



**COMMUNITY RESPONSE
PRESENTS**

Drugs and Community Education Pack©

Devised by Community Drug Workers Training Group 1998

Participants

Georgina Bowden

Denise Kenny

Janice Boylan

Janet Lawlor

Margaret Carey

Tony May

Ruth Campbell

Kay McEnroe

Fiona Corcoran

Angela O'Brien

Joe Cullen

Carol O'Reilly

Daithi Doolin

Teresa Rooney

Lisa Griffin

Teresa Weafer

Misuse of Prescription Drugs
Devised by Georgina Bowden Fiona Corcoran Tony May Angela O'Brien

Session Aim To raise awareness of the effects of benzodiazepines and the situations in which people take them

You will need: Flipchart Blu-tack Stiff Paper Recording of “The Drugs Don’t Work” by The Verve
Markers Scissors Glue Information on Benzodiazepines
Information Handouts A list of household products that people can misuse.

- Focussing Activity:**
- a) Play the song: “The Drugs Don’t Work”, Urban Hymns, The Verve. (Make sure each person have a copy of the lyrics)
 - b) Invite people to share a word or phrase from the song that struck them and share why?

(This will help people to begin talking about the subject of drugs. However it is a very moving song which can raise feelings in people that are painful. So use your own judgement on whether to use it or not. The exercise below serves just as well as a focussing activity).

- a) Divide group in smaller groups.
- b) Distribute some stiff paper/scissors/glue/markers.
- c) Ask groups to make a medicine cabinet filled with labels naming those drugs that are to be found in the typical home and to include the typical household products they think people could get high on.

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- d) Ask each group to present back to larger group
- e) Have large group discussion on what struck people with regard to the amount of drugs in the typical household and the why this is. Then distribute pre-prepared list of drugs and household product.

Session Input

(You will need to read more detailed information than is contained at the back of this resource book but remember nobody knows the answers to every question that might arise in a group so just say “I don’t know but I will find out for you”!)

- a) **Present information using flipchart or an overhead projector.**
- b) **Allow time for group to ask questions.**
- c) **Ask the larger group to break into 3’s to consider and feed back on the following questions.**
 - 1. **In what kind of life situations do people take benzos.?**
 - 2. **Where can people get benzos.?**
 - 3. **How easy is it to obtain benzos.? Why?**
 - 4. **Are prescriptions for benzos. always necessary?**

Note: Give people about 20 minutes to discuss these questions. We found that during this time individuals shared times in their own life when they were using prescription drugs to help them cope with crisis, bereavement and depression. The topic combined with peoples sharing usually gives rise to issues around the over prescribing of benzos. On this basis the following two questions were formulated so as to end the session with people having some sense of being able to find alternative ways of coping and tapping into the support others can offer.

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- 1. What guidelines would you offer to doctors about prescribing benzos.?**
- 2. What are the ways we can relieve stress without using benzos. unnecessarily?**

Conclusion: Emphasise the point that benzos. are often necessary to assist a person through a particular period in their life and that some people would not manage to cope without them. But that are various ways of complimenting their use and strengthening the persons own resources and ways of coping.

Ask people to brainstorm briefly on what (if anything) they have learned about benzos.
Ask them to say what they found good about the session and what they would have liked to be different about the session.

Methadone Information
Devised by Mags Carey & Lisa Griffin

- Session Aim** **To help increase awareness and understanding of methadone and its effects.**
- Time** **1½ hours**
- You will need** Flipchart/markers Prepared information to present Handouts Quiz Questions/Answer Sheet
Read background information on methadone/effects/treatment etc. at back of this pack.
- Focussing Activity** Present session outline on flipchart and check what the group are able for, how much they want to cover
(15 minutes)
- Session Input** a) Present section one of input (See back of pack).
(30 minutes) b) Follow input by breaking up into small groups to discuss the following questions:
- 1. What information would you need to know before you safely start someone on methadone?**
 - 2. How would you tell someone is doing well on methadone?**
 - 3. What are the pros and cons of someone switching from injecting heroin to methadone?**

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- c) Ask groups to feedback main points of discussion and refer to during input
- d) Present section two of input (See back of pack)
- e) Give people a chance to ask questions and to discuss the issues arising.

**Conclusion
Methadone Quiz**

- a) When people have had a chance to discuss information/issues distribute methadone quiz.
- b) Ask people to answer questions individually.
- c) After 10 minutes invite people to go in 2's or 3's while they feedback answers that can be checked off using the answer sheet. You can correct or clarify as is necessary.

(People might be a bit shy about doing a quiz as it reminds them of school so give them the option of filling in the answers and then taking the sheet home to check it off.)

Impact of Addiction on the Family

**Devised by Janice Boylan Ruth Campbell Daithi Doolin
Janet Lawlor Kay McEnroe**

Session Aim To look at possible needs of families living with addiction
To look at what services a family might need
To provide information on local family services

Time 1½ hours

You will need Flipchart/Markers Blu-tack Cut-out Feet/Bricks Role Play Information on Family Support
Services

Focussing Activity **Outline of Role Play (6 minutes)**
(30 minutes)

Characters: **Mother** 2 young children
Father Sam (Drug user presently on methadone)

- Sam is in bed late in the afternoon
- Mother and father argue over the fact that he is in bed/on drugs. Father shouts at mother, blames her for situation. She is taking Valium at the moment to help her to cope.

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- Mother is very stressed, at breaking point
- Children try to get parents attention but they are too caught up in arguing to respond.
- Sam is not disturbed from his sleep

Focussing Activity Contd.

Note: Role play should run for about 6 minutes and needs to be free of “messages” or the “moral of the story is..”. The role of the role play is to invite people into discussion, to open up the topic not telling people what to think and the way that it is.

- a) When role play is complete divide into small groups and ask people to discuss and feedback on the following questions.
 1. **What do you see happening in the role-play?**
 2. **Who is being affected? How?**
 3. **Does this happen in your communities?**
 4. **What needs do families similar to the one in the role-play have?**
 5. **Are these needs being met? How? By whom? If not why not?**
 6. **What needs to happen, who needs to be involved in seeing these needs are met?**

Session Input (15 minutes)

(Use information you have gathered on local family support services, it can be very good to include interviews of families living with addiction and the needs as they understand them)

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**Conclusion
(45minutes)**

The Road to Family Support

- a) Divide the group in two giving paper bricks to one and feet to the other
Ask the group with paper bricks to:

Discuss what might prevent families coming forward for support.
To write on each brick what these obstacles for families are.

- b) Ask the group with paper feet to:

Discuss what might help to encourage families to come forward for support.
Write on each foot what these helps would be.

- c) when each group have completed the task ask them to agree on one person to feedback
main points of discussion while sticking paper on the Road to Family Support.

- d) Close with brief group discussion on obstacles and helps and a brief summary of session.

Conflict in the Community

Devised by Joe Cullen Denise Kenny Teresa Weafer

Session Aim	To examine the issues and points of conflict in the setting up of local drug treatment services.	
Time	1½ hours	
You will need	Flipchart/Markers/Blu-tack Typed transcript of interviews Collection of materials for making symbols e.g. twigs/pebbles/wire/paper/scrap metal whatever!	
Focussing Activity (30 minutes)	“Chinese Whispers”	Leader whispers something in the ear of the person to their right. That person then whispers to the next exactly what they heard whether or not they understood, they are not allowed to ask you to repeat phrase. Continue with each person whispering to the next and when the last person has heard the phrase ask them to repeat to the whole group, finally ask leader to repeat what they actually said. (Have brief comments on how facts/events get distorted and how in reality this can make for conflict)
	Symbols	Place materials around the room and divide group into 3’s . Invite people to choose those materials that for them represent conflict in the community. (People may want something else in the room to choose, encourage them to use whatever captures conflict for them) Then ask people to share their symbols with each other and to agree on one person to feedback to the larger group.

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Note The symbol exercise can evoke a great deal of discussion and feelings about experiences of conflict in the community particularly, around the issue of drugs. It is important not to cut this short, so use your own judgement on when to move on.

Session Input (30 minutes) A Case Study and/or transcript of interview depicting issues of conflict in the setting up of drug treatment services. (See guidelines on back page)

- a) Talk people through case study/interviews and take questions if necessary.
- b) Divide into small groups and ask group to discuss and feedback on the following questions.
 1. **What strikes you about interviews/case study?**
 2. **What are the main points/sources of conflict? Why?**
 3. **Can you identify potential resolution of this conflict? How?**
 4. **Are you aware of similar situations? Discuss.**(Feedback main points on flipchart then general discussion)

Conclusion

- a) Divide into small groups and ask each group to:
 - Draw up guidelines for a community group beginning to get involved in the setting up of local drug services. What advice would you offer them by way of guidelines which might help them avoid/address potential conflict? (Feedback to larger group on flipchart).
- b) Finally, close with a meditation exercise as this topic can stir up a lot.

Community Involvement in the Drugs Issue

Devised by Carol O'Reilly & Teresa Rooney

Session Aim	To increase our understanding of why people do or do not get involved in responding to the drug issue.		
Time	1½ hours		
You will need	Flipchart/Markers/Blu-tack/Glue Newspaper Clippings	Blank A4 sheets Cut outs of leaf shapes	Large outline of a tree Candle Photocopies of Interviews
Focussing Activity (25 minutes)	General introduction:	Place spirals on the floor with phrases written on them Talk about the nature of the drug problem and how it seems to go round and round with us doing the same in an effort to respond. How every time we seem to be reaching our goal something happens to knock us back. Despite this people continue to get involved on and off so this session hopes to look at how they do this, why and what difficulties they encounter on the way.	
	News Clippings	a) Place news clippings around the wall and invite people to spend 5 minutes looking at them. b) Break into small groups to discuss the questions on next page	

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Note: It is important to stress that in using these clippings the intention is not to focus on any one individual or community but to look at what was happening in terms of people responding to the issue of drugs. Also if it is likely that some member of the group know or are related to people in the clippings you may decide to blank out faces beforehand or to check that it is okay to use them before the session. This can be a tricky part of the session and requires sensitive handling. If you are unsure about using them leave them out and go straight to interviews after the general introduction.

Questions for small group discussion:

1. What struck you as you looked at the clippings?
2. What was happening with the drugs issue at the time of these clippings?
3. What drew people out onto the street?
4. What are the benefits and drawbacks of this kind of action?
5. Is this kind of action still happening?
6. If not why not?

Get a member of each group to feedback the main points and spirit of discussion.

**Session Input
(25minutes)**

- a) Introduce interviews by giving the background to them and have main conclusions ready on flipchart to refer to.
- b) Distribute copies of interview and ask people to read them and then discuss in small groups covering the following points for feedback:
 - What stood out for people?
 - What were you feeling as you read and discussed interviews?
 - What were the central obstacles and supports?
 - Did they reflect anything of your own experience?
 - Are they typical of people's experience of becoming involved?

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Own Experience (30 minutes)

This next exercise is a chance for people to reflect on their own involvement and to look at what keeps them going, what hopes they have and generally to honour their own commitment to community. **This exercise is to be done individually.**

- a) **Distribute blank sheets and ask people to draw an outline of a tree and to write in words and phrases on the tree in response to the following questions:**
 1. When did I first become involved? (What drew me out, what is my present involvement rooted in, note at roots of tree)
 2. What are the different actions/groups/roles I have been involved with?
 3. What happened/was achieved because you got involved?
 4. What have been the successes?
 5. What have been the drawbacks?
 6. What keeps you going?
 7. What are your hopes now for your own involvement and for the drug issue?
- b) **Ask people to share in groups of three and to feed back how they found this exercise.**
- c) **Place leaves in the centre of room, ask people to choose two and to take a few moments to write on one leaf what keeps them going and on the other what their hopes are.**

Conclusion

Place large outline of tree on the wall and have glue ready and invite people to come up and stick their leaves to the tree sharing what is written if they wish. **Continue until every one has placed their leaves. Conclude by lighting candle at the foot of the tree using a closing statement that affirms peoples involvement, commitment and hope that will continue because of their involvement.**

Note: This exercise was used with community reps. on Drugs Task Forces. It worked very well and reminded and helped people to recover something of their original passion

SESSION INPUTS, INFORMATION, INTERVIEWS ETC.

INPUT

Benzodiazepines “Benzos” Benzos were designed in the 1960’s because of a high rate of overdose on barbiturates by a company called La Roche.,

Benzos are sedatives which depress the physical side of the brain.

Examples;

- **Mogodon**
- **Dalmane**
- **Valium**
- **Librium**
- **Prothiaden**

Benzos are;

A man-made drug.

A sedative mostly used to induce sleep.

Can be divided into two types; Hypnotics & sedatives

Hypnotics are used to make you sleep and sedatives are used to reduce anxiety.

Benzos may bring on suicide in depressed patients.

In cases of bereavement psychological adjustment may be inhibited. Benzodiazepines are used to help;

- **Relieve nervousness**
- **Relieve tension.**
- **Relax muscles.**
- **Encourage sleep**

Benzos are thought to lose their ability to induce sleep after a fort-night’s continuous use and may be ineffective against anxiety after four months. If drug is suddenly stopped withdrawal symptoms such as tremors, sweating, headaches, insomnia, nausea and vomiting etc. may occur.

VALIUM

Valium is prescribed:

- **As a muscle relaxant**
- **In the treatment of alcohol withdrawals**
- **For the relief of epileptic seizures**
- **To reduce anxiety**

Valium comes in four different forms:

- 1. Tablet**
- 2. Capsules**
- 3. Injectable**
- 4. Suppositories**

DOSE: FOR ANXIETY 4 DAILY

FOR MUSCLE SPASM 6 DAILY There is an immediate effect if injected lasting 30 minutes to two hours though effects can last up to four days.

DOTHIEPIN

BRAND NAME: PROTHIADEN

**BELONGS TO CLASS OF ANTI-DEPRESSANT DRUGS COMES IN TWO FORMS:
TABLET AND CAPSULE**

RED IN COLOUR, SUGAR COATED 75MG

BROWN AND RED 25MG

IT IS USED IN THE LONG TERM TREATMENT OF DEPRESSION, ESPECIALLY WHERE AN ANTI-ANXIETY EFFECT IS REQUIRED. IT IS ALSO USED IN THE TREATMENT OF INSOMNIA

DOSAGE

THIS CAN VARY FOR ADULTS AND THE ELDERLY DEPENDING ON THEIR NEEDS

EFFECTS WHEN USED FOR DEPRESSION

- **IT ELEVATES THE MOOD**
- **IT INCREASES APPETITE**
- **RESTORES INTEREST IN ACTIVITIES**
- **IT CAN TAKE SEVERAL WEEKS TO ACHIEVE THESE EFFECTS.**

- **THERE HAVE BEEN NO NATIONAL SURVEYS/STATISTICS CONCERNING OVERALL USEAGE OF TRANQUILLIZERS IN IRELAND**
- **BUT IT IS ESTIMATED THAT MORE THAN ONE AND A HALF MILLION PRESCRIPTIONS FOR TRANQUILLIZERS ARE WRITTEN EACH YEAR**

Input - Community Involvement in Drug Problem - Interviews

Awareness of Drug Problem.

When did you first become aware there was a drug problem?

1993, the people where aware of the drug problem but nothing happened till people started selling drugs in the area.

What was going on/happening at the time?

People where dealing outside their homes and in their community

What where your feelings/thoughts/fears/hopes of that time?

Their feelings where very strong because they were frightened for their children and because the dealers were beginning to hide their drugs in the bushes.

Thoughts: They would of lovin' to kill the pushers, to stop them from dealing.

Fears: Crime, robbery, children, needles being used. Use them to get money from them to feed their habits.

Hopes at the time: To get rid of the drug pushers.

To get some kind of help for the drug users themselves.

Getting involved.

When did you first become involved with trying to address the problem?

In 1994-1995 because the drug problem was getting bigger.

How: By getting people from the area to come together and setting out to stop the problem.

Why?: Because they would have been afraid of the drug users and drug dealers become violent.

With whom?: With people from other areas going to different drug meetings.

And some people did not get too much involved because their own dirty washing would come out.

What was the group/organisation trying to do?

Trying to get Committee on the ground. But because of the lack of people support and concerns within the community's and the drug problem it did not happen.

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What did you think/feel about what the group was doing?

Think: They were trying to stop the drug problem. But were being threatened by the pushers themselves.

Feel: They were trying to stick together but it was the same people all the time. People started to pass them by so they felt they where not going to win anyway.

Being involved.

What was your role in the group/organisation?

Being a concerned parent was one role.

Patrolling our areas.

Trying to stop the problem.

Getting out.

Stopped for a while but came back.

What kind of work/projects?

Went to meetings of other areas to see how they work and dealt with the drug problem.

What do you think were successes?

Going to meeting/marching with other communities/getting out to let the pushers know that we where not taking any more.

What did you think about the rest?

Not very much of them, because they would give out about our children playing put did nothing about the big problem, drugs'.

How did you mark these successes?

Felt the few people that took part got some successes/but was getting fed up, so they felt the problem would come back once nobody took part anymore/no getting rid of 'drugs'.

What were the main difficulties for you?

Fear, threatened, intimidated, living in fear, getting bigger, younger children. No hope - no support.

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What did you feel about these at the time?

Would have said nothing at the time of the meeting or marches.
But when talking to them in the street, they would have their say.

How did you deal with them?

Tell them the truth.
Think: Great at the time but not so good now.
Getting people's support I fear, because of younger children.

Becoming less involved.

When did you begin to become less involved?

When people got less involved and stopped caring about the drug problem.

Why? What were the circumstances?

Because people felt they were wasting their time because the problem is not going to stop. But being involved at some time did not stop the pushers coming through our area.

How did you withdraw?

It was gradually over time.

What was your reason?

Felt people did not care so they felt left on their own and they would have been afraid of the lack of support.

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What are you at now?

Not involved in anything - it's a dead end.

Looking back what might have helped you stay involved?

Getting more support from the community. More education.

Did you get re-involved?

But would be prepared to get involved.

The drug issue itself?

Not getting support. Not caring about the problem.

Having a lot of fear of people and certain friends and family dependent on the drugs.

General Pattern?

Problem getting bigger.

Did your involvement get a response from friends, neighbours, and family?

Got involved at time even though they did not know about their own family.

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AWARENESS OF DRUG PROBLEM AREA

Awareness of Drug Problem

When did you first become aware there was a drug problem?

I was aware there was a drug problem here in my area in the early 80's.

What was going on/happening at the time?

There was only a handful of drug users at the time and it was hidden.

What were your feeling/thoughts/fears/hopes?

I remember thinking that they where drunk. I didn't realise it was anything else.

Getting involved.

When did you first become involved with trying to address the drug problem?

I became involved about 6 years ago, just within my own family and then within a family support outside the area.

What was the group/organisation trying to do?

The group was first trying to cope with their own problem in the home and then began to discuss the problem openly outside the group.

What did you think/feel about what the group was doing?

I was happy with the group because I seen people as well as myself become stronger through the group.

What did you want from the group?

What I wanted was the group to stand up in the community and work towards getting a service but people outside didn't feel the same and we got frustrated and that's when I packed it in.

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Being involved.

What was your role in the group/organisation?

I was a member.

What kind of work/projects?

Encourage more families to come on board the group.

What do you think was successful?

Families became stronger and more united.

What did you think about the rest?

I thought at least we as a group gained something out of it

How did you mark these successes?

Through the work and experience of the group we did get the message across to some people.

What were the main difficulties for you?

I was very upset when the community wouldn't back us because I had it in my home.

What did you feel about these at the time?

I was very angry and annoyed and couldn't think about anything else at the time.

How did you deal with them?

I just continued to work with the families and the addicts and didn't care what hassle I got.

What did you get personally from your involvement?

It was a healthy learning experience for me and I can honestly say that it was worth it. I think what I learned most of all is if you stick at it and work hard you can achieve things.

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Becoming less involved.

When did you begin to become less involved?

When I realised not everyone in the group wanted to help the young people and they were there just to stop us from doing anything.

Why? What were the circumstances?

I realised most of them were only worried about devaluing their houses. The community was being intimidated by these people. I just got pissed off and I made more enemies for myself.

How did you withdraw?

Gradually over a time, my head was so wrecked because nothing was being done as well as that it was very close to home.

What was your reason?

I felt nothing was being done and that people at the meeting used the power of words to twist it to their own advantage.

METHADONE INPUT Section One

- **METHADONE** is a synthetic opiate, which is long acting
- **In Ireland** it is seen in two forms: **Green & Brown.**
- **GREEN MIXTURE 1mg/1ml Stronger than Brown**
Green Methadone is: double strength of brown
Sugar-free
- **BROWN LINCTUS 2mg/5ml**
Full of sugar.
Not as strong as green

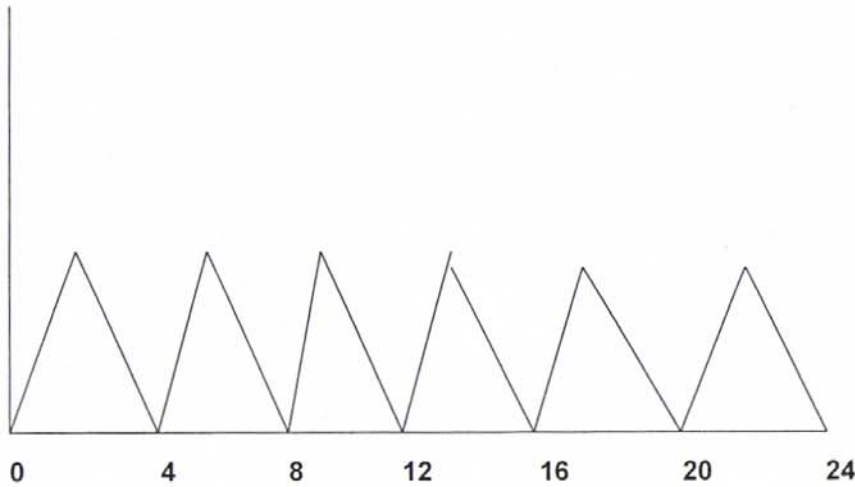
Its use for treatment of heroin dependence goes back to the early 1960's in America to treat drug users. It was invented in Germany.

HOW DOES METHADONE WORK?

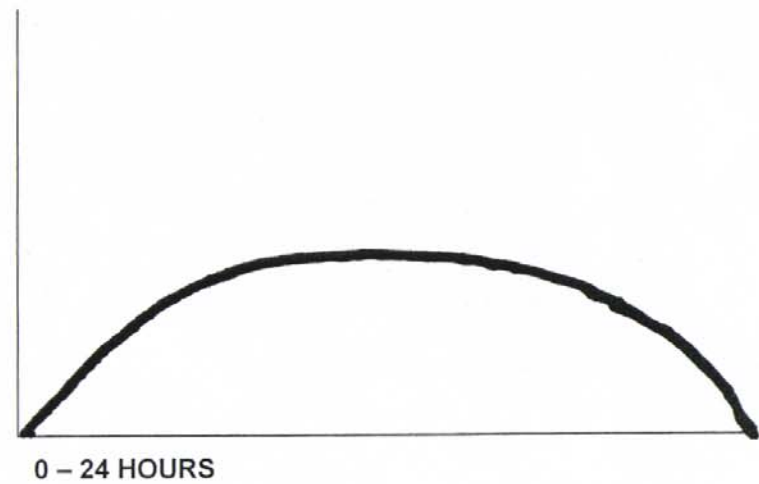
HEROIN

METHADONE

Once the correct dose has been established there is enough methadone in the bloodstream to last 24 hours for as long as methadone is taken



When heroin is taken it drops to 30 % of its peak after 3 minutes.
Withdrawals begin about 4 hours after the last dose was taken



METHADONE & YOUR BODY Section Two

WHAT'S THE DIFFERENCE BETWEEN A MAINTENANCE AND A DETOX?

DETOXIFICATION/DETOX'S

Methadone involves a gradual - reduction of methadone over a period of time which can be anything from one week to six months.

MAINTENANCE

Involves taking a set dose each day. Methadone maintenance can be from six months to a number of years, depending on the person.

WARNING

If an adult is not tolerant to heroin or methadone, 50mgs can be fatal and will kill someone, 10mgs can be fatal for a small child and can also kill an older child

The population taking methadone registered with Trinity Court is 3,000.

POSSIBLE EFFECTS OF METHADONE

- (a) A high that is less intense but longer lasting than heroin.**
- (b) A controlling/leveling of emotions.**
- (c) Drowsiness.**
- (d) Poor sleep/reduced dreaming and deep sleep.**
- (e) Increased light sleep, nightmares and time spent awake.**
- (f) Feeling or, rarely, being sick. If you are sick after taking methadone it is more likely to be caused by a medical problem (or if you drink, by alcohol) than by methadone. Get your doctor to check it out.**
- (g) Sweating**
- (h) A warm feeling in your body.**
- (i) Reduced or absent menstrual periods.**
- (j) Reduced sexual desire.**
- (k) Dry mouth.**
- (l) Reduced concentration.**

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- (m) Reduced energy.**
- (n) Reduction of physical pain.**
- (o) Small pupils.**
- (p) Slower breathing.**
- (q) Depressed cough reflex.**
- (r) A heavy feeling in y our arms and legs.**
- (s) Constipation.**
- (t) Stomach pains.**
- (u) Difficulty in passing urine.**
- (v) Blushing or the face and neck.**
- (x) Itching.**
- (y) Dizziness.**

UNLESS IT HAS MADE YOU DROWSY METHADONE WON'T AFFECT.

- 1. Co-ordination.**
- 2. Speech.**
- 3. Touch.**
- 4. Vision.**
- 5. Hearing.**

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METHADONE DOES NOT DAMAGE:-

1. Your heart. 2. Your liver. 3. Your brain. 4. Your bones. 5. Your reproductive system. 6. Your immune system.

*It is true to say that methadone, even if taken for years, causes no physical damage.
The only “damage” that occurs is in terms of the dependence on the drug which can be difficult to overcome even if you really want to.*

OVERALL RISK FOR BABIES OF WOMEN USING PRESCRIBED METHADONE

Possible problems following Methadone use during pregnancy.

The main problems appear to be:

- (a) Low birth weight,
- (b) Withdrawal symptoms in the baby.

Some studies have also found raised incidence of Jaundice, sudden infant death syndrome and raised mortality. All of these possible problems are discussed.

Some studies also recommend that if someone is on prescribed Methadone and is around seven to eight months pregnant not to stop, as this can cause major problems to both the mother and baby

METHADONE is addictive. Your body soon comes to expect a regular dose of methadone and if you stop taking it, you can get withdrawals symptoms.

As well as physical addiction there is also psychological and emotional dependence because methadone, like heroin, has a very powerful effect on your moods.

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So the desire or need to take methadone or any opiate, often lasts for a long time after the physical withdrawals have worn off.

In saying this it depends on the person, whether they are physically ready to let this addiction go - to become drug free.

The population taking methadone registered with Trinity Court is 3,000.

METHADONE QUIZ

1. **Where was methadone invented?**
(a) America (b) Germany (c) England
2. **How much stronger is methadone mixture (green) than methadone linctus (brown)?**
(a) Twice (b) Five times (c) Two and half times
3. **How much methadone could be fatal for a small child?**
(a) 50mg (b) 10mg (c) 5mg
4. **How much methadone could be fatal to an adult who doesn't take any opiate drugs?**
(a) 50mg (b) 20mg (c) 80mg
5. **Which country was the first to use methadone to treat drug users?**
(a) Ireland (b) England (c) America
6. **How many drug users in Ireland are officially registered as being treated with methadone?**
(a) 3000 (b) 2000 (c) 5000
7. **Which of the following can daily use of methadone cause?**
(a) Physical dependence (b) constipation (c) urinary retention (d) all of the above
8. **Methadone is:**
(a) An Opiate (b) opium (c) An opioid

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9. Which of the following when mixed with methadone can cause an overdose?
- (a) Heroin (b) Valium (c) alcohol
-
10. The correct dose of methadone given daily to a heroin user should hold off withdrawal symptoms for
- (a) 12 hours (b) 24 hours (c) 36 hours

Answer Sheet for Methadone Quiz

- Q.1 (B) Germany**
- Q.2 (A) Twice**
- Q.3 (B) 10mg**
- Q.4 (A) 50mg**
- Q.5 (C) America**
- Q.6 (A) America**
- Q.7 (D) All of the above**
- Q.8 (A) Opiate**
- Q.9 (D) All above (but alcohol is more dangerous)**
- Q.10 (A) 24hrs**

GUIDE LINES FOR INTERVIEWS/CASE STUDIES

Here are some questions that may be of help when conducting your interviews or devising a case study.

Interview Questions for Service Providers

1. How did this service get started?
2. Who was involved in deciding to put it in place?
3. To what extent did local community people participate in its development and delivery?
4. What is the local community's present role with in service?
5. Were there issues of conflict around the kind of services you provide?
6. How was this expressed?
7. Were the conflict issues resolved? How? With whom?
8. Are there outstanding issues yet to be resolved?
9. How would you describe the role of community in drug services?
10. How would you like to see this role develop?

Interview Questions for Local People

(As above to get a different perspective)

CONFLICT IN THE COMMUNITY: SERVICES

Services for drug users / families and communities in the South Inner City.

Eastern Health Board

Addiction Counselling

Counsellor: Niamh Banks

37 Castle Street, Dublin 2. Tel: 4785574/4785576

By appointment only.

Times: 9.30 – 12.30

2.30 – 4.15

Services provided: One to one counselling.

Family Counselling.

Group Work.

Individual and family assessment.

Contact service in South Earl Street – Wednesday morning.

Drop-in service in Oliver Bond.

Drop-in service in Donore Avenue – Thursday morning.

OUTREACH WORK

Outreach Worker: Anne Fanning

37 Castle Street, Dublin 2. Tel: 4785574 (24 hour answering service)

- Services provided:
- HIV Prevention
 - Needle Exchanges
 - Drug Workshops
 - Information to local groups.
 - Community Work.
 - Individual Support.
 - Resource to groups.
 - Specialist groups.
 - Gay and Women’s Health Work.
 - Project Work.

HIV COUNSELLING SERVICE

HIV Counsellor: Robin Thompson

37 Castle Street, Dublin 2. Tel: 475 4274 (24 hour answering service)

- Services provided:
- Pre and Post Test Counselling.
 - On-going counseling and support for people who are HIV positive, their partners, families and communities.

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COMMUNITY WELFARE

Community Welfare Officer: Martin O’Donohoe

37 Castle Street, Dublin 2. Tel: 4754274

Services provided: Advice, information and support on Health Board and Social Welfare Services and schemes relating to the welfare of those who are HIV positive (or at risk of becoming so), their partners, families and carers.

No direct access to S.W.A. payments.

MOBILE CLINIC

Services provided: Low dose methadone maintenance for Intravenous Drug Users not linked to other services.

Harm Reduction Programme.

Needle Exchange.

Advice and Support.

Seven Day Service.

*Referrals through outreach workers or addiction/HIV counselors.

NEEDLE EXCHANGE – INCHICORE

Thursday afternoons – Inchicore Health Centre – 2.15 - 4.30p.m.

Services provided: HIV prevention. Needle Exchange. Advice and referral.

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SAFER SEX EDUCATION. CONFIDENTIAL SERVICE.

Third Floor, Trinity Court (Eastern Health Board), Tel: 6717659/6717298

Services provided: Clinical Services.
 Counselling.
 Outreach.
 G.P. Services.
 Specialist Services.

CUAN DARA (CHERRY ORCHARD HOSPITAL – DETOX)

Cherry Orchard Hospital, Upper Ballyfermot Road, Dublin 10. Tel: 6264702

Services provided: 12 bed in-patient unit.
 Detoxification from opiates and other drugs.
 Full time counselors provided for group/family and individual counselling.
 6 week programme.
 2 years aftercare.
 Staffed by Doctors, Nurses and Counsellors.

ROWAN WARD – UNIT 3, CHERRY ORCHARD HOSPITAL. Tel: 6264702

Services provided: Respite/Convalescence and terminal care to people who are affected by HIV/AIDS.
 Capacity 18 beds.

SERVICES PROVIDED BY VOLUNTARY/COMMUNITY AND OTHER GROUPS

TRINITY COURT - Drug Treatment Board

Trinity Court, Pearse Street, Dublin 2. Tel: 6771122

Services provided: 3 week detox.
 Maintenance.
 N.A. Meetings.
 Staffed by Doctors, Nurses and Social Workers.
 Referrals to Beaumont Hospital

BEAUMONT HOSPITAL - Detox.

St. Michael's Ward Drug Detox, Beaumont, Dublin 9. Tel: 8377755 ext. 3938/9

Services provided: In-patient 24 service.
 Detoxification from Drugs/Alcohol.
 10 beds available.
 * **All referrals from Trinity Court, Pearse Street, Dublin 2.**

COMMUNITY REPOSE

Community Response, 29 Blackpitts, Dublin 8. Tel: 4549772

Services provided: Community Response works with individuals and communities helping them to determine their own response to drugs and related issues. Provides training, education and drug awareness programmes in the catchment area.

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COOLMINE HOUSE

Coolmine House, 19 Lord Edward Street, Dublin 2. Tel: 6794822

Services provided: Drug and HIV Counselling.

Family Services

Residential services depending on assessment.

Aftercare.

G.U.M. CLINIC (St James's Hospital)

Services provided: Sexually transmitted diseases clinic.

HIV Clinic

Walk in service for emergencies, for people who are HIV Positive.

Opening hours: 9.00 – 5.00p.m. Monday to Friday.

SOILSE

Soilse, 1 Henrietta Place, Off North King Street, Dublin 1. Tel: 8724922/8724859

Services provided: Drug rehabilitation using adult learning and social integration to overcome addiction.

Part time groups.

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RIALTO COMMUNITY DRUG TEAM

St Andrews Hall, 48 SCR, Rialto, Dublin 8. Tel: 4540021

(A partnership between the EHB and the Rialto Youth Project.)

Services provided: Advice and information.

Counselling and support.

Referral and treatment.

Aromatherapy, massage, art.

Advice on HIV and pre-test counseling.

Drop-in services.

DRUG SQUAD

Garda Siochana, Harcourt Terrace, Dublin 2. Tel: 4755555

Services provided: Drugs information.

Advice and information.

LOCAL G.P.'s – Prescribing.

LOCAL PHARMACIST'S – Dispensing.

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OTHER RESIDENTIALS

- AISEIRI.
- Rutland Centre
- Sr. Concillio's
- La Patriarc.
- Merchant's Quay

EASTERN HEALTH BOARD EDUCATIONAL OFFICER

Jim O'Shea - South Inner City and other areas. (Based in Blanchardstown).

Tel: 8220221

Community Involvement Sessions

NEWS CLIPPINGS

GUN GANG KIDNAP MAN OUTSIDE PUB



CONFRONTATION... (top) gardai come between friends of Tommy Gaffney from Crumlin and residents of St. Theresa's Gardens at the flats yesterday.
Above Banners carried by the crows from Crumlin.

A DUBLIN man was kidnapped by four armed men outside a city public house last night.

A big garda search was going on for the gang today, with no sign of the missing man.

The gunmen's victim was 33-year-old Thomas Gaffney, of Captain's Road, Crumlin, who works at Mount Jerome cemetery as a gatekeeper.

Mr. Gaffney was drinking in the Part Inn, Harold's Cross. When he came out at around 6 p.m. he was bundled into a van by the four men waiting outside.

Gardai do not believe that the kidnapping is connected with activities involving concerned parents groups against drugs.

Mr. Gaffney's mother, Mrs. Christine Gaffney was today being comforted by four of her sons. His wife Margaret, and 15-months-old daughter Aisling were in their mobile home at the rear of Mrs. Gaffney's home.

Gardai later found the stolen Hiace van abandoned at Church Street.

March on flats Over kidnap man

From page 1 Meanwhile, the central harassment by the gardai who was shot in the legs in committee of the Dublin against members of the St. Theresa's Gardens by Concerned People Against committee in the past few gunmen believed to be Drugs said an emergency days. working for drug racketeers. meeting had been called to

Mr. Gaffney claimed discuss the kidnapping. "We would like to see the gardai stepping up their that his brother was in Mr. Eddie Greene, campaign against the drug another house at the time of PRO, said the groups pushers and not the anti- the shooting. "None of us wanted to state that the drug campaigners".

even given up the no responsibility or investigating Mr. Gaffney's cigarettes," said Mr. involvement" in the disappearance said Gaffney. abduction. yesterday that there was still no sign of him.

As the 40 men banged They would like to see no sign of him. Mr. Gaffney (33) on doors, surrounded the media taking a more married, from Captain's houses, and shouted at the "responsible attitude" Rd. was kidnapped outside occupants, there was no towards the anti-drug the Park Inn public house in visible Garda presence. campaigners as "sometimes Harold's Cross last Sunday by four men.

Gardai were only in their reportn leaves us wide open to intimidation and by four men. evidence when the marchers passed the Coombe retaliation", he said. Detectives Hospital on their way to St. Mr. Greene also said investigating the case said Theresa's flats, when a they wanted to express their any IRA connection Garda van drove in front of "dis- the march.

BULLETS FIRED IN DRUGS WAR



Gardai search for clues near the scene of the shooting.

By PAUL THOMAS

DUBLIN'S drug barons hit back early today in a revenge shooting attack in a block of flats where vigilantes have declared war on the pushers.

One man was injured and another escaped unhurt when two masked men opened on them in St. Teresa's Gardens.

And later residents at the flats complex, off the South Circular Road, told how the two men could have been

FIGHTS BACK!

was called off and all bets were cancelled.

Part of the reason is the new Concerned Parents' movement, which courageously took on the pushers and appears to have won.

Whatever has happened, there is now a sense of inner strength in the inner city. The place is humming with energy. community

workers, professional workers and local people spark off each others, almost buzzing and cracking with new ideas. Hope is no longer a dirty word.

In the final part of a special feature, we look at why this has happened. And what's going to happen next.



**DES EKIN
REPORTS**

The workers with no jobs

THERE ARE no jobs to be had in Summer-hill. But that doesn't mean there's no work.

Although the unemployment rate in the area hovers around the 60 per cent mark, many of the young jobless are working just as hard as anyone on an office or factory payroll.

The reckoning behind the scheme is that, if they don't have jobs, at least they get the opportunity to acquire skills which they can then put to use within the community.

Courses include subjects such as sports coaching, photography, and catering.

After the 20-week course concludes, some of them go on to apply their skills to voluntary work in local school and hostels.

One teenager who ha done this is Michael Coghlin, 19. He says: "I helped out as a teacher's aid at schools in the East Wall, taking gym lessons and passing on some of the skills I'd learned on the

that is, employment in the sense of producing goods.

"Employment will have to take the form of serving the community needs. This means local people getting involved in the educational process, for instance, and in leisure activities – not passively, but actively."

Mick reckons the modern problems of the

Inner city stern from a refusal to recognize the poverty and multiple deprivation in the area.

"The only way we'll ever get action is for Alan Duker or Gemma Hussey to become unemployed and live in a flat in the North Inner City," he says.

"As it is, they just block it out of their minds."



Coffin heads Dublin city drugs demo'

MORE THAN 4,000 people took part in an anti-drugs demonstration in Dublin today. The parade was headed by a coffin.

Traffic in the city centre was brought to a standstill for about half an hour as the group made its way to Leinster House where a letter of protest was read out.

At least 2,000 people came from St. Teresa's Gardens, Crumlin and Pimlico areas and there were groups from Fatima Mansions, and the North Inner City Residents' Association.

Behind the coffin, a line of women pushing prams formed the advance party for the placard waving crowd who chanted slogans such as:

'Build a bonfire, build a bonfire,
Put the junkies in the middle and the pushers on the top,
'Build a bonfire, build a bonfire,
And burn the bloody lot.'

Leaflets were handed out along the march route, by the Parents Concerns Committee, asking citizens to co-operate checkpoints, to observe strangers in their area, and to educate their children to the danger of drugs.

A feature of the march was the large number of young including many school-children who participated, including one group of youths carrying a skeleton with the attached message. "Heroin caused this. This man tired all in vain."

A Special Branch inspector said that known members of the Provisional IRA were

among the marchers.

Art thief Rose Dugdale and Sinn Fein member Christy Burke, a candidate in the Dublin Central by-election, were among those on today's protest march.



• Taking part in the big march through Dublin yesterday by the Parents Concern Committee calling for more effective action against drug pushers.

(Picture by Pat Cashes)

4,000 marchers call for action on drugs



Former drug addicts who led yesterday's Parents Concern Committee parade in Dublin pictured outside the Taoiseach's office in Merrion Street.

CONCERNED parents and relatives of Dublin's drug-affected youth took to the streets in an anti-drugs march yesterday afternoon.

Almost 4,000 people took part in the demonstration, which is believed to be one of the first of its kind in the world. It was led by four ex-addicts, with whitened faces and dressed in shrouds, who carried a small black coffin inscribed with the words "Our Kids' Future."

A life-sized rubber skeleton, hung from a placard bearing the words, "Heroin Caused This," was also carried at the head of the march.

Traffic in the city center was brought to a standstill for about half an hour as the group made its way to Leinster House the Taoiseach's office, and continued to the Department of Justice.

At least 2,000 people came from St. Teresa's Gardens, Crumlin, and Pimlico and there were other groups from the Concerned Parents Organisations in the Tallaght, Ballymun and inner city areas.

Leaflets were handed out along the march route by the Parents Concern Committee asking citizens to co-operate with gardai, to help at checkpoints, to name known pushers to the committee, and to educate their children about the dangers of drugs.

A Special Branch inspector said that known members of the *Provisional IRA* were among the marchers, as part of a campaign to win support.

As the march progressed, the crowd chanted slogans, such as "Build a bonfire put the pushers on the top, put the TDs the middle, and burn the whole lot".

Reporters were no more popular with the marchers than the pushers, as the march organizers claimed in their letter that they had been "villified as vigilantes" by the media and were therefore left as "open prey to the pusher." Marchers were instructed not to talk to reporters.

They blamed journalists actions for the shooting of a member of the St. Teresa's Gardens committee last Tuesday, but stressed that, rather than frightening them such incidents made them more determined to "unite against the drug dealers."

The letter, which was presented to the Taoiseach, set down several demands, including mandatory sentences, for drug dealers, special courts to deal with drug offences, the abolition of medical reports required by the courts before sentencing for drug-related offences, and the abolition of deportation for foreign drug offenders convicted in this country.

Among those who attended the march were Rose Dugdale, Sinn Fein member, and candidate in the Dublin Central by election.



Anti-drug Protest march

Parents and children protesting against the activities of drug-pushers in Dublin, marching through the city yesterday to a rally outside Leinster House. — (Photographs: Kevin, McMahon)

VIGILANTES’ NEW WAR ON

DRUGS

**DUBLIN parents have
declared war on drug pushers.**

Hundreds of them set up checkpoints and patrolled a city suburb last night in a drive to flush out pushers and junkies.

And the first “community watch” in lower Crumlin has worked.

Parents caught one drug pusher and five drug users and handed them over to the Garda Drug Squad.

As patrols of men and women kept a watch on areas around the Clogher Road today, plans to step up the campaign were put into action.

And tomorrow

By Bairbre Power

residents set up six checkpoints on Parnell Road, Rutland Avenue, Aughavanagh Road, Clogher Road and Sally’s Bridge.

They stopped every car and interrogated pedestrians.

The main Clogher Road, at the junction of Sundrive Park and the ITGWU Sports and Social Centre has become a major heroin, drop and dealing position.

They apprehended three drug users in Sundrive Park, including a girl of 16 and later chased a drug dealer from his selling point at Sally’s Bridge into a nearby house on Lullymore Terrace”.

During ...

Drug abuse Protesters to march in Dublin

BY GORDON PATERSON

MORE than 3,000 people are expected to march on Leinster House next Wednesday in protest over drug abuse in Dublin city. Main theme of the demonstration will be a demand for the Taoiseach, Dr. FitzGerald, and the Minister for Justice, Mr. Noonan, to press for judges to award the sterner sentences recently introduced by the Government.

Last night some 900 concerned parents from many parts of south Dublin, including Upper Crumlin, Walkinstown, Drimnagh and Inchicore, packed Scoil Iosagain, Augavannagh Road to make public their recently formed anti-drugs committee.

Gardai and churchmen in attendance immediately gave them their full support.

One of the first moves by the committee was to clear the name of Shay Hogan from Guitland Grove. He had been labeled a "pusher" by local people. Last night they gave him a public apology.

A committee spokesman who refused to be named told this paper: "We would also like to point out that the incident involving the man who was shot in the leg had nothing whatsoever to do with us. He was the innocent victim of drug pusher."

Local also opened a fund-raising campaign and intend to buy sets of "walkie-talkies" to link communication throughout the districts.

MARCH MERGE

The committee spokesman also disclosed that anti-drug committees from many parts of north and south Dublin would merge for the march next week on Leinster House.

CONCERNED PARENTS AGAINST DRUGS CAMPAIGN

MARCH TO DAIL EIREANN

WED, 29th, FEB.

ASSEMBLE AT PARNELL SQ. AT 2.00p.m.
