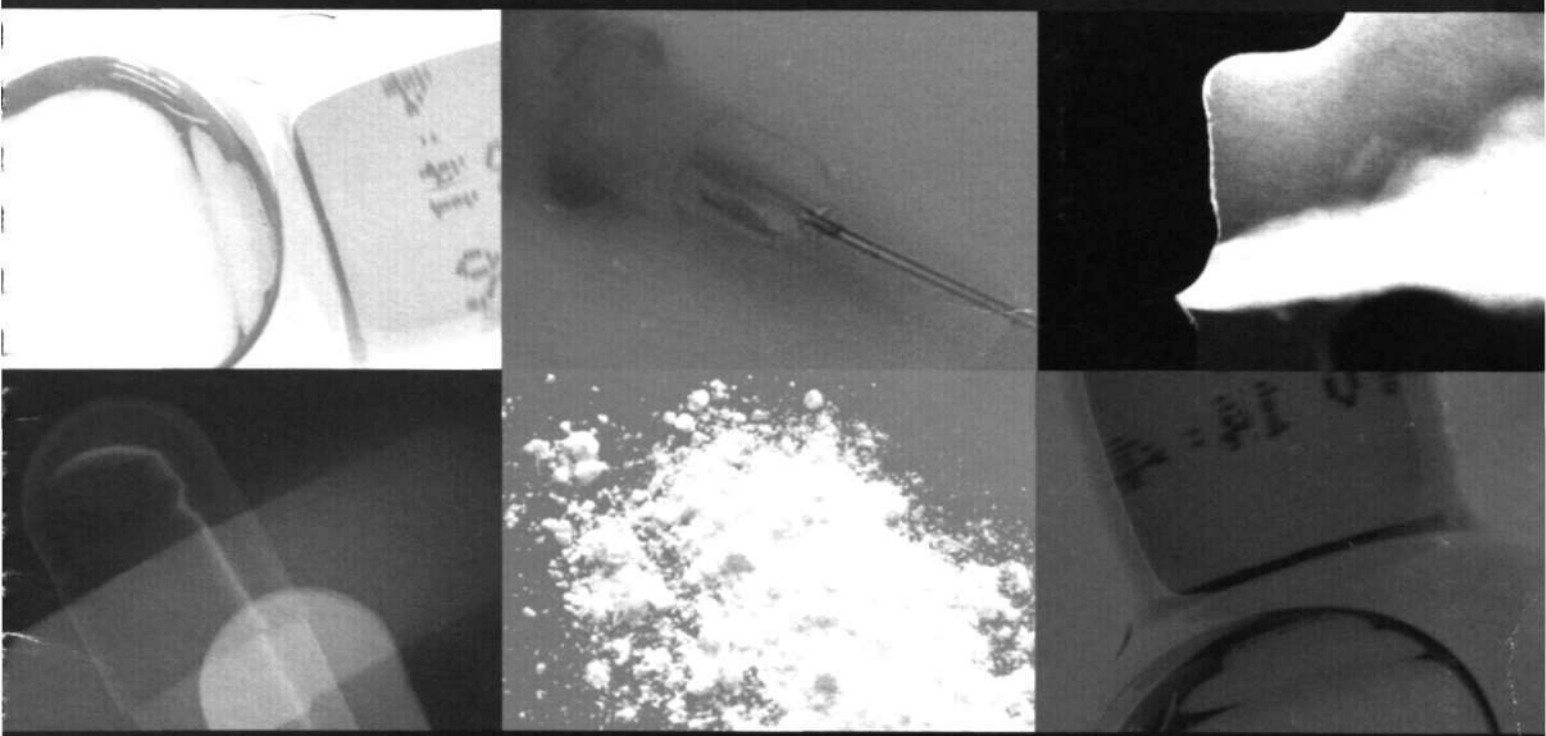
Support Pack

for Dealing with the Drugs Issue in Out-of-School Settings



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CENTRE ON DRUG USE

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Support Pack

for Dealing with the Drugs in Out-of School Settings

Background to the development of the Pack:

The National Youth Health Programme is a partnership between the National Youth Council of Ireland, the Health Promotion Unit of the Department of Health & Children and the Youth Affairs Section of the Department of Education & Science. The role of the National Youth Health Programme is to provide a broad-based, flexible health promotion/education support and training service to organisations in the Out-of-School Sector. This work is achieved through the development of programmes, interventions and policies specifically for and with the non-formal education sector throughout the country and the training and support of workers and volunteers working on health related issues within this sector.

The National Youth Health Programme developed the first Youth Work Support Pack for Dealing with the Drugs Issue in 1996. This work provided a mechanism for the National Youth Health Programme to provide training and support for many youth and community organisations to develop their organisational drugs policies and to explore a structured framework for dealing with the drugs issue at organisational level.

With the publication of the National Drugs Strategy 2001-2008 an onus has been placed on organisations in the Out-of-School Sector to have in place organisational drugs policies. With this in mind the National Youth Health Programme has commissioned the revision, rewriting and reprinting of this Support Pack in order to take account of developing trends in relation to the drugs issue both nationally and regionally.

The National Youth Health Programme is pleased to produce this new version of the Support Pack and is extremely grateful for the funding to undertake this work that has been provided by a number of the Regional Health Boards.

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Disclaimer
The National Youth Health Programme is grateful to all those who have influenced and contributed to the development of this Support Pack. We are thankful for the ideas that have been exchanged and shared by various groups during this process. Every effort has been made to acknowledge the resources and materials that contributed to the development of the Pack.

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Introduction

Since the publication of the original Youth Work Support Pack in 1996 there have been many changes in strategies for dealing with the drugs issue. In the intervening years significant developments have taken place with regard to drug prevention within the statutory, community and voluntary sectors. In addition to these developments there now exists greater evidence-based research highlighting what works in the area of drug prevention.

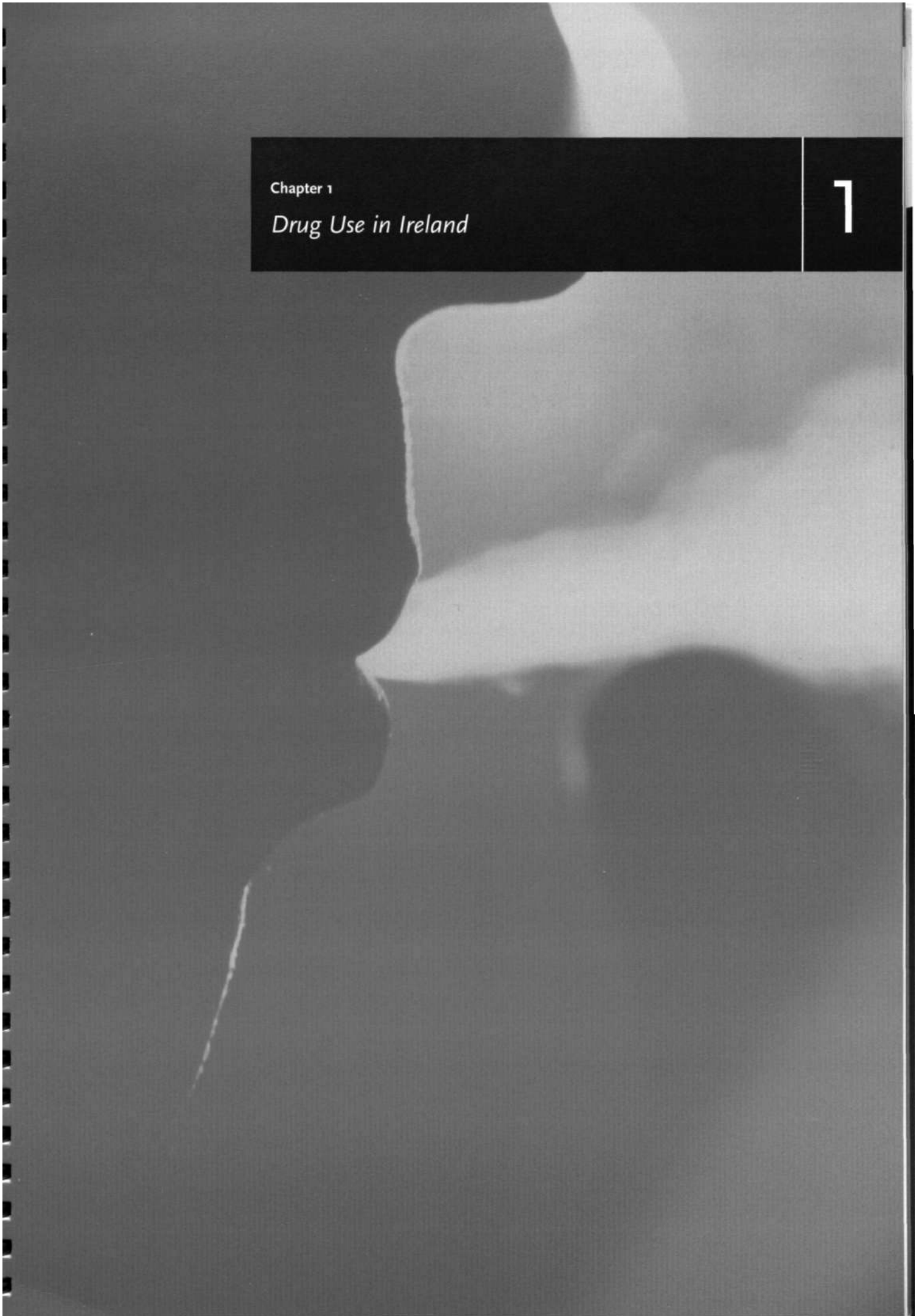
At present, the availability of drugs/drug types, modalities of use and the structures of service provision are quite different than what they were in the past. It was, as a result of these reasons and other highly pertinent issues, which were voiced during the nationwide drugs training delivered by the NYHP that it was decided to update the existing Youth Work Support Pack.

Essentially, this is a support manual, which will be a practical resource and reference guide for those who are involved in the development of drug related policy and strategy. The training that accompanies this manual is targeted at individuals who have advanced knowledge of drug issues and an appreciation of the value of Youth Work approaches.

This manual is predicated on the assumption that drug misuse, both legal and illegal, is a nationwide concern and should not be viewed exclusively as an urban phenomenon. Drug prevention initiatives should be firmly positioned within a health-promoting framework, one that recognises the merits of a holistic approach and values an environmental response above an institutional one. Strategies to tackle drug misuse should be premised on evidence-based research and motivated by efficacy rather than enthusiasm.

On a broad level, drug prevention strategies require relevant and credible youth-centred approaches, responding to needs rather than agendas, and critically examining the methodologies employed rather than those that are de rigueur. It is essential that these initiatives are congruent with accepted best practice and compatible with the ethics and ethos of Youth Work.

This manual offers a comprehensive overview of drug use in Ireland, information on Youth Work and drug prevention while also providing guidance and support on managing drug-related situations, policy development and identifying organisational needs. It is hoped that this manual and the accompanying training will encourage comprehensiveness of service provision, stimulate interagency co-operation, illustrate best practice and provide added value in the area of Youth Work and drug prevention.



Chapter 1

Drug Use in Ireland

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Drug Use in Ireland

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Recent Initiatives

In recent years there has been a number of initiatives established to deal with the drugs issue in Ireland. This, on a statutory level, has culminated in the National Drugs Strategy 2001-2008 (NDS) which has as its overall strategic objective to significantly reduce the harm caused to individuals and society by the misuse of drugs through a concerted focus on supply reduction, prevention, treatment and research. (NDS, 2001:4)

However, the main focus of the National Drugs Strategy has previously been on areas of opiate misuse. The existing fourteen Local Drugs Task Forces (thirteen in the Dublin area and one in Cork) oversee drug related initiatives in their own geographically defined areas. The establishment of Regional Drugs Task Forces has recently been mooted and their areas of operations will be co-terminus with the current Health Board areas.

Specifically, the main objective of the Strategy's prevention pillar is to *'create greater societal awareness about the dangers and prevalence of drug misuse and to equip young people and other vulnerable groups with the skills and supports necessary to make informed choices about their health, personal lives and social development',* (NDS, 2001:5)

The Strategy's review in 2001 outlined a number of key performance indicators which include:

- To reduce the levels of substance misuse by school goers.
- To develop an ongoing National Drugs Awareness Campaign.
- To secure representation from Dept. of Education and Science on the Local Drugs Task Forces (LDTF).
- To develop formal links with the National Alcohol Policy.
- To implement a strategy relating to educational supports in LDTF areas and prioritise LDTF regions in tandem with the expansion of the National Educational Welfare Board.
- To complete the evaluation of the *'Walk Tall'* and *'On My Own Two Feet'* Programmes and ensure the implementation of these in schools within LDTF areas.
- To deliver the S.P.H.E. Programme in all second level schools nationwide by 2003.

Currently overall co-ordination of the National Drugs Strategy rests with the Department of Tourism, Sport and Recreation. In addition, there is a number of other Departments and Agencies involved in a range of education, prevention and awareness initiatives which include:

- Local Drugs Task Forces have within their remit an education and prevention focus. The provision of services vary according to task forces with some delivering education and awareness programmes while others provide funding for voluntary and for community based organisations so that they can do the same.

- Regional Health Boards operate Drugs/Aids Services and/or Health Promotion Departments that provide prevention and intervention services through their Education Officers and Outreach Workers.

- Department of Tourism, Sport and Recreation also operate the Young Peoples Facilities and Services Fund that focuses on L.D.T.F. areas and other designated at-risk areas. This fund was established for the targeted development of youth facilities,

- Department of Education and Science has produced two drugs awareness programmes *'Walk Tall'* and *'On My Own Two Feet'* for primary and secondary schools respectively and are requesting schools to take on the S.P.H.E. programme.

- Department of Health and Children has implemented the National Health Promotion Strategy, (2000-2005). Within this Department is the Health Promotion Unit that disseminates resource materials, promotes health-promoting campaigns and formulates health related policy.

- An Garda Siochana provide a number of services specific to young people and drugs, which include: Drugs Awareness Programmes for communities and schools, Garda Youth Diversionary Projects and the National Juvenile Liaison System.

- Community and Voluntary organisations are, in the main, part-funded by many of the above agencies. They offer numerous services with regard to drugs and young people and are unanimously recognised as essential stakeholders in the provision of drugs education and prevention.

Prevalence of Drug Use among Young People

"According to the Health Research Board (HRB), the term drug use 'refers to any aspect of the drug taking process', however, drug misuse or problem drug use refers to drug use which causes social, psychological, physical or legal difficulties as a result of an excessive compulsion to take drugs".
(NDS, 2001:18)

The National Youth Council of Ireland (NYCI 1998) conducted a survey that indicated that 53% of young people in Ireland have tried an illegal drug. This figure would generally be supported by other studies that illustrated that about 50% of young people aged 16-25 years have tried cannabis at some time in their lives. (Bryan et al., 2000, Hibell et al., 2001)

The prevalence of drug use among young people has been a cause for concern not least because of public health issues, but also because of the relationship between alcohol and drug misuse and antisocial and criminal behaviour.
(NDS, 2001)

The European School Survey Project on Alcohol and other Drugs (ESPAD 2001) looked at the prevalence of both licit and illicit drug use among i6-year old school goers. While the results of those 2,277 'r's h students surveyed showed that we have a higher rate of use vis-a-vis the EU average, the figures indicated that there was a drop in the levels of those who had ever tried an illicit substance from the 1995 figure of 37% to 32% in 2001.

The Union of Students in Ireland (usi), the representative body for third level students in Ireland, conducted a nationwide survey of students aged between 17 and 24 years who were in third level education. A sample of l,000 was taken from the 140,000 strong student body. Of those surveyed 20% of the students had taken an illegal drug while over half of these were currently using the same day.

With regard to young people in out-of-school settings there is a paucity of information regarding the levels and patterns of drug taking among this cohort. This group of youth are admittedly at greater risk as they do not benefit from the protective factors which educational participation bestows.

The National Drug Treatment Reporting System (NDTRS) compiles information on drug misusers who present for treatment. The profiles of these clients/individuals suggest that 70% are male and over a third are between 20 and 24 years of age. Almost 75% of those receiving treatment were under 19 years of age when they first experimented with their main drug and over 30% were regularly using their main drug for between 2 to 3 years. Regarding their method of using over half of the clients reported injecting their main drug while 34% smoke their main drug. Over 75% of presenting drug misusers were early school leavers while over 70% were unemployed.
(NDTRS, 2001)

There is a strong co-relation between opiate drug misuse and deprivation, which is more marked in the Dublin area where heroin misuse is far greater than the rest of the country. The evidence suggests that *'problem drug users share four characteristics: being young, unemployed, having left school at an early age and living in an economically disadvantaged area'*
(NDTRS, 2001:53)

Overview of the National Drugs Strategy

The National Drug Strategy overview of drug use in Ireland can be summarised as follows:

- the most commonly used illegal drug in Ireland is cannabis, followed by ecstasy; in terms of harm to the individual and the community, heroin has the greatest impact;
- heroin misuse remains, almost exclusively, a Dublin phenomenon;
- cocaine is seen as an emerging drug of misuse though the numbers presenting for treatment, so far, remain quite small; the majority of those presenting for treatment are male, under 30 years of age and unemployed;
- over half those presenting for treatment inject their main drug while a third smoke; over half of those presenting for treatment had left school by the age of 16; in 1999, the highest number of drug possession offences were in the Dublin region, followed by the Southern region. There is clear evidence of a significant level of drug use within Irish prisons. Overall, surveys estimate that two fifths of the Irish prison population have a history of injecting drug use, nearly half of whom continued to inject while in prison;
- the proportion of young people (under 19 years of age) presenting themselves for treatment has decreased;
- in 1999 the percentage of Irish students who experimented with drugs, alcohol and tobacco was higher than the EU average, particularly in relation to the use of cannabis, although it had declined since the 1995 ESPAD survey;
- over 5,000 people are currently receiving methadone maintenance treatment, the majority in the Eastern Regional Health Authority (ERHA) area;
- there are less than 470 people currently awaiting treatment, the majority of whom are male;
- there is a serious problem of poly-drug use, including heroin, among men and women involved in prostitution;
- heroin is the main substance of problem drug use in the EU;
- there are an estimated n m-1.5 m problem drug users (mainly heroin) in the EU;
- the overall prevalence of problem drug use, particularly heroin, appears not to have increased in most EU countries in recent years;
- using the mid-point of national prevalence estimates for problem drug use, Ireland is marginally above the EU average;
- while the number of drug-related deaths in Ireland is amongst the lowest in the EU, the rate of increase is significantly higher than in any other EU country -though, this may be mainly due to improved recording methods.

(NDS, 2001:43)

With regard to prevention the NDS review posits a number of recommendations that are salient to the out-of-school sector.
It highlights the need for comprehensive demand reduction strategies which:

- Seek to strengthen resilience among young people by fostering positive, stable relationships with family or key community figures, thereby increasing their sense of belonging to family/social group/locality and improving their educational, training and employment prospects.

- Seek to increase the communities understanding of the antecedents of drug misuse and effective harm reduction interventions.

- Are cognisant of the complexity of youth culture and which can effectively influence young people's choices in relation to drug misuse.

Link drug-specific interventions with interventions in related areas such as youth crime prevention and mental health promotion strategies, employment, education and training initiatives.

Maximise the effectiveness of school-based programmes through efforts to keep young people engaged in education and the identification of supports for 'at-risk' children, management of drug-related incidents and a broad-based curriculum which supports all aspects of the child's development.

The NDS review recommends that as our knowledge of how individuals become involved in drug misuse increases, this should elicit a corresponding level of efficacy with regard to the specific drug prevention strategies employed. The NDS, in addition to emphasising the importance of prevention, stresses the need for a wide range of services and structures to be augmented

'as well as effective drug specific prevention strategies, tackling poverty, providing better housing, access to educational opportunities, supportive environments for parents and employment prospects, all have a role to play in prevention and management of drug misuse and drug-related harm... there is a need to develop an inclusive approach which aims to ensure that young people are afforded opportunities for well-structured leisure activities'.
(NDS, 2001:98)

Tobacco and Alcohol Use

While the National Drugs Strategy focuses on opiate misuse there are other Statutory initiatives which deal with the lesser regarded but more ubiquitous drugs, namely tobacco and alcohol. The Government has compiled a report *Towards a Tobacco-Free Society* (2000) that sets out policy on reducing the incidence of smoking. A comprehensive new Public Health (Tobacco) Act has been enacted in 2002. Tobacco smoking continues to be the single biggest cause of preventable premature death in Ireland, claiming about 7,000 lives each year. Since 2001 it is an offence to sell tobacco products to people under the age of 18 years, while tobacco advertising and sponsorship were banned the previous year. At present the Office of Tobacco Control is formally working towards the recommendations set out in the *'Towards a Tobacco Free Society'* Report.

The HBSC/SLAN Report (1999) indicates that almost half of school-aged children have had a cigarette; overall 21% of the children were current smokers, with the majority in the 15-17 year age bracket. The findings showed that overall, more girls (36%) than boys (31%) smoked within that age bracket. Within the adult population the figures indicate that 32% of males and 31% of females are smokers. Regarding alcohol, data from the HBSC/SLAN report indicates that a higher percentage of males than females, across all ages, consume alcohol regularly. In addition the findings show that 27% of males and 21% of females consume more than the recommended weekly amounts of alcohol consumption. The HBSC survey, conducted in 1998, indicates that 32% of school respondents reported ever having a drink with 29% overall reporting to have had a drink within the past month.

Between 1989 and 1999 alcohol consumption per capita in Ireland increased by 41% and at present is ranked second in Europe to Luxembourg for alcohol consumption. Factors involved in this marked increase in consumption may include increased availability of alcohol through longer opening hours and increased levels of affluence among the general population.

The adverse effects of alcohol extend beyond physical health issues to mental, social and financial problems. However, alcohol, because of its legal status and its normalisation in Irish culture, is very frequently overlooked as an addictive psychoactive drug that can cause problems for individuals and communities.

The Association for Health Promotion, Ireland (AHPI) has produced a comprehensive position paper on Alcohol. In this paper the AHPI assert that alcohol is a hugely significant public health issue. There is a need to shift our thinking away from the polarised points of non-drinker and alcoholic. What is required is an appraisal of the issue which recognises the various stages and nuances associated with drinking, spanning a continuum from non-problematic drinking to alcohol dependence. This is dealt with in greater detail in the section entitled Exploring Drug Use.

The AHPI highlight the fact that contrary to popular belief, it is the category of light and moderate social drinkers who are the main perpetrators of acute alcohol-related problems. These acute problems result in alcohol being significantly implicated in an array of problems including road traffic accidents, public order offences, violence, unprotected and unintentional sex and suicide. According to the AHPI this knowledge is extremely important in the development of prevention strategies. *'Essentially, the implication is that population-wide initiatives are required (environmental interventions), in addition to targeted interventions to reach the most at-risk groups'.* (AHPI, 2002:2)

Alcohol can contribute to a number of chronic problems such as alcohol-related cancers, liver disease, cirrhosis and Foetal Alcohol Syndrome, while also affecting mental health disorders relating to alcohol.

The AHPI have argued cogently and comprehensively that single token gestures, seasonal enforcement of laws, and schools education programmes are unsustainable when implemented in isolation. Rather, they recommend that the most effective strategies are those that include controlling access to and availability of alcohol coupled with enforcing deterrents against the violation of alcohol laws.

The issue of alcohol as a drug which can cause huge damage throughout society is all the more stark when one examines the broad context of alcohol-related problems:

- Per capita consumption of alcohol has risen to 41% in decade 1989 -1999;
- Irish teens are among the highest-ranking in Europe for all measures of alcohol consumption;
- Alcohol is the primary cause of 33% of fatal road accidents, and a factor in 40% of all road collisions;
- Alcohol is a contributing factor in unwanted pregnancies, and in teenage sexual activity;
- 48% of all criminal offences are alcohol-related: 88% of public order, 48% of offences against the person, 54% of all criminal damage offences;
- There has been a 370% increase in detection of 'intoxication in public places' by underage drinkers since 1996;
- One in four of those presenting to A & E have an alcohol-related injury/illness;
- Access to alcohol is an increasingly important factor in late teen suicides;
- Alcohol is causally related to a host of cancers;
- Heavy intake is associated with chronic conditions such as stroke, hypertensive disease, chronic liver disease and cirrhosis;
- Alcohol can cause problems in the unborn child and neonate when consumed during pregnancy;
- One third of marital breakdowns are attributed to alcohol;
- 26% of all male and 11% of all female first admissions to psychiatric services are for alcohol-related diagnosis;
- The economic cost of alcohol-related problems totalled approximately 2.37 billion euro in 1999 in health care costs, accidents, crime, absenteeism, transfer payments and lost taxes - 60% of the total revenue from alcohol to the Exchequer.

(AHPI, 2002:33)

From a policy perspective alcohol has continued to be viewed as somewhat peripheral to the broader 'drugs' agenda. Recent developments regarding alcohol have included:

- National Alcohol Policy, 1996;
- Competition Authority, 1998, recommends the deregulation of off-licensing;
- Intoxicating Liquor Act, 2000, extends opening hours of licensed premises;
- Commission on Liquor Licensing Interim Report, 2001, recommends the lifting of restriction on off-licenses;
- Strategic Task Force on Alcohol, 2001, purpose is to make public health recommendations to the Department of Health and Children;
- Interim Report of Strategic Task Force on Alcohol published May 2002.

Alcohol misuse is both a nationwide and population-wide issue. It is not just a 'youth' issue, which may explain society's reluctance in dealing with it. While excessive drinking is both normalised and legitimised it is in many respects more damaging than some illicit drugs. Alcohol misuse should not be viewed separately from other drug use, as the lesser of two evils. It is a very live issue in every part of the country for those who are working with young people. Therefore its drug status should be explicitly stated and the appropriate preventative strategies assertively targeted. It is only by placing the alcohol issue firmly within the 'drugs' agenda that the issue will become pivotal to policy makers, practitioners and participants alike.

Alcohol has been omitted from the remit of the National Drugs Strategy. Instead the Strategic Task Force on Alcohol (2001) recommend ten strategy areas for alcohol action. These include initiatives which:

regulate availability;
discourage drink driving;
ensure effective treatment services;
protect public, private working environments;
implement control on alcohol promotions;
foster responsibility of the alcohol beverage industry;
provide information and education;
enhance society's capacity to respond to alcohol harm;
support non-governmental organisations;
formulate a broad-based alcohol policy and monitor progress.

Illicit Drug Use

Over the past decade there has been a move away from a total abstinence approach to one that encourages harm minimisation or harm reduction. This paradigm shift can be seen in a recent government publication on Drug Use Prevention;

"the main conclusion is that there is no single 'drug problem' with one dramatic solution. Rather, what is called the 'drug problem' is comprised of varying degrees of involvement with a variety of substances, arising from several influences many of which are unrelated to each other. For these reasons, the main recommendation is that there is a need to target and prevent use of the most dangerous substances".
(National Advisory Committee on Drugs - NACD, 2001:7)

Throughout history virtually all societies have used drugs in some form. While drug use is not legitimised, it is normalised in many sections of the youth population. On a macro level, if drug use is viewed among society as a whole and within the context of cultural and social life, *'it can be perceived as statistically "normal" though it may still have significant consequences'.*
(Health Advisory Service - HAS, 2001:3)

While some argue that the prevalence of drug use is such that it should no longer be pathologised or indeed criminalised others are concerned that if the decriminalisation case were pursued, it would result in the legalisation of certain drugs thereby endorsing the acceptability of drug taking and setting a precedent from which it would be difficult to back-pedal.

Much of the material concerning drug use distributed in the past focused on the dangers of drugs. Many young people viewed this approach as a biased and unbalanced appraisal of drug use as they had theoretical and practical first hand accounts of drug taking. In addition, the inference that all use is abuse and that the former will automatically lead to the latter was incorrect. Such a fatalistic portrayal did not account for the 'highs' of drug use, thereby further distancing the 'reality' and 'credibility' gap that often exists between adults and youth culture.

However, before exploring the specific highs and lows associated with various drugs it may be beneficial to examine, on a broad basis, the hazards associated with both licit and illicit drugs use.

Sources of hazard emanate from:

- **Properties of the substance** (pharmacology and toxicity)
- **Measures of social control** (regulatory policies and informal norms)
- **Modalities of drug use** (patterns and context of use)
- **Individual characteristics of user** (age, gender, genetic, personality)

Hazardous effects of drugs:

On the user:	On the social environment:
Biological (toxicity, dependence)	**Family-micro level** (disruption, neglect, violence)
Psychological (functional impairment, effects on personality)	**Neighbourhood and community – meso level** (public disorder and insecurity)
Behavioural (neglect of social roles, violence etc)	**Society at large -macro level** (effects on the economy, public health and judicial systems)

Recognising the dangers of drug use in its broadest context, the U.K Department of Health (2001) compiled a framework for a typology of illustrating the dangerousness of drugs:

Acute adverse effects:	Chronic adverse effect:
Dangers regardless of frequency of use:	**Dangers that are cumulative with increased use:**
• Physical – mortality – morbidity	• Physical – mortality – morbidity
• Psychological/psychiatric	• Psychological/psychiatric
• Social	• Dependence, tolerance, withdrawal
	• Social

Factors that may mediate or moderate dangers:

- **Aspects of ingestion** (route of administration, dose and purity)
- **Combination use** (use with other drugs either concurrently or consecutively)
- **Availability** (how easily accessible is the substance and how this impacts upon use)
- **Legal situation** (both the law and its implementation around substance use)
- **Social context** (consequences of set, setting and social milieu on the dangerousness)
- **Age and developmental issues** (the likely impact of age of onset and use)
- **Individual vulnerability** (particular individuals or groups susceptible to specific harms)
- **Incapacitation** (the effect of imprisonment or treatment on patterns of use – including the substitution of other drugs)

(DOH 2001:13)

Society's Response to Drug Use

In many respects society's response to drug use is an anomalous one occurring in the endorsement of licit drug taking and conversely the demonisation of other forms of drug taking. This response fails to adequately explore and critique the varying types and levels of drugs and drug use. While society's fear of drugs is often based upon empirical evidence, in many cases such fear is fuelled by discourse which suggests that 'all drugs are bad' and is often disproportionate to the reality of drug use. Recent research has highlighted a number of issues regarding the general public's concern with drug use:

l. There is widespread fear of the dangers of drug use among the general public coupled with a belief that all illegal drugs are equally harmful.

2. There is a perception that drug taking is common among young people and also a concern about the dangers to society that this brings about.

3. There is a high level of avoidance and fear of drug users among the general population, although people with personal knowledge tend to be less negative in their attitudes. (Bryan et al, 2000)

Society responds to young people's drug use in the following ways:

Denial:
This can result in drugs and drug use being seen as a taboo subject. Therefore, dialogue concerning it is often avoided at all costs. However, denial is often the response of parents/family/colleagues or communities where they deny that drugs and drug use exist at all. There can be very practical reasons for such a response as perceived drug use can have an adverse effect on the status or economy of a family, school or community.

Deterrent:
These responses may adopt such approaches as shock tactics or warnings against drug use from authority figures and ex-addicts and are used to scare young people away from drugs. 'Stand alone' responses such as these often have adverse effects as fear arousal often only works with those least likely to use drugs.

Hysteria:
Such responses often occur at local level or in the media whereby we are told the 'drugs crisis' is a national epidemic based on a perceived problem without reference to appropriate research and evidence. Sensationalism is often propagated by lack of knowledge and factually incorrect information on the subject and can contribute to drug use being viewed as a single-issue subject through a disease model at the expense of a broad based holistic view of **Health.**

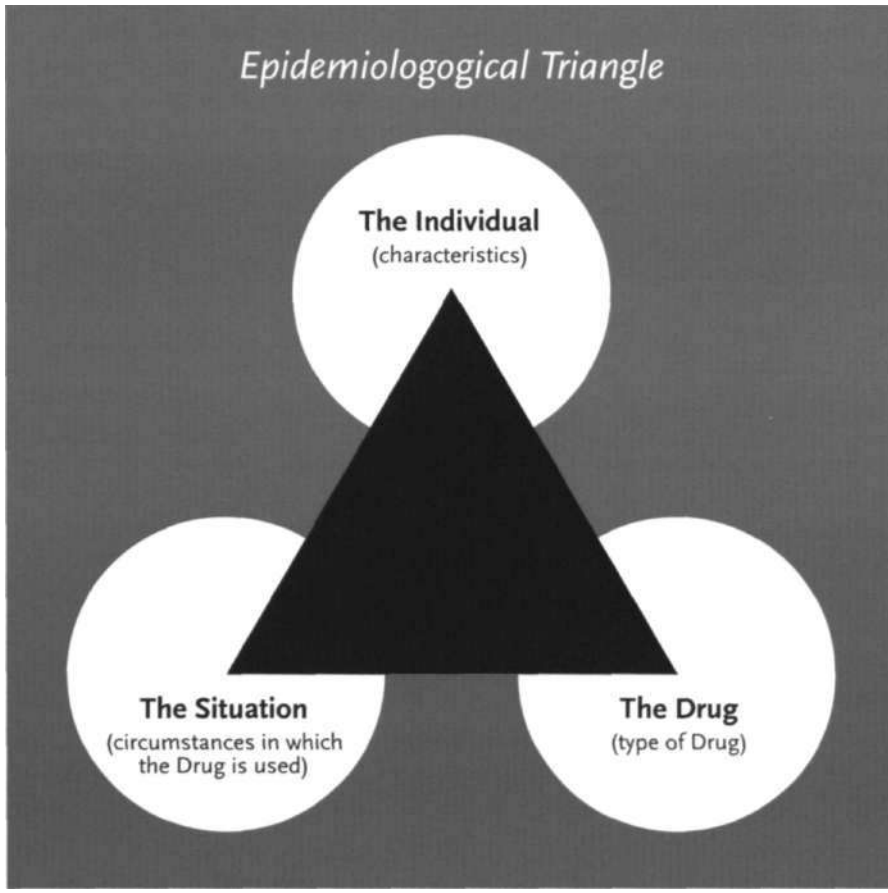
Dialogue:
As a response, simply refers to engaging young people and service providers in dialogue in which they identify their own opinions, attitudes, concerns and fears regarding drug use.

Youth Work has a particular philosophy and approach and needs to develop its own response to the current drugs situation. Whatever societal responses prevail, Youth Work has a duty to provide a response to the drugs issue that is balanced, non-judgmental and addresses the double standards as they exist within Irish society.

Exploring Drug Use

Drug use is a multi-faceted issue. While we will be examining drug use among young people in the next section it may be salutary to frame our views of the drugs issue and clarify a number of points.

In discussing and trying to understand the nature of drug use it is important to take into account the concept of the epidemiological triangle. This triangle identifies three key factors involved in drug use. These are the characteristics of the individual, the type of drug being taken and the circumstances or context in which the drug is used.



These three factors are interrelated and should not be considered in isolation. Each of these factors influences not only the reasons for using a drug but also the precise effects on the user. Cognisance should be given to these aspects in the assessment of situation, policy development and the design and development of drug education and prevention programmes.

Levels of Drug Use

It is important to recognise that many people who use drugs do not ultimately become addicted. There are varying levels of drug use and commensurate problems associated with such use. It should be noted that these levels are not necessarily fixed and an individual can not only move between the various levels but also withdraw and re-enter the cycle of drug use.

Experimental use:
Experimental drug use is described as being short-term and often a peer group activity. It tends to be exploratory with the pattern of use irregular and dependent on many factors including availability, context, peer group associations, and current trends or fashion.
Experimental drug use may develop into recreational drug use or it may merely cease when the user has satisfied his/her curiosity. Such novice use carries specific risks in terms of the young person lacking knowledge about the effects of certain drugs.

Recreational drug use:
Recreational drug use refers to the use of drugs where enjoyment is the key factor. Such use happens on a regular basis and a perceived social function is often attributed to this type of use. The recreational user often feels that they have control over their use of drugs. Use can range from occasional to heavy use but the user is not dependent on the drug.
Recreational drug use is generally discriminatory with regard to the type of drug used and the context in which it is taken. It is often seen as part of 'normal' activity, conforming to various social and sub-cultural rules and expectations.

Dependent drug use:
Dependent drug use is strongly associated with compulsion, either physical or psychological. It is more likely to be a long-term activity with the user, in most cases, unable to control his/her drug use. Dependence is associated with increases in the amount and frequency of the drug taking.
This level of drug use is usually a solitary or small group activity and is frequently accompanied by emotional, psychological and social problems as well as physical illnesses.

Problem drug use:
The type of drug use can be either recreational or dependent. Therefore, it is not necessarily the frequency of the use that is the main issue or problem, but the effect the drug taking has on the life of the user. That is to say, a person may experience direct or related psychological, legal and physical (e.g. contracting hepatitis or H.I.V.) problems as a result of drug use but this need not lead to dependence.

Drugs Fact Chart

Drug: **Heroin**	A controlled substance, it is an offence to import, possess, distribute, produce or supply it.
Scientific/Trade or Slang Name:	**A strong painkiller, Smack, Skag, H, Brown, Gear, Tack, Yack, Junk**
Methods of use:	**Smoked or injected**
Effects:	Effects last for 2–3 hours. Withdrawal begins after 8 hours. User feels warm, drowsy and euphoric. Drug causes physical and psychological dependency; other problems include constipation and overdose leading to coma and death. Injecting drug use carries dangers of infection including HIV and Hepatitis.

Drug: **LSD**	Under schedule 1 of the Misuse of Drugs Act it is an offence to possess, produce and supply these drugs.
Scientific/Trade of Slang Name:	**Lysergic Acid, Diethylamide Acid, Trips, Microdots, Strawberries**
Methods of use:	**Drug ingested orally**
Effects:	Effects begin about 30 mins after taking the drug and peak after 2–6 hours. Heightened sensory experience changes in sight and sound, hallucinations; quite possible dangers include mental illness including paranoia and depression. Immediate problems including panic attacks, dizziness, disorientation and 'bad trips'. Flashbacks or re-living experiences can occur at any time.

Drug: **Magic mushrooms**	are controlled by the Misuse of Drugs Act, it is therefore illegal to possess, produce or supply them.
Scientific/Trade of Slang Name:	**Psilocybe semilanceta, Mushies, Liberty Caps**
Methods of use:	**Swallowed raw, cooked, dried or brewed into beverage**
Effects:	Effects are felt soon after consumption and peak about 3 hours later. Altered sensory perceptions with possible hallucinations can produce feelings of hilarity, euphoria and relaxation. Nausea and sickness and possible poisoning can occur if wrong type of mushroom taken.

DRUG:

Alcohol

1988 Intoxication Liquor Act. It is illegal to sell alcohol to under 18's both on and off a licensed premises.

SCIENTIFIC/TRADE OF SLANG NAME:

Ethanol, Ethyl Alcohol, Booze, alcohol brand names

METHODS OF USE:

A liquid which is swallowed

EFFECTS:

Intensity of the effects depend on the strength of the drink and the rate and amount of consumption. Feelings of relaxation, increased confidence leading to loss of inhibitions and self-control; behaviour becomes clumsy, tiredness and blackouts can occur leading to coma and death in extreme circumstances. Alcohol use can lead to dependency and damage to brain, liver and stomach.

DRUG:

Alkyl Nitrites

Legal to buy in sex shops for over 18's

SCIENTIFIC/TRADE OF SLANG NAME:

Poppers, brand names e.g. Rush, Liquid Gold

METHODS OF USE:

Vapours inhaled through nose

EFFECTS:

An immediate and short lived effects including 'rush' of blood, reduction of inhibitions and relaxation of muscles.

DRUG:

Anabolic steroids

Prescription only medicines

SCIENTIFIC/TRADE OF SLANG NAME:

Brands such as Dianabol, Decadurabolin, Nadarolone

METHODS OF USE:

Swallowed as pills or injected

EFFECTS:

Used to improve physique, muscle bulk and athletic performance. Other effects include increased aggression and sex drive, menstrual abnormalities and deepening of voice in women.

DRUG:
Caffeine Legal

SCIENTIFIC/TRADE OF SLANG NAME:
Drug is present in products such as Coffee, Chocolate, soft drinks.

METHODS OF USE:
Swallowed or eaten

EFFECTS:
A stimulant that increases alertness, delays sleep, can cause anxiety and nervousness.

DRUG:
Tobacco Illegal to sell tobacco to under 18's

SCIENTIFIC/TRADE OF SLANG NAME:
Cigarettes, Cigars, Snuff, Smokes, Fags, Pipes

METHODS OF USE:
Generally smoked, snuff is snorted

EFFECTS:
An addictive stimulant which causes alertness, also used as relaxant. Use causes cancer, heart disease and ulcers, can effect unborn foetus in pregnant women.

DRUG:
OTC Medicines (Over the counter) Legal

SCIENTIFIC/TRADE OF SLANG NAME:
Products such as Codeine, Ephedrine and Antihistamines

METHODS OF USE:
Swallows as pills, liquid or sprayed into nose

EFFECTS:
Various effects including euphoria and stimulation.

DRUG:
Amphetamine The Misuse of Drugs Act prohibits their unauthorised production, supply or possession. It is also an offence to allow one's premises be the venue for same

SCIENTIFIC/TRADE OF SLANG NAME:
Stimulant, Speed, Whizz, Uppers, Billy, Dexedrine, Ritalin and Sulphate

METHODS OF USE:
Powder swallowed may be smoked, sniffed or injected.

EFFECTS:
Takes effect after approximately 30 minutes. Increases stimulation, confidence and energy with alertness; other effects include nervousness, panic and damage to organs.

DRUG:
Barbiturates

Prescription only medicines

SCIENTIFIC/TRADE OF SLANG NAME:

Sleepers, Downers, brands such as Amytal, Tunial and Nembutal

METHODS OF USE:

Generally swallowed although some are injected.

EFFECTS:

Slows down the brains activity causing relaxation and sleepiness. Judgement is impaired. High overdose potential leading to coma and death.

DRUG:
Cannabis

All cannabis products are controlled by the Misuse of Drugs Act. Cannabis is included in Schedule 1. It is therefore illegal to grow, produce, supply or possess. It is also an offence to allow ones premises to be a venue for cultivating/ supplying or smoking cannabis

SCIENTIFIC/TRADE OF SLANG NAME:

Tetra Hydrocannibol, Smoke, Dope, Ganja, Marijuana, Blow, Pot, Draw, Grass, Weed, three forms: Oil, Herbal and Resin, Hash, Hemp

METHODS OF USE:

Smoked as cigarette or in pipe. Can also be added to food.

EFFECTS:

Effects can last several hours. Relaxes and alters perceptions; high doses lead to hallucinations. Short-term memory loss can occur while smoking can cause cancer and reduction in male virility. An amotivational drug; psychological dependence can occur.

DRUG:
Cocaine

It is illegal to sell, possess or supply. It is also an offence to allow one's premises to be a venue for cultivation, supply or consumption

SCIENTIFIC/TRADE OF SLANG NAME:

Coke, Snow, Charlie, Crack, Free Base.

METHODS OF USE:

Usually snorted up the nose, also injected. Crack is smoked.

EFFECTS:

Effects felt rapidly and peak after about twenty minutes. A powerful and short acting drug that increases alertness, provides feelings of great confidence and strength. Problems include mental illness, both short and long term, as well as potential damage to organs and nasal passages. Crack has similar though more potent effects which affect the user for a very short time, approx. 15 min.

DRUG:

Ecstasy Under the Misuse of Drugs Act, it is illegal to sell, possess or supply ecstasy. It is also an offence to allow ones premises to be a venue for cultivation, supply or consumption

SCIENTIFIC/TRADE OF SLANG NAME:

Stimulant Methylenedioxymethamphetamine (MDMA)
Street Names inc. E, XTC, Doves, Disco Biscuits, Shamrock, Adam, Edward, Denis the Menace. Yokes

METHODS OF USE:

Generally swallowed as tablets

EFFECTS:

Takes effect 20–60 min, usually for about 2 hours. Provides stimulation and empathy, alters sensory perception in sight, sound and touch. Problems include nausea, sweating, a raise in body temperature, which may lead to heat stroke and coma. Drug may cause long term damage to organs. Other physical effects include tingling sensation, jaw stiffness, pupil dilation, grinding of teeth, dry mouth, and blurred vision. Has the potential to become psychologically addictive.

DRUG:

Benzodiazepines Prescription only medicines

SCIENTIFIC/TRADE OF SLANG NAME:

Various prescribed drugs inc. Valium, Mogodon and Librium, Jellies, Lorazepam

METHODS OF USE:

Swallowed as tablets, may be injected from tablets or capsules

EFFECTS:

Regularly implicated in poly drug misuse. Calms and sedates users, reduces anxiety and promotes sleep. Causes lethargy and dependency. Extremely dangerous when mixed with alcohol.

DRUG:

Volatile Substances It is an offence to sell, offer or make available volatile substance to persons under 18 which they know or have cause to believe is likely to be inhaled

SCIENTIFIC/TRADE OF SLANG NAME:

Household products inc. glues, aerosols, lighter fuels, tippex.

METHODS OF USE:

Gases and vapours inhaled or sprayed in and through mouth or nose

EFFECTS:

An immediate intensely drunk feeling. Light headedness and hallucinations. Problems include nausea and vomiting, asphyxiation and accidental injury and death.

DRUG:
Rohypnol Prescription only medicines

SCIENTIFIC/TRADE OF SLANG NAME:
Roche, Ropies, 'date-rape drug'

METHODS OF USE:
Swallowed or dissolved in liquid

EFFECTS:
Takes effect within 20–30 minutes and lasts up to 8 hours. It acts as a sedative and is 10 times stronger than valium; it induces amnesia and slows down psychomotor responses. Withdrawal symptoms include headaches, muscle pain.

DRUG:
Methadone Prescription only medicines

SCIENTIFIC/TRADE OF SLANG NAME:
Meth, Physeptone, Phy

METHODS OF USE:
Orally

EFFECTS:
Methadone is an opioid, a painkiller and a depressant. It is used as a heroin substitute and is a slow release drug. Methadone is equally as addictive as heroin and can be dangerous if mixed with barbiturates or alcohol.

DRUG:
Ketamine Subject to certain controls under the Misuse of Drugs Act

SCIENTIFIC/TRADE OF SLANG NAME:
K, Special K, Ketalar

METHODS OF USE:
Swallowed as a tablet or powder

EFFECTS:
It can take up to 20 minutes for ketamine to take effect. Such effects often include a cocaine-like 'rush', loss of muscular co-ordination and L.S.D. hallucinations. Can cause psychological dependence.

Drug:	
G.H.B	Gammahydroxybutyrate Subject to certain controls under the Misuse of Drugs Act
Scientific/Trade of Slang Name:	
G.H.B (or G.B.H)	
Methods of use:	
Swallowed as a liquid, less commonly as powder or capsule	
Effects:	
A sedative which takes effect between 10 minutes and one hour. Low doses similar to the effects of alcohol; higher doses are likened to ecstasy. Like many sedatives there is potential for physical and psychological dependence.	

Note:

The effects upon the individual of any drug may vary, depending on factors such as the expectations of the user, mood, amount used, the setting, tolerance, and whether it is mixed with other drugs, which can be fatal. Some of the drugs above are synthetic drugs that are produced in unregulated laboratories. As such they are rarely pure and are often altered with a range of toxic and other dangerous agents.

Recognising Drug Use

There are a number of clear and definitive signs and symptoms of drug use. These include getting high, goofing off or physical evidence of use (e.g. track marks). However, it is often difficult to positively ascertain whether, and to what extent, a young person is using drugs. A number of different categories are outlined below. It is important, however, that we view the young person in a holistic setting and examine his/her broad health needs rather than automatically attributing a 'drug problem' to them as a result of a number of'signs', many of which are normal characteristics associated with adolescence. These signs should be assessed and cross referenced with other changes in behaviour. These possible indicators can be categorised in three areas:

i. Physical signs

2. **Behavioural signs**

3. **Drug-taking paraphernalia**

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1. Physical signs:

These can vary according to the type and extent of the drug consumed.
The following signs are specific to the category of drugs taken:

A: Stimulant Drugs
(amphetamines, cocaine)

- increased pulse rate
- increased blood pressure
- agitation
- lack of coherent speech or talkativeness
- dilated pupils
- loss of appetite
- damage to nasal passages (sniffing)
- increased tendency to go to the toilet
- mouth ulcers
- fatigue after use

B: Ecstasy
Ecstasy is a stimulant. However it also possesses mild hallucinogenic properties and thereby in addition to the above it can also cause:

- increased temperature
- possibly excessive sweating
- very dry mouth and throat
- hallucinations and heightened perceptions which make usersmore tactile
- uncoordinated (jerky) movements
- repetitive movements –many users wanting to dance
- clenched jaws / grinding teeth
- uncontrolled jaw movements caused by muscle spasms
- occasional nausea on initial use
- fatigue after use, possibly accompanied by some anxiety, depression and muscle pain
- weight loss

C: Hallucinogens
(LSD, Magic Mushrooms)
These effects can vary depending on the amount taken or if it was taken in conjunction with another substance. Signs include:

- relaxed behaviour
- agitated behaviour
- dilation of pupils
- uncoordinated movements

D: Cannabis
Cannabis can have the effect of a depressant or mild hallucinogen, depending on situational factors. Signs of use include:

- tendency to laugh easily
- becoming talkative or giddy
- more relaxed behaviour (chilling out)
- reddening of eyes
- hunger (the munchies)
- speckled burn holes in shirt or jumper

E: Heroin
Heroin is a pain killer.
As a depressant it can cause:

- slowing down of breathing and heart rate
- suppression of cough reflex
- increase in size of certain blood vessels
- itchy skin
- runny nose
- lowering of body temperature
- pupils of the eye to become pinned
- craving for sweet things

F: Solvents
Solvents include, gas, glue, aerosols, correction fluids and thinners.
Signs of solvent use include.

- usual signs of intoxication
- possible odour on clothes and breath
- if using glue, redness around mouth and nose
- possible stains on clothes
- persistent coughing with a runny nose and eyes

2. Behavioural Signs

Again, depending on the individual's level and modality of drug use certain behavioural signs will become cumulatively more visible.

These include:

- sudden changes in mood
- bouts of excitable and overactive behaviour
- evasiveness and secretive behaviour
- amotivation
- lethargy
- irregular sleeping patterns
- loss of appetite
- changes in priorities
- absenteeism
- defensiveness
- erratic productivity in work
- confusion – lack of judgement
- irritability and aggression
- changes in appearance or grooming

3. Drug-taking paraphernalia

- rolled up notes
- twists of paper (wraps)
- small bottles, pill boxes
- cigarette lighter
- cigarette papers
- torn up cigarettes
- roaches
- burnt tinfoil
- make-shift smoking pipe
- burnt spoons
- the actual drugs
- syringes
- cling film, foil and small plastic bags used to package small quantities of drugs

Chapter 2

Youth Work and Drug Use

2

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Youth Work and Drug Use

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Youth Work

There are a number of definitions of the term 'young person'. While the Youth Work Act 2001 states that a *'young person means a person who has not attained the age of 25 years'* (2001:6), the World Health Organisation also views young people as being between 10 and 24 years of age. Specifically, WHO categorises youth as being between 15 and 24 years and adolescents as being between 10 and 19 years of age.

Irish Youth Services have traditionally been the front-runners in the provision of drugs education and training. The Youth Work Act, 2001 at last saw Youth Work being placed on a statutory footing. In the Act Youth Work is defined as a *'planned programme of education designed for the purpose of aiding and enhancing the personal and social development of young persons through their voluntary participation, and which is -*

a) complementary to their formal, academic or vocational education and training; and

b) provided primarily by voluntary Youth Work organisations'

(2001 7)

A number of characteristics have been identified which differentiate Youth Work from other forms of youth provision and services:

Youth Work:

- is a planned and systematic educational experience implemented outside of the formal school curriculum by voluntary organisations and groups;
- is an active mode of learning which promotes an experiential learning model where young people are involved in learning by doing in real life situations, and reflecting in a structured manner upon the experiences encountered;
- encourages the development of skills and knowledge amongst young people, so that they can make informed choices about their personal health and development;
- involves young people on a voluntary basis and begins with issues and areas of interest that are of concern to them;
- is a partnership between Youth Workers and young people, involving adults working with and not for young people in a manner that prioritises the active participation of young people as partners in the process;
- is based primarily on the voluntary involvement of adults as voluntary Youth Workers and is set in a community context;
- recognises that inequalities exist in society and seeks to raise the level of awareness of young people about society and how to act upon it;
- provides structures whereby young people can participate in decision-making, planning, organisation and evaluation;
- enables communities to contribute to meeting the needs of their own young people.

(NYCI:1994)

When working with young people it is crucial that workers examine the 'raison d'etre' of the work they are involved in. This involves a subjective positioning of oneself to explore one's epistemological stance and practical stance vis-a-vis young people and Youth Work. Therefore, it is important that we engage with the following questions:

Is Youth Work about changing young people?

Does Youth Work have an educational and developmental role?

Is Youth Work about creating opportunities for young people to participate in society?

Does it have a role in challenging the inequalities that marginalise young people?

Is it about social change?

Should its main focus be about recreational/fun activities?

How central is the development of relationships with young people?

What is the purpose of the relationships created?

Does it aim to work in solidarity with young people?

Is it about empowerment?

These questions should help to formulate individual definitions about the nature and purpose of Youth Work.

In a Youth Work setting if a worker is confronted with a drugs issue it should be recognised that in the main they do not solely possess the knowledge, skills, resources and expertise to deal with the situation on their own. Attention should be given to the fact that workers can only be expected to be resourceful if they themselves are adequately and appropriately resourced. Therefore, a comprehensive response needs to be integrated, involving a range of services working together at local, regional and national levels. Youth organisations have a vital role to play in an integrated response at all levels.

The relationship between a Youth Worker and a young person is of significant value in developing a holistic response to any issue of concern to young people, including drugs. Whether the role of the worker is to refer a young person to a specific service, to accompany them on a visit to services, or to discuss with them their concerns or struggles with drugs depends on many factors and limitations including:

- The support the worker receives from the organisation;
- The nature of the time commitment the worker can give to the young person and whether the work is full-time or voluntary;
- The number of young people being worked with at any given time i.e. whether the focus of the work is small groups, large club based activities or one to one work;
- How well the worker knows the young person in question and how confident he feels with him;
- It is important to reiterate the nature of the relationship i.e. 'to know the person apart from the problem'.

Ethics in Youth Work

At this point it may be salutary to explore some ethical considerations specific to Youth Work. In the context of professional practice, ethics is about:

- carrying out duties with integrity according to one's responsibilities and duties (e.g. adherence to principles of professional practice or agency guidelines).

- developing practitioner's abilities to recognise ethical considerations, to reflect and act upon issues and consequently be able to justify such action.

The UK National Youth Agency states that the behaviour of everyone involved in Youth Work and Youth Organisations must be of a standard that makes it the basis of:

- the effective delivery of services;

- modelling appropriate behaviour to young people;

- trust between workers and young people;

- trust between organisations and services and parents and young people;

- a willingness of various parties to commit resources; and

- a belief in the capacity of Youth Work to help young people themselves to learn to make moral decisions and take effective action.

(NYA, 2001:2)

Ethical considerations should form the founding principles within Youth Work. Ethical principles should be enshrined in policy and definitive in practice.

Ethical Principles:
Youth workers have a commitment to:

i. Treat young people with respect, valuing each individual and avoiding negative discrimination.

2. Respect and promote young people's rights to make their own decisions and choices, unless the welfare or legitimate interests of themselves or others are seriously threatened.

3. Promote and ensure the welfare and safety of young people, while permitting them to learn through undertaking challenging educational activities.

4. Contribute towards the promotion of social justice for young people and in society generally, through encouraging respect for difference and diversity and challenging discrimination.

Professional Principles:
Youth Workers have a commitment to:

5. Recognise the boundaries between personal and professional life and be aware of the need to balance a caring and supportive relationship with young people with appropriate professional distance.

6. Recognise the need to be accountable to young people, their parents or guardians, colleagues, funders, wider society and others with a relevant interest in the work, and recognising that these accountabilities may be in conflict.

7. Develop and maintain the required skills and competence to do the job.

8. Work for conditions in employing agencies where these principles are discussed, evaluated and upheld.

(NYA, 2001:4)

In recent years much attention has been given to the health, safety and wellbeing of young people, particularly children. However, many would argue that initiatives such as the Childcare Act 1991 and Children First Guidelines 1999 have been long overdue. Most recently the Department of Health and Children have produced a document entitled *'Our Duty to Care'* (2002) which highlights many of the principles of good practice for the protection of children and young people.

Principles of Good Practice

All organisations providing services for children should:

- Acknowledge the rights of children to be protected, treated with respect, listening to and have their own views taken into consideration;
- Recognise that the welfare of children must always come first, regardless of all other considerations;
- Develop a child protection policy that raises awareness about the possibility of child abuse occurring and outline the steps to be taken if it is suspected;
- Adopt the safest possible practices to minimise the possibility of harm or accidents happening to children and protect workers from the necessity to take risks and leave themselves open to accusations of abuse or neglect;
- Adopt and consistently apply clearly defined methods of recruiting staff and volunteers;
- Develop procedures for responding to accidents and complaints;
- Remember that early interventions with children who are vulnerable or at risk may prevent serious harm from happening to them at a later stage;
- Remember that a child's age, gender and background affect the way they experience and understand what is happening;
- Provide child protection training for workers. This should clarify the responsibilities of both organisations and individual, and clearly show the procedures to be followed if child abuse is suspected;
- Develop a policy of openness with parents that involves consulting them about everything that concerns their children, and encouraging them to get involved with the organisation wherever possible;
- Co-operate with any other child care protection agencies and professionals by sharing information when necessary and working together towards the best possible outcome for the children concerned;
- Make links with other relevant organisations in order to promote child protection and welfare policies and practices;

Remember that:

Valuing children means valuing workers as well. Insisting on safe practices, eliminating necessity for staff to take risks and providing them with support will make for a healthier and safer organisation.

(Dept. of Health and Children, 2001:4)

Young people and Drugs

In recent times there has been a concerted movement towards regarding health in its broadest terms, emphasising mental and social as well as physical aspects of health. Health is a multifactorial state, it is a 'positive concept emphasising social and personal resources as well as physical capacities' (Youth as a Resource, 1999:8). The World Health Organisation views health as being *'complete physical, mental and social well being'* (WHO, 1987). Therefore, it is imperative that we place any strategy aimed at prevention or intervention firmly within a health-promoting framework.

The recent National Health Strategy: Quality and Fairness (2001) is committed to a whole-system approach to tackling health in Ireland. It illustrates the benefits of both health gain and social gain and claims that the determinants of health i.e. the social, economic, environmental and cultural factors which influence health must be taken into account.

Diagram i.

Health Determinants

Dahlgren and Whitehead, 7991

'Substance use and especially misuse occurs in a developmental and environmental context. Many children and young people who misuse substances have multiple antecedent and co-occurring mental health, social and environmental problems. ...Consequently, any successful assessment and intervention service must be capable of recognising and adequately addressing a potentially wide range of predicaments and vulnerabilities', (HAS, 2001:15)

The US Congress Office of Technology Assessment suggested that a broad definition of Health should include:

- Aspects of the more traditional definitions (presence or absence of illness)
- Absence of adolescent problem behaviours (drug use, delinquent behaviour)
- Positive components of health (e.g. social competence, health enhancing behaviours)
- Health and well being from the adolescent perspective (quality of life as perceived by the young person)
- Social influences on health (schools, families, physical environment)

(use OTA, 1999:138)

Factors associated with Drug Taking

There are a myriad of factors relating to why young people take drugs. While we will consider them here, it should be noted that this list is by no means definitive and that these factors can contribute individually, collectively or cumulatively to drug taking:

Risk taking: Risk taking behaviour is normal among young people and can have a number of functions. It can be a symbol of status and maturity, an expression of conformity, an attempt at coping, the instrument of release of individual transformation, or the 'thrill'.

Predisposition: This suggests that as a result of certain genetic or psychological characteristics an individual would be predisposed to using drugs.

Experimentation: This involves initial or exploratory use of substances in an attempt at immediate gratification or delayed gratification in an effort to appraise the merits of a situation/feeling so that it can be revisited at a later stage

Gender and Age: The age of initiation can be important in determining the levels and patterns of drug use. Regarding gender, young men are more likely to experiment. However, problems associated with advanced drug use are more damaging to young women.

Hedonism: This factor should not be underestimated, as many recreational drug users take their substance of choice to achieve a 'buzz' or a 'thrill'. It should be recognised that the pursuit of this 'high' is a very conscious and calculated one on the user's part.

Peer Pressure
Peer Preference: The Peer Pressure theory suggests that the peer-groups norms and rules are consistently strong enough to exert control over members of the group, thereby pressurising them into taking drugs. However, this is quite a disempowering view of young people, denying them the power of individual autonomy and agency. The Peer Preference theory suggests that rather than pressure, young people actively seek out a peer group that share mutually-preferential norms and values.

Availability: There is a direct correlation between the availability of drugs/drug types and the categories of drugs used/modalities of use.

Familial, Social and Environmental Factors: This suggests that if an individual is living in a 'deprived' state where the risk factors are high and the corresponding protective factors low, he is at greater risk of using drugs. With specific regard to family, it should be emphasised that family process is much more important than family structure.

Functional drug use
Self-medication: Some young people use drugs for specific purposes such as weight loss or as a temporary study aid, while others often self-diagnose problems and self-medicate as a result.

Vulnerability to Drug Misuse

Factors associated with greater potential for drug use are termed 'risk factors' while those associated with reduced potential for such use are termed 'protective factors'. Such factors are associated with initiation, escalation and dependence with regard to drug use.

A vulnerable or 'at risk' young person refers to *'a child/ young person whose life chances will be jeopardised unless action is taken to meet their needs better and reduce the risk of social exclusion'.*
(Drug Action Team - DAT, 2000:20)

In an Irish context those characteristics that render a young person at risk include:

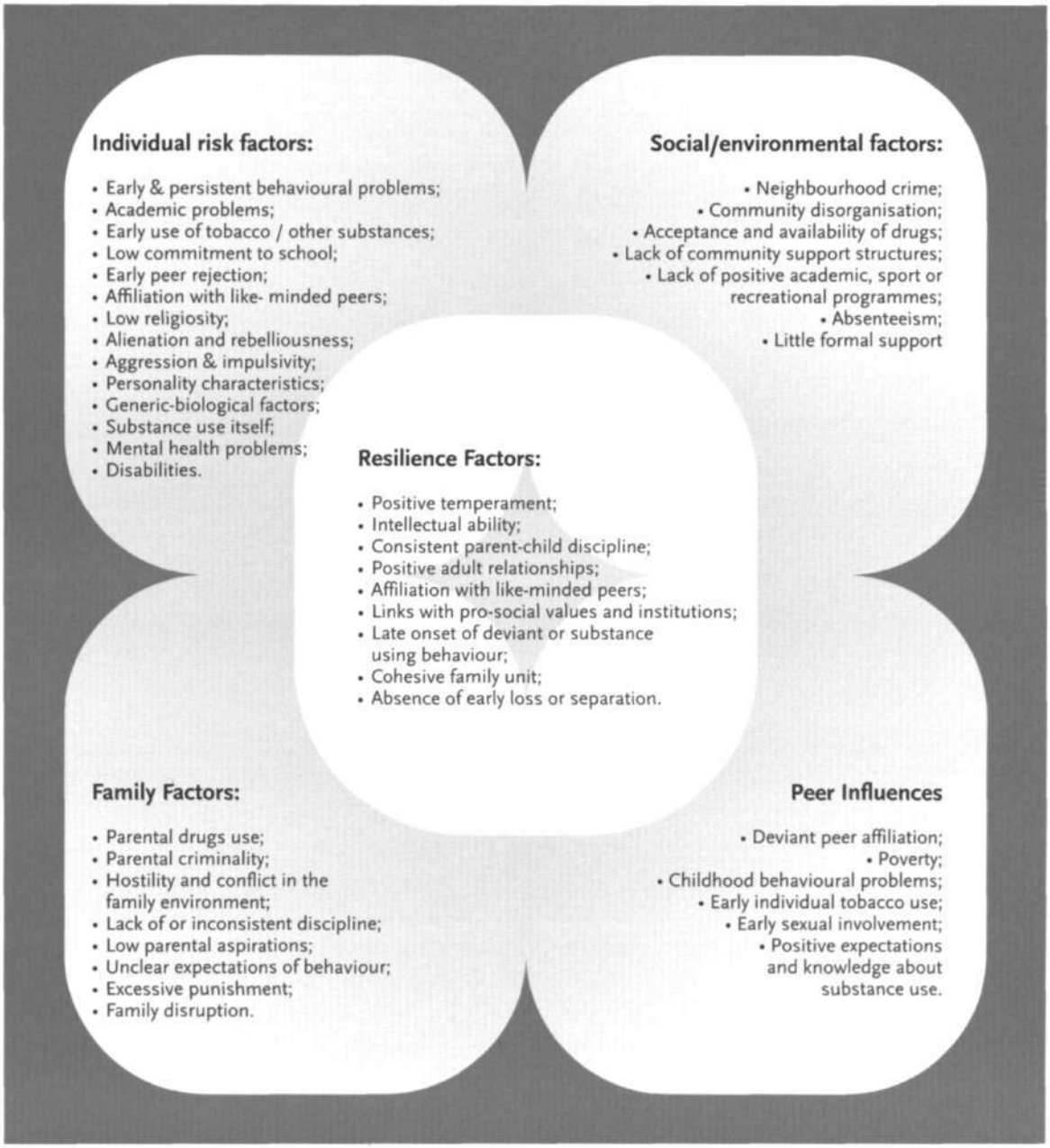
- being involved in criminal behaviour
- being 'in care'
- living in poverty and/or poor quality housing
- having a history of family problems or abuse
- having learning or physical disabilities
- having psychological or behavioural problems
- working in prostitution
- having academic problems and/or a bad experience of school
- having mental health problems
- being out of home
- having a crisis pregnancy at an early age
- experiencing discrimination due to sexual orientation, race or ethnicity
- being from a family with a history of substance misuse
- living in a geographically isolated area.

(Youth as a Resource, 1999:9)

Most young people, however, will not be at risk throughout their entire 'youth', rather they will experience periods of vulnerability. Risk factors impact on the social and psychological development of the young person and will have a differential impact depending on their stage of development.
It should be noted that most of the research on risk factors relates to substance misuse and dependence rather than experimentation/recreation. At the same time there exists certain protective or resilience factors that can counter and/or lessen the risk or likelihood of becoming involved in drug misuse as is evident from the following diagram.

Risk & Resilience Factors

These factors can be viewed diagrammatically as follows:



Young people can experience multiple risk factors and multi-dimensional inequalities thereby potentiating their at risk status.

The co-variance of risk factors suggests that, if a young person encounters one problem, there is a high probability that such a cumulative progression in tandem with a progressive disengagement from stability factors can increase the likelihood of substance misuse. Therefore, the challenge is *'to understand the interaction of these risk and protective factors, their relative importance, regional and cultural variances/variables and how they act to initiate use and/or misuse and addiction'.*
(Drug Advisory Service - DAS, 2001:12)

Chapter 3

Drug Prevention and Young People

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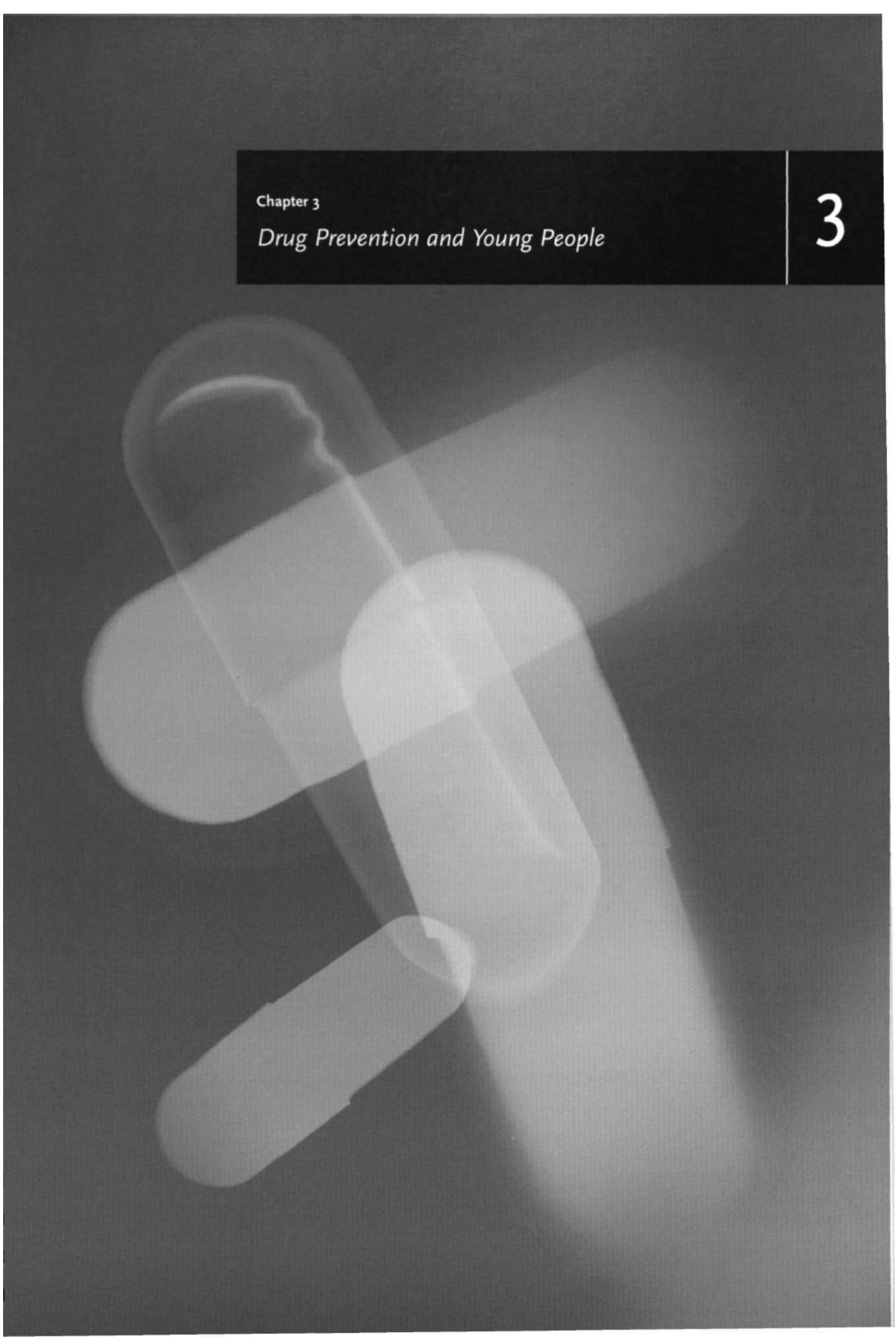

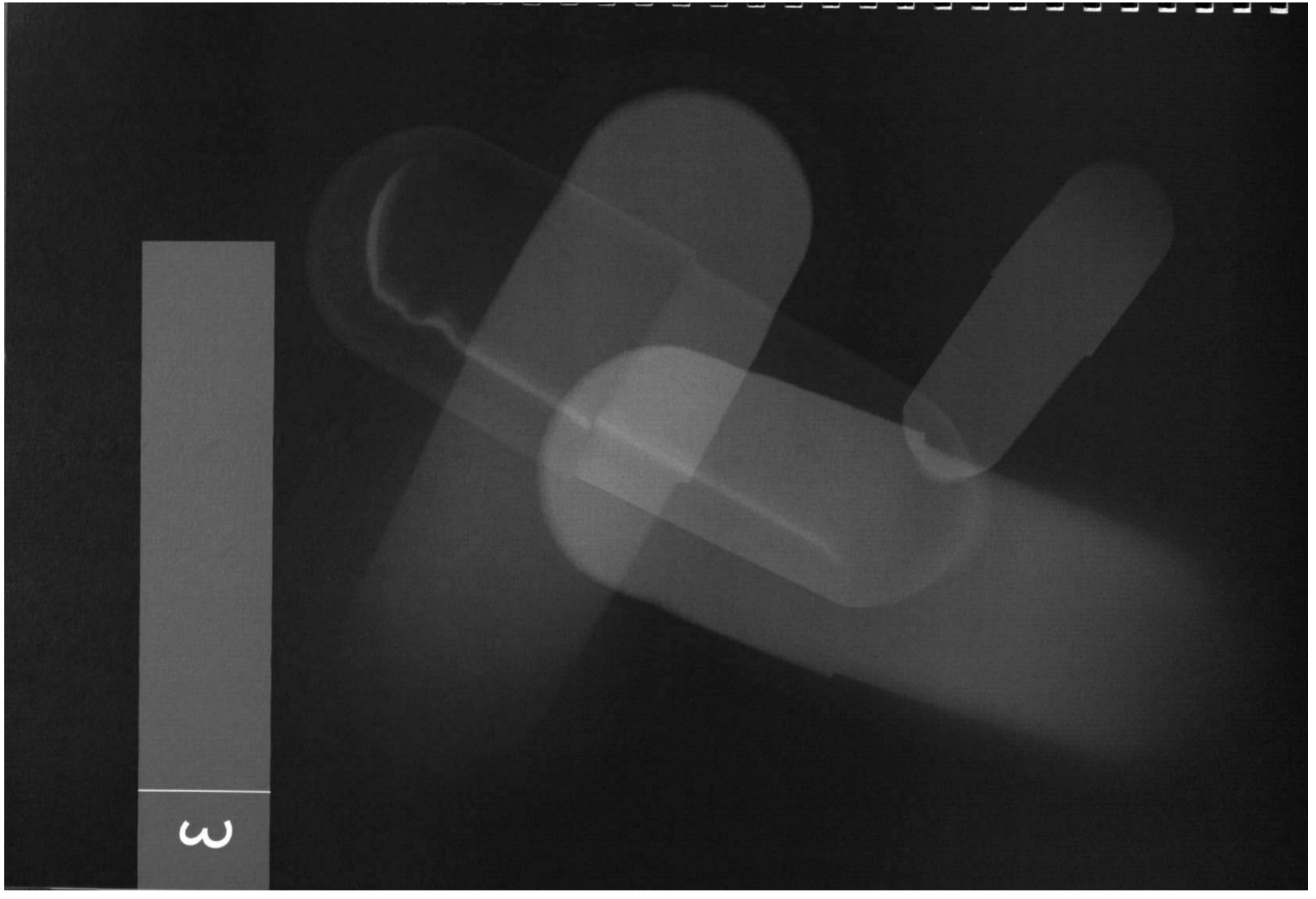
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Chapter 3

Drug Prevention and Young People

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Drug Prevention

"The ultimate goal of drug prevention in the field of drug related problems is, broadly speaking, to ensure that members of a given population do not abuse drugs at all, i.e. abstentionism and consequently do not put themselves at risk of suffering damage or causing social harm". (WHO, 1993)

It is also possible to talk about prevention of harm as well as the prevention of use. Therefore prevention should be seen in its broadest terms as a wide range of activities and initiatives designed to tackle drug use and misuse, which aim to prevent or postpone initiation, discourage misuse and reduce drug related harm.

Recent research has identified four levels of prevention:

- Primary prevention: which is aimed at preventing the onset of a substance related problem;
- Secondary prevention: which is aimed at intervening if a problem is likely to occur (prevention in high risk groups) or if a problem exists but is not yet fully manifested;
- Tertiary prevention (Type A): involves dealing with problems once they are fully manifested/prevention of further harm in those addicted;
- Tertiary prevention (Type B): involves prevention of further problems recurring once they have been successfully treated (relapse prevention).

(UHL [1998] in Morgan, 2001:13)

In addition to recognising the various levels of prevention it is important to be familiar with the various aspects of prevention:

Supply Reduction: - aims to control or reduce the supply and availability of illicit drugs by reducing supplies at the point of origin, controlling supplies at the point of entry and controlling the distribution of drugs within the country. This aspect is, in the main, a law enforcement issue i.e. the responsibility of the Gardai and Customs and Excise. However, in some cases individuals in certain communities have taken on this role. Such 'unauthorised' action has often proved quite effective while in some cases it has resulted in drug users being targeted in the same manner as drug dealers. Aside from this, it is argued that supply reduction measures have symbolic value in influencing the climate regarding the acceptability of drug use.

Demand Reduction: - encompasses those activities that aim to stop people from experimenting with drugs in the first place or delaying the onset of experimentation to reducing the numbers who take drugs and/or stop taking drugs completely.

Harm Reduction: - or harm minimisation can be described as any activity that aims to reduce the harm caused by drug use. This approach, while seen initially as quite a radical one, has gained greater currency and is now recognised as a guiding principle in prevention policy and practice.

Types of Prevention

The multi-faceted nature of drug use has led to the development of several broad prevention strategies. These include:

1. Universal programmes that aim to reach the general population or smaller defined settings;

2. Targeted programmes that have been termed selective and indicated. While selective programmes target those who are members of at risk groups, indicated programmes are designed for those young people who have already tried drugs or show risk-related problem behaviours.

Universal Programmes	**Advantages** • No labelling or stigmatisation of individuals; • Provides a setting or prepares the way for targeted programmes; • Provides the possibility for focusing on community-wide contextual factors; • Behaviourally appropriate e.g.: high risk children are not expected to change their behaviour when they are living amongst children who have high levels of the same behaviour. **Disadvantages** • May be unappealing to the public or decision makers; • Little benefit to the individual; • May have the greatest effect in those at lower risk; • Community initiatives may be undermined; • May be perceived by low-risk population as being of little benefit to them; • Difficult to detect an overall effect.

Targeted Programmes	**Advantages**
	• Potential for addressing problems early on;
	• Potentially efficient in directing resources appropriately;
	• Early mobilisation of inter-disciplinary resources.
	
	Disadvantages
	• Possibilities of labelling and stigmatisation;
	• Difficulties with screening, i.e.;
	  • Cost of commitment;
	  • Boundary problems;
	  • Risk status unstable;
	  • Difficulty of targeting accurately;
	• Power to predict future disorder usually very weak;
	• High-risk group contributes fewer cases than low-risk group;
	• Tends to ignore the social context as a focus of the intervention;
	• Behaviourally inappropriate e.g.: if the whole population has the high levels of the behaviour that is the focus of the intervention.

(DOH, 2001:19:20)

Drug Prevention Programmes

There has been much debate on whether prevention programmes actually work in preventing drug use. Drug prevention programmes have often been guilty of operating on enthusiasm rather than evidence based practice. It should be noted that:

1. Well-meaning but ill-informed prevention programmes can have adverse effects on the target group;
2. Prevention programmes should be delivered by individuals who are appropriately trained specific to the type of intervention being employed;
3. The design and implementation of all prevention programmes should be governed by evidence-based techniques;
4. A culture of evaluation commensurate with the level of intervention should be actively encouraged.

Drug Prevention Programmes should:

- Be firmly positioned in a health promoting framework;
- Value multi-disciplinary work as an integrated approach;
- Be designed to enhance protective factors and reduce risk factors;
- Target all forms of drugs both legal and illegal;
- Include skills to resist drugs, strengthen personal commitments against drug use and increase social competencies;
- Include interactive methods rather than just didactic techniques alone;
- Include a parent's or carer's component;
- Involve the target group participating actively in learning, using a wide range of approaches and methodologies;
- Be firmly based on the needs of the target group;
- Be sustainable - with booster sessions to reinforce original goals;
- Ensure that community programmes that include media campaigns and policy change should be accompanied by school based and family interventions;
- Be adapted to address specific local issues;
- Aim to target those most at risk and introduce timely programmes;
- Be age, developmentally and culturally sensitive;
- Show awareness of the cost effectiveness of prevention programmes;
- Be based on accurate, relevant and up to date information;
- Consider varying attitudinal and experiential levels of drug use;
- Have continuous built in evaluation mechanisms;
- Be supported through policy at an organisational level.

If the above constitutes good drug prevention work then why do some programmes that adhere in part, to some of the above principles fail so badly? Dr. Mark Morgan has identified five factors that contribute to rendering certain drug prevention programmes ineffective:

1. Unrealistic Expectations: This has to do with differing expectations about what a prevention programme can achieve in general and more specifically to what extent the school curricula can contribute to drug prevention.

2. Programme Implementation: Many prevention programmes fail as a result of non-implementation or partial implementation.

3. Problems of Implementation: This refers to the number of practical problems involved in implementation, including the failure to evaluate the process and outcomes as well as other chronological and administrative difficulties.

4. The future of Implementation: Here, attention is drawn to the congested curriculum that exists in the formal education sector and the difficulties in providing space for prevention programmes.

5. Environmental and Cultural Factors: This relates to a number of issues. Firstly, there is often a major gap between the content of programmes and the experience of the young people at whom they are targeted. Secondly, for many young people, experimentation with drugs is the norm while use of recreational drugs has a specific function. Finally, the effectiveness of interventions is sometimes lessened by a failure to take into account that young people may be at different stages of use.

(Morgan, 2001:46-56)

Within an organisation it is important that a culture of health promotion is encouraged. This implies that, in both policy and practice, a safe learning environment is created within which there is the active endorsement and practical support for positive health promoting initiatives. Such promotional activities should also progress health protection strategies. When working with young people, it is imperative that the information being provided is credible, consistent and relevant. This is even more crucial when dealing with the drugs issue as young people very often view adults involved in drug prevention as impinging on 'their' area of expertise. As a result, when working with a 'live critical audience' it is important that workers provide effective drug prevention messages.

The most effective drug prevention messages are those that:

Have a clear highly defined purpose, including clear aims and objectives which are measurable and realistic;

Are subject to careful planning, research and implementation;

Are relevant to the audience and based on adequate insights from formative research into the needs of the target group;

Are perceived as familiar, attractive and credible by the target audience;

Are consistent, sustained and repeated;

Are combined with community, small group and face-to-face interventions;

Are located within a context such as the family, community or the school;

Do not target young people in isolation but provide support in the form of information and training for parents, teachers etc;

Build on the target audience's existing motives, needs and values;

Provide information of the social benefits of non-drug use and reinforce existing non-using behaviour;

Emphasise the positive benefits of changing behaviour rather than the negative effects of current behaviour;

Stress the short term effects and benefits to the audience;

Reinforce existing anti-drugs attitudes and beliefs of non-regular users;

If trying to promote a behaviour change, then this behaviour should be specific.

(Baker and Caraher, 2001)

Within preventive drugs education there are a number of categories, models and approaches, some being of greater merit and possessing greater credentials than others. The following table critically examines a range of educational approaches that are used, to varying degrees, in working on drug issues. It is important for organisations to examine and explore these approaches, carefully, and to analyse both the positive and negative aspects of each approach before deciding on which approach/approaches best meet the needs of the whole organisation.

Educational Approaches

Approach: 1A. Didactic Approach – shock-horror	
Content:	Effectiveness:
• Based on 'deterrence by horrible example' theory, e.g. dead addicts on mortuary slabs. • Uses fear-based propaganda	• Not effective, may have reverse effect. • Message may not be entirely rejected. • May focus concerns on dangers to others rather than to oneself.

Approach: 1B. Didactic Approach – Scientific information	
Content:	Effectiveness:
• Gives scientific information or facts about drugs. • Based on the belief that all behaviour is rational. • Assumes that increased knowledge will change behaviour.	• Can increase knowledge. • Virtually no impact alone on drug use or intentions to use drugs.

Approach: 2. Affective Approach	
Content:	Effectiveness:
• Considers individual and community attitudes and values to drugs. • Assumes that clarification of feelings will produce healthier behaviour. • Assumes that increased knowledge and clarified attitudes lead to behaviour change.	• Considers individual and community attitudes and values to drugs. • Assumes that clarification of feelings will produce healthier behaviour. • Assumes that increased knowledge and clarified attitudes lead to behaviour change.

Approach: 3. Behavioural Approach	
Content:	Effectiveness:
• Based on increased life skills and social competence. • Assumes that drug use is a learned functional behaviour. • Assumes that increased self-esteem and social skills lead to reduced drug use. • Recognised as the 'just say no' approach.	• Varying effectiveness according to the drug. • Can lead to reduction in e.g. smoking alcohol use. • May be criticised for being manipulative. • Can increase knowledge and modify attitudes.

APPROACH:

4. Situational Approach

CONTENT:

- Focuses on giving information and increasing decision making skills when first offered drugs.
- Assumes the situation or context for drug use is important.
- Assumes specific skills are needed to make health choices.

EFFECTIVENESS:

- Can improve decision- making skills.
- Can increase knowledge.
- Does not reduce experimentation with drugs.
- Can promote less harmful methods and/or circumstances of drug use.

APPROACH:

5. Cultural Approach

CONTENT:

- Focuses on the social situation of the drug user.
- Considers how culture, race, class and income influence behaviour norms.
- Assumes that socio-economic factors and behaviour norms influence drug use.
- Mirrors a political education model.

EFFECTIVENESS:

- This is a holistic approach and is more pertinent in some areas than others (low socio-economic areas).
- Recognises the realities of drug use.
- Provides a focus for social change in which young people in a community setting are empowered to influence change and bring about change.

APPROACH:

6. Harm Reduction Approach

CONTENT:

- Focuses on reducing or minimising harm related to drug use.
- Examines the risks involved in the use of different drugs.
- Does not aim to prevent or reduce those using drugs.

This approach may be combined with any of the other approaches mentioned above, depending upon the education setting.

EFFECTIVENESS:

- Armed at those already involved in using drugs.
- Not immediately effective in reducing the numbers using drugs.
- Has been effective in minimising harm among injecting drug users.

Approach: 7. Peer Education Approach	
Content: • Uses peers to educate others of similar age and status. • Can range from general mentoring to skills building. • Uses elements of information, life skills, resistance training approaches.	Effectiveness: • Very much en vogue at present. Needs to be genuinely critiqued by all involved. • There is some evidence that it may delay onset of use. • Peer leaders need person-based credibility, experience-based credibility and message-based credibility.

Having explored the range of approaches that **can** be used to facilitate Drugs Education we should recognise that Drug Prevention, while using one or more of the above approaches, is facilitated by many people in many settings.

Since many young people are engaged in interactions outside the school system, youth, community and health workers are ideally placed to play an important role in drug prevention. This can be achieved through formal, planned programmes with particular groups, or in a non-formal way with groups who regularly take part in an activity, using the relationships within the group and the continuity of the activity. Alternatively, it can be achieved in an informal way, through contact outside regular, planned activity, i.e. through detached Youth Work and/or outreach work.

It is, therefore, vital that the response to the drugs issue is an environmental, rather than institutional one, which appreciates the need and value of cross-sectoral interdisciplinary work.

Drug Interventions

Moving on from looking at approaches to drug prevention, it would be beneficial to give a cursory overview of other drug related interventions.

Type of Intervention	Description
Community Based Interventions:	Community based interventions involve programmes and services that are based in the community and utilise the community's resources in endeavouring to counteract the damaging effects of drug misuse. Community interventions should ideally operate on a bottom-up development model and be inclusive and collaborative. Such interventions often involve many of the key players in the design and delivery of services e.g. peer support, family support groups.
Diversionary Interventions:	Diversionary interventions are also community based initiatives which aim to access, engage and retain vulnerable young people in programmes designed to divert them away from crime, drug misuse etc. Such interventions often revolve around activity-based initiatives.
Outreach Work / Detached Youth Work:	While these interventions are often regarded as one and the same, in reality, outreach work is generally more targeted and non-age specific. These 'coalface' interventions aim to access and engage those hardest to reach. Much valuable street work occurs based on a harm minimisation approach. Outreach workers deal with a huge range of issues from sexual and health matters to drug misuse and homelessness issues. The objective is to encourage prospective clients to access services. Because of the nature of such work, brief interventions are often employed. With specific regard to youth, assertive outreach endeavours to access pre-engaged young people (e.g. runaways, homeless, chaotic drug misusers).

In Ireland at present, the apparent younger age of initiation into drug misuse and of dependent drug misusers has created a corresponding need for the development of treatment types catering specifically for the needs of young people.

"While services for young people and adolescents should be linked to existing services there are strong arguments against services which enable close contact between habitual and younger / newer drug misusers. ..it is important to point out that the treatment of young people under 18 years old presents serious legal and other dilemmas for those working in the area ". (NDS, 2001:102)

Drug Treatment

Assessment

The British Health Advisory Service (2001) recommends that all services which come into contact with young people who use and misuse licit and illicit drugs should employ a screening mechanism. This screening process that would comprise a standardised interview or questionnaire would endeavour to identify those who may be in need of a more comprehensive assessment. It should be broadly applicable and administratively accessible. While the process would focus on the young person's substance use, it would also explore related issues such as mental health status, legal problems, family functioning and living conditions. Of paramount importance is the identification of the urgency of the situation and of child protection issues.

A number of issues are considered crucial to the success of such a targeted intervention as follows:

- Assessments - should be tailored to the needs of the adolescent;
- Part of a continuous process - as well as a comprehensive response must include problems, strengths, goal identification and personal care plans as an initial step;
- Practitioner competence - workers should be trained to an agreed lever of competency employing an interactive young-person centred approach;
- Professional position - the professional objective should be to elicit sufficient information regarding the young person's substance use with a due regard for their holistic care;
- Protection should be fundamental - i.e. the safety and well being of the child are paramount;
- Problems with substance -the severity of use/misuse should dictate the most appropriate response combining evidence-based interventions, programmes and settings;
- Prevention and treatment - should be incorporated as part of the assessment;
- Perspectives - it should be considered that while substance use/misuse may be potentially a serious problems, it may not be the greatest cause for concern.

The above process should be a culturally sensitive one where the process is clarified, issues of confidentiality and consent are dealt with and the establishment of rapport is a firm objective.

In the main if a young person is concerned about their drug use they should see a dedicated drugs worker or counsellor. However in many cases the Youth Worker is the first point of support and referral for the young person and therefore often has to negotiate and advocate on the young person's behalf.

With specific regard to treatment, the choice of treatment should reflect the severity of the 'problem'. The British HAS argues that, regardless of the treatment modalities that may be used, there are a number of principles that should be considered when treating young people involved in substance misuse.

These include:

- Attention to the unique developmental needs of young people;
- Any delay in normal cognitive and socio-emotional development must be recognised and connected with academic performance, self-esteem and social interactions;
- Programmes should involve families;
- Not all young people who use drugs will be dependent on them;
- The young person in treatment often has multiple needs that must be recognised and treated;
- Treatment must be sensitive to motivational barriers to change at the outset of treatment;
- Adult programs should not be used (if this must occur, great caution is necessary);
- Treatment must take into account issues of age, gender, disability, ethnicity, cultural background, and stages of readiness to change;
- Intervention approaches should embrace empirically-validated techniques, even if adopted from adult addiction or child and adolescent health and social approaches;
- Active efforts are required to identify key mechanisms of change that underlie positive behavioural change.

(Wagner et al, 1999, in HAS, 2001:40)

It is also important to recognise the existence of non-treatment routes for young people. Many young people who use and often misuse drugs, problematically, gradually cease use. Therefore, we should endeavour to understand mechanisms that lead to natural change and / or maturation.

Tiered Approach to Drug Prevention and Treatment

The British Health Advisory Service has developed a four-tiered approach to drug prevention and treatment. The four tiers comprise specific yet sequential levels of service provision. While we in Ireland are yet nowhere near the provision of such structured services for young people, it may be useful to look at the organisational and chronological make-up of such an approach.

These services Include:

- **Tier 1:**
  Universal- Generic and Primary Services;

- **Tier 2:**
  Youth oriented services offered by practitioners with some drug and alcohol experience and specialist youth knowledge;

Tier 3:
Services provided by specialist teams;

Tier 4:
Very specialist services.

It is noted that young people should not be subjected to repeated assessment at every tier or point of contact. It is important that they feel listened to and that their needs are addressed. *'The balance of avoiding redundant re-evaluation while ensuring good information requires skill and judgement, not a mechanistic style of practice. ..it is essential that the practitioner is trained and competent to a level commensurate with the stage of intervention involved.'* (HAS, 2001:78)

Tier 1:

Services (for all young people) providing substance misuse education; information and referral to support services.

Interventions:	Practitioners/Agencies:
• Information/education concerning tobacco, alcohol and drugs within the education curriculum • Educational assessment and support to maintain in school • Identification of risk issues • General medical services/routine health screening and advice on health risks/Hep B vaccination/referral/parental support and advice.	• Youth Workers • Community workers • School health • Drugs services • Education services

Tier 2:

Services (for young people who may be vulnerable) providing drug-related prevention and targeted education, advice and appropriate support for those identified as at-risk of developing problems with substance misuse, in addition to Tier 1.

Interventions:	Practitioners/Agencies:
• Programmes of activities and education to address offending • Family support regarding parenting and general management issues • Assessment of risk and protection issues • Counselling / addressing lifestyle issues • Education assessment	• Garda Diversionary Project • Youth Services • Social Services • Counselling • Education Psychology • Drugs Services- Education and Outreach

Tier 3:

Services (for young people who are problem drug users) providing specialist (mainly non-medical) drug services and other specialist services that work with complex cases requiring multi-disciplinary work, including GP's and often Primary Care Workers.

Interventions:	Practitioners/Agencies:
• Specialist assessment leading to a planned package of care and treatment augmenting that already provided by Tiers 1 and 2 and integrated with them; • Specialist substance specific interventions including mental health issues; • Family assessment and involvement • Interagency planning and communication;	• Specialist YP drug and alcohol services integrated or 'one stop shops' combined with child mental health, educational assessment and support, Statement of Special Education Needs.

Tier 4:

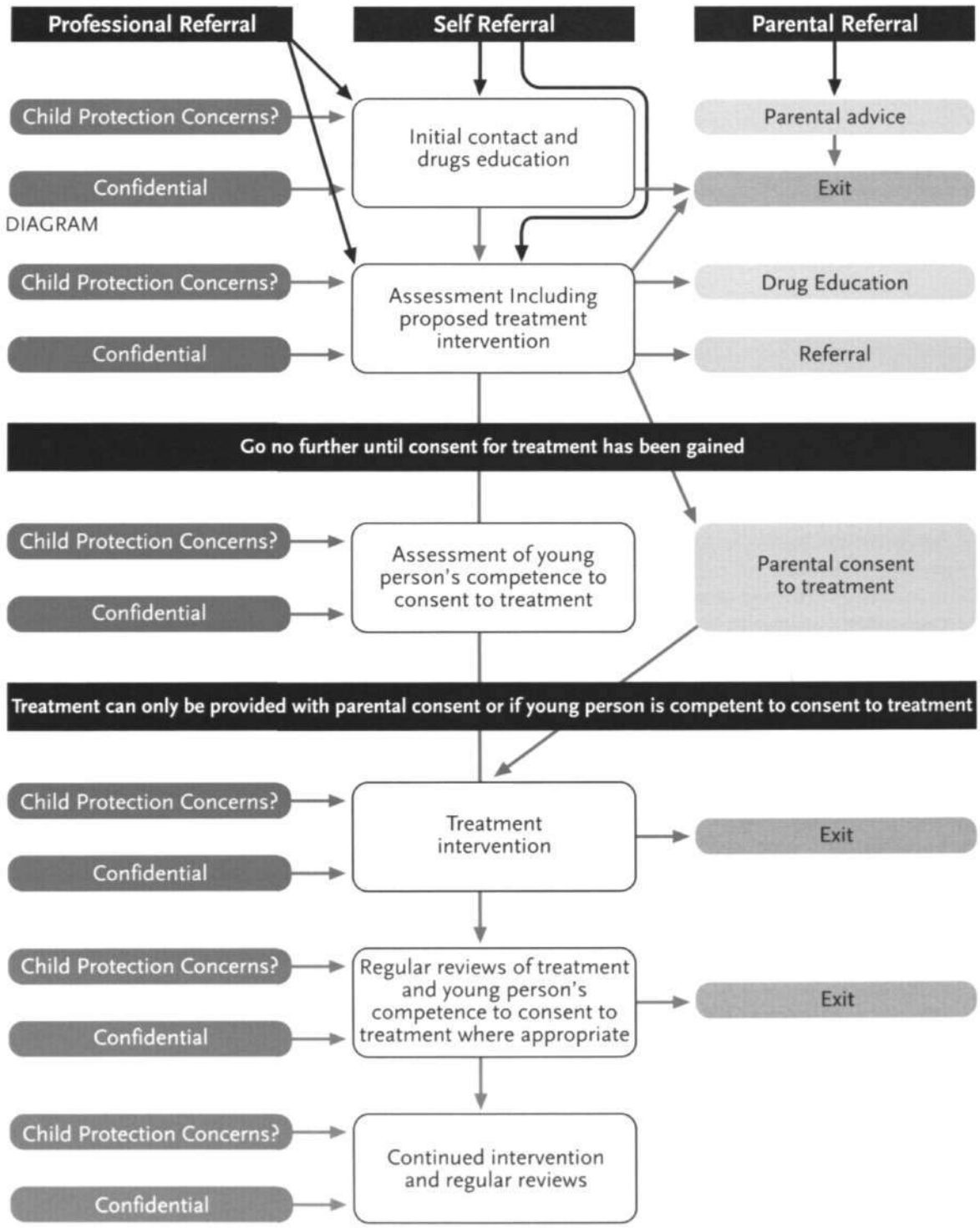
Services providing specialist (medical) forms of intervention for young drug misusers with complex care needs. Services may include specialist residential and mental health teams.

Interventions:	Practitioners/Agencies:
• Short period of accommodation in crisis • In-patient / day psychiatric or secure unit to assist detoxification if required • Continued Tier 3 and multi-agency involvement alongside – Tier 1 and Tier 2	• Forensic child and adolescent psychiatry • Social Services • Continued involvement from YP substance misuse service • Substantial support for education

Pathways to Intervention

The Standing Conference on Drug Addiction (SCODA 1999) have examined interventions with young people involved in drug use. This is outlined diagrammatically below and illustrates the pathways, entry and exit routes, and points of transition with regard to young people and treatment interventions.

DIAGRAM



Young People and Drugs (SCODA 1999)

Youth Work Responses to Drug Use

Youth Workers are generally in a pivotal position in their ability to access and engage young people and, in particular, vulnerable young people. As Youth Workers are cognisant of young people's emotional, social and developmental needs and are often privy to the social and physical environment in which the young person lives, their work tends to have added value with regard to relevance and credibility amongst the young people with whom they work.

However, there are many factors, either perceived or tangible, which can limit the worker's response in dealing with drugs-related issues. These factors include:

- the cultural significance of certain drugs among young people;
- the different levels of experience of drugs among young people;
- lack of self-confidence and knowledge on the part of the worker;
- the youth culture, peer influence and the need for young people to belong;
- young people's perception of adult workers;
- the glamour and acceptability of drugs among young people;
- societal messages about drugs;
- lack of good training and resources for workers;
- negative role models within the community;
- lack of support for the work at policy level;
- the perceived benefits and functions drugs have among young people;

the attractiveness of the economy of drugs.

However, while it is important to acknowledge these factors that are of common concern for all those working with young people, they should not prevent a planned Youth Work response to the drugs issue.

Drugs work can happen at two levels within the Youth Work setting. Firstly, the development of pre-planned, proactive responses to the drugs issue that focus on preventative strategies. Secondly, the management of drug-related situations as they arise on a day-to-day basis, which will be dealt with in the following section. In this section we will look at examples of these proactive responses and the process of implementing a drugs education programme.

Pro-active Responses to Drug Use

Initially, it is recommended that prior to the development of any planned response the worker and the organisation, club or project should assess the needs of the young people, the limits to the organisation's work and the views, feelings and skills of the workers regarding drug issues. The Appendix includes a range of supporting information, provides a number of work-sheets which will assist workers and organisations to explore personal, ethical and communal issues which will inform the most appropriate responses available.

There are several options to be considered when exploring the possible responses to drug use within a Youth-Work setting. It is the responsibility of the organisation, staff, volunteers and management to fully explore the range of options possible in any given situation. A prerequisite of drugs work is to consider the range of options open to individual organisations so that appropriate responses can be made which meet the needs of the young people concerned. It should be acknowledge that, although organisations throughout the country differ in size, location, staff-levels and ethos, no one response will be apposite in all cases.

A possible range of responses available to youth organisations include:

I.The Educational Response

2.The Community Development Response

3. Advocacy - challenging societal structures on behalf of young people

4.Outreach - accessing young people in off-site settings

5. Referral - accessing professional help for young people

6.Interpersonal Response - the valuable worker/young person relationship

7. The Organisational Response

I.The Educational Response

The main features of drugs education programmes must be that they are developed to meet the real needs of all young people, irrespective of social background or educational attainment. It is important to reiterate that, while not all young people are using drugs, all young people are living in a drug-using society.

Drugs education, as has been stated, should be holistic and consider the needs and experiences of all young people. To this end, within Youth Work settings drugs education programmes should include aspects of knowledge provision, clarification and development of values and attitudes and personal skills development.

In planning and implementing drugs education programmes, workers should consider a number of core values that underpin any Youth Work practice.

These are as follows:

- Young people have the right to identify choices and options, and to choose the most appropriate one for them in any given situation;
- Young people have the right to self-determination;
- Young people have the right to confidentiality in their relationship with workers;
- Young people have the right to develop their own values and attitudes;
- Young people have the right to develop the capacity to critically analyse the world around them and to take action in response;
- Young people have the right to challenge the worker and to be challenged by the worker in areas such as attitudes and ways of behaving;
- Young people have the right to be treated as equals.

This poses an immense challenge for workers in planning pro-active drugs work and it is important for the organisation as a whole to explore the implications of this 'charter of young people's rights' .We should also remember that quality educational opportunities for young people do not arise solely in a programme setting; very often informal opportunities are equally as important.

We must recognise the difference and complexities of any drugs education programme. Effecting particular health behaviour change through education is difficult and challenging, but not impossible. It requires perseverance, multiple approaches and specific actions.

The non-formal environment provided through Youth Work enables organisations to explore a wide range of methods within drugs education. Each of these methods are chosen with different aims in mind. We will now explore some of the aims that organisations may set for their drugs education programmes, together with a range of methods that can fulfil these aims.

Examples of traditional approaches to drugs education within a Youth Work context:

Aims	Examples of methods
1.To encourage informed decisions	• Information provision and exploration
2.To encourage the development of self-esteem and self-worth	• The personal development approach
3. To provide alternative experiences - a 'natural high'	• e.g. Outdoor activity
4.To provide a credible argument and highlight the negative aspects of drug taking	• Employing an ex-drug user to provide information on a drugs programme
5. To provide positive role models as a deterrent to drug use	• The peer education approach and using sports personalities as positive role models
6.To explore drugs use in a societal context	• The holistic approach
7.To keep young people occupied	• Diversionary activities, sports and alternative leisure option
8.Teaching young people the skills to avoid drug taking in certain situations	• Resistance skills

Many of the above approaches, when used in isolation can have limited effect. Others, as has been argued, can often have adverse effects on the target group in question. Therefore, when planning a specific programme, attention should be given to a systematic appraisal of the needs, supports, content and context within which the programme is being implemented.

2.The Community Development Approach

The Community Development approach has many components. A central principle of this bottom-up approach is often the concept of empowerment. This approach includes working in co-operation with other community organisations, agencies and activists towards a commonly agreed goal. Thus, within a drugs work context the worker's role may be to raise awareness of local drugs issues within the community, raising critical consciousness and working with the community to meet the identified needs.

Community goals may include the development of specialist drugs services, increased opportunities for young people and employment projects. This approach may involve the worker and organisation actively challenging the structural sources of oppression and inequality within society. In a practical situation the worker will have identified a problem that needs resolution within a community, for example, the need for a drug counselling service. Consequently, the worker will then work with other groups, both voluntary and statutory as well as with members of the wider community towards achieving this goal.

3. Advocacy:

Advocacy involves challenging societal structures on behalf of young people. Advocacy in this context is the act of speaking for and on behalf of young people. Within a community setting, services may be lacking which could improve the situation of young people. For example, young people may need assistance in representing themselves when dealing with school, social services, parents or the Cardaf. The Youth Worker may, therefore, take on the role of advocate, either supporting an individual young person through a difficult crisis, or negotiating and working on behalf of young people towards the improvement of provision with the local area.

The organisational role is mirrored in the role of national and regional youth organisations to advocate on behalf of young people at policy level. This type of social and political Youth Work has a strong part to play in the repertoire of Youth Work methodologies and demands a strong motivation and the ability to critically analyse the social situation of young people and act for change. Advocacy at times requires evidence-based initiatives and this can be provided for though effective recording procedures at organisation level.

4. Outreach Work:

Outreach work involves contacting the specific target group on their own territory. Outreach work has traditionally targeted those 'at-risk' groups of people who are the most difficult to reach. This frontline work endeavours to engage young people and then encourage them to access services. Detached Youth Work employs these principles of outreach work, working with young people on an informal basis and recognising the immediacy of the intervention.

Working in the target group's area necessitates an appreciation of an environmental rather than an institutional response to young people's needs. It also requires that workers have first-hand knowledge of services and structures within their area to facilitate a smooth transition for the clients who may choose to access them. Outreach work emphasises the importance of a community presence, *"which enables them to intervene and fast-track individuals to treatment while concentrating on making contact and increasing service accountability"* (EMCDDA, 1999:131)

5. Referral

- Accessing Professional Help for Young People:

The drugs situation is such that the worker may be confronted with a situation that they are unable to respond to in a satisfactory manner. It is important that organisations have the ability to recognise their limitations and identify situations where specialist help is required. Referral is often the most appropriate response an organisation can make.

It is important for organisations to be familiar with the range of referral agencies available to them, either within the community or at regional or national level, as some geographical areas will be better served than others. An important issue for organisations is to maintain contact on an ongoing basis with the range of referral agencies or individuals accessible to them. This is vital so that when situations occur which require referral, organisations and workers will be familiar with whom to contact as well as the official referral procedure. It is desirable that the worker should have a professional working relationship with designated staff within referral agencies.

6.The Interpersonal Response - The Valuable Worker/Young Person Relationship:

A strength, and perhaps unique feature of Youth Work, is the relationship that develops between a young person and the worker. This relationship is a voluntary one between the young person and an adult, and may be the only positive relationship in the young person's life. A major consideration when working with a young person who may be experiencing a problem with drugs is that the problem is the drug, not the young person.

As far as is practicable, it is vital that the worker provides ongoing support for the young person irrespective of the drugs problem. Paramount to this response is the trusting relationship between the worker and the young person and the worker's basic listening and helping skills. An example of this response is that of the worker supporting a young person through a disclosure about drug use. In this situation, it is important for the worker to be clear about the support structures in place to support them in their work, the limits of confidentiality and the responsibility attached to this role.

In practical terms, the importance of this relationship manifests itself through the support that can be given to a young person when they are contemplating change in their behaviour or lifestyle as a result of a drugs problem. The worker's role can be to listen to the young person, provide them with help and advice and assist them in accessing professional or family support. It is important that this supportive relationship is maintained for as long as the young person requires it.

7. The Organisational Response:

On a macro-level, there is an obvious need for greater collaboration and co-ordination of agencies and related services. The UK Health Advisory Service refers to 'commissioning' as the *'hinge that allows services to move in a co-ordinated way to meet the changing health care needs of populations'.* (2001:63)

The key elements of such an organisational response include:

- Strategy; based *on* a broad strategic framework that includes a balance of evidence-based interventions incorporating all young people and, in particular, those at risk;
- Development of a knowledge base; this includes evidence of prevention/interventions, local variation in substance use, definitions used, availability of services;
- Responsiveness to local population; awareness of diversity, parental needs and involvement;
- Partnerships with providers; to include mature relationships with the wide range of providers;
- Healthy alliances; joint commissioning/effective co-ordination with consistent policies between services and sectors;
- Effectiveness through contracting; contracts should be based on robust funding, with service specifications to include principles of delivery, appropriate environments, ability to attract all diverse groups to appropriate services and the training needs of staff;
- Organisational fitness; this addresses the ability and training needs of commissioners and clarity of services for drug and alcohol problems within the system with more mature service specific, ions being adopted rather than number counts.

(Adapted from HAS, 1996)

It is also important that organisations and individual clubs/groups/projects are aware of what they should do in order to manage a drug-related situation. Organisational development should provide a broad framework within which an organisation places its drugs work. Thus it is vital that organisations consider the needs of young people, staff and the organisation as a whole before adopting any pro-active responses to drug use.

(Chapter 5 *addresses the need for policy while Appendix 2 contains a comprehensive needs analysis questionnaire and worksheets that will facilitate the development of such a policy within your organisation.)*

It may take quite a lot of time before organisations are able to put a policy in place. In the meantime, it is possible that drug-related crisis situations may arise within your work. The next Section will therefore explore some of these situations. It may be helpful for you to consider how you would respond to the following situations. It is also important to consider drug-related situations when developing policy.

Planning Preventive Drugs Education Programmes

Having generally looked at the various approaches to drugs education, those who wish to develop a programme for use with young people should begin to plan in a comprehensive way by considering a number of key issues outlined below.

These include:

1. Carrying out a Curriculum Audit

2. A Checklist of Procedures

3. The Content of the Programme

4. The Context of the Programme

5. Quality Control

6. The Importance of Training for Workers, Leaders and Volunteers

We will now examine these key issues in more detail.

1. Carrying Out A Curriculum Audit

A curriculum audit aims to examine the full range of current provision within the organisation. The audit should evaluate the kind of drugs education the young people currently receive within the organisation or project and take cognisance of school-based drugs education initiatives which the young people are involved with.

Such an assessment should involve a critical review of the following:

i. The aims and objectives of the current drugs education provision;

2.The programme content;

3. The approaches already used and their effectiveness;

4.The resources currently being used, how they are used and how they are adapted to meet the needs of specific target groups;

5. The place of drugs-education within the overall health education programme;

6.Who delivers the programme and the training they have received;

7. The current perceived strengths and weaknesses of the programme in terms of its successes and limitations;

8.The evaluation techniques and procedures used.

Such an audit or evaluation will provide information for the organisation and the workers on whether or not the current strategy is realistic, effective or successful. Many organisations, at this stage, may feel satisfied that their current drugs education provision is adequate and perhaps they only need be concerned with developing a strategy for managing drug-related situations as they occur. For the most part though, organisations will want to plan the most effective response possible to deal with the issue of local drug use.

In this case, the development of a new or revised drugs education programme follows on from the curriculum audit.

2. A Checklist of Procedures

Below is a checklist that should be used by any organisation wishing to plan and implement such a programme:

- Define/identify the target group for which the programmes are being planned;
- Assess the needs of the target group;
- Assess their needs specific to drugs education;
- In addition take into account other needs
  - literacy, disability etc;
- Develop clear aims and objectives for the programme - these must relate to the task as follows:
  - Is your goal total abstinence or harm reduction?
  - Are you simply raising awareness?
  - Are you increasing knowledge?
  - Are you aiming to change behaviour?
- Agree on the content of the programme;
- Consider the approaches to be used;
- Decide whether or not to involve outside agencies in the delivery of the programme;
- Critically evaluate the resources available (both human and material);
- Plan, develop and implement appropriate training and support for educators, workers or volunteers;
- Establish an effective evaluation method.

3. The Content of the Programme

Those reviewing or planning a Drugs Education Programme must consider the content very carefully. In keeping with the principle of holistic responses emphasised throughout this document, the training should be placed in the context of wider personal development and social skills training which would enable young people to cope in situations where drugs are available by being able to make responsible decisions regarding their own drug use based on relevant and correct information.

It is important that a programme should cover all aspects of substance use including alcohol, tobacco, solvents and prescribed drugs.

The programme should have clear information objectives that would include work on:

- the historical and cultural background of drug use;
- the nature and effects of drugs, their legal position, and role in the community;
- alternatives to drug use;
- sources of help for drug related problems.

4.The Context of the Programme

We have already explored young people's drug use within a broad societal context. Additionally, we have examined how drug use is influenced by many factors and, how responses to drug use necessitate differentiated approaches.

Therefore, in considering the place and context of drugs education, there is strong agreement that it should be located firmly within a holistic social and health education framework. There is also agreement that such a programme should begin at an early age and allow for the progression of understanding, skills and attitudes as children get older.

5. Quality Control

The U.K. Standing Conference On Drug Addiction (SCODA 1999) emphasised the importance of maintaining and ensuring quality standards in respect of Drug Education. They identified 4 categories of standards and a 7-step process for reviewing standards in drugs education.

They are as follows:

Category I Co-ordination, staffing and organisation;
Category 2 Teaching and Content;
Category 3 Monitoring, evaluating and reviewing;
Category 4 The wider context;

Step I: Read through quality standards and criteria;
Step 2: Use gathered evidence;
Step 3: Where criteria are met, note evidence;
Step 4: Assess evidence and suggest action;
Step 5: Extract action points;
Step 6: Write and execute action plan;
Step 7: Set next review date

6.The Importance of Training for Workers, Leaders and Volunteers

All those within the organisation who are in a position to carry out drugs education with young people should receive adequate training and support to carry out this important part of their work.

Health education and drugs work within the non-formal sector should be facilitative and participative, i.e. programmes should encourage a strong participation from young people, centred around frank discussion about the issues and concerns that young people themselves have relating to drugs and drug use.

Workers must have knowledge of the facts and a clear understanding of the implications for young people. Workers must be able to respond 'on the spot' and manage situations as they arise. Often, these situations are of a very personal nature and may involve disclosure about drug use. Often these situations may involve managing drug-related incidents.

Workers must be able to deal with these situations in **a** calm and non-judgmental way. This is not an easy task; it can only be achieved when workers have a combination of accurate and comprehensive knowledge and personal communication skills based on an affinity with the young people and when they have examined, and are aware of, their own values and attitudes on the issue of drugs.

Organisations have a responsibility to provide their workers with 'up to date' training on an ongoing basis. Access to training not only helps develop personal skills, it also provides for excellent opportunities to network, meet other workers doing similar work and to share common experiences and concerns. This can be the most beneficial aspect of training as workers often feel isolated within their own community and despair when faced with the enormity of the drugs issue. Additionally, it allows workers the opportunity to gain an overview of service provision within their region.

At local level, it is important that all those involved in the organisation, and not just the person responsible for Health Education have access to up to date information and training. This is vital as, very often the issue of drugs can arise in any context within the organisation among staff, volunteers and young people alike. It is not exclusively confined to the health or drugs education programme. Everyone needs to be aware of the organisational response, both in terms of policy and practice.

The organisation's policy or guidelines should specifically outline the ways in which workers will be supported in carrying out drugs work. Chapter 5 of this document outlines a framework for developing an organisational policy or guidelines.

In conclusion, it should be noted that it is not feasible to expect a specific prevention programme to have universal applicability. There are many cultural, social and developmental factors specific to the target group to be taken into account. Additionally, the context and settings of the work often require tailor-made responses that do not lend themselves to prescriptive programmes.

If organisations require advice or assistance in the formulation of programmes they should contact the National Youth Health Programme for Guidelines and/or contact lists.

Social, personal and Health Education

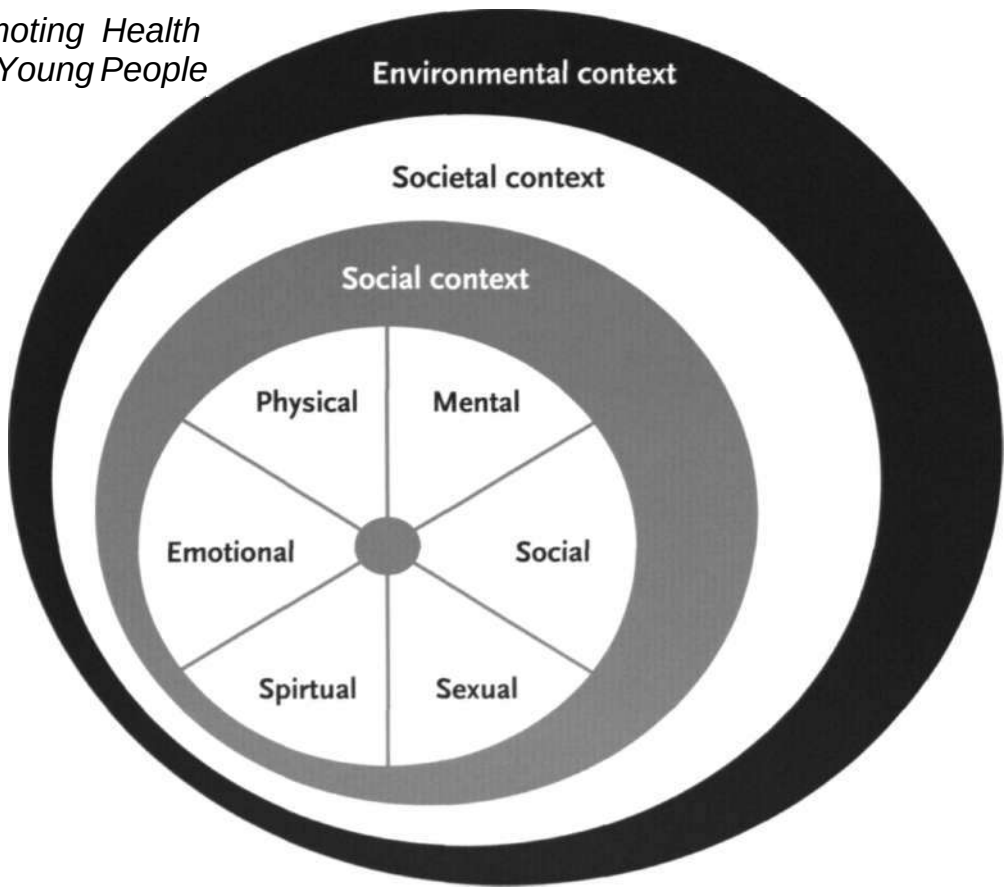
In order to plan effective drug prevention strategies through education, it is vital to place this work within a holistic health education context. There has in recent years been a move away from single-issue based topics to more broad-based health promotion. This is evident with the introduction of the Social, Personal and Health Education Curriculum to the school syllabus in the formal education sector.

The Education Act (1998) emphasises that Schools should promote the social and personal development of students and provide health education within a holistic whole-school environment. The S.P.H.E programme addresses a wide range of health issues, the aims of which are:

- To enable the students to develop skills for self-fulfilment and living in communities;
- To promote self-esteem and self-confidence;
- To enable the students to develop a framework for responsible decision-making;
- To provide opportunities for reflection and discussion;
- To promote physical, mental and emotional health and well-being.

The following model of health illustrates the importance or recognising that the young person does not exist in isolation but within a social and physical environment that very often determines their health status.

Promoting Health with Young People



Dimensions of Health adapted from Naidoo and Wills (1994)

This model highlights the individual as a holistic being with physical, social, mental, emotional, sexual, and spiritual needs, all of which interact with each other at any given time.

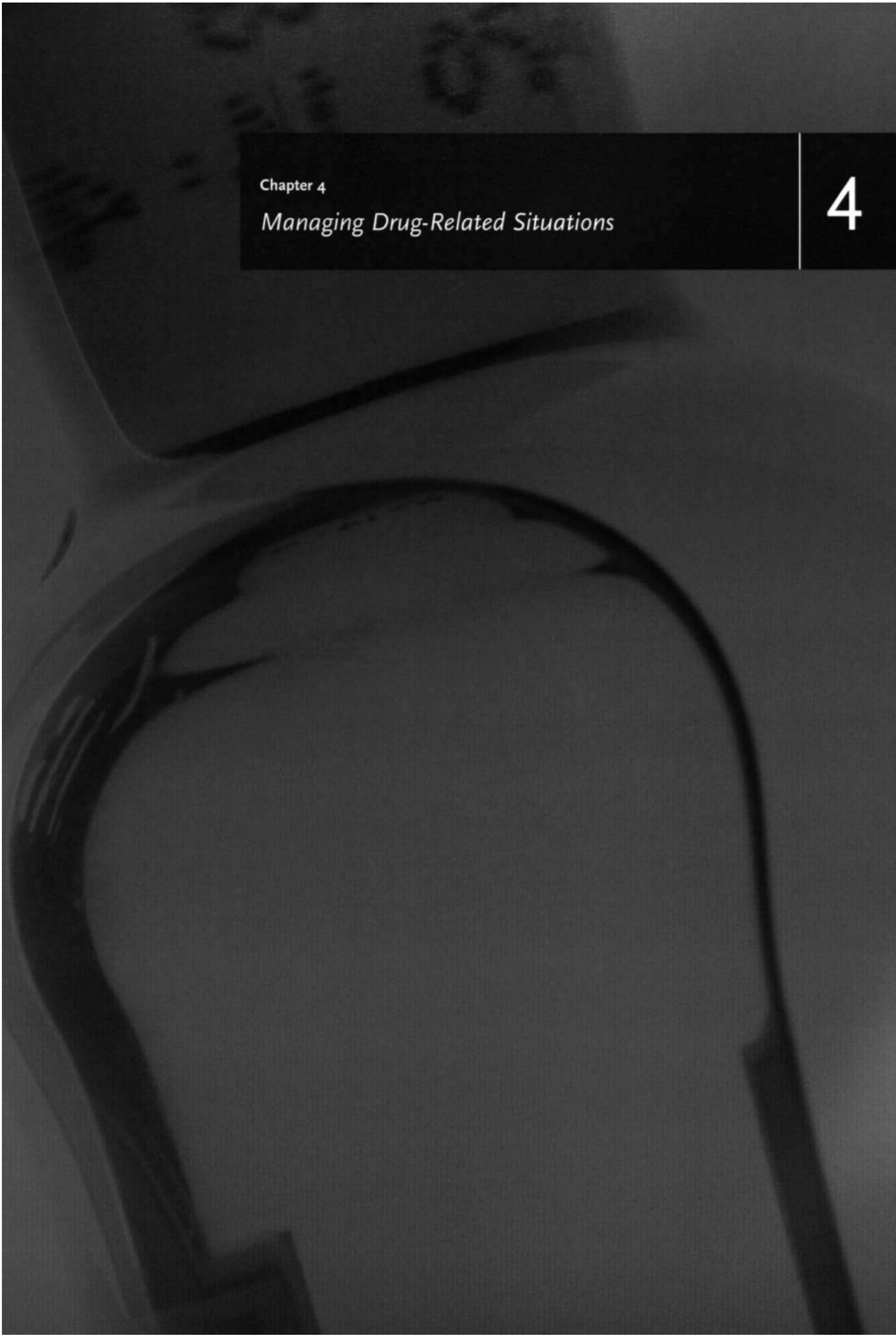
This model helps us to consider that health has a multifactorial status influenced by a wide range of physical and social factors. Therefore, we can conclude that young people's drug use is obviously influenced by the same range of physical and social factors. Consequently, the educational responses we plan and implement to explore drug issues and drug use must be designed to be youth-centred while taking the whole person into consideration at all times.

Checklist of Good Practice for Planning & Developing Drugs Education Programmes yj

While it would be assumed that those who are providing drugs education are highly skilled in working with young people it is also essential that they have the requisite organisational, presentation and facilitation skills to deliver these sessions. Therefore it is important to take account of the following:

- Identify training needs before you start: set up detailed discussions with potential trainees and/or their employers;
- Allow participants to negotiate course content and method to ensure training meets their needs;
- Encourage agencies and groups to select trainees who would get the most from training;
- As a result of pre-course negotiations, work out appropriate written aims and objectives;
- Plan the structure and content of the course carefully;
- Take into account all the needs of trainees: personal and professional needs, their needs as trainees and as part of wider networks;
- Think of practical considerations such as the suitability of the venue, noise and privacy;
- Take into account the diversity of the target group when planning course content and method;
- Concentrate on smaller groups if possible;
- Explore a few substantive issues rather than trying to cram too much in;
- Ensure information is up-to-date, authentic and accurate with regard to the local situation;
- Use a variety of training methods to sustain interest; active participation adds to the impact of the message;
- Encourage trainees to articulate their needs during courses and adapt the training to meet their needs;
- Use only high-quality worksheets and resource material;
- Build in networking opportunities to the training sessions;
- Deliberately facilitate post-course networking among participants;
- Exchange good ideas and practice with other trainers/training providers;
- Monitor and evaluate the success of training against planned outcomes;
- Take care in devising evaluation methods - if necessary seek advice.

(Williams, 1995:3)



Chapter 4

Managing Drug-Related Situations

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Chapter 4

Managing Drug-Related Situations

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Drugs and Drug Use

Any incident involving drugs requires a measured and sensitive approach. This chapter aims to focus on a range of issues regarding the management of drug-related issues.

At the outset, it is important that clear definitions are in place regarding drugs and drug use. Though many of these terms may appear succinct some may need contextual clarification, thereby providing the worker with a broader approach through which to appreciate the nuances of drug-use.

These definitions include:

A Drug:	A drug is a substance that changes the way the body functions, mentally, physically or emotionally.
Drug taking:	The consumption of any drug. All drug taking, including medicinal use, carries the potential for harm. In order to distinguish between the conditions in which different interventions are most appropriate to address drug taking by a young person, this document refers principally to drug-use and drug-misuse.
Drug Use:	Drug-use is drug-taking through which harm may occur, whether through intoxication, breach of school rules or the law, or the possibility of future health problems, although such harm may not be immediately perceptible. Drug-use will require interventions such as management, education, advice and information, as well as prevention work to reduce the potential for harm.
Drug Misuse:	Drug taking that harms health or functioning. It may take the form of physical or psychological dependence or be part of a wider spectrum of problematic or harmful behaviour. Drug misuse will require a further range of interventions, which may include treatment.
Drug Incident:	Evidence or suspicion of a specific event while in the youth centre involving one or more unauthorised drugs, and requiring immediate action by staff. (Examples include: young person discovered bringing slimming tablets secretly to the centre, being found intoxicated, named young person reported having sold cannabis to friend at the centre).
Drug Situation:	An event or series of events involving one or more drugs, including planned events, which require further careful observation, investigation, monitoring, management or referral by the centre's staff. (Examples include any permitted smoking by adults, management of insulin, antibiotics or other medication prescribed for a young person, awareness of solvent sniffing on nearby estate, discovery of drug paraphernalia by school caretaker, young person suspected of being physically abused discloses parent's/carer's regular drunkenness, young person discloses parental drug use.)

Guidance for Drug Inteverventions

There are a number of main principles to be remembered when responding to and managing specific drug related issues:

- Establish the facts and be clear about the nature of the incident before deciding on a course of action. Any opinion offered on the incident should be stated as an opinion;
- Recognise that the health, safety and wellbeing of the young person are paramount;
- Provide the young person with the appropriate support and guidance they need;
- Inform your relevant manager or support person within the organisation immediately in cases where the suspicion of drug use has been confirmed and supported by evidence;
- If recording a suspected or alleged incident, the file should remain anonymous until a full investigation is conducted;
- Use the relevant support systems of the organisation as an initial response to any incident;
- Decide whether or not to involve the Gardai. This involvement is to an extent at the discretion of the management and workers within the organisation;
- Involve parents/carers where appropriate. For example, if you feel the young person should be sent home, it would be appropriate to accompany and support him/her through this situation;
- Above all, do not overreact as this can contribute to handling the situation in a negative way for all concerned;
- Use the learning from the incident to inform future drug prevention initiatives and work towards a co-ordinated holistic response for the young person concerned.

Principles of Good Practice for Drug Interventions

SCODA (1999) have produced a document entitled *'Young People and Drugs: Policy Guidance for Drug Interventions'* that identifies 12 key principles for good practice when working with young people. Many of these principles have been adapted to attain congruence within an Irish context. It is recommended that all service providers who engage with young people, at the very least take cognisance of the following principles:

1. Young Person Centred:

This approach needs to recognise the three main principles that underpin the civil, political, social and cultural rights of the child, as outlined in the U.N. Convention, i.e.:

Provision: - rights to minimum standards of health, education, social security, physical care, family life, play, recreation, culture, leisure and adequate standards of living.
Protection: - rights of children to be safe from discrimination, physical abuse, exploitation, substance abuse, injustice and conflict.
Participation: - rights of children to a name and identity, to be consulted and taken account of, access to information, freedom of speech and opinion, and to challenge decisions made on their behalf (NYF, 2001:6)

This youth-centred approach needs to regard and respect the status of being a young person and his/her individual needs, gender, lifestyle, culture and beliefs, while considering issues such as parental responsibility, age, consent, confidentiality and the need for protection. Drug and alcohol use must be considered in a holistic context with due regard for the young person's other needs.

2. Respecting and Protecting the rights of children and adolescents

It is important that:

- parental consent is considered prior to an intervention;
- staff who work with young people should receive comprehensive training, support and supervision;
- effective child-protection procedures, consistent with the Childcare Act, should be faithfully adhered to;
- protocols for liaison and collaborating with related services should exist;
- the educational, social, physical and mental health needs of the young person are considered.

3. Lawful

As the Childcare Act recognises that the welfare, safety and well being of the young person is paramount, service providers should take cognisance of the following:

- Childcare Act, Education Act, Youth Work Act, Equality Legislation and Freedom of Information Act; Misuse of Drugs Acts;
- Confidentiality and communication with appropriate services;
- Ethical support and guidance;
- Guidance on recruitment, checking and appointment of staffing;
- Availability of complaints procedures;
- Training in maintenance of adequate case records.

It is important to record situations and incidences which may arise within the Youth Work setting, e.g. if a young person discloses drug use it would be important to record the following:
When the event took place? What was the specific situation? Who was the worker? How was the situation handled? What was the follow-up?
As such records may be confidential, it is important to keep them in a safe and secure location.

4. Health and Safety

Youth and community organisations should have a clearly defined health and safety policy. These obligations should be observed in practice e.g. by maintaining hygienic facilities, providing first aid assistance and materials, monitoring the administration and use of medicines, securing any volatile substance, providing fire blankets and extinguishers within easy reach, as well as ensuring access to adequate emergency exits.

5. Relationship between Worker and Young Person:

The uniqueness of Youth Work lies in the trusting relationship formed between the worker and young person. SCODA (1999) highlight the importance of trust building when engaging with young people.
They recommend that to ensure recognition of the young person's needs and the safeguarding of their welfare four important points need to be considered:

- The age and maturity of the young person;
- The degree of seriousness of drug misuse;
- Whether harm is continuing or increasing;
- The general context in which drug taking occurs.

Organisations, workers and volunteers must address the scope of their responsibility and the inherent boundaries and limitations in working with young people. In considering the relationship between the Youth Worker and the young person we also need to be critically aware of the importance of boundaries. Boundaries offer a symbiosis in such relationships and are essential for the following reasons:

- They set clear parameters of what is and is not acceptable behaviour by staff in the workplace;
- Boundaries help protect and inform both workers and young people by clarifying what types of behaviour will be tolerated;
- Clear boundaries help to develop trusting relationships with young people who will know what to expect from workers;
- They provide workers with confidence, as they know how to react to different situations;
- Boundaries help to develop professionalism by encouraging high standards of work and consistency between workers;
- They should clarify the difference between befriending someone in order to offer support and being their friend in a social sense;
- Boundaries at work help workers manage stress by separating work and private lives.

Respectful of Family and Child

It is important that service providers:

- be respectful of parental/guardian responsibility;
- encourage parental/guardian involvement to an extent in the design, development and delivery of services;
- promote active involvement and support for parents, knowledge of referral pathways, and information sources;
- recognise the importance of family process rather than family structure.

7- Confidentiality

Given the nature of Youth Work, those working with young people may find themselves in a position where young people disclose sensitive information about personal issues. There should be clarity within the organisation regarding the scope of confidentiality between the workers and the young people with whom they work. Confidentiality is about managing such information in a manner that is respectful, professional and purposeful. Each organisation should have a clear policy (in accordance with Child Protection Guidelines) on the limitations of confidentiality and the responsibilities attached, and this should be discussed in an open and honest manner taking cognisance of the statutory legal rights established by the Freedom of Information Act 1997.

8. Comprehensiveness:

A holistic approach is crucial in the design and delivery of services. Such an approach should ensure that the commissioning of services should be integrated and cross-referenced with all other universal, thematic and more focussed plans for young people. The design of services should recognise the broad-based needs of young people in addition to promoting social inclusion. Services should be committed to health promotion as well as health protection. Again, drug and alcohol misuse must be assessed in the context of the whole young person, his/her support system and their environment.

9. Integration:

There may be incidences or situations that arise within a Youth Work setting where the worker is not in a position to respond. Therefore, the worker may need to collaborate with, or refer to other related or specialist services.

Services for young people should value cross-sectoral and multi-disciplinary work; they should be client-centred and engage with other age-appropriate services. A continuity of care-model and the development of care-packages, designed for the individual young person, would facilitate continuity and comprehensiveness.

io. Accessibility:

Structures and services should be culturally and religious sensitive, accessible and transparent for all young people including those with disabilities. Services should proactively target 'at-risk' and 'minority' groups. A cultural competence should be developed within services that strive to include diversity of staff as well as client group, incorporating equality proofing mechanisms. Good practice needs to be standard in the recruitment and retention of staff. Workers should be guaranteed appropriate training, structure, support and supervision within their work. Consideration should be given to innovative initiatives, creative methodologies and settings-based approaches.

11. Effective, efficient and targeted:

The objectives, principles, policies and ethos of the youth agency should be clear and comprehensible to all concerned. Services should reflect accepted, evidence-based practice and if this is unavailable practice should be based on empirical evidence and consensus on good practice. Evaluative mechanisms and frameworks are necessary in the monitoring of outputs, outcomes, the promotion of standards, and integral to systems of quality assurance.

12. Competence and Training: All staff should have access to support, supervision and legal advice. They should have advanced expertise in Youth Work and child protection procedures while benefiting from generic training in issues of gender, race, religion, cultural competence and disability issues. Crucially, all staff should be competent to assess and implement interventions commensurate to the degree and intensity of these interventions.

With regard to the final point listed, the U.K Health Advisory Service recommends specific training in substance use/misuse issues which would offer complementarity to the tiered intervention approach as mentioned in the previous section.

This initial staflFtraining could be 'stand-alone'. However, further levels would need to be pursued sequentially in a developmental framework.

Levels of Training in Substance Use / Misuse:

LEVEL 1: *General training*	• Basic knowledge of physical, psychological and social effects of drugs and alcohol including parental drug use; • Knowledge of cultural effects, age, religion, gender and patterns of use; • Awareness of practitioner's own attitudes to drugs and alcohol; • Basic first aid skills; • Recognition of drug and alcohol use and its related problems; • The ability to provide accurate information about drugs, alcohol and other substances; • Information and advice about services and their referrals criteria to individuals.
LEVEL 2: *More advanced training*	• the knowledge and skills of level one; • communication and counselling skills for young people and their families; • assessment skills, of risk, of substance-related problems, of child's developmental needs; • assessment of individual's needs for care and their prioritisation; • delivery of services according to protocols based on evidence of what works; • support for carers of substance users; • knowledge of the legal aspects, e.g. competence of the child to consent, confidentiality, local child protection guidelines; • skills in recording contemporaneous details and monitoring of treatment effects; • delivery of evidence-based universal education and prevention programmes.
LEVEL 3: *Specialist Training*	• knowledge, attitudes and skills of levels one and two; • in-depth knowledge of child and adolescent development and the impact of negative events; of risk and protective factors and of mental health issues; • multi-disciplinary skills, including joint working with other agencies and with parents and children; • comprehensive assessment of the impact of substance misuse, of developmental issues, of mental and physical health and child-protection; • ability to deliver comprehensive and continuing programmes of care in liaison with other workers and agencies; • review care provided to individuals; • ability to work within the child protection guidelines.

(H.A.S., 2001:112:3)

Drug Related Situations

The following are a range of situations that you as a worker, may find yourself faced with in the course of your work with young people. The case studies describe the situations and explore some of the responses that are available. These case studies are designed as worksheets to enable yourself as an individual, or as a member of a team, to consider how you would react in any given situation and to explore the factors that influence your decisions. These case studies will also be useful when you or your organisation consider the development of policy which should contain guidelines on how to respond to a situation in relation to the ethos of your organisation.

We suggest that you consider the first part of the case study in the light of your own work setting and then move onto the second page of each, writing in the space provided the factors that affect your response, finally recording your preferred response to each case study.

Situation 1

You find what you believe to be a ten deal of cannabis resin in the male toilets of your youth club
What can you do in this situation?
Here are some options and possible consequences.

Option	**Possible Consequence**
You place the cannabis into your pocket with the intention of taking it to the Garda Station on the way home.	Some of the young people may see your actions and decide that you are taking the cannabis home for your own use. Rumours start to circulate around the community and you are suspended pending further investigation.
You telephone the Garda Station and ask for an officer to come and collect the Cannabis.	The Gardai come around in the squad car and come into the youth club. You hand over the cannabis to them and they start questioning some of the young people in the club. You may have just lost the trust of those young people.
You confront the members of the youth club whom you believe to be responsible for the cannabis.	You only have a suspicion to base your action on, so you may have lost the confidence that some of the young people have in you.
You inform your line manager or support person within the organisation and pass on the cannabis for him/her to deal with.	You have followed your organisational guidelines by consulting the appropriate person. Depending upon the response the incident may be swept under the carpet leaving young people in the club a license for bringing cannabis onto the premises.

The above are just some of the actions you could take in this situation as well as possible consequences.
What would you do in the same situation?
The worksheet opposite will assist you in working through the options most suited to your work setting.

Situation 1

You find what you believe to be a ten deal of cannabis resin in the male toilets of your youth club. What can you do in this situation? (CONTINUED...)

Work through this process to arrive at a satisfactory option for you and your organisation:

	Write your answer here.
Organisational guidelines/expectations: Does your organisation/club have existing guidelines or policy? Do you have to report to anyone either in writing or orally? Who? Do you have to keep a written record of activities and issues?	
Support available to you as the worker: Do you have formal support or supervision meetings? Do you have informal support? Are these provided within your organisation? Do you have access to people you can get advice from? Do you know who you can refer young people to? Who can help you make a decision in this situation?	
What are the needs of the young people: Do you need to inform parents/guardians? What type of relationship do you have with the young people? What type of support and encouragement do the young people need? What are the young people asking for?	
What are the legal implications: Can you be arrested for being in possession of cannabis? Do you have to give the cannabis to the Gardaí? Do you have to tell the Gardaí anything?	
Write your final decision here:	

Situation 2

A member of your group who has been smoking hash on the way to your club, comes into your session late, obviously intoxicated. What can you do?

Option	Possible Consequence
You ignore the situation and allow the person to remain in the group.	By ignoring their intoxication you are not challenging the situation, therefore you are condoning the use of cannabis and this behaviour may occur again. The session may also be disrupted by the drug-induced behaviour of the young person.
You immediately ask the young person to leave the building and escort them to the door.	You have given a strong message to the club that cannabis use will not be allowed. The individual, after leaving the building may have an accident in an unsupervised setting.
You take the young person home and discuss the situation with their parents.	The young person's health and safety has been ensured. A strong message has been given to other club members. The future care of the young person depends upon the response of their parents. Your session has been disrupted.
You ask another worker to take the young person aside and wait with them until they have 'sobered up'.	Your session with the other young people continues without interruption. The intoxicated young person is kept safe and an opportunity for dialogue and support is opened.

The above are just some of the responses you could make and consequences for each.
What would you do in the same situation?
Use the worksheet opposite to work through your options.

Situation 2

A member of your group who has been smoking hash on the way to your club, comes into your session late, obviously intoxicated. What can you do? (CONTINUED. ..)

Work through this process to arrive at a satisfactory option for you and your organisation.

	Write your answer here
Organisational guidelines/expectations; Does your organisation/club have existing guidelines or policy? Do you have to report to anyone either in writing or orally? Who? Do you have to keep a written record of activities and issues?	
Support available to you as the worker: Do you have formal support or supervision meetings? Do you have informal support? Are these provided within your organisation? Do you have access to people you can get advice from? Do you know who you can refer young people to? Do you have a co-worker?	
What are the needs of the young people: Do you need to inform parents/guardians? What type of relationship do you have with the young people? What type of support and encouragement does the young person in question need? What is the young person asking for?	
What are the legal implications: Do you have to tell the Gardaí anything? Do you have to inform the young person's parents? Are you responsible for the safety of the young person if you have expelled them?	
Write your final decision here:	

Situation 3

You bring a group away for a residential weekend and you are told by a group member that a number of the group have Ecstasy tablets in their possession. What can you do?

Option	Possible Consequence
You confiscate the drugs and lock them away in the presence of another worker and address the issue with the group when you return home.	You will be able to plan your response. However the young people will be unsure of their position and you have not provided an immediate response thus giving a mixed message.
You confiscate the drugs and tell everyone to pack and quickly set off for home, cancelling the weekend.	You have alienated all of the young people who were not involved with the Ecstasy and there will be questions within the community when you get home.
After confiscating the Ecstasy you adapt the residential programme and explore the issue of drug use general, and on the residential in particular, with all of the young people present.	An opportunity to develop some drugs work has presented itself and it has been seized. The young people are given a chance to explore their views and the implications of drug use. A strong message has been given to the young people but you have also maintained trust.
You call the parents of the young people concerned and ask them to come to the residential centre and collect their children. The parents become aware of the situation.	The offending young people have been passed on to their parents for disciplining; you have not taken control of the situation although you have given a message which states that drug taking behaviour is unacceptable.

The above are just some of the actions you could take. What would you do in the same situation?
Additional issues for consideration:
- How can you confiscate the drugs?
- Will the young people admit to having drugs in their possession?
- What if they do not admit possession, can you search their bags or personal belongings?

Use the worksheet opposite to work through your options.

Situation 3

You bring a group away for a residential weekend and you are told by a group member that a number of th< group have Ecstasy tablets in their possession. What can you do? (CONTINUED...)

Work through this process to arrive at a satisfactory option for you and your organisation:

	Write your answer here
Organisational guidelines/expectations: Does your organisation/club have existing guidelines or policy? Do you have to report to anyone either in writing or orally? Do you have to keep a written record of activities and issues? Are there rules for residential trips?	
Support available to you as the worker: Do you have formal support or supervision meetings? Do you have informal support? Are these provided within your organisation? Do you have access to people you can get advice from? Do you know who you can refer young people to? Do you have a co-worker?	
What are the needs of the young people: Do you need to inform parents/guardians? What type of relationship do you have with the young people? What type of support and encouragement do the young people need? What are the young people asking for? Could peer influence be an issue?	
What are the legal implications: Do you have to tell the Gardaí anything? Do you have to pass the drugs on to the Gardaí? Do you have to inform parents? Can you destroy the drugs yourself?	
Write your final decision here	

Situation 4

You suspect three of the young women in your teenage mothers group are regularly using Ecstasy at weekends. What can you do?

Option	Possible Consequence
You plan and implement a comprehensive drugs education programme integrated into the group's programme.	The young women are encouraged to remain within the group while their behaviour is challenged in a positive and supportive environment.
You invite in local health specialists – a district Health Nurse and a member of the community drugs team to talk to the group for one afternoon.	Good drugs education depends upon good relationships and also upon continuing dialogue. Although the use of a specialist speaker may look and sound good it will not be effective unless it is part of a comprehensive ongoing programme.
You strongly condemn drug taking in all of its forms and ensure that the young women are very clear about your opinions on drug use.	You have created a situation where dialogue is unlikely and possibly have alienated these young women. The young women continue to use Ecstasy with potential implications for the health and safety of themselves and their children.
You approach the three young women after the session and express your concern.	Having approached them privately the young women may feel safe enough to discuss their situation with you. This may lead to the development of informal support leading perhaps to a change in their behaviour.

The above are just some of the actions you could take. What would you do in the same situation? Use the worksheet opposite to work through your options.

Situation 4

You suspect three of the young women in your teenage mothers group are regularly using Ecstasy at weekends. What can you do? (CONTINUED...)

	Write your answer here
Organisational guidelines/expectations: Does your organisation/club have existing guidelines or policy? Do you have to report to anyone either in writing or orally? Do you have to keep a written record of activities and issues?	
Support available to you as the worker: Do you have formal support or supervision meetings? Do you have informal support? Are these provided within your organisation? Do you have access to people you can get advice from? Do you know who you can refer young people to? Do you have a co-worker?	
What are the needs of the young people: Do you need to inform parents/guardians? What type of relationship do you have with these young women? What type of support and encouragement do the young women need? What are the young women asking for?	
What are the legal implications: Do you have to tell the local Gardaí or the local social services? Are you bound by childcare legislation?	
Write your final decision here:	

Situation 5

While on a residential you observe that your co-worker is involved in nightly drinking sessions in the pub with the underage young people whom both of you are responsible for. What can you do?

Option	Possible Consequence
You decide that it is all good safe fun so you join in too.	Through participation you gain popularity with the young people and are in a better position to 'look after' them !!!.
Shocked at the behaviour of all concerned, you confront your co-worker, the group and the bar staff.	You have taken a strong principled stance on the issue. This has resulted in tension between you and your co-worker, disdain from the young people present, and public exposure of the issue thereby reflecting badly on your project.
You contact your line manager (out of hours) and tell him/her of the situation.	Your line manager takes a distant and dim view on proceedings and demands to speak to your co-worker. This results in a complete lack of trust between your co-worker, the young people and you.
You allow them finish off their night while you monitor the situation from a distance. The following day you have a frank discussion with your co-worker and then a full meeting with the young people reviewing rules, guidelines, boundaries.	You assume that with clear heads, comes clear thinking. Therefore, during your discussion with your co-worker you express your concerns and request his/her support during your meeting with the young people. During the meeting you use the opportunity to voice your concerns, examine the rules and consequent responsibilities while providing strong and credible leadership.

The above are just some of the actions you could take. What would you do in the same situation? Use the worksheet opposite to work through your options.

Situation 5

While on a residential you observe that your co-worker is involved in nightly drinking sessions in the pub with the underage young people whom both of you are responsible for. What can you do? (CONTINUED...)

	Write your answer here
Organisational guidelines/expectations: Does your organisation/club have existing guidelines or policy? Do you have to report to anyone either in writing or orally? Does your organisation have rules on staff use of alcohol?	
Support available to you as the worker: Do you have formal support or supervision meetings? Do you have informal support? Are these provided within your organisation? Do you have access to people you can get advice from? Do you know who you can refer young people to?	
What are the needs of the young people: Do you need to inform parents/guardians? What type of relationship do you have with the young people? What type of support and encouragement do the young people need? Could the situation be peer pressure among the apparent peer pleasure?	
What are the legal implications: Do you have to inform the publican or the Gardaí?	
Write your final decision here:	

Situation 6

You are told by a group member that she has been offered E by one of the other group members. What can you do?

Option	Possible Consequence
You confiscate the drugs and pass them on to the Gardaí, you also discuss the situation with the young people and ban the person selling E.	By banning the young person selling E you may have limited the presence of drugs within the club by removing the source.
You observe the young person who is selling and pass his/her name and address on to the Gardaí.	If the Gardaí act on your information, they may arrest the young person selling the drugs who may in turn be prosecuted for dealing and have to appear in court.
You confiscate the drugs, ban the young people from the club and inform their parents.	You will have limited the number of drugs which will enter the youth club in the future, you have also limited the young people's access to the support that yourself and the youth dub can provide to them.
You confiscate the drugs and are witnessed flushing them down the toilet by a co-worker. You then discuss the issue with the young people and plan a drug education programme for the club members.	By not acting in a punitive manner you have gained the trust of the young people involved, but you may also be seen as being 'soft on drugs'. The mid-term option of providing drugs education may stimulate debate and increase participants' knowledge, but only if young people attend.

The above are just some of the actions you could take. What would you do in the same situation? Use the worksheet opposite to work through your options.

Situation 6

You are told by a group member that she has been offered E by one of the other group members. What can you do? (CONTINUED...)

	Write your answer here
Organisational guidelines/expectations: Does your organisation/club have existing guidelines or policy? Do you have to report to anyone either in writing or orally? Do you have to keep a written record of activities and issues?	
Support available to you as the worker: Do you have formal support or supervision meetings? Do you have informal support? Are these provided within your organisation? Do you have access to people you can get advice from? Do you know who you can refer young people to? Do you have a co-worker?	
What are the needs of the young people: Do you need to inform parents/guardians? What type of relationship do you have with the young people? What type of support and encouragement do the young people need? What are the young people asking for?	
What are the legal implications: Do you have to inform the local Gardaí or the local social services? Are you bound by child care legislation? Do you have to pass on the Ecstasy to the Gardaí?	
Write your final decision here:	

Situation 7

During one of your health education sessions a member of your group publicly discloses that she uses drugs regularly. What can you do?

Option	Possible Consequence
You thank her for her contribution and quickly continue with the planned Programme.	By undervaluing her contribution you have missed an opportunity to discuss the issue.
You use her disclosure as a discussion topic with the group.	If done sensitively the young person receives the support of the group and a worthwhile learning experience is developed. Support is easily available for all of the young people involved in the session.
You thank her for her contribution and quickly continue with the planned programme. You then discuss the situation with her after the session in private.	By discussing the issue at a later time you are not singling out the young woman from the rest of the group. You are providing the chance for her to discuss the issue with you and support and challenge her at the same time.
You condemn her drug use and ask her to leave the session.	You have immediately isolated her from any support that you could have provided to her.

The above are just some of the actions you could take. What would you do in the same situation! Use the worksheet opposite to work through you options.

Situation 7

During one of your health education sessions a member of your group publicly discloses that she uses drugs regularly. What can you do? (CONTINUED...)

	Write your answer here
Organisational guidelines/expectations: Does your organisation/club have existing guidelines or policy? Do you have to report to anyone either in writing or orally? Do you have to keep a written record of activities and issues?	
Support available to you as the worker: Do you have formal support or supervision meetings? Do you have informal support? Are these provided within your organisation? Do you have access to people you can get advice from? Do you know who you can refer people to? Do you have a co-worker?	
What are the needs of the young people: Do you need to inform parents/guardians? What type of relationship do you have with this young person? What type of support and encouragement does this young person need? What is the young person asking for?	
What are the legal implications: Do you have to inform the local Gardaí or the local social services? Are you bound by child care legislation? Do you have to pass on the Ecstasy to the Gardaí?	
Write your final decision here:	

Situation 8

One of your group, an ex-heroin user, comes into your group after taking her prescribed dose of methadone. She is drowsy and disorientated. What can you do in this situation? Here are some options and possible consequences.

Option	Possible Consequence
You ask her to leave the group.	By doing this you may be placing the young person at risk by being unsupervised.
You allow her to be part of the group and take the opportunity to inform yourself and others about drug use by asking the young person how she 'feels'.	You place the young person in the centre of attention within the group. Such emphasis on drug use may bring up negative emotions on the part of other recovering drug users who may be part of the group. By deviating from your planned session with the young people you may be giving unnecessary or disproportionate attention to the perceived needs of one person over the needs of the collective group.
You enquire as to whether the young person has taken anything else with her methadone. You allow her to be present in the room providing she will not disrupt the group.	You carry on the session while allowing the young person to relax. When she is in a lucid state you discuss whether it is possible for her to take her methadone at a different time during the day, thus minimising the disruption to all. While offering your support to her you also ask if she will apologise to the group for her form during the session.

The above are just some of the actions you could take. What would you do in the same situation? Use the worksheet opposite to work through your options.

Situation 8

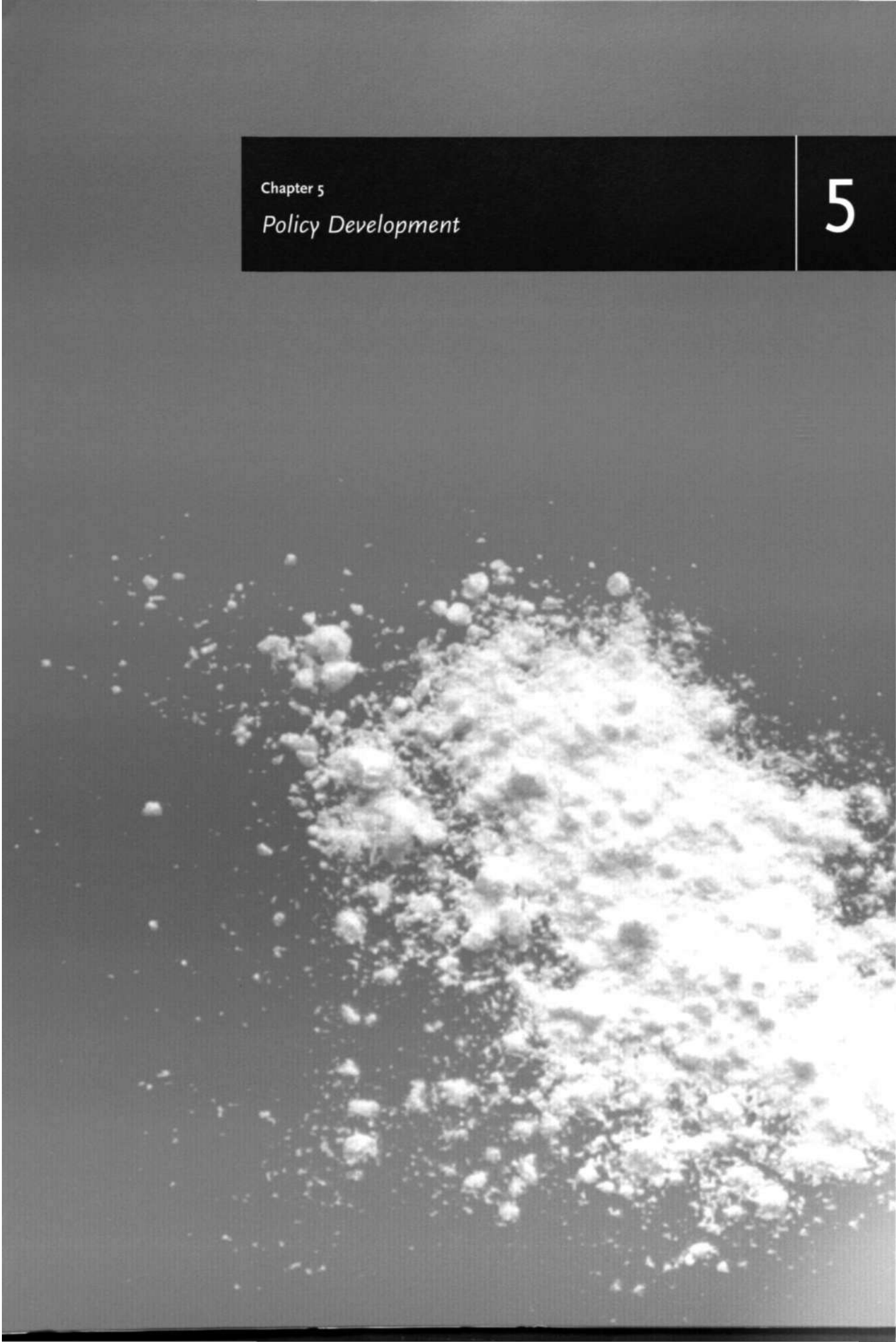
One of your group, an ex-heroin user, comes into your group after taking her prescribed dose of methadone. She is drowsy and disorientated. What can you do? (CONTINUED...)

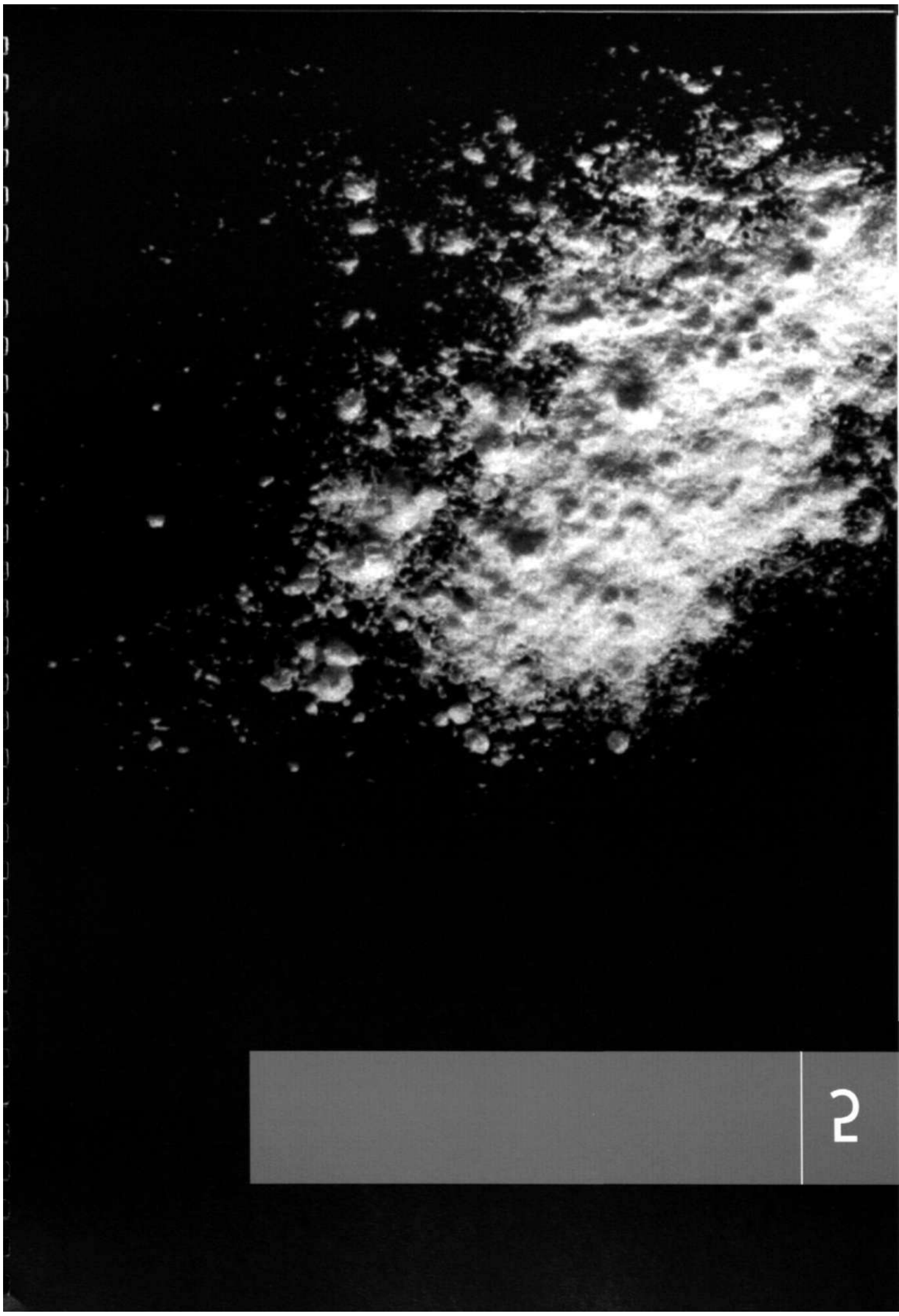
	Write your answer here
Organisational guidelines/expectations: Does your organisation/club have existing guidelines or policy regarding drug use, legal and illegal? Do you have to report to anyone either in writing or orally? Do you have to keep a written record of activities and issues? Are there health and safety implications?	
Support available to you as the worker: Do you have formal support or supervision meetings? Do you have informal support? Are these provided within your organisation or externally? Do you know how to deal with such situations? Do you know who you can refer young people to?	
What are the needs of the young people: Are the young person's needs being met by her methadone maintenance? What type of relationship do you have with 'registered' drug users? What additional supports does this young person need?	
What are the legal implications: Can you as a worker be charged for 'minding' the young person's methadone?	
Write your final decision here:	

Chapter 5

Policy Development

5





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Chapter 5

Policy Development

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introduction

This pack has explored in detail a range of issues relating to the responses of youth organisations to the drugs issue. We have looked at drug prevention and intervention strategies and other proactive responses to forestall drug misuse while also examining approaches for managing drug related issues. However we recommend that to achieve a genuine and comprehensive response that each organisation develops their own guidelines or policy to inform their work based on specific local needs and the working ethos of the organisation.

It is important to reiterate at this point that youth organisations, clubs and projects throughout the country differ in size and staffing levels. One individual worker may staff some youth projects, whereas other regional organisations may have many full-time workers and volunteers.

It should be clarified that organisations and individual workers often have unwritten policies which inform their work in certain directions. They may have a policy on how to deal with certain situations as they arise within the work setting. This pack acknowledges the existence of such policies. However, it specifically encourages the development of formal written policy regardless of the size or location of the organisation.

Throughout this section the term 'organisation' is used and should be taken in its broadest context to be inclusive of all youth organisations, groups, clubs and projects.

Organisational policy will ensure a comprehensive response that has been worked through in consultation with all those involved within the organisation. It will ensure that issues are addressed in an appropriate manner to meet the needs of the organisation, its workers, leaders, volunteers and young people. Such a policy should consider the needs of the wider community and should have approval from boards of management and local health and drug support agencies. Through greater participation, the design of a 'whole service' response will enhance ownership of the process and consequently the product. With specific regard to young people and drug-use, the counselling/pastoral approach should take precedence over the disciplinary approach. While sanctions often need to be taken they should be proportionate to the severity of the incident. Morgan (2001) quotes Munro and Midford who *'argue cogently against an undiscriminating rejection on any student who uses an unsanctioned substance regardless of the circumstance'* (2001:33)

This chapter will provide a framework for organisations, individual workers and volunteers to:

- clarify their current position in dealing with drugs issues at local level;
- explore the specific needs of the organisation in dealing with drug issues;
- consider the needs of individual workers and volunteers in relation to support, safety and security when working with young people on drugs issues;
- consider and act upon important issues regarding confidentiality, legal issues and referral;
- write, disseminate and monitor relevant policy specific to their own work setting.

It is envisaged that this section will facilitate organisations to explore their present situation in relation to the drugs work they undertake with their existing target groups. The time frame for this process should be as long as organisations need to fully consult. If consultation has not taken place with all those concerned, then it is unlikely that the completed policy will be implemented effectively with the organisation.

We would also suggest that organisations who plan to develop a policy following this process should do so in the context of also planning a pro-active health /drugs education programme and a management response to drug related situations as outlined in chapter 4 of this pack.

There are a number of worksheets included in Appendix 2 at the back of this Pack, which are designed to assist you in clarifying some of the issues that may arise when your organisation begins to develop policy.

The Need for Policy Development

Policy Development is necessary for the following reasons:

- to enable organisations to reflect their ethos and position in the work they do;
- to encourage good practice;
- to support workers, leaders, volunteers, management and the young people within the organisation;
- to meet the specific needs of the organisation's target groups;
- to provide a framework for inter-agency co-operation;
- to enable organisations to reflect the needs and aspirations of the community in which they work;
- to provide consistency in how to respond to drugs issues.

A Process for Policy Development

This Section aims to provide a step-by-step framework for organisations to follow or adapt, where appropriate, when developing their own policy. The process outlined is such that it can be adapted and followed at all levels within an organisation, i.e. at local, regional and national level. Organisation should be taken to mean workers (either paid or voluntary), management and young people. Therefore, a 'whole' organisational approach is required. This approach has been designed to encourage a comprehensive policy that has been contributed to and supported by the whole organisation.

It is imperative that if the policy formation process is to be comprehensive then representatives of the wider body of young people should be included. This phase is crucial in offering the young people the opportunity to participate, thereby increasing the chances of collaboration and, in turn, progressing the policy in practical terms.

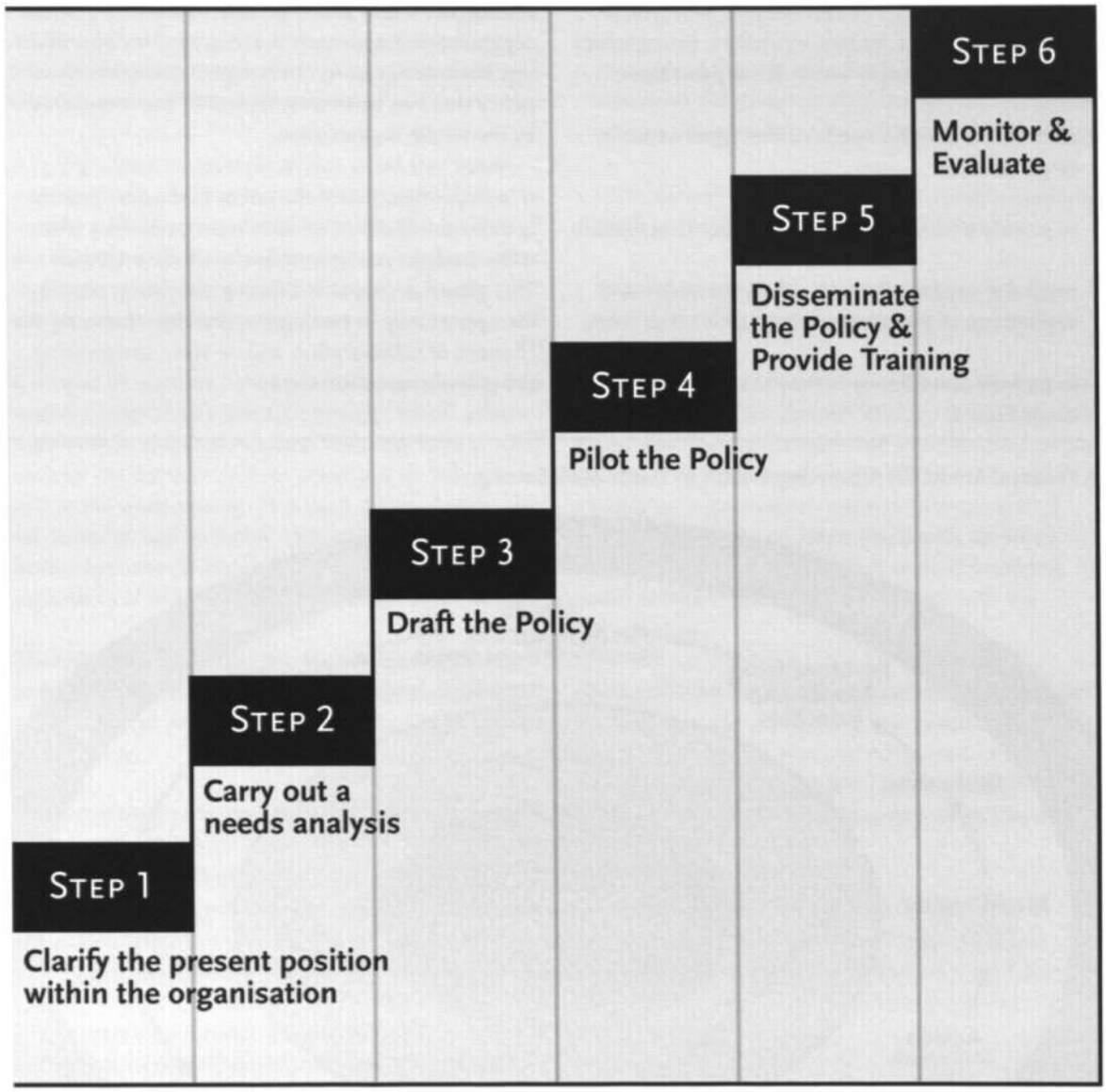
A Practical Model for Promoting Health in Youth Work Settings

This model provides a framework for the development of health promotion practice and policy for youth organisations and acknowledges the underlying necessity for good practice in this area at all times.
It should be noted that this model is a cyclical model and each stage in the cycle is related to the next.
No stage should be addressed in isolation e.g. the implementation of any programme is informed by effective planning and appropriate needs assessment. Furthermore, each stage is directly related to the policy and good practice that should underpin every aspect of this work within youth organisations.

Step-by-Step Approach to Developing a Drugs Policy

It is important when developing a policy document to be as comprehensive as possible. Therefore it is useful to follow a step-by-step process.

The steps to this process are as follows:



Step i:
Clarify the present position with the organisation:

a. Define the ethos of the organisation
b. Review existing policies and legislation
c. Explore the existing levels of knowledge regarding local drug use
d. Explore the drugs work undertaken by the organisation to date and its perceived strengths and weaknesses.

A number of worksheets and questionnaires have been provided in Appendix 2, which should be of benefit in clarifying the present position within the organisation. These are designed to encourage discussion among all concerned and provide a means for critically analysing the ethos of the organisation, the levels of information within the organisation regarding young people's drug use and the present responses being implemented by the organisation at a practical level. An external facilitator should ideally facilitate discussions using the work-sheets so that the work can be positively challenged by staff, volunteers and management providing them with an opportunity to be open and honest.

At the preliminary stages of this process, the merits of a health-enhancing environment should be emphasised to the workers and young people alike. This will be far easier to explore if a positive health-promoting framework is already being employed within the organisation.

Step 2:
Carry out a needs analysis:

Having explored in detail the present position within the organisation regarding the drugs work currently being undertaken, it is important to move on and carry out a comprehensive needs-analysis so that future drugs education provision can be planned and implemented on the basis of the real needs of the organisation and its target groups.

The needs-analysis should be such that it places drug work within the context of a holistic health education structure as well as ensuring that both young people and their drug-use are seen in terms of their physical and social community environment.

The needs analysis should be given priority, and time should be set aside to research local issues in relation to drug use. This will ensure that the completed needs analysis will fill some of the gaps and provide answers to many of the outstanding issues raised by the discussions in step one of this process.

This should be a challenging piece of work, contributed to by the organisation as a whole, specifically the young people, and when completed, should provide a solid working document for the organisation in its overall strategy development as well as acting as a training and review document for the organisation.

A sample needs analysis has been included (see Appendix 2) which will provide some ideas on drawing up an organisational needs analysis. The questionnaire included is by no means complete. It is designed to be used and adapted by organisations on the basis that it meets the specific needs of each individual organisation.

Step 3:
Draft the policy:

Drafting the policy should not be the work of any one individual within an organisation. Just as it is important for all those within the organisation to actively participate in clarifying the present position of the organisation and in carrying out the needs-analysis, so too is it equally important for the entire organisation to contribute to policy formation.

A policy will only be effective if everyone has been involved in its development and there is agreement about its content and strategy. However, it is vital that someone within the organisation is vested with the responsibility for co-ordinating the process, from consultation stage through to writing the document and ongoing monitoring and evaluation of the policy. It is crucial that there is representation from the young people in this process so that any deficiencies in the policy can be identified and subsequently addressed.

Framework for a Drugs Policy

What should be included in the policy document:

- **A statement of the organisation's views on drug use;**
- **A moral and values framework for the organisation's approach based on its ethos;**
- **Clear definitions of substances and substance-related situations/incidents as understood by the organisation;**
- **The legal requirements;**
- **The aims and objectives of the policy and the policy statement;**
- **Staff responsible for implementing the policy and their levels of knowledge and understanding;**
- **The geographical boundaries of the policy;**
- **Drugs education -the aims, objectives and approaches of the policy;**
- **Guidelines on managing drug-related situations;**
- **Reporting, recording and referral procedures;**
- **Staff development, training and support issues;**
- **The organisation's drugs work in a community context;**
- **The involvement under defined circumstances of outside agencies where appropriate;**
- **Specific roles and responsibilities;**
- **Health and welfare procedures;**
- **The process by which the policy is to be implemented;**
- **Procedures for review, monitoring and evaluation;**

Appendices if appropriate.

- **A statement of the organisation's views on drug policy:**

This section should introduce the policy document to its users by clarifying the organisation's views on drug use in general as well as in relation to young people. Emphasis should be placed on all drugs, alcohol and tobacco included, and should also refer to drug use among all those involved in the organisation.

- **A moral and values framework:**

This section should refer to the ethos and working values of the organisation, e.g. *'that this organisation promotes the values underpinning personal development and a healthy society'.* Values that have been agreed by the entire organisation should be stated here, e.g. respect, inclusion, justice, tolerance, responsibility.

- **Clear definitions of substances as understood by the 'whole' organisation:**

Very often, what one person considers to be a drug may be different from what others think. The definitions discussed and agreed by the organisation should be stated for clarity, e.g. are alcohol and cigarettes termed 'drugs'?

- **The Legal Requirements:**

Management, staff and young people should be made aware of the legal status of the different substances and the possible legal implications of using, possessing or supplying these substances.

- **Aims and objectives of the policy and policy statement:**

This section should clearly outline what the policy aims to achieve e.g. a policy should aim to define the organisation's agreed position in relation to drug-related issues. The policy statement should outline the general thinking within the organisation regarding use of legal and illegal drugs, medicines, use of drugs within youth projects or in recreational and leisure time.

A clear statement of the organisation's expectations in relation to young people's participation should be outlined as well as a statement of how the organisation plans to address the drugs issue in general.

- **Designated staff and levels of knowledge and understanding:**

Staff or volunteers designated by the organisation to co-ordinate the drugs work and manage the policy implementation should be identified. Clear guidelines should then be given regarding the lines of reporting so that those with specific responsibilities are kept well informed.

- **The geographical boundaries:**

The policy should clearly state the scope of the drugs policy outlining the operational boundaries and limitations of the policy.

- **Drugs education, the aims, objectives and approaches:**

This section should outline what the organisation hopes their drugs education programme will achieve. The aims of the programme will be to raise self-esteem, enable informed choice, help young people develop positive social skills etc... In short, what the organisation plans to do and how it plans to do it.

- **Guidelines on managing drug related situations:**

This should contain a clear statement of the guidelines and procedures which staff, volunteers and the organisation in general are expected to follow in responding to specific incidents. Included in this section should be guidelines on reporting and recording of incidents, sanctions and disciplinary procedures. It should be noted that these guidelines must be first and foremost ethically and legally sound. It would be very beneficial, within this section, to identify a range of incidents that potentially could arise within Youth Work settings and to provide clear options for dealing with these situations. The situations explored in chapter 4 will provide a basis for doing this work.

- **Reporting, recording and referral procedures:**

The reporting and recording of incidents and situations should be carried out pro forma guaranteeing confidentiality and respecting due process. Regarding referrals, management and staff should have first hand knowledge of the availability and suitability of services available for referral.

- **Staff development, training and support issues:**

This section should outline the ways in which the organisation plans to provide help, support, and training for staff so that they are well equipped and informed in relation to their work on drugs issues. Items to include here are access to information, resources and appropriate training that will be provided for all those involved in drugs work. It is important to have access to updated information at all times given the changing nature of drug use within our society. This section should also refer to the support and supervision workers can expect from the organisation, particularly if difficult issues arise.

- **The organisation's drug work in a community context:**

It is important for each organisation to be familiar with the range of services and supports available within the community. These should be researched and names, addresses and telephone numbers of referral and support agencies should be recorded in the policy document. It is also important that all those addressing the drugs issue within the community are aware of each other and work together to strengthen the response. Many agencies within the community have a role to play in drugs work. Youth organisations are only one link in the chain of a community's response, however they may be the first point of contact for many young people. This section should outline exactly where the youth organisation fits into the broader community approach.

- **The involvement of outside agencies:**

It is very important that organisations state clearly the extent of any involvement from outside agencies in its drugs work. This should be done under defined circumstances and should ensure that outside agencies are aware of and respectful of the organisation's policies and procedures.

- **Specific roles and responsibilities:**

This section should clearly indicate the specific roles of all those involved in drugs work within the organisation. It should also define the levels of responsibility of management, staff, volunteers and young people in terms of drug-related issues which may arise within the Youth Work setting.

- **Health & Welfare Procedures:**

The policy should be predicated on principles that give paramountcy to the health, safety and welfare of the young person. This section should specifically highlight existing health & safety policies in place in the organisation. Additionally, it should outline the appropriate procedures to be followed in the event of concern regarding the welfare and well being of the young person.

- **The process by which the policy will be implemented:**

The procedure and time frame for implementation and evaluation of the policy should all be highlighted in this section. This will provide clear guidelines for everyone using the policy as a basis for their work.

- **Procedures for review, monitoring and evaluation:**

Procedures and responsibility for review, monitoring and evaluation of the policy should be included here. These decisions should be made in consultation with everyone concerned so that the policy will be used to its full potential.

- **Appendices:**

Many factual pieces of information can be included in this section including drugs fact charts, information on recognising signs and symptoms of drug use, drugs education resources and materials as well as lists of individuals and agencies that can support the work.

Step 4:
Pilot the Policy:

Once the draft document has been completed, it is essential that all members within the organisation (workers and young people alike) have an opportunity to consider and comment on its usefulness and appropriateness. This stage of the process should not create any problems if there has been consultation throughout the process.

Those involved in putting together the document need to consider the feedback in a constructive way and ensure appropriate changes or adjustments are made where necessary.

Launching the policy document: The development of any document by an organisation is an important process. It will have taken quite a long time, perhaps months, to complete the document and the organisation will no doubt, wish to make the community aware of its existence.

An official launch will provide this opportunity as well as an opportunity for the organisation to avail of local, and in some cases, regional or national media coverage for their work and to highlight the importance of how their policy will impact on the work. A launch also provides an opportunity for others to learn from the principles and practice of the organisation.

Step 5:
Disseminate the policy and provide training:

Once launched, the organisation as a whole needs to become familiar with the policy and begin to use it to inform their work. It is important to accompany the dissemination of the document with appropriate training on the use of the document.

This training should be available to all staff, volunteers and management within the organisation, not only to those who will be dealing with drugs issues directly. The drugs situation impacts on the organisation as a whole; therefore, everyone should be adequately prepared to deal with it.

Step 6:
Monitor and Evaluate:

This policy should advocate the development of ongoing drugs work by the organisation. Given the nature of youth culture and the changes in drug types and drug use, this work may need to change to accommodate these changing needs. Organisations should, therefore, continuously monitor (look at the process of implementation), evaluate (look at the outcomes) and update their policy and drugs strategy in general so that the policy can continue to be used in the most effective way possible.

Workplace Drugs Policy

Very often workers neglect to consider that certain issues deemed specific to the young target group with whom they work are in many cases also pertinent to themselves. An organisation, therefore, in addition to policies for their client groups also needs a drug (and alcohol) policy for their entire staff.

Such a policy on drug misuse should form part of a workplace's health and safety policy and should be in adherence with the Safety, Health and Welfare at Work Act 1989.

Alcohol Concern (UK) has highlighted three factors that contribute to alcohol and drug problems in the workplace. These can include:

- **Workplace culture:**
  An organisation's culture may encourage or tolerate drug use or heavy drinking. A workforce may use drinking as a way of socialising or bonding and even have a workplace bar facility. Other organisations may traditionally use or include drinking in the process of doing business, at lunches, for instance while some workforces may rely on stimulants to enable employees to work long shifts.

- **Personal problems:**
  Alcohol and drug problems often stem from an attempt to cope with an underlying problem such as stress, relationship difficulties, depression or bereavement. As a result, the underlying problems, rather than being addressed, are exacerbated resulting in alcohol or drug use itself becoming a problem.

- **Work-related stress:**
  This can contribute to the development or worsening of an alcohol or drug problem. Early identification of symptoms of stress, followed by effective interventions, can prevent serious problems.

While employers have legal responsibilities relating to their staff, the implementation of workplace drugs policies is beneficial in a number of respects:

1. In reducing the cost of absenteeism or impaired productivity;
2. Reducing the risk of accidents caused by impaired judgement;
3. Creating a more productive environment by offering support to those employees effected by drugs issues;
4. Enhancing status as a responsible and health promoting organisation.

A workplace drugs policy should be universally applicable within an organisation and should be tailored to take into account the size, structure and nature of the organisation.
Under the policy employers should:

- clearly define drug misuse (both licit and illicit);
- treat drug misuse as primarily a medical and not a disciplinary matter;
- encourage employees with an alcohol or drug problem to seek assistance;
- stress the confidential nature of any advice or treatment offered;
- train designated managers in recognising early signs and symptoms of drug use while providing broad based drug awareness programmes for staff;
- recognise that relapses may occur;
- state that trafficking (dealing/supplying drugs) is completely prohibited;
- ensure that the policy is responding to the needs of employees through a regular monitoring and review process, conducted in consultation with workforce representatives.

In recent years, certain measures have been introduced to combat smoking. Many of these stringent regulations have come in to force with the Public Health (Tobacco) Act 2002. At present, smoking is completely banned in a number of settings and restricted in others. Although there is no clearly defined 'Youth Work' setting, smoking is banned in schools and childcare centres. Regarding centres where young people attend, good practice suggests that smoking should be banned for adults also, as it normalises smoking and presents it as an adult occupation thereby increasing its attractiveness for young people.

Employers are obliged to provide a safe and healthy working environment. If there are breaches of the legislation, this could result in a fine or warrant an investigation by an environmental health officer.

Summary

It is vital that organisations, either at local, regional or national level formulate policy or guidelines for workers and client groups which will provide them with help and support in dealing with drugs issues. It should provide guidelines on how to respond to drug-related crises and how to address concerns about the presence of drugs within the local community or work environment.

Additionally, for projects with just one member of staff it would be beneficial to include some members of their management committee in the whole process of policy development. Not alone would this be more democratic but would, through increased support, result to some degree in the project having an organisational response rather than solely an individual one.

It is also important that such policies and guidelines are developed in conjunction with members of the organisation representing membership, volunteers, paid staff and the management structure. Such guidelines should provide practical assistance to those working with young people.

It is important that the policy is developed in conjunction with the entire organisation so that there is ownership and effective implementation of the policy.
Time should therefore be given to the process of policy development and it should be seen as a priority in all organisations.

Appendix 1

Appendix 1

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Useful Contacts

There is a wide range of drugs education resources available from many organisations and publishing agencies both here in Ireland and throughout Britain. Below is a list of organisations that have a national remit for dealing with drugs information and awareness. It should be noted however, that there are many other organisations and agencies working in regional and local capacities representing the voluntary and community sectors in dealing with drug related issues.

National Health Promotion Co-ordinator
National Youth Health Programme
National Youth Council of Ireland
3 *Montague Street, Dublin 2*
TEL: 01 478 4122
FAX: 01 478 3974
nyhp@nyci.ie
www.youthhealth.ie

National Advisory Committee on
3rd Floor Shelbourne House
Shelbourne Road
Dublin 4
TEL: 01 667 0760
FAX: 01 667 0828
www.nacd.ie

The Health Promotion Unit
Department of Health of *Children*
Hawkins House
Hawkins Street
Dublin 2
TEL: 01 671 4711
FAX: 01 671 1947
www.healthpromotion.ie

Drugs Misuse Research Division
Health Research Board
73 *Lower Baggot Street*
Dublin 2
TEL: 01 676 1176
FAX: 01 661 8567
www.hrb.ie

National Drugs Strategy Team
4-5 *Harcourt Road*
Dublin 2
TEL: 01 475 4120
FAX: 01 475 4045
www.gov.ie/tourism-sport

Merchants Quay Ireland
Merchants Quay
Dublin 2
TEL: 01 679 0044
FAX: 01 671 3738
www.mqi.ie

or Contact your Local Health Board

Statutory Response to Drug Use in Ireland

Time Period	Developments
1966 – 1979	Working Party on Drug Abuse established December 1968 Report of Working Party completed in 1971 Committee on Drug Education established in 1972 Report of the Committee on Drug Education in 1974 Health Education Bureau established in 1974 Misuse of Drugs Act 1977
1980 – 1985	Prevalence study conducted by Medical Social Research Board in 1983 Inter-Ministerial Task Force established in 1983 Report of the Inter-Ministerial Task Force in 1983 Misuse of Drugs Act 1984 National Coordinating Committee on Drug Abuse 1985
1986 – 1991	Health Research Board established in 1986 Health Promotion Unit established in 1987 National Coordinating Committee on Drug Abuse reconstituted in 1990 Government Strategy to Prevent Drug Misuse 1991
1992 – Present	Criminal Justice Act 1994 Criminal Justice (Drug Trafficking) Act 1996 Criminal Assets Bureau Act 1996 Proceeds of Crime Act 1996 Disclosure of certain Information for Taxation and Other Purposes Act 1996 Bail Act 1997 Housing Act 1997 Ministerial Task Force on Measures to Reduce the Demand for Drugs est. 1996 First Report of the Ministerial Task Force 1996 Establishment of the National Drugs Strategy Team 1996 Second Report of the Ministerial Task Force 1997 Establishment of Cabinet Drugs Committee Establishment of Local Drugs Task Forces 1997 Cabinet Drugs Committee reconstituted into wider Committee on Social Inclusion and Drugs 1997 Young People's Facilities and Services Fund 1998 Criminal Justice (Drug Trafficking) Act 1999 National Advisory Committee on Drugs 2000

(NDST, 2001:129)

Legislative and Criminal Measures

Act	Enforcement	Year
Criminal Justice Act	Seizure and confiscation of assets derived from the proceeds of drug trafficking. Money Laundering. International mutual assistance in criminal matters.	1994
Criminal Justice (Drug Trafficking) Act	Detention of person suspected of drug trafficking for up to 7 days.	1996
Criminal Assets Bureau Act	The establishment of the Criminal Assets Bureau	1996
Proceeds of Crime Act	The freezing and forfeiture of the proceeds of crime.	1996
Disclosure of Certain Information for Taxation and Other Purposes Act	Exchange of information between the Revenue Commissioners and the Gardaí	1996
Bail Act	Allows for the refusal of bail to a person who has been charged with a 'serious offence'.	1997
Criminal Justice (Drug Trafficking) Act	Mandatory minimum 10 year sentences for drug trafficking	1999

(NDST, 2001:51)

Drug Laws

Introduction

There are a number of laws under which the state can prosecute individuals for offences linked to illicit substances. Some of these laws relate to medicines and include the Health Act, the 1970 Medical Preparations (Control of Amphetamines) Regulations, as well as laws which control more acceptable drugs, for example the Intoxicating Liquor Act 1988, which controls the sale of alcoholic drinks to young people under the age of 18 years. Within the Youth Work setting the most important and relevant laws are the Misuse of Drug Acts 1977 and 1984.

Misuse of Drugs Acts 1977 and 1984:

These two Acts attempt to control a range of illicit drugs which can be used for non-medical reasons and include Opiates (e.g. Heroin), Stimulants (e.g. Amphetamine), Sedatives (e.g. Librium) and Hallucinogenic Drugs (e.g. L.S.D.). Each specific drug is named under a schedule within the Act and it is therefore known as a Controlled drug.

The Misuse of Drugs Acts states that there are several specific offences which include:

Simple possession (a small amount for the carriers' own use).

Possession with intent to supply.

Production.

The growing of opium poppies, cannabis and coca plants.

Supplying or intent to supply.

Owners and occupiers of premises knowingly allowing drug dealing on their premises.

Import/export and production of controlled drugs.

The printing or selling of books/magazines that advertise equipment that may encourage the use of controlled drugs.

The Judicial Process for Young People Accused of Drug Related Offences

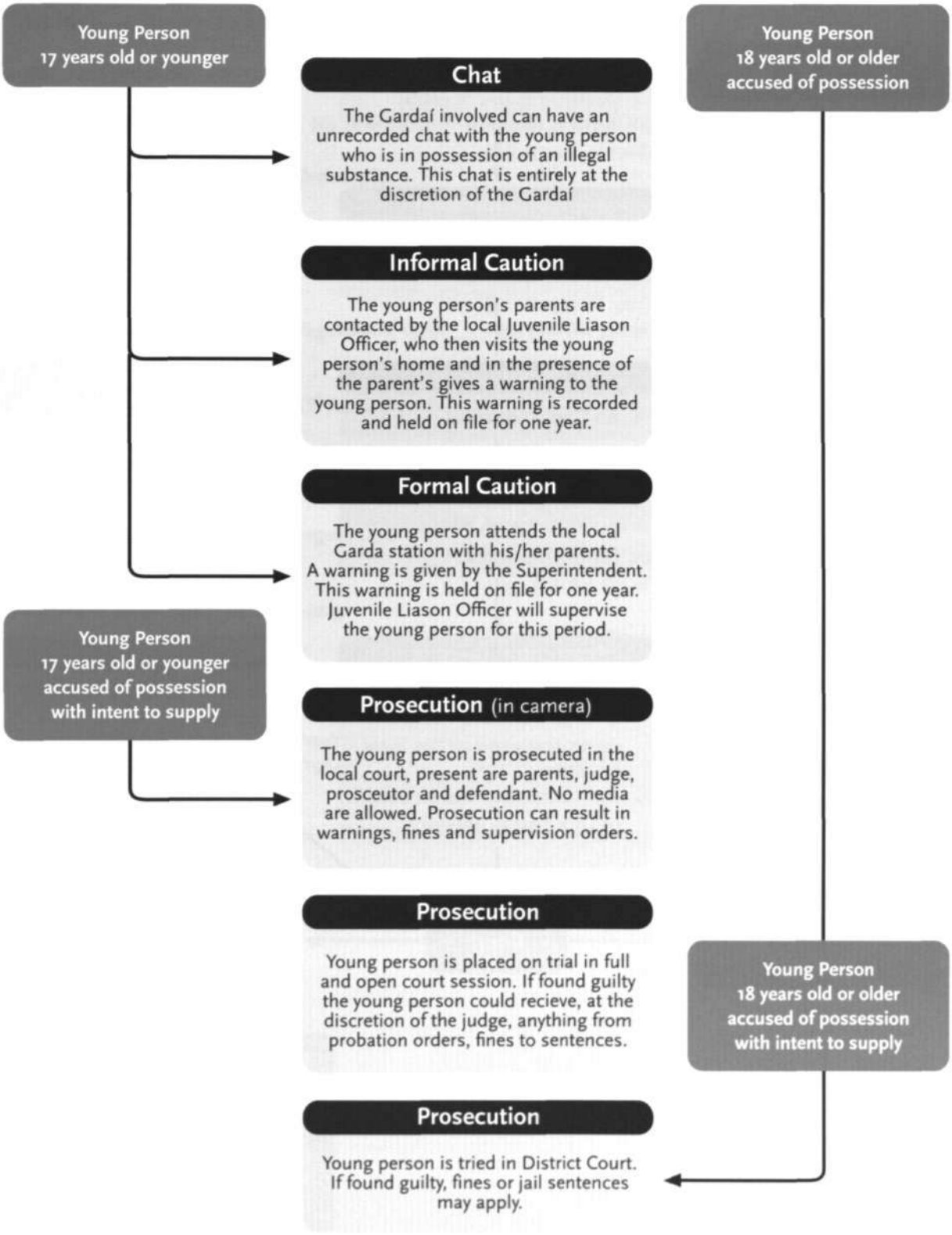
To enforce the Misuse of Drugs Act the Gardai have been given powers that allow them to stop, detain and search individuals and vehicles without warrant if the Gardai have reasonable cause to suspect a drug related offence. The Customs and Excise have similar powers under a second Act (Customs and Excise Miscellaneous Provisions No.2, Act 1988). See figure 1.5 and 1.6. This latter law also allows the Customs to undertake intimate body searches that are conducted by a medical practitioner.

Further and more detailed information on the Misuse of Drugs Acts is available from your local Carda Station or from the Government Publications Office, Molesworth Street, Dublin 2.

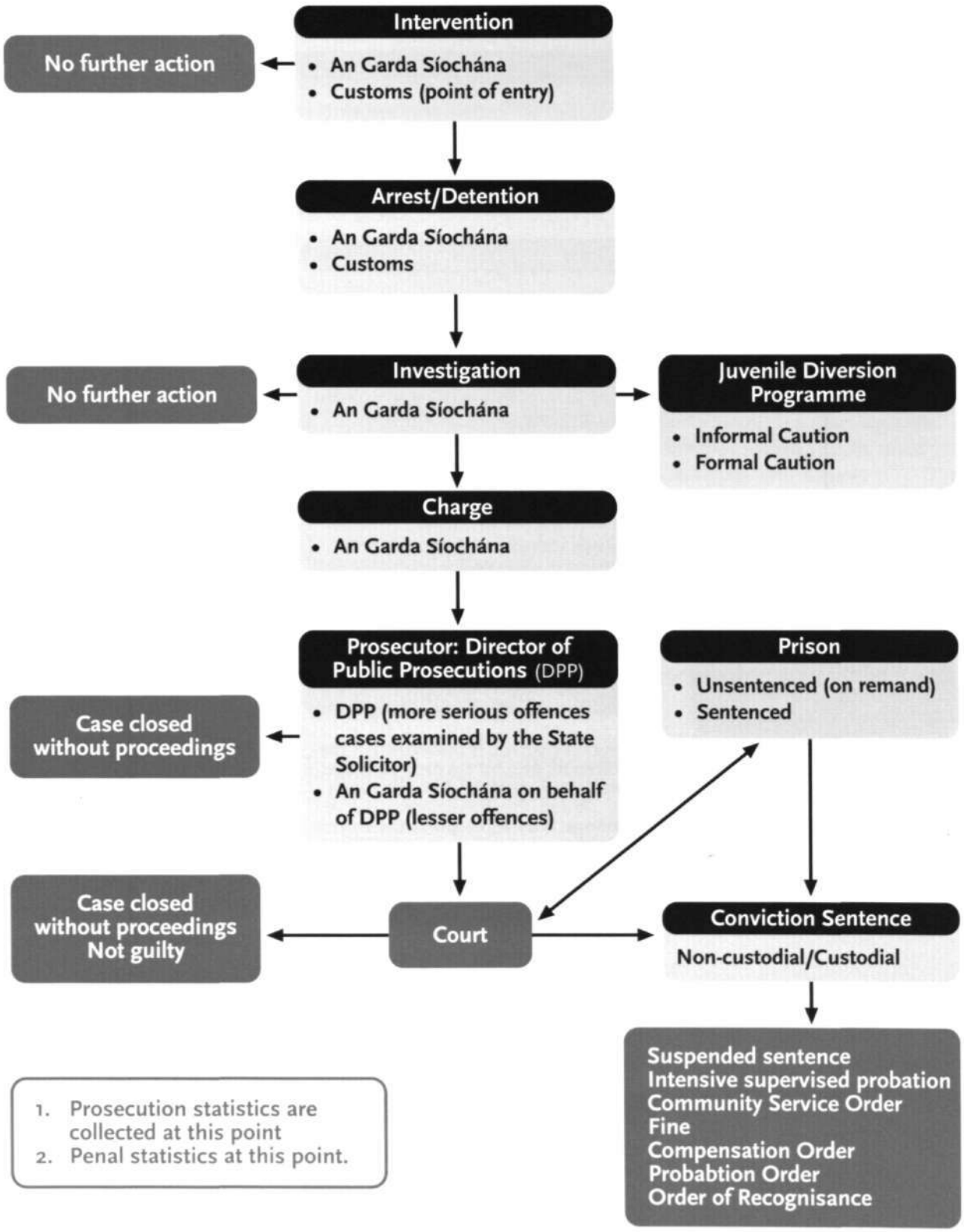
The flow chart on the following page gives a diagrammatic representation of the process a young person may go through, within the judicial system, if accused of drug related offences. This chart highlights the different procedures for juveniles, i.e. for those under 18 years old, and those over 18 years.

The flow chart is simply a summary.
For more information it is advisable to speak to your local Juvenile Liaison Officer or Community Garda. Consequently, if and when drug related incidents arise, which may need Garda attention, the organisation will be clear about who to contact so that the situation will be dealt with in a sensitive way.

The Judicial Process for Young People Accused of Drug Related Offences



Drug Law Enforcement Process



Misuse of Drugs Acts and Regulations in Operation

Misuse of Drugs Acts, 1977 and 1984:

Act and Regulations in Force (October 1999)

Misuse of Drugs Act, 1977 (no 12 of 1977)

(Commencement) Order, 1979(5.1. No 28 of 1979)

(Controlled Drugs) (Declaration) Order, 1987 (S.I. No 251 of 1987)

(Controlled Drugs) (Declaration) Order, 1993 (S.I. No 328 of 1993)

Misuse of Drugs (Licenses fees) Regulations, 1979 (S.I. No 164 of 1979)

(Amendment) Regulations, 1988 (S.I. No 11 of 1988)

Misuse of Drugs (Custodial Treatment Centre) Order, 1980 (S.I. No 30 of 1980)

Misuse of Drugs (Safe Custody) Regulations, 1982 (S.I. No 321 of 1982)

Misuse of Drugs, 1984 (No 18 of 1984)

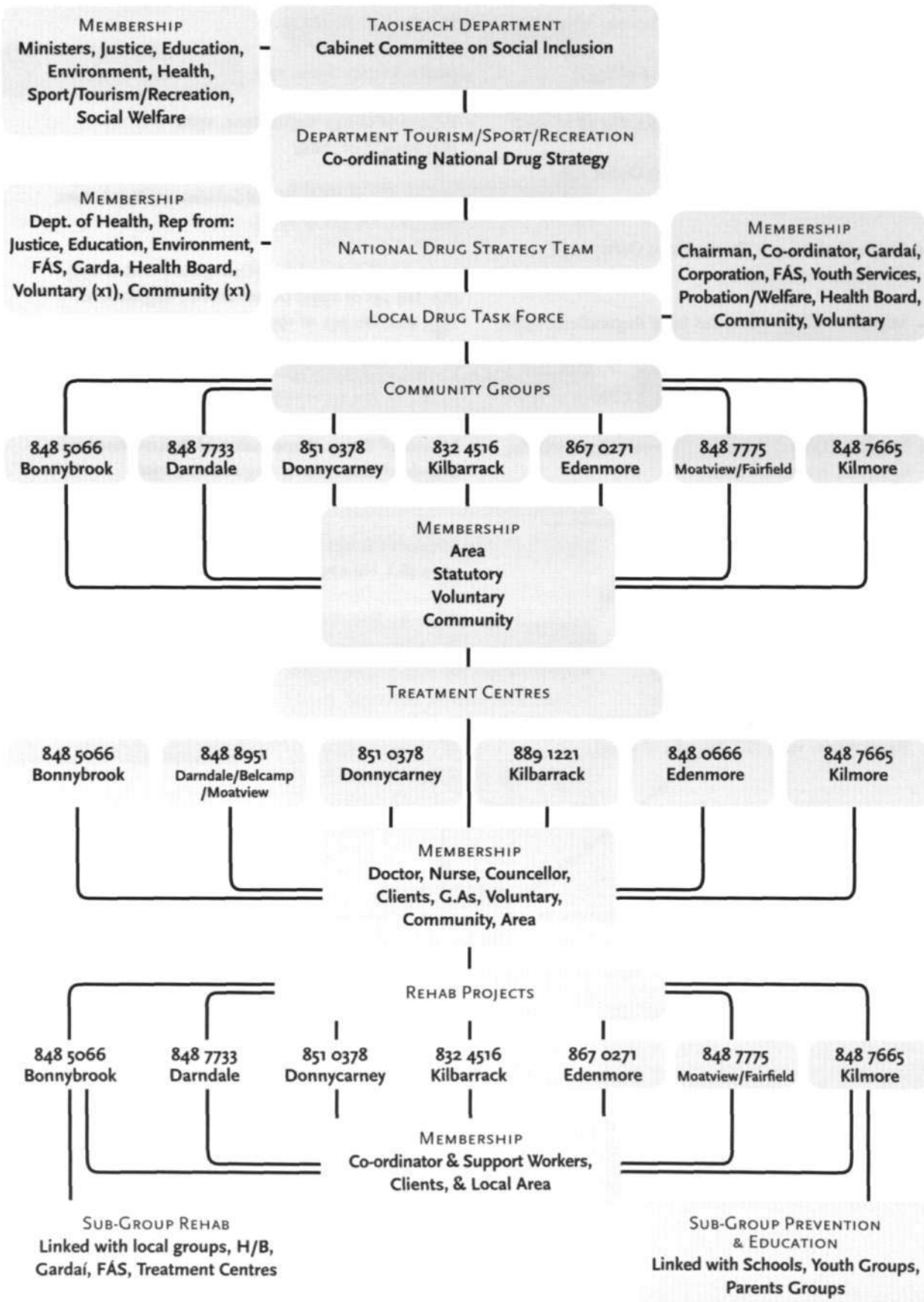
(Commencement) Order, 1984 (S.I. No 205 of 1984)

Misuse of Drugs (Committee of Inquiry) Regulations, 1984 (S.I. No 264 of 1984)

- **Misuse of Drugs (Exemption) Order, 1988 (S.I. No 326 of 1988)**
- **(Amendment) Order, 1993 (S.I. No 339 of 1993)**
- **Misuse of Drugs Regulations, 1988 (S.I. No 328 of 1988)**
- **Misuse of Drugs (Scheduled Substances) Regulations, 1993 (S.I. No 338 of 1993)**
- **(Scheduled Substances) (Exemption) Order, 1993 (S.I. No 341 of 1993) (Amendment) Regulations, 1993 (S.I. No 342 of 1993)**
- **Misuse of Drugs Regulations (Designation) Order, 1998 (S.I. No 69 of 1998)**
- **Misuse of Drugs (Supervision of Prescription and Supply of Methadone) Regulations, 1998 (S.I. No 225 of 1998)**
- **Misuse of Drugs (Amendment No 1) Regulations, 1999 (S.I. No 273 of 1999)**
- **Customs-Free Airport (Extension of Laws) Regulations, 2000 (S.I. No 169 of 2000)**

Source: Department of Health and Children

From National to Local -
An organisational flow chart representing Dublin North East



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Support pack for Dealing

SUPPORT PACK FOR DEALING WITH THE DRUGS ISSUE IN OUT-OF-SCHOOL SETTINGS

APPENDIX 2

ORGANISATIONAL AUDIT:

IDENTIFYING CURRENT LEVELS OF PROVISION IN YOUR ORGANISATION

THE FOLLOWING WORKSHEETS ARE INCLUDED TO ASSIST YOUR ORGANISATION IN CLARIFYING THE PRESENT POSITION WITHIN THE ORGANISATION REGARDING ITS CURRENT RESPONSE TO THE DRUGS ISSUE.

WORKSHEET ONE:
CLARIFYING THE PRESENT ETHOS OF THE ORGANISATION.

WORKSHEET Two:
EXPLORING EXISTING LEVELS OF KNOWLEDGE OF DRUG USE LOCALLY.

WORKSHEET THREE:
EXPLORING THE CURRENT PRO-ACTIVE DRUGS WORK BEING CARRIED OUT BY THE ORGANISATION.

WORKSHEET FOUR:
NEEDS ANALYSIS

GUIDE To RESOURCES

Worksheet One

• Clarifying the present ethos of the organisation

The following questions are a basis for discussion on the ethos of the organisation:

Q1 What is the ethos of your organisation?

Q2 In what way have the staff, volunteers and relevant target groups within your organisation been involved in discussing and agreeing this ethos?

Q3 Describe how your organisation's ethos is expressed in the everyday work of the organisation.

Q4 HOW DOES YOUR ORGANISATION APPROACH THE DRUGS SITUATION LOCALLY?

Q5 IN PRACTICAL TERMS. HOW DO STAFF. VOLUNTEERS AND YOUNG PEOPLE INFLUENCE THE ORGANISATION'S APPROACH TO DRUGS WORK?

Q6 HOW IS THE ETHOS AND WORKING VALUES OF YOUR ORGANISATION MONITORED AND EVALUATED?

Q7 BASED UPON DISCUSSIONS, EXPLORATION AND CONSULTATION OF THE ABOVE ISSUES, DOES YOUR ORGANISATION NEED TO ADJUST OR CHANGE ITS CURRENT WORKING ETHOS?

Q8 IF SO, WHAT IS YOUR ORGANISATION'S REVISED ETHOS STATEMENT?

Worksheet Two

- ## Exploring existing levels of knowledge of drug use locally.

This worksheet is designed to be used as the basis for discussion at all levels within the organisation to explore the existing levels of knowledge and information among management, workers and young people about local drug trends and drug use.

Q1 Are you aware of the types of drugs that are commonly used within your local community? Discuss.

Q2 Are you familiar with the locations linked with young people's drug use within the community? Discuss

Q3 ARE YOU FAMILIAR WITH ANY OF THE FOLLOWING ISSUES RELATED TO DRUG USE?

- COST OF VARIOUS DRUGS?
- AVAILABILITY AND LOCAL SUPPLY OF DRUGS?
- SLANG/STREET NAMES FOR DRUGS LOCALLY?
- LOCAL DRUG DEALERS?
- AGE OF YOUNG PEOPLE USING DRUGS?
- LEGAL ISSUES RELATING TO DRUG USE GENERALLY?
- EFFECTS AND DANGERS OF VARIOUS DRUGS?
- SIGNS AND SYMPTOMS OF DRUG USE?
- WHAT THE VARIOUS DRUGS LOOK LIKE?

(FOR DISCUSSION)

Q4 ARE YOU FAMILIAR WITH THE NAMES AND ADDRESSES OF LOCAL SUPPORT AND HELPING AGENCIES IN YOUR AREA? DISCUSS

Q5 WHAT HAVE BEEN THE ISSUES OF CONCERNS TO DATE FOR THE ORGANISATION REGARDING DRUG USE AMONG THE YOUNG PEOPLE AND/OR STAFF? DISCUSS

NOTE: IN EXPLORING THESE QUESTIONS, IT IS IMPORTANT FOR THE ORGANISATION TO BE WELL INFORMED ABOUT ALL THE ISSUES RAISED IN THIS QUESTIONNAIRE SO THAT EFFECTIVE RESPONSES CAN BE PLANNED IN A COMPREHENSIVE WAY. IF YOUR ORGANISATION IS UNCLEAR OR LACKS INFORMATION REGARDING ANY OF THESE ISSUES, SOME TIME SHOULD BE SPENT RESEARCHING AND COLLATING THIS INFORMATION TO ENSURE A WELL-INFORMED RESPONSE.

Worksheet Three

• Exploring the current provision of Drugs Education within the Organisation

This worksheet is designed to provide a framework for critically analysing the current drugs education provision within your organisation. It parallels the curriculum audit referred to earlier in this pack and forms the basis for putting together a revised education strategy designed to meet the real needs of the young people within the organisation.

Q1 Has your organisation been involved in pro-active drugs work to date?

Yes ○ No ○

If yes, what kind of work?

- ○ A weekly drugs education programme?
- ○ Bringing in outside speakers?
- ○ Arts-based drugs projects?
- ○ Peer education approaches?
- ○ Use of video/audio methodologies?
- ○ Group discussions/role play?
- ○ Diversionary activities?
- ○ A personal development approach to drugs work?
- ○ Exposure visits to drugs agencies?

Discuss

Q2 WHAT, IN YOUR OPINION, HAVE BEEN THE STRENGTHS AND WEAKNESSES OF YOUR WORK?

Q3 HAVE YOUR DRUGS EDUCATION STRATEGIES BEEN EVALUATED?

YES ◯ NO ◯

IF YES, IN WHAT WAYS?

IF NO, WHY NOT?

Q4 IS DRUGS EDUCATION PART OF A HOLISTIC HEALTH EDUCATION PROGRAMME WITHIN YOUR ORGANISATION?

YES NO

IF YES, IN WHAT WAY IS IT INTEGRATED?

Q5 IS THE DRUGS EDUCATION YOU CARRY OUT BEING COMPLEMENTED BY ANY OTHER GROUPS/ORGANISATIONS/SCHOOLS IN THE COMMUNITY WHERE YOUNG PEOPLE COME TOGETHER?

YES NO

IF YES, HOW?

Q6 IS THIS WORK CO-ORDINATED IN ANY WAY BY ANY ORGANISATION OR AGENCY AT LOCAL LEVEL?

Q7 WHAT IS THE AGE RANGE OF YOUR TARGET GROUPS FOR DRUGS EDUCATION?

Q8 IN WHAT WAYS ARE PROGRAMMES DESIGNED TO MEET THE NEEDS OF SPECIFIC AGE GROUPS?

Q9 IS DRUGS EDUCATION AVAILABLE FOR EVERYONE INVOLVED IN YOUR ORGANISATION? DISCUSS

Q10 DISCUSS THE FOLLOWING QUESTIONS RELATING TO YOUR ORGANISATION'S DRUGS EDUCATION STRATEGIES:

- WHO IS RESPONSIBLE FOR PLANNING YOUR DRUGS EDUCATION STRATEGIES?

- WHO IS RESPONSIBLE FOR IMPLEMENTING AND EVALUATING THESE STRATEGIES?

- ARE THE STAFF AND VOLUNTEERS CONFIDENT IN CARRYING OUT THE DRUGS WORK?

- ARE THEY CONSTANTLY UPDATED AND TRAINED IN THIS AREA OF WORK?

- IF YES, HOW ARE THEY TRAINED AND BY WHOM?

- IF NOT, WHAT ARE THEIR TRAINING NEEDS?

- WHERE CAN YOU AVAIL OF THIS TRAINING?

- WHO IS RESPONSIBLE FOR CO-ORDINATING THIS TRAINING AND SUPPORT?

Q11 DO YOU HAVE CLEAR AIMS AND OBJECTIVES FOR YOUR DRUGS WORK?

YES ◯ NO ◯

STATE YOUR AIMS AND OBJECTIVES:

Worksheet Four

Part 1 - Needs Analysis

The following sample needs analysis will provide a framework for drawing up your own needs analysis specific to the needs of your own organisation.

The needs analysis is designed to elicit a wide range of information on the needs of the organisation referring to young people's needs, workers' needs and the needs of the organisation in general.

General Information:

Q1 Name of Organisation:

Q2 Address of Organisation:

Q3 Type of Organisation; (e.g., uniform, youth service, Training Centre etc):

Q4 SIZE OF ORGANISATION; - I.E. NUMBER OF STAFF:

FULL-TIME:
PART-TIME:
VOLUNTARY:
SCHEME WORKERS:
NUMBER OF YOUNG PEOPLE IN MEMBERSHIP:

Q5 WHAT ARE THE PERCEIVED HEALTH NEEDS OF THE YOUNG PEOPLE YOU WORK WITH IN TERMS OF DRUG USE?

Q6 WHO IS CURRENTLY RESPONSIBLE FOR DEALING WITH DRUGS ISSUES WITHIN THE ORGANISATION?
(PLEASE DETAIL UNDER THE FOLLOWING HEADINGS)

CO-ORDINATING HEALTH EDUCATION?	
CO-ORDINATING DRUGS EDUCATION?	
DEVELOPING DRUGS EDUCATION PROGRAMME?	
MANAGING DRUG-RELATED SITUATIONS?	
DEVELOPING OTHER DRUG-RELATED INTERVENTIONS?	

Q7. WHAT IS YOUR ORGANISATION'S CURRENT RESPONSE WITH REGARD TO DEALING WITH DRUGS ISSUES?
PLEASE TICK

- ❍ DO NOTHING
- ❍ PREVENTATIVE DRUGS EDUCATION PROGRAMMES
- ❍ HARM REDUCTION PROGRAMMES
- ❍ MANAGEMENT OF CRISIS SITUATIONS
- ❍ INVOLVEMENT OF OTHER AGENCIES
- ❍ OTHER, PLEASE SPECIFY:

Q8. DOES YOUR ORGANISATION HAVE ANY OF THE FOLLOWING IN PLACE?
PLEASE TICK

- ❍ A DRUGS POLICY?
- ❍ CLEAR GUIDELINES FOR DEVELOPING A DRUGS EDUCATION PROGRAMME?
- ❍ CLEAR GUIDELINES FOR MANAGING DRUG RELATED SITUATIONS?
- ❍ A DRUGS EDUCATION PROGRAMME?
- ❍ OTHER DRUG-RELATED INTERVENTIONS?

IF YOU DO HAVE A DRUGS EDUCATION PROGRAMME, WHAT FORMAT DOES IT TAKE?

- ❍ A STRUCTURED PREVENTATIVE EDUCATION PROGRAMME
- ❍ ONE-OFF INPUTS OR SESSIONS
- ❍ RANDOM DRUGS RELATED EDUCATION ACTIVITIES
- ❍ USE OF OUTSIDE SPEAKERS
- ❍ AGENCY VISITS
- ❍ USE OF THE ARTS OR OTHER CREATIVE MEANS
- ❍ DIVERSIONARY ACTIVITIES
- ❍ OTHER, PLEASE SPECIFY

Q9. HAVE MANAGEMENT, STAFF AND VOLUNTEERS WITHIN YOUR ORGANISATION RECEIVED TRAINING IN RELATION TO DRUGS ISSUES? PLEASE TICK

- ❍ TRAINING RE: DEVELOPMENT AND IMPLEMENTATION OF A DRUGS POLICY
- ❍ TRAINING RE: USING PREVENTIVE DRUGS EDUCATION PROGRAMMES
- ❍ TRAINING RE: HARM REDUCTION APPROACHES
- ❍ TRAINING RE: DRUG-RELATED INTERVENTIONS
- ❍ TRAINING RE: MANAGEMENT OF DRUG-RELATED SITUATIONS
- ❍ TRAINING RE: REFERRAL PROCEDURES, LEGAL ISSUES OR COUNSELLING
- ❍ OTHER, PLEASE SPECIFY

Q9 (A) IF TRAINING HAS BEEN PROVIDED ON ANY OF THESE ISSUES, PLEASE DETAIL THE LEVEL OF TRAINING PROVIDED AND THE TRAINING AGENCIES.

Worksheet Four

Part 2 – Identifying Needs

Q10 Identifying the current level of drug use by young people within your community.

(a) What drugs are currently being used?

- ❍ Ecstasy
- ❍ LSD
- ❍ Poppers
- ❍ Tranquillisers
- ❍ Cocaine
- ❍ Heroin
- ❍ Alcohol
- ❍ Amphetamines
- ❍ Cannabis
- ❍ Nicotine
- ❍ Solvents
- ❍ Magic Mushrooms
- ❍ Others, please specify:

(b) How are these drugs being used?

- ❍ Smoked
- ❍ Orally
- ❍ Inhaled
- ❍ Injected
- ❍ snorted
- ❍ Sniffed

(c) In what settings are drugs being used?

- ❍ night clubs
- ❍ parties
- ❍ local parks
- ❍ raves
- ❍ homes

Other. please specify:

(D) ARE MEMBERS OF YOUR TARGET GROUP CURRENTLY IN RECEIPT OF ANY OF THE FOLLOWING SERVICES? PLEASE TICK

- ❍ INFORMATION ON SAFE USE OF DRUGS
- ❍ NEEDLE EXCHANGE/METHADONE MAINTENANCE INTERVENTIONS
- ❍ COUNSELLING
- ❍ DRUG TREATMENT OR REHABILITATION
- ❍ DRUG PREVENTION OR EDUCATION PROGRAMMES
- ❍ OTHER, PLEASE SPECIFY:

(E) WHAT ARE THE NEEDS OF THE YOUNG PEOPLE YOU WORK WITH?

- ❍ ACCESS TO SERVICES
- ❍ LEGAL INFORMATION
- ❍ HARM REDUCTION MEASURES
- ❍ SAFER USE INFORMATION
- ❍ FACTUAL DRUGS INFORMATION
- ❍ PROFESSIONAL ADVICE AND SUPPORT
- ❍ INFORMAL ADVICE AND SUPPORT
- ❍ COUNSELLING
- ❍ TREATMENT
- ❍ OTHER, PLEASE SPECIFY:

Q11 WHAT ARE THE NEEDS OF WORKERS AND VOLUNTEERS WHO CARRY OUT DRUGS WORK? PLEASE TICK

- ❍ RELEVANT GUIDELINES AND POLICY
- ❍ TRAINING
- ❍ ON-LINE SUPPORT
- ❍ KNOWLEDGE OF LOCAL SUPPORT AGENCIES AND SERVICES
- ❍ KNOWLEDGE OF LEGAL RESPONSIBILITIES
- ❍ RESOURCES, PLEASE DETAIL:

Q12 What are the needs of the organisation in general regarding managing drugs issues?

- ❍ Clear guidelines at both local and national level
- ❍ Support at national level
- ❍ Support within the community
- ❍ Better co-ordination of services
- ❍ Local recognition of the role of the organisation in drugs work
- ❍ Established co-operation with other agencies locally, regionally and nationally
- ❍ Resources, please specify:

Part 3 - Setting a Plan of Action

Q13 (a) How best can your organisation meet the needs of the young people you work with regarding drugs issues? Please tick

- ❍ By developing and implementing pro-active, preventive drugs education programmes
- ❍ By developing management strategies for dealing with specific situations
- ❍ By establishing links with other agencies with the community
- ❍ By providing information
- ❍ By providing access for young people to counselling/ helping services
- ❍ By not involving parents or Gardaí when situations arise
- ❍ By involving parents and Gardaí
- ❍ Other, please specify:

(B) WITH REGARD TO POLICY DEVELOPMENT WITHIN YOUR ORGANISATION

WHO WILL BE RESPONSIBLE FOR THIS PROCESS?

WHO WILL BE CONSULTED?

HOW WILL THEY BE CONSULTED?

HOW WILL THE POLICY BE IMPLEMENTED?

WHO WILL MONITOR THE IMPLEMENTATION OF THE POLICY?

HOW WILL THE POLICY IT BE EVALUATED?

WHAT IMPACT DO YOU ENVISAGE THE POLICY WILL HAVE ON YOUR WORK?

(c) WITH REGARD TO A DRUGS EDUCATION PROGRAMME, WHAT EDUCATIONAL APPROACH WILL BE USED? PLEASE TICK

- ❍ INFORMATION GIVING: 'THE FACTS SPEAK FOR THEMSELVES'
- ❍ DIDACTIC: EXPLICIT INSTRUCTION, SCARE TACTICS
- ❍ SKILLS: PRACTICAL LIFE SKILLS TO COPE WITH A DRUGS ENVIRONMENT
- ❍ STRUCTURAL: CONSIDERING THE SOCIAL AND ENVIRONMENTAL FACTORS
- ❍ 'JUST SAY NO' APPROACH
- ❍ HARM REDUCTION APPROACH
- ❍ OTHER, PLEASE SPECIFY

(D) WHAT METHODOLOGIES WILL BE USED? PLEASE TICK

- ❍ GROUPWORK/DISCUSSION-BASED WORK
- ❍ EXTERNAL SPEAKERS
- ❍ PEER EDUCATION
- ❍ ARTS/CREATIVITY - BASED ACTIVITIES
- ❍ ONE-TO-ONE SUPPORT, ADVICE AND COUNSELLING
- ❍ PROJECT-BASED WORK
- ❍ DRAMA/ROLE PLAY
- ❍ OUTDOOR ACTIVITIES
- ❍ OTHER ALTERNATIVE LEISURE APPROACHES
- ❍ OTHER, PLEASE SPECIFY:

(E) WHO WILL HAVE RESPONSIBILITY FOR THE FOLLOWING?

PLANNING THE PROGRAMME

IMPLEMENTING THE PROGRAMME

MONITORING THE PROGRAMME

EVALUATION

(F) WHAT RESOURCES WILL THE ORGANISATION NEED IN ORDER TO SUCCESSFULLY IMPLEMENT THE PROGRAMME? PLEASE DETAIL

Q14. WITH REGARD TO MANAGING DRUG SITUATIONS:

(A) WHAT ARE THE DRUG-RELATED SITUATIONS THAT COULD ARISE IN YOUR WORK SETTING WITH YOUNG PEOPLE? PLEASE TICK

- ❍ FINDING SUSPECTED DRUGS ON THE PREMISES
- ❍ COPING WITH YOUNG PEOPLE UNDER THE INFLUENCE OF A DRUG
- ❍ YOUNG PEOPLE IN POSSESSION OF DRUGS
- ❍ SUSPICION OF DRUG USE BY YOUNG PEOPLE
- ❍ MANAGING A DRUG-RELATED MEDICAL EMERGENCY
- ❍ YOUNG PEOPLE SUPPLYING DRUGS TO PEERS
- ❍ YOUNG PEOPLE FROM YOUR CLUB/PROJECT INVOLVED IN DRUG-RELATED CRIME
- ❍ YOUNG PEOPLE DISCLOSING DRUG USE
- ❍ STAFF DRUG USE
- ❍ OTHER, PLEASE SPECIFY:

(B) How can your organisation be prepared to deal with such situations? Please tick

- ❍ With policy, previously planned and implemented, outlining clear guidelines for dealing with specific situations
- ❍ With clear internal reporting procedures
- ❍ With clear external reporting procedures (i.e. to parents, Gardaí, social services)
- ❍ With the provision of appropriate training for staff
- ❍ With the development of support and co-operation with relevant agencies
- ❍ With an established working contract between the organisation and young people
- ❍ Other, please specify:

THE NATIONAL
Youth Health
PROGRAMME

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The National Youth Health Programme is a partnership between the National Youth Council of Ireland, the Health Promotion Unit of the Department of Health and Children, and the Youth Affairs Section of the Department of Education and Science.

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