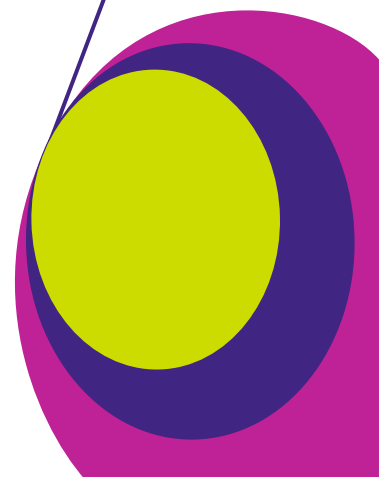
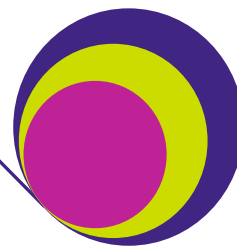
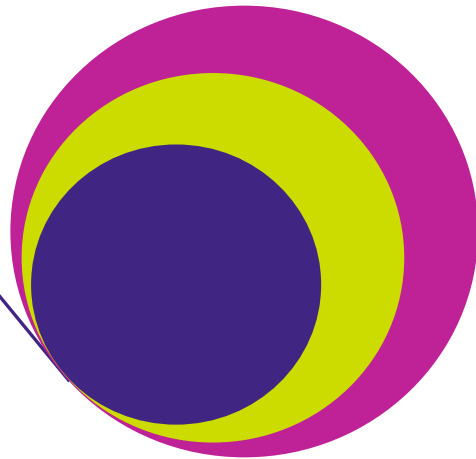




# Tobacco, Alcohol & Drugs

Foróige Policy &  
Guidelines

2010



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# Foreword by Seán Campbell, Chief Executive Officer, Foróige



As the leading youth organisation in Ireland, Foróige is committed to providing developmental opportunities that promote the health and well-being of the 50,000 young people the organisation engages annually. One of the many challenges facing young people today is that of tobacco, alcohol and drug misuse and the risks they can be exposed to as a result of this.

The National Drugs Strategy 2009-2016 identifies young people as a key target group and action 26 states the need to *'develop a framework for the future design of targeted prevention and education interventions in relation to drugs and alcohol, using a tiered or graduated approach'*. Foróige has revised the Tobacco, Alcohol and Drugs Policy and Guidelines to further support young people, parents, volunteers and staff. The updated policy and guidelines outline the different levels of support, education and intervention available for individuals at risk of, or engaged in, different levels of substance misuse.

Foróige designs, implements and evaluates drug education programmes in line with national and international best practice. We take a holistic approach to drug education through which we look at the effects and consequences associated with substance misuse, alongside life-skill development and the promotion of healthy alternatives. Where additional supports or specialised services are required, Foróige Staff and Volunteers will act in the best interest of the young person and make appropriate referrals.

Over the past few years Foróige has employed over 20 youth workers funded by the Young People's Facilities and Services Fund and the Local and Regional Drug Task Forces and supported by Co. Dublin VEC and the HSE. These youth workers specifically engage with young people and their families in response to an increase in substance misuse. With young people experimenting with tobacco, alcohol and other drugs, we must ensure that drug prevention initiatives are needs based, have proven outcomes and empower young people to make healthy life choices which will increase their opportunities into the future. Foróige provides information and direction within these guidelines to promote consistency in practice to support young people participating in clubs, projects and services.

Seán Campbell

# Acknowledgements

Foróige would sincerely like to thank the external specialist contributors, Foróige Managers, Staff and Members of the National Council and National Executive of Foróige for their valuable input into the revision of the Tobacco, Alcohol and Drugs Policy and Guidelines.

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# Section I

Foróige - The National Youth  
Development Organisation

## National Council of Foróige Policy Statement

- Foróige - The National Youth Development Organisation
- National Council of Foróige Policy Statement
- Why have Tobacco, Alcohol and Drugs Guidelines?
- Understanding Drug Use

Why have Tobacco, Alcohol and  
Drugs Guidelines?

## Understanding Drug Use

# Foróige: The National Youth Development Organisation

Foróige is a leading national voluntary youth organisation engaged in youth development and education, working with 50,000 young people across Ireland. It is an organisation infused with ideals and values which form a rich philosophy of human growth and development, a philosophy based on a belief in the dignity and creativity of each individual person. The fundamental purpose of the organisation is to enable young people to involve themselves consciously and actively in their own development and in the development of society. This is the reason for Foróige's existence and the guiding force of its work.

Foróige provides a comprehensive range of youth work services through the operation of Foróige Clubs, Local Youth Services, Local Youth Development Projects, Youth Information Centres, Youth Cafés and the Big Brother Big Sister Mentoring Programme. This multi-pronged approach enables the organisation to meet the developmental needs of young people in general and in particular circumstances to focus on vulnerable young people who may be at risk.

Foróige is committed to the development, health and well-being of all its members and of all those with whom we work through Foróige-operated Services and Projects. Foróige recognises the unique contribution youth work services can make to responding to the many issues associated with drug misuse.

Over the last decade national prevalence figures reflect the rise in alcohol and drug use among young people in Ireland. In 2003 Foróige produced very comprehensive Tobacco, Alcohol and Drugs policy and guidelines which have guided our work in primary prevention over the last five years. With the expansion of our youth work services and the complexity of needs within our target groups, we now introduce secondary prevention guidelines which are appropriate for young people identified as being specifically at risk of drug misuse.

The Tobacco, Alcohol and Drugs policy and guidelines inform specific elements of a Health and Well-Being programme designed and implemented by Foróige Staff or Volunteers, in particular the section on best practice in drug education.

# National Council of Foróige Policy Statement

*It is the policy of the National Council of Foróige that, working within the context of the philosophy and purpose of the organisation, Staff and Volunteers will seek to prevent drug use and reduce drug related harm among all young people involved in Foróige's work.*

Foróige has a broad and holistic approach to prevention that focuses on facilitating activities and behaviours, which are likely to lead to healthy growth and development of young people.

## Specifically Foróige will:

<p><b>Engage young people</b> in health promoting activities and activities that build the strengths and competencies of young people.</p>	<p><b>Implement</b> primary and secondary drug prevention and education programmes where appropriate and possible.</p>
<p><b>Follow guidelines</b> for international best practice in drugs education.</p>	<p>Where appropriate, <b>play a supportive role</b> in the treatment of drug misuse by complementing those services offered by health care professionals and others.</p>

A 'drug' is any chemical substance, legal or illegal, which changes the way the body functions, mentally, physically or emotionally. For the purposes of these guidelines the word 'drug' refers to tobacco, alcohol, illegal drugs, solvents, head shop drugs, over-the-counter drugs and prescription drugs. In these guidelines, the word 'substance' and 'drug' are used interchangeably.



## Why have Tobacco, Alcohol and Drugs Guidelines?

In Ireland there are individual, social, environmental and cultural factors associated with our use of alcohol and drugs. Ireland continues to be amongst the highest consumers of alcohol in the world. We have the highest level of binge drinking in comparison to adults in other EU countries<sup>1</sup>. Within the adult population, cannabis is the most commonly used illegal drug<sup>2</sup>. Other substances used include magic mushrooms, ecstasy, cocaine, amphetamines, poppers, LSD, solvents and heroin with recent prevalence figures showing a significant rise in cocaine use in Ireland in recent years. Since 2008 anecdotal evidence suggests that there has been an increase in use of substances available through Head Shops or the internet. This information, to date, has not been captured through National Prevalence Data Research.

Although many young Irish people never have used and never will use drugs, there is evidence that drug use among young people in Ireland has increased considerably over the last decade<sup>3</sup>. Alcohol remains the most common drug used and misused by young people in Ireland. A 2008 study conducted by the Department of Psychology UCD in the South East of Ireland reported that young people are now commencing drinking at an average age of thirteen years old. International research has also found that early initiation of alcohol use increases the risk of later development of serious drug and alcohol misuse problems<sup>4</sup>. Rates of binge drinking and drunkenness among young people in Ireland are high in comparison with the European average<sup>5</sup>.

Tobacco use is also high among young people in Ireland. Cannabis is the most popular illegal drug used among young people. A small percentage of young people are also likely to experiment with ecstasy, LSD, amphetamines and a range of other substances. It is also a concern that the use of inhalants is more common among young people in Ireland than other EU countries and the high level of risk associated with solvent misuse is clearly not understood by young people.

Foróige has contact with thousands of young people all over Ireland. Many young people, for one reason or another, are vulnerable and at risk of developing problems with drugs. Youth workers are in some ways unique in their ability to reach out to all young people, including those who have an ambivalent or negative attitude to more formal education, health and social services. Youth workers build up trust and relationships with young people in out-of-school settings and may be among the only adults whom young people trust or the only adults perceived as willing to relate to young people on their own terms.

*In and of itself, good youth work can provide very positive experiences for young people, building resilience and enhancing their coping skills for the future. The education and pro-social skill development which underpins youth work is a big protective factor in the context of drug misuse prevention.*

Therefore in acknowledging the changing trends in drug use and misuse among young people in Ireland, the purpose of these guidelines is to provide additional direction and clarification, promote consistency in practice, and support Staff and Volunteers who seek to prevent drug use and reduce drug related harm among all young people involved in Foróige's work.

Please check [www.ESPAD.org](http://www.ESPAD.org), [www.nacd.ie](http://www.nacd.ie) or [www.nuigalway.ie/hbsc/](http://www.nuigalway.ie/hbsc/) for current statistics.

<sup>1</sup> Strategic Task Force on Alcohol 2004

<sup>2</sup> National Advisory Committee on Drugs 2008 – Results from the 2006/7 Drug Prevalence Survey

<sup>3</sup> European School Survey Project on Alcohol and other Drugs (ESPAD) and Health Behaviour in School-aged Children (HBSC) study

<sup>4</sup> Palmer D. & O'Reilly G., 2008 'Young People, Alcohol and Drugs'

<sup>5</sup> ESPAD 2007

## Understanding Drug Use

For the purpose of this policy a ‘drug’ is any chemical substance, legal or illegal, which changes the way the body functions, mentally, physically or emotionally<sup>6</sup>. The word ‘drug’ refers to tobacco, alcohol, illegal drugs, solvents, head shop drugs, over-the-counter drugs and prescription drugs.

It is widely accepted that there is no single reason why a person uses or misuses drugs. Some drugs may be used to treat an illness or infection, to help us cope with the anxiety and stresses of life, while others are used for recreational purposes, to help us relax and enjoy ourselves. However, there is no such thing as a safe drug; all drug taking involves an element of risk, harm and disease<sup>6</sup>.

Drug misuse is the use of any drug, legal or illegal which damages some aspect of the user’s life; whether it is mental or physical health, their relationship with their family, friends or society in general or their vocational functioning as students or as workers both inside and outside the home. This definition includes not only the use of illegal drugs but also the dangerous use of legal drugs such as alcohol, the use of tobacco, the harmful use of prescribed medicines by exceeding the recommended prescribed dose and the illegal use of legal drugs such as drinking and driving or smoking cigarettes in a no smoking area<sup>6</sup>.

While research shows that many young people experiment with drugs, it is the role of youth workers to guide, inform and enable young people to make healthy choices in relation to all areas of their personal and social development and try to prevent the onset of drug use. Drug use by young people under 18, other than age appropriate medical use, can have negative physical, psychological and developmental effects on a young person.

There are three key factors involved in drug use. These are the characteristics of the individual, the drug being taken and the circumstances in which the drug is used<sup>7</sup>. These 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.

There are varying levels of drug use and different problems associated with each level. Use varies from once-off experimentation to occasional use, to regular but controlled use, to dependent use or addiction, where the person’s health and/or family, social or occupational functioning is impaired. It should be noted that an individual can not only move between the various levels but can also withdraw and re-enter the cycle of drug use.

People who use and misuse drugs come from all social backgrounds, and are of all ages. However young people who experience problems with substance misuse will often have other difficulties in their lives e.g. problems with family or peer relationships, offending behaviour, housing or problems at school. In these situations it is important that a range of support services engage with the young person and their family.

***Please see Appendix III—Drugs and the Law for further information in relation to young people and the legislation governing the possession, sale, supply or consumption of drugs in Ireland.***

<sup>6</sup> Corrigan D., 2003 ‘Facts about drug misuse in Ireland’

<sup>7</sup> Zinberg N., 1984 ‘Drug, set and setting’

## Section II

# Prevention and Education

- Prevention and Education
- General Guidelines on Drugs

## General Guidelines on Drugs

## Prevention and Education

Foróige has a broad and holistic approach to prevention that focuses on facilitating activities and behaviours, which lead to the healthy growth and development of young people. Prevention covers a broad range of strategies, including drug education, which are aimed at building strengths and competencies, preventing problems and minimising harm.

According to Morgan (2001), there are different levels of prevention including:

**Primary prevention** is preventing the onset of drug use/experimentation.

- Primary prevention focuses on providing information and increasing knowledge, exploring attitudes and opinions and developing self-esteem and social skills.
- Often referred to as universal prevention where programmes or initiatives target the general population e.g. school programmes or public awareness campaigns.

**Secondary prevention** is focused on preventing the escalation of drug use and/or reducing the harm associated with drug misuse.

- Secondary prevention targets more high risk groups where there may be problems but they are not yet fully manifested.
- Often referred to as selective prevention where programmes are delivered to sub-groups based on levels of risk for developing substance misuse problems.

**Tertiary prevention** is focused on preventing further harm in those addicted or preventing problems recurring once they have been successfully treated.

- May incorporate medical interventions or rehabilitation programmes.
- Often referred to as indicated prevention where interventions address specific risk conditions.

Foróige is committed to all levels of prevention but recognises that some young people will use and misuse drugs. Foróige's Drug Prevention and Education programmes focus mainly on primary prevention.

While maintaining abstinence as the ultimate objective, in some cases it may be determined that this is not a realistic short-term goal. With the approval of a Foróige Manager and support from the Drug Misuse Prevention Officer, the relevant Staff member or Volunteer can use the secondary prevention guidelines.

Secondary prevention approaches can be used with young people who are known or considered to be using drugs. Foróige's secondary prevention guidelines do not condone any drug use but allow the worker to acknowledge the drug use or potential misuse with the young person and then respond appropriately.

## General Guidelines on Drugs

These general guidelines on drugs provide direction on issues such as possession, consumption, purchase and supply of each drug type which Staff and Volunteers might come in contact with, in the context of Foróige's work.

These guidelines can be cross-referenced with Foróige's Child Protection Guidelines e.g. Guidelines for Foróige Clubs and Groups 'undertaking a day trip' or 'undertaking a trip involving overnight stays away from home'. The parent or guardian permission and medical consent forms also provide relevant information for Staff and Volunteers.

### Training

- Staff must attend basic drug awareness training
- Staff must attend first aid training
- Volunteers will be encouraged and facilitated to attend basic drug awareness training
- Volunteers will be encouraged and facilitated to attend first aid training

### Tobacco

Tobacco use is high among young people in Ireland. Smoking poses serious health risks, both to those who smoke and to those who smoke passively, i.e. by inhaling the smoke of others' cigarettes. According to the Department of Health, approximately 7,000 deaths in Ireland per year are directly attributable to smoking.

- Volunteers and Staff should act as positive role models to young people regarding smoking and should not smoke in front of young people.
- Smoking should be actively discouraged at all times, especially the social element of smoking.
- Young people who wish to stop smoking will be encouraged and supported to stop at every opportunity.
- Where club or project rules allow, smoking must be in accordance with legal regulations and venue rules.
- Smoking may be allowed at scheduled break times and in supervised designated smoking areas. Where it is allowed there should be safe bins provided for the disposal of cigarette butts and other litter.
- Volunteers and Staff must not purchase for or supply cigarettes or tobacco to young people. Any purchase or supply of cigarettes or tobacco in contravention of this may lead to disciplinary sanctions against Volunteers and Staff.
- Volunteers and Staff must not request young people to buy cigarettes on their behalf.
- Foróige recognises that some young people smoke. Once a young person adheres to Foróige's smoking guidelines the young person should not be excluded from a club or project because he or she smokes.

## Alcohol

Alcohol is the most common drug used and misused by young people in Ireland. Early initiation of alcohol use increases the risk of problematic use or dependence in later life. Prolonged heavy drinking has a serious effect on a person's health and, often, on his or her family, social, and occupational functioning. Alcohol is also implicated in many road accidents and is often associated with other breaches of the law.

- Young people must not bring alcohol to any Foróige meetings or to any Foróige operated programmes, activities or events.
- Young people, Volunteers and Staff must not consume or be under the influence of alcohol during any Foróige meetings or Foróige operated programmes, activities or events, or on any premises under the control of Foróige.
- Volunteers and Staff must not consume or be under the influence of alcohol while working with young people for the duration of overnight trips/residential/longer excursions - this includes when they are officially off duty (in case of emergency).
- Volunteers and Staff should ensure, where young people are collected, carried and delivered to and from Foróige events or activities, no adult transporting young people is under the influence of alcohol or any other substance.
- Volunteers and Staff should always be cognisant of the effect their own personal consumption of alcohol may have on their abilities and professional judgement. They must ensure this consumption never impacts on the performance of their duties, their professional judgement or behaviour.
- Volunteers and Staff must not purchase or supply alcohol to young people. Any purchase or supply of alcohol in contravention of this may lead to disciplinary sanctions against Volunteers or Staff.
- Volunteers and Staff should not promote alcohol, accept alcohol related sponsorship or alcohol branded merchandise and should prohibit alcohol advertising at all youth premises.
- Alcohol must not be served at a Foróige-run event primarily involving young people.  
*Under special circumstances, young people may be present at a Foróige event, primarily for adults, where alcohol is available. In such a situation, parents and young people must be informed of this situation and of Foróige's Guidelines on alcohol. Written parental/guardian permission for the young person to attend such an event should be obtained. In addition, designated adults, who have not and will not consume alcohol, should be available to the young person(s) at all times.*

- At events where alcohol is available, all legal regulations must be adhered to.
- If a young person is found under the influence of alcohol or in possession of alcohol then the guidelines for 'Management of a Drug Related Situation' should be followed.

## Illegal Drugs

The use of illegal drugs by young people in Ireland is higher than the European average. Cannabis is the most common illegal drug used by young people. The health, social and legal consequences of different levels of use can be devastating for the individual, family or community.

- Young people, Volunteers or Staff must not use, possess or supply any illegal drugs during any Foróige meetings or Foróige operated programmes, activities or events or on any premises under the control of Foróige.
- Young people, Volunteers or Staff under the influence of illegal drugs will not be allowed to take part in Foróige meetings or in any Foróige operated programmes, activities or events.
- If a young person is found under the influence of an illegal substance or in possession of an illegal substance then the guidelines for 'Management of a Drug Related Situation' should be followed.

## Solvents

Solvent use among young people in Ireland is significantly higher than the European average. The short term and long term risks and harms associated with solvent use make it a very volatile and unpredictable substance and this is of great concern in regard to the physical and mental health and general safety of young people.

- Young people, Volunteers or Staff under the influence of solvents will not be allowed to take part in Foróige meetings or in any Foróige operated programmes, activities or events.
- Where possible, non-toxic art and cleaning supplies should be purchased. Young people should always be supervised when using potentially harmful art materials, cleaning products or other solvents.
- When not in use, solvents should be stored in a locked room or cupboard.
- If a young person is found under the influence of a substance you suspect is solvents then the guidelines for 'Management of a Drug Related Situation' should be followed.

## Head Shop Drugs

Head shop drugs can be legal or illegal since legislation introduced in 2010 banned some substances. Some of the drugs are herbal i.e. they come from a plant. Some are synthetic substances i.e. they are man made from chemicals in a laboratory. These substances sold in head shops or via the internet have a psychoactive effect on the user -they alter how we think, feel and behave. Their effect on physical and mental health is unpredictable and there is a risk of becoming addicted

- Young people, Volunteers or Staff must not use, possess or supply any head shop drugs during any Foróige meetings or Foróige operated programmes, activities or events or on any premises under the control of Foróige.
- Young people, Volunteers or Staff under the influence of head shop drugs will not be allowed to take part in Foróige meetings or in any Foróige operated programmes, activities or events.
- If a young person is found under the influence of a head shop drug or in possession of a head shop drug then the guidelines for 'Management of a Drug Related Situation' should be followed.

## Over-the-Counter Drugs

All drugs pose risks and over the counter drugs can have negative side effects, cause allergic reactions, or can be misused. Cough medicines, antihistamines, paracetamol, aspirin, codeine and laxatives are among the over the counter drugs that may be misused.

- Over-the-counter drugs should not be kept in Foróige First Aid boxes or stored in Foróige-operated premises.
- Volunteers and Staff should not purchase or administer over-the counter drugs, unless under the instruction of qualified medical personnel or parents or guardians and then only in accordance with manufacturers instructions.
- Young people, Volunteers or Staff should not have potentially unsafe quantities of over-the-counter drugs in their possession. Volunteers and Staff should actively discourage this practice.
- If a young person is suspected of misusing over-the-counter drugs then the guidelines for 'Management of a Drug Related Situation' should be followed.



## Prescription Drugs

Prescribed medication may be used to treat Depression, Anxiety, Attention Deficit Disorder, Attention Deficit Hyperactivity Disorder, Asthma and Diabetes for example. Prescription drugs may also be used to stabilise or detoxify a dependent drug user e.g. methadone. However it is possible to misuse prescription drugs, become dependent on or risk overdose with prescription drugs e.g. tranquillisers.

- A young person should have evidence of prescription for any prescription drugs in his or her possession e.g. be able to verify their name printed on the label or on the Doctors prescription, or details should be on their parent or guardian permission and medical consent form.
- Generally the responsibility is with the young person to take their prescribed drugs and only with parent, guardian or medical consent, should Volunteers or Staff remind a young person to take prescription drugs.
- When necessary Volunteers and Staff, subject to parent, guardian or medical consent, should store the required amount of prescription drugs for a young person if they are not deemed responsible to hold the prescribed drugs themselves while on a Foróige activity or event (e.g. on an overnight trip).
- If a young person is suspected of misusing prescription drugs then the guidelines for 'Management of a Drug Related Situation' should be followed.

## Section III

# Tiered Approach to Drug Prevention and Treatment

- Tiered Approach to Drug Prevention and Treatment
- Secondary Prevention Guidelines

# Secondary Prevention Guidelines

## Tiered Approach to Drug Prevention & Treatment

The four tier model developed by the Health Advisory Service in the UK and adapted to the Irish context by the HSE and Department of Health and Children in September 2005<sup>8</sup>, provides a solid framework for a multi-disciplinary approach to drug prevention and treatment.

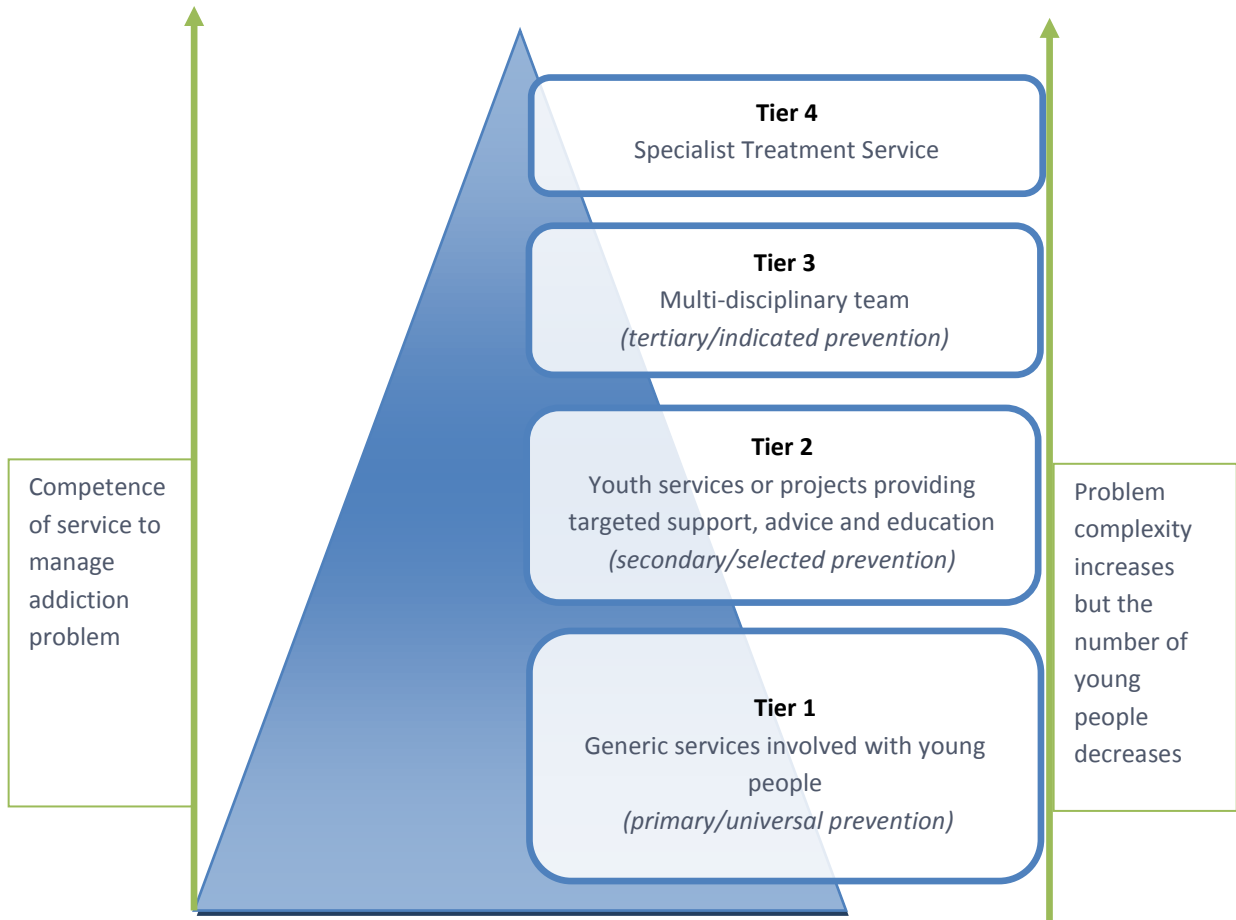
In line with good practice, any interventions should be made at the lowest level as is appropriate to meet the needs of the young person. It is important to be considerate of and adhere to professional boundaries, child protection guidelines and the levels of competence of the service to respond to the problems associated with the drug misuse being experienced by the young person.

<p style="text-align: center;"><b>Tier 1</b></p> <p>Services have general contact with young people and may provide drug education, information and referral to support services e.g. youth workers, community workers and education services.</p>	<p style="text-align: center;"><b>Tier 2</b></p> <p>Services have experience and understanding of substance use and offer a range of supports to young people vulnerable to drug misuse problems, including drug related prevention and targeted education, advice and appropriate support e.g. youth services, drug education and outreach services and social services.</p>
<p style="text-align: center;"><b>Tier 3</b></p> <p>Services have a specialist expertise in both adolescent mental health and addiction i.e. multi-disciplinary teams comprising of people with a speciality in adolescent addiction.</p>	<p style="text-align: center;"><b>Tier 4</b></p> <p>Services have specialist knowledge in both adolescent mental health and addiction and the capacity to deliver brief but very intensive treatment e.g. in-patient or day hospital.</p>

If we consider education as an intervention in relation to drug misuse prevention, Foróige is operating at Tier 1 and Tier 2 of the model. All Staff and Volunteers are operating at Tier 1, providing services using the primary prevention approach. The young people develop and practice important protective skills e.g. communication, assertiveness, decision making, goal setting and stress management; they may receive some information on drugs and alcohol; and the youth service provides health promoting opportunities as an positive alternative for young people.

<sup>8</sup> Department of Health and Children and HSE, 2005 'Report of the working group on treatment of Under 18 year olds presenting to treatment services with serious drug problems'.

## Four Tier Model



In recent years a number of Foróige youth workers have been employed to provide Tier 2 services which are more specialised in their nature and target young people at risk of drug use or those already engaged in drug use. In this case the work may incorporate primary and secondary prevention approaches.

In order to make appropriate referrals and to support the young person to access relevant services, those working at Tier 1 and Tier 2 must have strong links with services at Tier 3 and Tier 4. This is a priority if the needs experienced at Tier 1 or Tier 2 are greater than the supports available. For the four tier model to work effectively there needs to be appropriate youth orientated treatment services available throughout the country to compliment work at Tier 1 and 2 of the model. Making appropriate referrals to services providing more specialised interventions is a priority to safe-guard and protect the welfare of all young people within a continuum of care model. During the referral process the young person can continue to avail of Tier 1 or Tier 2 services through Foróige Staff and Volunteers if appropriate.

*Please See Appendix V for a list of Support Services and Referral Agencies*

## Secondary Prevention Guidelines

### Training

Staff and Volunteers must participate in training before using secondary prevention approaches

The purpose of these guidelines is to provide Staff and Volunteers with a framework in accordance with best practice, in which to use secondary prevention approaches with specifically targeted young people. These are for guidance purposes only and are not professional advice on the legal position in relation to secondary prevention.

Harm reduction can be defined as ‘policies or programmes that focus on reducing the harm resulting from the use of alcohol or other drugs, both to the individual and larger community’<sup>9</sup>. Secondary prevention is one strategy in a wider harm reduction model. Foróige’s secondary prevention approach is appropriate to the needs of young people and aims to reduce the negative consequences of drug use for the individual, the family, the community and society. It involves interventions in prevention and education which are specifically focused on reducing the harm resulting from drug use. The aims of secondary prevention is to reduce risks, reduce use and move the young person back towards abstinence.

Foróige’s secondary prevention guidelines reflect the purpose and philosophy of Foróige in their design and use. The guiding values and beliefs of Foróige are that each young person is a unique, creative, social being who has a duty and a right both to self-development and to contribute to the development of society. Foróige believes that all young people should be encouraged to have respect, dignity, sensitivity and care for themselves and others. Foróige also believes that each young person has the capacity to significantly influence what he or she becomes.

In keeping with the guiding principles of Foróige, secondary prevention will be used in an atmosphere of trust, where young people's concerns are taken seriously, where their views and opinions are valued and respected, and they themselves show respect for other peoples', as well as Foróige’s, values, beliefs and choices.

**Foróige’s secondary prevention approach is a combination of drug education and youth work interventions. When appropriate any referrals should be made to an external agency for additional services.**

Secondary prevention programmes assist young people to acquire appropriate knowledge and develop attitudes and skills to enable them to make informed choices about drug use and will further seek to:

- educate young people on the risks associated with drug taking
- accurately inform young people of the legal issues involved and the consequences of drug taking

<sup>9</sup>United Nations Office on Drugs and Crime, 2000

- educate young people on minimising the risks of harm from drug misuse
- educate young people on the risks of sexual harm whilst under the influence of drugs and the risks of dangerous environments
- not condemn drug users
- promote and develop decision making skills, self-esteem and communication skills among young people

**Foróige’s secondary prevention approach within the harm reduction model excludes treatments such as diagnosis, needle exchange or counselling. Foróige’s secondary prevention approaches do not condone drug use.**

Secondary prevention approaches should be carried out with the support of appropriate agencies and services. In cases where referrals are made to additional specialist services, it may be appropriate for Foróige Staff and Volunteers to continue working with the young person involved.

**To ensure the proper implementation of the secondary prevention approaches, the following guidelines should be adhered to:**

- The focus on the development of young people and secondary prevention approaches should be used in the context of promoting, enabling and empowering young people in conjunction with other personal development programmes which aim to promote their well being.
- The safety of young people should be of primary concern at all times.
- Staff and Volunteers must adhere to Foróige’s Child Protection Guidelines. When Child Protection is in conflict with harm reduction is it the Child Protection Policy which is the primary policy.
- Secondary prevention approaches are part of Foróige’s overall Drug Education Initiatives and should be used with young people who are known or considered to be using drugs.
- Secondary prevention approaches do not promote or advocate drug use and should promote abstinence from the use of illegal and the misuse of legal drugs as the best choice for young people.
- While endeavouring to reduce the harm associated with drug misuse, Staff and Volunteers must avoid any suggestion that drug misuse is or can be safe or harmless.
- Secondary prevention approaches should be compatible with and are additional to efforts to promote abstinence and are used only where those strategies have been proven or are likely to prove ineffective.

- This approach should be used after consultation with the relevant Staff member, Foróige Manager and with the support of the Drugs Misuse Prevention Officer. Only then should secondary prevention approaches be used by suitably qualified and experienced Staff or Volunteers with a thorough understanding of these approaches. Training should be provided for Staff and Volunteers who will be using these approaches.
- Where appropriate external expertise should be included in the secondary prevention approaches in accordance with best practice.
- With regard to young people’s participation in the secondary prevention programmes, all reasonable effort will be made
  - a) to involve parents or guardians on a joint basis where appropriate
  - b) where appropriate, to obtain written consent from parents / guardians
- Foróige will work in co-operation with, where appropriate, schools, An Garda Síochána and other relevant agencies.
- Medical advice must not be given by Foróige Staff or Volunteers. Where there is a requirement for medical advice appropriate professional medical personnel must be involved.
- Where there is a requirement for medical intervention participants must be referred to a G.P. (where possible the young person’s own G.P.) or other appropriate medical personnel.
- In the case of a drug related situation please refer to the guidelines for ‘Management of a Drug Related Situation’.

**In pursuing best practice, secondary prevention approaches must adhere to the laws of the land.**

## Section IV

Management of Drug  
Related Situations

Drug Related Situation  
Checklist

Do's and Don'ts

Drug Situations - Medical Emergencies

- **Management of Drug Related Situations**
- **Drug Related Situation Checklist**
- **Do's and Don'ts**
- **Drug Situations—Medical Emergencies**
- **Guidelines for Meeting with Parents or Guardians**
- **Guidelines for working with a Group following a Drug Related Situation**
- **Best Practice in Drug Education**

Guidelines for Meeting with  
Parents or Guardians

Guidelines for working with a Group following a Drug  
Related Situation

Best Practice in Drug Education



# Management of Drug Related Situations

Any evidence of, suspicion of, or concern about an event involving drugs constitutes a drug related situation.

*See Appendix I for Signs and Symptoms of Drug Use.*

Potential drug related situations include:

- Young person arrives at a club or project under the influence of alcohol or drugs
- Young person seeks help for a drug related problem
- Parent expresses concern about a child's substance use
- Drug related litter found on premises
- Medical emergencies when the person may be unconscious

## Assessing the situation:

In deciding how to manage a drug-related situation, Volunteers and Staff will have to establish the facts and assess the seriousness of the situation. Considering questions such as whether drug use is suspected or confirmed or whether the young person was pleasure seeking or in personal turmoil, will help you build a whole picture of the situation and plan the best possible response. Assess the risk or danger to the safety of young people, Volunteers or Staff from the intoxicated person.

In any situation involving drugs, the most urgent question is always whether medical help is needed. A medical emergency exists if a person is unconscious, is having trouble breathing, is seriously confused or disorientated, has taken a harmful toxic substance or is otherwise at immediate risk of harm.

In case of a medical emergency, **or if there is any doubt**, send for medical help (doctor or ambulance) immediately. Ensure you have number of local doctor available at all times.

Apart from immediate first aid, any medical emergency should be attended by appropriate medical personnel.

If the young person leaves the area and if the Volunteers or Staff are very concerned about the health, safety or welfare of the young person, then parents and/or local Gardaí or Juvenile Liaison Officer should be contacted if appropriate.

## Arranging for safe removal of drugs or drug-related litter:

Volunteers or Staff should, if possible, remove drugs from possession of the young person and place in a locked container. Another adult must witness this action and this should be recorded on the drug related situation form. The substance must then be handed over to Gardaí at the earliest available

opportunity. Volunteers and Staff are strongly encouraged to develop a good working relationship with the local Gardaí and particularly the Juvenile Liaison Officer, who can offer support and advice on this matter. Alcohol needs to be disposed of with an adult witness and this needs to be recorded on the drug related situation form.

If the young person is not willing to talk with the Volunteers or Staff about the incident or to hand over the substance, then parents or guardians and/or the local Gardaí/ Juvenile Liaison Officer should be contacted if appropriate. Volunteers and Staff should **never** search a young person who is suspected of possession of alcohol or drugs.

***Volunteers and Staff have no option but to follow the course of action for removal of drugs or drug related litter, as stated in the Guidelines, if they become aware that any young person is in possession of a drug as otherwise they themselves could be guilty of the crime of aiding and abetting possession.***

#### **Arranging to meet and talk with the young person after the incident:**

Do not judge, accuse or interrogate the young person. Instead, try to remain calm and create a supportive atmosphere in which to talk and listen to the young person. Acknowledge the young person's personal responsibility for his or her behaviour. Also, be aware that the young person may deny drug use. Do not promise confidentiality and be prepared to consult with or refer the young person to relevant others if necessary.

#### **Recording the drug related situation:**

It is important to keep a written record of any drug related situation. See **Appendix VI** for a 'Record of Drug Related Situation' report form. The information on this report form is confidential and will be kept in a safe and secure place by the Foróige Manager and another copy will be sent to the Drugs Misuse Prevention Officer. However any such report form is subject to production if required, by law.

#### **Reporting the drug related situation to a Foróige Staff Member or Manager:**

Volunteers and Staff should not handle a drug related situation alone. Always report the situation to the relevant Foróige Staff Member or Manager as soon as possible. He or she can support you and help you work out a plan of action.

#### **Involving Parents:**

Parents will usually need to be involved when there has been a drug related situation.

If you feel that a young person should be sent home, it would be appropriate to accompany them and support them through this situation. Alternatively, it might be appropriate to supervise the young person on the premises until a parent can come to collect the young person. When talking to parents or guardians about a drug related situation involving their child, it is important to handle the situation

sensitively. Parents of other young people may also need reassurance while protecting the confidentiality of all parties involved. If by reporting the drug related situation to parents you feel that the safety of the young person may be put at risk please refer to Foróige’s Child Protection Guidelines.<sup>10</sup>

### **Involving Others:**

It is important for Volunteers and Staff to develop a good working relationship with local HSE and drugs services, as it may be appropriate to liaise with these services, or to refer young people to them. If, for example, a young person is regularly misusing drugs, he or she may need professional treatment or counselling.

*See Appendix V for a list of Support Services and Referral Agencies.*

### **Considering the needs of the rest of the group:**

Although your immediate concern will be for the young person(s) directly involved in the drug related situation, there may be issues that need to be addressed with the group or club as a whole .

### **Confidentiality:**

There may be times when it is necessary or in the best interests of the young person, for a Volunteer or Staff to discuss matters pertaining to the young person with relevant others. The communication of information about a young person involved in a drug related situation should be confined to those who need to know this information. Furthermore, any written communications about the matter should be marked **“Strictly Private & Confidential – Addressee Only”**.

### **Media:**

Do not discuss any drug related situation with the media. Volunteers should refer any media queries in relation to a drug related situation to the relevant Foróige Staff, and all Staff should refer media queries to their Foróige Manager.

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<sup>10</sup> It is the policy of the National Council of Foróige that the organisation’s staff and leaders take all reasonable care to seek to ensure that all young people involved in its services are protected from abuse of any kind.

## Drug Related Situation Checklist

### In the event of a drug related situation:

- Follow the Guidelines for correct procedures
- Don't overreact; try to stay calm
- Assess the situation.

### ✓ If medical help is required, or if there is any doubt:

- Send for an ambulance or doctor immediately.

### ✓ If medical help is not required/After medical emergency has passed:

- If possible, obtain substance from the young person.
- If substance is an illegal one, place in a lockable container in the presence of an adult witness.
- Hand substance over to Gardaí for disposal at earliest opportunity.
- Dispose of alcohol with an adult witness and record this on the drug related situation form.
- Separate young person from the group and keep under observation to ensure their immediate safety.
- Do not attempt to discuss the drug related situation with a young person while he or she is under the influence of a substance.
- Avoid being on your own with the young person.
- Avoid confrontation – don't judge, accuse or interrogate the young person
- Do not promise confidentiality
- Ensure safe return of young person to home at the earliest opportunity
- Arrange to meet & talk with the young person involved in the incident.
- Document the full statement of events (Drug Related Situation Report Form) and sign it. Witness must also sign form.
- Report the drug related situation to the relevant Foróige Staff or Manager.
- Involve the young person's parents.
- Involve others as appropriate.
- Consider the needs of the rest of the group.

### ✓ Suspicion of a drug related situation:

- Monitor situation
- Do not make accusations
- Be careful who you inform – should be on a need to know basis.
- Remember suspicion is not grounds for making allegations and be careful with whom you discuss situation.

**ENSURE THAT YOUR RESPONSE BEST PROTECTS THE WELFARE OF THE YOUNG PERSON.**

*This is your guiding principle*

## Do's and Don'ts

### DO

Follow all legal regulations.

Discourage smoking.

Store solvents in a locked room or cupboard.

Supervise young people when using potentially harmful art materials, cleaning products or solvents.

Ensure young person has evidence of prescription for prescription drugs.

### DON'T

Purchase for or supply cigarettes or tobacco to young people.

Allow alcohol at any Foróige event primarily involving young people.

Consume alcohol or be under the influence of alcohol while working with young people.

Allow any illegal drugs or unsupervised use of solvents during any Foróige operated programmes, activities or events or on any premises under the control of Foróige.

Allow any person under the influence of illegal drugs or solvents to take part in Foróige operated programmes, activities or events.

Search any young person who is suspected of possession of alcohol or drugs.

Store over-the-counter drugs in Foróige First Aid boxes or on Foróige controlled premises.

Administer over-the-counter drugs unless under the instruction of qualified medical personnel or parents or guardians.

Administer prescription drugs to young person.

## Drug Situations - Medical Emergencies

The procedures for a medical emergency apply when a person is at immediate risk of harm. A person who is unconscious, having trouble breathing, seriously confused or disoriented or who has taken a harmful, toxic substance, should be responded to as an emergency.

**IF IN ANY DOUBT, CALL MEDICAL HELP**

### BEFORE ASSISTANCE ARRIVES:

#### If the person is conscious:

- Ask the person what has happened and attempt to identify any drug used
- Collect any drug sample and any vomit for medical analysis
- Keep the person under observation, warm and quiet
- **Do not** induce vomiting
- **Do not** give the person a hot drink as this increases the blood circulation and absorption of a substance

#### If the person is unconscious:

- **Do not** move the person if a fall is likely to have led to spinal or other serious injury which may not be obvious
- Ensure the person can breathe and place in the recovery position
- Ask friends or others present what has happened and if possible identify any drug used
- **Do not** give anything by mouth
- **Do not** attempt to make the person sit or stand
- **Do not** leave the person unattended or in the charge of a young person

The  
Recovery  
Position



### WHEN MEDICAL HELP ARRIVES:

- Pass on any information available, including vomit and any drug samples
- If necessary, arrange for an appropriate adult to accompany the person to hospital
- Contact appropriate persons and complete a drug related situation report form as soon as you have dealt with the emergency.

## Guidelines for meeting with Parents or Guardians

It is important that young people involved in drug related situations are not isolated or marginalised. Foróige needs to support parents or guardians involvement in order to ensure that the young person's needs and issues are dealt with appropriately and sensitively.

- Set up a meeting as soon as possible between the Staff member, Volunteer if appropriate, young person and parent/guardian. Depending on individual circumstances it may be appropriate to, for example, arrange for the Staff member and parents or guardians to meet privately first.
- Decide with parents or guardians if others need to attend.
- Agree the venue and the time of the meeting with the young person and parents or guardians.
- Make sure there is enough time set aside for the meeting and that the environment is comfortable and free from intrusion.

### Putting parents at ease:

- Be aware of the fears or anxieties parents or guardians might have.
- Empathise with the family's circumstances.
- Recognise the responsibility and expertise of parents or guardians.
- Build alliance with parents or guardians.

### Content of meeting:

***Treat parents supportively. This is a crisis for them.***

- Talk about the specific things you have noticed in relation to the young person's behaviour.
- Pass on the concerns of the organisation.
- Seek the concern of parents or guardians.
- Outline Foróige's guidelines.
- Acknowledge the young person's personal responsibility for his or her behaviour and his or her role in deciding what to do next.
- Ask parents or guardians how they feel and how Foróige can have a positive input on the young person's situation.
- Inform them of the support services available to them and their son, daughter or ward outside Foróige.
- Arrange for a follow-up meeting if necessary.

## Drug Testing

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Foróige believes that young people are unique individuals, who play an active role in their own development and that of society and whose feelings, needs and behaviours' should be responded to in a holistic way. Foróige believes that compulsory drug testing of young people is not an appropriate course of action and does not support or encourage this practice.

Drug testing may only respond to behaviour or suspicion and not the feelings and needs of the young person. It can break down trust in relationships between young people and adults; invade the privacy of a young person and make them feel unsupported, defensive and further isolated. Drug testing represents a disciplinary response to drug use rather than a health promotion response to drug use. Foróige's work in drug prevention and education is one element of a wider health and well-being programme.

Drug testing kits are not 100% accurate and can show false positives e.g. the presence of a drug which is chemically similar to another substance. Foróige does not condone drug use in any way. Foróige recommend parents, Volunteers or Staff who have concerns about a young person they know in relation to drug use, seek support from Foróige Staff or Management in their region who can provide information on or referral to local specialist services.



## Guidelines for working with a group following a drug related situation

Drug related situations can affect everyone in a project or club and appropriate follow-up work is essential, especially where young people have witnessed an incident directly. Foróige recognises the importance of the group process as a tool for the personal and social development of young people and therefore strives to ensure the adequate support of all young people within groups or clubs who have been exposed to any type of drug related situation.

### During a drug related situation:

- Keep calm when talking to the group.
- Isolate the group from the scene and the young person(s) involved.
- Do not leave the group alone – arrange for a responsible adult to supervise if you yourself can not.
- Where appropriate stop the session and contact the parents or guardians to arrange transport home for the group.
- Be aware of the fears and anxieties of group members and show your support to them.

### Immediately after the drug related situation:

- Be prepared to change your session plan to accommodate a discussion or evaluation of the events.
- Reassure young people that the person is getting help.
- Give follow-up information to the group about the condition of the young person involved in the incident (only where appropriate and with parental consent).
- Ensure that each young person gets home safely and notify parents of events stating only the facts as they relate to his or her child.
- Where a group is unable to go home early, e.g. in rural areas, arrange for supervision of group.
- If necessary, outline Foróige's Tobacco, Alcohol and Drugs Policy and Guidelines to parents.

**DO** 

Encourage the group to talk amongst themselves over a cup of tea etc.

Practice active listening.

Encourage reflection about what the group members would do if they were in the same situation.

Be flexible and cancel the structured session if the groups want or need to continue the discussion.

Agree on follow-up sessions with outside agencies where appropriate and/or design a drug education programme for participants.

Show and express your concern, fears and anxieties about the young person involved in the incident.

State facts only and play down any scare-mongering among the group members.

Arrange to speak with individual members of group where necessary.

**DON'T** 

Change the subject or forbid discussion about the event.

Make personalised judgements or jump to conclusions.

Accuse anyone in group of collaboration even if there are suspicions. The group setting is not an appropriate place for this.

Question the group about where the drugs came from.

Instruct or lecture on what they should do in a similar situation.

Start an activity without first getting closure within the group.

## Best Practice in Drug Education

*“Substance use education encompasses a range of interventions including educational programmes, policies and guidelines. Substance use education should be centred on providing an opportunity to develop skills enabling people to examine their own values and attitudes, by providing age, developmentally and culturally appropriate knowledge in an experiential learning environment”.*

*(Drug Education Workers Forum 2006)*

### DO

**Be realistic.** Substance misuse is a complex problem with multiple causes. Drug education should be part of a wider health promotion programme.

**Start as early as possible.** It is best to try to deliver drug education to young people before they are likely to begin experimenting.

**Tailor the programme to suit the groups’ needs.** Drug education needs to be age, developmentally, gender and culturally appropriate and be based in wider health promotion framework.

**Ensure it is relevant.** Take account of the group’s knowledge, attitudes, experiences and environment.

**Use resources that are evidence and research based.** Well marketed resources that are popular may not be the most effective. Monitor and evaluate resources regularly.

**Focus on short term, preferably social consequences rather than long term effects when providing drug specific information.**

### DON'T

**Do one-off talks.** Short term approaches do not work e.g. unless it is a briefing session on services that are available or an overview of programme content.

**Normalise drug use.** The idea that everybody is using drugs is not true and needs to be challenged within the context of a programme.

**Invite guest speakers in to talk to a group.** Unless it’s one part of a wider programme it may only raise curiosity levels e.g. Garda Drug Squad.

**Just provide drug information only.** Providing accurate information is one part of a programme. It should also include life skills such as decision making, coping skills, peer relationships and communication skills.

**Seek out testimonials from an ex-user.** Young people may take a different message from the talk than is intended e.g. they took drugs and survived, they may not associate their own experience of use to that of the person in recovery i.e. ‘It’ll never happen to me’, ‘I’ll never be that bad’.

**Be aware of current trends and statistics.** *It may influence how you design your programme while being mindful of the needs of your group.*

**Involve others if appropriate.** *Multi component drug education programmes which include parents, schools, community and media provide consistent messages for young people and strengthen outcomes of programmes generally.*

**Use interactive approaches** *like small group discussions, role play, peer education, games and the media.*

**Monitor and evaluate** *your programme with the group and any other stakeholders.*

**Use scare tactics.** *Information should not exaggerate danger. It needs to be credible and balanced and reflect the pros and cons of drug use; otherwise it may undermine the whole programme.*

**Use moral lecturing or didactic style teaching.** *Just say 'no' approaches don't work. Young people need to be involved in interactive approaches which involve discussion, role-play, group work, peer education, games, media etc.*

**Lecture or be judgemental.** *Respect all values and opinions.*

## Section V

### Basic Facts about Drugs

- **Basic Facts about Drugs**
- **Glossary**
- **References**

### Glossary

### References

## Basic Facts about Drugs

### Notes:

1. *Different people react differently to drugs and the effects listed above are intended as a rough guide only.*
2. *Rates and patterns of drug use are constantly changing and you may wish to refer to up to date research.*
3. *Refer to [www.drugs.ie](http://www.drugs.ie) for up-to-date information on substances*

<b>Drug</b>	<b>Street or slang names</b>	<b>What Is It?</b>	<b>Short Term Effects</b>	<b>Long Term Effects</b>
<b>Alcohol</b>	Drink, Booze, Grog.	A depressant drug, alcohol comes in liquid forms such as wine, beer, spirits, etc. and is taken orally.	Feelings of relaxation and increased confidence leading to loss of inhibitions and self-control. Risk of blackouts.	Dependency, damage to brain, liver and stomach. Binge drinking in women increases risk of breast cancer. Increased risk of mouth and liver cancers.
<b>Amyl Nitrite</b>	Poppers, Rush, Liquid Gold.	Amyl Nitrite comes in liquid form in small bottles; the vapour is inhaled through the nose.	Immediate rush, reduction of inhibitions and relaxation of muscles.	Tolerance can develop. There is no adequate research on the long term effects of amyl nitrite use.
<b>Amphetamine</b>	Speed, Whizz, Uppers, Dexedrine, Ritalin.	A stimulant, amphetamine generally comes in powder form and is usually swallowed or sniffed, although it is sometimes injected.	Increased energy, alertness and confidence. Nervousness or panic.	Damage to organs.
<b>BD (1,4-Butanediol)</b>	Found in the following products: Thunder Nectar, InnerG, Amino Flex, Rejuv+Nite, Liquid Gold, Thunder, Serenity, X-12 and N-Force.	BD is a colourless and almost odourless substance and, like alcohol, is often mixed with juice and soda. Turns into GHB when ingested.	Relaxation, sleepiness, vomiting, incontinence, decreased consciousness, respiratory depression and death.	Frequent use of 1,4-butanediol can result in physical and psychological addiction and potentially severe withdrawal symptoms.
<b>Benzodiazepines</b>	Benzos, Bennys, Pills, Sleepers, Valium, Mogadon, Rohypnol.	Benzodiazepines are minor tranquillisers; they are usually taken by mouth but are sometimes injected.	Calms and sedates, reduces anxiety and promotes sleep. Very dangerous when mixed with alcohol.	Possible lethargy and weight gain.
<b>Caffeine</b>	Found in coffee, tea, cola, medicines etc.	The most widely used drug worldwide, caffeine is a stimulant and is taken orally.	Increases alertness, delays sleep.	Possible anxiety, headaches, insomnia.

<b>Drug</b>	<b>Street or slang names</b>	<b>What Is It?</b>	<b>Short Term Effects</b>	<b>Long Term Effects</b>
<b>Cannabis</b>	Marijuana, Dope, Pot, Grass, Ganja, Blow, Weed, Hash.	Cannabis comes in herb, resin and oil form; it is usually smoked.	Relaxation, talkativeness and altered perception. High doses can lead to hallucination and anxiety attacks.	Memory impairment, links with cancer and reduction in male virility.
<b>Cocaine</b>	Coke, Snow, Charlie, Nose Candy, Flake, Blow, Big C, Lady, White, Snowbirds	Cocaine is a stimulant and usually comes in a white powder form that is snorted up the nose.	Increases alertness, provides feelings of great confidence and strength.	Dependency, damage to nasal passages and organs.
<b>Crack cocaine</b>	Crack, rock, freebase	Crack cocaine is derived from powder cocaine. White to tan pellets or crystalline rocks. Smoked.	Increases alertness, provides feelings of great confidence and strength.	Smoking crack cocaine can produce a particularly aggressive paranoid behaviour in users.
<b>Crystal Methamphetamine</b>	Crystal Meth, Ice, Crystal Tina, Krank, Tweak	A stimulant made from highly volatile, toxic substances melded together which can be smoked, snorted, swallowed or injected.	Feelings of exhilaration, increased sexual activity, reduced inhibitions. Increased heart rate, blood pressure, body temperature. Paranoia and mood swings	Psychological dependence, damage to immune system, rotting teeth, brain damage. Convulsions from circulatory and respiratory collapse, coma, death.
<b>Ecstasy</b>	E, MDMA, XTC, Doves, Mitsubishis.	Both a hallucinogenic and a stimulant, Ecstasy is usually swallowed in tablet form.	Feelings of happiness and empathy, stimulation, altered sensory perception, nausea, sweating, a rise in body temperature that may lead to heat stroke and coma.	Damage to organs.
<b>Gamma hydroxybutyrate (GHB)</b>	GHB, G, Liquid X, Liquid E, GBH, Gamma-oh, Blue Verve.	GHB is a central nervous system depressant. It is colourless, odourless and has a slightly salty taste.	Euphoria, dizziness, drowsiness, vomiting, seizures, and coma.	Physical addiction
<b>Ketamine</b>	K, Special K, Vitamin K, Kit-kat	Ketamine is an anesthetic used on both animals and humans. It usually comes as a liquid although it is also found as a white powder or pill. It can be either snorted or swallowed as a powder and either swallowed or injected as a liquid.	Ketamine commonly elicits an out-of-body or near-death experience; loss of coordination, sense of invulnerability, muscle rigidity, aggressive/violent behavior, slurred or blocked speech, exaggerated sense of strength, and a blank stare.	Long-term effects include tolerance and possible physical and/or psychological dependence.
<b>LSD</b>	Acid, Trips, Micro-dots.	LSD is a hallucinogenic drug that usually comes on small squares of blotting paper. It is taken orally.	Heightened sensory experience, hallucinations panic attacks, dizziness, bad trips.	Flashbacks. Possible depression or paranoia.

<i>Drug</i>	<i>Street or slang names</i>	<i>What Is It?</i>	<i>Short Term Effects</i>	<i>Long Term Effects</i>
<b>Methadone (Physeptone)</b>	Phy, Green.	Methadone is an opiate, in Ireland it comes in green liquid form and is taken orally.	Possible light-headedness, dizziness, nausea or vomiting. Possible respiratory depression and low blood pressure. Risk of overdose if taken with alcohol or other sedative drugs.	Dependency. Possible weight gain, constipation and sweating.
<b>LSD</b>	Acid, Trips, Microdots.	LSD is a hallucinogenic drug that usually comes on small squares of blotting paper. It is taken orally.	Heightened sensory experience, hallucinations panic attacks, dizziness, bad trips.	Flashbacks. Possible depression or paranoia.
<b>Over-the-Counter Medicines</b>	OTC Medicines. E.g. Codeine, Solpadeine, Uniflu, Feminax, Nurofen Plus	Over the Counter Medicines are drugs that can be bought without a doctor's prescription.	Various.	Various.
<b>Phencyclidine (PCP)</b>	Angel Dust, Hog, Rocket Fuel, DOA, Peace Pill, Loveboat, Lovely.	Usually classified as a hallucinogen. Also has the effect of a stimulant. Comes as a liquid, white crystalline powder, pills or capsules. Can be eaten, snorted, injected or smoked.	Depends on the dose: delirium, visual disturbances and hallucinations and, occasionally, violence.	As with many other drugs, regular users of PCP may develop a tolerance to the drug that masks some of the observable signs of PCP's effects.
<b>Prescription Drugs</b>		Medicines that can be obtained, legally, only on the order of a doctor or dentist.	Various.	Various.
<b>Solvents</b>	Volatile substances, includes glue, aerosols, fuels and cleaning products.	A product's gases or chemical fumes are inhaled, usually through the mouth.	Light headedness, hallucinations, nausea, vomiting, and asphyxiation. Risk of sudden death.	Risk of damage to brain function.
<b>Tobacco</b>	Fags, Smokes, Cigarettes.	Tobacco is a mild stimulant and is generally smoked.	Feeling of relaxation, increased heart rate and blood pressure.	Dependency, cancer, heart disease and ulcers.



## Glossary

- **Confidential:**  
Of a secret or private nature.
- **Drug:**  
A drug is any chemical substance, legal or illegal, which changes the way the body functions, mentally, physically or emotionally. For the purposes of these Guidelines the word ‘drug’ refers to tobacco, alcohol, illegal drugs, solvents, over-the-counter medicines and prescription medicines.
- **Drug use:**  
Any drug taking.
- **Drug Misuse:**  
Drug misuse is the use of any drug, legal or illegal which damages some aspect of the users life; whether it is mental or physical health, their relationship with their family, friends or society in general or their vocational functioning as students or as workers both inside and out side the home.  
**See Appendix III for information on the Misuse of Drugs Act**
- **Drug related situation/incident:**  
Any evidence of, suspicion of, or concern about an event involving drugs constitutes a drug related situation/incident.
- **Guidelines:**  
The means of implementing the Foróige Policy on Drugs.
- **Head shop drugs:**  
Legal or illegal highs made from herbal or man-made chemicals which are available in head shops or on the internet. They have effects similar to stimulants, sedatives, hallucinogens or aphrodisiacs. Legislation introduced in Ireland in 2010 banned some of these substances.
- **Safe bins:**  
A bin with sand or equivalent substance to extinguish cigarettes.
- **Substance:**  
In these Guidelines the word *substance* is used interchangeably with *drug*.
- **Young person:**  
In these Guidelines, a person, aged 10 to 25, in line with the Youth Work Act, 2001 who is a member of a Foróige club, who participates in a Foróige-operated Project or Service or who avails of any Foróige service.

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- Western Health Board Drug Education Policy (1997)
- Young people, Alcohol and Drugs, Palmer D. & O'Reilly G. (2008)

# Appendices

Signs and Symptoms  
of Drug Use

Risk and Protective  
Factors

Drugs and the Law

- **I — Signs and Symptoms of Drug Use**
- **II— Risk and Protective Factors**
- **III— Drugs and the Law**
- **IV— Programmes and Resources**
- **V— Support Services and Referral  
Agencies**
- **VI— Drug Related Situation Report Form**

Programmes and Resources

Support Services and Referral  
Agencies

Drug Related Situation  
Report Form

## Appendix I

# Signs and Symptoms of Drug Use

It can be very difficult to tell if a young person is taking drugs, particularly if he or she is experimenting or only taking drugs occasionally. **Many of the 'signs' of drug use are the same as the signs of normal teenage behaviour** e.g. mood swings, change in friends & interests. It is important not to jump to conclusions. **None of the 'possible indicators' below means that a young person is necessarily taking drugs.** However, if several of these indicators apply to a young person that you know, it is possible that this young person may be using drugs.

### Behavioural indicators of possible drug use/misuse include:

- Uncharacteristic mood swings
- Unusual caginess or secrecy about activities
- Loss of interest in old hobbies, sports and friends
- Sudden appearance of new friends
- Excessive spending or borrowing of money
- Petty stealing from within the household
- Deterioration of physical appearance and grooming
- Insomnia
- Bouts of excitable or hyperactive behaviour
- Speech is slurred
- Listlessness, apathy or depression
- Appearing drunk or stoned

### Physical indicators of possible drug use/misuse include:

- Very large pupils
- Staring
- Grinding of teeth
- Jerky movements
- Muscle ache
- Balance and coordination is impaired

### Possible drug paraphernalia you might come across include:

- The roll-your-own type cigarette papers
- Discoloured or burnt knives
- Plastic bags with glue residue
- Discarded aerosol canisters
- Straws and cardboard tubes
- Burnt or blackened spoons
- Small wraps of paper, plastic or tinfoil

## Appendix II

# Risk and Protective Factors

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### Individual risk and protective factors:

- Biological and Psychological Dispositions
- Attitudes and Values
- Knowledge and Skills
- Problem Behaviours

### And these interact with:

- **Peer association** risk and protective factors
- **Family** risk and protective factors
- **School/Work** risk and protective factors
- **Community** risk and protective factors
- **Society/ Environment Related** risk and protective factors

*(Taken from Understanding Substances and Substance Use – A handbook for teachers, South Western Area Health Board/Walk Tall)*

## Appendix III

# Drugs and the Law

There are several laws that restrict and regulate the production, sale and availability of drugs. Some of the most relevant ones are outlined below.

### MISUSE OF DRUGS ACTS 1977 & 1984

As stated in the Misuse of Drugs Act:

Possession or use of an illegal substance is a criminal offence. It is also a crime to aid, abet, counsel or induce a person into committing the crime of possession of an illegal drug.

*“Drug misuse includes possession of a drug, including a controlled drug within the Meaning of the Misuse of Drugs Acts, and/or the sale, supply or consumption by whatever means of any drug or controlled drug.”*

A controlled drug is as defined in the Misuse of Drugs Act, 1977 and 1984.

These Acts are intended to prevent the non-medical use of drugs; they attempt to control a range of illegal drugs.

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

- Simple possession (a small amount for the carrier’s own use)
- Possession with intent to supply
- Growing opium poppies, cannabis and coca plants.
- Forging prescriptions.
- Owners and occupiers of premises knowingly allowing drug dealing on their premises.
- Import or export and production of controlled drugs.
- Printing or selling of publications that advertise drug-using equipment, or that may encourage the use of controlled drugs.

To enforce the Misuse of Drugs Acts, the Gardaí have powers that allow them to stop, detain and search individuals and vehicles **without a warrant** if the Gardaí have reasonable cause to suspect a drug related offence.

Customs and Excise Officials have similar powers.

**OTHER LAWS**

**Child Care Act 1991** – Section 74 of this Act prohibits the sale of glue, aerosols etc to anyone under the age of 18, if there is reasonable cause to suspect that the young person will inhale the product to cause intoxication.

**The Intoxicating Liquor Act 1988** – This Act prohibits the sale of alcohol to anyone under the age of 18, the buying of alcohol for anyone under the age of 18, and the possession/consumption of alcohol in a public place by anyone under 18.

**The Tobacco (Health Promotion and Protection) Act 1988** – This prohibits the sale of tobacco to anyone under 18 years of age; it also restricts smoking in public places e.g. cinemas.

**Penalties**

The penalties for being found guilty of drug-related offences vary greatly. In general, penalties for supply or production of illegal drugs are greater than penalties for possession of drugs for one's own personal use. Young people under the age of 18 are dealt with under the Garda Juvenile Diversion Programme.

**Possession for Personal Use – Maximum Penalties****Cannabis**

- 1st Offence €635 fine
- 2nd Offence €1,270 fine
- 3rd Offence 3 years imprisonment or unlimited fine or both

**Other Controlled Drugs – Maximum Penalties**

- 7 years imprisonment or unlimited fine or both

**Possession for the Purpose of Supply**

- Maximum Penalty: Life imprisonment or fine (unlimited) or both

**A CONVICTION FOR ANY MISUSE OF DRUGS ACT OFFENCE CAN AFFECT FUTURE EMPLOYMENT. MANY COUNTRIES, INCLUDING AUSTRALIA AND THE UNITED STATES MAY REFUSE VISAS TO PEOPLE WITH DRUG CONVICTIONS.**

***N.B.: Drug Laws are complex and the above notes should not be taken as legal advice***

## Appendix IV

### Programmes and Resources

- ‘Putting the Pieces Together’, A Drug and Alcohol Resource for Trainers, Western Regional Drug Task Force
- Copping On Programme, National Crime Awareness Initiative
- Solvent Abuse Programme, National Youth Council of Ireland
- ‘Spiced up’, A Resource Book for Working with Young Women, National Youth Council of Ireland
- ‘Respect It’, Tacade
- ‘On the Booze again’, Tacade
- School Health and Alcohol Harm Reduction Programme (SHAHRP)
- Drug Education Learning and Training Activities, Drug Scope
- Understanding Drug Issues, Emmet and Nice
- ‘Stereotyping of Young People’ Resource Pack, National Youth Council of Ireland
- The Youth Work Support Pack for Dealing with the Drugs Issue in the out of school setting, National Youth Health Programme
- Facts about drug use in Ireland, Health Promotion Unit
- Understanding Drugs, Health Promotion Unit
- The National Documentation Centre on Drug Use in the Health Research Board
- ‘Don’t Lose the Head—A support booklet for parents/ guardians in dealing with the issues of drugs and alcohol in the family’, Crosscare

Many of the above resources may be available from local Foróige offices or from Foróige Headquarters. For any other queries on the content of this document, contact the Foróige Drug Misuse Prevention Officer at Foróige Headquarters.



## Appendix V

# Support Services and Referral Agencies

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- Foróige staff
- Foróige Project Officer, Drugs Misuse Prevention Programme
- Local Drug Task Force Coordinators/ Prevention and Education Workers
- Regional Drug Task Force Coordinators/ Prevention and Education Workers
- Community Based Drugs Initiatives
- Family Doctor
- Public Health Nurse
- Addiction Services, HSE
- The Health Promotion Unit, HSE
- Community Addiction Counsellor/ Community Addiction Teams
- Social Services
- Local Gardaí/ Juvenile Liaison Officer
- National Drug Treatment Centre, Dublin
- Alcohol and Drug Abuse Treatment Centre, Cork
- Drugs and HIV Helpline 1800 459 459
- [www.drugs.ie](http://www.drugs.ie)

A variety of other support services may be available in your local area.  
If you are unsure about where to begin, contact the  
relevant Foróige Staff or Manager for advice.

# Appendix VI

## Drug Related Situation Report Form

To indicate type of situation, please circle one or more of the boxes above

Medical Emergency	Discovery of Use or Supply	Disclosure	Suspicion of Use/ Allegation	Concern Expressed	Intoxication	Adult Use	Other
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### Record of a Drug Related Situation

Foróige club/project/service:	
Name(s) of person(s) involved:	
Date incident occurred:	Report form completed by:

First aid given?	Yes <input type="checkbox"/>	First Aid given by:
	No <input type="checkbox"/>	
Ambulance/Doctor called?	Yes <input type="checkbox"/>	Called by:
	No <input type="checkbox"/>	At time:

Drug involved (if known – or a brief description):		
Sample found?	Yes <input type="checkbox"/>	If an illegal substance, confiscated and placed in locked box by:
	No <input type="checkbox"/>	
		In the presence of:
Date handed over to Gardaí:	By:	
If a legal substance, disposed of by:	In the presence of:	

Parent/ Guardian informed?	Yes <input type="checkbox"/>	By:
	No <input type="checkbox"/>	At time:
Relevant Staff member/ Manager contacted:		

Brief description of situation (continue on blank sheet if necessary)
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Other action taken: (e.g. Other agencies involved or informed; any sanctions imposed; any action taken with other group members) (continue on blank sheet if necessary)
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Review date : Jan 2012

Review by: Drug Misuse Prevention Officer