

*Marie Claire Van Hout M.Sc, Dr Sean Connor*

**An Analysis of Adolescent Drug and Alcohol Use in County  
Carlow, commissioned by CANDO Community Partnership,  
2006**

## **Executive Summary**

### **Background**

Cando Community Partnership is a community development company funded by the Irish Government as part of the National Development Plan 2000 to 2006. CANDO Community Partnership was formed in 1995 as a community development organization charged with the delivery of the Local Development Social Inclusion Programme in County Carlow. The focus of this Programme is to combat social exclusion caused by poverty, unemployment, rural isolation, lack of community services and inadequate social networks.

### **Research Aim**

This research was commissioned by CANDO Community Partnership in order to gain detailed information on the misuse of substances by young people in the 12 to 18 age group in County Carlow.

### **The objectives of this research included the following:**

1. To obtain a profile of substance misuse in County Carlow;
2. To identify existing supports and services for substance users;
3. To identify gaps & weaknesses in supports and services available.
4. Recommendations

### **Research Design**

A multi method of research was used, incorporating both quantitative (survey) and qualitative (telephone and face to face interviews, and focus groups) methodologies.

### **Key Findings**

**For the purpose of clarity in this report;,**

**Substance use includes alcohol, cigarettes and illicit drugs.**

**Drug Use includes illicit substances such as cannabis, hash, cocaine, speed, ecstasy, heroin etc. This does not include alcohol and cigarettes.**

### The Prevalence of Substance Use among Young People in County Carlow

1. 26% of young people claimed to have had their first drink of alcohol between the ages of 12 and 14 years, and this occurred within the home in the majority of cases. The average age of first time drinking for males was 12.2 years and females 14.8 years. Both cohorts 16-18 year old males and females claim to drink alcohol on a weekly basis.
2. 22% of the young people (12-18yrs) surveyed have used drugs. 19% of urban young people and 10% of rural young people have used drugs.
3. Of those who have used drugs 54% are male and 46% female.
4. Many young people are confused about the terms drugs, for example some young people in the interviews do not consider cigarettes and alcohol to be a drug.

5. Of those who have not used a drug, 33% just didn't want to take them and 30% were worried about getting addicted. The top 3 reasons for trying drugs were "*To see what it was like, friends, and for the buzz*". 95% of those using drugs did so in the first instance because friends introduced them to it. The majority of first time drug users were aged 16 years (27%), were with friends (96%) and were given the drug free (80%). 86% were also drinking alcohol, the first time they used an illicit drug.
6. Many young people are breaking the law by buying cigarettes and alcohol when underage, as well as using both substances. 52% have taken more than one substance within an 8 hour period, with the most popular response combination being alcohol and cannabis.
7. Underage drinking is taking place in some licensed premises in Carlow.
8. Drug use from age 15 years and upwards appears to become visible and most commonly takes place outside or in public places.
9. Drug use from age 11 to 14 years appears to be conducted more secretly, as a hidden activity.
10. Most young people interviewed were aware of individuals using drugs in their community and would find it very easy (86%) to locate drugs if needed (less than 30 minutes).
11. With notable exception, the traveller young people did not find it easy to locate drugs (45%). The traveller group surveyed had notably less experience with alcohol and had not used drugs to the same extent as their peers.

#### Identify Trends of Substance Use among Young People in County Carlow

1. 97% of young people stated that cannabis was the first illicit drug (excluding cigarettes and alcohol) they used, 53% of those young people have also used cigarettes and 77% have also used alcohol.
2. 46% of young people who have used drugs began using them between the ages of 10 and 15 years. All of those reporting drug use within the interviews said that the first time drug use was not a conscious decision and rather that the opportunity presented itself within a peer setting. In addition, they commented that subsequent drug use was in a controlled fashion and resulted in a better experience.
3. In relation to the younger age groups (12-14 years) both girls and boys reported during interviews, regular solvent abuse, such as sniffing petrol, glue, permanent markers and aerosols and also the use of parental prescription drugs, with the age of initiation averaging 10 years. This is vital in terms of addressing drug education in primary schools in Carlow.

4. Those who reported current drug use commented that the drug experience improves with practice and they appear to self medication based on information provided by the peer group.
5. Interviews and Focus Groups-The young people who have used drugs first took them out of curiosity, out of boredom and because their friends were doing it.
6. 68% of those young people, who have used drugs, do not regret their decision to experiment and see themselves as using in 5 years time. Their reasons for subsequent drug use included "*fun, the buzz, nothing else to do*". Only 5 % of those currently using drugs would like to stop.
7. 97% of young people who have not used drugs, made that decision because they were not interested, they fear addiction and fear loss of control when taking drugs.
8. 65% of all young people interviewed were aware of someone who had overdosed / fatally overdosed due to drugs.
9. 1% of those young people who have used drugs described a negative first time drug experience which deterred them from subsequent drug use. The most common descriptions of negative drug experiences included "*pulling a whitie (fainting), feeling sick and vomiting*". Only 2% described feeling depressed and paranoid as a result of their drug use, and only 1% had ever tried to get help for their dependency.
10. Young people using just alcohol spend an average of €33.20 per week and those using alcohol and drugs spend an average of €43.62 per week. 62% financed their alcohol and drug use with both pocket money and part time employment.

#### Examine Attitudes towards Substance Use among Young People in County Carlow

1. The most common drug of choice for young people is cannabis or hash and this is perceived as a "*safe drug*". During the focus groups, the young people indicated fear of the more serious forms of drugs such as cocaine, speed and heroin. In relation to quality, those using drugs would report checking quality first and if it was not satisfactory they would change dealers.
2. 60% of all young people were aware of the health consequences of drugs use; however they did not express concern at drug use by their peers.
3. Most young people have only received a limited amount of drug education at school and expressed the wish for increased drug awareness in school. 55% of those surveyed indicated that the drug and alcohol education received at school was not useful and 80% would not know where to go for help.
4. The majority of young people felt that the drug problem in Carlow would escalate in the future and were often intimidated on the street by drug dealing and drug using individuals. Some, particularly the younger ones reported feeling intimidated by youths

hanging around on the streets and areas of known drug use (e.g. at local river banks, in parks). Both in rural and town areas, the presence of needles on the ground were reported. Others noticed burnt lumps of hash at school, speed and cocaine in the toilets at nightclubs and the look of drug using individuals at night. The levels of fear were slightly greater within the Carlow Town area.

5. Only 25% of the total sample, were worried about the legal consequences of drug use.
6. In general, those abstaining from drug use interviewed were afraid of health consequences including addiction, paranoia, loss of mental skills, and fear of overdose. Other consequences included fear of losing friends, becoming a recluse, exhibiting strange behaviours, and not being able to finish school. Those using drugs were also not afraid to tell non drug using friends of their use, indicating the normalisation of hash use within young people's social settings.

#### Views of Key Informants and Service Providers

1. Drug use among young people appears to be increasing in terms of those accessing the services such as community drugs based initiatives, identified by youth workers on the ground and juvenile liaison officers. The point was raised that this social issue appears to be increasing in terms of those accessing the services such as community drugs based initiatives, identified by youth workers on the ground and juvenile liaison officers. In general, the interviewees felt that this was due to increased access to a wider variety of substances, that substances were more socially acceptable (i.e. alcohol and hash), that youth today have more disposable income (pocket money, part time employment) and that the prices of substances were reducing (i.e. ecstasy, cocaine).
2. All of those interviewed commented on the prevalence of alcohol abuse at a young age and the common social acceptability of drinking in the Irish culture. Experimentation and use of substances most often occurs when the young person was drinking.
3. The majority interviewed stressed the need for parental education with emphasis on parents as primary educators regarding alcohol and substance use. Those involved from a public order perspective remarked on the frequency of young teens intoxicated on the street and that these individuals would get an adult (i.e. an older sibling) to buy the alcohol for them or they would steal the alcohol from their parents. This was also prevalent at local teen discos where young adolescents would have significant alcohol taken prior to going to the disco.
4. The majority of those interviewed agreed that the negative first time drug experience is not a deterrent to subsequent attempts, because the peer group will reinforce and teach the first time drug users what to expect and how to deal with it.

5. Some Key Informants interviewed remarked that *"substance use starts as spontaneous activity and becomes planned and regular"* whilst others observed that *"first time drug use is actually subconsciously organised"*. All stated that they had clients ranging from daily use to experimental weekend use, and they found that many weekend users are self medicating and in other words controlling their substance use. All interviewees noted that *in general* the young person will *"grow out"* of their drug use by their early 20's, and that few full blown addictions have presented at less than 18 years. However, of those presenting with addictions the presence of mental disorder is common and leads to the question of whether the mental disorders was precursor to drug abuse or vice versa.
6. The majority of those interviewed stressed the need for an overall holistic approach and improved networking between multi-disciplinary agencies. They also observed the gaps in drug education (i.e. shock tactics do not have great success), drug awareness programmes (the need for more information in Youth Centres, General Practitioners, Health Agencies and resources, and that work needs to expand from the ground, especially youth facilities (i.e. open at night and at weekends) and resources (i.e. more Parent to Parent Courses) within the community. .
7. Others observed the requirement for an ecological or environmental approach (especially community and family therapy/support at an early stage) as drug use is a multifaceted problem and the option of non-residential detoxification programmes or specialist outpatient support. Others stressed the need for individual leniency in the stipulation for drying out before treatment and that this was very difficult for the young addict and parents to achieve. Parents often felt unsupported in this instance. Drug users are younger and the overall view was that there was little specific adolescent addiction services, and that as youth were accessing adult facilities, a youth friendly environment was vital to encourage engagement.
8. Some indicated that access at community level (targeted outreach, youth training support, family support, drug education) must improve and also the need for improved aftercare support for those young people leaving residential treatment. Others observed the problem of the lengthy gap in referral to addiction services and stressed the need for clarification regarding the presence of mental health condition or substance addiction.
9. In relation to drug education, the delivery of such programmes in schools must improve at teacher level, and teachers must receive adequate and regular training themselves. It was remarked that teachers were often not aware of drug use during lunch breaks and were not educated enough to recognise the signs within their classrooms. There is a

- need for greater support for teachers in the delivery of drug education and awareness programmes in Carlow.
10. There was a need for trained outreach workers from residential adolescent treatment, who could engage with identified vulnerable individuals at early ages and also the need for an improved after care programme for those upon release from such residential treatment.
  11. All of those interviewed stressed the need for increased training at Tier 1 and 2. In relation to youth work, more training and cooperation with other agencies is necessary in order to identify those most vulnerable and target appropriate intervention, in addition to increased funding for "Green Areas" and "Youth Clubs".

Following the consultative approach, the following key principles were identified in relation to service provision in County Carlow

#### **Primary Recommendations.**

- Interagency approach based on genuine partnership is vital in Carlow
- Focus on those most vulnerable and disadvantaged within the communities
- Involve parents, teachers, trainers, as well as local communities and organisations.
- Maintain an integrated approach focusing on education, prevention and treatment.
- Provide additional, focused and accessible youth services and facilities during times of greatest need (i.e. after 5pm weekly and at weekends).

#### **Priority Areas of Need in County Carlow**

Following the consultative approach, the following key needs were identified in relation to service provision in County Carlow;

##### Community Intervention

The need for additional community based drug workers was identified.

##### Youth Facilities and Services

All of those young people interviewed commented on the lack of things to do after school and complained that the Regional Youth Services were not open in the evenings and weekend. This encouraged loitering on the streets and offered increased opportunity for drug experimentation.

\* The need for a Drop In Centre and need for a Youth Diversion Project., providing a range of services and programmes, and operating tight control to deter drug dealing within the centres.

\* A residential centre, providing a drug free and peer pressure free break for young people away from peer drug use, family crisis and other community based influences was suggested.

##### Education

All of those young people indicated a lack of or sporadic drug education within the school system and stresses the need for drug education throughout all school years and classes. It must be

noted that this is most successful if implemented by the selected teachers involved, and not if conducted by a one off professional operating in isolation from parents, communities and young people. Educational projects should operate in tandem with other drug misuse interventions (e.g. youth services and treatment). Parental need should be identified in relation to information about alcohol and drugs and the provision of such information. A number of different strands of education was suggested by those teachers, home school liaison and school completion projects;

- Peer Education
- School Programmes
- Teacher Training
- Parental and Community Education

Similarly, all educational programmes could work in conjunction with existing programmes (e.g. Walk Tall, , On My Own 2 Feet, and Parent to Parent). In addition, preventative drug education in school should be initiated at primary level to children in 5<sup>th</sup> and 6<sup>th</sup> class.

#### Individual Response

The need for a local based treatment centre for adolescents was identified, and the need to increase accessibility to addiction counsellors specifically trained in adolescent issues relating to drug misuse. There is a need for a variety of options for those seeking help, to include a community based treatment centre and residential treatment for detoxification. In addition, the provision of a confidential helpline service for young people and notice boards with such information would be deemed helpful.



### **Introduction-Background Context.**

Drug usage in Ireland has undergone a dramatic change during the past decade and has become increasingly diverse according to age, drugs of choice, availability and price (Moran et al., 2001). Current research suggests a substantial social transformation pertaining to the “normalization of adolescent substance use” is underway in respect of recreational drug use (Alcoholism and Drug Abuse Weekly, p163, 2004). While Irish public health policy towards recreational drug use has gradually moved toward a broader and more differentiated focus of drugs and their use, the challenge facing public health policy makers is in keeping up with young people’s increasingly diverse and sophisticated understandings of drug related issues.

Research indicates that the prevalence of experimental drug use in Ireland has increased over the last two decades (Moran et al., 2001, Parker, 2002, Mayock, 2002). Irish school surveys point to a definite increase in the number of young people reporting lifetime use of a range of illicit substances and suggest that drug use is increasingly a feature of Irish youth culture (Hibell et al., 2000). National and local surveys of youthful populations indicate a clear upward trend in the range of drugs used, suggesting that recreational drug use has become a more obvious feature of adolescent lifestyles (Moran et al., 2001). “*Sensible*” recreational drug use is becoming increasingly accommodated into the social lives of young adults (Alcoholism and Drug Abuse Weekly, p.162, 2004). Research in 2004 indicates that Ireland is ranked as the highest among the 35 European countries in terms of the number of adolescents who regularly binge drink and second highest for reported general drunkenness, with Irish school-going students showing a higher than average prevalence of lifetime use of any illicit drug (ESPAD, 2004). The availability and accessibility of illicit drugs in Ireland continues to increase in the new decade, with a wider range of substances (particularly cocaine) becoming easily available (Parker, 2002).

Adolescent drug use crosses a broad range of social backgrounds and affects physical, psychological and social development (Weinberg, 2001). Demographic, social, behavioural and individual risk factors have been found to lead to substance abuse. The pattern of substance use is strongly mediated by circumstances, disposition and views of the user. Substance abuse and dependence are characterized by prolonged and regular substance use that is associated not only with a variety of psychological, interpersonal, academic, family, and legal problems but also with continued use despite these concurrent problems (Rounds-Bryant, 1999).

The social context of experimental drug use which includes individual and group subjective interpretations of drug use and the settings in which drug use occurs is viewed as a key process influencing how drug use practices are socially organized (Rhodes, 2000). Drug use, like much

behaviour changes throughout adolescence. Research must provide insight into young people's mode or style of engagement with such substances, as variable levels of drug involvement to suggest a continuum of commitment to drug use, confirming the different processes and dynamics influencing the adolescents' drug pathways.

The prevalence of drug use in general is higher among young people in Ireland than elsewhere in Europe (NACD, 2001). In Ireland drug use by young people has moved from peripheral subcultures, to a situation where drugs appear to be increasingly accessible and more widely used (Mayock, 2002). School surveys in Ireland point to a definite increase in the number of young people reporting lifetime use of a range of illicit substances when compared to static levels in other EU States and suggest that drug use is increasingly a feature of Irish youth culture (Hibell et al., 2002).

Irish public health drug policy has gradually moved toward a broader and more differentiated focus of drugs and their use, but lacks a significant social profile of current adolescent drug use and its dynamic drug pathways. Young people nowadays convey a range of practical knowledge about drugs. This knowledge is acquired largely through personal experience and routine social interaction. Socially distributed information plays an influential role in their drug decisions, as does perceived risks versus rewards associated with drug taking. Other research has illustrated how young people adhere to "*rules*" concerning the use of drugs, suggesting that young drug users have established boundaries beyond which they will not go (Measham, 2002). Many young people recognize a hierarchy of drugs and distinguish between different drugs in terms of the perceived safety versus risk of individual substances. Individual responses to risk cannot be divorced from lifestyle characteristics, peer groups, and social and community norms and expectations.

According to the National Advisory Committee on Drugs (2001) there is a clear identified need for research and broadly based programmes focusing on the experimental drug use common among young people from all social backgrounds.

This research will attempt to map the changing trends of drug use as part of the adolescents' lifestyle in County Carlow and will explore the demographic changes contained within this social issue.

### **Aims and Objectives of this Study**

One of the primary aims in undertaking this research was to provide detailed knowledge and understanding of the range and types of drug taking evidenced by a sample of teenagers aged twelve to eighteen years. Previous research experience has shown that gaining information from young people is related to the quality of the relationship formed with particular individuals. Trust can usually only be garnered over time. There was therefore a necessity to cultivate feelings of confidence and security with the target groups, in order to acquire a realistic and accurate profile of the substance using adolescent and the different issues affecting each individual.

Ethnographic and primarily qualitative research supplementing the initial quantitative survey explored issues regarding drug use, drug knowledge, attitude, family environment, social experiences and leisure habits, while engaging with the sample group. The time spent with these youth provided detailed knowledge about levels of drug involvement as well as important information pertaining to lifestyles, attitudes and motives of adolescent drug abusers. This profile was used to provide insight into young people's mode or style of engagement with such substances. Variable levels of drug involvement indicated a continuum of commitment to drug use, confirming the different processes and dynamics influencing the adolescents' drug pathways. The complex social and interpersonal dynamics surrounding drug use involve negotiation and renegotiation over time, as drug use, like much behaviour, changes throughout adolescence.

### **Methodology**

The research attempted to illustrate the changing trends of drug use as part of adolescent lifestyle in County Carlow and explored the risk factors and demographic issues linked with this social issue. Young people's drug taking was examined within a framework that highlighted the complexity of their differential involvement with, and rejection of substances. Mapping the lifestyles of young people attempted to describe their movement to experimentation/continued drug use and across recognized risk boundaries.

The main research objectives were;

1. Prevalence  
To describe the current situation in County Carlow relating to the prevalence of adolescent recreational drug use.
2. Profile  
To obtain a profile of substance misusers aged 12-18years in County Carlow and to analyse the changing demographics of drug usage and the social context relating to adolescent drug use.
3. Service Provision

To identify existing supports and services in County Carlow and identify existing gaps within this service provision.

#### 4. Recommendations

A multi-method of research design was implemented, incorporating primarily qualitative research (interviews and focus groups) and quantitative research (survey) to explore current recreational drug use amongst adolescents in County Carlow.

#### **Sample Selection**

A stratified random probability sample of 878 individuals (twelve to eighteen years) within the County of Carlow was selected from a large number of young people attending schools, youth training centres (FAS), youth groups and regional youth /probation and welfare services. A Probability Proportionate to Size (PPS), multi stage cluster sampling procedure ensured that the sample obtained was representative of the general population in Ireland.

#### **Quantitative Research**

##### 1. Survey

The quantitative stage of research was a comprehensive questionnaire based, quantitative study administered to the entire sample, designed to:

- \* Generate a detailed and sophisticated data set in relation to the prevalence, attitude to drug use, risk factors, demographic information and lifestyle variables for adolescents;
- \* Facilitate the statistical analysis of various parameters which are of specific interest in the study;
- \* Aid in establishing a basic set of key interview questions which would guide the structuring of the more focused qualitative research phase.

The initial questionnaire was piloted with a class in a school located in Waterford.

The structured nature of the school/youth training centre and youth service facilitated the administration of the survey/interviews/focus groups and also the necessary parental consent procedures in order for the adolescents to participate in the study. A letter from the researcher and CANDO Community Partnership and a follow up phone call to each research site explained briefly the nature and purpose of the research and initiated contact. In each case this was followed with a meeting with the school principal/youth training centre manager/probation officer. Those individuals were provided with copies of the questionnaires and consent forms for

parents. Parents were asked to sign a consent form accepting the confidentiality of the research and all participants were made aware of the content and issues raised in the questionnaires and interviews.

Given the nature of both the research population and the issue of drug use, there was some initial concern about the veracity of the young people's responses. There was a potential risk of both over and under reporting of drug use by young people. Young people may over report drug use out of a sense of bravado or simply because they do not take the research process seriously. They may under report their drug use; if they are concerned they may be identified. Aside from such deliberate misreporting there was also a possibility of young people inadvertently giving inaccurate responses, as a result, for example, of a simple failure of recall.

The following strategies were adopted for dealing with the potential for deliberately misleading responses.

#### Design of the questionnaire-

\* The addition of several questions, which were specifically intended to test the accuracy of respondents who were exaggerating the extent of their drug use. Strategies to detect faking-good/bad patterns include; the engagement of unlikely events (i.e. buying drugs from your parents), the fictional drug **Revelin** and the mode of drug-use (i.e. the injection of cannabis) (EMCDDA, 2005). Using such criteria to exclude over responders is a common technique in methodologies for drug use measurement (EMCDDA, 2000).

\* The discarding of inconsistent responses.

The researcher emphasised the complete anonymity and confidentiality of the survey; questionnaires were coded and young people were specifically cautioned against writing anything on the questionnaire, which may have identified them or their school. Research has indicated that promising anonymity tends to increase disclosure of drug use (Winters, 1990).

#### **Qualitative Research**

The following two additional components were incorporated into the research in order to generate a more comprehensive picture of current patterns of use and to assess dominant perceptions of the "*scale of the problem*" in County Carlow.

##### 1. Views of Service Providers and Key Informants.

Qualitative methodologies are particularly suited to accessing "*hidden*" drug scenes (Wiebel, 1990), as it provides detailed knowledge about types and levels of drug involvement as well as important details regarding the lifestyles, attitudes and motives of drug users. The illegality of

drug use ensures that the activity is undertaken inconspicuously and that many drug users remain hidden. In order to assess the extent of particular forms of drug use it was necessary to utilize all available data from a wide range of sources (Choquet & Ledoux, 1990; Hay, 1988). The emphasis was on assessing front line indicators, which were the individuals working in the community and at street levels that were deemed well positioned to detect "new" or recent developments. This is important since available figures may not accurately reflect current drug trends owing to the time lag between collection and the processing and publication of relevant data (Mayock, 2000).

This research component aimed to incorporate a cross section of respondents, in terms of the nature of their experiences with young people. Telephone and individual face to face interviews were conducted with a range of informants including drug service providers, an Garda Siochana, youth workers, drug counselors, Probation and Welfare officers (JLO), teachers, parents, school completion officers, home school liaison, hospital personnel (A and E) and other key informants in the Carlow area. In addition, interviews with drug service staff addressed the issue of service provision, including the need of adolescent users and implications for treatment intervention and other drug services. Key informants are defined as individuals who have experience of and contact with the drug scene and are considered to have knowledge and insights that may contribute significantly to the data collected from other sources (Mayock, 2001). The primary objective was to access the views, perspectives and concerns of individuals who have direct knowledge and/ or experience of substance use and of the teenage drug scene in Carlow. In this context there was specific focus on uncovering information pertaining to the availability of certain drugs, local drug markets, the youth social setting, peer influences etc.

## 2. Exploratory Study of Drug Use Amongst Adolescents

Once off surveys/interviews are likely to under sample groups among whom drug use is relatively high e.g. school truants. (EMCDDA, 2005). In view of the widespread recognition of recreational or non-problematic forms of drug use amongst adolescents (Mayock, 2000), a qualitative study of adolescents (aged twelve to eighteen years) was undertaken. In this exploratory study of social or recreational drug use amongst adolescents in County Carlow, the principal aim was to "capture" users not normally accessible through treatment or other institutional settings, as well as those in treatment/counselling. The primary aim of this research component was to examine the respondents' use of a variety of substances and also seeked to examine attitudes to drugs, to investigate perceptions of the risks associated with substance use, and to examine dominant or preferred circumstances associated with the use of drugs.

A stratified random probability sample of 110 individuals within the county of Carlow, was selected from a large number of young people (aged twelve to eighteen years) attending schools, youth training centres (FAS) and youth groups. There was a definite balance maintained by school type (vocational, secondary in disadvantaged area, secondary in non- disadvantaged area, youth training centre, private school and youth group, and gender.

This ethnographic phase of the research involved spending significant periods of time with young people in a variety of social settings and is composed of a small number of detailed interviews and a sub sample of participants taking part in focus groups. Hence, the central concern is not one of generalisability but one of access. In this context, the guiding principle is "*less is more*" (McCracken, 1988:17). The structured nature of the school/youth training centre and youth service facilitated the administration of the semi structured interviews and focus groups, and also the necessary parental consent procedures in order for the adolescents to participate in the study.

Both the interviews and focus groups took place in open plan areas and in the presence of an independent colleague. The individual in depth interviews were used to elicit detailed information on a range of topics, including demographics, education and employment, drug use history, current drug use, peer relationships and peer drug use, family relationships, drug attitudes, motives for use/non use, knowledge of the local drug scene and perceptions of community life. Baseline data on the respondents' drug taking history was recorded by each young person to indicate the drugs they had "*ever used*", those drugs used during "*the past year*" and "*the past week*" and those "*they may use on the future*".

The focus groups were used to explore broader issues pertaining to young people's social experiences, free time activities, their drug knowledge and attitude and their perceptions of the area where they live. These discussions were used as an exploratory tool by uncovering opinions, attitudes and so forth throughout the fieldwork process (Mayock, 2002).

The questions addressed in the context of individual interviews and focus groups included; how users first came into contact with drugs, how their use progressed from the time of initial use, past and current drug use, how they regulated their intake of drugs, typical drug using contexts, availability, cost and quality of drugs used, the benefits of drug use, perceptions of risks associated with use, and the appeal of drug use. Biographical details and drug history were recorded for each respondent using a pre coded, structured questionnaire. This included details of each respondent's age, gender, education level, household situation and leisure habits.

Lifetime, past month and past week drug use, as well as future drug intention was also recorded for each individual. The research also focused on nonuse, drug use not defined as problematic, and drug use defined as problematic by the young people.

### **Ethical Procedures**

1. In relation to the qualitative phase, should any concerns of a child protection nature (as defined by Children's First Guidelines) have come to the attention of the researcher during the course of research interviews, reporting procedures as outlined in Children First National Guidelines for the Protection and Welfare of Children (2004) would have been adhered to.
2. The survey instruments and methodology were conducted in accordance to standards set by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA, 2005), in addition to following the research protocol of several previous research studies undertaken in Ireland and in the United States (NACD, 2005, HBSC, 2002).
3. The protection of informant's identities was a priority through out the research. No names, addresses or contact details were recorded on the pre coded questionnaires. In addition, all identifiers (place names, birth place, current area of residence etc) were removed from transcript material and fictitious names substituted in all cases for the purpose of reporting study findings.



### **Glossary of Terms**

*For the purposes of this report the term 'substance' refers to any mood altering substance, whether legal or illegal. Including cigarettes and alcohol.*

**Acid** An hallucinogenic drug which comes either in pill form or impregnated on a piece of blotting paper.

**Alcohol** One of the most commonly used drugs of them all, alcohol comes in many different forms, such as wine, beer and spirits.

**Amphetamine** Generally comes in powder form and is snorted up the nose. It can also be taken in tablet form or be injected.

**Anabolic Steroids** Most synthetic anabolic steroids on the market are derived from testosterone. They have a building up effect on the body in that they promote the build up of muscle tissue and increase body weight.

**Cannabis** One of the most commonly used of all illegal drugs. It can be found in a herbal form, a resin, powder or oil. Cannabis is often referred to as "pot", "hash", "weed", "draw", "dope" or "blow".

**Cigarettes/ Tobacco** is derived from the leaves of the plant - nicotiana tobacum. It contains nicotine, which affects the heart, blood vessels, stomach, kidneys and central nervous system.

**Cocaine** Cocaine is often called "smoke" or "snow". It is a white crystal like odourless powder. Cocaine is normally sniffed but it may also be injected. Crack is a cheaper version of cocaine, which is smoked.

**Ecstasy (E)** The main ingredient in "E" is a chemical substance called MDMA, and this is often mixed with other substances such as amphetamines or tranquillisers. Ecstasy is often used in expectation of its pleasurable effects.

**Heroin** Heroin most commonly comes in the form of a white powder, which is either injected or smoked.

**Tranquillisers** There are literally thousands of different prescription tranquillisers on the market and they generally come in tablet or capsule form.

**Inhalents** these are common household products such as aerosols, hairsprays, glue, tippex and petrol.

***Information provided by the Health Promotion Unit***

### **Youth Drug Use and Policy Responses in Ireland**

The first studies of adolescent illicit drug use in Ireland were conducted in the 1970's and these studies showed low rates of lifetime use of illegal substances among Irish pupils (1.3% of pupils aged under 16 and 4.9% of pupils over 16 years of age) (Nevin et al., 1971). The same type of survey was conducted a decade later and results showed a marked increase when compared to the earlier study (9.0% of those under 16 years and 20.0% of those over 16 years had taken drugs) (Shelley et al., 1982). Grube and Morgan (1986, 1990) conducted a series of studies in the mid to late 80's in order to estimate the prevalence of smoking, drinking and use of drugs. In a nation-wide sample of pupils aged between 13 and 17 years the authors found that a quarter of pupils were regular smokers and over a third were regular drinkers. It was found that just over one fifth of the sample had tried drugs other than tobacco and alcohol, with marijuana and glue or other inhalants being the most popular. The results of the ESRI surveys showed that Irish teenagers had low rates of drug use in the nineties when compared with teenagers in other countries, with the exception of solvent and inhalant use which was high by international standards (Morgan & Grube, 1989).

Recently there has been a move to large-scale surveys, which compare data gathered in a similar way in different countries. The European School Survey Project on Alcohol and other Drugs, or ESPAD (Hibell et al., 1997) is one such study.

- Seventy four percent of pupils had tried smoking cigarettes at least once, while thirty seven percent were regular smokers'.
- The proportion of students who reported drinking alcohol during the last twelve months was eighty seven percent, somewhat higher than average for all the countries.
- Binge drinking (drinking five drinks or more in a row) was reported by twenty three percent of Irish students, the highest rate amongst participating countries.
- Use of illegal drugs was found to be very common among Irish students: thirty seven percent indicated use of cannabis and sixteen percent had used an illicit drug other than cannabis. Again these rates were considerably higher than the average for all participating countries (Hibell, 1997).

The most commonly used illegal drugs after cannabis were LSD or other hallucinogens, and ecstasy.

- One percent of students had used drugs by injection. Looking at frequency of use, ten percent of students reported having used cannabis twenty times or more while nineteen percent had used cannabis in the last thirty days.
- Approximately a fifth of pupils reported having started daily smoking by age thirteen or younger and the same proportion reported having been drunk at that age.
- Nine percent of Irish students had used inhalants at age thirteen or less and seven percent had used cannabis at this age.
- The ESPAD study (Hibell et al., 1997) found that a higher proportion of girls than boys smoked, while boys had higher rates than girls on all measures of alcohol use and drunkenness. A higher proportion of boys than girls had also tried cannabis and any other illicit drug. More boys than girls also reported early onset of use of illicit drugs (thirteen years or younger).

Current research findings reveal a trend showing an increase in numbers of young people using both legal and illegal substances, at an ever-decreasing age (European Monitoring Centre for Drugs and Drug Addiction, 2001). Recent reports in Ireland describe alarming trends of adolescent drug use and a lack of treatment for substance use disorder symptoms (Muck, 2001). Most drug treatment programmes treat a greater percentage of young males (Rounds Bryant, 1999). Interestingly, young females in various samples have as many or more problems as young males (Jainchill, 1995).

The later half of the 1990's saw a more integrated approach to drug policy (Moran, O'Brien, 1999). This involved among others things the promotion and resourcing of local community participation in the formulation and implementation of policy. Specific initiatives have included the establishment of the Local Drug Task Forces and the Young Peoples Faculties and Services Funds. These initiatives target problem areas and involve the local community in developing and delivering locally based solutions that promote social inclusion. In addition, the Garda Síochána, who used to focus mainly on supply reduction and law enforcement, are now increasingly emphasizing demand reduction and are more widely engaged in working communities, for example in drug education.

In the areas of prevention and treatment, there has been an increased emphasis on stabilization, detoxification, rehabilitation and reintegration, but abstinence is still the official governmental goal of all treatment programmes.

### **Research in Relation to Young People in Ireland**

Recent Irish research suggests that in general young people recognize the harmfulness of using drugs. Alcohol is by far the most commonly used drug among young people (Drugnet, 2004). Drinking is almost universal from mid teens upwards and is commonplace even among younger children. There is a pattern of frequent and heavy drinking by many young people and major implications for the personal and social development of these young people. Some young people have a far more positive perception of alcohol than other drugs. While they seem to be aware of the harmful consequences of alcohol use these do not appear to impact significantly on their drinking behaviour.

Although tobacco use remains widespread among young people there is evidence that the vast majority of young people have a negative view of tobacco smoking and that most young people would like to stop. The high prevalence rates for cannabis reflect the normalisation of cannabis use, particularly among urban working class youth (Keene, 2003). It is now the case that a majority of such young people will use cannabis at some point in their teenage years. Cocaine is seen as safe, clean drug and has positive association for young people as part of a hedonistic lifestyle. It appears to be replacing ecstasy, amphetamines and other stimulant drugs as the choice for young people looking for a good time (Mayock, 2001).

The pattern of prescription drugs appears to be of occasional and experimental use, probably by small groups of friends who gain access to supplies in an opportunistic manner (Murphy, 2002). This problem seems concentrated among girls in their mid teens. There appears to be a decline in the popularity of drugs such as amphetamines and LSD, and to a lesser extent ecstasy among young people. Problem drug use has traditionally been associated in Ireland with areas of socio economic deprivation and a range of associated problems. This is undoubtedly still the case in relation to heroin, however this factor should not obscure the extent to which young people from a range of backgrounds and communities are currently using alcohol, cannabis and a range of other drugs, on both an experimental and regular basis ( Farrington, 2004).

Research has highlighted differential ways in which drugs are used and has documented ways in which young people alter and modify their drug related behaviour over time (Measham, 1998). One of the difficulties with the risk factor approach is its tendency to regard individuals as essentially passive recipients of "*influence*" without considering the complex nature of individual

and responses or the social processes involved in the negotiation of risk. It tends to isolate drug use from important aspects of young persons lives, thereby neglecting the socio-cultural context in which drug use occurs.

Recent research concerned with substance related decision-making by young people has focused heavily on users motives for use and has drawn attention to the importance of recognition of the functions or specific purposes that individual substances serve within a variety of settings (Boys et al., 1999). Other research has illustrated how young people adhere to "*rules*" concerning the use of drugs, suggesting that young drug users have established boundaries beyond which they will not go (Measham, 1998). Mayock (2002) reported a number of young people who indicated significant modification of their drug intake during the mid- to late teenage years suggesting a "*maturing out*" of *regular drug use*.(p. 56). Some young people avoid certain or all illicit substances, while others seek to reduce potential drug related harm by regulating their drug intake (Measham, 2002). Young people recognize a hierarchy of drugs and distinguish between different drugs in terms of the perceived safety versus risk of individual substances.

Drug use like many behaviours changes as young people progress through the teenage years. Young people nowadays convey a range of practical knowledge about drugs, knowledge acquired largely through personal experience and routine social interaction. This socially distributed information plays an influential role in their drug decisions, as do perceived risks versus rewards associated with drug taking. The negotiation of this "*risky*" environment is influenced by a complex interplay of social/contextual factors and is strongly mediated by young people's experience of, an interaction with the social environment (Mayock, 2002).

It would appear that those who aim to intervene in the lives of young people to prevent or delay drug initiation and movement to new drugs seek to engage a "*moving target*". The importance of social settings and contexts, and the influential role of situational factors in movements into and out of new drugs and away from former patterns of use have been highlighted. Research also indicates that young people themselves implement a range of strategies in an effort to reduce the harmful consequences of drug use. It would appear that young people's views on risk are not grounded in the lessons learned from ominous warnings, but in the messages transmitted during the course of routine social encounters and negotiations within a range of everyday settings. The social and cultural contexts of young people's lives clearly need to be

acknowledged within a range of strategies aimed at reducing the likelihood of serious and damaging forms of drug use.

### **Irish Drug Policy and Prevention**

Not with standing the targeted programmes to deal with the causes of the most damaging forms of drug misuse, there is a need for broadly based programmes focusing on the experimental drug use that is not uncommon among young people from all social backgrounds (NACD, 2001). Evidence suggest that fear based messages are not appropriate in programmes including classroom programmes. Instead some researchers support a continued investment in approaches that emphasise personal and social development, stress social skills and enhance decision making.

In particular, school programmes should ensure that children are actively involved rather than merely passive recipients of information. There is considerable evidence that school programmes on their own are unlikely to have a major impact without community backing. There is a need to take into account the views of parents and other interested parties as well as having innovative strategies to reach marginalized young people who may have left school.

Drug prevention is most successful in community settings such as youth clubs, community centres, sports clubs and in work places where additional skills and knowledge are needed. Within school programmes, the regular classroom teacher should take the primary role in drug prevention education, with appropriate input from others including professional as well as people from the local community with relevant expertise. Schools drug prevention policies should include not only illegal drugs but also legal drugs and may be most effective if they involve groups of schools and are holistic in nature, rather than simply indicating sanctions for drug use.

### **National Drug Strategy 2001-2008**

Ireland's National Drug Strategy 2001-2008 aims to provide a comprehensive approach to tackling the drugs problem in Ireland. The overall aim of the Irish Government's drugs strategy has been to provide an effective, integrated response to the problems posed by drug misuse and to work in partnership with the communities most affected by the drugs problem in tackling the issues raised. At the micro level, a major objective of drug policy in Ireland has been to maintain people in, and restore mis-users to, a drug-free lifestyle.

The overall strategic objective of the National Drugs Strategy 2001-2008 is:

*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 (Ireland's National Drugs Strategy, 2001-2008;).*

This Strategy has identified seven overall aims:

- to reduce the availability of illicit drugs;
- to promote throughout society a greater awareness, understanding and clarity of the dangers of misuse;
- to enable people with drug misuse problems to access treatment and other supports in order to re-integrate into society;
- to reduce the risk behaviour associated with drug misuse;
- to reduce the harm caused by drug misuse to individuals, families and communities;
- to have valid, timely and comparable data on the extent and nature of drug misuse in Ireland;
- to strengthen existing relationships in and with communities and build new partnerships to tackle the problem of drug misuse.

To sharpen focus, The National Drugs Strategy 2001-2008 (2001) specifies the following objectives- **supply reduction, prevention, treatment and research.**

### **Supply Reduction**

The objectives in relation to supply reduction are:

- To significantly reduce the volume of illicit drugs available in Ireland, to arrest the dynamic of existing markets and to curtail new markets as they are identified;
- To significantly reduce access to all drugs, particularly those drugs that cause harm, amongst young people especially in those areas where misuse is most prevalent.

### **Prevention**

The objectives in relation to prevention are:

- To create greater social awareness about the dangers and prevalence of drug use;
- 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.

### **Treatment**

The objectives in relation to treatment are:

- To encourage and enable those dependent on drugs to avail of treatment with the aim of reducing and improving overall health and social well being, with the ultimate aim of leading a drug free lifestyle;
- To minimize the harm to those who continue to engage in drug taking activities that put them at risk.

### Research

The objectives in relation to research are:

- To have available valid, timely and comparable data on the extent of drug misuse amongst the Irish population and specifically amongst all marginalised groups;
- To gain a greater understanding of the factors which contribute to Irish people, particularly young people who are misusing drugs.

It is clear that problem drug use is not confined to a particular age group. Nonetheless, young people are heavily represented amongst those presenting to treatment services with serious drug problems (HSE, 2005)

### Demographic Trends.

Ireland has the largest proportion of the population under 18 years of age among the EU Member States (Table 1)

Country	%
Ireland	26.5
France	22.7
United Kingdom	22.6
Luxembourg	22.3
Netherland	22.1
Finland	21.9
Sweden	21.8
Denmark	21.7
Belgium	21.1



Austria	20.1
Portugal	19.9
Greece	19.0
Germany	18.8
Spain	18.2
Italy	17.4

\*1<sup>st</sup> January 2000

Source : Eurostat.

**Report of the Working Group on Treatment of Under 18 year olds Presenting to Treatment Services with Serious Drug Problems (HSE, 2005)**

Action 49 of the National Drug Strategy is as follows:

*"To develop a protocol, where appropriate, for the treatment of under 18 year olds presenting with serious drug problems especially in light of the legal and other dilemmas which are posed for professional involved in the area. "*

Over the decade 1995-2005, there were 2,034 new treatment cases accessing the HSE involving clients under 18 years old. Over this period, the proportion of females increased, the proportion living with family fell, and a small but significant number were homeless or living alone with children (HSE, 2005). Throughout this period, over one third of clients reported that they had left school early. The main problems drugs were reported to include opiates, cannabis, ecstasy and to a lesser extent volatile inhalants.

The recommendations made by this Working Group included:

1. Services need to be child centred, and should be designed in such a way that young people would be encouraged into and retained in order to benefit from treatment and rehabilitation services.
2. Services need to be adaptable and flexible given the fluctuation of numbers presenting for treatment and variation in drug related and other problems presenting.
3. Prevention and Early intervention should be proactive rather than reactive and focus primarily on developing and supporting protective factors, especially in relation to those at risk of early school leaving.

4. In relation to consent, it was noted that family involvement in the treatment of a child or adolescent drug mis-user lead to better outcomes for the child or adolescent.

#### The Treatment Model

Treatment services for child and adolescent problem drug use should be based on a tiered approach (HSE, 2005);

**Tier 1**-Services which have contact with young people but which do not have specialist expertise in either adolescent mental health or addiction, such as teachers, social services, members of an Garda Siochana, GPs, community and family groups.

**Tier 2**-Services which have specialist expertise in either adolescent mental health or addiction, but not both, such as Juvenile Liaison Officers (JLO), Local Drugs Task Forces (LDTFs), Home School Liaison, Youthreach and drug treatment centres.

**Tier 3**-Services which have specialist expertise in both adolescent mental health and addiction, i.e. multidisciplinary teams comprising people with a speciality in adolescent addiction.

**Tier 4**-Services which have specialist expertise in both adolescent mental health and addiction, and the capacity to deliver brief but very intensive treatment, e.g. in-patient or day hospital.

Within this overall structure, close cooperation between the four tiers is essential. In essence this model of treatment delivery requires explicitly establishing the networks required to deliver targeted and appropriate services to children and adolescents presenting with problem drug use. It's success relies heavily on the effective sharing of information, pooling of resources and development of a concerted focus amongst various statutory and nonstatutory bodies which will interact with an individual child or adolescent. Services should strive to adolescent specific, but needn't be addiction specific, be local and accessible, have multiple disciplines available on site and be able to offer assessment, treatment and aftercare (HSE, 2005).

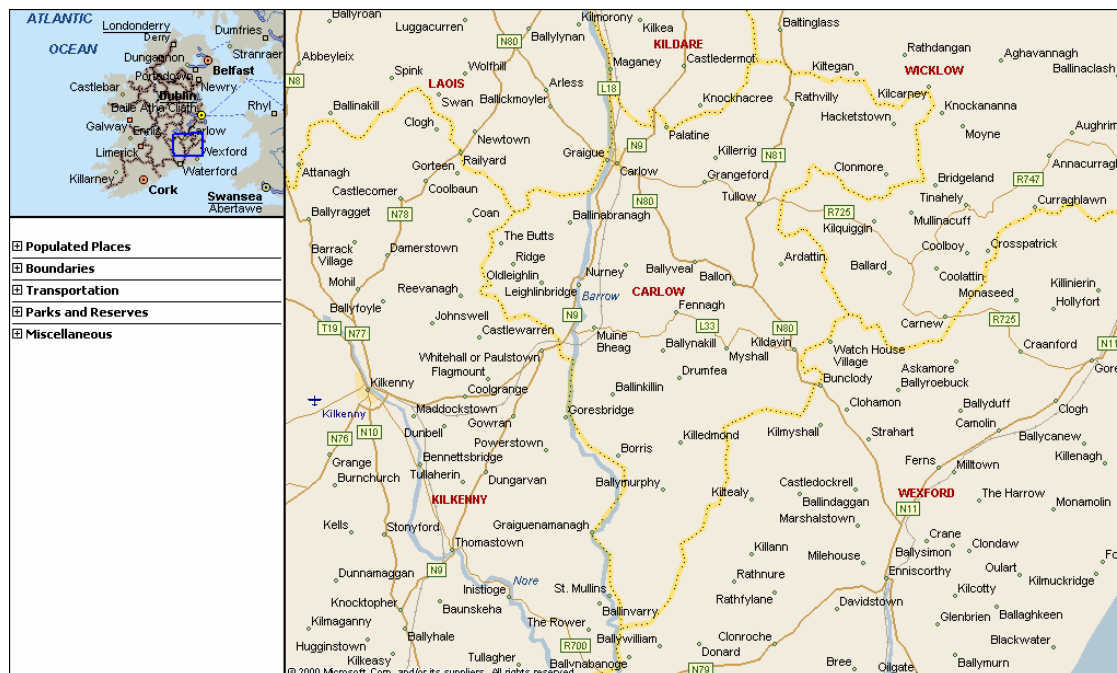
#### The Young Peoples Facilities and Services Fund

An innovative and interesting feature of policy in the drugs area in Ireland has been a focus on the potential of physical activity and sport to engage young people constructively and thereby discourage or divert them from involvement in drugs and unhealthy life choices. The "*Young Peoples Facilities and Services Fund*" aims to attract young people (10-21 years) who are at risk of potential problem drug use, into more healthy and productive pursuits (Moran, 2001). Adolescent substance abusers are more likely to experience leisure as boredom than non substance abusers (Iso-Ahola and Crowley, 1991).

Diversion programmes aim to educate the substance dependent individual, set out alternatives to drug use in free time by providing structured healthy and beneficial leisure and recreation activities. Participation in recreational and physical activity programmes can be implemented as part of community initiatives, as leisure/recreation skill programming is believed to be essential for successful, ongoing abstinence (Malkin et al., 1996).

## Carlow in Profile

County Carlow (943 km<sup>2</sup>) is located in the South East Region of the country. It is a landlocked county bounded by counties Wicklow, Wexford, Kilkenny, Laois and Kildare.



## Population

At the 2002 Census the population of County Carlow was 46 014 with a male population of 23,403 and a female population of 22,611. The population has increased by 10.6 % since the previous Census in 1996. This growth is a reflection of the economic success of the Irish economy during this period and in particular it is indicative of a trend for people to live outside of Dublin but commute there to work. Eight District Electoral Divisions (DED) had population growth in excess of 15% and these included Carlow Urban, Carlow Rural and Tullow.

## Population Distribution

The north of the County<sup>1</sup> has a much greater proportion of the population (86%) compared to the south (14%). The largest urban centre of population within the County is Carlow Town itself (see Table 28 below).

<sup>1</sup> If the R247 between Bagenalstown and Kildavin is taken as representing the north-south Boundary. Locations falling on this boundary are considered to fall within the northern area).

Town	Population 1996	Population 2002	% change since 1996
Carlow Town (inc. environs)	14 109	17 288	22.5
Bagenalstown (inc. environs)	2695	2728	1.2
Tullow	2364	2417	2.2
Leighlinbridge	508	646	27.2
Hacketstown	628	614	- 2.2
Borris	584	580	- 0.7
Rathvilly	458	500	9.2

Population of principal towns in Co Carlow for 1996 and 2002 (Source: CSO Census data)

#### Population Density

In 2002, the population density for County Carlow was 133 persons per sq. mile. The highest densities of population are found in the north of the County and centred on major urban areas. The District Electoral Division (DED) of Graigue Urban (west of Carlow Town) had the highest density at more than 8000 persons per sq. mile. The DED's of Carlow Urban, Carlow Rural, Tullow and Bagnelastown had densities of between 1000 and 7999.9. The lowest density was recorded for Rathanna in the South-East of the County with just 20 persons per sq. mile.

#### Age Profile

The age profile of the population of Co Carlow is detailed in Table 29 below:

	0 – 14 yrs	15 – 24 yrs	25 – 44 yrs	45 – 64 yrs	> 65 yrs
Co Carlow	21.8	17.2	30.2	20.5	10.3
State	21.2	16.4	30.1	21.2	11.1

Comparison of age profiles between Co Carlow and the State in 2002 (Source: CSO Census data)

From the above table it can be seen that Co Carlow has a particularly young population (although there was a drop of 2.1% in the 0 – 14 years age group since the 1996 Census). A total of 39% of the population are below 25 years of age compared to a state average of 37.6%. In contrast,

the number of people aged 65 years and over in Co Carlow is 10.3% compared to a state average of 11.1%.

In 2002, the number of people who were classified as age dependent in the County was 32.2% compared to a national average of 32.3%. The highest figure for age dependency for a DED was 40 – 45.9% for Kyle in the south of the County.

### Ethnic Composition

In 2002, 94.6% of the population of Co Carlow were classified as being of Irish nationality. This is higher than the 92.9% figure for the State. 3% of the population were classified as 'Other Nationalities' (and not including UK) compared to 4.4% for the State.

### **Unemployment**

In 2002 the unemployment rate (including first time job seekers) amongst persons categorised as being within the labour force was 9.5%. This is higher than the average figure for the state which stood at 8.8%.

Co Carlow has a labour force participation rate of 56.4% compared to a national average of 58.3%.

### **Key Service Providers and Agencies for Young People in Carlow**

#### **CANDO Community Partnership /County Carlow Drugs Initiative**

**The Assembly Rooms, 40 Dublin Street, Carlow.**

**Tel No- 059-91 33457**

Cando Community Partnership is a community development company funded by the Irish Government as part of the National Development Plan 2000 to 2006. CANDO Community Partnership was formed in 1995 as a community development organization charged with the delivery of the Local Development Social Inclusion Programme in County Carlow. The focus of this Programme is to combat social exclusion caused by poverty, unemployment, rural isolation, lack of community services and inadequate social networks.

#### **LDSIP**

The LDSIP is a series of Measures, funded under the National Development Plan 2000-2006, that are designed to:

- Tackle social exclusion

- Deliver a more sustainable economy
- Improve employment prospects
- Balance regional development

These Measures are particularly targeted at the areas of greatest need throughout the country. The LDSIP aims to empower communities in these areas to tackle disadvantage and to have a fresh start.

Partnerships Companies comprise the following:

- Social partners, such as business, trade unions and farming organisations
- State agencies at local level, eg. FAS
- Local communities

The LDSIP has three separate measures. Each one is specifically designed to target and reach the most marginalized within society.

The three Measures are:

- Measure A- Services to the Unemployed
- Measure B- Community Development
- **Measure C- Community Based Youth Initiatives (CANDO)**

The LDSIP seeks to improve the quality of life for all members of our Communities but specifically targets the following Groups:

- The long-term unemployed
- Disadvantaged women
- Disadvantaged young people
- Travellers
- Disabled People
- Older people
- Homeless people
- Ex-prisoners
- Low-income farm Households
- Ethnic Minorities
- Substance Mis-users
- Lone Parents
- The underemployed
- Young people at risk

- Disadvantaged communities living in isolated rural areas or deprived urban areas

## **CARLOW REGIONAL YOUTH SERVICES**

**Kennedy Street, Carlow**

**Tel No- 059-91 30476**

**Carlow Regional Youth Services** is a local voluntary service affiliated to the National Youth Federation. It was set up in 1988 with one part-time worker and its mission was "to support and promote community based youth work. To provide direct programmes and services for young people at risk and to support young people by putting their agendas on the agendas of the decision makers

### **Initiatives such as:**

- The development of the activity space, funded by the Health Service Executive, which we call "The Hub".
- The new project for Graiguecullen under the Dormant accounts fund and the Department of Education.
- The extension of the C.C.D.I. project with funding from the Regional Drugs Task Force.
- The continuing success of Folláine, our counselling service.
- Space for work in the New Oak/Tullow Road area thanks to Open Door C.D.P.

County Carlow Drugs Initiative was set up as part of the National Drug Prevention Task Force's response to Ireland's drug and alcohol problem in 1998. Since then it has been involved in many training and support projects throughout the County for parents, communities and young people. After a lapse of 15 months the Project was evaluated and re-established by the Prevention Co-ordinator Melanie Mueller . CCDI actively promotes drug free alternative activities for young people. CCDI is constantly evolving in response to the changing needs of the Carlow town and County Communities. The project is supported by an advisory group, which the worker will keep up to date and informed about the progress and developments of the project.

**One to one support** for families and young people affected by substance misuse.

**"You are Not Alone"** is a family support group meets on Tuesdays in Askea Parish Centre from 7-9 pm

**"Reflect"** . This is an ongoing programme for young people who have had contact with drugs. This also provides a service for people referred by the courts/probation.

**"Easy Access"**. This is a confidential phone line which gives information, guidance, help and support regarding substance misuse.



Seminars for Parents of all Primary and Secondary School children in the County

***"Not without the Parents"***

**CCDI** run workshops and training programmes throughout the County.

**CCDI** were involved with Drug Awareness at the Teenage Summer camp this year

**CCDI** provide information events and support for colleges in the County.

**Music Studio** – County Carlow Drugs Initiative are launching 'The Evolution Music Rooms', a new project which, so far is offering guitar lessons and DJ lessons for young people.

**Murals** 'Alternatives to Drugs' in "The Hub" at Carlow Regional Youth Services is a co-operation between CRYC and CCDI.

**ST CATHERINES COMMUNITY SERVICES CENTRE**

**St Josephs Road, Carlow**

**Tel No- 059-91 38700**

**Support Type:** Early School Leavers

**BriefDescription:**

Senior Traveller Training Centre

**Aims/Objectives:**

To respond to the educational and training needs of the Travelling community in the 15 + age group.

**Main Programme:**

- Woodwork - Metalwork - Cookery - Machine knitting - Literacy - Numeracy - Upholstery - Horticulture - Sewing - Dressmaking - Haircare - Personal Development.

**CARLOW YOUTH EMPLOYMENT**

**059-91 32245**

**Support Type:** Early School Leavers

**Description:**

Community Training Workshop

**Aims/Objectives:**

- To help trainees to develop their sense of self-worth - To equip them with skills suitable to enable them to find gainful employment.

**Programme:**

- English - Arithmetic - Copping on - Health education - Variety of basic skills Certification:- NCVA IAS, FAS .

**Activities:**

- Swimming and other sports as appropriate

**Services:**

- Front line counselling (in CTW) - Attendance at lone parents group

**Additional Services OF Note for Young People in Carlow**

Community Development

Bagenalstown Family Resource Centre 059-97 23196/059-97 23685

Ballon/Rathoe Development Association 059-91 59447

Forward Steps Resources Centre 059-91 52776

Open Door Community Development 059-91 37470

Foroige 056- 77 65906

Counselling

Barnardos Family Support 059-91 32868

Childline 1800 666 666

Follaine 059-91 30476

Rainbows 01- 473 4175

Home School Liaison Coordinators

Bishop Foley Primary School 059-91 42919

Carlow Vocational School 059- 91 41474

St Josephs Primary School 059-64 71199

MuineBheag Vocational School 059-97 21335

St Leos College 059- 91 32928

School Completion Programme

School Completion Coordinator (Carlow) 086 646 2866

School Completion Coordinator (Tullow) 059-91 80010

South Eastern Health Board Services

Addiction Counsellor 056-77 64638

Addiction Counsellor (over 18s) 059-91 36317

Drug Education Officer 056-77 64638

Substance Misuse Co-Ordinator 056-77 64638

COUNTY CARLOW CITIZENS INFORMATION SERVICE

St Catherines Community Services Centre, St Josephs Road, Carlow

Tel No- 059-91 38750

FREEPHONE 1800 747 748 (05 region only)

COUNTY CARLOW VEC

Athy Road, Carlow

Tel No- 059- 91 38560

FAS

Carlow Shopping Centre, Kennedy Avenue, Carlow

Tel No- 059- 91 42605

CARLOW COUNTY COUNCIL

County Offices, Athy Road, Carlow

Tel No- 059-91 70300

SOUTH EASTERN HEALTH BOARD

COMMUNITY CARE CARLOW

Athy Road, Carlow

Tel No- 059-91 36526

### Research Findings

Due to the stipulation of a condensed document for CANDO, the research findings both quantitative and qualitative are presented with a key note for analysis. The views contained in the interviews/focusgroups are the opinion of the individual and thus are subjective and may not be termed as representative.

### Service Providers and Key Informants

Consultation with a representative number (see below) of key informants and service providers operating within County Carlow took place, using face to face and telephone interviews.

#### Key Service Providers and Key Informants Interviewed

Service Provider/Key Informant	Number of Interviews
National Perspective	1
Regional Drug Coordinator	1
Regional Youth Service	1
Substance Misuse Coordinator	1
Drug Education Officer	2
Youth Workers	6
School Completion Officer	2
Home School Liaison Officer	2
Community Drugs Initiative Worker	1
Youth Trainer	3
Youth Advocacy	1
Probation and Welfare Officer	2
Juvenile Liaison Officer	1
Hospital Liaison Officer	1
Gardai	3

Total No	26
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## Discussion

*Are the numbers in the age range of 12-18 years presenting with substance related difficulties increasing, stable or decreasing?*

The majority of those interviewed responded that substance use for this age group was on the increase and that the numbers over eighteen years accessing the services (Probation and Welfare, Youth Organisations, Community Workshops, Substance Misuse, Schools etc) were stable. The point was raised that this social issue appeared to be increasing in terms of those accessing the services such as community drugs based initiatives, identified by youth workers on the ground and juvenile liaison officers. In general, the interviewees felt that this was due to increased access to a wider variety of substances, that substances were more socially acceptable (i.e. hash), that youth today have more disposable income (pocket money, part time employment) and that the prices of substances were reducing (i.e. ecstasy, cocaine). From a medical perspective however, a South Eastern Hospital Liaison Officer noted that hospital admissions for this age group and also the over 25's appeared to be on the increase within the last 3 years. This would appear to indicate a mismatch between what those on the ground are observing and key mortality statistics with regard to overdose and drug and alcohol related difficulties.

Several Key Service Providers questioned;

*"Is this a product of greater information regarding the appropriate services or is this due to greater numbers of young people experimenting, and leading to dependency related issues?"*

From a law enforcement perspective, another interviewee commented;

*"Is this due to greater detection and seizures or is this an indicator that illicit substances are more widely available in every community?"*

**Is there evidence of certain substances being used?**

Those interviewed observed that the following substances most prevalent among this age group were;

1. Alcohol and Tobacco
2. Cannabis
3. Amphetamine

All of those interviewed commented on the prevalence of alcohol abuse at a young age and the common social acceptability of drinking in the Irish culture. They all voiced concern that the experimentation and use of substances most often occurred when the young person was

drinking. They also reported the emerging trend of increased cocaine use, and their concern for prescription drug abuse (most common among males aged 10-14 yrs, i.e. valium, betablockers, sleeping tablets) and solvent abuse (i.e. hairspray, glue, aerosols and petrol). Sniffing aerosols was most common amongst girls aged 10-14 yrs.

*"The concern is growing that solvent abuse / experimentation fast-tracks into future substance abuse"*

All interviewed remarked that Ecstasy is no longer as popular as in previous years. Some areas reported concern for heroin (generally used as comedown from substances such as ecstasy, and cocaine) and quoted;

*"Heroin is being smoked with the perception among young people that it isn't a dirty drug when smoked as opposed to when injected"*

Other Key Service Providers commented on the general perception among young people that;

*"Hash or cannabis is no longer special and is socially acceptable. This may be due to this being widely available and often smoked by parents or older siblings. "*

*"Cannabis is as safe as cigarettes and sure everyone smokes a joint".*

These comments would point to the increasing normalisation of substance use such as alcohol, cigarette smoking and cannabis or hash use during adolescence. Reasons for substance experimentation and subsequent use observed by those working closely with young people include;

*"The Buzz"*

*"Boredom"*

*"Lowers inhibitions and raises self esteem"*

*"To feel good"*

*"Because its there".*

*"Its cheaper than cans"*

*"My friends are using".*

Others emphasised the contribution of absent parenting (i.e. the binge drinking during the summer or at teen discos) and identification with a strong peer group. Most noted that a negative experience with alcohol would often deter subsequent use and a negative experience with drugs would generally not deter.

***Would you observe primary or poly drug use in your contact with young people?***

All of those interviewed answered poly drug use, meaning the combination of substances such as, in order of;

1. Alcohol and Cannabis (most common)
2. Cannabis and Ecstasy
3. Alcohol and Cocaine

4. Speed/Amphetamine and Heroin
5. Speed/Amphetamine and Ketamine
6. Ecstasy and Cocaine
7. Barbiturates and Heroin
8. Prescribed Drugs and Pain killers

A typical comment from those interviewed was;

*" at age 10-12 years experimentation with alcohol, solvents and cigarettes begins, at ages 14-18 years the young person mixes substances such as alcohol, hash, ecstasy and cocaine in an opportunistic manner and around the ages of 18-20 years they would generally settle for one substance of preference"*

*At what age would the young person begin to engage in substance use?*

The general age of initiation for the young person was between the ages of 10 and 12 years, with males exhibiting earlier than females. The social setting observed was most often inside the home, in leisure time in fields or on streets and during school break times.

Interestingly the use of alcohol as gateway substance was generally observed to begin in the home (with or without the presence of parental supervision) and occurred most often around the time of Confirmation. This would indicate the social acceptability of alcohol within the family and wider community. Other interviewees commented on the apparent modelling of behaviour based on parental and sibling influences.

A Key Drugs Worker remarked;

*"By the age of 15-16 years, they are collectively enjoying drug use, even if the first time is a negative experience typified by getting sick, feeling unwell. The presence of the peer group is dominant in stimulating continued drug use, whether planned or spontaneous, providing the context and setting for drug use and the securing of drug resources".*

*Would you have any comment to make regarding the availability, cost and purity of drugs in your area?*

All of those interviewed remarked on the increased availability of a wider variety of all drugs, the apparent reduction in cost (especially ecstasy and cocaine). However they did question the purity of drugs available now, as compared to five years ago. One Key Drugs Worker commented on the "endless supply of Central Nervous System Drugs" and questioned;

*"Has the quality of drugs dropped or has the tolerance increased? In respect of Ecstasy the quality of the MDMA has reduced and young people need to take more, to get the same buzz. "*

Other remarks included;

*"Young people can control their own drug intake and self medicate".*

This means that young people can select what type of substance to use, control the amount used and within what setting this will occur.

*"Cocaine is the second biggest world industry when compared to Microsoft or MacDonald's. Cocaine has flooded the world market, however in the next 5 -10 years the supply will be manipulated and reduced with more people addicted".*

Note Bene (This a comment during interview and may not be factual)

*"It makes economic sense for the young person to deal in drugs and groups of friends often club together in securing larger amounts at subsequent discounted price".*

*Are certain drugs more accessible than previously?*

All interviewed remarked on the increased availability of drugs on the street and in particular the reduced price of cocaine and ecstasy. The Youth workers observed the availability of over the counter medication such as Solpadine and Codeine, the frequent abuse of solvents (i.e. petrol, glue, Tippex and hairspray) in addition to the ease with which minors can purchase cigarettes in the local shop.

*In what kind of setting is adolescent drug use taking place?*

All of those interviewed commented that first time drug use and subsequent drug use takes place within the peer setting. The following remarks were made;

*"The experimentation with drugs and alcohol provides the young person with a sense of belonging to the group of friends, and becomes almost a normal rite of passage into adulthood".*

*"It makes economic sense for friends to club together and spreads the cost and risk".*

*"Drug taking is financially viable due to youths' disposable income and is a cheaper night out than drinking pints. An ecstasy tablet costs €5 and provides hours of the buzz, compared to the cost of a pint....."*

In general, the substance use takes place outdoors, as often the young people have nowhere else to go. It was observed by those working with young people, particularly within disadvantaged areas that the local youth club was not open at night or in the weekends, when these activities are most needed, in order to divert attention away from illicit pursuits such as drug taking, binge drinking and vandalism.

Some commented that initial and planned substance use may often also take place in a friend's house, with the parents satisfied that *"at least he isn't on the streets"*. Substance use, and in particular alcohol use (i.e. *"the first sip of wine"*) may often take place at family occasions (i.e. Confirmations) and proves the influence of parental and sibling modelling. Other Youth Workers observed that;

*"The location of the substance use is random and opportunistic, and that young people take what they can get, when and where they can get it..."*

*Describe the patterns of substance use, which you would see your client group.*

*Regular/Recreational/Occasional.*



Answers to this question varied according to the type of group engaging with. Some Key Informants remarked that *"substance use starts as spontaneous activity and becomes planned and regular"* whilst others observed that *"first time drug use is actually subconsciously organised"*. All stated that they had clients ranging from daily use to experimental weekend use. However, of those presenting with addictions the presence of mental disorder is common and leads to the question of whether the mental disorders was precursor to drug abuse or vice versa. It appears that substance experimentation is increasing during adolescence, with a wider variety of substances being used and at increasingly earlier ages of initiation. This may lead to an increased number of those presenting in later years with addiction and mental health disorder. Youth workers interviewed also remarked that within those communities or families presenting chaotic peer and home life, the adolescent substance use was typified as coping mechanism for crisis. User dealing is frequent and common amongst peer groups, often leading to disordered and binge use.

***What are the indicators for increased availability of drugs at street level?***

All of those interviewed remarked that availability (i.e. increased public order offences) has increased and that drug seizures have little impact on young peoples drug use, as quoted;

*"If a drug drought should occur, young people either switch dealers, or purchase a different drug"*.

*"Young people from all backgrounds know a variety of avenues to get drugs"*.

*"The part time job and the increased pocket money due to both parents working.....the compensation of lack of quality time (and lack of supervision) with their kids, causes increased opportunity to engage in drug taking and drinking behaviours"*.

*"The only prices which have come down are airline tickets and drugs"*.

Those involved from a public order perspective remarked on the frequency of young teens intoxicated on the street and that these individuals would get an adult (i.e. an older sibling) to buy the alcohol for them or they would steal the alcohol from their parents. This was also prevalent at local teen discos where young adolescents would have significant alcohol taken prior to going to the disco. The majority interviewed stressed the need for parental education with emphasis on parents as primary educators regarding alcohol and substance use. Indeed, some parents in rural areas remarked on the availability of hash in their area with young people openly dealing on the streets and in other public areas. Others interviewed were aware that drug dealers and addicts were travelling from Kildare and Kilkenny to Carlow in order to secure drug supplies.

***What are the Dominant Perceptions of Risk associated with drug use?***

The majority of those interviewed agreed that the negative first time drug experience is not a deterrent to subsequent attempts, because the peer group will reinforce and teach the first time

drug users what to expect and how to deal with it. In general, young people have no concept of the future or their mortality...they do not display any fear of health consequences as quoted by these key informants echoing their client groups thoughts;

*"I live for today"*

*"I will live forever"*

*"I'll give up before it becomes a problem"*

This lack of fear of the health consequences was due to the young person drawing on the experiences of those around them (i.e. older sibling, friends) who were using alcohol or drugs, with no apparent negative effect.

However, some remarked on the fear of legal consequences, of being caught with possession or dealing. Often these consequences are only realised upon reflection and that up until then the young person is merely playing a game with the judicial system. Juvenile Liaison Officers remarked that those repeat offenders were aware of the system and how to manipulate it, due to the severe lack of institutional places.

In addition, it appears that drugs have *"a pecking order"* in relation to perceived risk, with drugs such as heroin (*"the dirty drug"*) as the top end of the scale and hash/cannabis at the other. Those interviewed remarked on the perception that cannabis or hash is a safe drug and the social norm in adolescence. Young people now unfortunately perceive heroin as less dangerous if smoked rather than injected.

*Are Youth Workers adequately equipped to respond to current drug use trends among young people?*

All of those interviewed stressed the need for increased training at Tier 1 and 2 (see p.123). In relation to youth work, more training and cooperation with other agencies is necessary in order to identify those most vulnerable and target appropriate intervention, in addition to increased funding for "Green Areas" and "Youth Clubs".

In relation to drug education, the delivery of such programmes in schools must improve at teacher level, and teachers must receive adequate and regular training themselves. It was remarked that teachers were often not aware of drug use during lunch breaks and were not educated enough to recognise the signs within their classrooms.

*What are the treatment needs for adolescents?*

The majority of those interviewed agreed that the Aislinn Addiction Centre for Adolescents, which provides residential addiction treatment for adolescents (located in Ballyragget, County Kilkenny) must expand into a National Service serving adolescent addiction treatment in a variety of locations.

Those working closely with young substance abusers in a variety of youth/mental health settings in Carlow found that this young people are often "*defensive and difficult to engage with*" and are "*often presenting with a range of other difficulties*".

In their opinion "*drug use is a symptom not a primary presenting problem*" and question whether it "*is a phase or is it an addiction*". The majority also observed that if the young person did not want treatment, was defensive and not ready to abstain, that this was draining the Health Service Executive resources for those really in need. Other community based initiatives reported the successful use of acupuncture as coping method and stress reliever for young people abusing drugs. Others reported that there was a need for trained outreach workers for Aislinn who could engage with identified vulnerable individuals at early ages and also the need for an improved after care programme for those upon release from residential treatment. Youth Workers remarked on the long waiting time needed to enter Aislinn and the lack of suitable aftercare, particularly needed as the young person returns to the old home and peer environment with all the same stimuli for drug use. Those having worked in Aislinn commented on the "*false sense of security*" within residential treatment, and that upon return to home post treatment that this was not "*the reality of life*" for the young person.

*"One young substance abuser told that when he returned home after treatment that the dealer was back at the door, and threw a freebie in the letter box"*

Others commented that they could not get responsive aftercare for young people in their charge at the time when they needed it most and often the young person returned to drug use as a result. Others questioned the applicability of the 12 step model as used in Aislinn, as it is aimed at adult addiction as opposed to adolescent needs and circumstances and also that the length of treatment (6 weeks) was particularly short, given the treatment. Another issue which arose was the issue of support for the youth workers themselves "*caring for the carer*" resulting from the high levels of burnout and empathy fatigue in this profession.

#### *What are the implications for Service Provision?*

The majority of those interviewed stressed the need for an overall holistic approach and improved networking between multi disciplinary agencies. They also observed the gaps in drug education (i.e. shock tactics do not have great success), drug awareness programmes ( the need for more information in Youth Centres, General Practitioners, Health Agencies and resources, and that work needs to expand from the ground, especially youth facilities (i.e. open at night and at weekends) and resources (i.e. more Parent to Parent Courses) within the community. .

Others observed the requirement for an ecological or environmental approach (especially community and family therapy/support at an early stage) as drug use is a multifaceted problem and the option of non residential detoxification programmes or specialist outpatient support. Others stressed the need for individual leniency in the stipulation for drying out before treatment,

and that this was very difficult for the young addict and parents to achieve. Parents often felt unsupported in this instance. Drug users are younger and the overall view was that there was little specific adolescent addiction services, and that as youth were accessing adult facilities, a youth friendly environment was vital to encourage engagement.;

*"Services are old and need to aim or cater for youth, not adult."*

Other commented that outreach was very important in targeting those most vulnerable. Those working closely with young substance abusers questioned the harm reduction versus abstinence ideal;

*"Is abstinence a reality for the young person?"*

Others commented on ;

*"Seeing 2<sup>nd</sup> to 4<sup>th</sup> generation drug use or the 3<sup>rd</sup> generation in 5years of community drugs work".*

Those working in service provision emphasised the need for clear delineated treatment pathways, improved policy documentation and increased funding for all areas of provision. Some indicated that access at community level must improve and also the need for improved aftercare support for those young people leaving residential treatment. Others observed the problem of the lengthy gap in referral to addiction services and stressed the need for clarification regarding the presence of mental health condition or substance addiction. This is due to a gap in the referral process between Community Based Services and Mental Health. Indeed, with reference to young people and addiction counsellors, several of those interviewed questioned the 12 step Model in its usefulness for teenagers and;

*"Are those addiction counsellors specifically trained with adolescents in mind?"*

From a Probation and Welfare perspective, drug related difficulties are common in young people, whether these are offending or not. Crimes are often either drug related or peer related. With social deprivation, families in crisis and those with chaotic lives, the problems become more pronounced. Those directly involved with young people quoted the following;

*"Caught with possession of hash and sent to an addiction counsellor- this may be draining vital resources for those in need, particularly if the young person has no intention to change drug habits and is at present not ready to change."*

*"Drug use in young people is often not only a criminal activity but also a social one. This typifies the social context of substance use within the peer setting."*

In addition, only a small number of juveniles are making it to the courts and these young people have often been in this system for quite a period of time. There is limited space available to detain the young offender (although the Residential Services Fund has released some additional places), this young person often re offends. Other Juvenile Liaison Officers observed that parents often bail their children out and that they are often covering an area too large to service sufficiently. Other youth workers emphasised concern for the effect of mind altering substances

used during the young person's developmental stage and implications for future mental and physical health. Young people in need are often surviving on crisis interventions and need to be targeted and engaged with at earlier stages. Similarly, those using substances and in particular boys present defensive behaviours and are difficult to engage with.

From an educational perspective, some teachers noted behavioural issues such as an inability to concentrate after school break times, mood swings, aggressiveness, agitation, perhaps indicating some drug use, and from the careers advocacy view, this would impact negatively on the ability to progress and set goals in achieving a career. Some schools had a very structured Social Personal Health Education (SPHE) programme and others had rather a *"hit and miss"* attitude to which classes received drug education. Most schools had a Drug and Alcohol Policy and had experienced students caught with drugs on school grounds. Most notably some schools had experienced a fatality due to substance overdose and felt that this had a significant effect on their student attitude to drug taking and experimentation. Some schools commented on the lack of appropriate training for their teachers and felt inadequately equipped to deal with current drug use trends among students. All of those interviewed stressed the need for raising awareness of drug use amongst parents and teachers.

However, some schools were proactive in running information evenings for Parents, and noted a substantial increase in attendance within 2 years. Most schools had supervised break times which reduced the amount of at risk behaviours taking place on school grounds. Those working closely with young people within the educational system noted an increase in substance use and commented on the negative contribution that teen discos have, and the lack of parental awareness. Perhaps the most memorable quote typifying current responses would be;

*"My child wouldn't do that"*

### **Quantitative Results**

The questionnaire was piloted prior to this research on a group of young people in County Waterford, with appropriate changes in format. A total of 878 questionnaires were distributed via random sampling and 4 were discarded due to the response to the drug question *"Revelin"*.

As mentioned in the methodology, all participants were assured of confidentiality and were assigned a code which could not identify either them or their school.

The young people who took part in the survey and interviews/focus groups were from the following towns and villages in County Carlow.

Rathvilly

Clonmore

Tullow

Carlow Town

Nurney  
Old Leighlin  
Bagenalstown  
Hacketstown  
Kildavin  
Borris  
Ballinvarry  
Clonmore  
Fenagh

### Age and Gender

The age range of the young people sampled was from 12 to 18 years

Age	12 yrs	13 yrs	14 yrs	15 yrs	16 yrs	17 yrs	18 yrs	Total
Male	58	59	62	58	63	71	50	421
Female	70	62	68	58	67	76	52	453
Total	128	121	130	116	130	147	102	874

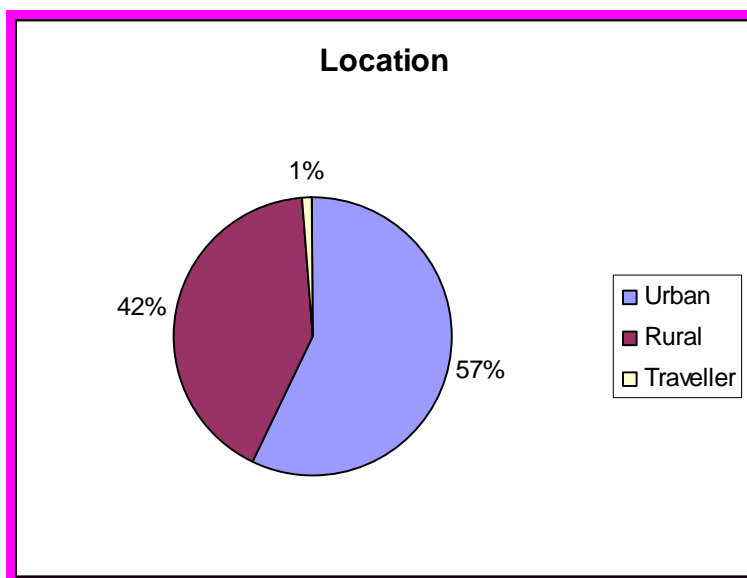
Age and Gender

### Location

57% Urban

42% Rural

1% Travellers (as the sampled group of young travellers is 1%, this cannot be taken as representative of the traveller population).



Location-Urban/Rural/Travellers

### Family

Father with job 96%  
Mother with job 53%  
Parents living together 78%

Family

### Free Time and Hobbies

*Days per week involved in any kind of club or organisation.*

Note: This average encompasses the total age sample within the group.

**Males** Average Response 4 days

**Females** Average Response 2 days. This result occurred due to lowered involvement in activities from age 15 years for females.

**Travellers** Average Response 1 day. This result occurred due to experiences of discrimination within youth activity settings/sporting organisations.

**Note:** Those with an urban address indicated lower results than within a rural setting where activity choice was limited but activity levels were higher. This perhaps indicates that the promotion of hobby type activities (i.e. art, drama, sport and games) be promoted amongst young people.

### Alcohol

*How old were you when you had your first alcoholic drink?*

Under 8 yrs	0.1%
9-10 yrs	2%
11-12 yrs	9.9%
12-14 yrs	26%
15-16 yrs	15%
Above 17yrs	24%
Hadnt	23%

Alcohol

Average Age Males	12.2 years
Average Age Females	14.8 years
Urban	Average Age 12.8 years
Rural	Average Age 13.2 years
Travellers	Average Age 15.3 years

Average Age for First Time Alcohol Use

**Note:** 77% of the total sample had tried alcohol. Average ages for first time alcohol consumption were higher in rural settings and amongst traveller young people.

*How often do you usually have an alcoholic drink? Average Response*

**12-15 yrs Males** Every few months

**12-15 yrs Females** At family occasions

**16-18 yrs Males** Weekly

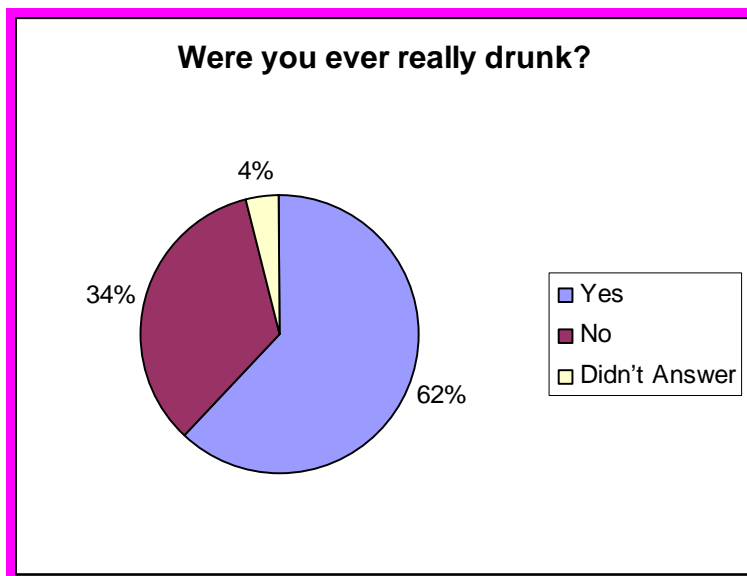
**16-18 yrs Females** Weekly

**Note:** With increasing age, adolescents indicate more frequent drinking patterns, even though this activity is deemed underage drinking.

*Have you ever had so much alcohol that you were really drunk?*

%	Total	Male	Female
Yes	62%	63%	37%
Didn't Answer	4%	3%	1%

Have you ever had so much alcohol that you were really drunk?



*Have you ever had so much alcohol that you were really drunk?*

**Note** 62% of the total sample of 12-18 years olds indicated that they had drunk so much that they were drunk on at least one occasion, of which 63% were male and 37% female. This indicates binge drinking in young adolescents aged 12-18yrs, with males exhibiting greater tendency.

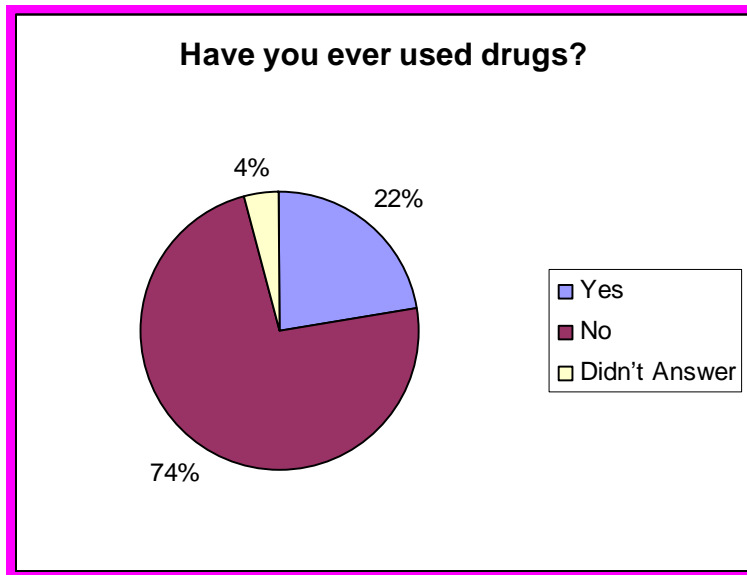
**Drugs**

*Have you ever used drugs (excluding alcohol and cigarettes)?*

%	Total	Male	Female
Yes	22%	54%	46%
Didn't Answer	6%	5%	1%



Have you ever used drugs?



*Have you ever used drugs?*

Have you ever used drugs? Urban and Rural Response?

Urban

%	Total Urban	Male	Female
Yes	59%	63%	37%

Rural

%	Total Rural	Male	Female
Yes	41%	57%	43%

**Note** 22% of the total sample of 12-18 year olds has used drugs, of which 54% were males and 46% were female. 59% of those who indicated drug use were from an urban setting, compared to 41% in a rural setting. This indicates higher drug initiation within the urban setting and is perhaps , related to increased availability, access and peer socialisation.

Reasons why you have refused to take drugs?

They are too expensive	0%
I was frightened of taking them	3%
I thought they were dangerous	18%
I didn't want to get addicted	30%
I didn't know enough about the drugs	2%
I thought I would get into trouble if I took drugs	7%
I think taking drugs is wrong	7%

I just didn't want to take them	33%
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Most common response for males *I just didn't want to take them.*

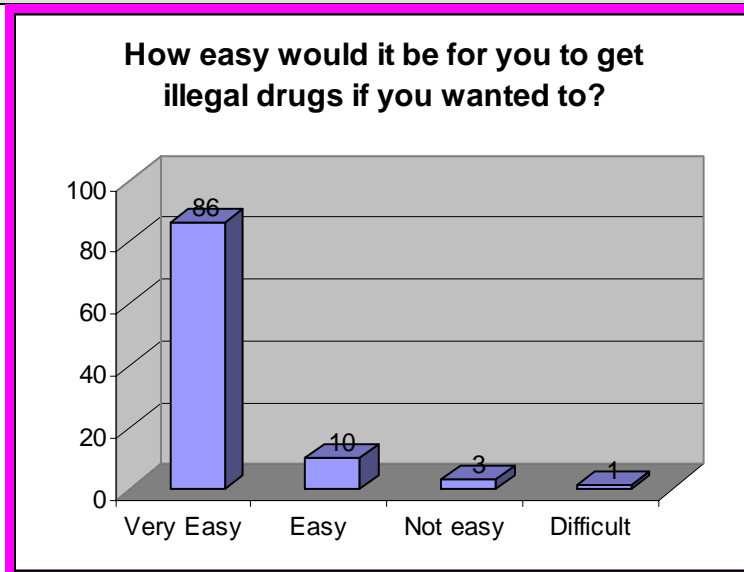
Most common response for females *I didn't want to get addicted.*

How easy would it be for you to get illegal drugs if **you** wanted to?

Total (Those that had tried drugs and those who answered no)

Very easy	86%
Easy	10%
Not easy	3%
Difficult	1%

**Note** 86% of the total sample indicated that it would be very easy to obtain drugs in their area, with 93% from the urban setting and 86% from the rural settings indicating "very easy". This is related to access, availability and peer socialisation, with the higher percentage within the urban area. Most notably, 28% the travellers indicated that it would be difficult for them to obtain drugs.



*How easy would it be for you to get illegal drugs if you wanted to?*

Urban

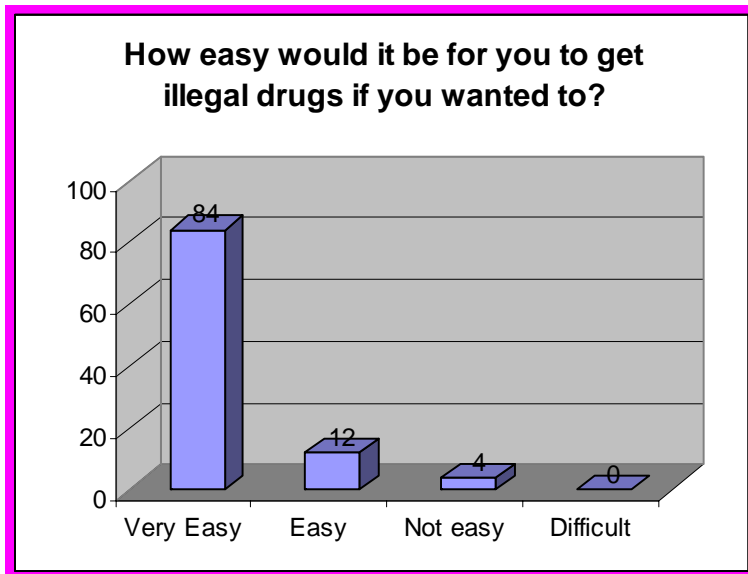
Very easy	93%
Easy	4%
Not easy	3%
Difficult	0%



*How easy would it be for you to get illegal drugs if you wanted to? Urban Response*

Rural

Very easy	84%
Easy	12%
Not easy	4%
Difficult	0%



*How easy would it be for you to get illegal drugs if you wanted to? Rural Response*

Travellers

Very easy	1%
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Easy	26%
Not easy	45%
Difficult	28%

**First Time Drug Use (excludes alcohol and cigarettes)**

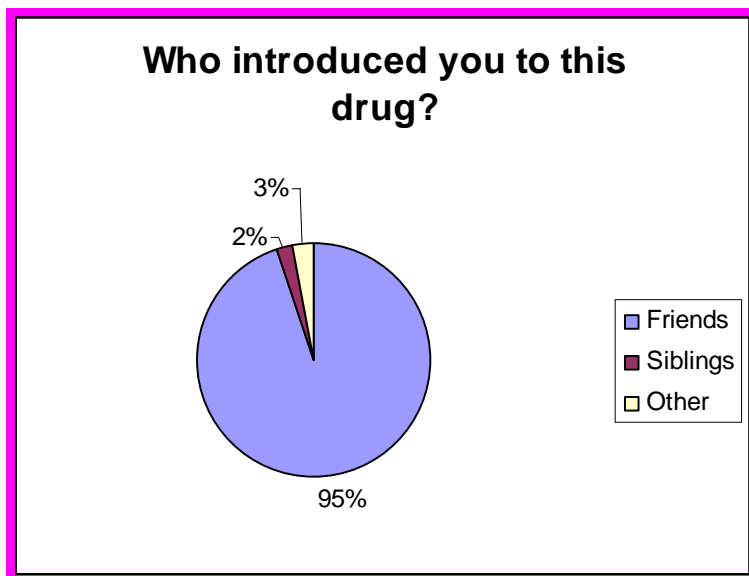
*Why did you try drugs?*

The Top 3 Reasons were in order;

- 1 To see what it was like
- 2 Friends
- 3 For the buzz

Who introduced you to this drug?

Friends	95%
Siblings	2%
Other	3%



*Who introduced you to this drug?*

**Note** 95% of all drug users were first introduced by their friends, indicating that peer socialisation and peer factors are prime factors in drug initiation.

What drug (excluding alcohol and cigarettes) did you first use?

Cannabis/Hash	97%
Ecstasy	1%

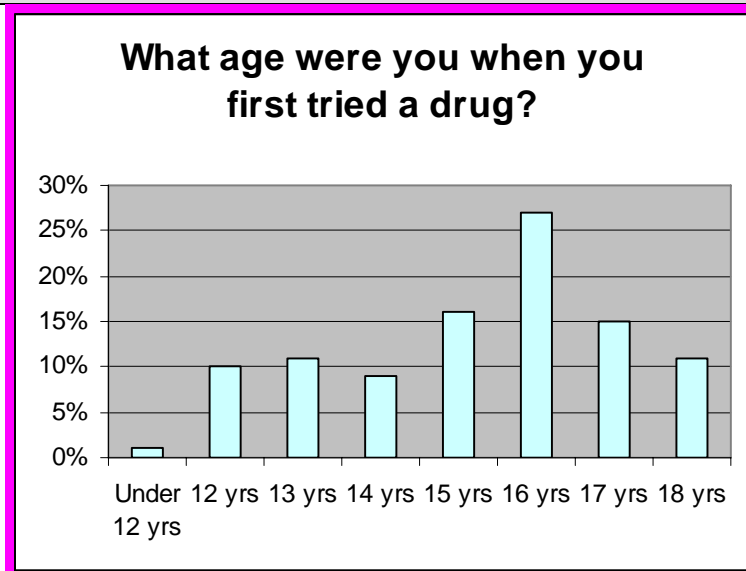
Cocaine	0%
Speed	0%
Solvent	2%
Other	0%

**Note** 97% pf those indicating drug use, gave Cannabis or Hash as their first drug used.

What age were you?

Under 12 yrs	1%
12 yrs	10%
13 yrs	11%
14 yrs	9%
15 yrs	16%
16 yrs	27%
17 yrs	15%
18 yrs	11%

**Note** 27% of the drug using sample, were 16 years at the time of first time drug use, with 16% aged 15 years, and 15% aged 17 years. 1% were under 12 years old.



*What age were you when you first tried a drug?*

**Note** The average age of males was 15.3 years and the average age of females was 16.5 years for first time drug initiation. This would indicate higher drug use and risk of experimentation among young males.

*How did you feel? Top 3 responses in order*

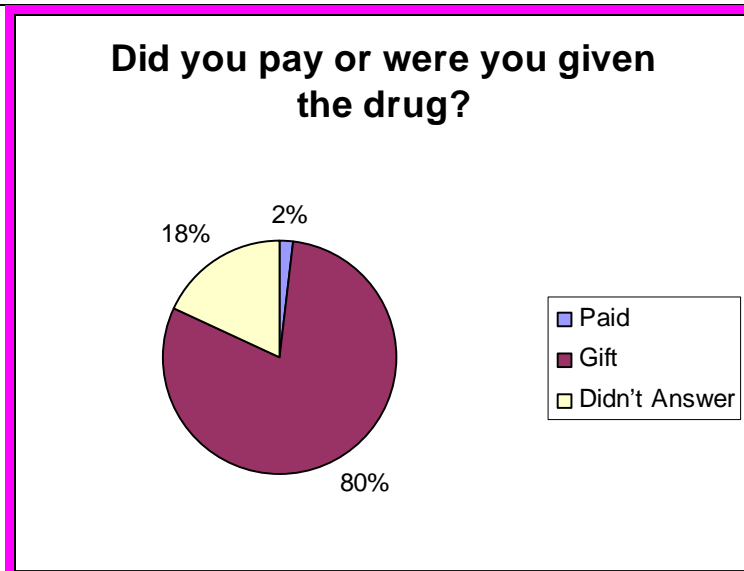
1. Good
2. Stoned
3. Sick

*Where did you use drugs the first time? Top 3 responses in order*

1. With friends
2. Nightclub
3. On the estate

Did you pay or were you given them?

Paid	2%
Gift	80%
Didn't answer	18%



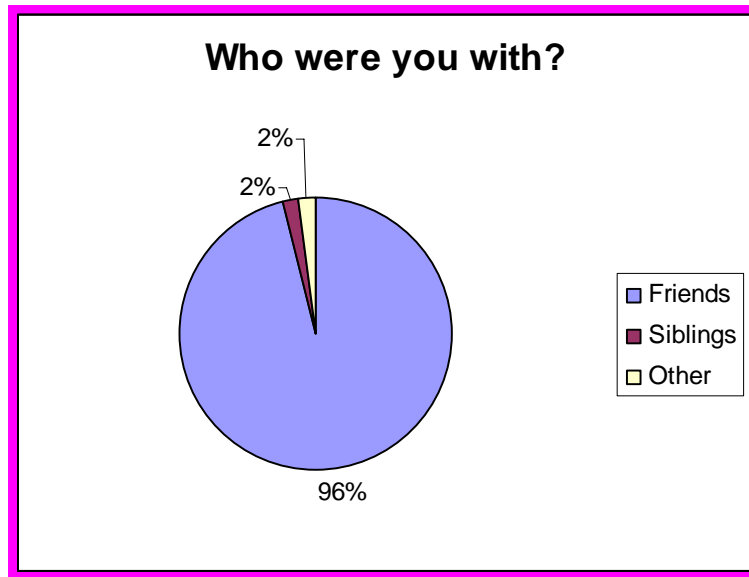
*Did you pay or were you given the drug?*

**Note** 80% were given the drug at first time use with only 2% paying and 18% of the drug using sample who did not answer the question.

Who were you with?

Friends	96%
Siblings	2%
Alone	2%

**Note** 96% of the drug using sample, were with friends at the time of first time drug use, corresponding with 95% who were introduced to this drug by their friends. This indicates the effect of peer socialisation and drug experimentation during adolescence.



*Who were you with?*

Were you also drinking alcohol?

Drinking 86%

Not drinking 14%

**Note** 86% were drinking at the time of first time drug use, indicating the use of alcohol as initial gateway drug to drug experimentation and reducing inhibitions.

**Subsequent Drug Use (includes alcohol, cigarettes and drugs)**

Which of the following drugs (includes alcohol and cigarettes) have you used and how often?

Drug	Daily	Several Times per week	Once a week	Less Often	Only tried once
Cigarettes	2%	5%	4%	36%	5%
Alcohol	0%	1%	49%	12%	15%
Cannabis	0%	0%	15%	4%	2%
Speed	0%	0%	0.2%	0.8%	2%
Ecstasy	0%	0%	0.6%	0.2%	0.8%
Revelin					
Cocaine	0%	0%	0.2%	0.3%	0.4%
LSD/Acid	0%	0%	0%	0%	0%
Magic Mushrooms	0%	0%	0%	0%	0%

Heroin	0%	0%	0%	0%	0%
Tranquillisers	0%	0%	0%	0%	0%
Ketamine	0%	0%	0%	0%	0%
Solvents	0%	0%	0.3%	2%	3%
Valium	0%	0%	0.2%	0.3%	0.5%

**Note** 52 % of the total sample indicated smoking cigarettes ranging from daily 2%, several times per week 5%, once a week 4% less often 36% and 5 % who only tried it once. 77% of the total sample indicated drinking alcohol, ranging from 1% several times per week, 49% once a week, 12% less often and 15% who only tried it once. 21% of the total sample indicated using cannabis, showing that 1% of those who had indicated first time drug use had either chosen another drug or had given up. Speed, Ecstasy, and Cocaine were indicated to a lesser degree. Solvents and prescription drugs were indicated at 3% only tried once, and 0.5% respectively.

Have you ever taken more than one substance in an eight hour period?

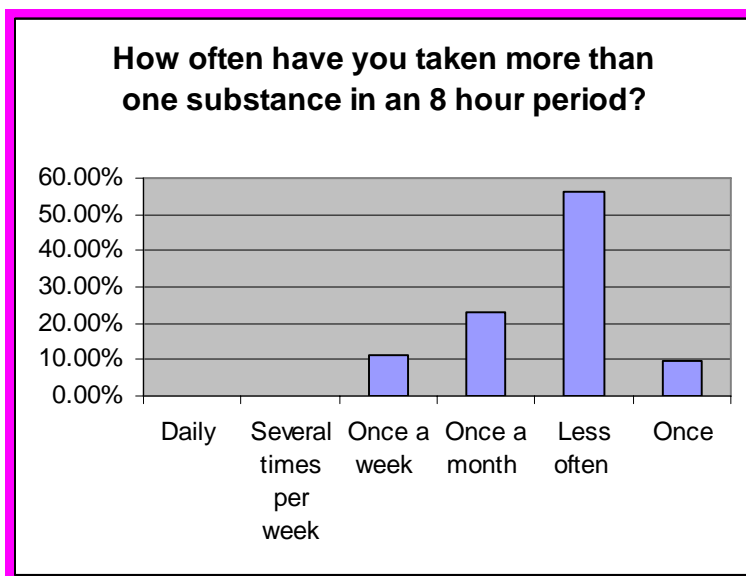
Total	Yes 52%
	No 48%

*If yes, how often?*

Daily	0.03%
Several times per week	0.2%
Once a week	11%
Once a month	23%
Less often	56%
Once	9.7%

**Note** 52% of the drug using sample indicated using more than one substance in an eight hour period, indicating poly-drug use as preference.





*How often have you taken more than one substance in an 8 hour period?*

*Name the combination of substances used. Responses in order*

1. Alcohol and Cannabis
2. Alcohol and Ecstasy
3. Alcohol and speed

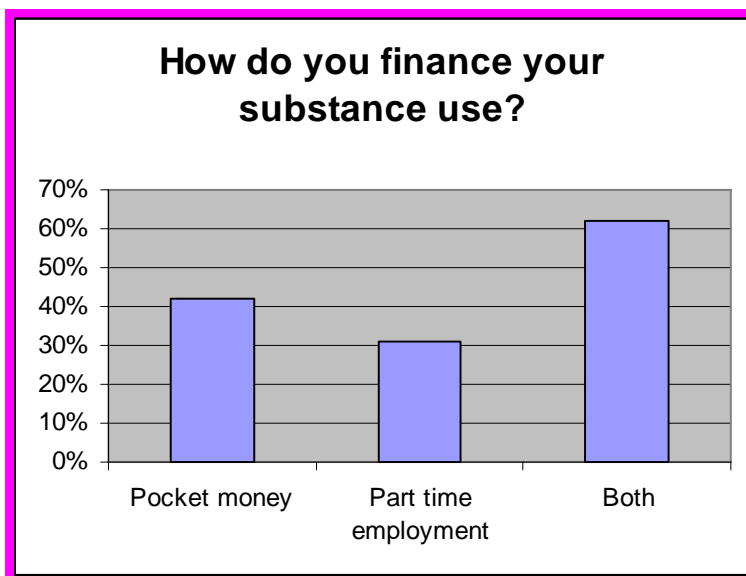
*How much money do you spend weekly on substances? Average responses.*

Cigarettes	€13.66
Alcohol	€33.20
Other drugs named	€2.30
Alcohol and Drugs	€43.62

**Note** It appears that the drugs are often bought in groups in order to reduce cost and also some individuals get their drugs free, indicating that the greater proportion of this weekly spending is comprised of alcohol.

How do you finance your substance use?

Pocket money	42%
Part time employment	31%
Both	62%



*How do you finance your substance use?*

#### Last Time Drug Use. (Excludes alcohol and cigarettes)

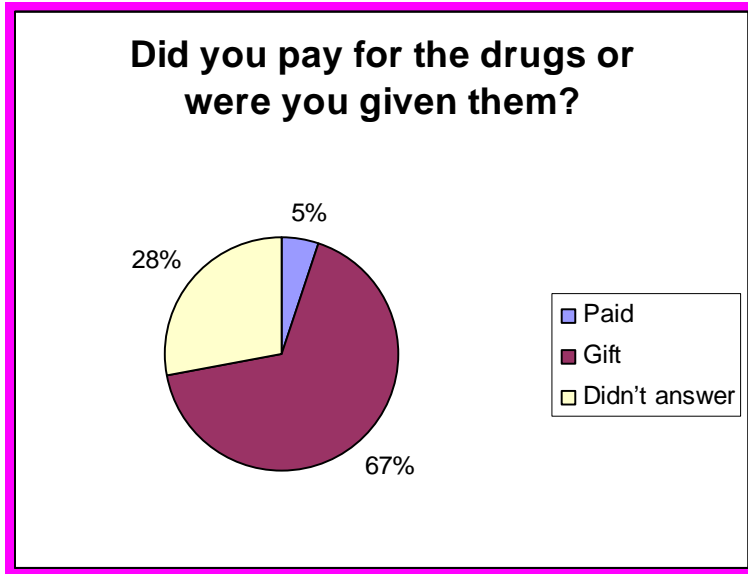
The **last time** you used or took drugs, were you also drinking alcohol?

Drinking	38%
Not drinking	62%

**Note** Last time drug use indicates that 62% were not drinking, when compared to first time drug use at 86%. This indicates that young people are making rational and sober choices to continue with drug use.

Did you pay for drugs or were you given them ?

Paid	5%
Gift	67%
Didn't answer	28%

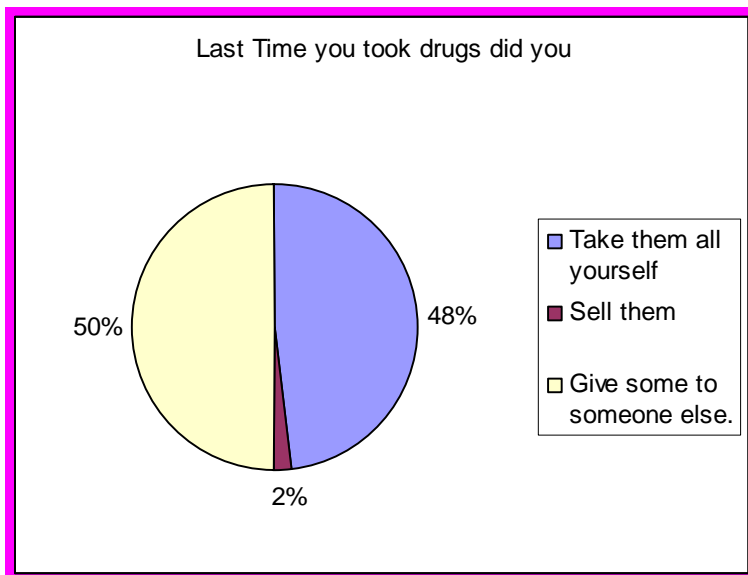


*Did you pay for drugs or were you given them ?*

Note 67% indicate that they got their drugs free the last time they used drugs, when compared to 80% at first time drug use, indicating that 13% had progressed to buying their drugs.

The **last time** you used or took drugs, did you;

Take them all yourself	48%
Sell them	2%
Give some to someone else.	50%



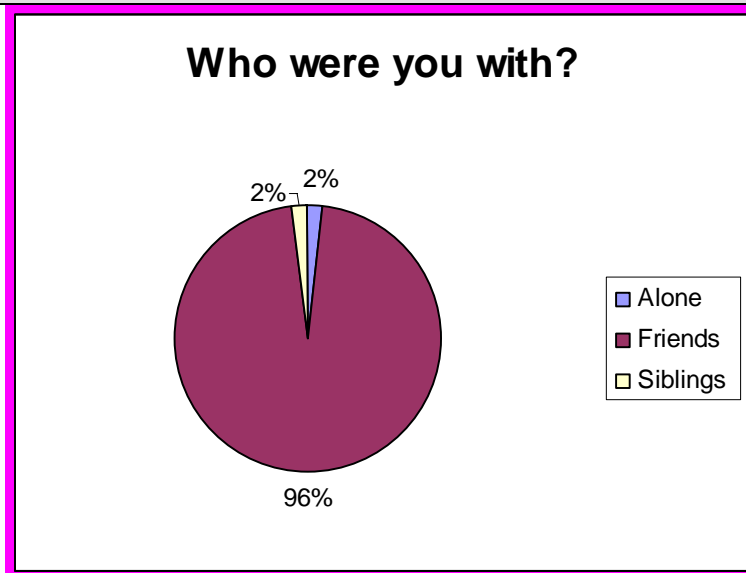
*Last Time you took drugs did you taken them all yourself, sell them or give some to someone else.*

Note 48% took all the drugs themselves, with 50% sharing with someone else and 2 % selling the drug.

Who were you with?

Alone	2%
Friends	96%
Siblings	2%

**Note** 96% of last time drug users were with friends, 2% with siblings and 2% alone, indicating that drug use is primarily a social activity.



*Who were you with the last time you took drugs?*

*Where were you when you used drugs **the last time**? Most common responses included*

1. Outside
2. On the estate
3. In a pub /nightclub

*Why did you use drugs that day? Most common responses included*

1. Nothing else to do
2. For the crack
3. Friends had them

*How did the drugs make you feel? Most common responses included;*

1. Good
2. Stoned

3. Sick

*Please state what you get out of taking drugs? Most common responses included*

Best Thing

1. Fun
2. The buzz
3. Nothing else to do

Worst Thing

1. Pulled a whitie (faint)
2. Felt sick
3. Got sick

In general, have you ever felt any of the following?

Depressed	4%
Lonely	0%
Suicidal	0%
Socially excluded	0%
Down/Upset	5%
Paranoid	10%

The remainder did not answer this question.

*Have you ever felt any of the above after using drugs?*

Total Yes 2% (All male aged 17-18 years –Urban)

**Note**-only 2% of young people felt depressed, upset and paranoid after drug use, perhaps indicating the effect of continued drug use or the presence of mental disorder.

*Do you think you have a problem with drugs?*

Total Yes % 0.2% (All male aged 17-18 yrs-Urban))

*Have you ever tried to get help?*

Total Yes 1% (All male aged 17-18yrs - Urban)

*If yes from whom?*

1. General Practitioner

**Risk Perceptions of Drug Use**

Here is a list of other things that worry some people when they think about taking drugs. Do you worry about any of these things?

I might get into trouble with the police	25%
--	-----

I might get into trouble at school	0%
I might spend too much money on drugs	0%
I might get into trouble with my parents	1%
I might get into trouble with my friends	0%
I might fall behind with my schoolwork	0%
*the remainder did not answer this question.	

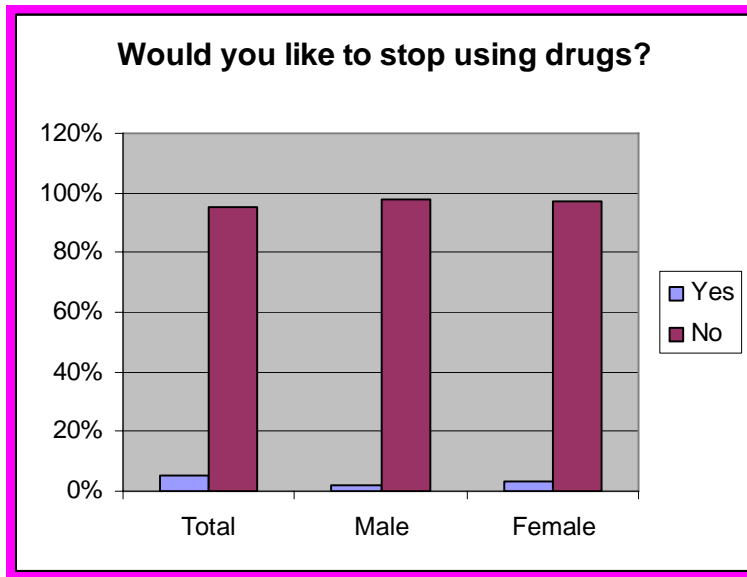
*Here is a list of some things that worry some people when they think about taking drugs. Do you worry about any of these things? .*

I might be sick	28%
I might be scared	0%
I might to things I would not normally do	0%
I might get myself into dangerous situations	0%
I might become addicted or dependent on drugs	32%
I might get health problems because of using drugs	1%
Something could go wrong and I might die	0%
*the remainder did not answer this question.	

### Future Drug Use

Would you like to stop using or taking drugs altogether?

Total	Yes %	5%
	No %	95%
Males	Yes %	2%
	No %	98%
Females	Yes %	3%
	No %	97%

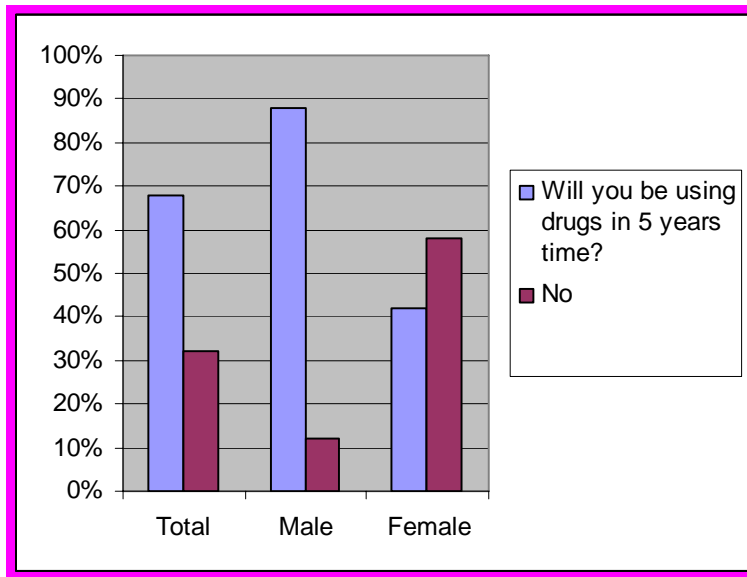


*Would you like to stop using drugs altogether?*

**Note** 95% of the drug using sample indicated that they would not like to stop their drugs use, indicating lack of fear of health and legal consequences, and continued enjoyment of the drug experience.

Do you think you will still be using or taking drugs in five years time?

Total	Yes %	68%
	No %	32%
Males	Yes %	88%
	No %	12%
Females	Yes %	42%
	No %	58%



*Do you think you will still be using or taking drugs in five years time?*

Note 68% of the drug using sample indicated that they would still be using drugs in 5 years time, with a greater percentage of males (88%) than females (42%). This indicates lack of fear of long term health, scholastic and legal consequences, and continued enjoyment of drug use.

### Drug and Alcohol Education

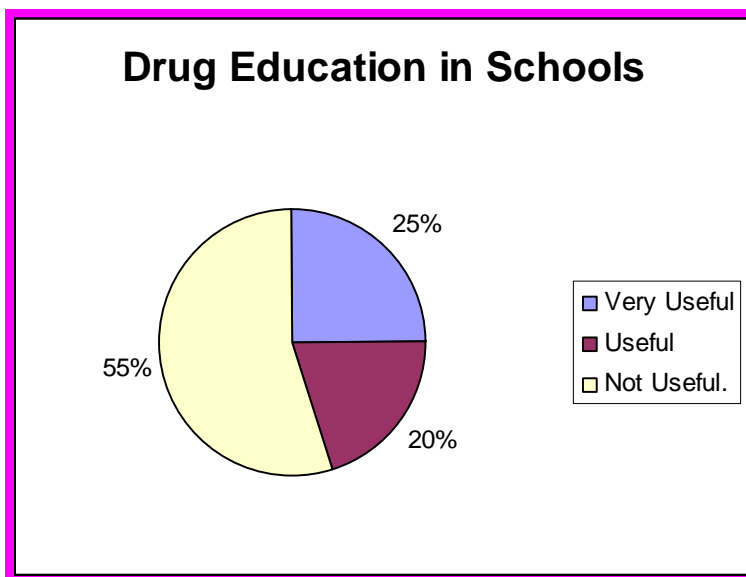
In the last twelve months have you had any lessons, videos or discussions in class on the following topics:

	Total	Urban	Rural	Travellers
Smoking	1%	0	0	0
Alcohol	55%	32%	3%	20%
Drugs in General	27%	19%	6%	1%
Heroin	0	0	0	0
Cocaine	0	0	0	0
Solvent or Glue Sniffing	0	0	0	0
Ecstasy?	0	0	0	0



How useful have you found the lessons, videos or discussions you have had during the last 12 months about drugs?

Very Useful	25%
Useful	20%
Not Useful.	55%

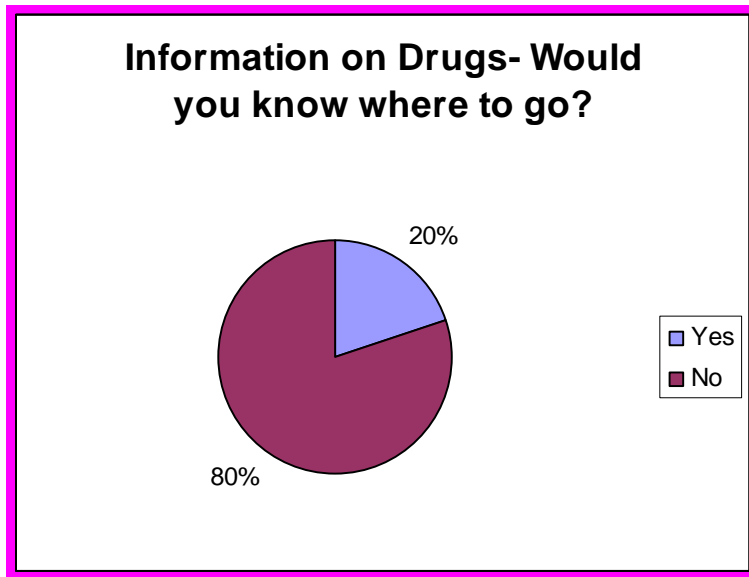


#### *Drug Education in Schools*

**Note** 55% of the total sample indicated that they do not find the drug education useful and only 20% would know where to go if they needed more information about drugs.

Would you know where to go if you wanted to get more information about drugs?

Yes	20%
No	80%



*Would you know where to go if you wanted to get more information about drugs?*

**Conclusion**

Age Percentage Used Alcohol/Used Drug- Total/Male/Female

Total % of Sample

Age	12 yrs	13 yrs	14 yrs	15 yrs	16 yrs	17 yrs	18 yrs	Total
Had used Alcohol	38%	46%	56%	58%	65%	63%	65%	77%
Had used drug	1%	1%	11%	18%	23%	39%	42%	22%

Male

Age	12 yrs	13 yrs	14 yrs	15 yrs	16 yrs	17 yrs	18 yrs	Total
Had used Alcohol	40%	45%	56%	58%	67%	75%	89%	75%
Had used drug	1%	1%	20%	23%	27%	45%	65%	54%

Female

Age	12 yrs	13 yrs	14 yrs	15 yrs	16 yrs	17 yrs	18 yrs	Total
Had used Alcohol	32%	34%	50%	58%	64%	78%	88%	76%
Had used drug	0%	0%	15%	20%	30%	40%	41%	46%

**Note**

77% of the total sample had experienced alcohol, of which 76% were female and 75% were male. 22% of the total sample had used a drug, of which 54% were males and 46% females.

**Note**

18 years indicates the greatest trying rates for both alcohol and drug use.

**Qualitative Results- Interviews and Focus Groups with Young People**

**Sample- Age and Gender**

The following table indicates the age breakdown of those young people involved in this study. These individuals represent the school going,, early school leaving and youth training populations. The sample represents a random sample of research settings, with individuals chosen on basis of volunteerism and reduced disruption of the school timetable. It was aimed to achieve several students from every year.

Sample Interviews/Focus Groups-Age and Gender

Age	Number
12	15
13	11
14	17
15	12
16	21
17	11
18	13
19	4
20	2
21	2

22	1
25	1
<b>Total</b>	<b>110</b>

The gender balance is as follows;

<b>Male</b>	<b>Female</b>
53	57

### **What do you do in your free time?**

Majority of those interviewed were involved in sport and in particular boys, with girls remarking that there was nothing to do other than hanging around in town. Several of those interviewed complained of the lack of youth facilities and also that the Regional Youth Services did not operate in the evening and at weekends when the real need was present. They felt that as they usually finished school at 4pm, it was of no use to go the Regional Youth Services for a programme that finished at 5pm. Those older than 16 years go to pubs and nightclubs at the weekends.

### **Alcohol**

30% of those interviewed had never taken a drink and consisted of equally boys and girls. Most of those interviewed commented that they had their first drink in the family setting and usually during confirmation. The age ranges reported were 9 years to 11 years with boys exhibiting earlier (ages 7-8 years). Most reported a positive experience. Some reported a negative first time experience with alcohol;

*"I felt sick"*

*"I didn't like the taste"*

The majority continued to drink and reported a time lapse of 6-12 months between first time and subsequent use. This was due to lack of opportunity in most cases.

The subsequent use was primarily opportunistic due to fear of being caught by parents, and often took place outdoors (in a field, behind sheds, waste ground). Others reported trying alcohol at home without the presence of parents. Patterns of use were reported as weekly in older individuals and sporadic amongst younger. Some reported the occasions of winning a sports match, a family gathering, a 21<sup>st</sup> etc as opportunities for drinking. Those drinking regularly reported spending between €70 and €120 per week, and received pocket money from parents and had part time jobs.

Reasons for drinking included;

*"To have a laugh, nothing else to do"*

*"I like getting hammered"*

*"My friends drink"*

*"It relaxes me"*

*"To chill out"*

### **Smoking**

Approximately, half of the older age group (16-19 years) reported cigarette smoking. All of those interviewed reported awareness of the health dangers of smoking, and this did deter the younger ones from starting to smoke. Other respondents commented that they gave up smoking as it affected their sports performance and ability to run.

### **First Time Drug Use**

55% of those interviewed had never tried a drug and consisted of mostly younger individuals (under 15years) and gender balanced. The reasons for not experimenting included

*"My friends do it but I couldn't be bothered"*

*"It doesn't interest me"*

*"Drugs are dangerous- I have seen what drug use can do"*

*"I am afraid of getting addicted"*

*"You can control drink but you cant control drug use"*

*"My friend had a bad experience with ecstasy"*

97% of those interviewed including ages 12/13years had been offered a drug and most commonly hash. Approximately 56% had friends currently using drugs. The remainder quoted the age range for first time drug use as 14-15 years, with boys reported earlier (12-14years) than girls. Of those 40% were drinking alcohol, and 97% reported hash as being the first drug used. The remainder (2%) reported ecstasy and speed as first time drug, and these experiences were not positive (sickness and vomiting), resulting in abstinence from future drug use. All of those interviewed reported that they were with friends and were given the drug free. A variety of settings were reported including; at a house party, in a field, in a laneway, in a nightclub. All of those reporting drug use said that the first time drug use was not a conscious decision and rather that the opportunity presented itself within a peer setting. Reasons for this first time drug use included;

*"Nothing else to do"*

*"I was curious"*

*"It was only hash"*

*" I was drunk"*

*"My friends were smoking"*

*"Sure everyone's at it"*

*"Hash is around and I got it free"*

40 % reported a negative first time drug experience such as *"I pulled a white"* and *" I had to go home, I was sick – 3 ecstasy tablets,* however this did not deter them from wanting to try again and trying again.

### **Subsequent Drug Use**

Of those reporting drug use, 65% reported subsequent drug use, and the remainder stated that they did not pursue further drug experimentation. Reasons included;

*" Couldn't be bothered"*

*" My parents will kill me"*

*" I didn't like it"*

*" The opportunity didn't happen again and I didn't have any friends who had some"*

*"I prefer to drink alcohol, I get a better buzz"*

Subsequent drug use again was not planned and occurred in a sporadic and spontaneous fashion. 86% of those reporting continued drug use did not buy their own drugs and were given it by friends. Those opting to continue drug use after the first time reported a time lapse of roughly 2 weeks between first time and subsequent use. Also they commented that subsequent drug use was in a controlled fashion and resulted in a better experience. About half drank alcohol during subsequent drug use. The main reasons for subsequent and current drug use included

*"Nothing else to do"*

*"Sure there's nothing wrong with hash"*

*" Everyones doing it"*

*"It's a buzz"*

### **Current Drug Use**

Those older than 18 years reported a maturing out of drug use and were currently abstaining (this group were included as supplement to the research in order to illustrate possible substance pathways). Reasons reported included;

*"I couldn't be bothered"*

*"Me head was wrecked on drugs"*

*"I prefer to drink now"*

Those currently using drugs reported weekly drug use, mainly at the weekends and most commonly hash and alcohol combinations in a peer setting. Reasons for drug use included;

*"The Buzz"*

*"Its cool"*

*"My friends are doing it"*

Interestingly most reported getting their drugs for free and did not pay for them.

In relation to the younger age groups (12-14years) both girls and boys reported regular solvent abuse, such as sniffing petrol, glue, permanent markers and aerosols and also the use of parental prescription drugs, with the age of initiation of 10 years. The older age group did not report this type of drug use.

### **Social Context of Drug Use**

Most (98%) of those reporting drug use commented that this took place with friends. 2% used drugs alone, and this was reported as solvent abuse (glue and hairspray). The usual settings were outside (in a field, on the street, in a pub) and also within the home (at a house party). All of those interviewed commented that drugs were all around them and they all knew of a friend who uses drugs regularly. Again, the most common drug used was hash.

### **The Drug Experience**

Those who reported current drug use commented that the experience improved with practice. The negative sides to drug use included

*"Fear of addiction"*

*"I wont let myself get that far"*

*" I pulled a whittie"*

*"I had to go to hospital"*

The main reasons for drug use included

*"Sure all my friends are doing it"*

*"I relax"*

*"Nothing else to do around here"*

*"It's a buzz"*

*"It helps me chill out, when my parents get on to me"*

### **Availability, Quality and Cost**

All of those interviewed commented that drugs were easily available in County Carlow, town and rural areas, and that they were aware of drug use and dealing on the streets. Some, particularly the younger ones reported feeling intimidated by youths hanging around on the streets and areas of known drug use (e.g. at local river banks, in parks). Both in rural and town areas, the presence of needles on the ground were reported. Others noticed burnt lumps of hash at school, speed and cocaine in the toilets at nightclubs and the look of drug using individuals at night. The levels of fear were slightly greater within the Carlow Town area.

*"Sure I see it every day in my estate"*

*"The guards don't come near my estate, they are afraid"*

*"You'd see them robbing out of shops and mugging old people, to pay for drugs"*

The primary reported access routes to securing drugs were within a group of friends and all of those interviewed that they were aware of where to get drugs, some within the school setting

and others within a system of the "right contacts". Some commented both in the rural and town setting;

*"It would take one phone call to get what I wanted"*

*"It would take me 20 minutes in school to get some"*

*"The dealer kept ringing me up to ask if I wanted more"*

*"They'd sell it to anyone, they don't care who you are"*

All of those reporting current drug use, commented that they were willing to wait should a drug drought occur and that they would not consider switching to another substance (these were using only hash). They all commented that quality did vary and that they always clubbed together to buy ¼ or ½ ounce of hash. The group did not sell on to other individuals and kept the "stash for themselves". Few of those interviewed actually bought drugs or clubbed into the group as they felt that this indicated the presence of a problem;

*"I'll never pay for that I (hash)"*

*"I wouldn't let myself go that far"*

*"If I did buy it (hash), I wouldn't know when to stop"*

The street value of the following drugs in Carlow were reported

An ecstasy tablet	€2.50-5.00
A gram of amphetamine/speed	didn't know
A gram of cocaine	didn't know
Heroin	didn't know
An ounce of hash	€90
½ an ounce of hash	€50

This would perhaps indicate that these young people were afraid of the more serious forms of drugs such as cocaine, speed and heroin or that they simply did not know the price. In relation to quality, those using drugs would report checking quality first and if it was not satisfactory they would change dealers.

### **Risk Perceptions**

All of those interviewed including those that had never used drugs reported that they perceived hash to be a safe drug;

*"Sure its only like smoking a cigarette"*

*"I wouldn't touch anything else, only hash"*

*"I don't want to get addicted to other drugs, I won't get addicted to the odd joint"*

All of those reporting drug use, were not afraid of legal consequences because;

*"Sure they wont catch me smoking a joint, I 'll just throw it way"*

*"Sure even if you do get caught, nothing would happen ye"*

*"Id be more afraid of being caught drinking under age than with a joint"*



In general, those abstaining from drug use interviewed were afraid of health consequences including addiction, paranoia, loss of mental skills, fear of overdose. Other consequences included fear of losing friends, becoming a recluse, exhibiting strange behaviour, and not being able to finish school. Those reporting drug use (first time and current) reported a lack of fear of health consequences particularly as most were using hash and perceived this to be a safe choice.

*"I wouldn't touch any of them dirty drugs"*

Those using drugs were also not afraid to tell non drug using friends of their use, indicating the normalisation of hash use within young peoples social settings. All of those interviewed thought that some drug/s can be dangerous or potentially addictive, such as heroin and cocaine, but were not aware of the risks associated with legal drugs (alcohol and tobacco) compare with illegal drugs. The general perception was one of

*"drinking is ok, sure my parents drink, hash is safe enough, its like smoking a fag and other drugs are dangerous"*

#### **Personal Drug Use**

Those reporting current drug use did not report any definite negative or undesirable repercussions which they would attribute to their use of the drug hash. They also quoted that if drug use ever had negative repercussions for their school work or personal relationships, they would stop. The majority did not see themselves as using hash in 5 years time. Those currently abstaining were divided, some reported that they would never try drugs and others said they might if the opportunity presented itself.

All groups interviewed reported that they knew of someone who had overdosed, with 2 school settings reporting the death of a student. All of those interviewed unanimously commented that drug education was haphazard, with some individuals receiving no drug education during school time and others receiving one class in 6 years. In some school the Social Personal Health Education SPHE stopped after third year, so that some classes did not receive sufficient drug educational content. The overall picture was one that pointed to the need for a proactive approach during schooling and that often teachers were not aware that some students were using drugs during school breaks, and were also not comfortable with the delivery of drug education. Some students reported the use of "bongs" at school breaktimes, in both rural and town school settings.

### Interview and Survey Data for Parents

A total of 55 questionnaires were distributed amongst rural and urban parents, with 100% response rate.

#### 1. How satisfied are you with the facilities available to young people in your community?

##### Urban

	Yes	No	Don't Know
Youth Club	95	5	
Sports Club	94	3	2
Library	87	6	7
Disco	65	5	30
Cinema	95	2	3
Swimming Pool	95	2	3
Gym	98	1	1
Any Other	0	0	0

The majority of urban parents indicated satisfaction with local facilities for youth.

#### 1. How satisfied are you with the facilities available to young people in your community?

##### Rural

	Yes	No	Don't Know
Youth Club	4	96	
Sports Club	95	3	2
Library	2	98	
Disco	4	96	
Cinema	2	98	
Swimming Pool	2	98	
Gym	4	96	
Any Other	0	0	0

The rural parents indicated satisfaction with sporting clubs and the need for additional recreational facilities for youth.

#### 2. Are any of these drugs available in your community?

##### Urban

	Yes	No	Don't Know
Alcohol	95	5	
Cigarette	100		
Speed	40	55	5
Cannabis	85	5	10
LSD	20	20	60

Cocaine	86	4	10
Illegal Use of Prescribed Drugs	42	52	6
Solvents	63	20	17
Magic Mushrooms	0	0	100
Heroin	87	3	10
Other Please state	0	0	0

**2. Are any of these drugs available in your community?**

**Rural**

	Yes	No	Don't Know
Alcohol	96	4	
Cigarette	98	2	
Speed	90		10
Cannabis	98		2
LSD	20		80
Cocaine	87		13
Illegal Use of Prescribed Drugs	52		48
Solvents		2	95
Magic Mushrooms		4	96
Heroin	20	17	63
Other Please state	0	0	0

**3. Who do you feel introduces young people to their first drug?**

Town parents observed that friends, older teenagers and girlfriend/boyfriends introduced the young person to drugs. The rural sample reported that friends, older teenagers and dealers introduced the young person to drugs.

**4. Common places where young people take drugs in the community.**

The three most common places from the all parent's perspective were;

Parties, public places and at friends.

**5. What is the main reason for young people taking drugs?**

Town parents reported boredom, curiousness and friends. The rural parents quoted the same and added for stress relief.

**6. What concerns would you have about young people taking drugs?**

All parents reported the following top 5 responses to the above

Fear of overdose, fear of addiction, going on to harder drugs, trouble with law, and poor scholastic performance. None identified "harmful substances such as rat poison or getting into trouble with dealers".

**7. Do you agree/disagree with the following statements?**

All of the town parents agreed with the following

*There is a drug problem in your area*

*There is a serious drug problem in your area*

*Alcohol use amongst young people leads to drug misuse*

*One Ecstasy tablet kills*

They didn't know if *the majority of young people have experimented with drugs or if locking up dealers is the solution to the problem.*

The rural parents had similar responses with the exception of "*Alcohol use amongst young people leads to drug misuse*" where the majority didn't know

**8. Which service would you contact if a young person was using drugs?**

All town parents indicated they would contact the Addiction Treatment Centre, The GP Helpline and the Gardai. The rural parents reported the Youth Service, the Gardai and the School.

**9. Do you think adults understand why young people take drugs?**

The majority of parents (99%) indicated "No".

**10. Do young people grow out of using drugs as they get older?**

65% of all parents indicated "Yes" and 35% reported "Don't know".

Note- These parental results indicate some understanding of the factors involved contributing to adolescent substance use.

### Interview and Survey Data for Teachers

The total amount of teachers interviewed was 21.

Results are indicated in percentages.

#### 1. What client group does your school work with?

Girls	Boys	Mixed
30	34	36

#### 2. Does your school facilitate drugs awareness training?

Yes	No	Don't Know
99		1

99% of schools facilitated drugs awareness training.

#### 3. Are you aware of drugs programmes/courses run in your area?

Yes	No	Don't Know
4	76	20

76% of teachers were not aware of drugs programmes run in the local area.

#### 4. Does your school have drugs information leaflets available?

Yes	No	Don't Know
96		4

96% of schools did have drug information leaflets available.

#### 5. Does your school have a drugs policy in place?

Yes	No	Don't Know
100		

100% of schools have a drugs policy.

#### 6. Have staff/leaders had in-service training?

Yes	No	Don't Know
53	30	17

Only 53% of staff have had in service training regarding drug education.

#### 7. Do you have a structure in place in the event of a drugs incident arising?

Yes	No	Don't Know
53	42	5

Only 53% have a structure in place in the event of a drug incident.

#### 8. Does your school have a referral system in place in the event of an incident arising?

Yes	No	Don't Know
63	28	7

63% have a referral system in place in the event of an incident arising.

#### 9. Has your school had an experience with drugs misuse over the last two years?

Yes	No	Don't Know
86	2	12

86% of schools have had an experience with drugs misuse in the last 2 years.

**10. Would your school support an addiction counseling service in your area?**

Yes	No	Don't Know
100		

100% would support an addiction counselling service in their area.

**11. Is there a gap in services for young people and their parents in your area?**

Yes	No	Don't Know
4		96

96% of teachers were not aware of service gaps for young people and parents.

**Note-**These results indicated that teacher and school drug experiences are increasing with notable deficit in teacher training and facilitation of drug educational material.

### **Key Findings with Recommendations for Service Provision**

1. The findings of this research show that 22% of the young people surveyed in County Carlow have used drugs. The majority of young people who have used drugs, do not feel they have a problem with them and feel the best thing about drug taking is the enjoyment and camaraderie with friends.

It is therefore recommended that services should adopt a harm reduction approach when raising awareness of the issues relating to drug use in County Carlow.

2. The findings highlight the need for a drug awareness programme for young people in County Carlow with the overall aim of raising awareness and educating young people.

It is recommended that programmes be designed, the aims of which should include the following

- To educate young people about all types of drugs and their effects
- To raise awareness of the laws in relation to drugs, including cigarettes and alcohol.
- To develop peer support and peer education among young people
- To give young people the opportunity to explore the issues of drugs from their perspective by discussion of their drug experiences, their perception of drug use within the community, making wise choices, awareness of peer pressure, the use of alcohol by young people and adults and the dangers of drug use in general.
- To provide training for teachers and parents, in order to raise awareness, aid in delivery of drug education material and providing support for their children.

3. This research indicates that most young people access information about drugs from either home or at school. The majority commented on the lack of drug education in school and also that the drug education was not delivered to them in an informative manner.

There is a need for improvement in drug education and awareness programmes in schools and a reflection on the current effectiveness of drug education in Carlow. It is therefore recommended that the method and mode of drug education delivery is learner centred, proactive, and creative and that the facilitators are trained to deliver this training in a way that meets the needs of the young people according to age, gender and vulnerability.

4. The findings show that underage drinking is taking place in County Carlow, outdoors / hidden places and also in some licensed premises.

It is recommended that service providers build a partnership approach to identifying solutions to the problem of under age drinking by networking with local vintners, parents, night club owners, Gardai, community workers and other relevant local organisations.

5. The young people interviewed all commented on the lack of things to do in their area and lack of youth and sporting clubs.

It is recommended that the Carlow Regional Youth Service and other relevant youth organisations build on their activities and programmes by extending their hours to include evenings and weekends, when young people are most vulnerable to drug use.

6. The findings suggest that young people's first experience with alcohol occurs at Confirmation time and that young people first use drugs between the ages of 10 and 15 years.

It is recommended that service providers work in partnership with local primary and secondary schools to;

- Implement the delivery of drug awareness and preventative education in primary school to children from an early age (this is especially with alcohol and solvent abuse in mind).
- Specifically target parents of 5<sup>th</sup> and 6<sup>th</sup> class students in primary schools to raise awareness of the "hidden" nature of drug use from 12-15 years with especially the link between drug taking and disposable income of young people.

Following the consultative approach, the following key principles were identified in relation to service provision in County Carlow

#### **Primary Recommendations.**

- Interagency approach based on genuine partnership is vital
- Focus on those most vulnerable and disadvantaged within the communities
- Involve parents, teachers, trainers, as well as local communities and organisations.
- Maintain an integrated approach focusing on education, prevention and treatment.
- Provide additional, focused and accessible youth services and facilities during times of greatest need (i.e. after 5pm weekly and at weekends).

#### **Priority Areas of Need**

Following the consultative approach, the following key needs were identified in relation to service provision in County Carlow;

##### Community Intervention

The need for additional community based drug workers was identified.

##### Youth Facilities and Services



All of those young people interviewed commented on the lack of things to do after school and complained that the Regional Youth Services were not open in the evenings and weekend. This encouraged loitering on the streets and offered increased opportunity for drug experimentation.

\* The need for a Drop In Centre and need for a Youth Diversion Project., providing a range of services and programmes, and operating tight control to deter drug dealing within the centres.

\* A residential centre, providing a drug free and peer pressure free break for young people away from peer drug use, family crisis and other community based influences was suggested.

#### Education

All of those young people indicated a lack of or sporadic drug education within the school system and stresses the need for drug education throughout all school years and classes. It must be noted that this is most successful if implemented by the selected teachers involved, and not if conducted by a one off professional operating in isolation from parents, communities and young people. Educational projects should operate in tandem with other drug misuse interventions (e.g. youth services and treatment). Parental need should be identified in relation to information about alcohol and drugs and the provision of such information. A number of different strands of education was suggested by those teachers, home school liaison and school completion projects;

- Peer Education
- School Programmes
- Teacher Training
- Parental and Community Education

Similarly, all educational programmes could work in conjunction with existing programmes (e.g. Walk Tall, , On My Own 2 Feet, and Parent to Parent). In addition, preventative drug education in school should be initiated at primary level to children in 5<sup>th</sup> and 6<sup>th</sup> class.

#### Individual Response

The need for a local based treatment centre for adolescents was identified, and the need to increase accessibility to addiction counsellors specifically trained in adolescent issues relating to drug misuse. There is a need for a variety of options for those seeking help, to include a community based treatment centre and residential treatment for detoxification. In addition, the provision of a confidential helpline service for young people and notice boards with such information would be deemed helpful.

**Appendices 1 - Questionnaire**

**WE PROMISE THAT YOUR ANSWERS ARE  
CONFIDENTIAL. THEY WILL NOT BE SHOWN TO  
ANYONE THAT YOU KNOW**

Q1. Male  Female

Q2. Age :  Years.

Q3. Please name the townland in which you live :.....

**Family**

Q4. Does your father have a job? Yes... No...  
Does your mother have a job? Yes... No...

Q5. How well off do you think your family is?.....

Q6. Do your parents live together? Yes... No...

**Free Time and Hobbies**

Q7. How many days each week are you involved in any kind of club or organisation  
(eg. youth club, swimming/athletic club, choir, dance group etc)  Days per week.

Q8. Are you involved in any sporting activities? If yes, what kind?.....

Q9. How much say do you have when you and your parents are deciding how you should spend your  
free time  
outside school?.. ..

**Alcohol. Please answer the following, if you have tried alcohol:**

Q10. How old were you when you had your first proper alcoholic drink?  Years.

Q11. How often do you usually have an alcoholic drink?.....

Q12. When did you last have an alcoholic drink?.....

Q13. Have you ever had so much alcohol that you were really drunk? Yes... No...

**Drugs. Please answer the following if you have tried drugs (excluding alcohol and cigarettes):**

Q14. Have you ever used drugs? Yes... No...

Q15. If No, which of the following are reasons why you have refused to take drugs?

- They are too expensive
- I was frightened of taking them
- I thought they were dangerous

- I didn't want to get addicted
- I didn't know enough about the drugs
- I thought I would get into trouble if I took drugs
- I think taking drugs is wrong
- I just didn't want to take them

**Q16.** How easy would it be for you to get illegal drugs if **you** wanted to? Please tick one option only.

- Very easy  Easy  Not easy  Difficult

**First Time Drug Use (excludes alcohol and cigarettes)**

**If you have answered Yes to Q14,**

**Q17.** Why did you try the drugs, the **first** time?.....

**Q18.** Who introduced you to this drug?.....

**Q19.** What drug did you **first** use? .....

**Q.20.** What age were you?  Years

**Q21.** The **first time** you took drugs, overall how did you feel?.....

**Q 22.** Where did you use drugs the **first time**?.....

**Q 23.** Did you pay for drugs or were you given them, the **first** time you tried them? Paid   
 Gift

**Q24.** The **first time** you used drugs , who were you with or were you alone? Alone  Who was there  
 .....

**Q25.** The **first time** you used drugs, were you also drinking alcohol? Yes  No

**Subsequent Substance Use. Please answer the following if you have tried alcohol, cigarettes or drugs;**

**Q26.** Which of the following drugs (includes alcohol and cigarettes) have you used and how often?

Please tick below

Drug	Daily	Several Times per week	Once a week	Less Often	Only tried once	Location-place of Use
Cigarettes						
Alcohol						
Cannabis						
Speed						
Ecstasy						
Revelin						
Cocaine						
LSD/Acid						
Magic Mushrooms						
Heroin						
Tranquillisers						
Ketamine						
Solvents						

Paracetamol/Codeine						
Valium						

**Q27.** Have you ever taken more than one substance in an eight hour period?

Yes  No

**Q28.** If **Yes**, please tick how often?

Daily

Several times a week

Once a week

Once a month

Less often

Once

**Q29.** If **Yes**, name the combination of substances used

1.....2.....3.....

.....

**Q30.** How much money do you spend weekly on substances?

Cigarettes €

Alcohol €

Other drugs named €

**Q31.** How do you finance your substance use?.....

**Last Time Drug Use. (Excludes alcohol and cigarettes)**

**Q32.** The **last time** you used or took drugs, were you also drinking alcohol? Yes  No

**Q33.** Did you pay for drugs or were you given them, the **last time**? Paid  Gift

**Q34.** How much did you pay for the drugs, the **last time**? €

**Q35.** The **last time** you used or took drugs, did you;

Take them all yourself  sell them  Give some to someone else.

**Q36.** Where were you when you used drugs the **last time**?.....

**Q37.** Why did you use or take drugs that day?.....

**Q38.** The **last time** you used or took drugs, who were you with or were you alone? Alone  Who was there .....

**Q39.** The **last time** you used or took drugs, how did they make you feel?.....

**Q40.** Please state what you get out of taking drugs

Best Thing.....Worst  
Thing.....

**Q 41.** In general, have you ever felt any of the following? Yes or No..

- Depressed
- Lonely
- Suicidal
- Socially excluded
- Down/Upset
- Paranoid

**Q42.** Have you ever felt any of the above after using drugs? Yes  No

**If yes** please state how you felt?.....

**Q43.** Do you think you have a problem with drugs? Yes  No

**Q44.** Have you ever tried to get help? Yes  No

If yes from whom?.....

**Risk Perceptions of Drug Use**

**Q45.** Here is a list of other things that worry some people when they think about taking drugs. Do you worry about any of these things?

- I might get into trouble with the police
- I might get into trouble at school
- I might spend too much money on drugs
- I might get into trouble with my parents
- I might get into trouble with my friends
- I might fall behind with my schoolwork

**Q 46.** Here is a list of some things that worry some people when they think about taking drugs. Do you worry about any of these things? .

- I might be sick
- I might be scared
- I might to things I would not normally do
- I might get myself into dangerous situations
- I might become addicted or dependent on drugs
- I might get health problems because of using drugs

Something could go wrong and I might die

**Future Drug Use**

**Q47.** Would you like to stop using or taking drugs altogether? Yes  No

**Q48.** Do you think you will still be using or taking drugs in five years time? Yes  No

**Q49.** Have you ever felt that you needed to get help or treatment because you were using or taking drugs?  
Yes  No

**Education**

**Q50.** In the last twelve months have you had any lessons, videos or discussions in class on the following topics:

Smoking?  Alcohol?

Heroin?  Crack or cocaine?

Solvent abuse or glue sniffing?  Ecstasy?

Drugs in general?

**Q51.** How useful have you found the lessons, videos or discussions you have had during the last 12 months about

drugs? Very Useful  Useful  Not Useful.

**Q52.** Would you know where to go if you wanted to get more information about drugs?

Yes  No

**Would you like to make any additional comments?**

.....

**Thank you for taking the time to complete this questionnaire.**

## **Appendices 2- Interviews and Focus Group Discussions**

### **Interview Schedule (Users)**

- Can you tell me about the first time you used a drug? (Circumstances/Individuals present)
- How old were you on this occasion?
- Had you planned to take the drug/s on that occasion?
- What had you heard about this drug/s prior to first use?
- Did you purchase the drug/s were you supplied by a friend or acquaintance?
- Did you look forward to your first experience with the drug/s?
- What did you expect on that occasion?
- Can you describe your first experience with the drug?
- Was it enjoyable/ a disappointment?
- How did it compare to drinking alcohol?
- Which mode of ingestion did you use on that occasion?
- What would you say were your primary motives for trying the drug at this stage?
- Did you have any worries about the consequences on that occasion?

### **Subsequent Drug Use**

- What was the time lapse between first and second use of drugs?
- Were you *definitely* interested in trying the drug/s again following first use?
- Was your second (and /or subsequent use) of the drug similar to your first experience?
- What, would you say, were your main reasons for wanting to try the drug/s again?
- Would you say that you planned subsequent use or simply waited for the opportunity to arise?

### **Current Drug Use**

- How would you describe your current drug use?
- What drug/s would you say you now use most regularly at present?
- How frequently do you use the drug/s?
- In what circumstances (time, location, setting) do you typically use the drug/s?
- How would you describe the buzz or hit from the drug/s used?
- Have you ever used drugs alone?
- Do you use several drugs together? If so, what drugs?
- Does this practice enhance your drug experience or buzz?
- How much (approximately) do you spend on drugs per session/bout of use/
- Are there times or places where you would definitely *not* use drugs?

### **Social Context of Drug Use**

- Do you usually use the drug/s in the company of friends?
- What is your preferred setting for use? Why?

- Do you use drug/s in the company of non-users? If so, have you ever felt apprehensive about doing so?
- Are some/most/all of your friends aware that you use drug/s?
- If no, do you think some or all would disapprove of your activities?
- How many of your friends (do you think) have used drugs?
- Which would you say is the most popular or most frequently used drug within your network of friends/acquaintances?

### **The Drug Experience**

- How would you describe what you feel or experience when you use a drug/s?
- How does each drug compare to the other?
- What would you say are the most appealing aspects of the drug/s?
- Does the experience live up to the drug's reputation?
- Are there negative sides to drug use? If yes, can you describe them?
- Have you ever experienced undesirable negative side effects?
- What would you say are your main reasons for using drug/s?
- Which drug/s do you think you will use at sometime in the future?

### **Availability, Quality and Cost**

- Is it easy to access a supply of drug/s? If yes, which type of drug/s?
- How do people generally go about securing a personal supply (in your opinion)?
- Are the "right" contacts necessary to secure a supply?
- What are your primary access routes to the drug/s (e.g. friends, dealer, acquaintances)?
- Do you depend on other (i.e. friends) as a means of securing a supply?
- Does the quality of the drug/s vary?
- Do you ever worry or question the quality of your supply?
- What is the street value of the following drugs at present?
  - An ecstasy tablet
  - A gram of amphetamine/speed
  - A gram of cocaine
  - An ounce of hash
- Are certain drugs more or less expensive than before?
- How would you rate the cost of a drug/s against the payoff (positive drug experience)?
- Would you say that certain drugs are more economical than others?
- How much do you spend on drug/s per week or per month?
- If you had more money, do you think you would spend more money on drugs?

### **Method of Drug Use**

- How do you usually use your drug/s of choice (mode of ingestion)?
- Have you ever used any other method of ingestion (e.g. injecting, snorting, free basing, smoking etc)?



- Would you say there are advantages and disadvantages to certain methods of ingestion?
- Have you ever combined certain drugs together?  
If yes, what are the advantages of this practice?  
If no, are there certain reasons why you haven't?
- Is there any advice you would give to a novice drug user?

### **Risk Perceptions**

- Do you consider certain drug/s as “safe” drug/s?
- How do certain drugs compare in terms of potential health risks?
- Do you think that some drug/s can be dangerous or potentially addictive?
- Have you ever experienced adverse or negative side effects following the use of certain drug/s?
- Which negative effects would you say are most common for young drug users?
- Have you ever worried or considered the potential health risks associated with drug use?
- How would you say the risks associated with legal drugs (alcohol and tobacco) compare with illegal drugs?
- What about the legal consequences of getting caught? Do you believe you would be charged?
- Have you ever worried about the possibility of this happening?
- Do you have ways of trying to ensure that your activities are not detected by law enforcement?

### **Personal Drug Use**

- Have you ever experienced definite negative or undesirable repercussions which you would attribute to your use of drug/s?
- Have you ever felt a sense of having lost control as a result of your drug use?  
If yes, how did you respond to this feeling?  
If no, what would be your response if this happened to you?
- Have you ever felt a sense of craving for a certain drug/s?
- Did you ever go through a period of regular drug use?
- Would you say that drug use ever had negative repercussions for your school work or personal relationships?

### Appendices 3- Parental Questionnaire

**We Promise that All information is Confidential and Anonymous.**

**1. How satisfied are you with the facilities available to young people in your community?**

	Yes	No	Don't Know
Youth Club			
Sports Club			
Library			
Disco			
Cinema			
Swimming Pool			
Gym			
Any Other			

**2. Are any of these drugs available in your community?**

	Yes	No	Don't Know
Alcohol			
Cigarette			
Speed			
Cannabis			
LSD			
Cocaine			
Illegal Use of Prescribed Drugs			
Solvents			
Magic Mushrooms			
Heroin			
Other Please state			

**3. Who do you feel introduces young people to their first drug?**

	Yes	No	Don't Know
Friends			
Older teenagers			
Family member			
Dealer			
An older adult			
Girl/Boy friend			

**4. Tick as appropriate common places where young people take drugs in the community.**

	Alcohol/Hash	E's	Pre.Drug	LSD	Other	Other
Parties Discos						
Family Home						
Pubs						
Public Place						
Friends Place						
Holidays						
Other						

**5. What is the main reason for young people taking drugs?**

	Yes	No	Don't Know
Heard they were great			
Bored			
Curious			
Need to cope with personal problems			
Because friends do it			
Stress			

**6. What concerns would you have about young people taking drugs?**

	Yes	No	Don't Know
Harmful substances in the drug i.e. rat poison			
Getting into trouble with dealers			
Fear of overdose			
Fear of addiction			
Going on to harder drugs			
Trouble with the law			
Family disputes			
Poor performance in school			
Poor Health			

**7. Do you agree/disagree with the following statements?**

	Yes	No	Don't Know
There is a drug problem in your area			
There is a serious drug problem in your area			
Alcohol use amongst young people leads to drugs misuse			
Majority of young people have experimented with drugs			
Locking up dealers is the solution to the problem			
One Ecstasy tablet kills			

**8. Which service would you contact if a young person was using drugs?**

	Yes	No	Don't Know
Addiction treatment centre			
Hospital			
G.P. Drug Help Line			
Gardaí			
Youth Service			
School			
Other			

**9. Do you think adults understand why young people take drugs?**

Yes	No	Don't Know

**10. Do young people grow out of using drugs as they get older?**

Yes	No	Don't Know

**We thank you for your cooperation.**

## Appendices 4- Teachers Questionnaire

**We promise that all information is anonymous and confidential**

1. What client group does your school work with?

Girls	Boys	Mixed

2. Does your school facilitate drugs awareness training?

Yes	No	Don't Know

3. Are you aware of drugs programmes/courses run in your area?

Yes	No	Don't Know

4. Does your school have drugs information leaflets available?

Yes	No	Don't Know

5. Does your school have a drugs policy in place?

Yes	No	Don't Know

6. Have staff/leaders had in-service training?

Yes	No	Don't Know

7. Do you have a structure in place in the event of a drugs incident arising?

Yes	No	Don't Know

8. Does your school have a referral system in place in the event of an incident arising?

Yes	No	Don't Know

9. Has your school had an experience with drugs misuse over the last two years?

Yes	No	Don't Know

10. Would your school support an addiction counseling service in your area?

Yes	No	Don't Know

11. Is there a gap in services for young people and their parents in your area?

Yes	No	Don't Know

**We thank you for your cooperation**