parents, spouses etc. of drug addicts. The organisation held a number of education seminars aimed at putting the various aspects of the A.I.D.S. problem into perspective for those found to have the HTLV-III virus. Coolmine will also accept drug users who are HTLV-III positive and provide facilities for them up to the point where they need intensive medical treatment.

The Committee was pleased to note also that the Department of Health had compiled a comprehensive booklet on A.I.D.S. which had been issued to all doctors in clinical practice. It is understood that the Health Education Bureau is also preparing an educational leaflet on A.I.D.S. which will be available to the general public.

Dr. Kelly and Mr. Comberton will keep the Committee informed of developments, within their respective programmes, in relation to the A.I.D.S. problem.

2.3 The proposed establishment of a Register of Addicts

It was represented to the Committee by the Pharmaceutical Society of Ireland that:—

- (i) medical practitioners should be required to notify a central authority of any drug addict or abuser that may come to their notice;
- (ii) the central authority should maintain and keep up-to-date a register of addicts;
- (iii) medical practitioners should not be permitted to prescribe, supply or administer controlled drugs to addicts except at recognised drug treatment centres.

The Committee had a very detailed discussion on both the feasibility and desirability of introducing a Register of Addicts. Reservations were expressed on the practicality of introducing such a Register. Some members believed that the prior agreement of both the medical practitioner and the drug addict would be essential. However, addicts tend to react to the recording of confidential information with fear and suspicion because they believe that such information will be available to the authorities for such purposes as the

authorities deem necessary. If a Register were in existence it was felt that drug addicts would quite easily devise ways of avoiding being registered. The Committee agreed that if a Register were imposed on doctors and drug addicts their co-operation would not be forthcoming and, indeed, might prove counter-productive.

Certain members of the Committee also made the point that, in the past, registration was considered to be a licence to receive maintenance therapy with controlled drugs. If a Register were to be introduced an amendment to the Misuse of Drugs Acts would be necessary.

It is appreciated that a Register of Addicts does exist in the United Kingdom. However, this does not seem to have contributed significantly to the alleviation of the drug problem there. It is noted that the U.K. Register is maintained by the Home Office, which itself recognises that there are serious shortcomings in their Register.

The majority of the Committee did not agree that the prescribing of controlled drugs to addicts should be confined to recognised drug treatment centres. It was considered that this would represent an undue infringement on the rights of doctors outside those centres to prescribe for patients. It was agreed, however, that general practitioners should be encouraged to refer drug addicted clients, wherever possible, to recognised treatment centres for treatment of their drug problems. The Medical Council in 1983 issued Guidelines to all medical practitioners in which it was recommended that general practitioners should not treat patients from outside their practice areas for addiction problems by prescribing controlled drugs. The Committee understands that the Medical Council is considering re-issuing these Guidelines to all medical practitioners.

The general view of the Committee was that a sufficiently strong case did not seem to exist at the moment to justify the establishment of a Register of Addicts or to restrict the prescribing of controlled drugs to medical practitioners specially licensed for that purpose. They considered, however, that the situation should be kept under review.

2.4 Irresponsible Prescribing

The main argument used to justify the establishment of a Register of Addicts was that it would help control the problem of irresponsible prescribing of controlled drugs by general practitioners.

The Committee was apprised of and continues to monitor the steps being taken by the Department of Health to deal with this problem. The Committee

appreciates that there has been a problem of irresponsible prescribing in this country for some years. However, following a number of inquiries into alleged cases of irresponsible prescribing in 1983 and early 1984 the problem abated. The revised provisions introduced in the Misuse of Drugs Act, 1984 were used to proceed against one doctor in 1985 and a small number of other cases of alleged irresponsible prescribing are being kept under review.

2.5 The proposed introduction of a life-skills programme into the educational system

The members of the Committee were informed of the Eastern Health Board's Life-Skills Programme and of the North-Western Health Board's Programme which is currently operational in all second-level schools in the latter Board's area.

The North-Western Health Board's programme is basically geared towards equipping pupils with skills which would enable them to cope with everyday life situations e.g. physical and emotional development, problem solving, decision making, relationships, etc. The programme covers a cross-section of schools including those run by religious orders, vocational, co-educational, multi-denominational etc. highlighting its flexibility.

The Committee discussed, on a number of occasions, the importance of ensuring that young people leaving school are equipped with skills to enable them to cope with everyday life situations. They have had correspondence with both the Minister for Education and the Curriculum and Examinations Board requesting that formal recognition be given to the need for a national life-skills programme in schools. The Committee intends pursuing this matter with both these parties to ensure that the life-skills programme is accorded the degree of priority it deserves.

2.6 Statistics

As the Department of Justice, the Garda Síochána, Jervis Street Hospital and Coolemine Therapeutic Community are represented on the Committee it is possible to monitor trends in the drug abuse area because of the Committee's access to the relevant statistics. The most recent statistics available from each of these would suggest that there has been a levelling out of the hard drug problem in the last 12-18 months. The relevant statistics, including treatment statistics, seem to have peaked in 1983 but have plateaued since. The latest treatment statistics show that during the month of December, 1985 a total of 263 patients attended the Centre of whom 165 or 63% approximately were abusing heroin. This figure of 263 represents a decrease of approximately 11% over the corresponding monthly attendance figure for December 1984. The Committee is encouraged by the significant drop in the number of *new* patients presenting for treatment since 1983.

However, the Committee notes with concern the increase in the numbers presenting for treatment of problems relating to the abuse of Alcohol, Minor Tranquillisers, Diconal, Physeptone and Cough Mixtures and will have to continue to monitor this situation (set out diagrammatically on page 4 of Appendix A). It is to be hoped that the steps being taken by the Department of Health to deal with the problem of irresponsible prescribing by general practitioners will alleviate the situation particularly in relation to the abuse of Diconal and Physeptone.

The Committee considers there are no grounds for complacency in this area as the numbers involved are considerable and the drug problem can grow at an alarming speed and the nature of the problem can change quickly as was evidenced in 1980/81. The most recent statistics available from these agencies are attached (Appendix A).

2.7 Address by Ms. Carla Lowe, Californians for Drug-Free Youth, Inc.

Ms. Carla Lowe, a prominent Parents Movement Leader in the U.S. was invited to address the Committee and to give her views on the drug situation in the United States.

A summary of her views is attached in Appendix B.

2.8 European Parliament Questionnaire

The Committee was asked to complete a questionnaire by the European Parliament Committee of Inquiry into the drugs problem in the Member States of the Community. A comprehensive reply to the questionnaire was prepared and is attached, with questionnaire (Appendix C).

Part III
DEVELOPMENTS IN RELATION TO THE IMPLEMENTATION
OF THE RECOMMENDATIONS OF THE SPECIAL
GOVERNMENTAL TASK FORCE ON DRUG ABUSE

The Committee is also responsible for pursuing and monitoring the implementation of the Recommendations of the Task Force. Having reviewed with the Departments concerned the activities which had been undertaken to meet the Task Force's recommendations the Committee was unhappy about the rate of progress in a number of areas.

3.1 Law Enforcement

- 3.1.1** The Committee wrote to the Department of Justice about the delays being experienced in processing drug-related cases in the Courts. The Committee was pleased to learn that now all the prosecuting solicitors in the District Court Section of the Chief State Solicitor's Office are familiar with the conduct of drug offence prosecutions. As a result of a recent increase in the number of staff in that Section more solicitors are now available for this work. This increase has also had the effect of virtually eliminating such delays in the preparation of Books of Evidence in criminal cases as had been attributable to the shortage of such staff. An additional Circuit Court Judge was also appointed within the past year.
- 3.1.2** The Committee also expressed concern to the Revenue Commissioners about the adequacy of the training, facilities and equipment available to Customs personnel in the drugs area. The Committee was informed that comprehensive Customs & Excise training courses, which include a substantial drugs element, continue to be given to Customs and Excise Officers of various grades by the Customs & Excise Training Centre. Special courses on controlled drugs have also been provided, including one course for Assistant Officers — the Customs & Excise basic grade. Specialist instructors from other countries have also provided courses. The arrangements at local level have been reviewed and strengthened in order to focus more directly on the importation of illicit drugs. An ad-hoc group of Local Managers has been set up to facilitate the exchange of information on drug-related matters. The Drugs Unit attached to the Investigation Branch has been strengthened and the provision of further detection equipment is being actively pursued.
- 3.1.3** The Committee is also aware that the Minister for Health is considering the possibility of introducing legislation to provide for the seizure and confiscation of assets of drug traffickers. The Committee was informed that

the Department is currently in touch with the Attorney General's Office about this matter and the Committee will be keeping in touch with developments.

3.2 Treatment and Rehabilitation Facilities

3.2.1 The Committee also expressed concern about the delay in providing a new walk-in out-patients centre for drug abusers in the Centre-City area, as recommended by the Task Force. The Committee have been pursuing this with the Department of Health and it is sincerely hoped that this new service will commence in the near future.

3.2.2 It was noted that the Eastern Health Board increased the number of Tracers/ Counsellors in local communities. They provide drug counselling and outreach work services and co-ordinate the efforts of a number of statutory and voluntary groups in the areas to ensure a balanced programme for the families of addicts and community groups. Counsellors are now working in St. Teresa's Gardens, Ballymun, Dun Laoghaire, Ballyfermot and the Crumlin/ Tallaght area. A further counselling post has been approved for the Inner-City area.

3.2.3 The Committee was also pleased to note that the Minister for Health made additional funds available to Coolemine Therapeutic Community to enable it to open a new Induction Centre in Dun Laoghaire in June last, to expand its Induction Centre in Lord Edward Street, and generally to meet the increasing demands made upon its services.

3.3 Education

3.3.1 The Committee has been most anxious to ensure that the public's awareness of the dangers of substance abuse be raised. The Health Education Bureau was asked to consider making some of their literature in this area more widely available — particularly the information booklet "Understanding Drugs" which was designed as a basic introduction for parents about the use and misuse of drugs.

3.3.2 The Committee has also been in touch with the Department of Education about the possibility of undertaking more activities in the areas of Teacher Training, Materials and Programme Development, Inputs to Treatment and Sport. The Committee considers that these activities should focus primarily on teachers from schools in 'at-risk' areas. The Committee noted that approximately *1,600 teachers* have attended information seminars and training courses in the substance abuse area in the last two years.

3.3.3 The Committee considers that further progress could be made in relation to the provision of life-skills programmes in schools and as mentioned in

paragraph 2.4 we will be pursuing the relevant authorities about this matter.

3.3.4 The Committee has been keeping in touch with the pilot project being sponsored by the Council of Europe's European Health Committee in the Dun Laoghaire area. This project which is being co-ordinated by a psychologist from the Department of Education involves detailed education at a number of different levels — at school level, at the level of parents and the community. The team, which is running this project, has been to Strasbourg on a training exercise and is currently pursuing the project. The Committee understands that it is running well and will continue to monitor progress in relation to this exercise.

3.4 Youth and Community Development

3.4.1 The Committee noted that the Final Report of the National Youth Policy Committee recommended a decentralised Youth Service operated and supported through local youth committees. It was felt that such local committees would be better able to identify and respond to local needs. The Report of the Committee was reviewed by the Government in the context of introducing a National Youth Policy. This Policy was published on the 30th December, 1985 under the title "In Partnership with Youth". The Committee understands that further action on the prevention of drug abuse will be taken in the context of that policy. As the policy provides for the transfer to the Department of Education of responsibility for Youth Affairs the Committee will be keeping in touch with that Department about developments in that area.

3.4.2 "Teamwork" is a community managed scheme operated by the Department of Labour. It is designed to help organisations provide temporary community-based employment for the mutual benefit of the young people and their communities. A number of projects in the drug prevention area have been supported in the Dublin area. In 1985, grants were made available to the Catholic Social Services Council to plan, operate and evaluate a drug awareness programme; to the Ana-Liffey project to support ex-drug users through a programme of personal development; to Teen-Challenge, Ballybrack to operate a drug education and prevention programme; and to the Ballymun Youth Action Project to develop leisure time activities and social skills for those off drugs.

3.5 Research

The Committee has kept in touch with the Medico-Social Research Board about the work they are doing in relation to specific aspects of the drug problem among adolescents. The Board is currently in the process of

finalising the drafting of the reports of four studies which they have conducted in this area, viz.

- a follow-up to their 1979-1983 study on The Opiate Epidemic in Dublin.
- a follow-up to their 1982/83 study of drug misuse in a North-Central Dublin area.
- a study of drug misuse in the electoral ward Merchants Quay F area of Dublin.

The Committee will be examining each of these reports as they become available.

Appendix A
**Statistics from the Drug Advisory and Treatment Centre, Jervis Street
Hospital and the Garda Siochana**

1. Set out hereunder, in table form, are statistics in relation to:—
- the total number of patients who presented for treatment of drug abuse at the National Drug Advisory and Treatment Centre in Jems Street Hospital for the years 1980 - 1985;
 - the total number of residents in Coolemine Therapeutic Community 1981 - 1985;
 - total number in treatment at Arbour House, Cork, in April 1986;
 - the number of persons charged with drug offences during the years 1981 - 1985;
 - the number of drug seizures during the years 1981-1985; and
 - particulars of quantities seized in 1981-1985.

(a) Numbers presenting for Treatment in Jervis Street Hospital

	1980	1981	1982	1983	1984	1985
Total No. of Patients	554	800	1,307	1,514	1,454	1,424
Total No. of New Patients	521	618	893	841	698	606

(b) Numbers presenting for treatment in Coolemine Therapeutic Community 1981-1985

	1981	1982	1983	1984	1985
Total No. of Residents	82	107	143	170	179
Total No. of New Residents	68	75	117	96	90

(c) **Total number of persons presenting for treatment at Arbour House, Cork, in April, 1986**

Number in Assessment and Withdrawal	...	...	...	...	...	...	18
Number in Group Therapy	...	...	...	...	...	...	62
Number withdrawn from group for special counselling					...	...	6
Number in extended counseling care	...	...	...	...	...	...	31
Number left before completing treatment programme				...	...	...	14
Number once of interviews	...	...	...	...	...	...	4
Number deemed unsuitable	...	...	...	...	...	...	7
Total number presenting for treatment	...	...	...	...	...	...	142

(d) **Persons charged with drug offences**

	Under 17 years		17-21 years		Over 21 years		ANNUAL TOTAL
	Male	Female	Male	Female	Male	Female	
1979	5	–	117.	11	426	35	594
1980	7	3	251	49	607	74	991
1981	9	2	330	³⁵	799	81	1,256
1982	35	5	403	40	1,018	93	1,594
1983	18	-	398	44	1,234	128	1,822
1984	11	-	243	38	974	103	1,396
1985	12	1	203	17	959	78	1,270

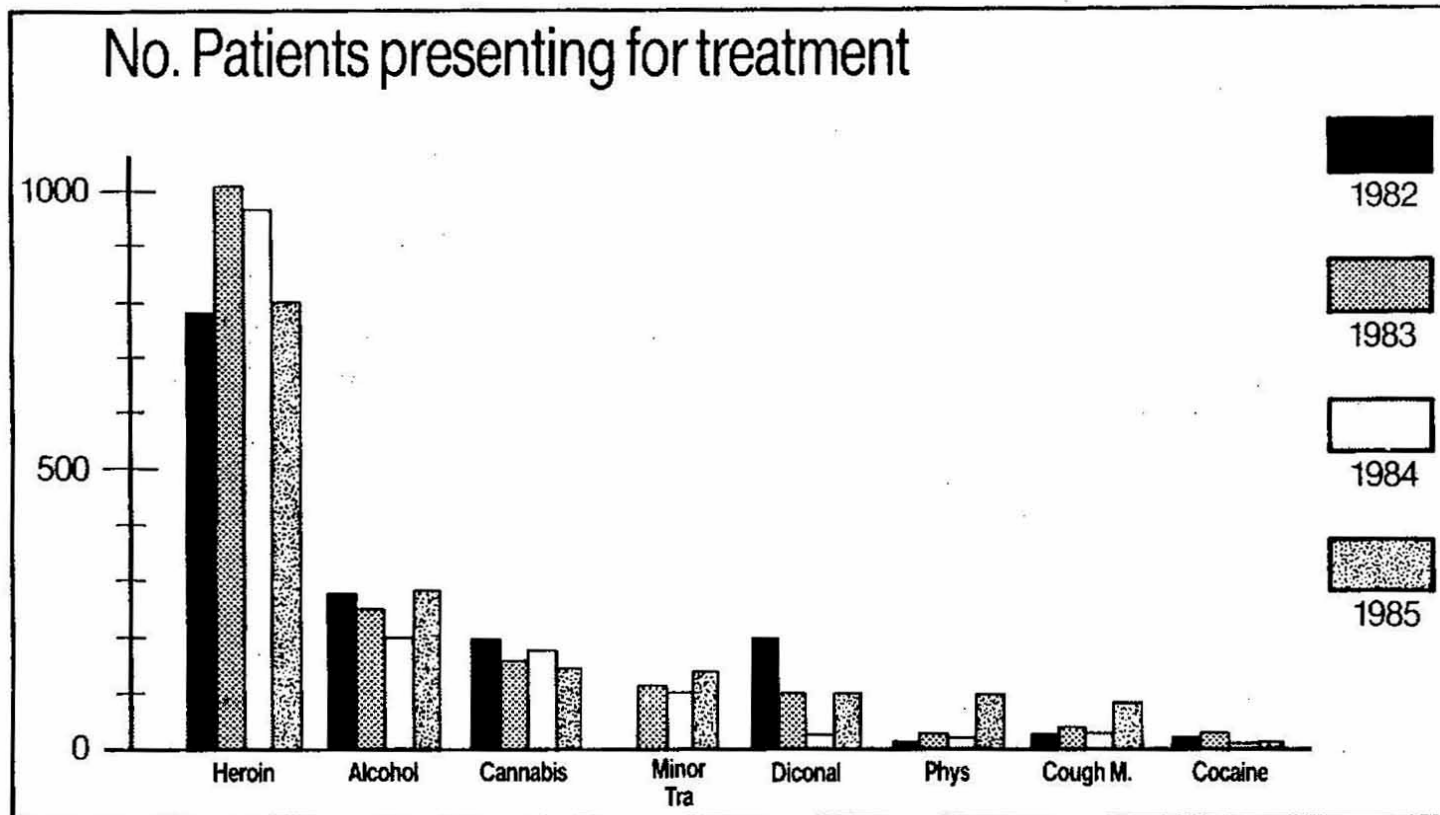
(e) **Number of Drug Seizures**

1981	1982	1983	1984	1985
1,204	1,873	2,278	1,704	1,637

(f) Particulars of Drugs Seized 1980-1985

Type of Drug	Quantities Seized					
	1980	1981	1982	1983	1984	1985
Cannabis	550.5 kg.	44.38 kg.	48.472 kg.	44.56 kg.	2.65 kg.	66.11 kg.
Cannabis Resin	33.5 kg,	1,646.53 kg.	172.668 kg.	485.86 kg.	12.52 kg.	7.25 kg.
Cannabis Plants	2,099	1,186	1,356	1,865	840	8,694
Hash Oil	36 g.	129.33 g.	25.39 g.	0,36 g.	1.086 g.	1 g.
THC	79 g.	33.75 g.	180g.	353.41 g.	—	—
Cocaine	113.6g.	82.39 g.	409.07 g.	97.31 g:	80.17g.	293.17 g.
Heroin	105.25 g.	170.134 g.	1,264.35 g.	1,379.04 g.	525.14 g.	1,220g.
Opium	21 g.	0.001 g.	13.47 g.	—	120 g.	1.9 g.
Opium Hants	30	5	—	—	80	1,520
Morphine	12 g.	15.18 g.	1,526.72 g.	3.58 g.	124 t.	0.271 g.
	328 tablets	320 tablets	17 t.	—	—	6 amps
	773 ampoules	222 amps.	145 amps-	—	—	—
	584 mls.	3,500 mls.	—	—	—	—
Psilocin	2.4 g.	568.82 g.	821.42 g.	139.20 g.	274 g.	56.826 g.
LSD	489 tablets	1,604 t.	2,445	415 units	579 units	131 t.
Barbiturates	10,200 tablets	9.265 t. 54 g.	8,259 t.	100 t.	1.047 t.	18 t.
Amphetamines	167 tablets	331 t. 104 g.	122.59 g. 500 t.	105.58 g.	1.36 g.	94.19 g.
Synthetic Opiates	4,140 tablets 218 ampoules	5,389 t. 30 amps.	1,808 t. —	821 t.	850 ml. —	276 t. 680 ml.

- (2) Set out hereunder, in diagrammatic form are statistics in relation to the number of patients presenting for treatment at Jervis Street Hospital for the year 1982 – 1985.



Abbreviations

Minor Tra — Minor Tranquillisers

Phys

Cough M

— Physeptone

— Cough Mixture

(3) Jervis Street Drug Study 1983. Patients including opiate abusers. Area of Residence. Number and rates 100,000 total population

	Numbers		Rate/100,00	
	All Patients	Opiate Abusers	All Patients	Opiate Abusers
South County Dublin	158	113	58.5	41.9
Ballybough/Mountjoy/North Dock/Rotunda	125	111	471.2	418.4
Ballyfermot G, H/Crumlin/Kimmage	101	90	199.8	178.0
Ballyfermot A-F/Kilmainham A/Phoenix Park	95	84	307.3	271.8
Kilmainham B & C/Merchant's Quay B	93	85	460.0	420.2
Finglas East C/Santry/Drumcondra Rural Nos. 1 & 2... ..	88	74	265.8	223.5
Dun Laoghaire/Ballybrack	67	59	165.9	146.1
Artane A-E, G/Cooloc/Clontarf West A, B/Raheny	65	34	83.0	43.4
Arran Quay/Cabra/Inns Quay	64	50	126.2	98.6
Merchant's Quay C, D, F	61	60	736.9	724.9
Mansion House/Merchant's Quay A/South Dock Royal Exchange/St. Kevin's/ Usher Island/Wood Quay	58	52	237.4	2121.8
Rathmines East A, C, D, Rathmines West A-F, Terenure A-C	41	25	103.0	62.8
Finglas East A, b and Finglas West A-C	38	22	124.4	72.0
Clontarf East A-E, Clontarf West C-E	34	24	128.5	90.7
North County Dublin	34	19	28.5	15.9
Blackrock/Dalkey/Killiney	31	24	110.9	85.9
Pembroke/Rathmines East B	24	17	77.6	55.0
Artane F, H/Drumcondra North and South, Finglas East D-F/Glasnevin	20	15	37.1	27.8
Rathfarnham	15	12	97.2	77.7
Howth/Baldoye	6	6	28.1	9.4
Wicklow County	24	18	27.4	20.6
Kildare	11	5	10.6	4.8
Elsewhere in the Republic of Ireland.....	43	20	—	—
Northern Ireland	3	1	—	—
Outside the 32 Counties of Ireland...	7	7	—	—
No fixed abode	7	4	—	—
Unknown	1	1	—	—
Total	1,314	1,028		

Appendix B

Address by Ms. Carla Lowe, Californians for Drug-Free Youth, Inc.

Ms. Carla Lowe, a prominent Parents Movement Leader from the U.S. was invited to address the Committee and to give her views on the drug situation in the United States. Ms. Lowe said that, in her view the principal mistakes made in America in dealing with the drugs problem were:—

- (a) The preconceived idea that only families with social or psychological problems would have children involved in drug abuse. Statistics showed that children from all backgrounds were involved.
- (b) Allowing professional people involved in the drugs area to place the blame on the drug addicts family and family circumstances. This was not appropriate and tended to burden the family with guilt.
- (c) Considering Cannabis a “soft drug”, when, because of its apparent harmlessness to those not familiar with its effects, it is possibly the most dangerous of all drugs.

Ms. Lowe felt that the drug problem should be given top priority by all governments. If children and teenagers can be persuaded to refuse marijuana, it is more likely that they will reject the entire drug culture.

Ms. Lowe also felt that a life-skills type programme should be introduced into primary and post-primary education.

Appendix C
EUROPEAN PARLIAMENT
COMMITTEE OF INQUIRY INTO THE DRUGS PROBLEM IN THE
MEMBER STATES OF THE COMMUNITY

Dear Mr. O'Rourke,

The European Parliament has recently set up an inquiry committee on the drugs problem in the Member States of the European Community.

The brief of the committee will be to examine the extent of the problem and to investigate how effective joint action by the Member States would be in this field.

Prior to organizing hearings of experts, the committee has decided to send a questionnaire to various organizations and individuals.

We would be most grateful if you would accept to provide answers to the questionnaire and return these to the secretariat of the inquiry committee in Luxembourg before mid-January 1986.

Should you require any further information, you may contact the secretariat (Anne Manson or Takis Calinoglou, extension 2413 or 3679) directly.

Thanking you for your co-operation.

Yours sincerely,
MARIETTA GIANNAKOU-KOUTSIKOU,
Chairman.

Questionnaire

Drug abuse

1. How serious do you consider the present drug problem to be?
In Heroin?
In Cocaine?
In other Hard Drugs including synthetic drugs?
In combined form (alcohol + medicaments)?
Do you see any trend in the drug problem and towards which substances?
2. What is your opinion about the relationship between drugs of entry (e.g, cannabis/alcohol/tranquillizers) and the increase in international drug abuse?

Illicit manufacture and crop substitution

3. What measures do you recommend should be taken to combat the cultivation and production of illicit drugs?

Law enforcement

4. What measures do you recommend should be taken against drug traffickers (as opposed to street pushers) by all means open to the authorities?
5. What administrative structures would be necessary in your country to combat the spread of drugs more effectively?
6. What measures do you recommend should be taken to combat the spread of drugs and related petty crimes at street level?

Addiction

7. What measures should be taken to assist the drug addict? In particular what measures for treatment need to be taken both on a compulsory and on a voluntary basis?
8. What needs to be done to prevent the taking of drugs by young people in the first place? What role should teachers, parents, ex-addicts, etc. play? What is the relevant importance of each? What needs to be done to educate society in general to a greater awareness of the dangers in hard drugs? Have there been any positive experiments in this connection?

Liberalization

9. What is your reaction to calls from some quarters for the liberalization of the drug trade?

European Community action

10. What particularly do you believe the institutions of the Community of the 12 can do to assist in the problem of drugs and drug abuse? (Please try to relate your answers under this question to paragraphs 1-9 above).
11. What is the single most important measure which you believe could be taken at European level to combat the problem of drug abuse?

Please do not hesitate to give us information on your views on any other matter you consider to be of relevance.

14 November, 1985.

PE 102.251

**NATIONAL CO-ORDINATING COMMITTEE'S REPLY TO THE
QUESTIONNAIRE FROM THE EUROPEAN PARLIAMENT COMMITTEE
OF INQUIRY INTO THE DRUGS PROBLEM IN THE MEMBER STATES OF
THE COMMUNITY**

Drug Abuse

- (1) The Committee considers that the heroin problem in Ireland is very serious. However, it is difficult to compile reliable statistics on the number of persons abusing heroin.

The Enforcement Authorities are monitoring the situation in relation to Cocaine but to date there has been no evidence to suggest that the problem relating to Cocaine is of a serious proportion.

There is some evidence to suggest that there is abuse of Methadone stemming from irresponsible prescribing by a few medical practitioners. However, the numbers involved are small and steps are being taken to deal with the situation,

There is very little information available on the extent of the problem of the abuse of hard drugs with alcohol.

It would seem that the drug problem, particularly the heroin problem, has stabilised over the past 12-18 months. All the relevant statistics including treatment statistics seem to have peaked in 1983 but have plateaued since.

Set out hereunder, in table form, are statistics in relation to:—

- the total number of patients who presented for treatment of drug abuse at the National Drug Advisory and Treatment Centre in Jervis Street for years 1981-1985,
- the number of persons charged with drug offences during the years 1981-1984; and
- the number of drug seizures during the years 1981-1984.

(a) Numbers presenting for Treatment

1981	1982	1983	1984	1985
800	1,307	1,514	1,454	1,424

(b) **Persons charged with Drug Offences**

1981	1982	1983	1984
1,256	1,593	1,822	1,369

(c) **Drug Seizures**

1981	1982	1983	1984
1,204	1,873	2,278	1,704

Heroin is the prevalent drug in these statistics.

- (2) Most people agree that drugs of entry act as gate-way drugs to the hard drug scene. However, when the serious heroin problem manifested itself in Ireland in 1980-81 a remarkable trend which emerged was the increasing number of adolescents beginning with immediate abuse of “hard” drugs rather than by way of the long established procedure of graduating from the so-called “soft” drugs.

Illicit manufacture and crop substitution

- (3) Ireland makes an annual contribution and fully supports the activities of the United Nations Fund for Drug Abuse Control. Because these activities have achieved such good results we recommend that all Member States should fully support it.

Law Enforcement

- (4) The Committee believes that legislation should be enacted to provide for the tracing, freezing and confiscation of the proceeds of drug trafficking. A convicted drug pusher is liable to a maximum prison sentence of life imprisonment and the limit on the monetary penalty for drug pushing has been removed.
- (5) The National Co-ordinating Committee on Drug Abuse is a relatively new body established in 1985. Its functions are:—
- to advise the Government on general issues relating to the prevention and treatment of drug abuse.
 - to monitor the effectiveness and efficiency of measures in force to prevent and treat drug abuse.
 - to facilitate communication between the various agencies involved in the prevention and treatment of drug abuse.

There is also very close co-operation at all times between the Enforcement Authorities, i.e. the Police and the Customs authorities.

- (6) A comprehensive strategy must be implemented if the drug problem is to be successfully tackled. Such a strategy is currently being implemented in this country covering such areas as Law Enforcement, Education, Treatment and Rehabilitation services. Community and Youth Development and Research and much progress has been made to-date in these areas.

Addiction

- (7) Under existing mental treatment legislation, there is specific provision for the admission of a drug addict as a temporary patient to a district mental hospital and for his/her detention for a maximum period of one year. An addict is defined as a person who:—
 - (i) by reason of his addiction to drugs or intoxicants is either a danger to himself or to others or incapable of managing himself or his affairs or of ordinary proper conduct, or,
 - (ii) by reason of his addiction to drugs, intoxicants or perverted conduct is in serious danger of mental disorder.

However, the power to detain a drug addict compulsorily is rarely used. Voluntary treatment is the norm. Facilities for the treatment and care of addicts are available as part of the general services provided for the mentally ill. In addition a number of special centres have been established in the Dublin area to cater for persons with drug problems.

- (8) Education plays a vital role in preventing drug abuse. It is generally accepted that drug education is best set in the context of comprehensive Health Education and personal development programmes. The overall aim of such programmes is to help young people towards independence not dependence. They help young people to take responsibility for their own well-being and that of others and to take positive control of the Environment. Even the most disadvantaged should be made feel that they can help others and that they should not necessarily be the recipient of help on all occasions.

Parents, teachers, doctors and other professionals have a vital role to play in raising the awareness of the community in general and young people in particular to the real and immediate dangers of drug abuse. Our schools, the Health Education Bureau and Community Action on Drugs National Federation (a Parents Movement primarily concerned with Education) are all co-operating in this preventive strategy.

Liberalization

- (9) We are totally opposed to the liberalization of the drug trade as it can only lead to a further spread of drug abuse.

European Community Action

- (10) The Member States could encourage and foster initiatives in the areas of Education and Research. Much is being done at European level, particularly by the Pompidou Group to curb the supply of illicit drugs. However, the EEC could and should get much more involved in sponsoring initiatives aimed at curbing the demand for illicit drugs.
- (11) A detailed preventive strategy incorporating such aspects as Education and Youth and Community Development should be developed at European level. While everyone accepts that we should continue with and intensify our efforts to interdict illicit drug supplies, it must be recognised these measures alone cannot even contain the drug problem. If this problem is to be successfully tackled, the major emphasis must be placed on educating our young people against getting involved in drug abuse in the first place.