CONFIDENTIAL

From: Dr. John S. Bradshaw | To: Dr. Geoffrey Dean

Subject: Drug Misuse in Dublin, July 1982 | Date: 19 July 1982

1. Introduction At your request I visited Dublin from 12 to 14 July to examine the current Dublin drug scene, and report back. I visited the following:

I. The Sean Mac Dermott Street area, where I was taken round by Fr. Paul Lavelle, curate to Our Lady of Lourdes Church in the area. I also saw and talked with three addicts, at least one pusher of drugs (though he did not talk to me), a number of local parents, and a number of local children and young people; as well as four members of Fr. Lavelle's ad hoc committee on drugs, consisting of a parent, a social worker, and two teachers in a local school for delinquent boys (a sixth committee member could not be present).

II. The Eastern Health Board offices, where I met a social worker (HEB worker) who has had some experience of drug abuse in the areas of South Dublin for which he is responsible (roughly, postal 6, 8, 12); and with him a newly recruited girl social worker who is to help found a day centre in one of the districts, though apparently no-one is yet clear as to what kind of centre it is to be.

III. The Coolmine Community. I had a long talk with Mr. Tom McGarry, director (the chairman, Mr. Jim Comberton, was on holiday), and then went round the community buildings with him, and met briefly some of the residents.

IV. Jervis Street Drug Advisory and Treatment Centre. Dr. Kelly, in charge of the centre, was too busy to see me, having just returned from, holiday. However, I had a long talk with one of the clinic social workers, the clinic psychologist, and the sister in charge of health education on drugs and a shorter talk with the clinic secretary.

V. Dublin Garda Drug Squad Office, Osmond House. I saw and had a long talk with Sergeant O'Malley who was in charge during the absence on holiday of Detective Inspector Mullins.

I should like to mention here that cigarette smoking was fairly common and sometimes heavy among those I saw who were in positions of authority, but nowhere was any analogy drawn between the habit and that of drug misuse.

For the purpose of obtaining some demographic information on the Sean Mac Dermott St. area and Our Lady of Lourdes Parish, I also visited the Central Statistics Office.

2. Format of this Report I have thought it best to subdivide this report under a number of topic heads, collating under each the relevant information I obtained from my variety of sources and from observation, and not usually ascribing details to any one person. Usually there would be no advantage to doing so, and in any case some of the information I obtained was given in confidence. Only where neither of these conditions obtains have I indicated sources.

The term 'addict' is used throughout since it is convenient, and was used by nearly all of those I met.

3. Nature and Extent of Dublin Drug Abuse Almost the only matter on which there was unanimity was that drug abuse, particularly of heroin, has increased a great deal in Dublin recently (during the last 14 months according to the Sean Mac Dermott St. committee, during the last two years according to other sources); that it affects particularly young people; and that no social class and no district of Dublin is exempt (though some districts are probably worse than others).

4. Quantification of Drug Abuse Rough estimates were possible for two areas:

(a) Sean Mac Dermott St. Three members of the ad hoc committee had recently compiled a list of heroin addicts known to one or more of them in Our Lady of Lourdes parish. There were 93 names (38 female, 55 male), two being aged 13, four aged 14, and 77 aged between 15 and 24. I was fully satisfied that the committee members were well acquainted on a personal basis with the people of the area, and that the numbers they gave are as accurate as

one could achieve by any other means.

With the help of a 1971 census of the parish, and the 1971 and provisional 198l census figures for Mountjoy A Ward (which is more or less coterminous with the parish) I have calculated that 2% of the inhabitants of the parish are therefore heroin addicts today, and 9% of those aged 15-24. As the committee figures are admittedly conservative, these estimates of prevalence are probably somewhat too low.

(b) The ESB Worker, with the help of a priest and two probation officers, had made a similar type of assessment of the position in one central Dublin area. He would not, for reasons of confidentiality, tell me which area it was; but I gathered it consisted of flat complexes, rather like Sean Mac Dermott St. He had found 57 addicts in a population of 300 families (probably 4-5 persons per family), 40 families in all containing at least one addict. Thus the prevalence of heroin addicts (about 4%) in this population is apparently a lot higher even than, in Sean Mac Dermott St., though equally the estimate is more imprecise.

However, I know off-hand of no higher prevalence figures than these for heroin addiction anywhere in the world.

Two further respects in which Ireland may prove to have taken an unwanted palm in the field of drug abuse may appropriately be emphasised here; addiction to heroin sometimes starts in the youngest teenagers, and there is no gradual progression from soft drugs to the very dangerous heroin but rather a child's first experience of addictive drugs is of a self-administered intravenous injection of 'smack' (heroin). The analogy that occurs to me is of putting such a child in a Porsche car, capable of 140 mph, and asking if he would care to teach himself to drive.

5. Modus Operandi of Heroin Abuse Four Irish families act as the main suppliers of heroin, obtaining it from Amsterdam and from even further afield. Its smuggling is almost impossible to detect because of the small bulk of material involved. Some members of one of the families live in the St. Teresa's Gardens area of the city. (This had been named to me as a place

where heroin addiction was especially prevalent but the ESB worker told me that this was untrue: some parents in that area, concerned about the problem, had formed their own action committee, and this had paradoxically drawn the attention of the media to the area and to its being named as somewhere particularly bad.)

How many hierarchical tiers there are between the main suppliers and the pushers who actually sell heroin to addicts I could not discover; but I was told that most of the pushers are themselves addicts. They will often offer a young person a few initial doses of heroin free, or will suggest to an addict that he should give a few free doses to his younger sibling. One addict readily produced for me from the cuff of his sweater in the street a small packet of what he alleged was diluted heroin powder, and I had no reason to doubt him.

There is no difficulty whatsoever, they said, in addicts obtaining syringes from hospitals. A does/shot of heroin costs the addict £10, and some addicts are having as many as ten shots a day. I asked two addicts how they managed to lay their hands on £50 or £100 a day, and they said, 'No problem'. They simply rob shops and sell off the proceeds, or snatch handbags. It is at once a convenience and perhaps a stimulus to the addicts that O'Connell Street, Ireland's tourist shop window and Dublin's central promenade, is only a short distance away from Sean Mac Dermott St. – a stone's throw, to use what is in every sense the mot juste.

Heroin is openly sold to addicts by pushers in the small Liberty Park in the Sean Mac Dermott St. area, though there were no visible transactions going on when I was there. The soil in the park is said to be used by addicts as a convenient storage place for syringes (they are wrapped in plastic bags, then buried to be recovered later). Having bought his shot(s), the addict will often retire to the stairs of a nearby block of flats, knock on a door, ask for some water as a dilutent for the heroin in one shot, dissolve it in the water, and then inject the solution while still on the stairs. They are often seen doing so by occupants of the flats, including young children who then

casually inform their parents of what they have seen.

While in the Sean Mac Dermott St. area I was passed by two youths identified to me as being addicts. I caught only a brief glimpse of them, but their appearance was such that I would, as a casualty officer, have admitted one of them as an emergency; and as a doctor with psychiatric experience would, but for my knowledge of his addiction, have suspected the other of suffering from a psychosis (that is, a severe mental illness).

6. Other Drugs, Other Sources I was told that other drugs of dependence are being used to only a limited extent in Ireland (certainly less than in the UK and USA); and some drugs (barbiturates, amphetamines) are hardly being used at all now.

Four prescription drugs – Physeptone (methadone), Diconal (dipipanone with cyclizine), Palfium (dextromoramide), and DF 118 (dihydrocodeine tartrate; DF = Duncan Flockhart the name of the manufacturer) – are also used to a moderate extent. All are opiates. I was told at Osmond House that three Dublin doctors (in Ballyfermot, Ranelagh, and Dundrum) write large numbers of prescriptions for these drugs in the name of addicts (who usually give wrong addresses), and I handled two large bundles of such prescriptions made out by one doctor. Addicts travel across Dublin to secure these prescriptions.

Sgt. O'Malley identified a large number of the names on the prescriptions as those of ex-Jervis St. addicts well known to him. He said it might be that other doctors were prescribing such drugs for addicts on a less lavish scale. Asked if he thought the doctors' motive was pity for the addict or mercenary gain, he said he thought it was a mixture of both. The outraged medical establishment, he said, if not in quite these words, had, like the creature for which Shakespeare coined the phrase, lit its 'ineffectual fire'; but the doctors concerned, having warmed their hands at it, had then continued as before with their prescribing.

There is apparently little or no usage of psychedelic mushrooms in Dublin (they grow readily enough in Ireland), though they have been a problem in the not dissimilar community of Glasgow. Nor has there apparently been any use of a particular drug combination, to be taken by mouth, that is

becoming popular with addicts in the USA, and that is said to give much the same effect as intravenous heroin.

I was told that the Jervis St. clinic and a nearby pub act as a kind of addicts' club, drugs and information on drugs being passed on in both places.

7. Cultural Nexus, Community Responses, etc. I was much impressed by the knowledge and earnestness of the members of Fr. Lavelle's Sean Mac Dermott St. committee. He himself clearly had the happiest, most sensitive relationship with everyone, irrespective of age or addict-status, in his parish.

He said that his community had managed to live with its endemic problems of poverty, unemployment, crime, alcoholism, break-up of families, etc.; but that he doubted it could cope with the drug problem. My own concern, based on an experience of the area minuscule compared with his (though that of an outsider with perhaps a fresh eye), was even deeper: I sensed that the community was learning to live with drug abuse, and that the sight of trafficking and mainlining might one day not be regarded as an affront to the worth and dignity of both participants and witnesses, but as something that had to be accepted with a shrug of the shoulders.

Clearly in more than one Dublin community the local concerned parents, often aided by priests, social workers, etc., had set up ad hoc committees to deal with drug abuse, but I sensed, if mostly at second-hand, an amateur air to them, and a lack of co-operation (not a refusal of it) on the part of official bodies.

I should like to mention also in the cultural context that I was told that in the Sean Mac Dermott St. parish not only did the heroin addicts not go to the Catholic church (some 96% of those in the area are supposedly Catholics) but neither did a very big proportion of the young non-addicts (and this despite the obviously immense personal popularity of Fr. Lavelle). Similarly at Coolmine I was told that none of the residents go to church, and that there is no Catholic presence in the Coolmine centre. There is clearly something amiss with Irish Catholicism that, for the very people to whom one might expect it to have some appeal, if only as a last resort, it has apparently nothing at all to say.

Finally in the cultural context I must mention that drug trafficking and consumption were said to be rife among the students at University College, Dublin, though cannabis was much more usual there than heroin. Sgt. O'Malley told me that Trinity College always gave the Drug Squad the greatest co-operation, but that UCD did not.

8. Jervis St. Drug Advisory and Treatment Centre The first thing to be said about the centre is that it is housed in dark, dingy, drab, and wholly dismal surroundings that more than match the Sean Mac Dermott St. ambience, which is the kind many addicts experience domestically. There can be no addict going to the centre but would be depressed by its atmosphere, its pokiness, its magnificently unwelcoming and almost undetectable entrance. Even a few licks of paint, which would not cost much, would help. No criticism of the staff is implied: I do not know what administrative and financial difficulties they have to contend with.

Aside from its medical director (who since my visit has very kindly said he would be pleased to see me in the near future), the clinic has two registrar doctors and a houseman. Both registrars are apparently in the process of leaving, and it seemed to me unfortunate that 50% of its most important staff should vanish at a stroke and at a time when there is an unprecedented epidemic to cope with. A young lady doctor has just been appointed to the clinic to conduct an epidemiological survey of drug misuse in Dublin, but she too I was not able to see.

I was told, in response to my query, that the clinic dealt with 200 cases of drug dependence, 75 of them new cases, each month. Elsewhere I was given fifty as the monthly number of new cases; but clearly there is a very heavy load. When I asked for any analysis that might be available of the patients attending I was given a 1979-81 document of ten typed pages of which the first, explanatory page was missing and could not be found. The data given in the other pages had clearly been prepared by someone not well acquainted with the acquisition and presentation of epidemiological data, though equally clearly a lot of hard work and good intentions had gone into their preparation.

The four staff members I met were obviously hard-working, well-intentioned, and knowledgeable within their competence. They were perhaps a little lacking in breadth of vision with the exception of one who had what was by any standard a very adequate grasp of the drugs problem and of what might be achieved within her own particular discipline.

As I saw none of the doctors it would be wrong of me to attempt any judgment at all of the medical management of addiction practised at Jervis St. However, two persons unconnected with the clinic made comments that in my judgment they were competent to make. One was that the clinic laid down certain guidelines that must be satisfied before an addict would be accepted for treatment, and that these were sometimes applied too rigidly and without sufficient imagination. The other was that 19 out of every 20 of those addicts who attend the clinic and are known to the person making this comment revert to their heroin habit after clinic attendance.

9. Coolmine Community This has a substrate, theoretical and practical, borrowed from the USA, and acceptance of it obviously brings a corresponding fervour. The most noticeable features, especially in Coolmine Lodge, housing Phase I of the treatment plan, were a cleanliness rarely seen outside the services, and a very strong air of discipline and exclusivity, reminiscent of certain boarding, schools. This was epitomised in my initial reception by three small, noisy dogs which clearly do not approve of visitors to the community.

Some quantification of the centre's effectiveness was given in the 1980 Annual Report, which incorporated also the 1977-79 report. During that 3-year period some 300 drug abusers made contact with the community, of whom some 110 were accepted by it. However, almost 80 of these left against the advice of staff. At the time of preparation of that report it appeared that of the drug abusers accepted during the three years only 12 were in the process of returning to ordinary life with no drug problem. Figures for 1980-82 were not made available to me.

Clearly, if only on the basis of these figures, Coolmine itself can

make no major contribution to rehabilitation of Dublin drug abusers, and the concepts underlying its operation could do so only if a substantial number of Coolmine-type communities were to be established. The present director would like to see the present Coolmine Phase I building used for teen-age drug abusers; and a separate centre opened some fifty or sixty miles from Dublin ('well away from the drug scene') for the early rehabilitation of older abusers.

I made no attempt to sound out opinion on the community among those not connected with it; but nowhere was it praised, and one person experienced in drug abuse management volunteered his lack of faith in the results it achieved. At the same time it is only fair to say that strongly critical views were expressed at Coolmine on some of the present anti-drug community efforts in Dublin.

10. Health Education There was general acceptance of the value of educating children and young people, parents, teachers, etc. in the matter of drug usage and misusage, though this was apparently based on personal judgment and not backed by unassailable evidence.

Sgt. O'Malley said that in his experience lay audiences wanted talks on drugs from members of the Drug Squad, and not from any other source.

One other person experienced in this field was dubious about the Health Education Bureau's present approach, thinking it both nebulous and over-ambitious.

The most valuable health education in connection with the present epidemic of drug abuse in Dublin should, of course, have occurred years ago; and one might legitimately ask why it did not.

I have seen the Health Education Bureau's news release, 'Expanded Substance Abuse Education Programme'. Apart from some uncertainty as to which noun 'expanded' was intended to qualify, I felt unsure at the end of this exhaustive document exactly what was to be done in the way of education on drugs, and for whom and by whom, and when. And yet my Dublin experience strongly suggested something should be done now for a very clearly, defined audience.

As just two examples of the document's lack of clarity: first, the sentence (p. 3, head 4), 'These (core elements) will be aimed at... changing

attitudes towards over use of medicines by parents to their children' (sic), conveys no clear meaning to me; and second (p. 1, head B. 1) 'To implement in all Health Board regions a basic drug education programme' surely means 'to give simple drug education everywhere'. It is surely most desirable, especially in this field, that would-be educators should be able to talk plain, clear English.

I have read also the Bureau's booklet 'Open Your Mind to the Facts', and think that, while some parents in, say, Donnybrook might read and profit from it, few in Sean Mac Dermott St. would read it. Then too the text misspells 'abscess', 'withdrawal', and 'overcome'; it uses the word 'buzz' but does not include it in its glossary; and it does not include in the latter what is certainly the current argot for heroin in Sean Mac Dermott St. – 'smack' (derived from the original American argot terms 'shmeck' or 'shmack'). Neither are the terms 'marijuana', 'hashish', 'reefer', or 'joint', as just a few examples, anywhere either used or defined.

11. Law Enforcement This is an area in which I have no expertise at all, and I shall therefore state merely what I was told by Sgt. O'Malley, and this for the sake of completeness.

He said that the Dublin Drug Squad is greatly overstretched, some of its recently acquired members being engaged in investigating pharmacy break-ins to the detriment of investigating the much more important smuggling of heroin.

He said that a main difficulty for the squad is the collection of evidence of a kind and quantity that will enable a charge to be brought with a reasonable chance of a conviction. It often necessitates weeks or months of painstaking investigation. The main item of evidence, whether illicit or in illicit possession, is drugs, and, being small in bulk, is easily destroyed or otherwise disposed of once the possessor realises a Garda is, say, knocking on the front door.

He said that drug traffickers employ highly astute lawyers (and can afford to), and that in his view courts often seem prepared to lean over backwards to give an accused the benefit of any least doubt.

Finally, he said that, unless some action was taken very quickly, the provinces would soon, in his view, repeat Dublin's recent drug experience to the extent that they were not doing so already.

12. Causes of Drug Abuse In the case of Dublin inner city areas (with Sean Mac Dermott St. as the exemplar) the drug abuse jigsaw seems relatively simple. There is a socially deprived community with a history of alcoholism and crime. On that fertile soil pushers, knowing there is a lot of money to be made from trafficking in heroin, could clearly establish themselves very quickly, using various 'marketing' techniques, some of which were mentioned earlier; and now they have established themselves.

The wonder is that heroin abuse in such areas did not become more common earlier. The onset of the current epidemic a year or two ago presumably springs either from the traffickers having suddenly then awoken to the financial possibilities or from the economic recession bringing an extra turn of the screw, in the shape of unemployment and despair, to the people, particularly to those most prone to experiment – the young.

Poverty and its accompaniments would not account for drug abuse in the more prosperous areas of Dublin; though there too the recession might explain its recent worsening. (Indeed, it was put to me that middle-class young people now find it more difficult to secure third-level education, and feel, in any case, that if they do secure it they may well still end up unemployed; and that this explains their recent increasing recourse to drugs.)

As for prime reasons, however, it is perhaps not altogether fanciful to ascribe some of the damage in middle-class areas not so much to lack of prosperity as to its excess. Ireland – and the world – may be in a bad recession at the moment, but over the last two or three decades the broad trend has been one of increasing material prosperity.

Dublin, in fact, has in a very short space of time given itself over to a materialistic philosophy of life foreign to its traditions. To someone like myself, who lives in the provinces but visits the city regularly, it is possible both to take a fairly objective view of this change, and to chart its

progress, The best index of Dublin's materialism is the motor car, which reaches the city centre in numbers that increase month by month, which is driven with ever more abandon (as witness the high proportion of Dublin cars with minor damage to them), and possession of which is considered the norm.

Children and young people see this materialism, have perhaps witnessed its birth and development in their parents, are themselves made victims of (or accomplices in) its tentacular spread, and perhaps observe with the acute judgment of youth that to embrace it – or be embraced by it – does not seem to make their elders and betters happy. What, they may well then argue, is there for themselves to strive for? – The fruits of prosperity are apparently sour in the mouth, and yet, as witness the relative decline of Catholicism mentioned earlier, these young people are often now ignorant of any other fruits, viz. those of a wider, more mature philosophy of which for most people in Ireland the chief source must still be the Catholic Church. The one source has necessarily in its growth partially destroyed the other.

It is no coincidence that at one end of Sean Mac Dermott St. there is Ireland's shop window for the world, O'Connell Street, full of goodies that the deprived young can never hope to come by legitimately; and at the other is the quite humble presbytery of Our Lady of Lourdes church, until three days ago home to a man whom the people clearly love and respect as a man but to whom many of those same people, especially the young among them, do not relate at all as a priest of God. (The temporal reference is to the fact that, although he hopes to stay in touch with the drug problem in Sean Mac Dermott St., Fr. Lavelle has just been moved, in my view unfortunately, to Haddington church as curate there.)

Marx said that religion is the opium of the people; but whatever the pros and cons of religious debate, it is surely better that young people should resort to a live Christianity, however opiate some may consider it, than that they should resort to the literal opium, of which heroin is a derivative. Better in their ears the words 'Quo vadis?' and in their mouths 'Ecce homo' than 'smack' and 'scag' and 'shit' and 'horse'. There is, in other words, in my

judgment, a challenge to the Catholic Church in the present drug-taking epidemic as well as to, say, one of its putative secular equivalents, the Health Education Bureau.

Lastly in this context I should like to mention what was almost the most striking impression I took away from the Dublin drug scene, other than one of its gravity. It was, in a word, an impression of naivety: the naivety, the touching naivety, of young children going straight to heroin; and the naivety – I cannot avoid saying it – of officialdom in thinking that, on the one hand, gentle exhortations and excellent intentions, and, on the other, a solitary overworked drug dependence clinic and one small, unofficial rehabilitation unit can reduce or even contain the current Irish drug problem. In both cases the use of the term 'naivety' is meant to be at once complimentary and critical: the quality in question is pleasing but in connection with drugs it is alas! wholly inappropriate.

13. Summary There appears to have been in the past 1-2 years a great increase of drug abuse in most districts of Dublin and in all social classes. Heroin is the drug most involved, and the most spectacularly dangerous. The mechanisms for its distribution, purchase, administration, etc. are well known to those in authority, as are many of the people involved in all these.

Heroin use in Dublin at present has features that, if they were to be validated and made known, could give Ireland a most unenviable reputation. They are: a high prevalence, perhaps uniquely high, of heroin use in some Dublin districts; resort to it as the first drug to be misused; use of it by early teenagers (and perhaps even pre -teenagers).

There is much concern among parents, teachers, priests, social workers, etc., but they feel relatively powerless in the face of the epidemic. The already established anti-drug agencies seem inadequate to cope with the problem for one or all of the following reasons: their small size; their concepts and methodology; their not being fully seized of the gravity and urgency of the matter.

There is a lack of hard facts on which to base action, lack of any

coherent strategy to deal with the problem, a lack of co-ordination, even some scepticism as to whether the problem is really as grave and urgent as suggested. The Catholic Church, in particular, is not involved in seeking solutions to the extent one might expect.

Multiple causes have been at work to produce the present epidemic of drug abuse, and it may be that one of them is a profound sickness in society. If so, the abuse may not abate until the sickness does.

14. Recommendations I make the following recommendations, doing so tentatively and in no sense definitively, and only because I was asked to recommend as well as to report:

(1) Epidemiological Survey(s) of drug abuse in Dublin. We do not know all the facts at the moment, and we obviously should, if only that the knowledge may provide a firm basis for action. It would be possible to sit down and write an idealistic protocol for the survey(s), but implementation would be another matter. This should probably be a team project, relying heavily on the locally knowledgeable, as exemplified by the Sean Mac Dermott St. committee.

However, drug abuse is so rampant that therapeutic action is needed now; and in any case, by the time any survey(s) had ascertained the facts they might well be outdated.

Pending the completion of such a survey the wealth of information that is presumably held at the Jervis St. Centre and by the Drug Squad and perhaps elsewhere should, to the extent that security, etc. permit, be collated, summarised, and made available.

(2) Despatch Overseas of a small team of persons with different skills working together, to discover what methods are being used to combat drug abuse elsewhere and with what success. The team to report back in 3-4 months.

(3) Cross Fertilisation Meetings of persons in different relevant disciplines and different areas and from different levels for an exchange of knowledge and views to combat the ignorance of one another's work, the prejudice and the myth-making that exist at present.

(4) Appointment of a Drug Abuse Supremo with wide powers, assisted by

a small enabling committee, to act as a stimulator of effort, a co-ordinator, a questioner of fixed attitudes across the board; and to have as .a prime duty that he draw the attention of those responsible to any deficiencies in the spectrum of response to drug abuse. This person to be accountable for any failures on his part to fulfil that duty or to fulfil it forcibly enough.

(5) Drug Education Action on existing plans but with an emphasis on persons and areas most at risk; conducted as a matter of great urgency; and perhaps conducted on the basis, not of experts proceeding laboriously through a succession of audiences, but of each chosen person, once taught, going out to teach a few others – 'see one, do one, teach one' – with regular monitoring to ensure there was no distortion of the message.

(6) Drug Clinics Establishment of two more for the management of addiction in Dublin, thus removing or mitigating some of the present drawbacks to the solitary Jervis St. clinic. Precautions would have to be taken against the multiplicity of clinics being used by addicts to secure a multiplicity of prescriptions.

(7) Rehabilitation Units to be established either in association with existing units for the management of alcoholism or else de novo, preference in the latter case being given to units established in association with a religious community or having a strong religious presence. Two or three such units to be established as a start, to be run along different lines; and others to be established once it became clear which approach or type of personnel was having the greatest success.

(8) Young Catholic Priests, perhaps a dozen in all as a beginning, to be given an intensive training in drug abuse, fitting them either to work in badly affected parishes or in the rehabilitation units or perhaps in educational schemes. An approach would, of course, have to be made to the Catholic hierarchy, drawing their attention to the scale of the problem and, tactfully, to their responsibilities and opportunities in solving it.

(9) Provinces A survey of the present drug position, such as was suggested above for Dublin, should be considered; and certainly arrangements

should be made to monitor any further spread of the problem from Dublin, use to be made of doctors, gardai, local community leaders, etc.

(10) Irish Drugs Newsletter To be established forthwith to facilitate the cross-fertilisation already mentioned, and the rapid spread of new information, knowledge of new methods, etc. To be read by members of all involved disciplines and other interested persons. Publication monthly.

(John S. Bradshaw)

JSB

19 July 1982