

Kilkenny Drugs Initiative



Substance Misuse Research Findings and Action Plan

Researched and Presented by
Rosemary Finane · KDI Project Worker

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'...no matter what obstacle arises if people are willing to go the whole way, the obstacles will become stepping stones.'

Comment from one research participant regarding implementing the KDI Action Plan.

'We can get very frightened by the fact that Kilkenny has a problem with drugs rather than saying Kilkenny is no different from anyplace else in the country ...let Kilkenny be a place that cares about it's people, tackle it this way. Drugs are only one problem, lets work on it.'

Comment from an addiction counsellor working in Kilkenny who participated in the research.

FOR FURTHER INFORMATION CONTACT:

Rosemary Finane

Project Worker

Kilkenny Drugs Initiative (KDI)

Desart Hall

New Street

Kilkenny

Telephone: 056 23860

Fax: 056 52385

E-mail: kdi@eircom.net

**Kilkenny
Drugs
Initiative**



To help build the capacity of local communities to support, facilitate, train and empower local people to develop their resources which will enable them to develop preventative and integrated responses to drug related issues in their communities.

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Substance Misuse Research Findings and Action Plan

Introduction and Acknowledgements by Lyndsey Butler - KDI Chairperson

The Kilkenny Drugs Initiative found its beginnings when the South Eastern Health Board's regional Drug Co-ordinator brought a number of voluntary, community and statutory groups and individuals together to identify collectively the issues which they were experiencing in relation to drug and alcohol use and misuse. The outcome of the discussions amongst the variety of groups who met is the Kilkenny Drugs Initiative. The Initiative is in place as a local response to the growing use and misuse of substances, including cigarettes and alcohol.

At a national level, Ireland has seen the development of widespread community and statutory responses to drug and alcohol issues. This has involved the setting up of the government's National Drugs Strategy Team.

The South Eastern Health Board has to date supported the development of Local Drugs Programmes within the South East Region. The Kilkenny Drugs Initiative is one of these responses. The Kilkenny Drugs Initiative, although part of a national response, is a local and autonomous response to the drug and alcohol issue as it has been identified by the local groups, individuals, and agencies consulted as part of this research.

Since May of 1999 the Kilkenny Drugs Initiative has employed a Project Worker to assess initially the nature of substance misuse in Kilkenny. The research phase of the projects development took 6 months to complete. The qualitative study involved focus group research and one-to-one discussions with community, voluntary, and statutory groups as well as individuals from these sectors.

The overall aim of the Project is:

To help build the capacity of local communities to support, facilitate, train and empower local people to develop their resources which will enable them to develop preventative and integrated responses to drug related issues in their communities.

The Project is based in Desart Hall in New Street and is managed by a local consortium made up of the following community, voluntary, and statutory organisations:

- The Schools.
- The Gardai.
- The Probation and Welfare Service.

- Kilkenny Youthlynx.
- Kilkenny County Council.
- Addiction Services.
- South Eastern Health Board.
- Loughboy Area Resource Centre.
- Ossory Youth.
- Castlecomer District Community Development Network.
- The Community Organisations Sub-Group, a sub-group of Kilkenny Community Action Network (KCAN).
- Local People.

The management group would like to acknowledge the financial commitment made by the South Eastern Health Board and also express our gratitude for initiating and supporting our work. Thanks also to the other financial contributor to date, the Kilkenny Social Services.

A special thank you to Valerie Brennan in Ossory Youth for her assistance in typing the initial cassette transcripts, and to Patricia Cullen for facilitating the group in the planning process. Also thanks to Peter Dabinett, Kilkenny Design Consultancy for designing the KDI logo and the report layout. Thanks also to the Board of Ossory Youth for agreeing to house the project and the project worker and to my colleagues on the management committee whose commitment and dedication helped to bring the project to where it is today.

The management group would like to acknowledge, the contributions made by the South Eastern Health Board in relation to initiating, funding, and supporting this work.

Sincere thanks to Minister Chris Flood for agreeing to launch the KDI, the research findings and the Action Plan. Appreciation also to Fergus McCabe from the National Drugs Strategy Team for being a guest speaker at the launch.

Making the plans and putting ideas into actions only happens when someone makes it happen. We have been extremely fortunate in the KDI to have employed a worker who knows the issues inside and out, who has empathetically listened to people, and has been able to report the issues in a way that meets the real identified needs in our communities. We would like to thank our Project Worker, Rosemary Finane, for co-ordinating and undertaking the research and supporting everyone involved in turning ideas into actions.

Research

BEGINNING THE RESEARCH

The research began in May of 1999 with the initial stage being a networking and KDI introductory phase. Currently the KDI works in six communities throughout Kilkenny, one rural and five city based. It was decided and agreed by participants that a precondition to research participation be that of anonymity for individuals participating and for the six represented communities/areas. The majority of the respondents lived and/or worked in the communities covered by the KDI. However some participants lived and/or worked in other areas in Kilkenny where the KDI is not currently based. This research therefore represents the opinions of people throughout the county. In the beginning of the research process many of the participants helped in:

1. Framing the format of the research i.e. choosing focus group method and interviews rather than the method of 'filling in of questionnaires'.
2. Framing the content of the questions.
3. Framing the final questions.
4. Choosing their profile i.e. the title by which each individual participant or group would be known.
5. Participating in the information gathering process.

RESEARCH METHODOLOGY

The qualitative method was chosen for this piece of research in the form of *focus groups*. One-to-one discussions also took place as some people preferred not to speak in a group setting due to the sensitive nature of the discussion content. The majority of participants felt that the discussions were relaxed and informal even though they were taped on a cassette recorder. The facilitator/ researcher (KDI Project Worker) ensured that a relaxed atmosphere was created each time.

The advantages of the qualitative focus group method used are numerous. They are emancipatory in nature because the participants have a sense of ownership with the research and the findings. It follows that they are more productive. Focus groups are easy to conduct and are inexpensive. There is little direct input from the facilitator/researcher. The method is extremely thought provoking for the participants and the facilitator/researcher. Throughout this process illiteracy does not become an issue for the participants, therefore this allows for full, non-self-conscious, non-prejudicial participation.

Added to this the focus group method is a trust building practice within the group and between the group and the facilitator/researcher as ground rules of confidentiality, anonymity, honesty and respect are outlined in the initial stages of the process and carry through to the end. This process was also essential as a networking tool as the facilitator and the KDI were new to many individuals, families and communities in Kilkenny before the research commenced. The majority of the focus groups were conducted in informal, natural and relaxed settings. These 'natural settings' facilitated the collation of purer, honest information from the participants which is an essential part of this type of research. Finally, participation in focus group sessions can be positively provocative for the individuals and groups involved. This becomes a reality as the trusting, honest conversing can lead to further action in their homes, communities and work places when the participants leave the sessions. As McMinn (Equality Studies Centre, University College Dublin, 1996) pointed out '*a focus group can be defined as a carefully planned discussion designed to obtain perceptions on a defined area of interest in a permissive, non-threatening environment. It is conducted with approximately 7 to 10 people by a skilled interviewer. The discussion is relaxed, comfortable and often enjoyable for participants as they share ideas and perceptions. Group members influence each other by responding to ideas and comments in the discussion*'.

PARTICIPANT INFORMATION

Number of Participants

68 in total
14 participated in one to one discussions
54 participated in focus group sessions

Number of Discussions/ Sessions conducted

14 one to one
8 Focus Groups

Age Range of participants

13 - 60 years
Age 13 - 30 years - 36 participants
Age 31 - 60 years - 32 participants

Gender of participants

Male 19
Female 49

Research

Education Obtained

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

Discussions/Sessions conducted where?

One to One discussions - 11 sessions took place in the KDI Office, one was held in a Community Resource Centre and the other two occurred in the respondents' places of employment. Five people felt that the settings were formal, eight felt that the setting was informal, one was undecided.

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

Participant Profiles

One to One discussions

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

Focus Sessions

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

Research Findings

At the beginning of each session it was outlined that 'A substance/drug is any mood altering substance both legal and illegal including cigarettes and alcohol'.

SECTION ONE: Obtaining Substance/Drug Related Information

Q 1. What substances/drugs are available in Kilkenny?

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

1. Cannabis. The overall feeling was summed up by one individual 'Cannabis is freely available'.

2. Magic mushrooms are extremely popular, when in season.

3. Cocaine is available 'if you want to get your hands on it' the majority said, a few people felt that there were 'small amounts' of cocaine in Kilkenny.

4. Ecstasy e.g. Mitsu, Mitsubishi street name.

5. LSD/Acid/Trips

6. Solvents. 'From lighter fuel to underarm deodorant and glue', petrol, aerosols, Tippex and especially gas, 'glue sniffing seems to be a seasonal activity' one person said. Another said 'I would consider anything under my kitchen sink a drug, that is where the kids are starting from'.

7. Alcohol is commonplace, especially cheap lager and cider, 'this is the biggest social problem' was the overall feeling.

8. Cigarettes are common place 'these can be bought singly if you want,' one person said 'if you go down the town, youngsters from 13 years are going in buying 20 or 30'.

9. Speed, e.g. 'pink champagne'.

10. Prescribed and 'over the counter' pills, tranquillisers and painkillers, are widely misused. - the drugs which were widely mentioned were - DS's, Librium, Rohypnol, 'the date rape drug is available and the demand is growing for it', uppers, downers, valium (Roches) and steroids.

11. Heroin - people are dabbling, 'it isn't that big yet though' one person commented. Another person said 'Heroin isn't as readily available but if you want it you can get it, it is coming in big time'.

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

The findings suggest that the use and misuse of substances in Kilkenny is not confined to any age bracket, gender or socio-economic background such as the so-called 'working classes'. However, it was acknowledged that when individuals from lower socio-economic backgrounds begin using substances on a regular basis financial difficulties can arise which take on a cyclical nature. In these circumstances, many felt, breaking the cycle of usage and addiction becomes more difficult as paying for treatment does not become an option when they cannot afford it and free help is not always available. One person ended a discussion by stating '[In Kilkenny] all ranges of people [are misusing substances. It is] not just 'one group'.

Age

One comment from a participant outlined the age of the onset of usage in Kilkenny. They commented, '[In Kilkenny] ..you make your first communion, you make your confirmation and then you start sniffing'.

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

Some substances that were discussed in detail:

Ecstasy - age 14+, '16 - late 40's', one youth group agreed.

Speed - all ages are using.

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

Solvents - average age of solvent use is 12; some said it was happening as young as 8.

Cannabis - 12+, older teens and adults using on a regular basis.

Research Findings

Prescription Pills - young people are using prescription pills.

Cocaine - male mainly 19 -20 years, one group decided. The majority of participants felt that all age groups from 16 years onwards are dabbling in Cocaine. Some are using more chronically.

Heroin - from 17+ was the general consensus of those who felt that it was available. A 'school goers' group of representatives from secondary schools throughout Kilkenny said 'In secondary schools youngsters are asked on the corridors what [substance] they want', this comment summed up the view of the young people and some of the adults who participated in this study.

Gender

The majority of participants felt that there was equality between male and female usage of substances in Kilkenny. One recovering addict said 'more young girls are doing it now [compared to years ago], its terrible'. Some felt that it was 'mostly boys than girls using' and one young man said 'girls are sensible'. Another young person said 'Cannabis is being used by more males than females'.

Q 3. Why are people using drugs in Kilkenny? Reasons given were:

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

- Availability of drugs. Various types of substances are very freely available. 'Pushers give them substances to try them out' one person said.
- The Buzz, 'Once they get the buzz, they become addicted to the buzz, it doesn't matter where they get that buzz from' one person commented. This leads onto a lot of poly-drug abuse.
- Some like using, they like the effects.
- Experimentation and 'Curiosity initially, sometimes when you heighten awareness the more curious youth become'.
- Culture of usage - drinking and drug taking.
- Acceptability of usage in society.
- A way to make money. Glamour of the scene.
- Peer pressure. One young man said 'people use where I live to act as big people' and it 'Gives a feeling of courage'. Another young person said 'it's cool to be seen as hard men'.
- Some use because they get addicted. One person said 'A lot of adults that I would know are addicted from years of use'.
- The feeling of 'nothing to do' and boredom - 'very little to do for our age range' one young person said. Cinema is expensive, many felt. One participant said there are not enough activities which challenge young people. Another said 'things which are available, people are not aware of them, they are not advertised'. It is a social setting for some young people to go with others 'down the fields'. One community worker pointed out 'Substance use also helps them to mix... [there are]...very small amounts of things in life to give young kids a natural buzz'.
- Younger people have more independence today and money.
- Lack of education about the effects of drugs. Comments made.... 'Hear the good things not the bad things about using'. 'Unbalanced information given'. 'Positive images of the effects mainly'.

Research Findings

- Rebellion against the 'no, don't use' attitude from teachers etc. Its defiant, Seems to be 'chic' and dangerous, risky, something you are not supposed to have, therefore natural attraction for some.
- Cheap for some. 'Some say cannabis is cheaper than alcohol' one person said.
- Over prescribing 'it is so easy to get prescription pills from doctors in Kilkenny' one person commented.
- 'It is easier to use drugs at the moment compared to alcohol because it is easier to get them' a participant said. Young people do not need identification to buy drugs as they do in some pubs to buy alcohol.
- Tolerance level goes up - start off taking a few, need to take five or six to get a buzz (re. E's etc..) One young user said 'Some young people start taking one E but progress to 3+ due to pressure. Trying to better each other'.
- Some drugs such as speed keep you awake, this is positive for some who are mixing in the dance culture and those who want to keep awake for school etc.

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

The respondents answered:

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

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

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

A large list of places was mentioned by the participants. Here is the collated list including quotations.

Outdoors

Everywhere out in the open - 'Right in front of you' - in the city and in the countryside '[In Kilkenny you can see young people] walking down the street high' one person said.

In public places where young people gather; in soccer fields, in car parks, by the railway track up the Dublin Road area, in public toilets, by the canal, in handball alleys, at gathering points in estates, on the street corners in estates, One community person said 'It's got to the stage up in our area where we see them on the green at about 7 p.m drinking cans and they are all under age. I am talking about fifteen and sixteen year olds openly drinking'.

On streets very openly, at the bread factory, on the Quay, in the Castle park, in bogs i.e. 'bog bars', in fields, in any green areas or open spaces around housing estates, and in the shopping centres.

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

Research Findings

Indoors

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

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

Q 6. Which drugs are most popular in Kilkenny and why?

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

The most popular drugs in Kilkenny are (**Note**, this list is not in order of popularity)

1. Cannabis (hash).
2. Speed.
3. Alcohol.
4. Cigarettes.

5. Ecstasy.
6. Prescription Pills.
7. Magic Mushrooms when in season.
8. Solvents.
9. Acid was mentioned by a few as being popular.
10. Cocaine.

Reasons given

- The Effects of the drugs available make them popular e.g. Hash. And the *'buzz'* from ecstasy.
- Culture of usage. One participant said *'If it is a wake or a wedding a match won or lost, a first communion or confirmation. We don't appear to be able to enjoy ourselves unless alcohol is associated with it somewhere'*.
- The price of drugs available. Some are cheap and *'Economical for a hit'* one person said.
- Availability of drugs. One person said *'You would want to have your head very firmly in the sand in Kilkenny not to know of one or two people who can provide you with cannabis or with E's'*. Another participant said there are *'loads available'*.
- Accessibility of drugs. Regarding prescription pills it was widely felt that many medical card holders can access prescription pills from doctors who over prescribe. Also some felt that some doctors are over prescribing to clients who don't have medical cards and one user outlined that they knew people who are selling the medication on. Another feeling was that it is easy to get served in some pubs and off licenses therefore alcohol is popular. One person said *'Some owners will serve anyone'*.
- Acceptability of usage e.g. cigarettes, alcohol and hash (amongst peers). One parent outlined *'As a parent myself, I wouldn't preach about alcohol as I would about drugs...It wouldn't bother me as much to see my kids going out for a sociable drink compared to drugs, if they are into drinking it doesn't necessarily lead into drugs'*.

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

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

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

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

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

Another added *'I was never nervous going anywhere, but this is going on in my area in Kilkenny for the past two years.'* One man said *'Just as a man, it is easier to keep walking but I would be watching my back as well, I still feel scared, it is hard'*.

One woman said: *'certain people are starting to carry knives, my own child asked me could he carry one,*

because everyone is doing it. It is the macho image that drink brings on, it leads to them trying to act older, it is all related, the drink seems to make them have these great ideas, it's all dangerous stuff'.

- Health problems have arisen leading to hospitalisation in some cases e.g. due to overdosing and also due to the ingredients of the substances used. One young recovering addict said *'people don't know what they are taking, sometimes people snort baking powder. I nearly died because of Ketamine in Ecstasy'*.
- Under resourced agencies e.g. Inadequate resourcing and training of the Gardai and hospital personnel to deal with the multi-faceted problems, many felt
- Lack of respect. Comments made were *'Lack of respect for the authority of the guards and for people who live in the area'*, *'Lack of respecting a persons privacy'*, and *'Lack of respecting a persons own area'*.
- Attempted suicide levels have risen.
- Substance misuse related death
- Denial by many about the extent of the drug problem in Kilkenny. Comment made were: *'People are ignoring the problem'*, *'There is a wilful denial because it is a prosperous tourist town and the whole drug issue does not fit in'*, *'There are watered down reports of attacks'*.
- Divisions created between those involved in the drugs scene and those who are not directly involved.

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

- Overall there was a feeling that users are affected physically, mentally, emotionally, spiritually and sexually. One addiction counsellor said *'Once they start to abuse drugs, I would see them affected physically, mentally, emotionally, spiritually and sexually.'*
- Violence and Aggression: *'A lot of young people who are dangerous...[under the influence of these mood altering substances], are quite shy'* one person said. Another young person added: *'You would be talking to them one day and the next day'*

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they would kill you stone dead. An addiction counsellor said *'many become hardened and their emotions shut down'*.

- Loss of sexual inhibitions leading to early pregnancies. One addiction counsellor said *'they leave themselves wide open to diseases, all kinds of relationships. Being used and abused, particularly with people they do not know'*. Another issue here was *'Down the road further in their addiction, some feel that they need to use sex for money for drugs'*.
- Health issues - e.g. Hygiene - *'people not caring about how they look and dress'*, Weight issues - drink related, sickness, sleep and feeding patterns change. One person said *'Drug use is affecting their liver and their brain'*.
- Good feelings at first leading to chemical dependency. One participant said *'they get to the stage that they want drugs all the time, higher drugs, stronger and stronger drugs'*. One community worker said *'Drug addiction is a love affair ...a person will do anything for this'*.
- Youth mortality.
- Lose out on life. One person involved in the drugs scene in Kilkenny said *'life changes - there is no hope of ever succeeding in whatever job they want to take up'*. One parent added *'their life seems to be lost, they just become lost people'*.
- Absenteeism from school.
- Financial problems.
- Homelessness.
- Self confidence and self esteem is lowered. An addiction counsellor said *'they lose their inner spirit this is where [lack of], self esteem comes in a sense of 'I am no good', they go back to using more drugs and do not want to think about it, do not want to get into the emotions or feelings'*.
- Mental problems such as depression one person said *'The young person just exists'*. *This can lead to a high degree of para-suicide*. An addiction counsellor said *'mentally many suffer confusion and paranoia which later leads to depression'*.

Panic attacks also occur which are often long-term effects which don't happen immediately. One recovering addict said *'Psychologically it really wrecks your head with panic attacks. Something you have to wake up to ever'* morning. *There is nothing like it. It keeps me away from drugs though 'cause I know if I keep using it will just get worse and I will probably kill myself anyway'* This participant continued *'It can ruin your life. You get paranoid - you think everyone is after you. You are wired to the moon. You run from yourself - which is worse because no matter where you go you carry your baggage on your back'*.

- People get involved in crime and in trouble with the law.
- Overall change in Kilkenny youth. Comments made were, *'You see a change in youngsters who used to be bubbly and outgoing they are very withdrawn and secretive now'*, *'they have aged and have sadness in their eyes'*.
- Users get labelled. One lone parent said *'Kilkenny is a very small place so everybody knows, straight away they are put down. When you are put down it's very hard to start climbing back up again'*.
- Family and relationship difficulties.

Q 9. What are the effects of drug use on the 'Family' in Kilkenny?

- The destruction of family life. One person said *'It destroys family life. It just destroys.'* Another person who was a parent of an addict said *'In my experience... life stood still ... our lives stood still. We were constantly worrying - terrible worry. Our whole life was obsessed with what the person was doing. We were constantly talking about them to others - schools, doctors etc. we paid back their debts and our family went into financial trouble as a result'*. Another person spoke of a situation in Kilkenny where the *'children were on anti-depressants as a result of parents' addiction'*, the person continued *'...there are deep rooted problems within families'*.
- Family and 'home' dysfunction. One recovering addict said *'It can be terrible for the parents or whoever is looking after the addict. Trying to get them out of the bed. Paying money to drug*

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dealers. Parents trying to slay with them. [children who are addicted] for weeks on end during withdrawals, dealing with mental problems, wondering can I sleep safely in my bed tonight. All hell can break loose in the house. And then trying to put up with the violence from the substance misuser, moods are altered, you can take terrible mood swings’.

- Increased inability to communicate in families. Anxiety, fear and tension in the family.
- Anxiety, fear and tension in the family.
- Violence and aggression in homes ‘it becomes a mentally crazy environment’ one adult participant said. One young person in a youth group commented regarding alcohol related domestic violence ‘Kids are seeing the effects on the mother and father and it is affecting everything It is difficult to go to school the next day but you are afraid to go borne in case it is you next. The threats are terrible. It is affecting concentration in school, you don’t listen in school and then get in trouble. Then you get kicked out and it starts over again - big arguments at home. You end up using substances yourself when you leave school’.
- Physical and sexual abuse against children and adults.
- Neglect of children when parent is user.
- Absence of the addict from the family, ‘.he wasn’t there when he was needed, money wasn’t there. We were always worrying will he come home with the money, can we pay the ESB bill’ one lady said regarding her husband who was an alcoholic. She continued ‘I was constantly talking about him to others and worrying. The children were being deprived of a father and a mother in that case because you are constantly obsessed with what he was doing. I didn’t have enough time to give to the children or myself, I was worn out’.
- Siblings getting ‘lost’ along they way - ‘this is not being recognised sometimes. Often the one who is using gets centre stage and the other siblings get neglected and lost along the way. This affects the whole family’ one person said.
- Role reversal where young people become the parents and become the adults in the households. ‘Very often the eldest child will take on the role of the hero which takes on the role of the parent who is using’ an addiction counsellor commented. ‘It becomes a family illness. It affects the whole family down to the smallest child in the family’ one person commented. Another group spoke of the polarisation which emerges between the ‘user’ and the other family members.
- Family break-up.
- Families being forced out of communities sometimes leading to homelessness.
- Family stress and trauma.
- Shame in families ‘If the user is the child it has devastating effects on the parents, they say “what have we done wrong?” one participant said ‘If the child gets involved in crime they may get their names in the local newspaper’.
- Accepted use and abuse of nicotine in homes ‘this leads to a lot of childhood bronchial problems such as asthma’ one group agreed. They also spoke of the death of parents through smoking related illness, such as heart disease.
- Mothers having nervous breakdown.
- Parents feeling of helplessness, not knowing what to do or where to go.
- Stealing within families.
- Parent users losing employment.
- Breaking down of trust within families.
- Enabling within the family. One person said ‘Whole family becomes addicted due to the needs of that one person. Families cover up and enable people to take the drug e.g. wife starts buying cans for the husband and let him do his drinking at home. Parents enable their kids to take drugs so that they do not let their neighbours know they are doing it. So they let them smoke in the house’.
- Poverty within families.
- Denial by family members, ‘.it is not our son or daughter’ attitude.
- Young people doing as they see. Intergenerational usage between parent and child. Young people using as their parents are. One recovering user

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said *'I drank with my father when I was sixteen. He was an alcoholic, I tried to drink more than him and I did'* this, the person said brought *'conflict between parent user and child user'*. One group said this was a significant problem in families in Kilkenny.

- One person in a community group said, *'Many women and some men who lived in households as children where the parents were misusing substances ended up living with alcoholics and other substance misusers in later life'*. Other participants in this group agreed with this statement.

Q 10. What are the effects of drug use on the Local Communities in Kilkenny?

- High degree of drug use is causing *'traumatic effects'*. *'It is taking over'* one person outlined. Another said *'there is a high level of unrest'*. Another comment was *'Community does not exist - Drug relationships only exist'*.
- Breakdown of trust within communities.
- Degrading for communities *'sucks the morale out'*.
- Denial in the local community. One person said *'It is having an effect, but there is a huge denial. People are not prepared to take a look at what is really happening'*. Another said *'Only when it becomes a problem, for an individual are they prepared to take a look at it. There is an attitude that as long as it is not outside my front gate then I do not have to take a look at it. This is the biggest problem in the communities'*.
- Substance misuse as a precursor to other problems in communities e.g. Violence, Vandalism and Stealing.
- Crime levels have risen including serious crime.
- Fear. This was summed up by one group who agreed they experience *'...fear of walking down the street, fear of homes broken into, fear of being threatened, called names, law abiding citizens are targeted, non users homes are being broken into.'* One lone parent said *'there is fear, people do not want to be out in the community now after 6 pm I would not walk around on my own where I grew*

up. Certain walkways, avenues... I wouldn't go there day or night on my own. I live there, I grew up there, I even remember when those houses were built. I have to say that in the last two or three years it has gotten worse'. Another person added *'There is real fear, people being 'jumped' on, beaten up, stabbing in own houses and in their beds'*. A community person said *'Communities are terrified'*. Another comment made from one community person was *'People have stopped going out of their homes and people are targeted, particularly end houses'*.

- Negative publicity for communities.
- Affects house prices - *'place gets a bad name and a bad reputation'* one person said. Another commented *'Everyone is suffering for what a few are doing'*.
- Parents of children who aren't using are worried that their kids will get caught up in the drugs scene.
- Lot of loitering in communities. One community person said *'People banging around. It is not good for the young kids. The older ones are enticing the smaller ones. People feel threatened'*.
- Bullying and intimidation.
- Nervousness of some community people.
- Litter problems *'Rubbish is left in gardens and..[also]..empty cans and bottles'*.
- Feeling of devastation due to substance related death.
- Young children are street drinking and using drugs in communities. One community worker said *'...six year old's have been offered drugs in our area'*.
- *'Loutish behaviour'*. One person said *'you can't sleep with shouting and roaring [in our community]'*.
- Divisions in the community between families affected personally and those who are not. One lady said *'Some people say 'sure what would you expect from them''*.

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- Labelling. *'It is difficult to get a job if you tell the employer where you are from because of the label attached. You won't be taken seriously...[you get]...labelled as a scumbag because of the name the area has. It's not fair'* one young person said.
 - A lot of movement into and out of communities.
 - Vigilantism *'Vigilantism has begun'* one person commented. Another said *'People are very angry, they will gang up and get rid of problems'*.
 - Isolation of people within communities.
 - Health risks for those living in communities due to needles and broken bottles lying around.
- Q 11. What are the effects of drug use on Society**
- *'Sucks life out of society'* one participant felt.
 - Society accepting young people drinking and using so- called *'soft drugs'* with the idea that they are safer. *'There is a message that is coming from society, which is extremely dangerous to young people, that hash is not dangerous, it won't do you any harm, social use of hash is O.K.'* Another person said; *'It is important to look at the effects this would have on a twelve year old who may start ploughing this into their system.'* One local member of the Gardai said *'Alcohol is one of the biggest problems in our society yet millions of pounds are pumped into the industry, it makes revenue for our government'*.
 - Denial of the extent of the problem. One person said *'[Drugs are having a].huge impact on society, but again we tend to ignore it. Unless we acknowledge it and see it as a problem which can be treated, it is going to escalate and society is going to be the less for it. There are absolutely some wonderful young people being destroyed at the moment because of drug use, unless we start putting something in place to look at that and change it, it will escalate.'* Participants also spoke of the *'If it's not on my doorstep then it's not there'* attitude.
 - Myth outside Dublin that *'Dublin is the centre of the drug problem'*, One person said *'This is not true - it is counts- wide and it is not just a heroin problem. We must get this myth out of our heads that if it is not heroin then it is not a problem'*.
- One community worker added; *'In society we must abolish the myth that drug use/abuse is happening between the ages of 12 and 25 and that it is Dublin based'*.
 - Apathy by the Government regarding the real extent of the problem. One young recovering user said *'It is getting worse, not enough being done about it. From town to town they are all the same, i.e. availability and drug use. The Government is not doing much about it. There is money going into the Millennium projects while young people are strung out. Imagine the treatment centres they could build and the treatment they could put into prisons with the money being wasted'*. The person continued *'There are help-lines where you can talk to people but there has to be more. I/they can send a rocket to the moon why can't they help us? It is as simple as that'*.
 - Breakdown of value system.
 - Fear.
 - Misery in society.
 - Rich people are profiting a lot out of drugs.
 - Higher tolerance for the level of violence in our society today.
 - *'Young people lost in the middle of their drugs'* one participant said.

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SECTION TWO: The Kilkenny Drugs Initiative Action Plan

Aislinn Adolescent Addiction Treatment Centre, Ballyragget, Co. Kilkenny.

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

General comments made were:

'The South Eastern Health Board is ahead of a lot of Health Boards at the moment in the initiatives they have taken', an addiction counsellor commented. The general opinion from other people was expressed by one person *'the availability of services, its not widely known'*. And also *'...[there is]... nowhere really that people would like to go to'* another participant added.

The services that were mentioned by many were:

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

Many participants expressed no knowledge of the other addiction services offered by the organisations on the above list apart from their existence.

Some of the services were discussed in detail. Some were:

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

Overall feelings expressed: There was a feeling put forward from many that they didn't know much about Aislinn in Ballyragget, many people were misinformed about this centre. Others commented that they would like to know more about it and that Aislinn should engage in PR work in the communities in Kilkenny. The overall feeling was that this service is greatly needed but the service offered was only the *'..tip of the iceberg'*.

CATS - Community Addiction Treatment Service, St. Luke's Hospital, Kilkenny.

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

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

St. Canice's Hospital, Kilkenny.

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

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

Research Findings

Q 2. Is there a gap in the services available?

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

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

Many suggestions were made and overall the research participants felt that what is needed is a co-ordinated, countywide, interconnected, user-friendly response which must be *'a joint effort from all services'*. This will help curtail the mere *'chipping away [at] the problem'* another person added. The suggestions can be broken into six categories, 1. Prevention, 2. Intervention, 3. Treatment, 4. Aftercare, 5. Publicity and Media 6. Management.

Prevention

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

Intervention

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

Treatment

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

Aftercare

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

Publicity and media

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

Research Findings

Management

- A 'compassionate, approachable and understanding' team of staff and volunteers. People who will 'reach out to those at risk and those in need'. There was a unanimous feeling that 'one person is not enough'.
- Greater representation on the management team of community, recoverers, clerical people and people working in addiction.
- Communities to inform policy.
- KDI management, staff and groups within the action plan, such as the family support groups to link nationally.
- Greater links between the KDI and the Gardai.

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

Note: Comments made here are quotations

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

programme. I would eventually like to facilitate myself.

- *A lot of personal experience. Help with information on - treatment, police issues, doctor issues, social workers, treatment workers, school workers, workplace issues, college issues etc.*
- *A lot of knowledge to bring to an interagency group.*
- *Willing to be involved.*
- *I know some of what is going on in Kilkenny*
- *I could help to spread the word as I am involved with schools and community things.*
- *My experience as a drug user and I'll try explain to people. No matter how long you are an addict you will always be recovering whether you are eighteen or sixty years of age.*
- *I'll do my best, I need to look after myself as well though.*
- *Get involved in programmes.*
- *We have facilities; KDI can use them.*
- *Would start up something and then walk away, more help needed.*
- *Be more aware.*
- *Find out more info.*
- *Help and support.*
- *Keep people including the guards informed of those at risk before they do damage to themselves or kill themselves.*
- *Looking out for things that are happening.*
- *Support the KDI and the KDI supports local group.*
- *Get youth in area to come to KDI meetings to talk.*
- *Tell community of support groups which are available through the KDI when they are up and running.*
- *Spreading the word to others if something was happening.*
- *Start up a newsletter.*
- *Have a lot of contacts.*
- *I am concerned, I would help in any way I could.*
- *The organisation I work for have resource materials and run courses.*
- *Support the project.*
- *Give help to parents and schools.*

Research Findings

Q 5. Who would run/teach programmes?

- Young people.
- Counsellors.
- Community workers and activists. One person said, *'We have a lot of qualified people within communities, we could train trainers from communities who would work cross community, this is vital; they have to be in touch with the real issues because even some youth workers are not in touch with them. That is my opinion'*. Another person said there must be *'Constant training and re-training for community workers already there and new ones'*.
- Someone who has *'gone through it and come out the end or worked with those who are addicted'* not someone who *'read it from a booklet'* someone *'who is qualified to talk about it - no bullshit'*. Another comment made was *'It is frustrating to talk to people who don't know what it's like, with no practical experience'*. One person commented *'Someone who has a right to stand up there - a lot of experience'*.
- Medical personnel could play a part.
- Addiction service people could also play a part.
- Project worker of the KDI.
- People with group skills.
- Experienced facilitators. One community worker said *'Experienced facilitators only to train local people and to decide if people are ready to actually run courses or not after they have been trained. They could do a lot of damage with misinformation and if they didn't give the course properly - they need to know that by the end of the course they may / may not be facilitators'*.
- Social Workers.
- *'No teachers'* many said, only those who are *'really dynamic'*. *'Not the school teacher attitude'* one person felt.
- Parents.

- Local community people.
- People with a genuine interest.
- Dynamic Gardai only. *'Gardai who are not the best - people won't listen'*.
- Users themselves who are clean would be the best people, they know more about it. *'Someone who has done work on themselves and are clean for two years upwards;'* one recovering addict said. *'Not the Health Board, these people are seen as separate from the communities'* a person commented.
- Someone who will train in *'Plain English'* one person said. He continued *'Many of us adults are early school leavers and if we are coming to something that is way over our heads, e.g. when you call it a course, you can/lighten a lot of people, it needs to be different than the norm'*.

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

The overall feeling of participants was that the KDI ACTION PLAN will work because it is needed. One person summed this up by saying *'...no matter what obstacle arises if people are willing to go the whole way, the obstacles will become stepping stones'*. Another person added *'If you really believe in it, noticing will stop it, openness is the key'*.

The main points which emerged frequently were:

- Lack of action by police re: *'the huge supply of narcotics in Kilkenny'* one person said.
- Fear.
- Violent attacks, *'...like the one that happened recently'*.
- *'People feeling blocked on the issue of drugs, not knowing how to deal with it or what to do'* a person felt.
- People not wanting the KDI around e.g. due to the effect on *'tourism'*. One person commented *'...the tourist hoard won't be happy with the findings. Kilkenny is always seen as the fairytale county'*.

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- Individuals unwilling to listen and acknowledge the drug problem.
- Denial and the 'culture of silence' in Kilkenny.
- Breakdown of confidentiality.
- Lack of personnel *'It is crazy to think there is only one drugs worker with the scale of the problem; this is totally inadequate'* one person commented.
- Political issues between groups represented on the management team *'...members trying to push their own agenda,'* another person said.
- Lack of funding and resources.
- The *'[It's]...not my problem'* syndrome.
- Prejudice against 'the addict'. *'This may inhibit drug centres opening'* one person said.
- Agency power struggles.
- *'People or organisations using the programme to get a good profile, to be fashionable'*, a person commented.
- The drug dealers seeing the KDI as taking their clientele away. *'Pushers and dealers are not going to be too impressed with anyone out there who is trying to rock their boat'* one person said.
- Lack of resources.
- An unattainable service. *'Plan must be attainable and realistic otherwise it will fail'*.
- Lack of volunteers.
- Burn out and over working of volunteers and staff.
- *'If things are done too quickly it will fail'* a person said. *'Start small, spread it out eventually, take time with each step'* one participant said.
- Lack of participation of young people.
- A non-co-ordinated effort between agencies.
- A badly planned 'Action' Plan.
- Lack of creche facilities will inhibit participation,
- *I want to see action.*
- *It is time to stop this.*
- *Even this has raised awareness, more people and agencies will get involved.*
- *I would love to get more involved.*
- *People will be more conscious in the future.*
- *It would be good to get drama groups involved and groups involved in drama.*
- *It is important not to target communities as the problem.*
- *Use of 'language' is essential.*
- *Important not to target families.*
- *A positive momentum and team-work will work. People will see then that being involved will make a difference.*
- *Rural areas and adults need to be involved - one to one contact.*
- *More PR work is needed.*
- *There needs to be more interaction with young people at local level, on the street corner contact.*
- *There needs to be more recreational facilities for the indigenous people of Kilkenny who cannot afford the expensive gyms etc. Young people need to know that they can get their kicks elsewhere.*
- *There is a massive need to deal with the drugs problem in Kilkenny. There is definitely a drug problem in Kilkenny. Someone will die soon.*
- *This needs to be brought nationally i.e. the KDI research.*
- *People need to face reality, if something isn't done now in ten years there will be very few young people who are not caught in the drugs scene in Kilkenny. We have to act now to save our kids in the future.*
- *I am just glad that something is being done.*
- *This.. [research],. is putting it about the community and recognising that there is a drugs problem in Kilkenny.*
- *KDI management team, there is good number of people and backgrounds represented.*

Q 7. Anything to add?

Note: Comments made here are quotations

Final comments made were:

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

KDI Action Plan

KDI ACTION PLAN REPORT SUMMARY

The KDI management team and project worker entered into a consultation process in order to bring about a prioritised action plan based on research project findings and in accordance with the stated aims of the Initiative. The last session of the consultation was a preliminary review of committee structures and operation, which will be continued in the early months of 2000.

The research confirmed growth in the misuse of substances in Kilkenny and the committee identified emerging issues and formulated an appropriate response. Main priorities identified were the need for support for family members of substance misusers and for a programme of community training and skill development in the area of substance misuse and its prevention. This should involve a pilot project in an externally validated community addiction studies course and include in-service training for community workers and teachers in particular. Parent drug education is seen as vital and should begin in those parenting courses already being conducted and further expand in communities.

The group recognises the need for cross community support if they are to effectively tackle the issues and to break through a culture of denial. They plan to involve as many groups as possible, including Schools, General Practitioners and Vintners. Each organisation will be encouraged to produce a statement of support for KDI and to acknowledge that no group is immune from substance misuse and its devastating effects or can remain uninvolved in tackling the issues.

During the consultation it was widely recognised that the task is too great for a voluntary committee and one paid project worker. Funding and employment of at least one further worker is an imperative. This worker may be utilised in delivering administrative and information services and in providing a base for an outreach programme, as well as energy, to be a catalyst for change in Kilkenny City and County.

A strong recommendation is for Community Policing to begin in local communities. This may be particularly valuable if associated with 'natural high' adventure and sporting activities for young people and peer education programmes. Another recommendation is for the group to carry out an audit of existing practice in relation to substance misuse and to identify local resources and personnel capable of supporting KDI initiatives. There were other positive and excellent suggestions about what needs to be done to bring about substantial change in relation to substance misuse in Kilkenny. However, the

management group were realistic about what can be achieved with present limited resources and chose to begin work immediately on what is feasible just now. They are, however, determined to secure further funding and to recruit another worker in order to deal more effectively with the growth in the misuse of substances confirmed by the research.

KDI CONSULTATION REPORT

Introduction

The management committee and project worker of the Kilkenny Drugs Initiative (KDI) took part in a consultative process in Newpark Hotel, 2nd and 3rd December 1999. The principal aim of the workshop was to identify emerging issues and respond to the research findings formally presented on 29th November. They proposed to draw up a plan of action for dealing with the growth in the misuse of substances in County Kilkenny, especially in the six designated communities. The group task was to draw up a prioritised, area-based plan of action in accordance with the ethos of the Initiative and best principles of community development. The last session of the second day was to be devoted to a review of operational structures of the committee. As there was a different focus for each session, this report outlines the Action Plan.

KDI PRIORITISED ACTION PLAN

After considerable reflection, the group selected the following areas of action from an extensive list of positive suggestions, which emerged from the research project and preliminary discussion. In arriving at their decision they considered several criteria, including need, urgency and resources available as well as practicality and feasibility of each proposal within boundaries of duration and funding already set for the project. However, they are convinced of the necessity for the Initiative to secure further funding and to end uncertainty about its continuation and expansion.

- **Family support** - groups, beginning with pilot group.
- **Training and development/ education programme** - involving key people, but open to all interested parties, including community-based training. Parent information and education programme.

KDI Action Plan

- Invitation to Schools, Vintners, Gardai etc to submit a **policy statement** concerning substance misuse - countywide.
- **Recruitment of key workers;** in order to provide information, lobby, outreach and to trigger catalyst for change. Training and support worker needed.
- **Supporting the development of full-time community Policing** in communities in Kilkenny (this could involve them in 'natural high' substance misuse prevention projects with young people).
- **Audit of existing practice and resources** concerning substance misuse in community.

PRELIMINARY ANALYSIS OF PRIORITY ACTION PROJECTS

Family Support

- **Who?** A family support service for families of substance misusers to be delivered at first by KDI project worker and other trained personnel. Perhaps voluntary workers, community activists and health workers from statutory agencies may be co-opted.
- **Why?** The need is established by the research project and because of the family context of substance misuse and recovery.
- **When?** As soon as possible.
- **Where?** On an outreach basis and Desart Hall in the first instance. The pilot project review will establish suitability of the venue and also identify alternative and/or additional centres.
- **How?** By referral, advertising, outreach. Training and support necessary for all personnel.

Community Based Training

- **Who? Participants:** Community members from six designated communities, including parents, youth leaders and youth activists, as well as Gardai, Teachers, Social and Probation workers, etc. Trainers: KDI Project Worker, Trained Trainers, Co-facilitators, Health Promotion unit.

Influence those already delivering parenting programmes to include specific sessions on substance misuse.

- **What?** Community based Training courses, including peer education. In-service training days for Gardai, Teachers, Social Workers, etc.
- **Where?** In community venues and within appropriate agencies, as well as a central location.
- **Why?** There is a huge gap in provision as shown in the research and such provision is in line with KDI Mission statement and aims.
- **When?** Agency 'slot-ins' to begin soon, Community Addiction Studies Course to begin September if possible. Build up to a 20 week Community Addiction Studies Course that could be NCVA accredited. Link into existing modules. Introductory training/education sessions and presentations. Another Drug Questions Local Answers (DQLA) course soon.

- **How?** The training should be non-exclusive and open to all interested bodies and include a parent's programme. There should be in-built evaluation and administrative support and the training should be user friendly. It should respect the addict and addiction and existing community structures. It should be imbued with a positive community development ethos and be carried out in a realistic time frame.

Policy Statement from Groups

- **Who?** KDI groups and all organisations represented by them, Schools, Vintners, College of General Practitioners, etc.
- **What?** A statement, like a mission statement, acknowledging awareness of substance misuse and the problems arising from it. Also, a public commitment to co-operate with KDI.
- **Why?** In order to foster a climate of openness, avoidance of denial, blame or competition.
- **When?** As soon as possible (NOW!) Ready for Launch.

KDI Action Plan

- **How?** Submit KDI statement and ask each group or school to relate it to their own situation, with suggested headings.
- **Where?** Part of KDI, Link to communities.
- **What?** Compile information about what is already happening in relation to substance misuse awareness raising and prevention in community. Find out what personnel and methods are being used and list possible future resources.

Recruitment of key worker

- **Why?** To provide an information service and to develop community outreach and to become a catalyst for change. The task is too great for one worker.
- **Where?** Based in KDI office.
- **What?** Co-ordination of resources; provision of an information service (possibly including a mobile service to cater for rural areas), development of community response, public relations and lobbying role, audit of resources and existing programmes. If there were two new project workers, one could provide information and administration services while the other concentrated on PR and lobbying, leaving the original worker to concentrate on family support and training.
- **How?** Additional funding might be sought from NSSB for an information worker, DSCFA, Department of Justice, Ireland funds (IFI), Task force, Partnerships, etc...

Support the development of full-time Community Policing in Kilkenny

- **What?** Full-time Community Police could link in to existing community organisations. Gardai could link into community-based training and 'natural high' projects for young people.
- **How?** KDI to lobby locally and nationally and in particular lobby local TD's for the development of Community Policing in Kilkenny.

Full Audit of existing practice and resources.

- **Who?** KDI project worker and management committee members with the S.E.H.B.

- **How?** This is to be compiled in a gradual, incremental way, although a questionnaire may also be helpful in eliciting the information.

ACTION PLAN CONCLUSION

The prioritised action plan was achieved during an intensive workshop by an informed, committed and determined group who took a pragmatic approach to what needs to be done to deal with the issue of substance misuse. All five action plan areas prioritised are deemed essential and each profile provides an excellent starting point in achieving objectives. The group agreed at the outset that the prioritised action plan would only be departed from in exceptional circumstances. It was also agreed that those action areas not prioritised are by no means to be abandoned. Instead, the list will be a source of inspiration for future action should increased resources in personnel, funding, time and energy permit. The group are convinced the Initiative should be continued and its resources expanded if they are to continue to make an effective in-road into the misuse of substance in Kilkenny.

CONCLUSION TO RESEARCH AND ACTION PLAN

As outlined earlier, the aim of the Kilkenny Drugs Initiative is *'To help build the capacity of local communities to support, facilitate, train and empower local people to develop their resources which will enable them to develop preventative and integrated responses to drug related issues in their communities'*. The KDI research was commissioned and carried out to help in executing this aim and to prioritise a plan of action based on the needs of people living and working in Kilkenny. We wanted to determine the nature of substance misuse in Kilkenny rather than assuming it. This research did not set out to quantify the amount of people using drugs/substances in Kilkenny as quantifying the occurrence of substance misuse is almost an impossible task. Many users only become a statistic when they commit a crime (Garda statistics) or when their usage becomes so chaotic that they seek help from a treatment source such as a residential clinic, an addiction counsellor, a support group or a drop-in centre (treatment statistics). When there is a gap in the intervention,

KDI Action Plan

treatment and aftercare services which are available to the misuser we cannot realistically collate and measure the amount of misuse in any one area. Added to this, not all misusers commit crime nor present themselves for treatment therefore their existence in an area/community remains hidden and unquantifiable. It was for this reason and the benefits outlined in the beginning of this report (page 6) that the qualitative method of research was chosen in order to get a broader more holistic insight into the prevalence of misuse in Kilkenny. A substantial list of 'actions' was collated from the research feedback in accordance with the KDI aims. Due to limited funding, and therefore a shortage in KDI personnel, the KDI have prioritised only five main action areas from the list. Points one, two and three below began in January 2000. These are:

1. Family support groups.
2. Training and development/ education programmes for adults and youths, parents and community people.
3. Policy statement from schools, Gardai, Vintners etc.
4. Recruitment of key workers (depending on funding).
5. Supporting the development of full-time Community Policing in Kilkenny.

The Kilkenny Drugs Initiative, as a result of the findings, acknowledge the growth in the misuse of substances in Kilkenny and request that the suggestions forwarded by the respondents in this research be realistically looked at and prioritised by all voluntary, community and statutory agencies throughout Kilkenny. For example, one area where participants felt strongly was the gap in the provision for young misusers under the age of eighteen. Many young users and families of users feel isolated and excluded in Kilkenny as no service caters for a young person who is dabbling in substances or using on a regular basis. Some young people simply need to talk to someone but there are no addiction counsellors catering for their needs. The Kilkenny Drugs Initiative will continue to support the South-Eastern Health Board in addressing this obvious gap in provision for young users and will also continue to support the S.E.H.B. in addressing the gap in the existing service.

In order to efficiently fulfil our aims and to serve Kilkenny the KDI requests a sensible review of it's current funding. Given the nature of the findings and the

obvious extent of the misuse of substances in Kilkenny a more pragmatic, co-ordinated, multi-agency approach is needed to face the issues. The KDI needs to become a countywide, fully staffed organisation which will then *'help build the capacity of local communities'* and support these communities throughout the years in confronting the misuse of substances throughout Kilkenny.

When it comes to substance misuse, if you are not part of the solution, you are part of the problem.

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1. KILKENNY DRUGS INITIATIVE MANAGEMENT MEMBERS	2. QUESTIONS ASKED IN RESEARCH
	SECTION ONE : Obtaining Substance/Drug Related Information
1. St. Kierans College, Dept. Principal, Dick Me Evoy.	Q 1. What drugs are available in Kilkenny?
2. Garctai Siochana, Mark Wall.	Q 2. Who are the people using the substances available?
3. The Probation and Welfare Service, Senior Probation Officer, Jane Keen.	Q 3. Why are people using drugs in Kilkenny?
4. Kilkenny Youthlynx, Manager, Anne Howard.	Q 4. How are the drugs that are available in Kilkenny being physically used?
5. Kilkenny County Council, Liam Keane.	Q 5. Where are the substances being dealt and used?
6. Kilkenny Community Addiction Service, CATS, Addiction Counsellor, Catherine Lawlor.	Q 6. Which drugs are most popular in Kilkenny?
7. South Eastern Health Board, Senior Social Worker, Rose Brophy.	Q 7. What issues arise when drugs are available locally?
8. Loughboy Area Resource Centre, LARC, Manager, Lyndsey Butler.	Q 8. What are the effects of drug use on the individual user in Kilkenny?
9. Ossory Youth Services, Director, Pat Me Phillips.	Q 9. What are the effects of drug use on the 'family' in Kilkenny?
10. Castlecomer District Community Development Network, CDCD Network, Manager, Liz Hore.	Q 10. What are the effects of drug use on the 'local communities' in Kilkenny?
11. The Community Organisations Sub-Group, a sub group of Kilkenny Community Action Network (KCAN), Mags Leahy.	Q 11. What are the effects of drug use on society?
12. South Eastern Health Board, Social Worker, Maura McInerney.	

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SECTION TWO: The Kilkenny Drugs Initiative Action Plan

- Q 1. Is there an addiction service catering for local Kilkenny people?
- Q 2. Is there a gap in the services available?
- Q 3. What actions need to be implemented and what services need to be made available to tackle the drugs issue locally?
- Q 4. What have you (Individual/Group) got the offer?
- Q 5. Who would run/teach programmes if made available?
- Q 6. Are there issues which may inhibit the ACTION process?
- Q 7. Anything to add?

3. ATTENDANCE AT ACTION PLAN DAYS - DECEMBER 1999

- Stephen Murphy: Community Organisations Sub Group.
- Rose Brophy; Senior Social Worker, S.E.H.B,
- Catherine Lawlor: Addiction Counsellor, S.E.H.B.
- Lindsey Butler: Manager, Loughboy Area Resource Centre.
- Tony Barden: Regional Drug Co-ordinator, SEHB.
- Dick McEvoy: Kilkenny Principals and Deputy Principals Association.
- Pat McPhillips: Director, Ossory Youth Service.
- Jane Keen: Senior Probation Officer, Dept. Justice.
- Superintendent Kevin Donohoe: Garda Siochana.
- Rosemary Finane: Project Worker, KDI.
- Anne Howard: Manager, YouthLynx.
- Garda Mark Wall: Garda Siochana.
- Apologies:**
- Liam Keane: Kilkenny County Council.
- Liz Hore: Castlecomer District Community Development Network.

4. NON-PRIORITISED ACTION SUGGESTIONS UNDER SPECIFIC HEADINGS WHICH EMERGED THE DECEMBER WORKSHOP

Prevention

Clarify funding and timescale of project.

Demand reduction - not supply reduction.

Information, education and support.

Lobbying.

Garda involvement - community policing.

Tackling denial culture - acceptability.

Drug policy for organisations.

Peer education training project.

Training and development re drugs - social analysis.

Capacity build - skill development.

Public awareness campaign.

Intervention

Greater Family support.

Lobby statutory agencies - addiction counsellors.

General Practitioner involvement-college of GP's.

Collation of existing statistics - not create a barrier.

One stop shop - resource and outreach - short and longer term.

Recoverers support groups.

Treatment

Lobby for detox facility - outreach? Residential?

Outreach service to family/user.

Research alternative treatment models.

Under 18/over 18 addiction counselling - inclusive, flexible.

Family therapist with addiction skills.

Lobby for more addiction counsellors (perhaps funding may be secured from legal bodies/ Health Board).

Aftercare

Recoverers forum.

Halfway house - training/ employment.

Support for families.

Publicity and Media

Identify PRO - training - team.

Strategy for media.

5. MINI AUDIT OF SUBSTANCE RELATED PROGRAMMES ETC... Youthlynx/KCAN

The following is a mini audit of existing practice compiled by members of the management team. The management have provisionally compiled this list solely for the purpose of this report before the full audit is initiated. This is a partial list of activities and services.

Garda Siochana, Kilkenny

1. Gardai address teachers at Walk-Tall programme.
2. Members appointed to liaise with each school re: problems etc. (schools programme).
3. Trainee guards spend 2 weeks with K.E.Y., Ossory Youth etc. to appraise themselves of their organisations roles and young peoples needs.
4. Since 1997, one member of the force appointed to work full time on drugs. This number will increase when more resources become available.
5. All new members currently receive drugs related training as part of overall training at Templemore.
6. J.L.O. and Drugs Officer address interested groups on a regular basis re. Drugs problems. They are available to address any interested party.
7. Gardai locally have strategy established for tackling dealers in particular.
8. Social budget coming on stream in 2000. It is hoped that this will be utilised for community based programmes.

Probation and Welfare Service

There is one Probation and Welfare Officer in Kilkenny City who works with offenders, many of whom have alcohol and drug related problems. This service has no dedicated resources for work with drug/alcohol use in the Kilkenny area.

Kilkenny County Council

Housing (Miscellaneous Provisions) Act 1996 Anti Social Behaviour. This enables the authorities to evict tenants from public housing. Contact Kilkenny County Council for more information.

1. Youthlynx training and development programme for early school leavers and young mothers including self esteem building.
2. Community mentor training programme (Youthlynx).
3. Youth leadership training (youth leaders forum).
4. Cross community arts training (KCAN).
5. Once off workshops and Information from Health Promotion Unit and Community Addiction Treatment Centre (CATS) and the Gardai.
6. Maynooth youth and community work course - St Kierans College Outreach Campus.

Some Rural Communities

1. Talks to young people in the schools by different speakers organised mainly by religious teachers.
2. Army Counsellor, visits some schools once a week as a counsellor.

Schools

1. The curriculum for second level schools contains the subject 'Social and Health Education' and the matter of substance misuse is an integral part of this programme.
2. There is also a Pastoral care programme in place in schools, which can include the issue from time to time.

Loughboy Area Resource Centre (LARC)

1. Working with young men and women, fourteen to sixteen year old's. Issue based including substance misuse.
2. Developing Community Mentoring Programme, Mentors to receive substance misuse training from the KD1
3. Women's Capacity Building and developmental course, issue based.

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South Eastern Health Board

1. Funding for the Kilkenny Drugs Initiative.
2. Addiction Treatment Service, CATS, St. Luke's Kilkenny.
3. St. Canices Hospital, Psychiatric Service.
4. Health Promotion Unit, Deans Street Kilkenny.
5. Aislinn Adolescent Addiction Treatment Service, Ballyragget, Kilkenny (SEHB partially funds).

Ossory Youth

1. Junior Leader Training.
2. Soccer Tournaments.
3. Mini tops Competition.
4. Young Entrepreneurs.
5. School Buddy System.
6. Peer education Programme.
7. Potential Early School Leaving Programme.
8. Drug Education Workshop.
9. Youth Clubs.
10. Development Education.

Examples of other activities currently taking place throughout city based communities in Kilkenny (list also includes future proposed activities).

- Young Men and Women's groups, will receive Substance Misuse Prevention training.
- Team building for teenagers.
- Minitop participation.
- Peer education.
- Adult Women's Group with extensive capacity building programmes.
- After school programmes, preventative measures for early school leaving.
- Health and Fitness programmes.
- Multi-media centres.
- Fun clubs for 6 - 10 year old's.
- Home work clubs.
- Play groups.
- Youth Clubs.

