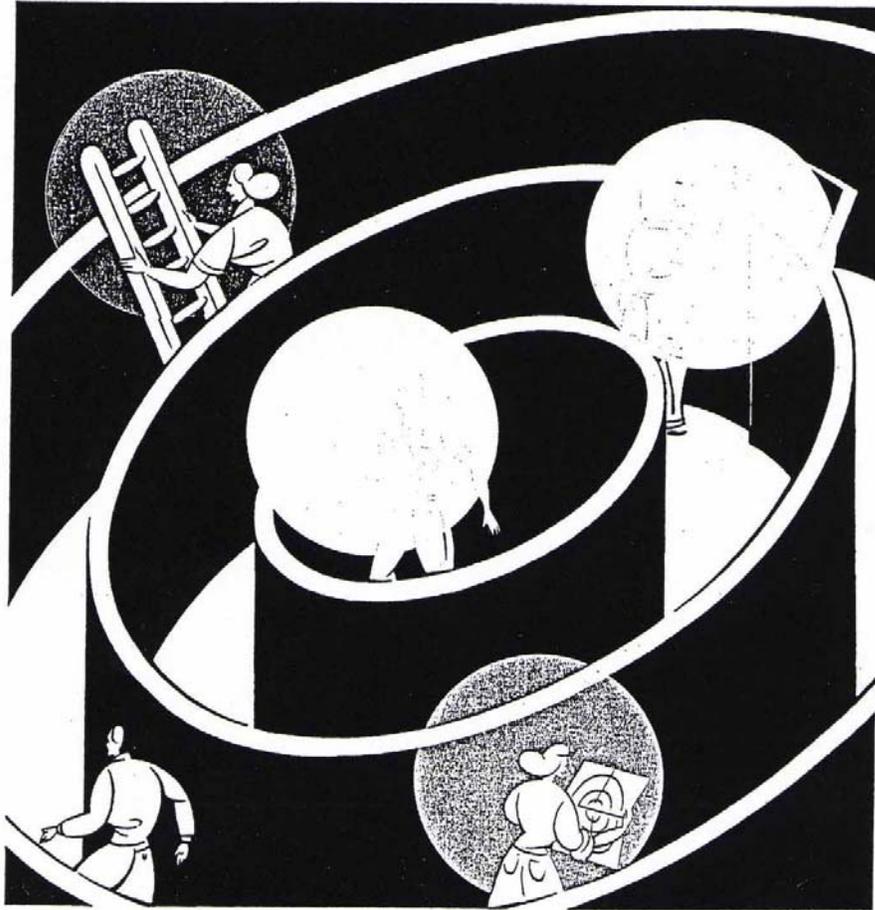


For Dealing with the Drugs Issue



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

This *Youth Work Support Pack for Dealing with the Drugs Issue* has been written and produced by a Drugs Education Advisory Committee in conjunction with the National Youth Health Programme. This Committee is representative of a range of youth and community organisations throughout the country, who, over the past year, have given their time and expertise in the development of this resource.

THE NATIONAL YOUTH HEALTH PROGRAMME



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Section One

Youth Work in a Drug Using Society



INTRODUCTION

The 1995 White Paper on Education acknowledged youth work as a planned, systematic educational process, which assists and enhances the personal and social development of young people¹. Given that the role of youth work has been undervalued in the past, this acknowledgement has been widely welcomed. The White Paper recognises that youth work plays a vital role within Irish society.

The day to day work of youth organisations involves contact with a wide range of young people throughout the country including work with some of the most marginalised and disenfranchised young people within our society. It is important to acknowledge that youth work provides opportunities and support for young people who may have become isolated in many ways, such young people include early school leavers, teenage parents, unemployed and homeless young people as well as young drug users. These young people face a range of obstacles in their lives, including poverty, crime, disempowerment, poor socio-economic background and limited access to support services such as health care and housing.

Youth work also provides a social network and opportunities for young people who continue to be involved within formal education and employment. However, all young people, whatever their circumstances, face a myriad of health and social issues, of which at present, drugs is of foremost concern.

THE ROLE OF THE WORKER

Youth workers create the circumstances whereby young people can express themselves and listen to each other, create and maintain friendships and learn about themselves and the wider world. The relationship between adults and young people within the youth group is central to the youth work process. It is a partnership, allowing young people the space they may not otherwise get. Youth workers can offer essential support to the young people at this crucial stage of growing up - befriending them, listening to them and advocating on their behalf.

The importance of this role does not change when working with young people around drugs issues. Many youth workers are involved in face to face work with young drug users, while many others address drugs issues with a wide range of young people who may not be using drugs. Whatever the youth work setting the most important concern for the worker is the welfare of the young person.

1. Charting our Education Future, White Paper on Education 1995.



Young people and drug use

In 1996 the Irish Government made the issue of drug use one of its main targets for the Irish Presidency of the EU. It acknowledges that there has been a considerable increase in the levels of drug use among young people in Ireland. Drug use has in fact been increasing steadily over the past decade.

In 1994, in the Greater Dublin area alone, it was estimated that of the persons treated for drug misuse the majority, 61% were under 25 years of age². Within the ED Ireland has the lowest age for treatment of addiction—23 years (Irish Times, October 1996). Many young people are born into an environment of drug use and drugs are often actively promoted within the current youth culture.

Alongside drug use comes the danger of transmitted diseases such as Hepatitis B and HIV. In Ireland today drug users account for the highest number of AIDS related deaths. Young drug using mothers are giving birth to drug dependent babies. 80% of serious street level crime is drug related³. Today, young people are offered an unprecedented choice of legal and illegal drugs. Legal drugs include alcohol, tobacco and pharmaceutical products while illegal drugs range from solvents and cannabis to heroin, cocaine and a variety of increasingly powerful synthetic drugs such as ecstasy and LSD.

During the last ten years, with the introduction to this country of rave music and the dance sub-culture, a greater number of young people have been introduced to a style of drug use which involves taking drugs orally. These drugs include ecstasy and LSD and are used to heighten the users experience of the rave, enabling young people to dance for hours at a time and providing them with an altered experience in terms of perception, thought and feeling⁴. Cannabis is perhaps the most commonly used controlled drug in this country, used in a wide range of settings and by a range of people crossing all class divides.

This form of drug use has spread throughout Ireland and is present in both rural and urban areas. Unlike heroin, the use of these drugs can be found across all social classes. The use of stimulant and hallucinogenic drugs among young people has contributed to a normalising of drugs as part of the youth culture. Not all young people will use illegal drugs but certainly all young people will have heard about them.

It is important to recognise that not all young people will decide to use drugs and those who do will do so to varying degrees, (from experimental and occasional use through to use on a regular basis) and for various reasons. It is therefore necessary not to consider the user in isolation but within the context of the environment in which he or she lives.

2. HEALTH RESEARCH BOARD SURVEY 1995

3. REPORT OF THE LORD MAYORS COMMISSION ON CRIME, DECEMBER 1994

4. GOVERNMENT STRATEGY TO PREVENT DRUG MISUSE, DEPARTMENT OF HEALTH 1991

Young people (under 25) constitute 42% of the total Irish population⁵. Ireland has the largest population aged between 5 and 29 years in Europe. Currently, the number of young people under 25 years in the European Union is 90 million—approximately 25% of the total population.⁶

The Costello Report on Youth Work⁷ stated that young people do not constitute a homogeneous mass with identical values, aspirations and life chances. This means that young people who choose to use drugs do so for many different reasons. To understand young people's drug use fully one must explore the various influencing factors which include socio-economic issues such as unemployment and educational achievement, quality of housing, family structures and influence of friends and media. One must also consider the nature of adolescence and the way in which young people are generally attracted to risk-taking behaviour.

SOCIO-ECONOMIC FACTORS

Unemployment is a major problem for many young people in Ireland today. In August 1996, 73,281 young people were registered as unemployed, approximately 25% of the total youth workforce. Of these over 25,000 were long-term unemployed—nearly one in three.⁸ Our society has simply created a situation where many of our young people cannot participate in the economic life of the country and cannot plan for the future.

The importance of educational qualifications in determining a young person's prospects for employment has become increasingly marked over the last decade. Young people who are educationally disadvantaged are most at risk of becoming unemployed and drifting into long-term unemployment.

Employers still use formal education qualifications as a yardstick for employment suitability therefore even for those Jobs which demand the least skill, a young Job applicant is now generally required to have a Leaving Certificate.⁹

Unfortunately this goal is out of reach for a growing proportion of young people in Ireland. The class divisions within Irish society have resulted in a low value being placed on working class culture. Within working class areas, both urban and rural, low quality housing, limited services and high unemployment exasperates an already unequal situation. These undoubtedly influence the behaviour of young people and the options which they have.

5. CENTRAL STATISTICS OFFICE, ESTIMATED POPULATION 1988-1995

6. A SOCIAL PORTRAIT OF EUROPE, EUROSTAT 1996.

7. THE FINAL REPORT OF THE NATIONAL YOUTH POLICY COMMITTEE 1984. (COSTELLO REPORT)

8. GROWING AND SHARING OUR EMPLOYMENT, DEPARTMENT OF ENTERPRISE & EMPLOYMENT 1996

9. PUTTING YOUTH ON THE AGENDA, THE STATE OF YOUTH REPORT, NYCI 1996.

Crime, drug use, deviant behaviour and leaving home are some of the routes which young people take and homelessness is often the next step for many. The decline of the extended family within Irish society often limits young people's access to positive role models and family support, again reducing opportunities and options.

Current youth culture is heavily influenced by fashion, music and movies as well as influencing the manner in which society as a whole perceives young people and responds to issues affecting young people.

The position of young people within Irish society offers numerous challenges for youth workers throughout Ireland. It must be remembered that the issues that have been considered are not purely an urban phenomena but are also experienced by young people in most parts of the country.

THE NATURE OF ADOLESCENCE:

Adolescence is a time of change for young people in terms of physical, emotional and social development. Part of this process of change involves young people exploring their changing situation through behaviour which often includes an element of risk.

Risk taking behaviour is often shared by peers, groups of friends who adopt similar behaviour, appearance and opinions. Such groups often exert more influence upon a young person than their family.

Risk taking behaviour can have three functions:

It can be:

- *a symbol of status and maturity;*
- *an expression of conformity and an attempt at coping;*
- *the instrument of release and individual transformation, the 'thrill'.¹⁰*

Through drug use young people strengthen their friendship bonds. Their perception of the world around them is altered, changing the way in which they think, feel and behave as well as challenging the limits which family and society places upon them. From the perspective of young people there can be many perceived positive outcomes which, depending on their individual circumstances, may influence their decision to use drugs.

10. FRANZKOWIAK, 1987 TAKEN FROM YOUNG WOMEN & HEALTH CONFERENCE REPORT, NYCI 1995 THE NATURE OF ADOLESCENCE, COLEMAN AND HENDY 1995.



How does Society respond to Drug Use?

Society responds to young people's drug use in three main ways:

DENIAL is often the response of parents and family or a general response within communities at local level whereby the following initial thoughts and statements come to the fore; "This is not happening"/ "This is not affecting me" / "There is no problem with drugs in this area" / "What, my daughter? Never"

DETERRENT responses may adopt such approaches as shock tactics or warnings against drug use from authority figures and ex-addicts and are used to scare young people away from drugs.

DIALOGUE as a response simply refers to engaging young people in dialogue in which they identify their own opinions, attitudes, concerns and fears regarding drug use.

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



The Youth Work Approach

In considering youth work as an effective means of facilitating drugs work with young people, it is firstly important to appreciate youth work as a positive and necessary approach for working with young people in general.

Definitions about the nature of youth work vary depending on the value system of organisations and workers.

In order to work towards an agreed definition of youth work certain fundamental questions need to be answered, questions such as:

- *Is youth work about changing young people?*
- *Does youth work have an educational and developmental role?*
- *Is youth work about creating opportunities for young people to participate in society?*
- *Does it have a role in challenging the inequalities which marginalise young people?*
- *Is it about social change?*
- *Should its main focus be about recreational/un activities?*
- *How central is the development of relationships with young people?*
- *What is the purpose of the relationships created?*
- *Does it aim to work in solidarity with young people?*
- *Is it about empowerment?*

These questions should help to formulate individual definitions about the nature and purpose of youth work.

Youth work is generally defined as social education in an informal context

The Costello Report states:

*“the primary task...will be to offer young people, on the basis of their voluntary involvement, developmental and educational experiences which will equip them to play an active part in a democratic society as well as meeting their own developmental needs through a challenging programme of social education...which assists the young person to be an active and critical participant in society and social development”.*¹¹

The same report elaborates on the process involved in achieving this task in youth work:

*“youth work must empower young people and enable them to emerge from the enveloping state of dependence...young people must know, feel and believe that they have some control over their situations in the sense of having the ability to influence intentionally what happens to them and to their community. The ability of young people to assess alternatives and choose the most appropriate one in any given situation is central to our view on social education”.*¹¹

A number of characteristics have been identified which distinguish youth work from other forms of youth provision and services.

YOUTH WORK:

- *is a planned and systematic educational experience implemented outside of the formal school curriculum by voluntary organisations and groups;*
- *is an active mode of learning which promotes an experiential learning model where young people are involved in teaming by doing, in real life situations, and reflecting in a structured manner upon the experiences encountered;*
- *involves young people on a voluntary basis and begins with issues and areas of interest and concern to them;*
- *is a mutually beneficial, enjoyable and fun experience for both youth workers and young people;*
- *is a partnership between youth workers and young people involving adults working with and not for young people in a manner that prioritises the active participation of young people as partners in the process;*
- *is based primarily on the voluntary involvement of adults as voluntary youth workers and is set in a community context;*
- *recognises that inequalities exist in society and seeks to raise the level of awareness of young people about society and how to act upon it;*
- *provides structures whereby young people can participate in decision-making, planning, organising and evaluation;*
- *enables communities to contribute to meeting the needs of their own young people.*¹²

11. THE REPORT OF THE NATIONAL YOUTH POLICY COMMITTEE (COSTELLO REPORT), 1984.

12. TOWARDS THE DEVELOPMENT OF A COMPREHENSIVE YOUTH SERVICE—THE YOUTH WORK POLICY OF THE NATIONAL YOUTH COUNCIL OF IRELAND, 1994.

Certainty drug use by young people can alter aspects of their personality and behaviour and undoubtedly if youth workers are to respond effectively it must be realised that they do not have all the knowledge, skills, resources and expertise to do so on their own. Therefore a comprehensive response needs to be an integrated one involving a range of services working together at local, regional and national level. Youth organisations have a vital role to play in an integrated response at all levels.

It should be recognised that the existing relationship that a youth worker has with a young person is of value. In developing a holistic response to any issue of concern to young people, including drugs. Whether the role of the worker is to refer a young person to a specific service or to accompany them to visit drugs services or to discuss with them their concerns or struggles with drugs depends on many factors and [imitations including:

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

Having explored the youth work process and the role of the worker within this process, we must now focus our attention on the role which youth work has in dealing with the drugs issue at organisational level. The next section of this pack explores drugs work within a youth Work context and examines a range of youth work responses to drug use. It also provides youth workers with a practical format for exploring their own responses to specific situations.

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Section Two

Youth Work Responses to Drug Use



INTRODUCTION

Any response to drug related situations must take into account the needs of young people, as well as the boundaries which influence the ability of the worker to respond to these needs.

There are many factors, either perceived or tangible, which can limit the workers response in any given drugs situation.

THESE FACTORS INCLUDE:

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

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

Drugs work can happen at two levels within the youth work setting. Firstly, the development of pre-planned, pro-active responses to the drugs issue which focus predominantly on preventive strategies. Secondly, the management of drug related situations as they arise on a day to day basis.



Pro-active Responses to Drug Use

Initially it is recommended that prior to the development of any planned response the worker and the organisation, club or project should assess the needs of the young people, the limits to the organisations work and the views, feelings and skills of the workers regarding drugs issues. (Section 4 which includes a range of supporting information, provides a number of worksheets which will assist workers and organisations to explore personal, ethical and moral issues which will inform the most appropriate responses available. (See Section 4. page 59)

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

A possible range of responses available to youth organisations include:

- | |
|---|
| <ol style="list-style-type: none"> 1. <i>The Educational Response</i> 2. <i>The Community Development Response</i> 3. <i>Advocacy—challenging societal structures on behalf of young people</i> 4. <i>Referral— accessing professional help for young people</i> 5. <i>Interpersonal Response—the valuable worker/young person relationship</i> 6. <i>The Organisational Strategy—addressing a comprehensive response</i> |
|---|



1. THE EDUCATIONAL RESPONSE

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

Drugs education should be holistic and consider the needs and experiences of all young people and to this end, within youth work drugs education programmes should include aspects of knowledge provision, clarification and development of values and attitudes and personal skills development, aiming ultimately towards responsible decision making and behaviour modification.

In planning and implementing drugs education programmes workers should consider a number of core values which underpin any youth work practice:

These are as follows:

1. *Young people have the right to identify choices and options and to choose the most appropriate one for them in any given situation*
2. *Young people have the right to self determination*
3. *Young people have the right to confidentiality in their relationship with workers*
4. *Young people have the right to develop their own values and attitudes*
5. *Young people have the right to develop the capacity to analyse critically the world around them and to take action in response*
6. *Young people have the right to challenge the worker and to be challenged by the worker in areas such as attitudes and ways of behaving*
7. *Young people have the right to be treated as equals*¹³

This poses an immense challenge for workers in planning pro-active drugs work and it is important for the organisation as a whole to explore the implications of this “charter of young people’s rights”.

We should also remember that quality educational opportunities for young people do not arise solely in a programme setting, informal opportunities are equally as important.

Informal education refers to:

*“the lifelong process whereby every individual acquires attitudes, values, skills and knowledge from daily experience, educative influences and resources in his or her own environment.”*¹⁴

We must recognise the differences and complexities of any drugs education programme. Effecting health behaviour change through education is difficult and challenging, but not impossible. It requires perseverance, multiple approaches and a long term plan.

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

13. THE REPORT OF THE NATIONAL YOUTH POLICY COMMITTEE (COSTELLO REPORT) 1984.

14. FORDHAM ET AL 1979.



Possible aims and methods of drugs education within a youth work context

AIMS	EXAMPLES OF METHODS
1. To encourage informed decisions	<i>Information provision and exploration</i>
2. To encourage the development of self-esteem and self-worth	<i>The personal development approach</i>
3. To provide alternative experiences— a “natural high”	e.g. <i>Outdoor education</i>
4. To provide a credible argument and highlight the negative aspects of drug taking	<i>Using an ex-addict as guest speaker</i>
5. To provide positive role models as a deterrent to drug use	<i>The peer education approach and using sports personalities as positive role models</i>
6. To explore drug use in a societal context	<i>The holistic approach</i>
7. To keep young people occupied	<i>Diversiory activities, sports and alternative leisure options</i>

Youth work, by its nature uses each of these methods in various different settings. Each method addresses the aims of drugs education and drugs work in different ways. This highlights the fundamental educational role of youth work.

IN SUMMARY:



EFFECTIVE DRUGS EDUCATION:

- *increases young people's awareness of drug use in society.*
- *prepares young people for present and future experiences.*
- *enables young people to make their own informed decisions.*
- *minimises the harm from drug use to individuals and communities.*



GOOD PRACTICE IN DRUGS EDUCATION:

- *is based on working on the needs and experiences of young people.*
- *is integrated into the whole programme within the youth work setting.*
- *is about creating a climate where young people and those who work with them feel able to talk honestly and openly.*
- *involves young people in participating actively in teaming, using a wide range of approaches and methodologies.*
- *is supported by a health education or drugs policy for the organisation.*
- *encourages young people to listen to and support one another and enables young people to see those who work with them behaving in the same way towards each other.*
- *involves other appropriate agencies at local level, promoting an inter-agency approach.*
- *ensures adequate resources in terms of time, materials, staff development and training.*



DRUGS EDUCATION SHOULD NOT BE:

- *intended to scare young people.*
- *giving one-off talks.*
- *giving propaganda and biased information.*
- *simply bringing in an 'expert'.*
- *just giving the facts.*
- *over-reacting in a crisis.*



A GOOD DRUGS EDUCATION PROGRAMME:

- *considers the wide range of attitudes towards drugs and drug use.*
- *provides a view of drug use in a range of cultures and environments.*
- *meets the needs of all those involved in the programme.*
- *provides accurate and up-to-date information.*



For many organisations drugs education is perhaps the only possible response to the drugs issue. In section 4 of this pack there is considerable supporting information available with regard to drugs education, drug prevention and a strategy for planning and implementing a preventive drugs education programme for use within the non-formal education sector.

(See Section 4 page 65)



2. THE COMMUNITY DEVELOPMENT APPROACH

The community development approach has many components. This approach includes working in co-operation with other community organisations, agencies and activists towards a commonly agreed goal. Thus within a drugs work context the worker's role may be to raise awareness of local drugs issues within the community, raising critical consciousness and working with the community to meet the identified needs.¹⁵

Community goals may include the development of specialist drug services, increased opportunities for young people and employment projects. This approach may involve the worker and organisation actively challenging the structural sources of oppression and inequality within society¹⁶. In a practical situation the worker will have identified a situation which needs resolution within a community, for example the need for a drug counselling service. That worker will then work with other groups, both voluntary and statutory as well as with members of the wider community towards achieving this goal.



3. ADVOCACY—CHALLENGING SOCIETAL STRUCTURES ON BEHALF OF YOUNG PEOPLE

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

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

15. EDUCATION FOR CRITICAL CONSCIOUSNESS, PAULO FREIRE, 1993

16. SUBVERSIVES OR SOFT COPS?, NOTES TOWARD AN EXPLANATION OF THE POLITICS OF YOUTH WORK. ROB WHITE, CONFERENCE OF NATIONWIDE WORKERS YOUTH FORUM, AUSTRALIA, 1987



4. REFERRAL—ACCESSING PROFESSIONAL HELP FOR YOUNG PEOPLE

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

It is important for organisations to be familiar with the range of referral agencies available to them either within the community or at regional or national level as some geographical areas will be better served than others. An important issue for organisations is to maintain contact on an ongoing basis with the range of referral agencies or individuals accessible to them. This is vital so that when situations occur which require referral, organisations and workers will be familiar with whom to contact and the official referral procedure. It is preferable if the worker has a professional working relationship with designated staff within referral agencies. (A comprehensive list of referral agencies and the services which they provide is available from the National Youth Health Programme in the NYCI).



5. THE INTERPERSONAL RESPONSE—THE VALUABLE WORKER/YOUNG PERSON RELATIONSHIP

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

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

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



6. THE ORGANISATIONAL STRATEGY

This will be addressed to a greater degree in the next section. In brief, it is important that organisations and individual clubs/groups/projects are aware of what they should do in order to manage a drug related situation. Organisations should seriously consider policy development and skills based training for workers. Organisational development should provide a broad framework within which an organisation places its drugs work. Thus it is vital that organisations consider the needs of young people, staff and the organisation as a whole before adopting any pro-active responses to drug use. (Section 3 addresses the need for policy while Section 4 contains a comprehensive needs analysis questionnaire and worksheets which will facilitate the development of such a policy within your organisation.)

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



Managing drug related situations as they arise within the youth work setting.

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

Firstly, there are a number of general principles to be considered when faced with drug related incidents within the youth work setting. Secondly, you will find a range of specific drug related situations which may occur in your work setting and an exploration of the management of these situations.

THERE ARE A NUMBER OF MAIN PRINCIPLES TO BE REMEMBERED WHEN RESPONDING TO AND MANAGING SPECIFIC DRUG RELATED INCIDENTS:

- *Establish the facts and be clear about the nature of the incident before deciding on any course of action;*
- *Provide the young person with the appropriate support and guidance the/need;*
- *In form your relevant manager or support person within the organisation as soon as possible in cases where the suspicion of drug use has been confirmed and supported by evidence;*
- *Use the relevant support systems of the organisation as an initial response to any incident;*
- *Decide whether or not to involve the Gardaí. This involvement is at the discretion of the management and workers within the organisation;*
- *involve parents/carers where appropriate. For example, if you feel the young person should be sent home, it would be appropriate to accompany and support them through this situation;*
- *Above all, do not overreact as this can contribute to handling the situation in a negative way for all concerned.*

All youth organisations at local, regional and national level should have pre-planned, flexible responses to crisis situations.

Before considering the specific case studies there are three main areas to be discussed:

1. EDUCATION:

An incident of drug use locally may cause workers and the organisation to re-evaluate the current drugs education programme. The programme may need to be changed or developed if a number of the young people are known to be experimenting with solvents or using ecstasy at weekends and particularly if this information was not previously known to the workers.

2. SUPPORT:

A young person who reveals that they are using drugs and asks for help may need practical and emotional support. Much of this support can be provided within the youth work setting.

3. CONTROL:

Youth organisations need to consider appropriate responses to specific drug related incidents. Exclusion from youth work activities should be avoided where possible. However, this may be necessary in certain cases, e.g. where there is a risk of danger to the young person themselves or to others within the group.

Identifying a co-ordinated response to such an incident may include providing the opportunity for support and counselling, action from other agencies, on-going monitoring of the internal situation at specific times or places, reintegrating the young person if they have been excluded from the group and an on-going educational, response integrated into the overall programme.¹⁷

DRUG-RELATED SITUATIONS

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

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

17. DRUG EDUCATION-GUIDANCE FOR SCHOOLS. WEST SUSSEX COUNTY COUNCIL



**Managing Drug-Related
Situations—*Case Studies***



Situation 1

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

HERE ARE SOME OPTIONS AND POSSIBLE CONSEQUENCES.

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

The above are just some of the actions you could take in this situation as well as possible consequences. What would you do in the same situation?

The worksheet opposite will assist you in working through the options most suited to your work setting.



Situation 1

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

WORK THROUGH THIS PROCESS TO ARRIVE AT A SATISFACTORY OPTION FOR YOU AND YOUR ORGANISATION:

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

Write your final decision here!



Situation 2

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

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

The above are just some of the responses you could make and consequences for each.

What would you do in the same situation?

Use the worksheet opposite to work through your options.



Situation 2

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

WORK THROUGH THIS PROCESS TO ARRIVE AT A SATISFACTORY OPTION FOR YOU AND YOUR ORGANISATION:

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

Write your final decision here!



Situation 3

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

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

The above are just some of the actions you could take.

What would you do in the same situation?

Additional issues for consideration:

- *How can you confiscate the drugs?*
- *Will the young people admit to having drugs in their possession?*
- *What if they do not admit possession, can you search their bags or personal belongings?*

Use the worksheet opposite to work through your options.



Situation 3

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

WORK THROUGH THIS PROCESS TO ARRIVE AT A SATISFACTORY OPTION FOR YOU AND YOUR ORGANISATION:

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

Write your final decision here!



Situation 4

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

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

The above are just some of the actions you could take.

What would you do in the same situation?

Use the worksheet opposite to work through your options.



Situation 4

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

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

Write your final decision here!



Situation 5

At your regular Friday night disco a young man collapses in the middle of the dance floor. A friend says that he has injected Heroin before coming to the club disco. What can you do?

OPTION	POSSIBLE CONSEQUENCE
You call an ambulance, stating that you have an emergency, a young man has collapsed on the floor. You take appropriate first aid action, checking airways, breathing and circulation until the ambulance arrives.	Your duty is the care of the young person. By calling for an ambulance and administering first aid you appear to be fulfilling your duty. However by not telling the ambulance service that heroin may be involved, the ambulance team will not be prepared to take appropriate action and may mis-diagnose the situation.
You call an ambulance stating that you have an emergency, a young man has collapsed and that you believe he has injected Heroin. You take appropriate first aid action, checking airways, breathing and circulation until the ambulance arrives.	Again you have taken appropriate action. The ambulance team know that heroin may be involved and will be able to take appropriate medical action as soon as they arrive.
You call the Gardaí.	The Gardaí will call for an ambulance, however response time is increased. You have also involved the Gardaí in a situation over which they have no Jurisdiction, possibly raising the negative profile of your organisation in their eyes.

The above are just some of the actions you could take.

What would you do in the same situation?

Use the worksheet opposite to work through your options.



Situation 5

At your regular Friday night disco a young man collapses in the middle of the dance floor. A friend says that he has injected Heroin before coming to the club disco. What can you do? CONTINUED...

Write your answers here

Organisational guidelines/expectations:

Does your organisation/club have existing guidelines or policy? Do you have to report to anyone either in writing or orally? Do you have a strategy for dealing with drug related emergencies?



Support available to you as the worker:

Do you have formal support or supervision meetings? Do you have informal support? Are these provided inside your organisation? Do you have access to people you can get advice from? Do you know who you can refer people to? Do you have a co-worker?



What are the needs of the young people:

Do you need to inform parents/guardians? What type of relationship do you have with the young people? What type of support and encouragement does the young person need? What is the young person asking for?



What are the legal implications:

Do you have to inform the local Gardaí or the local social services?



Write your final decision here!



Situation 6

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

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

The above are just some of the actions you could take.

What would you do in the same situation?

Use the worksheet opposite to work through your options.



Situation 6

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

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

Write your final decision here!



Situation 7

During one of your health education sessions a member of your group, in front of everyone, discloses that she uses drugs regularly.

What can you do?

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

The above are just some of the actions you could take.

What would you do in the same situation?

Use the worksheet opposite to work through your options.



Situation 7

During one of your health education sessions a member of your group, in front of everyone, discloses that she uses drugs regularly. What can you do? CONTINUED....

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

Write your final decision here!

General Guidelines for Good Practice



A SUMMARY

This section has outlined some of the factors relevant to developing a response to the issues of young people's drug use within an organisational context and the specific ways in which youth workers can manage drug related situations.

It should be emphasised that these issues are common to all youth and community organisations and are as appropriate to general youth work practice as they are to drugs work specifically.



1. Attitudes and Opinions

Each individual has a range of personal attitudes and opinions which influence their own behaviour and work practice. These attitudes and opinions must be fully explored and personally challenged to provide for non-Judgmental, honest and open work with young people. Personal values and attitudes play an important part in informing our working practice and influence such issues as our perspectives on the personal, social and political nature of our work.



2. Responses to Drug Use in Society

Workers have available to them a number of options as to how they may respond to drug use, these include:

1. *The Educational Response*
2. *The Community Development Response*
3. *Advocacy—challenging societal structures on behalf of young people*
4. *Referral—accessing professional help for young people*
5. *The interpersonal Response—the valuable worker/young person relationship*
6. *The Organisational Strategy—addressing a comprehensive response*



3. Building Relationships with Young People

The uniqueness of youth work lies in the trusting relationships formed between the worker and young people. This trust forms the basis for all positive interaction, contributing to the personal development of young people and those who work with them. This relationship extends beyond a youth work setting and should also be inclusive in terms of family and the wider community.



4. Responsibility

Organisations and the workers and volunteers within must address the scope of their responsibility and the inherent boundaries and limitations in working with young people. This is particularly important in the context of personal, social and health education and in relation to drug use.



5. Confidentiality

Given the nature of youth work, those working with young people may find themselves in a position where young people disclose sensitive information about personal issues. There should be clarity within the organisation regarding the scope of confidentiality between the worker and the young people with whom they work.

Each organisation should have a clear policy on the limitations of confidentiality and this should be discussed with the young people in an open and honest manner.

Organisations and workers should consider that possible limiting factors on confidentiality may include that any information about risks to anyone's safety or possible legal actions may have to be taken further.



6. Keeping Records

(a) Monitoring attendance and participation of young people within a youth work setting may be of benefit if a young person discontinues attendance for an unexplained reason, e.g. the worker should be in a position to make inquiries and follow-up contacts.

(b) It is important to record situations and incidences which may arise within the youth work setting, e.g. if a young person discloses drug use it would be important to record the following:

- *when did the event take place?*
- *what was the specific situation?*
- *who was the worker?*
- *how was the situation handled?*
- *what was the follow-up?*

As such records may be confidential, it is important to keep them in a safe and secure location.

(c) There should be clear guidelines in place within an organisation for reporting specific situations and information through a defined management or support structure. This is essential for the professionalism of the work and the support and protection of the workers.



7. Health and Safety

Youth and community organisations should fulfil their obligations within the health and safety regulations by maintaining hygienic facilities, providing first-aid kits, fire blankets and extinguishers within easy reach, as well as ensuring access to adequate emergency exits.

It is recommended that priority be given to the provision of first-aid training for staff and volunteers within the organisation.



8. Referrals

There may be incidences or situations which arise within the youth work setting where the worker is not trained or in a position to respond. In these situations, it is essential for the worker to access relevant services or referral agencies where the young person's needs can be met more appropriately. Therefore, it is necessary for the organisation and the workers to be familiar with the specialist services available within the locality and to be aware of the procedures for making referrals. (A list of national and specialist helping and referral agencies is available from the National Youth Health Programme, NYCI).



9. Training and Support

Organisations have a duty to ensure that training and support is provided for all those within the organisation working with young people. Youth work in general and particularly drugs education can be difficult and challenging to those involved in the work. Therefore, appropriate support, advice and training should be made available on an ongoing basis.

NOTE: *Each of these issues should be addressed in any comprehensive policy being developed by the organisation and should be explored to meet the specific needs of each organisation.*

Section Three

Policy Development

INTRODUCTION



This pack has explored in detail a range of issues relating to youth organisations' responses to the drugs issue. We have recommended that each organisation develops their own guidelines or policy to inform their work based on specific local needs and the working ethos of the organisation.

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

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

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

Organisational policy will ensure a comprehensive response which has been thought through in consultation with all those involved within the organisation. It will ensure that issues are addressed in an appropriate manner to meet the needs of the organisation, its workers, leaders, volunteers and young people. Such a policy should consider the needs of the wider community and should have approval from boards of management and local health and drug support agencies.

THIS SECTION WILL PROVIDE A FRAMEWORK FOR ORGANISATIONS, INDIVIDUAL WORKERS AND VOLUNTEERS TO:

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

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

We would also suggest that organisations who plan to develop a policy following this process should do so in the context of also planning a pro-active health/drugs education programme and a management response to drug related situations as outlined in Section 2 of this pack.

There are a number of worksheets included in Section 4 of this pack, which are designed to assist you in clarifying some of the issues which may arise when your organisation begins to develop policy (*see Section 4, page 91*).

INTRODUCTION TO POLICY DEVELOPMENT:

Why the need for a drugs policy?

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

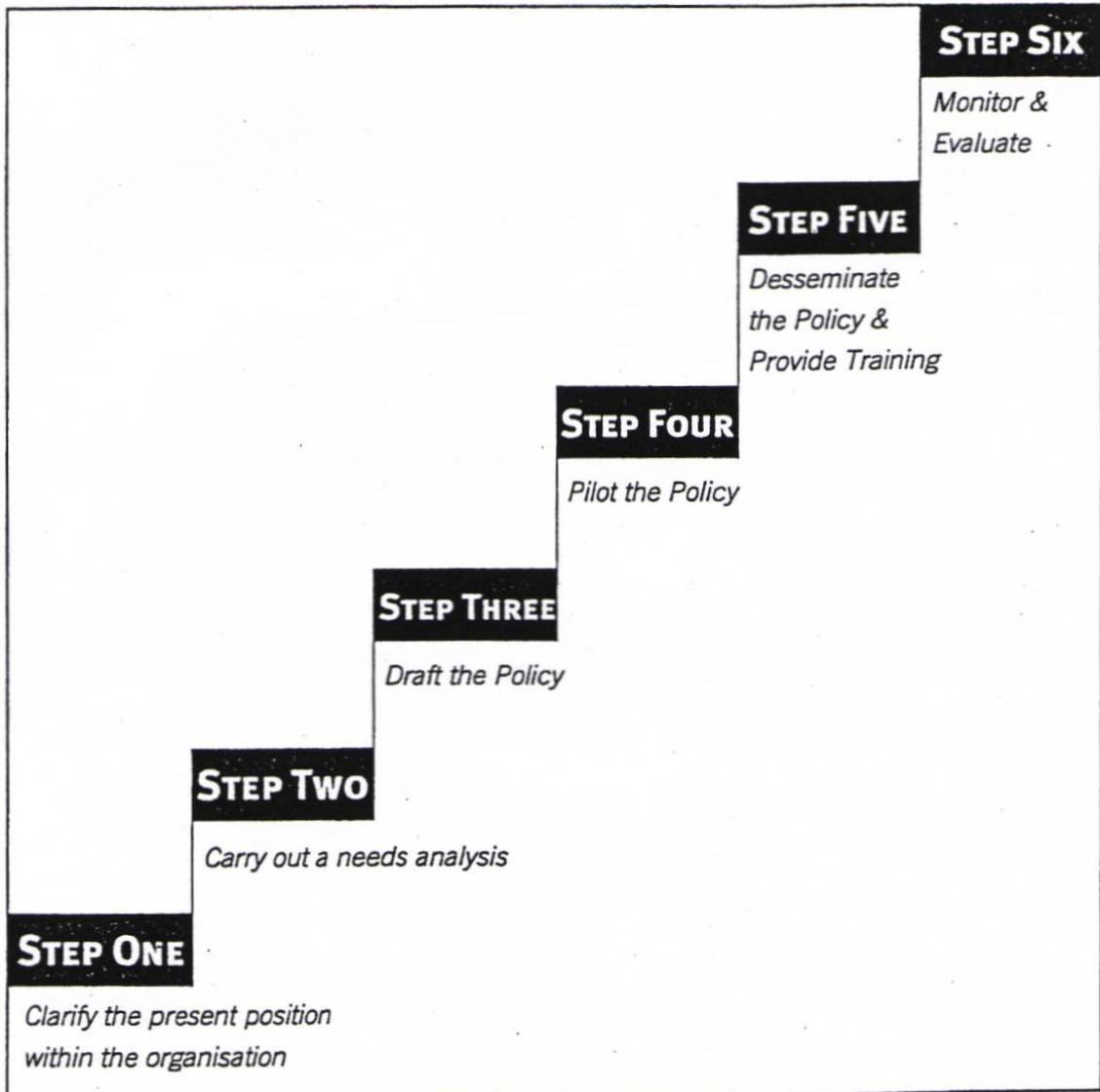
A PROCESS FOR DEVELOPING POLICY AT ORGANISATIONAL LEVEL:

This section aims to provide a step by step framework for organisations to follow or adapt, where appropriate, when developing their own policy. The process outlined is such that it can be adapted and followed at all levels within an organisation, i.e. at local, regional and national level. This approach has been designed to encourage a comprehensive policy which has been contributed to, by all those involved and supports the work at all levels within the organisation.

The Step By Step Approach To Developing A Drugs Policy

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

THE STEPS TO THIS PROCESS ARE AS FOLLOWS:





STEP 1:

Clarify the present position within the organisation.

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

A number of worksheets and questionnaires have been provided in Section 4 which should be of benefit in clarifying the present position within the organisation. They are designed to encourage discussion among all concerned and provide a means for a critical analysis of the ethos of the organisation, the levels of information within the organisation regarding young people's drug use and the present responses being implemented by the organisation at a practical level. Discussions based on the worksheets should ideally be facilitated by an external facilitator so that the work can be positively challenged and staff, volunteers and management alike have an opportunity to be open and honest.



Step 2:

Carry out a needs analysis.

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

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

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

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

A sample needs analysis has been included (*see Section 4, page 103*) which will provide some ideas on drawing up an organisational needs analysis. The questionnaire included is by no means complete. It is designed to be used and adapted by organisations on the basis that it meets the specific needs of each individual organisation.



Step 3:

Draft the policy.

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

A policy will only be effective if everyone has been involved in its development and there is agreement about its content and strategy outline. However, it is vital that someone within the organisation takes ultimate responsibility for a team to co-ordinate the process, from the consultation stage through to writing the document and ongoing monitoring and evaluation of the policy.

Framework for a Drugs Policy.

WHAT SHOULD BE INCLUDED IN THE POLICY DOCUMENT?

- a. *A statement of the organisation's views on drug use.*
- b. *A moral and values framework for the organisation's approach based on its ethos.*
- c. *Clear definitions of drugs as understood by the organisation.*
- d. *The aims and objectives of the policy and the policy statement.*
- e. *Staff responsible for implementing the policy and their levels of knowledge and understanding.*
- f. *Drugs education —the aims and objectives and approaches of the strategy.*
- g. *Guidelines on managing drug-related situations.*
- h. *Staff development, training and support issues.*
- i. *The organisation's drugs work in a community context.*
- j. *Specific roles and responsibilities.*
- k. *The process by which the policy is to be implemented.*
1. *Procedures for review, monitoring and evaluation.*
- m. *Appendices if appropriate.*

a. A STATEMENT OF THE ORGANISATIONS VIEWS ON DRUG USE

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

b. A MORALAND VALUES FRAMEWORK

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

c. CLEAR DEFINITIONS OF DRUGS AS UNDERSTOOD BY THE ORGANISATION

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

d. AIMS AND OBJECTIVES OF THE POLICY AND THE POLICY STATEMENT

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

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

e. DESIGNATED STAFF AND LEVELS OF KNOWLEDGE AND UNDERSTANDING

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

f. DRUGS EDUCATION, THE AIMS, OBJECTIVES AND APPROACHES

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

g. GUIDELINES ON MANAGING DRUG RELATED SITUATIONS

A statement of the clear guidelines and procedures which staff, volunteers and the organisation in general are expected to follow in responding to specific incidents. It would be very beneficial, within this section, to identify a range of incidents which potentially could arise within your youth work setting and to provide clear options for dealing with these situations. The situations explored in Section 2 will provide a basis for doing this work.

Other issues which should be considered in this section include legal implications, confidentiality contracts with young people, procedures for referrals to outside agencies, information provision to young people, discipline procedures, channels of communication regarding drug related incidents and finally, the involvement of parents.

h. STAFF DEVELOPMENT, TRAINING AND SUPPORT ISSUES

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

i. THE ORGANISATION'S DRUG WORK IN A COMMUNITY CONTEXT

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

j. SPECIFIC ROLES AND RESPONSIBILITIES

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

k. THE PROCESS BY WHICH THE POLICY WILL BE IMPLEMENTED

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

l. PROCEDURES FOR REVIEW, MONITORING AND EVALUATION

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

m. APPENDICES

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



Step 4:

Pilot the Policy.

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

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

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

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



Step 5:

Disseminate the policy and provide training.

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

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



Step 6:

Monitor and Evaluate.

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

SUMMARY:

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

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

It is important that the policy is developed in conjunction with the entire organisation so that there is ownership and effective implementation of the policy.

Time should therefore be given to the process of policy development and it should be seen as a priority in all organisations.

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Section Four

Supporting Information



This section provides the information, resources and worksheets which have been referred to within the previous sections of this pack.

THIS FOURTH SECTION INCLUDES THE FOLLOWING INFORMATION:

	PAGE
PART 1: <i>Understanding Drug Use</i>	53
PART 2: <i>Preparing to Develop Drugs Work– exploring personal attitudes and opinions</i>	59
PART 3: <i>Drugs Education</i>	65
PART 4: <i>Drugs Fact Chart/Signs and Symptoms of Drug Use</i>	79
PART 5: <i>Legal issues</i>	85
PART 6: <i>Worksheets</i>	91
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PART 8: <i>Glossary of Terms/Guide to Resources</i>	117

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Part 1 *Understanding Drug Use*

- *The Epidemiological Triangle*
- *Levels of Drug Use*

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Understanding Drug Use

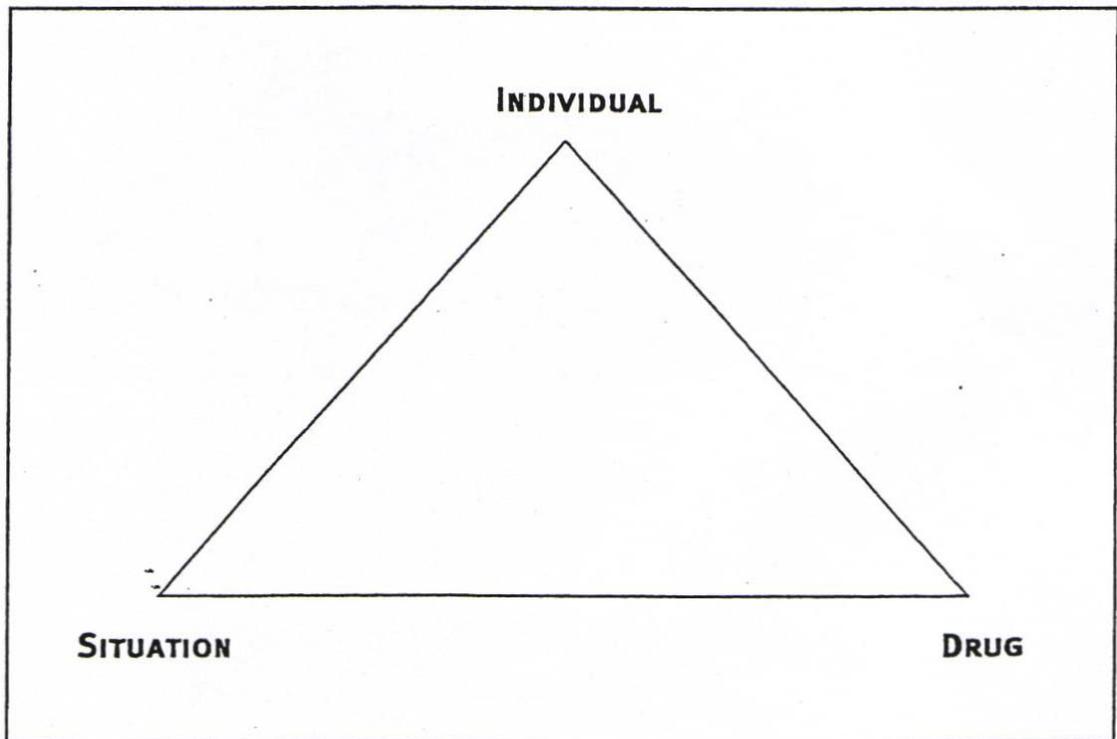
Illegal drug use among young people is a very complex issue. There are a number of theoretical issues which are worth considering to help broaden our understanding of the issues.

1. THE EPIDEMIOLOGICAL TRIANGLE

In discussing and trying to understand the nature of drug use it is important to take into account the epidemiological triangle.

The epidemiological triangle recognises three key factors involved in drug use. These are the characteristics of the individual, the type of drug being used and circumstances or situation in which the drug is used.

Epidemiological triangle.



These three factors are interrelated and should never be considered in isolation. Each of these factors influences not only the reasons for using a drug but also the precise effects on the user.

2. LEVELS OF DRUG USE

It is important to recognise that not all young people who use drugs become addicted. In order to understand this concept, it should be understood that there are three levels of drug use, i.e. experimental, recreational and dependent. These levels of drug use are normally associated with different types of users, however, a person can move between the different types of use throughout their lifetime.

Experimental drug use

Experimental drug use is described as being short-term and mostly a peer group activity. Young people experiment with drugs because they are curious, and they want to explore and try everything out. The pattern of experimental drug use is usually Irregular and depends on many factors including the availability of drugs, the other people associated with the user, the location for using the drugs, youth culture and current fashion.

Experimental drug use may develop into recreational drug use or it may merely stop when the user has satisfied his/her curiosity. This type of drug use carries risks in terms of the young person lacking knowledge about the effects of certain drugs. For example, experimenting with solvents can result in immediate sudden death because of the direct, poisonous effects of particular solvents¹⁷.

Recreational drug use

Recreational drug use refers to the use of drugs where enjoyment is the key factor. Such use happens on a regular basis and is mostly identified with the use of ecstasy and hash at 'raves' and clubs.

The recreational user often feels that they have control over their use of drugs. Use can range from occasional to heavy use but the user is not dependent on the drug. Such use is also influenced by the type of drug used and the location of use. Recreational drug use is often seen as part of normal activity, conforming to various social and sub-cultural rules and expectations¹⁸. An excellent example of this is the recreational use of alcohol as part of the 'normal' Irish pub and social culture.

17. TAKEN FROM THE SOLVENT ABUSE PROGRAMME, NYCI, 1992.

18. MALINOSWKI A. A FRAMEWORK FOR UNDERSTANDING DRUG USE, DRUG LINK, VOL. NO.2, 1987

Dependent drug use

Dependent drug use is strongly associated with compulsion, either physical or psychological, to use the drug. At this level, the user has lost control of their drug use. Dependence is associated with taking very large amounts of drugs on a frequent basis. It is also accompanied by a chaotic life style with the main preoccupation being where the next fix will come from.

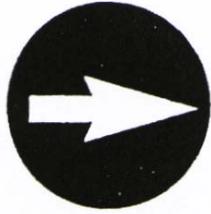
This level of drug use is usually a solitary or small group practice and is frequently accompanied by emotional, psychological and social problems as well as physical illnesses at later stages.¹⁹

Responses to Drug Use

In accepting that drug taking behaviour is reality for many young people we may choose to respond in a number of ways. Each of these responses are based on the values held within certain sectors of society and it is important to remember that our choice of response can in turn effect the choices that young people make.

19. ILLICIT DRUG USE IN NORTHERN IRELAND, A HANDBOOK FOR PROFESSIONALS. THE HEALTH PROMOTION AGENCY FOR NORTHERN IRELAND, 1996.

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Part 2 *Preparing to Develop Drugs Work*

Questionnaires/worksheets to assist in exploring personal attitudes and opinions of workers

WORKSHEET 1 - Why I want to do Drugs Work

WORKSHEET 2 - Drugs Statements

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**Preparing to develop drugs work-
exploring personal attitudes and opinions of workers.**

It is important when considering the needs of young people to have considered and to be aware of our own needs as workers. We also need to be conscious of and examine our reasons and motives for being involved in drugs work.

IT IS IMPORTANT THAT WE ASK OURSELVES THE FOLLOWING QUESTIONS:

- *Why do we wish to give our time, energies and abilities to work with young people on drugs issue?*
- *What do we want to get from our involvement in such work?*

To give you an opportunity to explore the above issues please refer to the following exercises. We recommend that you work through the following exercises individually and as an organisation so that the work with young people can then be planned and implemented in a non-judgmental way.

Worksheet 1 – Why I want to do drugs work



RANK THESE STATEMENTS IN ORDER OF PRIORITY:

1. To scare young people away from drug use;
 2. Because my organisation thinks it is important;
 3. Because 40% of my youth club members use drugs;
 4. To help young people make informed and responsible decisions about their drug use based on factual information;
 5. To encourage young people to examine the social and personal pressures on them to use drugs;
 6. To help young people to minimise the harms related to drug use;
 7. To reduce the numbers of young people using drugs;
 8. To protect young people from the legal implications of drug use;
 9. Because I believe that young people can learn the skills to say NO!;
 10. Because my relationship with the young people I work with is strong and trusting.
-

Drugs tend to be quite a frightening and complex issue and because of this it is important for you to consider your own personal values and judgements on the issues involved before undertaking work with young people on these issues.

If we are honest with ourselves and we have explored these statements we will find that we are involved in drugs work for a variety of valid and legitimate reasons. However dangers may arise if firstly we, as workers, are unaware of our own values and biases and the part that they play in our work, and secondly when our reasons for involvement are so strongly compelling as to have a damaging effect on our work.

Therefore it is important to explore our own attitudes, values and biases regarding drugs and drug use. It is important to stress at this point the necessity for all those involved in the organisation to explore these issues before beginning to plan drugs work. Otherwise, we run the risk of young people receiving mixed messages which can negatively affect the work. The following exercise should be useful for you to explore your personal viewpoints.

Worksheet 2 – Drug Statements



INDICATE WHETHER YOU AGREE OR DISAGREE WITH EACH OF THESE STATEMENTS, BY PLACING A TICK IN THE APPROPRIATE BOX.

	Agree	Disagree
1. <i>Society is to blame for our drugs problem;</i>	<input type="checkbox"/>	<input type="checkbox"/>
2. <i>Cannabis is a safer drug to use than alcohol;</i>	<input type="checkbox"/>	<input type="checkbox"/>
3. <i>All Heroin addicts must have access to needle exchange services;</i>	<input type="checkbox"/>	<input type="checkbox"/>
4. <i>Occasional weekend use of Ecstasy is OK;</i>	<input type="checkbox"/>	<input type="checkbox"/>
5. <i>Everyone who uses drugs becomes addicted;</i>	<input type="checkbox"/>	<input type="checkbox"/>
6. <i>Drugs education will not stop young people using drugs;</i>	<input type="checkbox"/>	<input type="checkbox"/>
7. <i>Young people are responsible for their own drug use;</i>	<input type="checkbox"/>	<input type="checkbox"/>
8. <i>Using solvents is an understandable part of a young person's development;</i>	<input type="checkbox"/>	<input type="checkbox"/>
9. <i>Tobacco kills more people than ecstasy;</i>	<input type="checkbox"/>	<input type="checkbox"/>
10. <i>All young people who are bored will try drugs at one time or another;</i>	<input type="checkbox"/>	<input type="checkbox"/>

Having completed the above exercises you will have considered some of the broad drug related issues within our society.

These issues should be discussed and clarified among all those working with young people within the organisation. This is an important part of any organisation's planning and evaluation. It is important to take the next step and look at your own drug use e.g. to explore your own use of drugs such as tobacco, alcohol or prescribed medicines.



Part 3 *Drugs Education*

- *Planning a comprehensive drugs education programme*
- *Drug Prevention*
- *Approaches to preventive drugs education*
- *Planning a preventive drugs education programme for use with young people within the non-formal education sector*

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Drugs Education

This supporting information aims to explore the role and scope of drugs education within the non-formal sector and explores the importance of placing drugs education in a holistic context i.e. taking into account the individuals physical, social, emotional and mental wellbeing as well as the physical and social environment in which they live.

THE FOLLOWING ISSUES WILL BE EXPLORED:

- *a exploration of the key considerations in planning a comprehensive drugs education strategy.*
- *an analysis of the strategies and approaches currently used in drugs education.*
- *a framework for planning a drugs education programme within the context of a holistic health education programme.*

Having already considered the range of factors influencing young people's health and drug use it is important to restate the importance of a holistic approach.

Planning a comprehensive programme depends on three key considerations:

1. *The needs of the young people.*
2. *An appreciation of the social and physical environment in which young people live.*
3. *The relevance of the programme content.*

1. THE NEEDS OF YOUNG PEOPLE:

According to Tyler's Rationale, there are some needs which are common to most young people.

These are:

- *the need for self-esteem*
- *the need to achieve.*
- *the need to belong*

Other needs are more specific to particular young people, for example:

- *young people with low literacy skills*
- *young people in marginalised communities*
- *young people from particular cultures*

In applying this concept to the planning of an effective drugs education programme, the needs of young people must be the key consideration. This involves analysing where the young people are at now in terms of their drug use and what changes in behaviour, e.g. thinking, feeling and acting, the drugs education programme can help them to achieve. The programme must be planned with these needs in mind.

2. AN APPRECIATION OF THE SOCIAL AND PHYSICAL ENVIRONMENT:

This exploration is important in terms of examining a positive model of health which recognises the fact that young people have physical, social, emotional, mental and spiritual needs, all of which are interdependent and interact with one another at any given time. A most important consideration is that individuals do not exist within a vacuum but within a physical and social environment which impacts strongly on their health status.

3. THE RELEVANCE OF THE PROGRAMME CONTENT:

The educational programme will only be relevant if it addresses the needs of the specific target group within their own physical and social environment. Existing programmes and resources must always be adapted to meet these real needs.

The most effective way of examining the needs and the social situation of the young people with whom we work is to carry out a needs analysis specific to the young people.

A comprehensive needs analysis framework has been included later in this Section. The needs analysis is drawn up to not only elicit the drugs education needs of the young people but also to focus on a wide range of other issues which organisations must address in planning a comprehensive response to the current drugs situation.



Drug Prevention

In order to respond to the identified needs we must firstly understand what we mean by drugs education in realistic terms, i.e. what do we want our drugs education to achieve?

For the most part, organisations implementing drugs education here in Ireland are striving for drug prevention.

BUT WHAT EXACTLY DO WE MEAN BY DRUG PREVENTION?

Drug prevention is about preventing the use, or reducing the frequency of the use of drugs thereby preventing related health and social problems.

THE WORLD HEALTH ORGANISATION STATED THAT:

*'The ultimate goal of prevention in the field of drug related problems is, broadly speaking, to ensure that the members of a given population do not use drugs at all, i.e. abstentionism and consequently do not put themselves at risk of suffering damage or causing social harm.'*²⁰

However, there are two levels of prevention activities or strategies which we should be concerned with if we are to fully approach the issue in the most comprehensive way possible given the current drug-oriented society within which our young people live.

THESE ARE:

Primary prevention which is aimed at ensuring that a problem does not occur.

Secondary prevention which is aimed at reducing the prevalence of the problem or related harm within the community.

In addition to recognising that prevention can happen at two levels, it is important to be familiar with the various aspects of prevention.

SUPPLY REDUCTION

Supply reduction aims to control or reduce the supply and availability of illicit drugs by reducing supplies at the point of origin, controlling supplies at the point of entry and controlling the distribution of drugs within the country.

This aspect of prevention is very clearly a law enforcement issue, i.e. the responsibility of the Gardaí and Customs and Excise.

20. WHO EXPERT COMMITTEE ON DRUG DEPENDENCE. TWENTY-EIGHTH REPORT 1993

DEMAND REDUCTION

Demand reduction can be described as those activities which aim to stop people from experimenting with drugs in the first place, delaying the onset of experimentation; to reducing the numbers who take drugs and to stop drug taking completely.

HARM REDUCTION

A third aspect of prevention is that of harm reduction or harm minimisation. Harm reduction can be described as any activity which aims to reduce the harm caused by drug use.

These aspects of prevention highlight the importance of recognising that the responsibility for drug prevention lies with many different agencies. Youth organisations have a key role to play in prevention at both a primary and secondary level and are clearly involved in demand reduction and in some cases harm reduction.

The importance of recognising shared responsibility for addressing the drugs situation is highlighted by the following:

'drug prevention work is the responsibility of many organisations, and includes a diverse set of activities carried out by and through co-operation between drug agencies; professionals working in education, health, welfare and enforcement; the national and local media; community groups; and the private sector.'*²¹

Where there is a demand for a product there will always be a ready supply. This has become more and more evident in this country in the past decade. We cannot hope to completely control the supply of drugs, therefore we must team to understand the demand and fulfil our responsibilities to the young people we work with in terms of providing them with the skills to make responsible decisions regarding their drug use.

APPROACHES TO PREVENTIVE DRUGS EDUCATION

There have been many approaches to drugs education in the past and many approaches are currently being used in a variety of settings.

We will now examine a range of educational approaches and critically analyse their effectiveness and suitability within a youth work setting.

Education programmes in the past have targeted individuals believing that if we could make our young people strong enough they would not take drugs. The approaches used have varied from information giving to discussion to social and personal development and lifeskills. The messages have ranged from 'Just say no!' to reducing harm from drug use.

Information giving alone has been discredited as far back as 1971:

*'Evidence from some recent surveys suggest that direct communication to young people of information about drugs, even though aimed at alerting them to the dangers, is likely to cause experimentation.'*²¹

21. DORN N, MURJI K. DRUG PREVENTION, ISDD, 1992

The Report of the Committee on Drugs Education. (1974) was aware of these difficulties and was conscious that some forms of drugs education could, in fact, make matters worse. In particular, there was a concern about one-off scare tactic sessions, conducted by outside speakers and concentrating on the negative effects of drugs. It recommended that drugs education should not be provided as a separate activity with young people but should be incorporated into a wider context, i.e. health education which should be carried out by workers whose work with young people is ongoing and who can approach the work in a flexible and holistic way.

The belief was that young people should be equipped to make responsible decisions and thus healthy choices.²² This approach was widely criticised during the 1980's by those who favoured a more authoritative and didactic education strategy. However, this approach has been successfully used in both the formal and non-formal educational sectors over the past years and has contributed a great deal to the personal, social and lifeskills development of many young people.

The following table critically examines a range of educational approaches which are used to varying degrees in working on drug issues. It is important for organisations to examine and explore these approaches carefully and to analyse both the positive and negative aspects of each approach before deciding on which approach/approaches best meet the needs of the organisation.

This pack does not favour any one approach above the other. It merely aims to offer options and alternatives to all those working with young people on drug issues.

22. REPORT OF THE WORKING PARTY ON DRUG ABUSE, 1971.

Educational Approaches

APPROACH	CONTENT	EFFECTIVENESS
1. Didactic Approach <i>-shock-horror</i>	<ul style="list-style-type: none"> – based on ‘deterrence by horrible example’ theory, e.g. dead addicts on mortuary slabs – uses fear based propaganda. 	<ul style="list-style-type: none"> – not affective, may have reverse effect – message may not be entirely rejected. – may focus concern on dangers to others rather than to oneself. – can increase knowledge – virtually no impact alone on drug use or intentions to use drugs.
<i>-scientific information</i>	<ul style="list-style-type: none"> – gives scientific information or facts about drugs. – based on the belief that all behaviour is rational. – assumes that increased knowledge will change behaviour. 	<ul style="list-style-type: none"> – can succeed in clarifying and/or modifying attitudes – marginal effect on knowledge or behaviour.
2. Affective Approach	<ul style="list-style-type: none"> – considers individual and community attitudes and values to drugs – assumes that clarification of feelings will produce healthier behaviour. – assumes that increased knowledge and clarified attitudes lead to behaviour change. 	
3. Behavioural Approach	<ul style="list-style-type: none"> – based on increased life skills and social competence – assumes that drug use is a learned functional behaviour. – assumes that increased self-esteem and social skills lead to reduced drug use. – recognised as the ‘Just say no’ approach. 	<ul style="list-style-type: none"> – varying effectiveness according to the drug. – can lead to reduction in e.g. smoking, alcohol use – may be criticised for being manipulative. – can increase knowledge and modify attitudes
4. Situational Approach	<ul style="list-style-type: none"> – focuses on giving information and increasing decision-making skills when first offered drugs. – assumes the situation or context for drug use is important – assumes specific skills are needed to make healthy choices. 	<ul style="list-style-type: none"> – can improve decision-making skills – can increase knowledge. – does not reduce experimentation with drugs – can promote less harmful methods and/or circumstances of drug use.
5. Cultural Approach	<ul style="list-style-type: none"> – focuses on the social situation of the drug user. – considers how culture, race, class and income influence behaviour norms. – assumes that socio-economic factors and behaviour norms influence drug use. – mirrors a political education model. 	<ul style="list-style-type: none"> – this is a new, holistic approach and is more pertinent in some areas than others (flow socio-economic areas). – recognises the realities of drug use. – provides a focus for social change in which young people in a community setting are empowered to influence change and bring about change.
6. Harm Reduction Approach	<ul style="list-style-type: none"> – focuses on reducing or minimising harm • related to drug use. – examines the risks involved in the different drug – does not aim to prevent or reduce those using drugs. This approach may be combined with any of the other approaches mentioned above, depending upon the educational setting 	<ul style="list-style-type: none"> – aimed at those already involved in using drugs – not immediately effective in reducing the numbers using drugs – has been effective in minimising harm among injecting drug users, but has not been assessed to great extent among non-injecting drug users.

Having explored the range of approaches which can be used to facilitate drugs education we should recognise that drugs education, using one or many of these approaches, is facilitated by many people in many settings.

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

It is therefore vital that the response to the drugs issue is based in the community where generally there are a large number of agencies and organisations to co-ordinate and facilitate the work.



Planning a Preventive Drugs Education Programme for use with Young People within the Non-formal Education Sector

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

THESE INCLUDE:

1. *Carrying out a curriculum audit*
2. *A checklist of procedures*
3. *The content of the programme*
4. *The context of the programme*
5. *The importance of training for workers, tenders and volunteers.*

We will now examine these key issues in more detail.

1. CARRYING OUT A CURRICULUM AUDIT.

A curriculum audit aims to examine the full range of current provision within the organisation. The audit should evaluate the kind of drugs education the young people currently receive within the organisation or project

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

1. *The aims and objectives of the current drugs education provision.*
2. *The programme content*
3. *The approaches already used and their effectiveness.*
4. *The resources currently being used, how they are used and how they are adapted to meet the needs of specific target groups.*
5. *The place of drugs education within the overall health education programme.*
6. *Who delivers the programme and the training they have received.*
7. *The current perceived strengths and weaknesses of the programme in terms of its successes and limitations.*
8. *The evaluation techniques and procedures used.*

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

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

2. A CHECKLIST OF PROCEDURES.

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

- *define/identify the target group for which the programme is being planned:*
- *assess the needs of the target group;*
- *develop clear aims and objectives for the programme- these must relate to the task*
 - *is your goal total abstinence or harm reduction⁷*
 - *are you simply raising awareness?*
 - *are you increasing knowledge?*
 - *are you aiming to change behaviour?*
- *agree on the content of the programme;*
- *consider the approaches to be used;*
- *decide whether or not to involve outside agencies in the delivery of the programme;*
- *critically evaluate the resources available (both human and material);*
- *plan, develop and implement appropriate training and support for educators, workers or volunteers;*
- *establish an effective evaluation method.*

3. THE CONTENT OF THE PROGRAMME.

Those reviewing or planning a drugs education programme must consider the content very carefully.

In keeping with the issue of holistic responses discussed throughout this document, the training should be placed in the context of a wider social skills training which would enable young people to cope in situations where drugs are available by being able to make responsible decisions regarding their own drug use based on relevant and correct information.

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

In 1993, the British Home Office published a report on drugs education in schools in conjunction with the Advisory Council on the Misuse of Drugs. This report, while referring to drugs work in schools, advocates a very positive approach, easily adapted to the Youth Service in Ireland.

It stated that:

*'...there is a need for young people to learn the personal skills necessary to make informed choices about their lifestyles, including communication, assertiveness, handling emotions, interpersonal skills, ways of resisting pressure, team work and role playing.'*²³

4. THE CONTEXT OF THE PROGRAMME.

In Section 1 of this document we have devoted a great deal of time to exploring young' people's drug use within a broad societal context. We have examined how drug use is influenced by many factors and having explored the positive model of health, this view is consolidated and clarified for us.

Therefore in considering the place and context of drugs education, there is strong agreement that it should be located firmly within a holistic health education programme. This concept is applicable to work with young people regardless of the setting. It can be adapted to the school setting as easily as to a youth work setting.

There is also agreement that such a programme should begin at an early age and allow for the progression of understanding, skills and attitudes as children grow.²⁴

23. ADVISORY COUNCIL ON THE MISUSE OF DRUGS (ACMD) THE NEED FOR NEW IMPETUS, 1993 (THE HEALTH PROMOTION AGENCY FOR NORTHERN IRELAND)

24. ILLICIT DRUG USE IN NORTHERN IRELAND, A HANDBOOK FOR PROFESSIONALS, (THE HEALTH PROMOTION AGENCY FOR NORTHERN IRELAND)

5. TRAINING FOR WORKERS, LEADERS AND VOLUNTEERS.

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

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

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

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

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

At local level, it is important that all those Involved in the organisation, and not Just the person responsible for health education have access to updated information and training. This is vital as, very often, the issue of drugs can arise in any context within the organisation. It is not exclusively confined to the health or drugs education programme. Everyone needs to be aware of the organisational response.

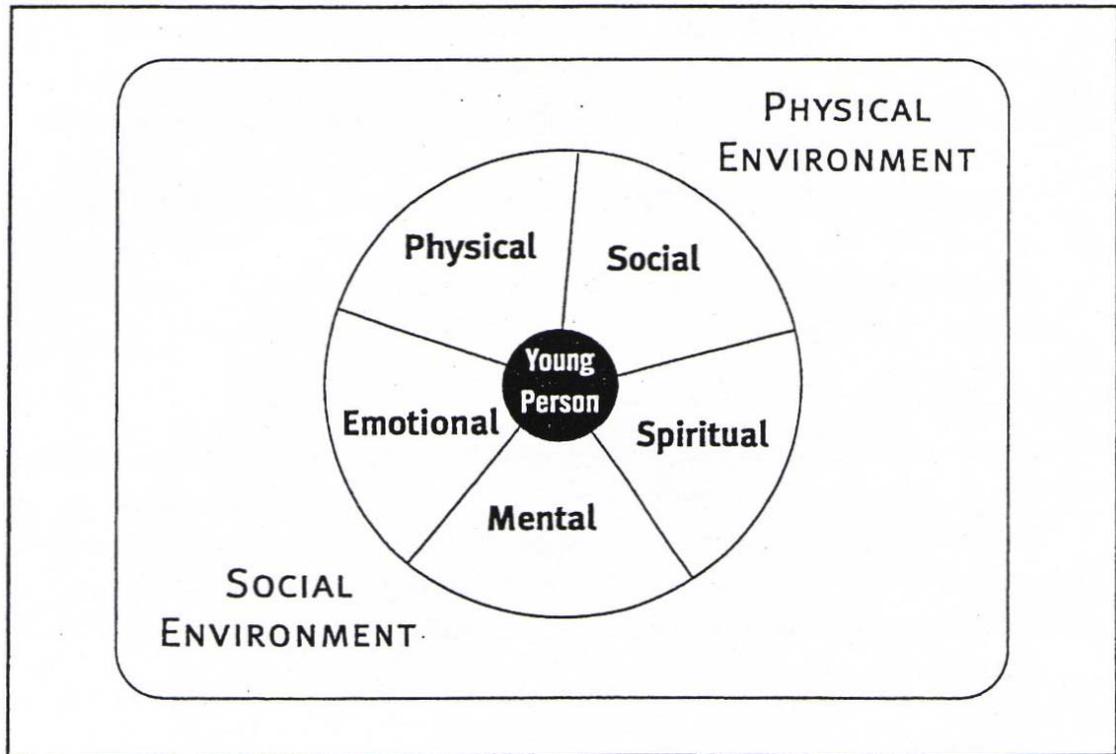
The organisational policy or guidelines should specifically outline the ways in which workers will be supported in carrying out drugs work. Section 3 of this document outlines a framework for developing an organisational policy or guidelines.



Personal, Social and Health Education

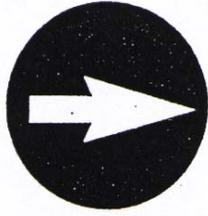
In order to plan effective drugs prevention strategies through education, it is vital to place this work within a holistic health education context. To help us understand more clearly the importance of this concept we firstly must understand some important issues relating to health.

Considering the general definition that “health is the ability to lead the most satisfying life possible in harmony with others”, the following model of health illustrates the importance of recognising that the young person does not exist in isolation but within a social and physical environment which very often determines their health status.



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

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



Part 4 *Drugs Fact Chart*

*Recognising Signs and
Symptoms of Drug Use*

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Drugs Fact Chart

DRUG	SCIENTIFIC/TRADE OR SLANG NAMES	HOW TAKEN	EFFECTS/DANGERS
Heroin	Smack, Skag, H, Brown, Gear Tack, Yack	Smoked, sniffed or injected	User feels warm, drowsy and euphoric. Drug causes physical dependency, other problems include constipation and overdose leading to coma and death. Injecting drug use carries dangers of infection including HIV and Hepatitis.
LSD	Lysergic Acid Diethylamide Acid, Trips, Microdots	Drug ingested orally	Heightened sensory experience changes in sight and sound, hallucinations quite possible. Dangers include mental illness inc. Paranoia and depression. Immediate problems inc. panic attacks, dizziness, disorientation and "bad trips", flashbacks or re-living experiences can occur at any time.
Magic Mushrooms	Psilocybe semilanceta Mushies, Liberty Caps	Swallowed raw, cooked or brewed into beverage	Altered sensory perceptions with possible hallucinations. Nausea and sickness, possible poisoning if wrong type of mushroom taken.
Alcohol	Ethanol, Ethyl Alcohol booze, alcohol brand names	A liquid which is swallowed.	Feelings of relaxation, increased confidence leading to loss of inhibitions and self-control. behaviour becomes clumsy, tiredness. blackouts leading to coma and death. Alcohol use can lead to dependency and damage to brain, liver and stomach.
Alkyl Nitrites	Poppers, brand names	Vapours inhaled through nose e-g. Rush, Liquid Gold	An immediate and short lived effects inc. "rush" of blood, reduction of inhibitions and relaxation of muscles.
Anabolic steroids	Brands such as Dianabol, Decadurabolin, Nadarolone	Swallowed as pills or injected	Used to improve physique, muscle bulk and athletic performance. Other effects include increased aggression and sex drive, menstrual abnormalities and deepening of voice in women
Caffeine	Drug is present in products such as Coffee, Chocolate, soft drinks. Also Caffeine tablets	Swallowed or eaten	A stimulant that increases alertness, delays sleep, can cause anxiety and nervousness.
Tobacco	Cigarettes, Cigars, Snuff Smokes, Fags	Generally smoked, snuff is snorted	A stimulant which causes alertness, also used as relaxant. Use causes cancer, heart disease and ulcers, can effect unborn foetus in pregnant women.
OTC Medicines (Over the Counter)	Products such as Codeine Ephedrine and Antihistamines	Swallowed as pills, liquid or sprayed into nose	Various effects including euphoria, and stimulation

Drugs Fact Chart *continued...*

DRUG	SCIENTIFIC/TRADE OR SLANG NAMES	HOW TAKEN	EFFECTS/DANGERS
Amphetamine	Speed, Whizz, Uppers Dexedrine, Ritalin and Sulphate	Powder swallowed may be swallowed or injected	Stimulation, confidence and energy with alertness. Other effects include nervousness, panic and damage to organs.
Barbiturates	Sleepers, Downers, brands such as Amytal, Tuinal and Nembutal	Generally swallowed although some are injected	Slows down the brains activity causing relaxation and sleepiness. Judgement is impaired and high overdose potential leading to coma and death.
Cannabis	Blow, Pot, Draw, Grass, Weed, three forms: <i>Oil, Herbal and Resin</i> , Hash, Hemp, Ganja	Smoked as cigarette or in pipe. Can also be added to food	Relaxation and alters perceptions, high doses lead to hallucination. Short term memory loss, links with cancer and reduction in male virility.
Cocaine	Coke, Snow. Charlie. Crack	Usually snorted up the nose, also injected. Crack Is smoked	A powerful and short acting drug that increases alertness, provides feelings of great confidence and strength Problems include mental illness, both short and Song term as well as potential damage to organs and nasal passages. Crack has similar though more potent effects which effect the user for a very short time, approx 15 mins.
Ecstasy	Methylenedioxy-methamphetamine (MDMA) street names inc. E, XTC, Doves	Swallowed as tablets	Provide stimulation and empathy, alters sensory perception in sight, sound and touch. Problems include nausea, sweating, a raise in body temperature, which may lead to heat stroke and coma. Drug may cause long term damage to organs.
Tranquillisers	Various prescribed drugs inc. Valium, Mogodon and Librium	Swallowed as tablets, may be injected	Calms and sedates users, reduces anxiety and promotes sleep. Cause lethargy and dependency. Extremely dangerous when mixed with alcohol.
Volatile Substances	Household products inc glues, aerosols, lighter fuels, tippex	Gases and vapours inhaled through mouth or nose	Light headedness and hallucinations. Problems include Sudden Sniffing Death, Nausea and vomiting, asphyxiation and accidental injury and death.

NOTE: *The effects upon the individual of any drug may vary, depending on factors such as the expectations of the user, mood, amount used, the setting, tolerance, and whether it is mixed with other drugs, which can be fatal.*

Some of the drugs above are synthetic drugs which are produced in unregulated laboratories, as such they are rarely pure and are often altered with a range of toxic and other dangerous agents.



What are the signs of drug-taking?

It is very difficult to tell when a young person first tries drugs or only takes them occasionally. Many of the 'signs' are just like the normal signs of growing up, e.g. being moody or distant. Don't jump to the wrong conclusions but look for some of the indicators below.

POSSIBLE INDICATORS:

- *sudden and regular changes of mood;*
- *loss of appetite;*
- *gradual loss of interest in school, hobbies, sport, friends;*
- *increased evidence of lying or other secretive behaviour;*
- *money or other objects around the house going missing (including the young person's formerly 'treasured possessions');*
- *unusually tired;*
- *unable to sleep at night;*
- *sudden appearance of new 'friends';*
- *bouts of talkative, excitable and overactive behaviour.*

It is unlikely that you will find any actual drugs themselves, but you may come across possible evidence of drug use.

THESE INCLUDE:

- *cigarette papers;*
- *'wraps' (square folds of paper which may have contained powder);*
- *cling film, foil and small plastic bags used to package small quantities of drugs.*

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Part 5 *Legal Issues*

- *Misuse of Drugs Acts, 1977 and 1984*
- *The Judicial Process for Young People
Accused of Drug Related Offences*

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Drug Laws

INTRODUCTION

There are a number of laws under which the state can prosecute individuals for offences linked to illicit substances. Some of these laws relate to medicines and include the 1947 Health Act, the 1970 Medical Preparations (Control of Amphetamines) Regulations, as well as laws which control more acceptable drugs, for example the Intoxicating Liquor Act 1988, which controls the sale of alcoholic drinks to young people under the age of 18 years. Within the youth work setting the most important and relevant laws are the Misuse of Drug Acts 1977 and 1984.

MISUSE OF DRUGS ACTS 1977 AND 1984

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

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

- *Simple possession (a small amount for the carriers own use).*
- *Possession with Intent to supply.*
- *The growing of opium poppies, cannabis and coca plants.*
- *Owners and occupiers of premises knowingly allowing drug dealing on their premises.*
- *Import/export and production of controlled drugs.*
- *The printing or selling of books/magazines which advertise equipment which may encourage the use of controlled drugs.*

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

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

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

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

Judicial Process for Young People Accused of Drug Related Offences

<p>Young Person 17 years old or younger</p>	<p>Chat The Gardaí involved can have an unrecorded chat with the young person who is in possession of an illegal substance. This chat is entirely at the discretion of the Gardaí.</p>	<p>Young Person 18 years or older accused of possession</p>
	<p>Informal Caution The young person's parents are contacted by the local Juvenile Liaison Officer, who then visits the young person's home and in the presence of the parents gives a warning to the young person. This warning is recorded and held on file for one year.</p>	
	<p>Formal Caution The young person attends the local Garda station with his/her parents. A warning is given by a Superintendent. This warning is held on file for one year. Juvenile Liaison officer will supervise the young person for this period.</p>	
<p>Young Person 17 years old or younger accused of possession with intent to supply</p>	<p>Prosecution (in camera) The young person is prosecuted in the local court, present are parents, judge, prosecutor and defendant. No media are allowed. Prosecution can result in warnings, fines and supervision orders.</p>	
	<p>Prosecution Young person is placed on trial in full and open local court session. If found guilty the young person could receive, at the discretion of the judge, anything from probation orders, fines to sentences.</p>	<p>Young Person 18 years old or older accused of possession with intent to supply</p>
	<p>Prosecution Young person is tried at District Court. If found guilty fines or jail sentences may apply.</p>	

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Part 6 *Worksheets*

The following worksheets are included to assist your organization in clarifying the present position within the organization regarding its current response to the drugs issue.

The worksheets are as follows:

Worksheet One:

Clarifying the present ethos of the organization.

Worksheet Two:

Exploring existing levels of knowledge on drug use locally.

Worksheet Three:

Exploring the current pro-active drugs work carried out with young people with the organization.

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Worksheet One:

Clarifying the present ethos of the organisation.

The following questions are a basis for discussion on the ethos of the organization.

Q1. What is the ethos of your organization?

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

Q3. Describe how this ethos is expressed in the everyday work of the organization?

Q4. How does your organization approach the drugs situation locally?

Worksheet One: *continued...*

Q5. In practical terms, how do staff, volunteers and young people influence the organisations approach to drugs work?

Q6. How is the ethos and working values of your organisation monitored and evaluated?

Q7. Based upon discussions, exploration and consultation of the above issues, does your organisation need to adjust or change its current working ethos?

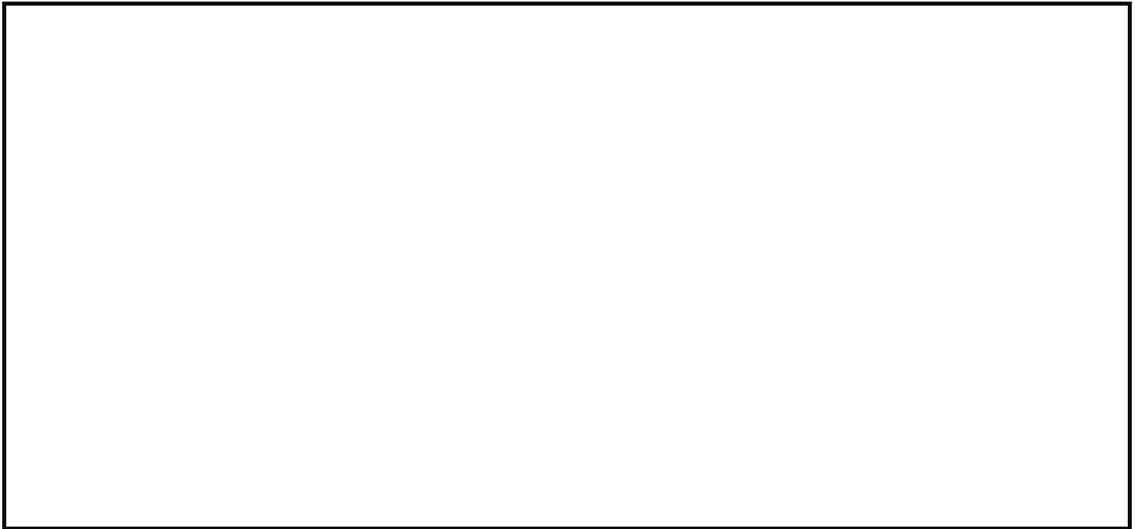
Q8. If so, what is your organisations revised ethos statement?

Worksheet Two:

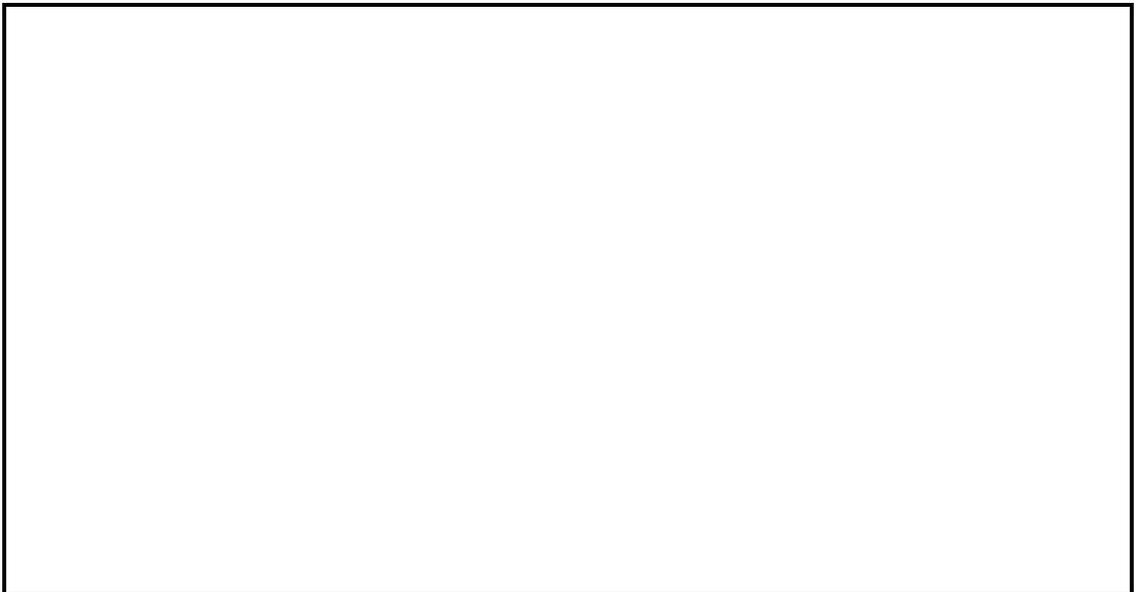
Exploring existing levels of knowledge on drug use locally.

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

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



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





Q3. Are you familiar with any of the following issues related to drug use locally?

	Yes	No
<i>Cost of various drugs?</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Availability and local supply of drugs?</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Slang/street names for drugs locally?</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Local drug dealers?</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Age of young people using drugs?</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Legal issues relating to drug use generally?</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Effects and dangers of various drugs?</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Signs and symptoms of drug use?</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>What the various drugs look like?</i>	<input type="checkbox"/>	<input type="checkbox"/>

Q4. Are you familiar with the names and addresses of local support and helping agencies in your area? Discuss.

Worksheet Two: *continued...*

Q5. What have been the issues of concern to date for the organisation regarding drug use among the young people with whom you work? Discuss.



NOTE: *In exploring these questions, it is important for the organisation to be well informed about all of the issues raised in this questionnaire so that effective responses can be planned in a comprehensive way. If your organisation is unclear or lacks information regarding any of these issues, some time should be spent researching and collating this information to ensure a well informed response.*

Worksheet Three:



Exploring the current Drugs Education Provision

This worksheet is designed to give you a framework for critically analysing the current drugs education provision within your organisation. It parallels the curriculum audit referred to in section 2 of this pack and forms the basis for putting together a revised education strategy designed to meet the real needs of the young people within the organisation.

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

Yes

No

If yes, what kind of work?

a weekly drugs education programme?

bringing in outside speakers?

arts based drugs projects?

peer education approaches ?

use of video/audio methodologies?

group discussions/role play?

a personal development approach to drugs work?

Q2. What, in your opinion, have been the strengths and weaknesses of your work?



Q3. Have your drugs education strategies been evaluated?

Yes

No

If yes, in what ways?

What have been the performance indicators used?

If no, why not?

Q4. Is drugs education part of a holistic health education programme within your organisation?

Yes

No

If yes, in what way is it integrated?

Worksheet Three: *continued...*

Q5. Is the drugs education you carry out being complimented by any other groups/organisations in the community where young people come together? If yes, how?

Q6. Is this work co-ordinated in any way by any organisation or agency at local level?

Q7. What are the ages of your target groups for drugs education?

Q8. In what ways are programmes designed to meet the needs of specific age groups?

Q9. Is drugs education available for everyone involved in your organisation? Discuss.



Q10. Discuss the following questions relating to your organisation's drugs education strategies:

- *Who is responsible for planning your drugs education strategies?*
- *Who is responsible for implementing and evaluating the strategies?*
- *Are the staff and volunteers confident in carrying out the drugs work?*
- *Are they constantly updated and trained in this area of work?*
- *If yes, how are they trained and by whom?*
- *If not, what are their training needs?*
- *Where can you avail of this training?*
- *Who is responsible for co-ordinating this training and support?*

Q11. Do you have clear aims and objectives for your drugs work?

Yes No

State your aims and objectives:

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Part 7 *Needs Analysis*

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

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

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Needs Analysis

PART 1—General Information

Q1. Name of Organisation:

Q2. Address of Organisation:

Telephone Number: _____ Fax Number: _____

Q3. Type of Organisation; (e.g. Uniform, Youth Service etc.)

Q4. Size of Organisation; -i.e. Number of staff:

full-time	<input type="text"/>	part-time	<input type="text"/>
voluntary	<input type="text"/>	scheme workers	<input type="text"/>
Number of young people in membership	<input type="text"/>		

Q5. What are the perceived health needs of the young people you work with in terms of drug use?

Q6. Who is currently responsible for dealing with drug issues within the organisation ?

(Please detail under the following headings):

Co-ordinating health education? _____

Co-ordinating drugs education? _____

Developing drugs education programmes? _____

Managing drug-related situations? _____

Q7. What is your organisation's current response with regard to dealing with drugs issues?

(Please tick)



(Do nothing)

Preventive drugs education programmes

Harm reduction programme

Management of crisis situations

Involvement -of other agencies

Other, please specify:

Q8. Does your organisation have any of the following in place?

(Please tick)



a drugs policy?

clear guidelines for developing a drugs education programme?

clear guidelines for managing drug related situations?

a drugs education programme?

If you do have a drugs education programme, what format does it take?

a structured preventive education programme

one-off inputs or sessions

random drugs education activities

use of outside speakers

use of the arts or other creative means

other, please specify:

Q9. Have management, staff and volunteers within your organisation received training in relation to drugs issues?

(Please specify)



training re: development and implementation of a drugs policy

training re: using preventive drugs education programmes

training re: harm reduction approaches

training re: management of drug-related situations

training re: referral procedures, legal issues or counseling

other, please specify:

Q9. (a) If training has been provided on any of these issues, please detail the level of training provided and the training agencies.

Needs Analysis



PART 2 — Needs Identification

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

(a) *What drugs are currently being used?*

<i>ecstasy</i>	<input type="checkbox"/>	<i>cannabis</i>	<input type="checkbox"/>	<i>cocaine</i>	<input type="checkbox"/>	<i>LSD</i>	<input type="checkbox"/>
<i>heroin</i>	<input type="checkbox"/>	<i>nicotine</i>	<input type="checkbox"/>	<i>poppers</i>	<input type="checkbox"/>	<i>alcohol</i>	<input type="checkbox"/>
<i>solvents</i>	<input type="checkbox"/>	<i>tranquillisers</i>	<input type="checkbox"/>	<i>amphetamines</i>	<input type="checkbox"/>	<i>Magic Mushrooms</i>	<input type="checkbox"/>

others, please specify:

(b) *How are these drugs being used?*

<i>smoked</i>	<input type="checkbox"/>	<i>orally</i>	<input type="checkbox"/>	<i>injected</i>	<input type="checkbox"/>	<i>inhaled</i>	<input type="checkbox"/>
<i>snorted</i>	<input type="checkbox"/>						

(c) *In what settings are drugs being used?*

<i>night clubs</i>	<input type="checkbox"/>	<i>parties</i>	<input type="checkbox"/>	<i>raves</i>	<input type="checkbox"/>	<i>homes</i>	<input type="checkbox"/>
<i>local parks</i>	<input type="checkbox"/>						

other, please specify:

(d) Are members of your target group currently in receipt of any of the following services ?

(Please tick)



information on safe use of drugs

needle exchange/methadone maintenance interventions

counselling

drug treatment or rehabilitation

drug prevention education

other, please specify:

(e) What are the needs of the young people you work with?

access to services

legal information

harm reduction measures

safer use information

factual drugs information

professional advice and support

In formal advice and support

counselling

treatment

other, please specify:

Q11. What are the needs of workers and volunteers who carry out drugs work?

(Please tick)



relevant guidelines and policy

training

on-fine support

knowledge of local support agencies and services

knowledge of legal responsibilities

resources (please detail)

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

clear guidelines at both local and national level

support at national level

support within the community

better co-ordination of services

local recognition of the role of the organisation in drugs work

*established co-operation with other agencies locally,
regionally and nationally*

resources (please specify)

Needs Analysis

PART 3 — *Setting a Plan of Action*

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

(Please tick)



by developing and implementing pro-active, preventive

drugs education programmes

by developing management strategies for dealing with specific situations

by developing guidelines and policy

by establishing links with other agencies within the community

by providing information

by providing access for young people to counselling/helping services

by not involving parents or Gardaí

when situations arise by involving parents and Gardaí

other, please specify:

(b) With regard to policy development within your organization:

who will be responsible for this process? _____

who will be consulted? _____

how will they be consulted _____

who will draft the policy _____

how will it be implemented _____

who will monitor the integration of the policy _____

how will it be evaluated _____

what impact do you envisage the policy will have on your work?

(c) With regard to a drugs education programme; what educational approach will be used?

(Please tick)



- *information giving: 'the facts speak for themselves'*
- *didactic: explicit instruction, scare tactics*
- *skills: practical life skills to cope with a drugs environment*
- *structural: considering the social and environmental factors*
- *'just say no' approach*
- *harm reduction approach*
- *other, please specify:*

(d) What methodologies will be used?

(Please tick)



- *groupwork/discussion based work*
- *external speakers*
- *peer education*
- *arts/creativity based activities*
- *one-to-one support, advice and counselling*
- *project based work*
- *drama/role play*
- *outdoor activities*
- *other alternative leisure approaches*
- *other, please specify :*

(e) Who will have responsibility for the following?

- *planning the programme*

- *implementing the programme*

- *monitoring the programme*

- *evaluation*

(f) What resources will the organisation need in order to successfully implement its work?

(Please detail)



Q14. With regard to managing drug situations:

(a) What are the drug related situations which could arise in your work setting with young people?

finding suspected drugs on the premises

coping with young people under the influence of a drug

young people in possession of drugs

suspicion of drug use by young people

managing a drug related medical emergency

young people supplying drugs to peers

young people from your club/project involved in drug related crime

young people disclosing drug use

other, please specify:

(b) How can your organisation be prepared to deal with such situations ?

(Please tick)



with policy previously planned and implemented outlining clear guidelines for dealing with specific situations

with clear internal reporting procedures

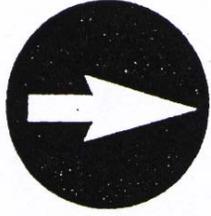
with clear external reporting procedures (i.e. To parents, Gardaí, social services)

with the provision of appropriate training for staff

with the development of support and co-operation with relevant agencies

with an established working contract between the organization and young people

other, please specify:



Part 8 *Glossary of Terms*
Guide to Resources

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Glossary of Terms:

Throughout this pack certain terms are used to describe drugs and drug use. This glossary provides definitions for these terms.

ADDICT: A drug user whose use of drugs causes him/her serious physical, social or psychological problems. This term is often misused, therefore people prefer to speak of problem drug users instead.

ADDICTION: The dependency to drugs developed to such an extent that it has serious affects on the user. They may be chronically intoxicated, have difficulty stopping use and obtain their drugs by almost any means.

CONTROLLED DRUGS: Drugs whose distribution is either forbidden or limited to medical control by the Misuse of Drugs Acts 1977 and 1984.

DEPENDENCE: The desire to continue to take a drug in order to feel good or avoid feeling bad.

- *Physical dependence is to avoid physical discomfort or withdrawal.*
- *Psychological dependence is when there is a need for stimulation or pleasure or to escape reality.*

DEPRESSANTS: A drug which acts on the central nervous system to suppress neural activity in the brain, e.g., opiates, sedatives and alcohol.

DESIGNER DRUGS: A term used to describe drugs synthesised to circumvent regulations on controlled drugs.

DRUG: Any chemical substance which alters the way the body functions and/or the individuals emotional state and/or the individuals behaviour.

DRUG MISUSE/ABUSE: Drug misuse can be taken to mean using drugs in a socially unacceptable way. Abuse means using drugs in a harmful way.

HALLUCINOGENIC: A drug which induces hallucinations and alters perceptions, e.g. LSD, Ecstasy.

HARD DRUGS: Drugs which are perceived to be 'more dangerous', i.e. Heroin, Crack, Cocaine.

ILLICIT DRUGS: Substances listed as 'controlled' drugs.

NARCOTIC: Commonly used term to refer to any illicit drug. The term refers to chemical which induce coma, stupor or insensibility to pain such as opiates.

OPIATE: Drug derived from the opium poppy, e.g. morphine, heroin, codeine.

PREVENTION: Reducing firstly, the risk of an individual engaging in drug use and secondly, the risk to an individual already engaged in drug use. These aspects of prevention are generally known as demand reduction and harm reduction.

PROBLEM DRUG USE: Drug use which can be either dependent or recreational. It is not necessarily the frequency of drug use which is the primary problem but the effects that drug taking has on the user's life. i.e. social, physical, psychological or legal problems.

RECREATIONAL DRUG USE: The use of drugs for pleasure or leisure. This term is often used to describe ecstasy and other 'dance drugs' and suggests that drug use is associated with one's lifestyle (even though they may only use drugs occasionally).

SOFT DRUGS: Drugs which are perceived to be 'less dangerous.' i.e. cannabis.

STIMULANT: A drug which acts on the central nervous system to increase neural activity in the brain, e.g. amphetamine, cocaine, caffeine and high quantities of anti-depressants.

INFORMATION SOURCE:

- *Institute for Study of Drug Dependence (ISDD)*
- *Facts About Drug Abuse in Ireland, School of Pharmacy, Trinity College.*
- *Illicit Drug Use in Northern Ireland. Health Promotion Agency for Northern Ireland*



Guide to Resources:

There are a wide range of drugs education resources available from many organisations and publishing agencies both here in Ireland and throughout Britain. A comprehensive guide to health and drugs education resources is available from the National Youth Health Programme in the NYC1.

FOR A COPY OF THIS RESOURCE GUIDE AND ANY OTHER INFORMATION ON THE DRUGS ISSUE CONTACT:

THE HEALTH EDUCATION OFFICER

National Youth Health Programme

National Youth Council of Ireland

3 Montague Street, Dublin 2

Tel: 01 4784122. Fax: 014783974

FOR INFORMATION BOOKLETS, POSTERS AND BROCHURES CONTACT:

The Health Promotion Unit

Department of Health

Hawkins House

Hawkins Street, Dublin 2

Tel: 01 6714711. Fax: 01 6711947