

# **Kilkenny Drugs Initiative**

## ***Drug Information and Action Plan Research Findings***

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New Park Hotel, Kilkenny.**

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## ***PARTICIPANT INFORMATION***

### **No. Of Participants**

68 in total

- 14 participated in one to one discussions
- 54 participated in focus group sessions

### **No. of Discussions/Sessions conducted**

14 one to one

8 Focus Groups

### **Age Range of participants**

13 – 60 years

Age 13-30 years – 36 participants

Age 31- 60 years – 32 participants

### **Gender of participants**

Male 19 Female 49

### **Education Obtained**

All of the participants once attended secondary, school, some dropped out before completion others continued and went on to post Leaving Certificate level, including third level. Of those who left school early some continued in the informal education sector immediately after leaving or later on as adult participants. Some of the early school leavers went on to formal education participation.

### **Discussions/Sessions conducted where?**

*One to One discussions* – 11 sessions took place in the K.D.I. Office, one was held in a Community Resource Centre and the other two occurred in the respondents' places of employment.

Five people felt that the settings were formal, eight felt that the setting was informal, one was undecided.

*Focus Sessions* – Four took place in hotel conference rooms, one in a community resource centre, one in the K.D.I, office and two in voluntary organisations' conference rooms. All participants felt that the sessions were informal.

### **Participant Profiles**

#### **One to One discussions**

1. Full time Community Worker, paid and voluntary
2. Community Worker
3. Youth worker
4. Youth Information Officer

5. Community Youth Worker
6. Young poly-drug misuser
7. Community Activist and parent from a community in Kilkenny
8. Member of the Garda Siochana
9. Individual living with family addiction, living with 3 addicts
10. Concerned lone parent living in one of the designated communities
11. Addiction Counsellor working with families and youth in Kilkenny
12. Ten year poly-drug-using recovering addict, clean 10 months
13. Community Worker and activist
14. Health Promotion Officer

**Focus Sessions**

1. Voluntary group comprising of voluntary, statutory and community people
2. Community Youth Group
3. Social Worker group
4. Secondary School Group – six schools represented
5. Early School Leavers Group
6. Adult Community Group, five participants
7. Adult Community Group, five participants

8. Young adult community education group, five participants.

## Section One: Obtaining Drug Related Information

### ***Q. 1. What drugs are available in Kilkenny?***

Some comments made were – *‘Everything, anything you want’, ‘Whatever you want – it can be got’, ‘Any type of drug that any young person -wants is available in Kilkenny city’*.

1. Cannabis. The overall feeling was summed up by one individual *‘Cannabis is freely available’*.
2. Magic mushrooms are extremely popular, when in season
3. Cocaine is available *‘if you want to get your hands on it’* the majority said, a few people felt that there were a *‘small amounts’* of cocaine in Kilkenny.
4. Ecstasy e.g. Mitsu, Mitsibishi street name
5. LSD/Acid/Trips
6. Solvents. *‘From lighter fuel to underarm deodorant and glue’*, petrol, aerosols, tippex especially gas, *‘glue sniffing seems to be a seasonal activity’* one person said. Another said *‘I would consider anything under my kitchen sink a drug, that is where the kids are starting from’*

7. Alcohol is common place, especially cheap lager and cider, *'this biggest social problem'* was the overall feeling.
8. Cigarettes are common place *'these can be bought singly if you want'* One person said *'if you go down the town, youngsters from 13 years are going in buying 20 or 30'*.
9. Speed
10. Prescribed and 'over the counter' pills, tranquillisers and painkillers, are widely misused. – the drugs which were widely mentioned were -D5's, librium, rohyphonol, *'the date rape drug is available and the demand is growing for it'*, uppers, downers, valium, roches and steroids.
11. Heroin – people are dabbling, it isn't that big yet though. One person said *'Heroin isn't as readily available but if you want it you can get it, it is coming in big time'*

## **Q.2 Who are the people using the substances available?**

The findings suggest that the use and misuse of substances in Kilkenny is not confined to any age bracket, gender or socio-economic background such as the so-called 'working classes'. One person said of Kilkenny, *'All ranges of people [are misusing substances. It is] not just 'one group'*

## Age

From age 8 usage begins in Kilkenny, some said from 12 years especially alcohol. The average figure given was 10 years. General consensus was that many young people age 10+ are experimenting and older teens are using on a regular basis. Both young people and adults are using substances in Kilkenny.

*Some drugs that were discussed in detail*

**Ecstasy** Age 14+ , '16 – late 40's', one youth group agreed.

**Speed** – all ages are using

**Alcohol** Age 10+ using alcohol including underage drinking in Pubs. One group of community people described the street drinking in their community as 'Knacker drinking' and said that it was happening openly from *'the ages 12-13 years and up'*

**Solvents** – average age of solvent use is 12, some said it was happening as young as 8.

**Cannabis** 12+, older teens using on a regular basis

**Prescription pills** Young people are using prescription pills

**Cocaine** – male mainly 19 -20 years, one group decided

**Heroin** — From 17+

A 'school goers' group of representatives from secondary schools throughout Kilkenny said 'In secondary schools youngsters are asked on the corridors what [substance] they want'.

## Gender

The majority of participants felt that that there was equality between male and female usage of substances in Kilkenny. One recovering addict said



*'more young girls are doing it now [compared to years ago], its terrible'*. Some felt that it was *'mostly boys than girls using'* and one young man said *'girls are sensible'*.

Another young person said *'Cannabis is being used by more males than females'*.

### **Q.3 Why are people using drugs in Kilkenny?**

- Self esteem and self-confidence issues. One person said people use drugs when they have a *'poor image of themselves'* they are *'looking for a sense of identity'*.
- Problems within families e.g. when parents are alcoholics and when they are victims of child sexual abuse. One recovering user said *'I start drinking to get rid of the paranoia of sexual abuse. It came to the stage that drink wasn't good enough anymore and I was introduced to hash and I loved it. I went on to speed and ecstasy, I ended up in hospital a few times'*.
- Self abuse to escape
- Escapism. *'Some young people want to get away from their reality'* it was felt, to feel 'up'
- Problems in school. Pressure on young people, performance expectations placed on youth. Feeling that interest is only given to those

who can *'succeed'* and *'go forward'*. As a result young people lose interest in the system, develop low attention spans.

- Availability of drugs. Various types of substances are very freely available. *'Pushers give them substances to try them out'* one person said
- The Buzz. *'Once they get the buzz, they become addicted to the buzz. doesn't matter where they get that buzz from'* one person commented. This leads onto a lot of poly-drug abuse.
- Some like using, they like the effects.
- Experimentation and *'Curiosity initially, sometimes when you heighten awareness the more curious youth become.'*
- Culture of usage – drinking and drug taking.
- Acceptability of usage in society
- A way to make money. Glamour of the scene
- Peer pressure. One young man said *'people use where I live to act as big people'* and it *'Gives a feeling of courage'*. Another young person said *'its cool to be seen as hard men'*.
- Some use because they get addicted. One person said *'A lot of adults that I would know are addicted from years of use'*

- The feeling of *'nothing to do'* and boredom – *'very little to do for our age range'* one young person said. Cinema is expensive, many felt. One participant said *there are not enough activities which challenge young people*. Another said *'things which are available, people are not aware of them, they are not advertised'*.

It is a social setting for some young people is to go with *others 'down the fields'*. One community worker pointed out *'Substance use also helps them to mix. Very small amount of things in life to give young kids a natural buzz'*

- Younger people have more independence today and money
- Lack of education about the effects of drugs. Hear the good things not the bad things about using. Unbalanced information given. Positive images of the effects mainly.
- Rebellion against the *'no, don't use'* attitude from teachers etc. Its defiant, Seems to be 'chique' and dangerous, risky (something you are not supposed to have, therefore natural attraction for same)
- Cheap for some. *'Some say cannabis is cheaper than alcohol'* one person said
- Over prescribing *'it is so easy to get prescription pills from Doctors in Kilkenny'* one person commented.
- *'It is easier to use drugs at the moment compared to alcohol because it is easier to get them'* a participant said. Young people do not need

identification to buy drugs as they do in some pubs to buy alcohol.

- Tolerance level goes up – start off taking a few, need to take 5 or 6 to get a buzz (re. E’s etc....) One young user said ‘ *Some young people start taking 1 E but progress to 3+ due to pressure. Trying to better each other.* ’
- Some drugs such as speed keep you awake, this is positive for some who are mixing in the dance culture and those who want to keep awake for school etc.

**Q 4. How are the drugs that are available in Kilkenny being physically used?**

1. Cannabis – smoked in joints mainly and pipes and put into cakes
2. Magic mushrooms – eaten raw, eaten cooked and put into tea
3. Cocaine – snorted and some said it is being injected (banged up)
4. Ecstasy – swallowed whole, crushed and snorted and also crushed and mixed with alcohol
5. LSD/Acid/Trips – Swallowed
6. Solvents – Inhaled through nose and mouth

7. Alcohol – people are drinking alcohol on its own and mixed with other substances
8. Cigarettes – smoked alone and mixed with cannabis
9. Speed – swallowed alone, sprinkled in alcohol and rubbed into gums
10. Prescribed pills – crushed and sniffed, swallowed whole, crushed and injected, mixed with alcohol and mixed with other substances.
11. Heroin – unknown but one individual commented *‘I’ve seen young people injecting into their legs, I don’t know what though’*. Another person said *‘I’ve found syringes dumped beside my house on numerous occasions, some with the needle spikes still attached’*.

### **Q. 5 Where are the substances being dealt and used?**

#### **Outdoors**

Everywhere out in the open – *‘Right in front of you’* – in the city and in the countryside *‘[In Kilkenny you can see young people] walking down the street high’* one person said

Public places where young people gather, soccer fields, in car parks, by the railway track up the Dublin Road area, in public toilets, by the canal, in handball alleys, gathering points in estates, on the street corners in estates. One community person said *“It’s got to the stage up in our area where we see them on the green at about 7pm drinking cans and they are all under age. I am talking about 15 and 16-year olds openly drinking”* On streets very openly, at the bread factory, the Quay, in the Castle park, in bogs, in fields, any green areas or open spaces around housing estates, and in the shopping centres.

Also in cars one person said *‘Lads have cars driving around and taking drugs such as speed’*, in hay-barns and at the back of the resource centres. One group of youngsters also added *‘On the way home from the No-Name club disco young people are using substances’*. A man said *‘At the back of shops and churches in out of the way places where they can relax, not have someone watching’*.

### **Indoors**

Behind closed doors, at parties, in friends flats, bedroom usage, in their own homes – with or without parents present, at parties and when parents are away. In their friends homes. Also people are using in derelict houses where everyone who is using knows where to go. In the pubs, nightclubs and discos. In well known bars – *‘young people are served, young and old are also using other substances in licensed premises’* one community person said.

In the findings schools played a big role in where substances were being distributed and used. Every young person who participated in this work outlined the level of usage in schools, especially cigarettes and cannabis, and the level of dealing in schools, dealing of all drugs, as being much greater than people realise. One young person who admitted

using substances said that dealing and using in schools is happening *'big time'*. It was made clear that in schools hash is widely used and that many other drugs are being dealt in school toilets, on the corridors and outside the front gates, among other places. One youth group said it is happening *'everywhere in schools'*. Another group who have profiled themselves as 'secondary school goers' said *'Young people are pooling money and buying blocks of hash together [such as in a co-operative] and dealing it in schools and smoking it there'*. Some community people who participated in the study reiterated this fact and said that it was taking place especially in secondary schools. Another point made was that dealing was happening between schools, that substances were being bought by students in one school and being distributed by students in another school in Kilkenny. It was a very organised activity it was thought.

### ***O.6 Which drugs are most popular in Kilkenny and why?***

#### ***The most popular drugs in Kilkenny are***

1. Cannabis (hash)
2. Speed
3. Alcohol
4. Cigarettes
5. Ecstasy
6. Prescription Pills
7. Magic Mushrooms when in season
8. Solvents

9. Acid was mentioned by a few as being popular

10. Cocaine

One recovering user did say *'All of them – -whatever is available but especially tablets (i.e. Librium etc)'*

### **Reasons**

- The Effects of the drugs available make them popular e.g. Hash. And the *'buzz'* from ecstasy.
- Culture of usage. One participant said *'If it is a -wake or a wedding, a match won or lost, a first communion or confirmation. We don't appear to be able to enjoy ourselves unless alcohol is associated -with it somewhere.'*
- The price of drugs available. Some are cheap and *'Economical for a hit'* one person said
- Availability of drugs. One person said *'You would want to have your head very firmly in the sand in Kilkenny not to know of one or two people who can provide you with cannabis or with E's'*. Another participant said there are *'loads available'*.
- Accessibility of drugs. Regarding prescription pills it was widely felt that many medical card holders can access prescription pills from doctors who over prescribe. Also some felt that some doctors are over prescribing



to clients who don't have medical cards and who are selling the medication on, one young user outlined. Another feeling was that it is easy to get served in some pubs and off licences therefore alcohol is popular. One person said *'Some owners will serve anyone'*.

- Acceptability of usage e.g. cigarettes, alcohol and hash (amongst peers). One parent outlined *'As a parent myself, I wouldn't preach about alcohol as I would about drugs.....It wouldn't bother me as much to see my kids going out for a sociable drink compared to drugs, if they are into drinking it doesn't necessarily lead into drugs'*

Finally one person in recovery who talked about personally dealing at one stage said:

*'They are all popular. People take speed after E for the come down. Then take hash to get asleep. People -will not just take one substance. They take 2 or 3 together. Alcohol and disprin together for the buzz! Alcohol and any other drugs. Whatever is available at any one time, whatever is in circulation at any one time. Each week a different load will be brought into the town. It just goes around.'*

### **Q. 7 What Issues arise when drugs are available locally?**

- *'The loss of youth'* is how one parent described what is happening in Kilkenny. Another person said *'Young people are off their heads, taking drugs and are not responsible for what they are doing'*. There was a feeling that young people are using younger and younger each year and that their *'lives were being lost'*. Another point was that many youth have lost their sexual inhibitions when under the influence of substances.
- Widespread, *'accepted'* usage and dealing has *'become the norm'*.
- Crime levels and *'public order problems'* have risen. Participants felt that this included assaults, burglary, child neglect and abuse and domestic violence.
- Family trauma
- Intimidation, violence, aggression and fear in city and *'communities'*. Comments made were:

One community person said *'I have fear of passing a group, you could be attacked. You used to be able to pass them and say good evening, good night or -whatever but now I think the fear is deep, I am not passing those people, I actually hate passing this crowd of youngsters now'*.

Another added *'I was never nervous going anywhere, but this is going on in my area in Kilkenny for the past 2 years.'*

One man said “ *Just as a man, it is easier to keep walking but I -would be watching my back as well, I still feel scared, it is hard*”

One woman said ‘ *...certain people are starting to carry knives, my own child asked me could he carry one, because everyone is doing it. It is the macho image that drink brings on, it leads to them trying to act older, it is all related, the drink seems to make them have these great ideas, it’s all dangerous stuff*

- Health problems have risen leading to hospitalisation in some cases e.g. due to overdosing and also due to the ingredients of the substances used. One young recovering addict said ‘*people don’t know what they are taking, sometimes people snort baking powder. I nearly died because of Ketamine in ecstasy*’
- Under resourced agencies e.g. Inadequate resourcing and training of the Gardai and hospital personnel to deal with the multi-faceted problems, many felt
- Lack of respect. Comments made were ‘*Lack of respect for the authority of the guards and for people who live in the area*’, ‘*Lack of respecting a persons privacy*’, and ‘*Lack of respecting a persons own area*’.
- Attempted suicide levels have risen.
- Substance misuse related death

- Denial by many about the extent of the drug problem in Kilkenny Comment made were *'People are ignoring the problem', 'There is a wilful denial because it is a prosperous tourist town and the whole drug issue does not fit in', 'There are watered down reports of attacks'*.
- Divisions created between those involved in the drugs scene and those who are not directly involved.

**Q 8. What are the effects of drug use on the individual user in Kilkenny?**

- Overall there was a feeling that users are effected physically, mentally, emotionally, spiritually and sexually. One addiction counsellor said *'Once they start to abuse drugs, I would see them effected physically, mentally, emotionally, spiritually and sexually.'*
- Violence and Aggression *'A lot of young people who are dangerous.. [under the influence of these mood altering substances]... are quite shy'* one person said. Another young person added *'You would be talking to them one day and the next day they would kill you stone dead'*. An addiction counsellor said *'many become hardened and their emotions shut down''*
- Loss of sexual inhibitions leading to early pregnancies. One addiction counsellor said *'they leave themselves wide open to diseases, all kinds of relationships. Being used and abused, particularly with people they do not know'*. Another issue here was *'Down the road further in their addiction, some feel that they need to use sex for money for drugs.'*

- Health issues – e.g. Hygiene – *‘people not caring about how they look and dress’*, Weight issues – drink related, sickness, sleep and feeding patterns change. One person said *‘Drug use is effecting their liver and their brain.’*
- Good feelings at first leading to chemical dependency. One participant said *‘they get to the stage that they want drugs all the time, higher drugs, stronger and stronger drugs’*. One community worker said *‘Drug addiction is a love affair ...a person will do anything for this’*.
- Youth mortality
- Lose out on life. One person involved in the drugs scene in Kilkenny said *‘life changes – there is no hope of ever succeeding in whatever job they want to take up’*. One parent added *‘their life seems to be lost, they just become lost people’*.
- Absenteeism from school
- Financial problems
- Homelessness
- Self confidence and self esteem is lowered. An addiction counsellor said *‘they lose their inner spirit this is where self esteem comes in a sense of ‘I am no good’, they go back to using more drugs and do not want to think about it, do not want to get into the emotions or feelings’*

- Mental problems such as depression one person said *'The young person just exists'*. This can lead to a high degree of para-suicide. An addiction counsellor said *'mentally many suffer confusion and paranoia which later leads to depression. Panic attacks also occur which are often long-term effects which don't happen immediately'*. One recovering addict said *'Psychologically it really wrecks your head with panic attacks. Something you have to wake up to every morning. There is nothing like it. It keeps me away from drugs though 'cause I know if I keep using it will just get worse and I will probably kill myself anyway'* This participant continued *'It can ruin your life. You get paranoid – you think everyone is after you. You are wired to the moon. You run from yourself— which is worse because no matter where you go you carry your baggage on your back.'*
  
- People get involved in crime and in trouble with the law
  
- Overall change in Kilkenny youth. Comments made were, *'You see a change in youngsters who used to be bubbly and outgoing-very withdrawn now and secretive now'*, *'they have aged and have sadness in their eyes '*
  
- Users get labelled. One lone parent said *'Kilkenny is a very small place so everybody knows, straight away they are put down. When you are put down it's very hard to start climbing back up again'*
  
- Family and relationship difficulties

**Q 9. What are the effects of drugs use on the Family in  
Kilkenny?**

- The destruction of family life. One person said *'It destroys family life. It just destroys.'* Another person who was a parent of an addict said *'In my experience..... life stood still ..... our lives stood still. We –were constantly worrying – terrible worry. Our whole life was obsessed with what the person was doing. We were constantly talking about them to others – schools, doctors etc... we paid back their debts and our family went into financial trouble as a result'*. Another person spoke of a situation in Kilkenny where *the ' , children were on anti-depressants as a result of parents addiction'*, the person continued *'...there are deep rooted problems within families'*.
- Family and 'home' dysfunction. One recovering addict said *'It can be terrible for the parents or whoever is looking after the addict. Trying to get them out of the bed... Paying money to drug dealers... Parents trying to stay with them... [children who are addicted] for weeks on end during withdrawals, dealing with mental problems, wondering can I sleep safely in my bed tonight. All hell can break loose in the house. And then trying to put up with the violence from the substance misuser, moods are altered, you can take terrible mood swings'*.
- Increased inability to communicate in families
- Anxiety, fear and tension in the family

- Violence and aggression in homes *'it becomes a mentally crazy environment'* one adult participant said. One young person in a youth group commented regarding alcohol related domestic violence *'Kids are seeing the effects on the mother and father and it is effecting everything. It is difficult to go to school the next day but you are afraid to go home in case it is you next. The threats are terrible. It is effecting concentration in school, you don't listen in school and then get in trouble. Then you get kicked out and it starts over again – big arguments at home. You end up using substances yourself-when you leave school.'*
- Physical and sexual abuse against children and adults
- *'Neglect of children when parent is user'*
- Absence of the addict from the family. *'...he wasn't there when he was needed, money wasn't there. We -were always worrying will he come home with the money, can we pay the ESB bill'* one lady said regarding her husband who was an alcoholic. She continued *'I was constantly talking about him to others and worrying. The children were being deprived of a father and a mother in that case because you are constantly obsessed with what he was doing. I didn't have enough time to give to the children or myself, I was worn out'*
- Siblings getting 'lost' along they way – *'this is not being recognised sometimes. Often the one who is using gets centre stage and the other siblings get neglected and lost along the way. This effects the whole family'* one person said.



- Role reversal where young people become the parents and become the adults in the households. ‘ *Very often the eldest child will take on the role of the hero -which takes on the role of the parent who is using*’ an addiction counsellor commented. ‘ *It becomes a family illness It effects the whole family down to the smallest child in the family*’ one person commented. Another group spoke of the polarisation which emerges between the ‘user’ and the other family members
- Family break-up
- Families being forced out of communities sometimes leading to homelessness
- Family stress and trauma. One recovering addict said
- Shame in families ‘ *If the user is the child it has devastating effects on the parents, they say ‘what have we done wrong’*’ one participant said ‘ *If the child gets involved in crime they may get their names in the local newspaper*’
- Accepted use and abuse of nicotine in homes ‘ *this leads to a lot of childhood bronchial problems such as asthma*’ one group agreed. They also spoke of the death of parents through smoking related illness, such as due to heart disease
- Mothers having nervous breakdown
- Parents feeling of helpless, not knowing what to do or where to go.

- Stealing within families.
- Parent users losing employment.
- Breaking down of trust within families
- Enabling within the family. One person said *'Whole family becomes addicted due to the needs of that one person. Families cover up and enable people to take the drug e.g. wife starts buying cans for the husband and let him do his drinking at home. Parents enable their kids to take drugs so that they do not let their neighbours know they are doing it. So they let them smoke in the house'*
- Poverty within families
- Denial by family members. *'... it is not our son or daughter'* attitude
- Young people doing as they see. Intergenerational usage between parent and child. Young people using as their parents are. One recovering user said *'I drank with my father when I was 16. He was an alcoholic, I tried to drink more than him and I did' this, the person said brought 'conflict between parent 'user' and child 'user''*. One group said this was a significant problem in families in Kilkenny.
- One person in a community group said, *'Many women and some men who lived in households as children where the parents were misusing substances end up living with alcoholics and other substance misusers in later life'*. Other participants in this group agreed with this statement.

**Q 9. What are the effects of drugs use on the Local  
Communities in Kilkenny?**

- High degree of drug use is causing *'traumatic effects'*. *'It is taking over'* one person outlined. Another said *'there is a high level of unrest'*. Another comment was *'Community' does not exist – Drug relationships only exist'*
- Breakdown of Trust.
- Degrading for communities *'sucks the morale out'*
- Denial in the local community. One person said *'It is having an effect, but there is a huge denial. People are not prepared to take a look at what is really happening.* Another said *'Only when it becomes a problem, for an individual are they prepared to take a look at it. There is an attitude that as long as it is not outside my front gate then I do not have to take a look at it. This is the biggest problem in the communities'*.
- Substance misuse as a precursor to other problems in communities e.g. Violence, Vandalism and Stealing.
- Crime levels have risen including serious crime
- *Fear. This was summed up by one group who agreed they experience ' .....fear of walking down the street...fear of homes broken into...fear of being threatened, called names, law abiding citizens are targeted, non users homes are being broken into.'*

One lone parent said *'there is fear, people do not want to be out in the community now after 6pm I would not walk around on my own where I grew up. Certain walkways, avenues..... I wouldn't go there day or night on my own. I live there, I grew up there, I even remember when those houses were built. I have to say that in the last 2-3 years it has gotten worse'*. Another person added *'There is real fear, people being 'jumped' on, beaten up, stabbing in own houses and in their beds. A community person said 'Communities are terrified'*. Another comment made from one community person was *'People have stopped going out of their homes and people are targeted particularly end houses'*

- Negative publicity for communities
- Effects house prices — *'place gets a bad name and a bad reputation'* one person said. Another commented *'Everyone is suffering for what a few are' doing'*
- Parents of children who aren't using are worried that their kids will get caught up in the drugs scene.
- Lot of loitering in communities. One community person said *'People hanging around. It is not good for the young kids. The older ones are enticing the smaller ones. People feel threatened'*.
- Bullying and intimidation
- Nervousness of some community people

- Litter problems *'Rubbish is left in gardens and empty cans and bottles'*
- Feeling of devastation due to substance related death
- Young children are street drinking and using drugs in communities. One community worker said *' ....six year olds have been offered drugs in our area'*
- *'Loutish behaviour'* One person said *'you can't sleep with shouting and roaring [ in our community]'*
- Divisions in the community between families effected personally and those who are not. One lady said *'Some people say ' sure what would you expect from them'*
- Labelling *'It is difficult to get a job if you tell the employer where you are from because of the label attached. Won't be taken seriously Labelled as a scumbag because of the name the area has 'Its not fair'* one young person said
- A lot of movement into and out of communities
- *Vigilantism 'Vigilantism has begun'* one person commented. Another said *'People are very angry they will gang up and get rid of problems'*
- Isolation of people within Communities

- *'Health risks for those living in communities due to needles and broken bottles lying around'*

### **Q. 10 What are the effects of drug use on Society**

- *'Sucks life out of society'* one participant felt
- Society accepting young people drinking and using so-called 'soft drugs', idea that they are safer. *'There is a message that is coming from society which is extremely dangerous to young people that hash is not dangerous, it won't do you any harm, social use of hash is OK'*. Another person said *'It is important to look at the effects this would have on a 12 year old who may start ploughing this into their system.'* One local member of the Gardai said *'Alcohol is one of the biggest problems in our society yet millions of pounds are pumped into the industry, it makes revenue for our government'*
- Denial of the extent of the problem. One person said *'[Drugs are having a] ...huge impact on society, but again we tend to ignore it. Unless we acknowledge it and see it as a problem which can be treated, it is going to escalate and society is going to be the less for it. There are absolutely some wonderful young people being destroyed at the moment because of drug use, unless we start putting something in place to look at that and change it, it -will escalate.'* Participants also spoke of the *'If it's not on my doorstep then it's not there'* attitude.
- Myth outside Dublin that *'Dublin is the centre of the drug 'problem'*, One person said *'This is not true – it is country-wide and it is not just a*

*heroin problem. We must get this myth out of our heads that if it is not heroin then it is not a problem'. One community worker added 'In society we must abolish the myth that drug use / abuse is happening between the ages of 12 and 25 and that it is Dublin based.'*

- Apathy by the Government regarding the real extent of the problem. One young recovering user said *'It is getting -worse, not enough being done about it. From town to town they are all the same, i.e. availability and drug use. The Government is not doing much about it. There is money going into the Millennium projects while young people are strung out. Imagine the treatment centres they could build and the treatment they could put into prisons with the money being wasted.'* The person continued *'There are help-lines where you can talk to people but there has to be more. If they can send a rocket to the moon why can't they help us, it is as simple as that'*

- Breakdown of value system
- Fear
- Misery in society
- Rich people are profiting a lot out of drugs
- Higher tolerance for the level of violence in our society today
- *'Young people lost in the middle of their drugs'*

## **Section Two: The Kilkenny Drugs Initiative Action Plan**

### **Q.1 Is there an addiction service catering for local Kilkenny people?**

General comments made were

*'The south-eastern Health Board is ahead of a lot of health boards at the moment in the initiatives they have taken'*, an addiction counsellor commented. The general opinion from other people was expressed by one person *'the availability of services, its not widely known'*.

*'nowhere really that people would like to go to'*.

The services that were mentioned by many were

- Aislinn Adolescent treatment centre in Ballyragget
- St Canices Hospital Kilkenny
- Community Alcohol Treatment Service, St. Luke's Hospital, Kilkenny
- The Samaritans – general help
- Alanon/AA/NA
- GP's
- Aiseiri – Cahir Co. Tipperary and Roxborough Co. Wexford
- Child and family services
- Garda station
- St. Vincent de Paul
- Drug Workers – initiatives in the South Eastern Health Board.



Many participants expressed no knowledge of the other addiction services offered by the organisations on the above list apart from their existence. Some of the services were discussed in detail. Some were:

### **Aislinn**

*'People don't know much about this place'* one person said. Another commented *'[it is]... glossy, expensive, not accessible, for the rich only'* another person added *'[Aislinn is] not for the ordinary youngster in the community'*. Other people said *'Aislinn deals -with youngsters from all over not just Kilkenny'*

**Overall feelings expressed:** There was a feeling put forward from many that they didn't know much about Aislinn in Ballyragget, many people were misinformed about this centre. Others commented that they would like to know more about it and that Aislinn should engage in PR work in the communities in Kilkenny.

### **CATS**

One person said *'There are horrific waiting lists in CATS.'* Another commented *'I have no knowledge of CATS'*. Other people said *'...this service is inadequate they only have 1 or 2 counsellors'*. Another participant commented *'this adult service overrun'*. A final general feeling was summed up by one man when he said *'CATS in St Luke's only deals with alcoholism'*

**Overall feelings expressed:** There was a feeling put forward from many that they didn't know much about CATS, many people were misinformed about this service. Others commented that they would like to know more about it and that the Health Board re. CATS should engage in PR work in the communities in Kilkenny.

### ***St. Canice's Hospital.***

In St Canice's 'they fill you up with drugs' one person said. Another young user said commented 'if you want to get stoned you go to Canice's. Another person said 'This is a mental home' and queried if they offered a service for addicts.

**Overall feelings expressed:** The majority of participants knew nothing about the services offered in St. Canice's, many people were misinformed about this service. Others commented that they would like to know more about it.

### **Q 2. Is there a gap in the services available**

It was unanimously agreed that there was a big gap in the addiction services available in Kilkenny for Kilkenny people. One person said 'You have to travel miles if you want help'.

### **Q.3 What actions need to be implemented and what services need to be made available to tackle the drugs issue locally?**

A co-ordinated, countywide, interconnected, user-friendly response which must be 'a joint effort from all services' (many participants felt). This will help curtail the mere 'chipping away [at] the problem' another person added.

#### **Prevention**

- One-to-one and group support for parents to 'get people talking'

- Substance misuse countywide education and training programmes for youth and adults. They must be *'accessible to all'*, *'look beyond community and class boundaries'* and *'respect and understand the addict and addiction'*. (Childcare must be addressed to allow full participation in these programmes)
- Life Skills training
- Accessible, challenging youth activities to allow young people experience the *'natural highs'*. One person said *'it is a hard task to try and make a youth group get as good a kick as a bottle of cider'*. Examples of ideas given by young people were skateboarding, bowling, groups with drug information nights, newsletter production and soccer leagues. Young people, both users and non-users felt that they were being excluded, these activities must be **inclusive**.
- A non-judgemental advice and information 'substance use and misuse' drop in centre for youth and adults. One idea was for a *'mobile information centre to go countywide'*
- Peer education
- Work with schools

### **Intervention**

- 'On the Ground' Addiction Counsellors – a free service especially for under 18's and families
- Family Support Groups and one-to-one support
- Misuser Support, groups and one-to-one
- A non-judgemental advice and information 'substance use and misuse' drop in centre for youth and adults where usage is *'not seen as a sin'*.
- Life skills training

## **Treatment**

- Detox facility. One parent said *'parents are trying to detox kids in their home, it's a joke'*
- Community Addiction Counsellors for families and youth especially under 18's.
- More accessible treatment centres
- Existing treatment centres to be more resourced and to engage in PR work

## **Aftercare**

- Family Support, groups and one-to-one
- Recoverer Support, groups and one-to-one
- On going, annual education and training
- Recoverers Forum, where those in recovery can meet and inform drug policies.

## **Publicity and media**

- Findings of the research to be sent and presented countywide and nation-wide. This will *'open up discussion and combat denial'* one person said.
- Language used by media to be addressed and the constant negative images of addiction in the Kilkenny media to be addressed. Report case studies of those who want to stop using and those who are in recovery.
- K.D.I. to engage in PR work

## **Management**

- *A 'compassionate, approachable and understanding'* team of staff and volunteers. People who will *'reach out to those at risk and those in need'*. There was a unanimous feeling that *'one person is not enough'*.

- Greater community, recoverers, and clerical representation and people working in addition on the management team
- Communities to inform policy
- K.D.I. management, staff and groups within the action plan, such as the family support groups to link nationally.
- Greater links between the K.D.I. and the Gardai.

**Q 4. What have you (individual/group) got to offer?**

**NOTE: COMMENTS MADE HERE ARE IN QUOTE FORMATION**

- *Supporting programmes*
- *Community groups acting as a medium to raise issues and deal -with them*
- *We have an interest*
- *get involved and help*
- *Give information*
- *Peer education*
- *Would -write articles for a Kilkenny newsletter*
- *Would love to get involved in training and teach others*
- *Spread the -word*
- *Will give our knowledge to the KDI (as social workers)*
- *I get on brilliant with young people have a lot of experience. I am willing to stick with young people. I would love to get training around the drugs issue*
- *I would help with fundraising*
- *I really know very little about drugs*
- *I have skills – I am a facilitator, I have a good rapport with young people*

- *I have a genuine interest in young people*
- *I would give my help in a practical way.*
- *Years of experience*
- *I have worked with addicts especially those -with alcohol problems*
- *I would love to put peer education groups together*
- *I would like to get involved and get help*
- *I would like to know more about drugs – I would like to get involved in a drugs education programme. I would eventually like facilitate myself*
- *A lot of personal experience. Help with information on – treatment, police issues, doctor issues, social workers, treatment workers, school workers, workplace issues, college issues etc..*
- *A lot of knowledge to bring to an interagency group*
- *Willing to be involved*
- *I know some of what is going on in Kilkenny*
- *I could help to spread the word as I am involved with schools and community things.*
- *My experience as a drug user and I'll try explain to people. No matter how long you are an addict you will always be recovering whether you are 18 or 60 years of age*
- *I'll do my best, I need to look after myself as well though*
- *Get involved in programmes*
- *We have facilities; KDI can use them.*
- *Would start up something and then walk away, more help needed.*
- *Be more aware*
- *Find out more info*
- *Help and support*
- *Keep people including the guards informed of those at risk before they do damage to themselves or kill themselves*
- *Looking out for things that are happening*

- *Support the KDI and the KDI supports local group*
- *Get youth in area to come to KDI meetings to talk*
- *Tell community of support groups which are available through the KDI when they are up and running.*
- *Spreading the -word to others if something -was happening*
- *Start up a newsletter*
- *Have a lot of contacts*
- *I am concerned, I would help in any way I could*
- *The organisation I work for have resource materials and run courses*
- *Support the project*
- *Give help to parents and schools*

### **Q 5. Who would run/teach programmes?**

- Young people
- Counsellors
- Community workers and activists. One person said, *'We have a lot of qualified people within communities – we could train trainers from communities who would work cross community – this is vital they have to be in touch with the real issues because even some youth workers are not in touch with them. That is my opinion'* Another person said there must be *'Constant training and re-training for community workers already there and new ones.'*
- Someone who has *'gone through it and come out the end or worked with those who are addicted'* not someone who *'read it from a booklet'* someone *'who is qualified to talk about it – no bullshit'* Another comment made was *'It is frustrating to talk to people who don't know what it's like, with no practical experience'*. One person commented *'Someone who has a right to stand up there – a lot of experience'*

- Medical personnel could play a part
- Addiction service people could also play a part
- Project worker KDI
- People with group skills
- Experienced facilitators. One community worker said *'Experienced facilitators only to train local people and to decide if people are ready to actually run courses or not after they have been trained. They could do a lot of damage with misinformation and if they didn't give the course properly – they need to know that by the end of the course they may / may not be facilitators'*
- *Social workers*
- *'No teachers'* many said only those who are *'really dynamic'*. *'Not the school teacher attitude'* one person felt.
- Parents
- Local community people
- People with a genuine interest
- Dynamic Gardai only. *'Gardai are not the best -people won't listen'*
- *Users themselves who are clean would be the best people, they know more about it. 'Someone who has done work on themselves and are clean for 2 years upwards' one recovering addict said. 'Not the health board, these people are seen as separate from the communities'* a person commented.

Someone who will train in *'Plain English'* one person said. He continued *'Many of us adults are early school leavers and if we are coming to something that is way over our heads, e.g. when you call it a course, you can frighten a lot of people, it needs to be different than the norm.'*



## ***Q. 6. Are there issues which may inhibit the ACTION process?***

The overall feeling of participants was that the K.D.I. ACTION Plan will work because it is needed. One person summed this up by saying ‘...no matter what obstacle arises if people are willing to go the whole way, the obstacles will become stepping stones’. Another person added ‘If you really believe in it, nothing will stop it—openness is the key’

*The main points which emerged frequently were:*

- Lack of action by police re: ‘*the huge supply of narcotics in Kilkenny*’ one person said.
- Fear
- Violent attacks, ‘... *like the one that happened recently*’
- ‘*People feeling blocked on the issue of drugs, not knowing how to deal with it or what to do*’ a person felt
- People not wanting the K.D.I. around e.g. *due to the effect on ‘tourism’*. One person commented ‘...*the tourist board won’t be happy with the findings... Kilkenny is always seen as the fairytale county.*’
- Individuals unwilling to listen and acknowledge the drug problem
- Denial and the ‘culture of silence’ in Kilkenny
- Breakdown of confidentiality
- Lack of personnel ‘*It is crazy to think there is only one drugs worker with the scale of the problem this is totally inadequate*’ one person commented.
- Political issues between groups represented on the management team ‘...*members trying to push their own agenda*’, another person said.
- Lack of Funding and resources
- The ‘*Not my problem*’ syndrome

- Prejudice against ‘the addict’. *‘This may inhibit drug centres opening’* one person said.
- Agency Power struggles
- *‘People or organisations using the programme to get a good profile, to be fashionable’*
- The drug dealers seeing the K.D.I as taking their clientele away. *‘Pushers and dealers are not going to be too impressed -with anyone out there -who is trying to rock their boat’* one person said
- Lack of resources
- Power struggles
- An unattainable service. *‘Plan must be attainable and realistic otherwise it will fail’*
- Lack of volunteers
- Bum out and over working of volunteers and staff
- *‘If things are done too quickly it will fail’* a person said. *‘Start small, spread it out eventually, take time with each step’*, one participant said
- Lack of participation of young people
- A non-co-ordinated effort between agencies
- A badly planned ‘Action’ Plan
- Lack of creche facilities will inhibit participation

### **Q 7. Anything to add?**

**NOTE: COMMENTS MADE ARE IN QUOTATION FORM**

*Final comments made were:*

- *‘I want to see action’*
- *‘It is time to stop this’*

- *'Even this has raised awareness, more people and agencies will get involved'*
- *'I would love to get more involved'*
- *'People will be more conscious in the future'*
- *'It would be good to get drama groups involved and groups involved in drama'*
- *'It is important not to target communities as the problem'*
- *'Use of 'language' is essential'*
- *'Important not to target families'*
- *'A positive momentum and team-work will work. People will see then that being involved will make a difference'*
- *'Rural areas and adults need to be involved – one to one contact'*
- *'More PR work is needed'*
- *'There needs to be more interaction with young people at local level, on the street corner contact'*
- *'There needs to be more recreational facilities for the indigenous people of Kilkenny who cannot afford the expensive gyms etc... Young people need to know that they can get their kicks elsewhere'*
- *'There is a massive need to deal with the drugs problem in Kilkenny. There is definitely a drug problem in Kilkenny. Someone will die soon'*
- *'This needs to be brought nationally' i.e. the K.D.I. research*
- *'People need to face reality, if something isn't done now in 10 years there -will be very few young people who are not caught in with the drugs scene in Kilkenny. We have to act now to save our kids in the future'*
- *'I am just glad that something is being done'*
- *'This ..[research].. is putting it about the community and recognising that there is a drugs problem in Kilkenny*
- *'KDI management team, there is good number of people and backgrounds represented'.*

- *I thought you -were here on your own, it's great to see the numbers on the list and the names' re. the management team.*
- *'We talk about our youth being our nations future. We talk about this huge resource that our young people are. I often thought that there should be a Minister of Youth, rather than having it fragmented' local member of the Gardai.*
- *It is good that something is actually being done. I will help in anyway I can and I wish you the best of luck.*
- *One lady said 'KDI research and pilot programme and eventual action plan may save someone in the future'*
- *One man ended the session he attended by saying 'if one person is saved then it's worth while doing'.*
- *Peer education is important the youth will spread the word*
- *The K.D.I, should become a lobby group*
- *It is important to record what the K.D.I, are doing*
- *You need to be aware of illiteracy issues when it comes to organising the courses*
- *Addiction Counsellor 'I'm fierce excited about it. It is marvellous what is happening, this will add tremendously to Kilkenny. I have no doubt that it will be wonderful'*
- *Health Promotion Officer 'I hope we can work together to prevent things from escalating out of control'*