

NATIONAL YOUTH FEDERATION

DEALING WITH DRUGS, ALCOHOL AND TOBACCO IN
YOUTH WORK SETTINGS: GUIDELINES FOR YOUTH
WORKERS

By the National Youth Federation and its South East
Local Member Youth Services
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SECTION 1: PREAMBLE AND BACKGROUND

INTRODUCTION

These guidelines have been developed with the assistance of a Working Group drawn from 10 drugs workers involved in the Community Based Drugs Initiatives (see below) in the five NYF Local Youth Services in the South East: - Carlow Regional Youth Service, Ferns Diocesan Youth Service (Wexford), Ossory Youth (Kilkenny), Tipperary Regional Youth Service and Waterford Regional Youth Service.

The guidelines were developed over a series of meetings and discussions by the Working Group from May 2003 – April, 2004 and most importantly an extensive local consultation process involving staff, volunteers and young people for youth services. The document has also undergone a national consultation process involving both internal and external agencies.

This document does not claim to have all the answers. It is a complex area and provides challenges and dilemmas for any worker faced with dealing with such issues on the ground. However, the document does endeavour to provide a framework for developing good practice in dealing with drug related issues on the ground and, via the Appendices that are included, provide the additional source materials, legal information and contacts required to respond in as effective a manner as is possible when faced with dealing with issues of drug use by young people.

COMMUNITY-BASED DRUGS INITIATIVES IN THE SOUTH EAST

The Community Based Drugs Initiatives offer a range of responses to issues of substance misuse in communities. Local people from the community work in each CBDI and are committed to making a difference in their area by liaising with the community to develop area-based responses and to co-ordinate the delivery of a range of community based programmes.

The core aims of CBDI are to:

- » Increase awareness of drugs and related issues
- » Help local communities identify and respond to local needs
- » Implement and develop community-based responses
- » Support communities in responding to local substance misuse issues
- » Improve the quality of life for people affected by substance misuse
- » Develop strategies to reduce demand
- » Inform national and regional agencies of local needs and issues

These aims are achieved by a variety of methods including:

- » Family Support Groups
- » Talks, Workshops and Drug Awareness programmes delivered to parents, young people, community groups, professional groups and voluntary groups
- » Supports for individuals, families, groups and agencies
- » Outreach provision to rural areas
- » Information and referral services
- » Research into the nature and extent of substance misuse

DRUG PREVENTION AND EDUCATION

When exploring how to respond to the use of drugs both legal and illegal in a youth environment, one needs to have this response situated within a co-ordinated and structured overall strategy dealing with drug related issues and young people. Drug prevention and education should act as central pillars of an overall strategy in dealing with the issue of drug use by young people. It is useful as a lead in to these guidelines to outline some of the drug prevention and education approaches that one can adopt as part of an overall strategy and holistic approach to looking at the issue of drug use by young people.

DRUG PREVENTION

Within the public health domain there are three levels of prevention activities or strategies predominantly used:

- » **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 harm in the community;
- » **Tertiary Prevention**, which is aimed at stopping or slowing down the progress of a problem even though the basic condition persists.

However, a different approach to this has recently been developed in the United States by the Institute of Medicine. They proposed a new framework for classifying prevention based on Gordon's operational classification of disease prevention. This model divides the continuum of care into three parts: prevention, treatment and maintenance. It then subdivides the prevention category into three classifications: universal, selective and indicated prevention interventions.

- » **Universal Prevention Strategies** address the entire population, e.g. at national, local community, school, or neighbourhood level with programmes, initiatives and messages aimed at preventing or delaying illicit drug use.
- » **Selective Prevention Strategies** target subsets of the total population that are deemed to be at greater risk for substance misuse because they fall into a particular population segment.
- » **Indicated Prevention Strategies** are designed to prevent the onset of problem drug use in individuals who already are experiencing early signs of substance abuse and other problem behaviours.

ASPECTS OF PREVENTION

Drug prevention can also be divided into three areas or aspects as follows:

- » Supply reduction;
- » Demand reduction;
- » Harm reduction/minimisation.

Supply reduction

Activities to control or reduce the supply and availability of illicit drugs can be categorised as follows:

- » Reducing supplies at the point of origin;
- » Controlling supplies at the point of entry;
- » Controlling distribution.

Demand reduction

Demand reduction can be described as those activities which aim to:

- » Stop people from experimenting with drugs in the first place;
- » Delay the onset of experimentation;
- » Reduce the numbers who take drugs;
- » Stop drug-taking completely (abstinence goal).

Harm reduction/minimisation

Harm reduction can be described as:

- » Any activity which aims to reduce the harm caused by drug use.

DRUG EDUCATION

There have been a variety of approaches to preventive drug education work with young people developed over the past 20 years. Those who wish to develop a programme of drug education for young people should consider a number of issues. These include:

- » Carrying out a curriculum audit;
- » A checklist of procedures;
- » The content of any programme;
- » The positioning of drug education;
- » The importance of training.

CURRICULUM AUDIT

Consideration should be given to the kind of drug education, if any, that young people currently receive. This is sometimes referred to as a curriculum audit or assessment. Such an audit can involve a critical review of the following:

- » Aims and objectives;
- » Content;
- » Approaches;
- » Resources used;
- » Place within curriculum/programme;
- » Who delivers it and the training they have received;
- » Current perceived strengths and weaknesses;
- » Evaluation techniques.

CONTENT OF DRUG EDUCATION PROGRAMMES

Those intending to review or initiate a drug education programme should consider carefully the content of the programme. The points below should assist such a process.

In 1992 the Institute for the Study of Drug Dependence (ISDD) placed emphasis on the need to have clear information objectives, which would include work on:

- » The historical and cultural background of drug use;
- » The nature and effects of drugs, their legal position, and role in the community;
- » Alternatives to drug use, i.e. other leisure pursuits;
- » Sources for help for drug-related problems.

In addition there should be social skills training which would enable young people to cope in situations where drugs are available and support should be given to young people in maintaining a drug-free position.

THE POSITIONING OF DRUG EDUCATION

In addition, to deciding on the aims and objectives of any drug education programme, and reaching agreement on possible content areas, consideration also needs to be given to the place of such a programme, regardless of the setting.

- » Such an approach, i.e. locating drug education firmly within a holistic health education programme, is applicable to working with young people regardless of the setting.

- » Possible settings include youth centres, church groups, young offenders groups, children's homes, hostels, etc.
- » Such a programme would ideally begin at an early age and allow for the progression of knowledge, understanding, skills and attitudes, as children grow older.
- » Similar broad areas of content may be covered at each key stage, but the level of detail and approach need to be matched to the age and maturity of the pupils.
- » Organisations wishing to carry out drug education should map out such a programme so that content and approaches are matched to the needs and circumstances of the target group and are contained within a holistic health education programme.

IMPORTANCE OF TRAINING FOR DRUG EDUCATORS

Effective drug education should be part of a planned health education programme, encompassing non-didactic approaches, which is delivered by those who have received adequate training and continue to receive back-up and support.

Access to good quality training and information resources will help to build confidence. Such training is a pre-requisite for youth workers, social workers, probation officers, those who work with non-statutory organisations, etc. Those who are working with young people and in a position to carry out preventive drug education should receive adequate training and support.

Extracts taken and adapted from the Health Promotion Agency, UK © 2003

SECTION 2: GUIDELINES FOR YOUTH WORKERS ON MANAGING ILLEGAL DRUG-RELATED INCIDENTS

INTRODUCTION

This section of the policy has been produced in the wake of growing concern with regard to responding effectively and professionally to drug misuse in youth settings, in order to provide a clear framework and practical guidance for youth workers working with young people.

It also bears in mind the legal, professional and managerial expectations on staff, who may be exposed to risk and difficult situations in responding to and managing drug related incidents.

Finally, these guidelines also recognise that the parameters within which workers and volunteers operate will differ from setting to setting, project to project, event to event and from youth service, to youth service and responses will be governed and shaped accordingly.

PRINCIPLES OF GOOD PRACTICE

The following outlines some principles of good practice, which should be borne in mind when youth workers are undertaking work with young people in relation to drugs.

It is essential that workers recognise that work around drugs issues with all young people is part of good youth work practice.
The process is not different to any other youth work practice.
Work should be undertaken with all young people and not just targeted at those young people who are believed to be involved in drug use. The only exception to this should be in the case of a project funded to work with a specific cohort of young people.
A wide definition of the word "drugs" must be used.
Workers should recognise the harmful effects of stereotyping young people involved in drug use.
Non-judgemental approaches are essential. Workers should not condone the use of drugs but equally should not condemn young people who use drugs.
Workers must accept that risk-taking is an important part of development and that for many young people this may include substance, legal and illegal drug use.
The importance of peer groups must be recognised and workers should encourage positive peer group support.
Workers should be prepared to support all young people and offer advocacy. If individuals feel unable to offer sufficient support, young people should be advised about appropriate specialist agencies (see Appendix 5).
Workers should promote the self-esteem and confidence of young people. Young people must not be perceived as their actions, e.g. drug user, but as important valuable individuals.
Workers must respect the decisions made by young people and aim to ensure their health and well-being.

PREMISES/SERVICES

Any individual or individuals seen to be producing, preparing or taking controlled drugs or inhaling solvents on premises occupied by or at services being provided by the Youth Service should be required immediately to stop and/or to leave the premises.
In respect of these activities and on possession of drugs, workers are expected to intervene in ways

which draw upon their professional skill and act in ways which will create the minimum amount of harm to themselves, other workers and other people involved in a situation which could become confrontational and possibly physically violent.

It is not expected that workers will put themselves at risk of personal injury.

If a person refuses to stop and/or leave the premises, parents/guardians should be contacted. (*This will need to be a judgement call based on the particular circumstances*). If possible a JLO (Juvenile Liaison Officer) should be contacted if the young person is under 18 years of age. The Gardaí should be called to assist in the person's removal if deemed necessary.

The Gardaí should be contacted immediately if controlled drugs are being supplied in the premises.

Should the Gardaí subsequently request statements from youth/community workers these should be given.

If premises are entered for purposes of arrest or search a worker should make a detailed note of what has happened which should then be signed, dated and witnessed.

SEARCH

Youth workers **cannot** search young people. People can be searched by their employer if it is provided for in a contract of employment.

You can be searched under law by people other than the Gardaí, e.g. Customs Officer. However, a security guard does not have the power to search. If you are stopped by a security guard you must be handed over to the Gardaí as soon as possible so that they can search you.

The Gardaí can search a person or premises if they believe a crime has been committed, and/or if they reasonably suspect a person to be in possession of a controlled drug (Misuse of Drugs Acts 1977 & 1994).

Searches can be carried out without a warrant under the powers of the following Acts:

- » Misuse of Drugs Acts 1977 & 1984
- » Offences Against the State Act 1939
- » Criminal Justice (Public Order) Act 1994

The rights and entitlements of a person being searched are as follows:

You are entitled to ask why you or your premises are being searched.

You should ask the Gardaí to identify themselves, if they are in plain clothes ask for their identity cards.

If asked, give your name and address. If you do not, depending on the Act under which the search is being carried out, you could be committing an offence.

Ask to see the search warrant under which the Gardaí are acting, if they have one. If they do not have a warrant ask under the powers of what Act are they carrying out the search.

Take note of the methods in which the search is being carried out as all searches must be carried out fairly and cannot be conducted in an oppressive manner.

Take a note of the names of the officers who carry out the search.

If you have any doubts as to the validity of the search or the manner in which it was carried out, contact a solicitor.

POSSESSION AND DISPOSAL

If a person makes it evident that they are in possession of small amounts of drugs for their own use, the Youth and Community Worker (or any other member of the public) may receive the illegal drug from the person in order to give it to the Gardaí or to destroy it (e.g. by flushing away).

The transfer of the drug from the person to the worker must be witnessed by another adult worker, as should the act of destroying the substance.

The action must take place as soon as possible and under no circumstances should the drug be kept in the possession of the worker or on the premises.

Technically, the worker who has taken possession of drugs in the circumstances described above may be committing the offence of 'possession. Ideally, therefore, the worker will personally supervise the destruction of the drugs by the persons in possession of them.

Any such incidents should be included in the daily record as described in **Recording** (see below).

If possible the young person should be kept informed at all time and should witness the disposal of the substance.

Parents/guardians and the young person should be kept informed of any future developments/actions that may need to be taken.

DISPOSAL OF SYRINGES

Workers must act with extreme caution when finding or taking into their possession a syringe that may have been used for injecting drugs. Blood residue in used or dirty needles and syringes could be infected with a number of viruses including HIV and Hepatitis B.

The syringe should be removed to a safe container preferably by the use of tongs whilst at all times taking extreme care not to come into contact with the needle.

A purpose-made container should always be available, if not a used drink can will serve as a substitute.

The container and its contents must be handed in at the nearest designated point of disposal.

A designated point(s) of disposal should be agreed which is clearly identified and all workers should be made aware of where the point(s) of disposal is/are.

OBSTRUCTION

Workers must be careful not to obstruct the Gardaí. Obstruction has a technical/legal meaning, e.g. the giving of false information to the Gardaí or preventing an arrest by hiding a person or destroying drugs which are the subject of a Gardaí search and could result in possible follow up action by the Gardaí.

ADMISSION OF DRUG USERS TO PREMISES/SERVICES

People should not be automatically excluded from premises/services solely on the grounds that they are known to be drug users, or that they appear to have been taking illegal drugs, unless it is specifically stated within a policy/agreed procedure or is a requirement of a worker's or volunteer's contract, conditions of employment, duty of care (if applicable).

If a person seeks admission to the premises/services when they appear to have recently taken drugs an important consideration is the safety of the person concerned.

The person may be 'at risk' and may be admitted to the premises/services rather than turned away provided their admission would not endanger other occupants of the premises including staff.
Consideration must be given to the condition of the individual.
They may require supervision or medical attention to avoid serious harm.
If it is deemed necessary the emergency medical services should be called.
If a person has been excluded from the premises due to unacceptable behaviour caused by drug misuse or where there is evident possession, this exclusion or ban should be of a short duration.
Where a person has been excluded from the premises contact should be maintained and help should be provided where possible.
Indefinite bans should not be readily used and if they are being considered should always be discussed with the worker's line-manager.

SENSITIVITY OF WORKER PARAMETERS AND LOCAL CIRCUMSTANCES

The parameters within which workers and volunteers operate will differ from setting to setting, project to project, event to event and from youth service to youth service.

- » A project working with young people may have a specific policy position regarding young people known to be using drugs.
- » A youth worker within a youth project, or a club worker or volunteer working within a youth club setting may have a very clear stance of no tolerance in relation to drug or alcohol use and as such no young person under the influence of a drug or alcohol will be admitted onto the premises or to participate in an activity or event as may be the case.
- » In some cases a young person under the influence of alcohol but not severely so may be admitted to an event if they are of legal age (**see Section 2**).
- » Local circumstances such as the conditions attached to the rental/leasing arrangement of the premises, the relationship with the community, the brief of a particular project or initiative, etc. can all dictate to varying degrees whether a young person under the influence of a drug or alcohol will be admitted onto the premises or to participate in an activity or event.

These local parameters need to be respected and as such some of the responses as outlined in this section may not always be appropriate or practical to a particular setting or event. These guidelines merely provide a template for dealing with these often difficult decisions and situations. Worker parameters and local circumstances must be taken into consideration when decisions need to be taken regarding allowing young people onto the premises or to participate in an activity or event.

DEALING WITH SOLVENT MISUSE INCIDENTS

The physical effects of solvent misuse, whilst potentially very dangerous, usually wear off after a few hours and the cardiovascular symptoms predominate. The most common toxic effects are cardiac arrhythmias and asphyxia from enhancement of inhalation of volatile substances via the use of plastic bags etc. Chronic headache, sinusitis and diminished cognitive function can all accompany chronic use. Short-term physical symptoms include:

- | | |
|---|--|
| » Chronic or frequent cough | » Depression and/or anxiety |
| » Tinnitus | » Shortness of breath |
| » Chest pain or angina | » Indigestion |
| » Nosebleeds | » Dizziness |
| » Extreme tiredness or weakness | » Stomach ulcers |
| » Increased nasal secretions | » Deep inhalations over short periods of time may cause disorientation, unconsciousness or seizure |
| » Red, watery eyes | |
| » A dreamlike state with hallucinations | |

Effects of inhalation are immediate, lasting from 5 to 45 minutes after cessation of sniffing. While initial effects may fade after several minutes depending on the method of inhalation, effects may be felt for several hours. For most users effects will pass within an hour of ceasing inhalation of the volatile substance. Chronic users may experience withdrawal symptoms similar to those experienced from a general anaesthetic. Hangover effects may persist for several days, and may be characterised by:

- » Tremor
- » Headache
- » Nausea
- » Vomiting
- » Mild abdominal pain
- » Loss of appetite
- » Fatigue
- » Muscular cramps
- » Delirium

HOW TO DEAL WITH AN INCIDENT OF SOLVENT MISUSE

Remain calm and do not panic.
Do not excite or argue with the young person when they are under the influence, as they can become aggressive or violent.
If the young person is unconscious or not breathing or in obvious distress, seek assistance or call for help. Appropriate first aid should be administered until help arrives.
If in any doubt call an ambulance and/or CAREDOC if the service exists in your location..
Contact the parents/guardians of the young person as soon as possible.
If the person is conscious, keep him or her calm and in a well ventilated room.
Avoid excitement or stimulation as they can cause hallucinations or violence.
Avoid activity or stress that may cause heart problems which may lead to "sudden sniffing death".
Talk with other persons present or check the area for evidence as to what was used.
Once the person is recovered, seek appropriate professional assistance.

RECORDING

When working with young people a worker should maintain records of drug-related work in an Incident Register (see sample template below).
The Register should be kept in a secure place in accordance with the organisation's agreed procedures on storage of confidential information.
Such records are, technically, the property of the organisation and can therefore be required by the worker's line manager at any time as a basis for reviewing the progress of the work in the context of management supervision.
In order to protect confidentiality and the consequences that may result if the worker's notes were mislaid or stolen, it is recommended that some form of simple coding be used to protect the identity of persons referred to in the worker's records.

DRUG INCIDENT TEMPLATE

When did the incident occur?

Where did the incident occur?

Who was present?

What exactly occurred? (A separate account should be recorded for each person who witnesses the incident)

Who was/were the on-site worker/volunteer(s)?

How was the situation handled?

Were the organisation's agreed procedures followed during and after the incident? If no, why not?

What will be the organisation's formal response/follow-up, if any?

Were any external agencies/individuals contacted or involved? If yes, how?

Will there be any follow-up required with any external agencies/individuals who were contacted or involved?

Signed _____ **Manager** _____ **Date** _____

EMERGENCIES/FIRST AID MEASURES

In the event of a person losing consciousness through the use of drugs:

Check whether the person has any sharp objects on their person and remove same if they have.
They should then be placed on their side in the " recovery position ".
If in any doubt call an ambulance and/or CAREDOC if the service exists in your location.
Contact the parents/guardians of the young person as soon as possible.
It is expected that a worker or designated First Aid Officer (preferable) should check that the casualty has a clear airway, and steady breathing and heartbeat.
A worker or designated First Aid Officer (preferable) should undertake any other appropriate first aid measures if required and call for an ambulance.
The person should not be left unattended at any time.
Find out as many facts about the situation as is possible, i.e. endeavour to ascertain how much and what has been taken. This information should be given to the paramedics on their arrival.
Do not make the person vomit.

In the event of encountering a person experiencing bad side-effects from a hallucinogen or other drug:

Try to ascertain what has been taken.
If in any doubt call an ambulance and/or CAREDOC if the service exists in your location.
Contact the parents/guardians of the young person as soon as possible.
If possible remove the young person to a quiet environment where you are unlikely to be disturbed.
Offer some fluids, preferably orange juice.
Try to ensure someone stays with the young person at all times.
Offer reassurance in a quiet and relaxed manner that the effects will come to an end.
Try to differentiate between the effects of the drug and what is real.
Always ensure there is adequate support available for you.

Drug Awareness Programmes should be run on a regular basis for workers and volunteers to consistently update them on current trends, methods and type of drug use by young people.

N.B. A comprehensive list of the main drugs of use, both legal and illegal, including the forms they come in, what they look like and their main effects are included in **Appendix 7**.

DEALING WITH DRUG AND ALCOHOL RELATED INCIDENTS ON RESIDENTIALS, EXCHANGES/TRIPS ABROAD

An incident may occur with a young person during the course of a residential event, youth exchange or trip away from home, which contravenes acceptable behaviour.
The option of simply sending the young person home, escorting them home immediately or contacting their parent/guardian may not be an option given the location and distance from home.
In addition to this the law in relation to drugs and drug use will differ from country to country and the relevant information should be supplied to and studied by workers/volunteers/leaders responsible for a trip/exchange before the event occurs.
This information should be supplied to parents/guardians in advance of the residential/exchange occurring, e.g. when they sign the standard consent and medical forms in advance of a residential or trip away from home.
This information should also be supplied and explained in detail to the young people involved in any planning or orientation meeting which takes place in advance of the residential/exchange.
Whatever procedures exist within a local youth service for dealing with drug related incidents the 'law of the land', i.e. the legal jurisdiction of the location where the residential or exchange takes place, must take precedence. If an incident occurs the procedures/law as operated by local police authorities should be followed.
In some cases legislation relating to the disposal of drugs will differ depending on the country. Therefore, it is important to have all relevant information at the disposal of those leading the event.
In some cases the use of aerosol-based products is banned on trips due to the risk of solvent misuse. A position regarding the use of aerosols should be discussed and agreed between workers and young people in advance of a residential/exchange.
Given all of the above it is advisable that a specific procedure for dealing with a possible incident is agreed in advance between those leading the event and senior management of the Local Youth Service.

SUPPORT STRUCTURES FOR STAFF AND VOLUNTEERS

As can be seen by what is outlined above the role and responsibility of a youth worker or volunteer faced with responding to and/or managing a drug related incident is a heavy one. With this in mind it is vitally important that, as would be the case with situations involving child protection, suicide and bereavement, adequate support and supervision structures are in place within the Local Youth Service to support workers and/or volunteers who find themselves in this situation. This should include:

- » Adequate support, supervision and managerial systems at senior management and board level.
- » Advice/information on and access to support and counselling services should be made available if required.
- » If an incident leads to an external follow-up adequate insurance and legal provision should be in place and a mechanism to keep staff/volunteers up to speed on an external process at each stage.

SECTION 3: **DEALING WITH ALCOHOL AND TOBACCO RELATED SITUATIONS**

It is illegal for young people under the age of 18 to purchase or consume alcohol or tobacco. Youth workers have a duty of care for young people in this regard. However, there may be certain occasions where alcohol is consumed on the premises as part of an organised event, particularly if the event is not a specific event for young people, but young people are in attendance who are over the age of 18. In cases such as this workers and volunteers should ensure that they are in compliance and operating within the law in relation to the consumption of alcohol on the premises. This should take into account the following:

- » Legal Age Limits for Consuming Alcohol
- » Licensing Requirements
- » Insurance Requirements
- » Local Authority By Laws
- » Appropriateness of the Event and the Setting
- » Child Protection Requirements
- » Health & Safety Regulations

BRINGING ALCOHOL TO OR CONSUMING ALCOHOL ON THE PREMISES

Outside of organised events such as the above, alcohol should not be consumed or permitted on the premises. If this occurs the person should be asked to dispense with the alcohol and stop immediately. If they refuse to stop they should be asked to leave the premises.

YOUNG PEOPLE UNDER THE INFLUENCE OF ALCOHOL

In the case where a young person is under the influence of alcohol, the worker or volunteer should assess whether the person may be at risk. Workers or volunteers should take what they feel to be the appropriate action to ensure the safety of that person or there may be an agreed procedure in place. This action may take the form of:

- » Monitoring the person within the setting
- » Calling a parent/guardian *
- » Not admitting the person onto the premises
- » Administering First Aid
- » In extreme circumstance calling an ambulance or the Gardaí.

While attempting to ensure the safety and well-being of the young person, there is a responsibility on workers and volunteers to intervene in ways which will minimise the possibility of harm to themselves, other workers and the other young people.

It is not expected that workers or volunteers will put themselves or anyone else at risk of injury. In certain circumstances where there is a risk it may be necessary for workers/volunteers to call the Gardaí for assistance.

The parameters within which workers and volunteers operate will differ from setting to setting, project to project, event to event and from youth service to youth service. These local parameters need to be respected and as such some of the responses as outlined above may not always be appropriate or practical to a particular setting or event.

Notwithstanding these parameters clear procedures should be in place which are agreed, understood and made available to all concerned – workers, volunteers, young people, parents/guardians.

**** All youth settings should have a mobile phone available for use in emergencies where the facility being used does not have a phone. In addition, a listing containing the contact numbers for the parents/guardians of all young people in their care should be available on-site at all times.***

WORKERS AND VOLUNTEERS UNDER THE INFLUENCE OF ALCOHOL

Workers and volunteers have a strong responsibility to take a lead role regarding the use of alcohol. It would be difficult for a worker or volunteer to speak with authority on or undertake educational work on alcohol use with young people if their own behaviour and attitudes in relation to alcohol use are open to criticism. The standards that workers and volunteers apply to young people in relation to legal, responsible and safe alcohol use they should be prepared to apply to themselves.

Workers and volunteers should not present themselves for any form of work, activity or involvement with young people under the influence of alcohol unless it is a specific activity where alcohol is permitted and the young people are of legal age and fulfils the criteria set out in the first paragraph of this section.

If they do present themselves for any form of work, activity or involvement with young people under the influence of alcohol they should be asked to leave the premises by their supervisor/manager or a fellow worker or volunteer if their supervisor/manager is not available. Appropriate disciplinary measures should then follow.

In many formal education settings staff are recommended or requested not to attend for work with young people if they are under the influence of a hangover or have been drinking heavily the night before. Staff and volunteers should check to see what the position is regarding this within their local youth service and abide by whatever procedure exists. If no clear procedure exists, one should be developed and agreed with staff and volunteers. All staff, volunteers and users of the service should be made aware of the position.

Workers and volunteers should also refrain from speaking in an inappropriate manner about their consumption of alcohol (and indeed any other drug), particularly excessive use of alcohol (or any other drug) when in the presence of young people, with the exception of using such experiences or language in an educational context.

SMOKING ON THE PREMISES

Most public buildings have now become non-smoking, with either no smoking being permitted on the premises or a specific area or room being set aside for those who wish to smoke. The position with regards to a youth setting or youth event should be no different. New legislation was enacted early in 2003 and commenced on 29 March 2004 as part of the Public Health (Tobacco) Health Act, 2002 which makes it illegal to smoke in any place of work and this includes:

- » Aircraft, trains, ships other vessels including cars and public service vehicles in so far as they are places of work.
- » Licensed premises (pubs) and registered clubs, in so far as they are places of work.

Outdoor areas such as playgrounds, outdoor pursuits, etc. which will be applicable to those involved in youth work will also come into this category. If a worker or volunteer has young people in their charge in an outdoor setting, this would constitute a working environment and therefore they should not be smoking so as to be compliant with this legislation.

The following places of work are exempt from prohibition:

- » Prisons
- » St. Patrick's Institution
- » Garda Station detention areas
- » Nursing homes
- » Hospices
- » Religious order homes
- » Central Mental Hospital
- » Psychiatric hospitals
- » Residential areas within third level education institutions
- » Hotel, guesthouse and B&B bedrooms

Workers and volunteers also have a responsibility to take a lead on this issue. With this in mind they should abide by whatever smoking regulations exist within the setting themselves and should seek to enforce the regulations if anyone else is breaking them, be they a worker, volunteer, young person or guest on the premises.

It is not good practice for workers or volunteers to supply cigarettes to young people, accept cigarettes from young people or purchase cigarettes for young people. It would be regarded as good practice, given the role of a youth worker or volunteer, not to smoke in front of a young person in any circumstances.

ALCOHOL AND SMOKING LEGISLATION

ALCOHOL LEGISLATION

INTOXICATING LIQUOR ACT, 2003

This Act is the most recent piece of relevant legislation and it relates specifically to alcohol use and if implemented will have wide-ranging implications. What has been proposed has been the cause of much heated public debate and it has heightened the level of discussion on the issue of alcohol use and young people. The purpose of the Act is to amend the Licensing Acts 1833 to 2003 in order to respond to recommendations of the Commission on Liquor Licensing and to concerns outlined in the Interim Report of the Strategic Task Force on Alcohol. The main provisions of the Act are as follows:

Combating Drunkenness and Disorderly Conduct

- » The Act contains revised provisions, including stronger penalties, in relation to the sale and supply of intoxicating liquor to drunken persons and drunkenness in licensed premises.
- » Stronger provisions relating to the maintenance of order and the prohibition on disorderly conduct in licensed premises.

Enforcement and Sanctions

- » Wider use of temporary closure orders where licensed premises are found to be in breach of the licensing laws, e.g. in relation to permitting drunkenness or disorderly conduct, or supplying alcohol to drunken persons.
- » The extension of enforcement powers under the licensing laws to non-uniformed Gardaí.

Trading Hours

- » Closing time on Thursday nights to be brought back to 11.30 p.m.
- » A new provision which will allow local authorities to adopt resolutions in relation to the duration of special exemption orders in their areas; the Courts shall have regard to such resolutions when granting special exemption orders.
- » A prohibition on the provision of entertainment during the 30 minutes drinking-up time.

Admission and Service

Amendment of the Intoxicating Liquor Act 1988 as follows:

- » Prohibition on supply of intoxicating liquor to under 18s, and admittance of those under 18s only with the explicit consent of a parent or guardian.
- » Licensees to have discretion to exclude under 18s from bars of licensed premises at any time but will be required to exclude them after 8.00 p.m.
- » Moreover, a child (under 15) may be excluded from a bar if it appears to the licensee that the duration of the child's presence in the bar could reasonably be regarded as injurious to the health, safety or welfare of the child.
- » A new requirement whereby persons under 21, other than those accompanied by a parent or guardian, must carry an age document in the bar of licensed premises.
- » Transfer of jurisdiction in certain cases of alleged discrimination in licensed premises from Equality Tribunal to the District Court.

Amendment of Equal Status Act 2000

- » The discretion of licensees to exclude children and persons under 18 years from the bar of licensed premises to be safeguarded.
- » Licensees to be permitted to set a minimum age for sale/consumption of intoxicating liquor at level above the statutory minimum provided the policy is publicly displayed and operated in good faith.

Other Provisions

- » Consumption of intoxicating liquor sold for consumption off the premises to be prohibited in the vicinity of a licensed premises, or in an off-licence.
- » Lower price sales of alcohol during a limited period on any day, i.e. 'happy hours', will be prohibited.
- » Provision for the making of regulations to prohibit or restrict licensees from engaging in promotional practices that are intended or likely to encourage persons to consume alcohol to an excessive extent.
- » To specify particulars to be affixed to any container in which intoxicating liquor is sold for consumption off the premises, which enable the identity of the licensee, and the licensed premises concerned to be identified.

PUBLIC ORDER BILL, 2001

The 2001 Public Order Bill provides for action to be taken against licensees of premises with a record of public order offences.

THE INTOXICATING LIQUOR ACT, 1988

This act prohibits the sale of alcohol to anyone under 18 years of age, the purchasing of alcohol for anyone under 18 years of age and the possession or consumption of alcohol in a public place by anyone under 18 years of age.

SMOKING LEGISLATION

THE PUBLIC HEALTH (TOBACCO) HEALTH ACT, 2002

The legislation, which became effective in January 2004, bans smoking in any 'place of work'. The new legislation states that smoking will be prohibited in a 'place of work' as defined in the Safety, Health and Welfare at Work Act 1989. A 'place of work' under this piece of legislation includes *any " place, land or other location at, in, upon or near which, work is carried on occasionally or otherwise and in particular includes a premises, an offshore, a tent, temporary structure or movable structure and a vehicle, vessel or aircraft"*. A 'place of work' therefore includes:

- » Aircraft, trains, ships other vessels and public service vehicles in so far as they are places of work.
- » Licensed premises (pubs) and registered clubs, in so far as they are places of work. Dwellings, which are places of work, will be excluded from the scope of regulations.

SAFETY, HEALTH & WELFARE AT WORK (CARCINOGENS) REGULATION (S.I. NO. 078 OF 2001)

The amendment to the Safety, Health and Welfare at Work (Carcinogens) Regulation (S.I. No. 078 of 2001) identifies ETS as a carcinogen, a direct cause of cancer. Smoking and now passive smoking are recognised as both a hazard and a risk from which workers must be protected.

SAFETY, HEALTH AND WELFARE AT WORK ACT 1989

Under the Safety, Health and Welfare at Work Act 1989 employers have an obligation to protect their workforce from workplace hazards. Section 6. (1) of the Act places a duty on the employer "...to ensure, so far as is reasonably practicable, the safety, health and welfare of all his employees."

THE TOBACCO (HEALTH PROMOTION & PROTECTION) ACT, 1988

This act prohibits the sale of tobacco to anyone under the age of 18. It also restricted smoking in places such as cinemas but will be superceded at the beginning of 2004 by new legislation

SECTION 4: CONFIDENTIALITY AND DEALING WITH PARENTS

INTRODUCTION

There will be occasions when a young person is trying to cope with problems and difficulties of which the misuse of drugs is a manifestation. This use of drugs will have gone beyond the 'experimentation' stage. In such circumstances support and advice is to be expected during which the relationship between worker and young person should be established within the parameters described below.

CONFIDENTIALITY

The relationship of trust between youth workers and young people is fundamental to the service. Relationships are freely entered into by young people and the entire basis of the service would be changed if workers were under an obligation to inform parents of young people's experimentation with drugs. However, there will be cases where confidentiality cannot be guaranteed as outlined below.

DEALING WITH ISSUES OF 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. **It is particularly important not to promise complete confidentiality before knowing what a young person is going to say, as it may be necessary to share that information with others.**

The worker should clarify that there are limits to confidentiality between the worker and the young person or group. This means that the worker will have to take any disclosed information received regarding risks to a young person's safety further.

Whilst confidentiality is important the young person should know that if it becomes necessary for health and safety or legal reasons or Duty of Care requirements for the worker to speak to a third party, contact might be made without their consent. In every case the welfare of the young person concerned must be a primary consideration.

In working with drug users, workers must maintain a balance between the requirements of the law and the interests of the individual with whom they are working. The nature of the relationship offered by the worker should be made clear from the start in order that there be a clear understanding between worker and 'client'.

In such an understanding the drug user would know that, usually, the worker is not required, in law, to inform anyone that a person has used solvents, an illegal drug, or is in possession of illegal drugs. It should be made clear that the worker would speak to a third party, if it were felt to be in the interests of the welfare of the person concerned, although this would not take place without their prior knowledge.

Within this understanding the worker should encourage the young person to make their own choices about how they deal with drug-related problems and should support and encourage the young person in any positive decisions they take.

Habitual drug users should be encouraged to use the support and services of appropriate agencies such as local Health Boards, treatment and addiction services, counselling services, etc.

Recording and maintenance of incidents will respect the rights of young people to confidentiality, where appropriate.

DEALING WITH PARENTS/GUARDIANS

The issue of contacting parents/guardians is likely to emerge as an early consideration. Workers should encourage and support the young person in any decision to inform their parents/guardians of the problems they are experiencing. Support may involve the worker accompanying the young person in meeting the parent/guardian(s) and trying to secure their understanding of the problems and positive support for the young person involved.

Parents may expect to be informed if workers are aware that their son or daughter has used illegal drugs or inhaled solvents. This may present a dilemma for workers. Many young people experiment with legal and illegal drugs or solvents. This drug use may not take place on the premises but workers are often aware of such activity through the disclosures of young people. These disclosures are enabled by a relationship of trust between workers and young people. They can also emerge during discussion promoted by a health awareness raising project or may even be the subject of boastful conversation amongst young people.

PARENTS/GUARDIANS - WHAT TO DO?

When repeated use of solvents or illegal drugs is confirmed, especially where this indicates a serious risk to a young person's health, parents/guardians should always be contacted. Workers should always seek to negotiate any such contact with the young person concerned, hoping that it may be done with their co-operation.
In all cases the situation must be discussed with the line manager before parents/guardians are contacted. A worker should consult their line manager in order to decide the best course of action and to ensure support and supervision for themselves.
If it is deemed appropriate arrange to set up a meeting with parents/guardians and decide in consultation with the parent/guardian who else should be in attendance including the young person.
It is important to be aware of the concerns and fear and in some cases anger that a parent/guardian may experience when such a meeting is called. Therefore, be sympathetic to these feelings and discuss the issues with them in an empathetic and supportive manner.
Make them aware of the organisation's support in providing further assistance to them where possible including follow-up meetings and also of the external support services that are available to them should they be required, i.e. treatment, addiction, counselling services.
It is also important to acknowledge the responsibility that the young person has for their behaviour and as such the role they should have in being involved in deciding what happens next.
In cases where the worker considers that family relationships may be an important contributory factor to drug use, or where the worker suspects that contact with the family may not be beneficial to the welfare of the young person, the situation must be discussed with the line manager before any decision regarding contact with parents/guardians is taken.
Workers should be aware of the possible involvement of other agencies (e.g. government departments, social services, JLO's etc.) and they should not act unilaterally if such agencies are in touch with the family.

SECTION 5: DRUG RELATED LEGISLATION

INTRODUCTION

In examining the issue of young people and drug use it is important to consider the legal position with regard to such drug use. This is particularly important as those who work with young people will often find themselves in the position of needing such knowledge if they are faced with having to respond to a drug related incident. Legislation in relation to alcohol and tobacco has already been outlined in **Section 2**.

They may also require such knowledge if they wish to introduce drug education to a programme or curriculum, in the form of information for the young people they work with, information to educate and inform themselves, or for use in an advocacy capacity. This section outlines the existing legislation that covers drug use in the Republic of Ireland from the point of view of use, possession, storage and dealing. This section will also outline the powers of the Gardaí and the range of penalties and sentences available to the courts.

Some of the new measures introduced over the past three to four years, as part of the Government's anti-crime package such as the Criminal Assets Bureau, the Revenue Commissioners, recommendations from the Ministerial Task Force on Measures to Reduce the Demand For Drugs, the Housing Act and the new powers given to the Gardaí in relation to the seizing of assets are covered in **Appendix 3**.

MISUSE OF DRUGS ACTS 1977 & 1984

The Misuse of Drugs Acts (1977 & 1984) are intended to prevent the non-medical use of drugs. For this reason, they control not just medicinal drugs but also drugs with no current medical use. Offences involving the general public are covered under these Acts.

The drugs to which the Acts apply are specified in the Schedules to the Act and are known as controlled drugs. The list includes, in addition to narcotics such as heroin, other substances such as sedatives, which are open to abuse.

The Acts define a series of offences including unlawful supply, intent to supply, the import or export, and the unlawful production of controlled drugs. Other offences include the growing of opium poppies, cannabis and coca plants, forging of prescriptions, occupiers of premises knowingly allowing illicit traffic in drugs or permitting the use of controlled drugs on their premises. The Acts also prohibit the unlawful possession of drugs, but make a distinction between possessing for one's own personal use and possession for illegal supply to another person ('pushing'). This latter offence carries much heavier penalties. To enforce this law, the Gardaí have special powers to stop, detain and search people and vehicles without a warrant if they have 'reasonable cause' to believe that someone is in possession of a controlled drug.

Possession

The basic offence under the Act is that of possession, and save for one exception, at Section 16 concerning the use of opium, the use of a controlled drug is not generally prohibited under the Act. The offence of possession is also a constituent of other offences under the Act such as that of possession for the purpose of supply, and of course a person cannot import or traffic in a drug unless it is in their possession, neither can they use a drug unless it is in their possession.

The legislation naturally contains exemptions for certain classes of person to legally possess controlled drugs. The Gardaí or Customs and Excise officers may legitimately possess controlled drugs if acting in the course of their duty. There are similar provisions for doctors and chemists, etc.

Virtually all crimes require proof of a mental element known as mens rea¹. This is a requirement of all but the most minor offences under the Act, and is a component of the offence of possession.

As far as the criminal law is concerned possession can mean more than simply physical possession. If a person asks someone to hold a bag for him/her it remains in his or her possession. Possession in law

¹ Mens Rea definition: In most cases, an act is a crime because the person committing it intended to do something wrong. This mental state is generally referred to as mens rea, or guilty mind. Mens rea expresses a belief that people should be punished only when they have acted in a way that makes them morally blameworthy.

requires custody or control and denotes the right and power to deal with the thing in question. Two or more persons may have possession of the one object or substance if both have control over it, and the right to deal with the object or substance in question.

However, before one has the right or power to deal with something one must have knowledge of its existence. Thus in addition to custody or control possession in the criminal law requires also knowledge - a person cannot be said to be in possession or control of something of whose existence he has no knowledge.

Supply of Controlled Drugs

Section 5 of the Act provides, inter alia,:

- (i) For the purpose of preventing the misuse of controlled drugs, the Minister may make regulations*
- (a) Prohibiting absolutely, or permitting subject to such conditions or exceptions as may be specified in the regulations, or subject to any licence, permit or other form of authority as may be specified - (iii) The supply, the offering to supply or the distribution of controlled drugs.*

Article 4 of the Misuse of Drugs Regulations, 1979 states simply:

- (i) Subject to the provisions of these Regulations a person shall not*
- (b) Supply or offer to supply a controlled drug.*

This section refers to the actual supply of drugs and is rarely used. As one will see Section 15 of the Misuse of Drugs Act 1977 is the more widely used section and is easier to prove. It should be noted that in relation to Section 5 and Article 4 mentioned above, it is irrelevant if the offer is not genuine as long as the offeror intends that the offeree should think he is receiving a controlled drug. Thus if a person offers to supply someone with ecstasy, when the person knows that the tablets are in fact harmless vitamins, the person is nonetheless guilty of offering to supply a controlled drug.

The offence of possession for the purposes of supply is much easier to prove and is the more generally prosecuted offence. It is also dependent upon the regulations. The Minister is empowered by Section 5(1) of the Act to make regulations prohibiting the supply of controlled drugs, and Article 4(1)(b), as previously quoted, does so.

The prohibition is absolute and the burden of proving an exception lies on the Defence, but is discharged on the balance of probabilities, rather than beyond reasonable doubt.

Section 15 of the Act creates the offence of ¹'drug pushing'. It provides:

- (1) A person who has in his possession, whether lawfully or not, a controlled drug for the purpose of selling or otherwise supplying it to another in contravention of the regulations under Section 5 of this Act shall be guilty of an offence.*

The Act goes on to provide that supply includes giving without payment. It should be noted that possession is a constituent element of this offence.

The Act does not include a technical definition of the word supply and it should therefore be given its ordinary meaning. In all cases the accused may also be successfully prosecuted for the offence of possession of a controlled drug, and in almost all circumstances the offence of offering to supply will have occurred before such supply.

Section 15 is the more usual charge preferred as it is not necessary to prove that supply actually took place and, therefore, will not require evidence of observation of an actual 'drug deal' taking place.

Because of the existence of the presumption at Section 15 (2), i.e. that the person is in possession of the controlled drug for the purposes of supplying them to another, the prosecution need only establish the possession of the drugs to secure a conviction.

It is worth noting that the burden of proof then shifts to the defence to establish that the drugs were for personal use.

There are no statutory provisions for amounts of controlled drugs necessary to take a charge from simple possession to possession for the purposes of supply. The section simply refers to '*other than immediate personal use*'. Hence possession of five or six ecstasy tablets could warrant a charge of possession for the purposes of supply.

In the course of a trial for possession for the purposes of supply a forensic scientist will give the total weight or quantity of the substance. The scientist will also describe the usual quantities that the drugs are made up into for sale and the percentage purity of the drug usually found in the tablet as sold on the street.

To buy drugs on behalf of other persons, or to buy to give to one's friends, also constitutes the offence of possession for the purpose of supply. A person who takes possession of a controlled drug for the purpose of delivering it to another is also guilty of the offence.

Allowing on Premises

Generally to allow a crime to happen is not in itself a crime, nor does the mere presence at the scene of a crime constitute a crime. However Section 19 of the Act provides that any person who is the occupier, or is in control or is concerned in the management of any land, vessel or vehicle who knowingly permits or suffers any of a number of things to take place shall be guilty of an offence.

There are several different offences created by the section and it is therefore not proper to charge them in the alternative on the same count. The elements of the offence comprise knowledge of the prohibited activity and authority to prevent its commission.

Section 29 (4) provides:

"In any proceedings for an offence under Section 19 of the Act it shall be a Defence to show that the Defendant took steps to prevent the occurrence of the continuance of the activity or contravention to which the alleged offence relates and that, in the particular circumstances, the steps were taken as soon as practicable and were reasonable".

At the very least Section 19 requires that the accused have some authority in relation to the premises. It need not be absolute but must exist to the extent that the accused was capable of doing some act whereby others would be obliged to desist from their criminal activities.

If the person has no right to take steps to prevent the prohibited activity he cannot be said to fall into the category of persons the Act seeks to penalise. The section covers even transient use of the premises once those charged can fairly be said to have control over what occurs within the premises.

The phrase "*concerned in the management of*" refers more to the activity carried on in the place and the degree of participation in that activity of the accused.

Once it has been proved that the requisite activity took place and the accused is proved to have been in control of the place where the activity took place, the burden shifts to the defence to prove, on the balance of probability, that the accused was unaware of the activity. Section 19(2) provides that:

"it shall be presumed until the court is satisfied to the contrary that the activity or contravention took place with the knowledge of the Defendant".

Garda Powers

Under the Act members of the Gardaí are given powers to stop, search and arrest persons whom they reasonably suspect to be committing an offence under the Act.

Section 23 of the Act deals with the power of members of the Gardaí to search persons whom they reasonably suspect are in possession of a controlled drug.

Pre arrest searches will involve an infringement of the constitutional right to liberty, and where a thorough search is required, a possible violation of the constitutional right to bodily integrity. Because of the substantial inroads into the liberty of the citizen, the Gardaí should inform the party to be searched of their reasons for so doing.

The member may search the person, and if he considers it necessary for that purpose, detain the person for such time as is reasonably necessary for the making of the search. Where he decides to search a person he may require that person to accompany him to the Garda Station for the purpose of the search. If such a requirement is made and the person refuses to comply with the said requirement, the member of the Gardaí may arrest without warrant the person of whom the requirement was made.

There is no power to arrest a person who merely refuses to be searched. However, he may then be lawfully requested to accompany the member of the Gardaí to the Station and if he refuses he may then be lawfully arrested. It is an offence to contravene a lawful direction under Section 23 and such an offence carries a fine of up to £200 (€279).

The search of premises will involve the violation of a constitutional right where the premises are the dwelling of the accused. Where the Garda propose to search a premises for the purposes of finding evidence, then they must first obtain a warrant. Reasonable force may be used, but doors may not be broken down unless entry has been demanded and refused. The Gardaí may search only the premises specified on the warrant and no others. Persons found on the premises may also be searched as this power is contained by the Act. The face of the warrant must also specify the search of persons found on the premises if such is to be lawful.

A warrant may be issued by a District Judge or by a Peace Commissioner if he or she is satisfied on oath that the member of the Garda Síochána has reasonable grounds for suspicion. The standard of the information must go beyond a mere averment by the member of the Garda Síochána that he has reasonable grounds for suspecting any of the matters contained in the sub section.

A clear power of arrest is created by Section 25(1) in relation to drug pushing. The section provides that a member of the Gardaí may arrest without warrant a person whom he suspects, with reasonable cause, has committed an offence. As we have seen, three separate offences exist in relation to drug pushing, supply, offer to supply and possession for the purpose of supply, which is the only offence contrary to Section 15. However, every person who supplies a controlled drug will, at the moment of supply or attempt to supply have had the controlled drug in his possession for the purpose of supply. The power of arrest will usually, therefore, cover all three situations. All other offences under the Act are arrestable only on specified conditions set out in Section 25(2). Thus the Act differentiates, for the purpose of arrest, between drug pushing and all other offences.

In order to have a reasonable suspicion, the Gardaí need not have a prima facie case, or be sure of a conviction, but the suspicion must be reasonable and must not be based on guesswork, or on a hunch or on instinct. It must be founded on some ground which if challenged will show that at the moment of arrest the Gardaí acts on a hunch, but has no reasonable suspicion, the factual correctness of the hunch will not render the arrested person's detention lawful, in consequence any confession made by that person will not be admissible in evidence.

As the arrest of a person constitutes an interference with his constitutional right to liberty the powers granted to the Gardaí under the Act must be strictly adhered to and all the conditions precedent to their exercise complied with stringently.

The question of reasonable suspicion does not have any strict legal definition and each case will depend on its own facts. In founding a reasonable suspicion the Gardaí may rely on hearsay, which must be reliable, which will depend on its source. The Gardaí should exercise great care in arresting a person on the

information of an accomplice. An anonymous communication will not be sufficient. Information given by one Garda to another can be said to come from a reliable source. The Gardaí, in practice, invariably claim privilege as to the source of their information, which claim is invariably upheld.

While the behaviour of a suspect may justify an arrest, his refusal to co-operate with Garda enquiries will not, as this is the right of every citizen. In effecting an arrest the Gardaí may use no more force than is reasonably necessary. The purpose of the arrest is to have a person charged with a criminal offence. The powers of arrest under Section 25 should not be used for the purpose of questioning.

A person arrested is now invariably given a form outlining his rights whilst in custody, which includes the right of access to a legal advisor, although this does not include the right to have a solicitor present during interrogation. Where a person is arrested or subjected to any power, which involves a deprivation of his liberty he should be informed of the reasons for the exercise of that power. This is because no citizen is obliged to submit to a deprivation of his liberty until such time as he knows that such deprivation is lawful. An arrest will not be lawful if the suspect is unaware of the reason for his arrest. The burden of disproving the existence of such knowledge lies on the accused. However, an arrest that is bad, for the failure to inform the accused for its reason, may be cured by that information being given to the accused later (Malone, 1996).

OTHER PROVISIONS

The *Misuse of Drugs Act 1984* also prohibits the printing, or sale of books or magazines, which encourage the use of drugs, prescribed in the Act, or which contain advertisements for drug equipment, pipes or cocaine kits.

Customs and Excise officers have similar powers under the *Customs and Excise (Miscellaneous Provisions) (No.2) Act 1988* which also permits intimate body searches by a medical practitioner acting at the request of a Customs officer, in order to detect smuggling of drugs in body cavities by so-called "Stuffers and Swallowers".

IRRESPONSIBLE PRESCRIBING

The Acts give the Minister for Health the power to give a direction prohibiting the prescribing of controlled drugs by a doctor, dentist or veterinary surgeon, who has been found, after investigation by a committee of inquiry, to have been prescribing, administering or supplying such drugs in an irresponsible manner. There is a special procedure that allows the Minister to give a temporary direction, which lasts for four weeks but may be extended for periods of 28 days at a time while the case is being investigated by a committee of inquiry. The committee having investigated the case can make a recommendation to the Minister for Health that a special (or permanent) direction be put in place. A doctor, dentist or veterinary surgeon with such a direction against him/her also has the right of appeal to the Courts.

PRECURSORS OF ILLICIT DRUGS

The processing of drugs from plants such as the Opium poppy and the Coca plant, as well as the synthesis of L.S.D., Ecstasy, Amphetamines and the so-called "designer Drugs" requires the availability of various chemicals needed in different stages of their production. Article 12 of the *1988 United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances* attempts to limit the supply of precursor and processing chemicals to illegal drugs producers.

Within the E.U. a number of Council Regulations have been introduced to give force to the provisions which have been implemented by means of the *European Committees (Monitoring of External Trade in Scheduled Substances) Regulations 1993*. The principal effect of these Regulations is to designate the relevant national competent authorities for the various purposes of Council Regulation (EEC) No 3677/190 to discourage the diversion of certain scheduled substances to the illicit manufacture of narcotic drugs and psychotropic substances. The Regulations also establish penalties for breaches of the council Regulation and for giving of false or misleading information or documentation. These EU Regulations lay down the measures necessary to implement Article 12 of the *1988 Vienna Convention* insofar as the Convention relates to trade with countries outside the European Union (Department of Health, 1994).

The Commission of the EU has produced a publication entitled '*A Practical Guide for Operators*' which explains the operation of these EU Regulations in the various member states of the EU. By '*operator*', the EU means, "*natural or legal persons engaged in the manufacture, production, trade or distribution of scheduled substances in the EU or involved in other related activities such as import, export, transit, broking and processing of scheduled substances. This definition includes, in particular, persons pursuing the activity of making customs declarations on a self-employed basis, either as their principal occupation or as a secondary activity related to another occupation*".

A copy of this publication can be obtained from: **Department of Health, (Drugs Section), Hawkins House, Hawkins Street, Dublin 2. Tel: 01/6714711 Fax: 01/6711947**

PENALTIES AND SENTENCES UNDER THE MISUSE OF DRUGS ACTS

Maximum sentences differ according to the nature of the offence. Sentences are greater for pushing, illegal production or for allowing premises to be used for producing or supplying drugs, but are less for possession for personal use. For the more serious offences, maximum penalties include an open-ended fine or life imprisonment.

In the case of cannabis, on the other hand, the maximum penalty for possession for personal use is restricted to a €635 fine for a first offence, a €1,270 maximum fine for a second offence with no option of imprisonment. For third and subsequent offences the maximum penalty is 3 years imprisonment or an unlimited fine or both. There is no distinction made between drugs under these provisions with the exception of cannabis as stated.

The maximum penalty for possession of all other drugs is seven years imprisonment or an unlimited fine or both. The maximum penalty for possession for the purpose to supply is life imprisonment or an unlimited fine or both.

N.B.: It should be noted however that drugs laws and sentencing can be very complicated so the above should not be taken as legal advice.

COURT PROVISION FOR THE TREATMENT OF CONVICTED DRUG OFFENDERS

When a person is convicted of an offence under these Acts, the Court may decide to obtain a written medical report on the convicted person, with recommendations about medical treatment which the person might require arising from his or her dependency on drugs, and also a report on the person's social background, vocational and educational circumstances. On the basis of these reports the Court may decide not to impose the appropriate penalty. It can decide to have the person detained in a custodial treatment centre or require him or her to undergo a course of medical treatment and/or a course of education and training to improve his/her social and educational background with a view to facilitating social rehabilitation.

REGULATIONS

Regulations made under the *Misuse of Drugs Acts* divide the controlled drugs up in different ways to take account of medical practice. They allow exceptions to the general prohibitions on possession, supply, etc.

Schedule 1 lists mainly hallucinogenic drugs that are not used at present in medicine in Ireland and cannot be prescribed by doctors or sold in pharmacies. The use of these drugs is limited to scientific research or forensic analysis. Production, supply, import and possession are subject to special licensing.

Schedule 2 lists those drugs which may be used for medical purposes, but which are regarded as particularly dangerous if abused. They consist mainly of the naturally occurring (e.g. morphine) and synthetic (e.g. pethidine) narcotics, but also include amphetamines and related stimulants and methaqualone. Any of these drugs can only be legally obtained if they have been prescribed by a doctor, dentist or veterinary surgeon, and supplied by a pharmacist. All aspects of the production and supply of Schedule 2 drugs are strictly controlled and licensed, and they are subject to stringent record keeping requirements.

Schedule 3 to which less stringent controls and no record keeping requirements apply, contains certain dependence producing sedatives such as barbiturates.

Schedule 4 includes various minor tranquillisers and preparations of phenobarbitone containing less than 100 milligrammes. There are minimal *Misuse of Drugs Act* controls applied, since these medicines are already controlled under the *Medicinal Products (Prescriptions and Control of Supply) Regulations, 1996*

Schedule 5 lists certain preparations of controlled drugs to which the restrictions on possession do not apply. These are usually very dilute non-injectable products some of which can be bought over-the-counter without a prescription, but only from a pharmacy (e.g. some cough bottles and anti-diarrhoea products containing opiates).

(Some sections reproduced from *The Facts About Drug Abuse in Ireland, Health Promotion Unit, 1994*).

OTHER RELEVANT LEGISLATION

1947 HEALTH ACT

It permits the Minister for Health to make regulations to control the sale of medical preparations. Several such regulations exist. For example, the *Medical Preparations (Control of Sale) Regulations* restrict the sale of a wide range of drugs to pharmacists only. The drugs are divided into two schedules. Drugs listed in either part of the first schedule may only be made available by retail sale on medical, dental or veterinary prescription. This schedule includes amphetamine-type stimulants and barbiturate sedatives, both of which are also subjected to other far more stringent controls. Also included are various minor tranquillisers of the diazepam type. The second schedule lists substances which can be sold without a prescription, but which are restricted to pharmacies. The schedule includes various anti-histamine drugs used to combat hay fever and prevent travel sickness, and which may cause drowsiness. Accordingly, the latter type of product must bear a warning that "this may cause drowsiness".

THE 1961 POISONS ACT

The *1961 Poisons Act* controls the sale of poisons by confining their sale to authorised sellers (mainly pharmacists). Most recognised drugs of abuse are controlled in this way and are also subject to further legal controls.

MEDICAL PREPARATIONS (CONTROL OF AMPHETAMINES) REGULATIONS 1970

The *Medical Preparations (Control of Amphetamines) Regulations 1970* prohibit the manufacture, preparation, importation, sale or distribution of seven scheduled amphetamine ('speed') type drugs. However, the Minister for Health may grant licences for the manufacture, importation or sale of a specified quantity of a controlled preparation when it is needed for certain medical conditions.

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APPENDIX 1

LOCAL SUPPORT AGENCIES/SERVICES: COUNTY BY COUNTY

CARLOW		
AGENCY/SERVICE	ADDRESS	CONTACT DETAILS
CAREDOC		059 9134999
Carlow Community Care	<i>Athy Road Carlow</i>	059 9136520
Carlow Drugs Initiative	<i>c/o Carlow Regional Youth Services Kennedy Street Carlow</i>	059 9140616
Carlow/Kilkenny Substance Misuse Team	<i>Kickham Street Kilkenny</i>	056 7764638
Carlow Mental Health Services (St. Dympna's)	<i>c/o St. Dympna's Hospital Athy Road Carlow</i>	059 9136300
Carlow Regional Youth Service	<i>Kennedy Street Carlow</i>	059 9140903
Child and Adolescent Psychiatry	<i>c/o Carlow Community Care Athy Road Carlow</i>	059 9136520
Citizens Information Centre	<i>St. Catherine's Community Services Centre, St. Joseph's Road Carlow</i>	059 9131451 / 059 9131063
Community Alcohol Service	<i>c/o St. Dympna's Hospital Athy Road Carlow</i>	059 9136300
Community Awareness of Drugs (C.A.D)	<i>c/o Carlow Regional Youth Services Kennedy Street Carlow</i>	059 9140903
Community Welfare Office	<i>c/o Carlow Community Care Athy Road Carlow</i>	059 9136520
Cuan Mhuire	<i>Cuan Mhuire Athy Co. Kildare</i>	059 8631493
Drug Treatment Clinic	<i>St. Dympna's Hospital Carlow</i>	059 9136357
Psychological Services	<i>c/o Carlow Community Care Athy Road Carlow</i>	059 9136520
Regional Drugs Co-ordinator	<i>The Drug Coordination Unit Beech House Cove Roundabout Dunmore Road Waterford</i>	051 846720
St. Francis Farm Project	<i>St. Francis Farm Beaumont House Tullow Co. Carlow</i>	059 9151369
St. Luke's General Hospital	<i>Freshford Road Kilkenny</i>	056 7785000

CLARE		
AGENCY/SERVICE	ADDRESS	CONTACT DETAILS
Addiction Counsellor	<i>Ennistymon Day Hospital Ennistymon Co. Clare</i>	065 7071611
Al-Ateen	<i>Community College Scariff Co. Clare</i>	
Alcohol and Substance Counselling Service	<i>Our Lady's Day Hospital Gort Road Ennis Co. Clare</i>	065 6821414
Addiction Counsellor	<i>Shannon Day Hospital Shannon Co. Clare</i>	061 362491
Addiction Counsellor	<i>Kilrush Day Hospital St. Joseph's Terrace Kilrush Co. Clare</i>	065 9051559
Bushypark Treatment Centre	<i>Ennis Co. Clare</i>	065 6840944
Citizens Information Centre	<i>44 Abbey Street Ennis Co. Clare</i>	065 6841221
Clare Youth Service	<i>Carmody Street Ennis Co. Clare</i>	065 6845350
Counselling Psychologists Clarecare	<i>Harmony Row Ennis Co. Clare</i>	065 6828178
Co. Clare Community Drugs Service	<i>Ennis Co. Clare</i>	065 6865852
Ennis Youth Information Bureau	<i>Carmody Street Ennis Co. Clare</i>	065 6824137
Nar-Anon	<i>Youth Centre Kilrush Road Ennis Co. Clare</i>	065 6842700
Shannon Youth Information Point	<i>Youth Office, Business Centre, Shannon, Co. Clare</i>	065 6824137

CORK		
AGENCY/SERVICE	ADDRESS	CONTACT DETAILS
Alcoholics Anonymous	<i>PO Box 137 Eglinton Street Cork</i>	021 4500481
Alcohol and Drug Treatment Centre	<i>Arbour House St. Finbarr's Hospital Douglas Road Cork</i>	021 4968933
Anchor Treatment Centre	<i>Spa Glen Mallow Co. Cork</i>	022 42559
ASC	<i>16 Peter's Hill Cork</i>	021 4275837
Citizens Information Centre	<i>80 South Mall Cork</i>	021 4277377
Cloyne Diocesan Youth Services	<i>Holy Family Centre College Road Fermoy Co. Cork</i>	025 32455
Clun Mhuire	<i>Farnanes Coachford Co. Cork</i>	063 90555
Cork Counselling Centre	<i>7 Fr. Mathew Street, Cork</i>	021 4274951
Cork Youth Information Centre	<i>11/12 Marlboro Street, Cork</i>	021 4273056
Counselling and Advisor Service	<i>10 Church Street Off Shannon Street, Cork</i>	021 4212382
Counselling and Advisor Service	<i>Medical Centre, Market Street Skibbereen, Co. Cork</i>	028 23456
Fellowship House	<i>Spur Hill, Togher Co. Cork</i>	021 4887110
Matt Talbot Adolescent Services	<i>"Rockview", Trabeg Lawn South Douglas Road Cork</i>	021 4896400
Narcotics Anonymous	<i>PO Box 89, Eglinton Street Cork</i>	021 4278411
Regional Drug and Alcohol Co-ordinator	<i>C/o Community Care Offices St. Finbarr's Hospital Douglas Road, Cork</i>	021 4923135
Renewal Sheltered Housing Ltd. (Women)	<i>Shanakiel, Blarney Road Cork</i>	021 4300844
Tabor Lodge Treatment Centre	<i>Ballindeasig, Belgooly Co. Cork</i>	021 4887110
West Cork Youth Information Centre	<i>North Main Street, Bandon Co. Cork</i>	023 44009
Youth Counselling Service	<i>YMCA, 11/12 Marlboro Street Cork</i>	021 4270187

DONEGAL		
AGENCY/SERVICE	ADDRESS	CONTACT DETAILS
Addiction Counsellor (Buncrana)	<i>C/o Mental Health Centre McGinn Avenue Buncrana Co. Donegal</i>	074 9362529
Addiction Counsellor (Dungloe)	<i>C/o Donegal Mental Health Services Dungloe Co. Donegal</i>	074 9521860
Alcoholics Anonymous	<i>Pastoral Centre Letterkenny Co. Donegal</i>	074 9121853
Citizens Information Centre	<i>Public Services Centre Blaney Road Letterkenny Co. Donegal</i>	074 9561360
Community Addiction and Counselling Service	<i>9 St. Eunans Court Convent Road Letterkenny Co. Donegal</i>	074 9128769
Community Addiction and Counselling Service	<i>East End House Donegal</i>	074 9721933
Community Addiction and Counselling Service	<i>Health Centre Stranorlar Co. Donegal</i>	074 9189050
Donegal Youth Informatic Centre	<i>Upper Main Street Donegal Town</i>	074 9723029
Donegal Youth Service	<i>26 Celtic Apartments Pearse Road Letterkenny Co. Donegal</i>	074 9129630
GROW	<i>Tir Connail House Letterkenny Co. Donegal</i>	074 9121022
Letterkenny Youth Information Centre	<i>17 Celtic Apartments Pearse Road Letterkenny Co. Donegal</i>	074 9129640
Psychological Services	<i>Donegal Community Hospital Donegal Town</i>	073 21074
Raphoe District Network for Drug Prevention	<i>Family Ministry Centre Pastoral Centre Letterkenny Co. Donegal</i>	074 21853
Regional Drugs Strategy Co-ordinator	<i>NWHB Health Promotion Service Main Street Ballyshannon Co. Donegal</i>	072 52000

GALWAY		
AGENCY/SERVICE	ADDRESS	CONTACT DETAILS
Alcoholism Counselling Service	<i>Merlin Park Regional Hospital Galway</i>	091 755883
Addiction Counselling Service	<i>Day Hospital 7 Dublin Road Tuam Co. Galway</i>	093 24695
Addiction Counselling Service	<i>Day Hospital Barrack Street Loughrea Co. Galway</i>	091 847556
Addiction Counselling Service	<i>East Galway Psychiatric Service St. Brigid's Hospital Ballinasloe Co. Galway</i>	090 9644103
Alcoholics Anonymous		091 567807
Ballinasloe Youth Information Centre	<i>Town Hall Society Street Ballinasloe Co. Galway</i>	0905 44144
Citizens Information Centre	<i>Augustine House St. Augustine Street Galway City</i>	091 563344
Community Addiction Counselling Services	<i>Mental Health Care Mountbellew Co. Galway</i>	090 9679571
Cuan Mhuire	<i>Coolarne Athenry Co. Galway</i>	091 797102
Galway Youth Federation	<i>7 Francis Street Galway City</i>	091 561637
Galway Youth Information Centre	<i>Ozanam House St. Augustine Street Galway City</i>	091 562434
Loughrea Youth Information Point	<i>Lakeside House, Barrack Street, Loughrea, Co. Galway</i>	091 842072
Regional Drug Co-ordinator	<i>64 Dominick Street Galway City</i>	091 5611988

KERRY		
AGENCY/SERVICE	ADDRESS	CONTACT DETAILS
Al-Anon	<i>Presentation Convent Castle Street Tralee Co. Kerry</i>	066 7123278
Addiction Counselling Services	<i>Community Counselling & Advisory Services 38 Ashe Street Tralee Co. Kerry</i>	066 7123612
Citizens Information Centre	<i>Bridge Lane Tralee Co. Kerry</i>	066 7123655
Kerry Diocesan Youth Service	<i>Fairhill Killarney Co. Kerry</i>	064 31748
Killarney Counselling Service		064 31222
Killarney Youth Information Centre	<i>Fairhill Killarney Co. Kerry</i>	064 31748
Listowel Youth Information Centre	<i>Upper Church Street Listowel Co. Kerry</i>	068 23744
Regional Drug and Alcohol Co-ordinator	<i>C/o Community Care Offices St. Finbarr's Hospital Douglas Road Cork</i>	021 4923135
Talbot Grove Treatment Centre	<i>Castleisland Treatment Centre Scartaglin Road Castleisland Co. Kerry</i>	066 41511
Tralee Youth Information Centre	<i>Denny Street Tralee Co. Kerry</i>	066 7121674

Under contract to SHB

Aislinn Addiction Treatment Centre	<i>Ballyragget Co. Kilkenny</i>	056 33777
Cuan Mhuire	<i>Bruree House Bruree Co. Limerick</i>	063 90555

KILDARE		
AGENCY/SERVICE	ADDRESS	CONTACT DETAILS
Alcohol and Addiction Services	<i>Abbeyview Castledermot Co. Kildare</i>	059 9144429
Alcohol and Addiction Services	<i>Tus Nua Kildare Town</i>	045 521220
Alcohol and Addiction Services	<i>Maynooth Health Centre Co. Kildare</i>	01 6285415
Alcohol and Addiction Services	<i>Celbridge Health Centre Hazelhatch Road Celbridge Co. Kildare</i>	01 6288166
Alcohol and Addiction Services	<i>Leixlip Health Centre Leixlip Co. Kildare</i>	01 6244931
Citizens Information Centre	<i>Parish Centre Newbridge Co. Kildare</i>	045 431735 newbridge.cic@comhairle.ie
Citizens Information Centre	<i>Basin Street Naas Co. Kildare</i>	045 879489 naas.cic@comhairle.ie
Citizens Information Centre	<i>Dublin Road Maynooth Co. Kildare</i>	01 6285472 maynooth.cic@comhairle.ie
Citizens Information Centre	<i>Carlow Road Athy Co. Kildare</i>	059 8632058
Community Addiction Service	<i>Newbridge Health Centre Henry Street Newbridge Co. Kildare</i>	045 446350 Ester.wolfe@swahb.ie
Community Addiction Service	<i>South Main Street Naas Co. Kildare</i>	045 896121
Community Addiction Service	<i>51 Leinster Street Athy Co. Kildare</i>	059 8640074
Community Awareness of Drugs	<i>104 Glendale Estate Leixlip Co. Kildare</i>	01 6245631
Cuan Mhuire	<i>Cardington Athy Co. Kildare</i>	059 8631493
Kildare Youth Services	<i>Canal Stores Basin Street Naas Co. Kildare</i>	045 897893 kys@eircom.net
Youth Information Centre	<i>Canal Stores Basin Street Naas Co. Kildare</i>	045 897893 yicnaas@iol.ie
Kill Child Guidance	<i>Kill Co. Kildare</i>	045 877731 kill.childpsych@erha.ie

Athy Child Guidance		059 8632461
KYS Naas Child and Family Project	<i>New Row Naas Co. Kildare</i>	045 898623 ncfp@gofree.indigo.ie
Naas Hospital A&E	<i>St. Mary's Naas Co. Kildare</i>	045 897221 michael.Knowles@swahb.ie
Lakeview	<i>Naas Hospital St. Mary's Naas, Co. Kildare</i>	045 849582 fionamurray@swahb.ie
KYS Youth Counselling Service	<i>Canal Stores Basin Street Naas Co. Kildare</i>	045 856968 kyscounselling@eircom.net

KILKENNY		
AGENCY/SERVICE	ADDRESS	CONTACT DETAILS
Aislinn Adolescent Addiction Treatment	<i>Ballyragget Co. Kilkenny</i>	056 8833777
CAREDOC		1850 334999
CATS (Community Alcohol Treatment Service)	<i>c/o St. Luke's General Hospital Freshford Road Kilkenny</i>	056 7763677
Child and Adult Psychiatry	<i>James's Green Kilkenny</i>	056 7784600
Citizens Information Centre	<i>4 The Parade Kilkenny</i>	056 7762755
Community Welfare Officer	<i>c/o Kilkenny Community Care James's Green Kilkenny</i>	056 7784600
Kilkenny/Carlow Substance Misuse Team	<i>Kickham Street Kilkenny</i>	056 7764638
Kilkenny Community Care	<i>James's Green Kilkenny</i>	056 7784600
Kilkenny City Drugs Initiative	<i>Desart Hall New Street Kilkenny</i>	056 7761200
Kilkenny Mental Health Services (St. Canice's)	<i>St. Canice's Hospital Kilkenny</i>	056 7784400
Kilkenny Rural Drugs Initiative	<i>Desart Hall New Street Kilkenny</i>	056 7761200
Kilkenny Youth Information Centre	<i>Desart Hall New Street Kilkenny</i>	056 7761200
Narcotics Anonymous	<i>St. John's Church Dublin Road Kilkenny</i>	086 8629308
Ossory Social Services	<i>Waterford Road Kilkenny</i>	056 7721409
Ossory Youth	<i>Desart Hall New Street Kilkenny</i>	056 7761200
Psychological Services	<i>c/o Kilkenny Community Care James's Green Kilkenny</i>	056 7784600
Regional Drugs Co-ordinator	<i>The Drug Coordination Unit Beech House Cove Roundabout Dunmore Road Waterford</i>	051 846720
St. Luke's General Hospital	<i>Freshford Road Kilkenny</i>	056 7785000

Under Contract to MWHB

Aislinn Treatment Centre (under contract to MWHB)	<i>Adolescent Treatment Centre Ballyragget Co. Kilkenny</i>	065 33777
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LAOIS		
AGENCY/SERVICE	ADDRESS	CONTACT DETAILS
Alcoholics Anonymous	<i>St. Fintan's Hospital Portlaoise Co. Laois</i>	
Child and Adolescent Psychiatric Services	<i>Midland Regional Hospital Portlaoise Co. Laois</i>	0502 21364
Citizens Information Centre	<i>27 Main Street Portlaoise Co. Laois</i>	0502 21425
Community Alcohol and Drug Services	<i>1 Coothe Street Portlaoise Co. Laois</i>	0502 78282
Laois Youth Service	<i>41 Grattan Street Portlaoise Co. Laois</i>	0502 65010
Portlaoise Mental Health Services	<i>Community Mental Health Centre Bridge Street Portlaoise Co. Laois</i>	0502 22925
Regional Drug and Alcohol Co-ordinator	<i>C/o Health Promotion Service Unit 4 Clonminch Portlaoise Road Tullamore Co. Offaly</i>	0506 57800

LIMERICK		
AGENCY/SERVICE	ADDRESS	CONTACT DETAILS
Alcoholics Anonymous	<i>Social Service Centre Henry Street Limerick</i>	061 314111
Addiction Counsellor	<i>Glenroyd Nenagh Co. Limerick</i>	067 33866
Brother Stephen Russell Home	<i>Mulgrave Street Limerick</i>	061 416183
Churchtown Day Hospital	<i>Newcastlewest Co. Limerick</i>	069 61799
Child Psychiatric Unit	<i>Regional Hospital Limerick</i>	061 301111
Citizens Information Centre	<i>54 Catherine Street Limerick City</i>	061 311444
Co. Limerick Community Drugs Service	<i>Newcastlewest Co. Limerick</i>	069 61431
Cuan Mhuire Treatment Centre	<i>Bruree Co. Limerick</i>	063 90555
Health Promotion Drug and Alcohol Team	<i>Slainte Health Advice Centre 57 O'Connell Street Limerick</i>	061 318633
Kilmallock Day Hospital	<i>Railway Road Kilmallock Co. Limerick</i>	063 98668
Limerick Social Services Centre	<i>Henry Street Limerick</i>	061 314111
Limerick Youth Information Bureau	<i>Limerick Youth Service Centre Lower Glentworth Street Limerick</i>	061 416963
Limerick Youth Service	<i>5 Lower Glentworth Street Limerick</i>	061 412444
Newcastlewest Youth Information Bureau	<i>The Weighhouse Market Yard Newcastlewest Co. Limerick</i>	069 62222
St. Joseph's Day Hospital	<i>Mulgrave Street Limerick</i>	061 416166
St. Anne's Day Hospital	<i>Roxboro Road Limerick</i>	061 31517
Tevere Day Hospital	<i>Shelbourne Road Limerick</i>	061 452971
Willowdale Day Hospital	<i>Raheen Limerick</i>	061 483022

LOUTH		
AGENCY/SERVICE	ADDRESS	CONTACT DETAILS
Addiction Counsellor	<i>Ladywell Day Centre Louth County Hospital Dundalk Co. Louth</i>	042 9326156
Alcoholism Counselling Service	<i>St. Brigid's Hospital Ardee Co. Louth</i>	041 6853264
Addiction Counsellor	<i>11 Chord Road Drogheda Co. Louth</i>	
Addiction Counsellor	<i>The House 16 Oakland Park Dundalk Co. Louth</i>	
Citizens Information Centre	<i>4 Adelphi Court Long Walk Dundalk Co. Louth</i>	1800 252353
Community Services Centre	<i>Villa Maria 57 Fair Street Drogheda Co. Louth</i>	041 9834048
Drogheda Youth Information Centre	<i>Westgate Drogheda Co. Louth</i>	041 9843324
Dundalk Counselling Centre	<i>"Oakdene" 3 Seatown Place Dundalk Co. Louth</i>	042 938333
Louth Youth Federation	<i>Rivercourt Business Centre Dundalk Co. Louth</i>	042 9338323

MAYO		
AGENCY/SERVICE	ADDRESS	CONTACT DETAILS
Castlebar Youth Information Centre	<i>Newtown Castlebar Co. Mayo</i>	094 28674
Citizens Information Centre	<i>Unit 5a Old Town Hall Teeling Street Ballina Co. Mayo</i>	096 21221
Community Counselling Service	<i>Hope House Foxford Co. Mayo</i>	094 9256888
Addiction Counselling Service	<i>St. Mary's Hospital Castlebar Co. Mayo</i>	094 9021733
Ballina Community Mental Health Centre	<i>Mercy Road Ballina Co. Mayo</i>	096 20300
Ballinrobe Day Centre	<i>Ballinrobe Co. Mayo</i>	094 9541615
Regional Drug Co-ordinator	<i>C/o 64 Dominick Street Galway</i>	091 5611988
The Lodge Swinford Treatment Centre	<i>Dublin Road Swinford Co. Mayo</i>	094 9252715

MEATH		
AGENCY/SERVICE	ADDRESS	CONTACT DETAILS
Addiction Counsellor	<i>Clonard House Trimgate Street Navan Co. Meath</i>	046 9071648
Alcohol Counsellor	<i>Newmarket House Kells Co. Meath</i>	
Addiction Counselling and Outreach Services	<i>Health Promotion Primary Care Unit Railway Street Navan Co. Meath</i>	046 9076400
Citizens Information Centre	<i>1 Brews Hill Navan Co. Meath</i>	046 9074086
Meath Youth Federation	<i>14 Ludlow Street Navan Co. Meath</i>	046 9022707

MONAGHAN		
AGENCY/SERVICE	ADDRESS	CONTACT DETAILS
Addiction Resource Centre	<i>Room 23 Local Health Care Unit Rooskey Monaghan</i>	047 72100 047 30474
Castleblayney Youth Information Centre	<i>Dublin Road Castleblayney Co. Monaghan</i>	042 9751979
Carrickmacross Youth Information Centre	<i>2 O'Neill Street Carrickmacross Co. Monaghan</i>	042 9661404
Clones Youth Information Centre	<i>Old Largy School Church Hill Clones Co. Monaghan</i>	047 52995
Citizens Information Centre	<i>North Road Monaghan Co. Monaghan</i>	047 82622
ISPCC	<i>3 Hill Street Monaghan</i>	047 84420
Monaghan Youth Information Centre	<i>48 Dublin Street Monaghan</i>	047 77907
Monaghan Youth Federation	<i>Enterprise Centre Castleblayney Co. Monaghan</i>	042 9751000
Mental Health Services	<i>Monaghan Community Care Rooskey Co. Monaghan</i>	047 30400
St. Davnet's Hospital Services	<i>St. Davnet's Hospital Monaghan</i>	047 81822
Youth Support and Development	<i>The Phoenix Centre Carrickmacross Co. Monaghan</i>	042 9692072 087 7775111
Youth Support and Development	<i>Ionad na nOg Church Hill Clones Co. Monaghan</i>	047 20096 087 7775222
Youth Support and Development	<i>11A Main Street Co. Monaghan</i>	042 9741612 087 7775333

OFFALY		
AGENCY/SERVICE	ADDRESS	CONTACT DETAILS
Alcohol and Drug Counselling Service	<i>12 Henry Street Tullamore Co. Offaly</i>	0502 78282
Citizens Information Service	<i>Level 1 The Bridge Centre Tullamore Co. Offaly</i>	0506 52204
Birr Mental Health Service	<i>Community Mental Health Centre Wilmer Road Birr Co. Offaly</i>	0509 20576
Health Promotion Service	<i>Regional Office 3rd Floor The Mall William Street Tullamore Co. Offaly</i>	0506 46730
Regional Drug and Alcohol Co-ordinator	<i>Health Promotion Service Unit 4 Clonminch Portlaoise Road Tullamore Co. Offaly</i>	0506 57800
Tullamore Mental Health Services	<i>Community Mental Health Centre Bury Quay Tullamore Co. Offaly</i>	0506 51019

ROSCOMMON		
AGENCY/SERVICE	ADDRESS	CONTACT DETAILS
Addiction Counselling Service	<i>The Lodge County Hospital Roscommon</i>	090 6626477
Ballaghadereen Youth Information Centre	<i>Cathedral Street Ballaghadereen Co. Roscommon</i>	0907 61505
Castlerea Youth Information Centre	<i>Barrack Street Castlerea Co. Roscommon</i>	0907 21136
Citizens Information Centre	<i>St. Patrick's Street Boyle Co. Roscommon</i>	071 9662986
County Roscommon Youth Service	<i>Castle Street Roscommon</i>	0903 25395
Regional Drug Co-ordinator	<i>C/o 64 Dominick Street Galway</i>	091 5611988
Roscommon Youth Information Centre	<i>Castle Street Roscommon</i>	0903 25395
St. Cuan's Youth Information Point	<i>St. Cuan's College Castleblakeney Co. Galway</i>	0905 78127
Strokestown Youth Information Centre	<i>Bawn Street Strokestown Co. Roscommon</i>	078 33883

SLIGO		
AGENCY/SERVICE	ADDRESS	CONTACT DETAILS
Al-Anon and Al-Ateen		071 9146315
Alcohol and Substance Counselling Service	<i>12 Johnstown Court Sligo</i>	071 9143316
Alcoholics Anonymous	<i>St. Michael's Family Centre Sligo</i>	071 70329
Citizens Information Centre	<i>8 Lower John's Street Sligo</i>	071 9151133
Nar-Anon		071 9170329
NWHB Young Persons' Alcohol & Substance Counselling Services	<i>Methodist Hall Wine Street Sligo</i>	071 9174747
North Connaught Youth Service	<i>5a Market Street Sligo</i>	071 9145578
Sligo Youth Information Centre	<i>5a Market Street Sligo</i>	071 44150

LEITRIM		
AGENCY/SERVICE	ADDRESS	CONTACT DETAILS
Addiction Counsellor	<i>Our Lady's Hospital Manorhamilton Co. Leitrim</i>	
Alcohol and Substance Counselling Service	<i>Summerhill Lodge Carrick-on-Shannon Co. Leitrim</i>	071 9621215
Citizens Information Centre	<i>Hill Road Drumshambo Co. Leitrim</i>	071 9640995
Manorhamilton Resource Centre	<i>New Line Manorhamilton, Co. Leitrim</i>	072 56029
Mohill Resource Centre	<i>Hyde Street Mohill Co. Leitrim</i>	073 32043
NWHB Alcohol and Substance Counselling Service	<i>Day Centre The Rock Ballymote Co. Leitrim</i>	071 9183002

TIPPERARY		
AGENCY/SERVICE	ADDRESS	CONTACT DETAILS
Addiction Counsellors (Clonmel)	<i>Addiction Services Queen Street Clonmel Co. Tipperary</i>	052 26533
Aiséirí Treatment Centre	<i>Townpark Cahir Co. Tipperary</i>	052 41166
Alcohol and Addiction Service	<i>Addiction Services Queen Street Clonmel Co. Tipperary</i>	052 26533
CAREDOC		1850 334999
Carrick-On-Suir Youth Information Centre	<i>56 New Street Carrick-on-Suir Co. Tipperary</i>	051 641946
Child and Adolescent Psychiatry	<i>c/o Community Care Centre Western Road Clonmel Co. Tipperary</i>	052 77000
Citizens Information Centre	<i>Market Place Clonmel Co. Tipperary</i>	052 22267
Clonmel Drugs Initiative	<i>Clonmel Youth Information Centre 12 Upper Irishtown Clonmel Co. Tipperary</i>	052 70876/ 052 25518
Clonmel Youth Information Centre	<i>12 Upper Irishtown Clonmel Co. Tipperary</i>	052 25518
Community Care Centre, Clonmel	<i>Western Road Clonmel Co. Tipperary</i>	052 77000
Community Welfare Officer	<i>Community Care Centre Western Road Clonmel Co. Tipperary</i>	052 77000
Mid-Tipperary Drugs Initiative	<i>17 Bank Place Tipperary</i>	064 52604
Our Lady's Hospital, Cashel	<i>Our Lady's Hospital Cashel Co. Tipperary</i>	062 61022
Psychological Services	<i>c/o Community Care Centre Western Road Clonmel Co. Tipperary</i>	052 77000
Regional Drugs Co-ordinator	<i>The Drug Co-ordination Unit Beech House Cove Roundabout Dunmore Road Waterford</i>	051 846720
South Tipp Alcohol and	<i>Coolgreaney House</i>	052 26533

Addiction Service	<i>36 Queen Street Clonmel Co. Tipperary</i>	
South Tipperary Substance Misuse Team	<i>South Eastern Health Board 11-12 Peter Street Clonmel Co. Tipperary</i>	052 77900
St. Joseph's Hospital (Clonmel)	<i>St. Joseph's Hospital Western Road Clonmel Co. Tipperary</i>	052 77000
St. Michael's Unit (Clonmel)	<i>c/o St. Joseph's Hospital Western Road Clonmel Co. Tipperary</i>	052 77000
St. Vincent's Health Centre	<i>St. Vincent's Health Centre Tipperary Town</i>	062 51863
Suir Valley Community Based Drug Initiative		051 645775
Thurles Youth Information Centre	<i>Croke Street Thurles Co. Tipperary</i>	0504 23742
Tipperary Regional Youth Service	<i>17 Bank Place Tipperary</i>	062 52604
Tipperary South Mental Health Service (St. Luke's)	<i>St. Luke's Hospital Clonmel Co. Tipperary</i>	052 77000
Tipperary Youth Information Centre	<i>17 Bank Place Tipperary</i>	062 52604

WATERFORD		
AGENCY/SERVICE	ADDRESS	CONTACT DETAILS
Accept (Providing Counselling for Addicts)	<i>South Eastern Health Board 10a Waterside Waterford</i>	051 301201 / 051 842790
Alcoholics Anonymous		051 373173
Child and Adolescent Psychiatric Service	<i>c/o Community Care Centre Cork Road Waterford</i>	051 842800
Co. Waterford Community Based Drugs Initiative	<i>Dungarvan Youth Resource Centre 2 St. Augustine Street Dungarvan Co. Waterford</i>	058 48946
Community Welfare Officer	<i>c/o Community Care Centre Cork Road Waterford</i>	051 842800
Department of Psychiatry	<i>Waterford Regional Hospital Dunmore Road Waterford</i>	051 848000
Dóchas Emergency Centre (15-18 year old girls)	<i>No. 1 Sealy Close Earlscourt Waterford</i>	051 857267
Drug Awareness Officer (ISPCC)	<i>37 George's Street Waterford</i>	051 304476
Drug Prevention Programme Co-Ordinator Citywide under WIDER	<i>C/o Oak Villa Military Road Waterford</i>	051 856195
Dungarvan Youth Resource Centre	<i>Friary Street Dungarvan</i>	058 41698
Inner City Community Youth Project	<i>C/o Waterford Regional Youth Service Manor Street Waterford</i>	051 872710
Psychological Service	<i>C/o Community Care Centre Cork Road Waterford</i>	051 842800
Regional Drugs Co-ordination Unit	<i>South Eastern Health Board Beech House Cove Roundabout Dunmore Road Waterford</i>	051 846720
South East Regional Drug Helpline	<i>52 Upper Yellow Road Waterford</i>	051 373333
Southside Communities Drugs Initiative	<i>C/o Youth Resource Centre John's Park Waterford</i>	051 856465 / 051 843525
TREO	<i>34 Tycor Business Centre Tycor Waterford</i>	051 379740
Waterford Citizens Advice Centre	<i>St. Bridget's Community Centre 37 Lower Yellow Road Waterford</i>	051 351133
Waterford Community	<i>c/o Youth & Community Centre</i>	051 351100

Based Drug Initiative	<i>Church Road Lisduggan Waterford</i>	
Waterford Drug Treatment Clinic	<i>Waterford Community Care Centre Cork Road Waterford</i>	051 842800
Waterford Mental Health Service (St. Otteran's)	<i>St Otteran's Hospital Johns Hill Waterford</i>	051 848600
Waterford Regional Hospital	<i>Dunmore Road Waterford</i>	051 848000
Waterford Regional Youth Service	<i>Manor Street Waterford</i>	051 872710
Waterford Youth Information Centre	<i>130 The Quay Waterford</i>	051 877328

WESTMEATH		
AGENCY/SERVICE	ADDRESS	CONTACT DETAILS
Alcoholics Anonymous	<i>Day Care Centre Friary Bower Athlone Co. Westmeath</i>	09064 88282
Athlone Mental Health Services	<i>Community Mental Health Centre Re Nua Athlone District Hospital Athlone Co. Westmeath</i>	09064 83190
Athlone Youth Information Centre	<i>Gleeson Street Garden Vale Athlone Co. Westmeath</i>	09064 79208
Child and Adolescent Psychiatric Services	<i>Midland Regional Hospital Mullingar Co. Westmeath</i>	044 40191
Citizens Information Centre	<i>St. Mary's Square Athlone Co. Westmeath</i>	09064 78851
Community Alcohol and Drug Service	<i>St. Martin's Unit St. Vincent's Hospital Athlone Co. Westmeath</i>	09064 91305
Community Alcohol and Drug Service	<i>INCA Bishopgate Street Mullingar Co. Westmeath</i>	044 41630
Substance Misuse and Prevention Services	<i>Health Promotion Service Midland Health Board Gleeson Street Garden Vale Athlone, Co. Westmeath</i>	090 6477108
Drug and Alcohol Counselling Service	<i>St. Loman's Hospital Mullingar Co. Westmeath</i>	044 40191
Marist Rehabilitation Centre	<i>Retreat Road Athlone, Co. Westmeath</i>	090 64720354
Midlands Regional Youth Services	<i>Gleeson Street Garden Vale Athlone Co. Westmeath</i>	09064 77075
Mullingar Mental Health Services	<i>Community Mental Health Centre Green Road Mullingar Co. Westmeath</i>	044 39114
Regional Drug and Alcohol Co-ordinator	<i>C/o Health Promotion Service Clonminch Portlaoise Road Tullamore, Co. Offaly</i>	0506 57800

WEXFORD		
AGENCY/SERVICE	ADDRESS	CONTACT DETAILS
Addiction Counsellors	<i>Slaney House Newtown Road Co. Wexford</i>	053 23522 Ext 453
Alcoholics Anonymous		053 24094
Aiséirí Treatment Centre	<i>Roxborough Wexford</i>	053 41818
Child and Adolescent Psychiatry	<i>Slaney House Newtown Road Co. Wexford</i>	053 23522 Ext 450
Citizens Information Centre	<i>28 Henrietta Street Wexford</i>	053 42012
Community Awareness of Drugs (Gorey)		055 21179
Community Mental Health Centre	<i>Summerhill Wexford</i>	053 23899/23703
Community Welfare Officer	<i>Community Care Grogan's Road Wexford</i>	053 23522
Cornmarket Project	<i>Wexford Area Partnership 9 Mallin Street Cornmarket Wexford</i>	053 44931
Ferns Diocesan Youth Service	<i>Francis Street Wexford</i>	053 23262
Psychological Services	<i>Community Care Grogan's Road Wexford</i>	053 23522
Regional Drugs Co-ordinator	<i>The Drug Co-ordination Unit Beech House Cove Roundabout Dunmore Road Waterford</i>	051 846720
Wexford Community Based Drug Initiative	<i>c/o Ferns Diocesan Youth Service Francis Street Wexford</i>	053 21691
Wexford Community Care	<i>Upper George's Street Wexford</i>	053 23522
Wexford General Hospital	<i>Wexford Town Wexford</i>	053 53000
Wexford Mental Health Services (St. Senan's)	<i>St. Senan's Hospital Enniscorthy Co. Wexford</i>	054 33110
Wexford Rape and Sexual Abuse Support	<i>Clifford Street Wexford</i>	1800 330033
Wexford Substance Misuse Team	<i>Slaney House Newtown Road Wexford</i>	053 23522 ext. 453
Wexford Youth Information Centre	<i>South Main Street Wexford</i>	053 23262

WICKLOW		
AGENCY/SERVICE	ADDRESS	CONTACT DETAILS
Addiction Counsellor	Arklow	0404 60688 / 0402 33577
Addiction Services	<i>Ard Chulan Little Bray Family Resource Cent Fassaroe Co. Wicklow</i>	01 2867644
Addiction Services	<i>St. Cronnan's Main Street Bray Co. Wicklow</i>	
Addiction Services	<i>Ballywaltrim C/o Lincara Centre Bray Co. Wicklow</i>	01 2760376
Alcohol Treatment Centre	<i>Lincara Centre Bray Co. Wicklow</i>	01 2862345
Bray Youth Information Centre	<i>1 Brennan's Parade Bray Co. Wicklow</i>	01 2762818
Child and Adolescent Psychiatry	<i>Sessa House Vevay Road Bray Co. Wicklow</i>	01 2866886
Citizens Information Centre	<i>Unit 3-4 The Boulevard Quinsboro Road Bray Co. Wicklow</i>	01 2860666
Community Addiction and Counselling Service	<i>Newcastle Hospital Greystones Co. Wicklow</i>	01 2819001

APPENDIX 2

NATIONAL DRUGS STRATEGY AND RELATED ACTIVITIES

The Department has responsibility for co-ordinating the implementation of the National Drugs Strategy 2001–2008. The Strategy, which was launched in May 2001, is based on four pillars - supply reduction, prevention, treatment and research - under which a series of 100 individual actions have been identified. These actions will be carried out by the relevant Departments and Agencies. The Department is responsible for preparing six-monthly progress reports for submission to the Cabinet Committee on Social Inclusion, as well as an annual report on the progress of the Strategy.

In addition, the Department oversees the work of 14 Local Drugs Task Forces (LDTFs) under the Drugs Initiative. The LDTFs produce action plans, which are assessed by the National Drugs Strategy Team and approved by the Inter-departmental Group on Drugs and the Cabinet Committee on Social Inclusion. A variety of projects in the areas of supply reduction, treatment, rehabilitation, prevention and awareness are funded in the LDTF areas through these plans.

NATIONAL DRUGS STRATEGY – OVERVIEW

The following are the overall strategic aims of the National Drugs Strategy:

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

OBJECTIVES

SUPPLY REDUCTION

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

PREVENTION

- » To create greater societal awareness about the dangers and prevalence of drug misuse
- » To equip young people and other vulnerable groups with the skills and supports necessary to make informed choices about their health, personal lives and social development

TREATMENT

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

RESEARCH

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

CO-ORDINATION

- » To have in place an efficient and effective framework for implementing the National Drugs Strategy
- » Considerable resources are being put into the effort to combat the supply and demand for illicit drugs by a range of Government Depts, State Agencies and the Community and Voluntary Sector

The principal actors are:

- » Department of Health and Children and the Regional Health Boards who are responsible for development and delivery of drug prevention, treatment and rehabilitation services
- » Department of Justice, Equality and Law Reform and the Garda Síochána who are responsible for the development and implementation of policy on the reduction of the supply of drugs - the Garda Síochána are also involved in drug prevention programmes through a range of diversionary projects throughout the country
- » Department of Education and Science who operate drug prevention programmes such as "On My Own Two Feet" and "Walk Tall" through the formal education system
- » Community and Voluntary Sector, who deliver a wide range of initiatives at local level in the areas of prevention, treatment, rehabilitation and aftercare.

In view of the cross-cutting nature of the drugs issue, the following structures were established to formulate and deliver a co-ordinated and integrated National Drugs Strategy.

THE NATIONAL DRUGS STRATEGY TEAM

The National Drugs Strategy Team (NDST) is a cross-departmental Team from Departments and Agencies involved in the drugs field. It also contains one representative each from the community and voluntary sectors. Its purpose is to oversee the work of the Local and Regional Drugs Task Forces, address and make recommendations on issues arising, and to report on progress in this area.

The Terms of Reference of the NDST, as set out in the National Drugs Strategy, include:

- » Ensuring effective co-ordination between officials from Government Departments and State Agencies represented on the Team and members of the community and voluntary sectors in delivering local and regional task force plans

- » Reviewing on an ongoing basis the need for LDTFs in disadvantaged urban areas, particularly having regard to evidence of localised heroin misuse
- » Identifying and considering policy issues and ensuring that policy is informed by the work of and lessons of the LDTFs and the proposed Regional Drugs Task Forces (RDTF), through joint meetings with the Interdepartmental Group on Drugs (IDG)
- » Overseeing the establishment of the RDTFs
- » Drawing up guidelines for the operation of Local and Regional Drugs Task Forces and overseeing their work
- » Evaluating Local and Regional Drugs Task Forces Action Plans, when submitted, and making recommendations to the IDG regarding the allocation of funding to support implementation
- » Ensuring that monies allocated by the Department of Community, Rural and Gaeltacht Affairs to projects overseen by the NDST are properly accounted for
- » Preparing annual reports and presenting to the Department of Community, Rural and Gaeltacht Affairs
- » To meet regularly with the co-ordinator of the National Alcohol Policy and, similarly, a member of the Team should be represented on the body charged with co-ordination of the Policy
- » To continue to be represented on the Young People Facilities and Services Fund (YPFSF) National Assessment Committee and to ensure that the LDTFs continue to be represented on the Development Groups for the Fund
- » The NDST to be kept informed by Departments and Agencies of any initiatives being taken, which will affect Task Force areas. In addition, membership of the NDST and of the Local and Regional Drugs Task Forces to be acknowledged and written into the business plans/work programmes of all relevant Departments and Agencies
- » To consider funding on a pilot basis training initiatives to strengthen effective community representation and participation in Regional and Local Drugs Task Forces

- » To examine and advise the IDG on the feasibility of introducing a standards and accreditation framework for all individuals, groups and agencies engaged in drugs work. Such a framework should address issues such as standards, training, qualifications etc.

- » To continue to identify best practice models arising from the work of the LDTFs and the proposed RDTFs and disseminate them widely

***The NDST can be contacted at:
4/5 Harcourt Road, Dublin 2,
Tel: 01 4754120***

MEMBERSHIP OF THE NATIONAL DRUGS STRATEGY TEAM

NAME	DEPT/AGENCY	CONTACT DETAILS
Mr Ray Henry Chair of the NDST	Department of the Taoiseach	National Drugs Strategy Team, 4 – 5 Harcourt Road, Dublin 2. Tel: 01 4754120 Fax: 01 4754045 Email: ray_henry@ndst.irl.ie
Ms Eileen Hughes	Department of Environment and Local Government	Room B15, Custom House, Dublin 1. Tel: 01 8882324 Fax: 01 8882688 Email: eileen_hughes@environ.irlgov.ie
Mr Niall Cullen	Department of Justice, Equality and Law Reform	72-76 St Stephens Green, Dublin 2. Tel: 01 6028259 Mob: (087) 6998980 Fax: 01 6028693 Email: niall_p_cullen@justice.ie
Dr Derval Howley	Eastern Regional Health Authority	Stewarts Hospital, Mill Lane, Palmerstown, Dublin 20. Tel: 01 6201671 Fax: 01 6201720 Email: derval.howley@erha.ie
Mr John Harkin	FAS	Popintree Ind. Estate, Jamestown Road, Finglas, Dublin 11. Tel: 01 8140260 Mob: (087) 6350892 Fax: 01 8140260 Email: johnharkin@fasfinglas.ie
Mr Stephen Falvey	Department of Education and Science	Youth Section, Floor 11, Hawkins House, Hawkins Street, Dublin 2. Tel: 01 8892201 Fax: 01 8896536 Email: stephen_falvey@education.gov.ie
Mr Fergus McCabe	Community Sector	NDST Offices, 4-5 Harcourt Road, Dublin 2. Tel: 01 4754120 Fax: 01 4754045 Email: fergus_mccabe@ndst.irlgov.ie
Fr Sean Cassin	Voluntary Sector	Merchants Quay Project, 4 Merchants Quay, Dublin 8. Tel: 01 6790044 or 01 6771128 Fax: 01 6771000 or Email: sean_cassin@ndst.irlgov.ie
Dr Joe Barry	Medical Advisor	Room G29, Public Health Department, Dr Steeven's Hospital, Steeven's Lane, Dublin 8. Tel: 01 6352178 (Dr Steeven's) 01 6081087 (Trinity). Fax: 01 6710606 (Dr Steeven's) or 01 4031211/4031212 (Trinity) Email: joebarry@tcd.ie
Mr Barry O'Brien	Garda Siochana	Garda National Drugs Unit, Dublin Castle, Dublin 2. Tel: 01 4755308 Fax: 01 4755314 Email: obrienf@iol.ie
Ms Louise Kenny	Department of Health and Children	Hawkins House, Hawkins Street, Dublin 2. Tel: 01 6354335 Fax: 01 6354369 Email: louise_kenny@health.irlgov.ie
Ms Mary O'Sullivan	Department of Social and Family Affairs	4 th Floor, 157–164 Townsend Street, Dublin 2. Tel: 01 6732001 Fax: 01 6732265 Email: m.osullivan@welfare.ie
Mr Sean McCartan	Department of Tourism, Sport and Recreation	Frederick Buildings, South Frederick Street, Dublin 2. Tel: 01 6313925 Fax: 01 6799291 Email: sean_mccartan@tourism-sport.irlgov.ie
Lisa Wafer Grainne Hynes Grace O'Regan	National Drugs Strategy Team Support Staff	NDST, 4 – 5 Harcourt Road, Dublin 2. Tel: 01 4754120 Fax: 01 4754045 Email: grace_oregan@ndst.irlgov.ie / lisa_wafer@ndst.irlgov.ie / grainne_hynes@ndst.irlgov.ie

INTER-DEPARTMENTAL GROUP ON THE NATIONAL DRUGS STRATEGY (IDG)

The IDG, which has representatives from relevant Government Departments at Senior Official level, meets in conjunction with the National Drugs Strategy Team to oversee progress on the implementation of the Strategy and review Government policy on issues, which may arise. The IDG makes recommendations to the Cabinet Committee on Social Inclusion.

NATIONAL ADVISORY COMMITTEE ON DRUGS

The National Advisory Committee on Drugs was established in July 2000 to advise the Government in relation to the prevalence, prevention, treatment, rehabilitation and consequences of problem drug use in Ireland based on analysis of research findings and information available to it. The Committee is overseeing a three-year prioritised work programme on the extent, nature, causes and effects of drug use in Ireland. www.nacd.ie

FUNCTIONS OF THE NATIONAL ADVISORY COMMITTEE ON DRUGS:

- » Based on the Committee's analysis and interpretation of research findings and information available to it, to advise the Cabinet Committee on Social Inclusion and through it, the Government, in relation to the prevalence, prevention, treatment and consequences of problem drug use in Ireland;
- » To review current information sets and research capacity in relation to the prevalence, prevention, treatment and consequences of problem drug use in Ireland and to make recommendations, as appropriate, on how deficits should be addressed including how to maximise the use of information available from the community and voluntary sector;
- » To oversee the delivery of a three year prioritised programme of research and evaluation as recommended by the Interim Advisory Committee to meet

the gaps and priority needs identified by:

- » Using the capacity of relevant agencies engaged in information gathering and research, both statutory and non-statutory, to deliver on elements of the programme; liaising with these agencies with a view to maximising the resources allocated to delivering the programme and avoiding duplication;
- » Co-ordinating and advising on research projects in the light of the prioritised programme; commissioning research projects, which cannot be met through existing capacity;
- » To commission additional research at the request of the Government into drug issues of relevance to policy;
- » To work closely with the Health Research Board (HRB) on the establishment of a national information/research database (in relation to the prevalence, prevention, treatment and consequences of problem drug use) which is easily accessible; and
- » To advise relevant Agencies with a remit to promote greater public awareness of the issues arising in relation to problem drug use and to promote and encourage debate through the dissemination of its research findings.

THREE-YEAR WORK PROGRAMME

INVENTORY OF RESEARCH AND INFORMATION:

- » To compile an inventory of existing research and information relating to the prevalence, prevention, treatment/rehabilitation and consequences of problem drug use in Ireland

IMPROVED CO-ORDINATION OF RESEARCH AND DATA COLLECTION:

- » To open communication channels with key agencies to ensure that the NAC is kept informed of any new research being undertaken or new data being collected

- » To establish a research network which will ensure better co-ordination and integration of research projects among
- » relevant agencies and maximise resources in the context of the National Advisory Committee's programme of research

PREVALENCE:

- » To determine the size and nature of the drug problem in Ireland
- » To determine the extent and nature of opiate use, poly-drug use and patterns of problem drug use (experimental, occasional, regular non-medical use) particularly among young people under 25
- » To identify emerging trends and geographical spread
- » To determine the extent and nature of problem use of prescription drugs
- » To determine the prevalence of problem drug users not in contact with treatment services

PREVENTION:

- » To examine the effectiveness in terms of impact and outcomes of existing prevention models and programmes, with particular regard to evaluation instruments developed at European level
- » To undertake comparative studies of different models with particular reference to those in operation in Task Force areas
- » To determine transferability of models among different target groups

TREATMENT/ REHABILITATION:

- » To examine the effectiveness in terms of impact and outcomes of existing treatment and rehabilitation models and programmes
- » To undertake longitudinal studies of the effectiveness of existing treatment and rehabilitation models
- » To examine the context in which relapse occurs
- » To examine the impact of the treatment setting

CONSEQUENCES:

- » To examine the cost to society of the drug problem in terms of:
 - » drug related deaths
 - » the impact of drugs on the family and communities
 - » the relationship between drugs and crime
 - » the methods for tackling social nuisance related to drug misuse.

Contact: ***National Advisory Committee on Drugs, 3rd Floor, Shelbourne House, Shelbourne Road, Dublin 4.***
Tel: 01 6670760

THE LOCAL DRUGS TASK FORCES/DRUGS INITIATIVE

Local Drugs Task Forces comprising a partnership between the statutory, voluntary and community sectors, were established in 1997 in the areas experiencing the worst levels of opiate misuse. These are: Ballyfermot, Ballymun, Blanchardstown, the Canal Communities, Clondalkin, Dublin North Inner City, Dublin South Inner City, Dublin 12, Dun Laoghaire/Rathdown, Finglas-Cabra, Cork City, North East Dublin and Tallaght. Bray was designated as an LDTF area in 2000.

The LDTFs prepared their first action plans in 1998, which included a range of measures in relation to treatment, rehabilitation, education, prevention and curbing local supply. The Government allocated €12.7 million to support the implementation of 234 separate measures contained in the plans.

The focus of these plans is on the development of community-based initiatives to link in with and add value to the programmes and services already being delivered or planned by the statutory agencies in the LDTF areas. In addition, the LDTFs provide a mechanism for the co-ordination of services in these areas, while at the same time allowing local communities and voluntary organisations to participate in the planning, design and delivery of those services.

The type of projects receiving support as part of the plans include local information, advice and support centres for drug users and their families, Community Drug Teams, special projects aimed at children involved in drugs or at risk, the production of drug awareness materials, drugs training programmes for community groups, teachers, youth workers and other professionals, rehabilitation programmes and initiatives to allow local communities to work with the State Agencies in addressing the issues of supply in their areas.

An independent evaluation of the initiative, concluded in June 1998, found that the LDTFs had achieved a considerable degree of success in the short time since they were established, not least in reducing the feelings of frustration and isolation previously felt by many communities in the affected areas. In July 2000, the Cabinet Committee on Social Inclusion approved further funding for this initiative to enable the LDTFs to update their action plans.

In 2001, over 120 of the original projects were mainstreamed through the relevant State Agencies thereby ensuring their continued funding. The Cabinet Committee on Social Inclusion began approving projects in the new LDTF action plans in January 2001. To date, over €14 million has been allocated to implement the second round of plans.

LOCAL DRUGS TASK FORCES & CO-ORDINATORS

TASK FORCE	CO-ORDINATOR	CONTACT DETAILS
Ballyfermot	<i>Frank Gilligan</i>	<i>Addiction Services, Bridge House, Cherry Orchard Hospital, Ballyfermot, Dublin 10. Tel: 01 6206488 Fax: 01 6206401 Email: frank.Gilligan@erha.ie</i>
Ballymun	<i>Hugh Greaves</i>	<i>Axis Centre, Main Street, Ballymun, Dublin 9. Tel: 01 8832142 Fax: 01 8832144 Email: hugh.greaves@axis-ballymun.ie</i>
Blanchardstown	<i>Greg Foxe</i>	<i>James Connolly House, James Connolly Hospital, Blanchardstown, Dublin 15. Tel: 01 8220220 Fax: 01 8221092</i>
Bray	<i>Niamh McAlinden</i>	<i>Unit 2, First Floor, 24 Florence Road, Bray, Co. Wicklow. Tel: 086 3801599 E-mail: niamhmcAlinden@eircom.net</i>
Canal Communities	<i>Peter Devers</i>	<i>Addiction Services, Bridge House, Cherry Orchard Hospital, Ballyfermot, Dublin 10. Tel: 01 6206413 Fax: 01 6206401 Email: peter.devers@erha.ie</i>
Clondalkin	<i>Enda Barron</i>	<i>Unit 5, Oakfield, Clondalkin, Dublin 22. Tel: 01 4579445 Fax: 01 4579422 Email: cdtf1@indigo.ie</i>
Dublin North East	<i>Vacant</i>	<i>Coolock Development Centre, Coolock, Dublin 17. Tel: 01 8479788 Fax: 01 8479525</i>
Cork	<i>David Lane</i>	<i>Community Care Offices, St Finbarrs Hospital, Douglas Road, Cork. Tel: 021 923132 Fax: 021 923137</i>
Dublin 12	<i>Sheila Stone</i>	<i>Addiction Services, Bridge House, Cherry Orchard Hospital, Ballyfermot, Dublin 10. Tel: 01 6206422 Fax: 01 6206401 Email: Sheila.stone@erha.ie</i>
Dun Laoghaire / Rathdown	<i>Aoife Davey</i>	<i>Drugs and AIDS Service, 1st Floor, Centenary House, 35 York Road, Dun Laoghaire, Co. Dublin. Tel: 01 2803335 Fax: 01 2300690 Email: Aoife.davey@erha.ie</i>
Finglas/Cabra	<i>John Bennett</i>	<i>c/o Northern Area Health Board, 2nd Floor, Phibsboro Tower, Phibsboro, Dublin 7. Tel: 01 8820300 Fax: 01 8820330 Email: johnpbennett@eircom.net</i>
North Inner City	<i>Mel MacGiobuin (Acting)</i>	<i>22 Lower Buckingham Street, Dublin 1. Tel: 01 8366592 Fax: 01 8366286 Email: nicdtf@iol.ie</i>
South Inner City	<i>Vacant</i>	<i>Addiction Services, Bridge House, Cherry Orchard Hospital, Ballyfermot, Dublin 10. Tel: 01 6206488 Fax: 01 6206401</i>
Tallaght	<i>Lisa Baggot</i>	<i>Addiction Services, Bridge House, Cherry Orchard Hospital, Ballyfermot, Dublin 10. Tel: 01 6206414 Fax: 01 6206401</i>

REGIONAL DRUGS TASK FORCES

The new National Drugs Strategy 2001-2008 recommends that Regional Drugs Task Forces (RDTFs) should be established in each Health Board area, which would incorporate and expand the work of the current Regional Drug Co-ordinating Committees. The new Task Forces will bring together all the State agencies involved in the field of drug misuse as well as the voluntary and community sectors.

Each RDTF will be responsible for putting in place a strategy to tackle drug misuse specifically in their regions. In addition, they will have an important role to play in the whole area of prevention and will be responsible for identifying and addressing gaps in service provision. The terms of reference for the RDTFs as set out in the National Drugs Strategy are as follows:

- » To ensure the development of a co-ordinated and integrated response to tackling the drugs problem in their region;
- » To create and maintain an up-to-date database on the nature and extent of drug misuse and to provide information on drug-related services and resources in the region;
- » To identify and address gaps in service provision having regard to evidence available on the extent and specific location of drug misuse in the region;
- » To prepare a development plan to respond to regional drugs issues for assessment by the NDST and approval by the IDG;
- » To provide information and regular reports to the NDST in the format and frequency requested by the Team; and
- » To develop regionally relevant policy proposals, in consultation with NDST.

The RDTFs will consist of senior representatives so that members are capable of decision-making and influencing budgets and will include representation from the following sectors:

- » Chair
- » Regional Drug Co-ordinator of the Health Board (providing secretarial/administrative support

- » Local Authority
- » VEC
- » Health Board
- » Department of Education and Science
- » Department of Community, Rural and Gaeltacht Affairs
- » Gardaí
- » Probation and Welfare Service
- » FÁS
- » Revenue Commissioners - Customs and Excise Division
- » Voluntary Sector
- » Community Sector
- » Public Representatives (nominated by Local Authority in accordance with normal procedures)
- » Area Based Partnerships.

REGIONAL DRUGS TASK FORCES & INTERIM CO-ORDINATORS

TASK FORCE	INTERIM CO-ORDINATOR	CONTACT DETAILS
Midland	Bill Ebbitt	Midland Health Board, Health Promotion Service, The Old Maltings, Coote St, Portlaoise, Co. Laois. Tel: 0502 64566 Mobile: 086 3801164 Email: bill.ebbitt@mhb.ie
Mid-Western	Maria McCully	Drugs Strategy Co-ordinator, Mid Western Health Board, 57 O'Connell Street, Limerick. Tel: 061 318633 Mobile: 087 8661741 Email: mariamccully@eircom.ie
North Eastern	Dr. Nazih Eldin	Health Promotion Unit, North Eastern Health Board, Railway Street, Navan, Co. Meath. Tel: 046 9076400 Mobile: 087 2888829 Email: nazih.eldin@nehb.ie
North-Western	Patricia Garland	Addiction and Counselling Services, North Western Health Board, 12 Johnston Court, Sligo. Tel: 071 9154041 Mobile: 087 7976161 Email: patricia.garland@nwahb.ie
Southern	Willie Collins	Co-ordinator, Drugs and Alcohol Services, Southern Health Board, St Finbarrs Hospital, Douglas Road, Cork. Tel: 021 4923135 Mobile: 086 2574522 Email: collinsw@shb.ie
South Eastern	Tony Barden	Drugs Co-ordinator, South Eastern Health Board, St Patrick's Hospital, John's Hill, Waterford. Tel: 051 846720 Mobile: 087 2791504 Email: bardent@seh.ie
Western	Fiona Walsh	Regional Drugs Co-ordinator, Western Health Board Drugs Services, West City Services, 64 Dominic Street, Galway. Tel: 091 561198 Mobile: 087 6375815 Email: f.walsh@whb.ie
East Coast Area (Dublin)	Siobhan Turner	Acting Regional Drugs Co-ordinator, East Coast Area Health Board, Southern Cross House, Southern Cross Business Park, Boghall Road, Bray, Co. Wicklow. Tel: 01 2014200 Email: siobhan.turner@erha.ie
Northern Area (Dublin)	Dr. Jane Renehan	Park House, North Circular Road, Dublin 7. Tel: 01 8823482 Email: jrenehan@eircom.net
South-Western Area (Dublin)	Maurice Farnan	Addiction Services, Bridge House, Cherry Orchard Hospital, Ballyfermot, Dublin 10. Tel: 01 6206400 Fax: 01 6206401

APPENDIX 3

OTHER GOVERNMENT MEASURES TO COMBAT DRUG PROBLEM

Over recent years a number of measures and new legislation have been introduced by the Government to respond to the criminal aspects of the drug problem, i.e. drug trafficking, supply & dealing, and proceeds accrued from drug related crime and to increase the power of the statutory agencies in the form of the Gardaí and the Courts to respond more effectively to the problem. These measures/new legislation are outlined below.

The Proceeds of Crime Act, 1996

This act will provide a mechanism for the freezing and forfeiture of the proceeds of crime. This will allow the State to deprive criminals of the benefits of their criminal activities. Between 15 October, 1996 and 31 January, 1997, property consisting of a number of dwelling houses, a number of motor vehicles and cash in the order of £190,000 were made the subjects of orders under the Act.

The Criminal Justice (Drug Trafficking) Act, 1996

This act will provide for detention of up to 7 days for drug trafficking offences and allows inferences to be drawn by a Court from the failure of an accused to mention particular facts when being questioned by a Garda. The Act also provides for Garda Superintendents to issue a search warrant in drug trafficking cases.

The Disclosure of Certain Information for Taxation and Other Purposes Act, 1996

This act will provide for a more effective exchange of information between the Gardaí and the Revenue Commissioners.

The Housing (Miscellaneous Provisions) Bill, 1996

This act deals, among other things, with the problems arising from drug pushing and related activity in local authority housing estates.

Non-Fatal Offences Against the Person Act, 1997

This Act reforms the law dealing with non-fatal offences against the person in the light of the recent Law Reform Commission Report (Non-Fatal Offences Against the Person). The Act repeals and replaces the 1861 legislation.

In addition, it provides for new offences to deal with criminal conduct involving syringes and stalking.

Licensing (Combating Drug Abuse) Act, 1997

The Act deals with drug abuse in dancehalls, discos, pubs and other entertainment venues. It will give additional powers to the Garda Síochána to prevent unlicensed dances, such as raves where it is suspected there will be drug dealing and use. Owners of premises where drug use and dealing is known to be taking place will be given a 'yellow card' by the Gardaí and be given the opportunity to stamp out any drug dealing taking place on their premises.

Criminal Justice Act 1994 - Orders/Regulations under the Act

The Minister for Justice signed a Commencement Order in March 1995 implementing the anti-money laundering provisions of the Criminal Justice Act 1994. The Regulations under the Criminal Justice Act 1994 dealing with the seizure of imports or exports of cash associated with drug trafficking have been made by the Minister for Justice following approval by both Houses of the Oireachtas. (*Dept. of Justice, May, 1997*).

Child Care Act, 1991

Section 74 of this act prohibits the sale of solvents, glues, aerosols etc. to anyone under the age of 18, if there is reasonable cause to suspect that the young person concerned may use the produced to cause intoxication.

Criminal Assets Bureau

The Criminal Assets Bureau was established on a statutory basis in October, 1996 under the Criminal Assets Bureau Act, 1996 to target suspect assets. A Garda Chief Superintendent has been appointed as Chief Bureau Officer. This new body, which has personnel drawn from the Gardaí, the Revenue Commissioners and the Department of Social Welfare, will ensure closer and more concerted co-operation between State agencies in dealing with organised crime. The Bureau is already proving itself to be an extremely effective Unit. The objectives of the Bureau are:

- » The identification of the assets, wherever situated, of persons which derive or are suspected to derive directly or indirectly, from criminal activity
- » The taking of appropriate action under the law to deprive or to deny those persons of the assets or the benefit of such assets, in whole or in part, as may be appropriate, and
- » The pursuit of any investigation or the doing of any other preparatory work in relation to any proceedings arising from the objectives mentioned above.

The Garda Bureau of Fraud Investigation

The Garda Bureau of Fraud Investigation was established in April, 1995 in line with the recommendations of the Government Advisory Committee on Fraud. The Bureau's role is to lead the investigation of fraud on a national basis. The Garda staff at the Bureau concentrate on the more complex cases of fraud reported to An Garda Síochána while the less serious cases are investigated by Gardaí at local level. In 1995, a total of 1,162 fraud offences were reported to the Bureau; the total amount at risk on the basis of these complaints was £37.7m. The objectives of the Bureau are:

- (1) To investigate serious cases of commercial fraud, cheque and credit card fraud, computer fraud, money laundering offences and counterfeit currency.
- (2) To collate information and intelligence and act as a resource centre on fraud related matter.
- (3) To play a pro-active role in the prevention and detection of fraud.

Operation Dochas

"Operation Dochas" came into operation in October, 1996. This particular strategy operates in all Dublin districts and involves the deployment of in excess of 500 uniformed and plain-clothes Gardaí. Uniformed Gardaí adopt a high profile through both foot patrols and mobile patrols and are working with local communities, both community leaders and individual families. Backup is provided by specialist mobile units and other units. This operation has already resulted in an increase

in the quantity of drugs seized and in arrests made.

EU and International Developments

European Union

- » Joint Action was agreed in relation to curbing trafficking on European routes, which provides for participation of the Member States in the strategic operation planned by the World Customs Organisation to combat drug smuggling on the Balkan routes.
- » Joint Action was agreed on the Chemical Profiling of Drugs which provides for improved information and intelligence for law enforcement purposes on the sources and routes of illicit drug trafficking through the exchange of information between Forensic Laboratories, through the Europol Drugs Unit (EDU) on the chemical profiling of drugs seized including cocaine, heroin, LSD, amphetamines and their ecstasy type derivatives.
- » A Council Resolution was promoted to provide for measures to combat and dismantle illicit cultivation of drugs within the EU.
- » Ministerial agreement to the ratification by all Member States of Europol Convention by end of 1997.

International Co-operation

On 4 July 1996 the Minister for Justice obtained the approval of the Dail for the terms of the following three important international conventions on criminal law:

- » The European Convention on Mutual Assistance in Criminal Matters and the Additional Protocol to the Convention was ratified by Ireland on 28 November 1996;
- » The United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances - this UN Convention was ratified by Ireland on 3 September, 1996; and
- » The Council of Europe Convention on Laundering, Search, Seizure and Confiscation of the Proceeds from Crime was ratified by Ireland on 28 November 1996.

Other Measures

- » The setting up of the National Drugs Unit in July 1995 under the control of a Deputy Commissioner.
- » The opening a secure drugs free unit in the Training Unit in the Mountjoy Prison complex in 1996.
- » The opening of a new drug treatment centre in Mountjoy Prison on 3 July 1996.
- » The completion of a *Memorandum of Understanding* between the Garda Síochána and Customs and Excise Service, signed by the agency heads and endorsed by the Ministers for Justice and Finance
- » The signing of a *Memorandum of Understanding* between the Garda Commissioner and the Chairman of the Revenue Commissioners governing the relationship between the Gardai' and the Customs and Excise Service in the fight against drug trafficking.
- » The setting up of a Joint Task Force comprising members of the Gardaí, Customs and Excise and the Naval service to counteract anti-drugs smuggling operations.
- » Closer working arrangements between Gardaí and Customs including enhanced liaison arrangements at local level.
- » The Ministerial Task Force set up on 9 July, 1996, which reviewed the present situation in relation to demand reduction and in its first report recommended the establishment of a National Drugs Strategy Team to co-ordinate the State's response to the drugs problem. This National Team has now been established as a cross-Departmental team of the type envisaged by the SMI, with high level representation from the main Departments, their agencies and voluntary and community representation.
- » The inter-agency and community response to the drugs problem has also been extended to the local level through the establishment of Local Drugs Task Forces in priority areas to identify local needs and co-ordinate responses at a local level. (*Tackling Crime Discussion Paper Department of Justice, 1997*)

Government Strategy to Prevent Drug Misuse

The Government Strategy to Prevent Drug Misuse was published in 1991 and was based on the recommendations of the National Co-ordinating Committee on Drug Abuse, which was established to advise the Government on general issues regarding the prevention and treatment of drug misuse. The Strategy recognised that the problem of drug misuse is a complex and difficult one to which there are no easy or instant solutions and proposed 'a multi-disciplinary approach requiring action in the areas of supply reduction, demand reduction and increased access to treatment and rehabilitation programmes, together with a comprehensive co-ordinated structure geared towards their effective implementation'. Since 1991, the Department of Health, in co-operation with other Departments and state agencies has been implementing the recommendations contained in the Strategy.

In February, 1996 the Minister for Health Michael Noonan at the launch of new Government Demand Reduction Measures to prevent drug misuse announced a number of measures under the broad heading of Education and Prevention. This included a public media campaign launched by the Department of Health in 1996 to provide information to young people and parents on the danger of drug misuse. The Minister also announced a range of initiatives undertaken in conjunction with the Department of Education on education and health promotion in schools. The Minister also announced a number of planned initiatives aimed at responding on a community level including the following:

- » Greater co-ordination of services among statutory, voluntary and community agencies at local level.
- » The establishment by each health board of a contact service to provide assistance, information and advice to the public.
- » Improved liaison arrangements between the prison service and community treatment services.
- » The co-ordination of detoxification facilities in Dublin will be improved.
- » Special attention will be given to the problems of those smoking heroin.

- » Rehabilitation and support services for those misusing drugs will be further developed.

Other measures currently under consideration include: the provision of a mobile treatment unit; expanding the methadone maintenance programme; and using health centres as an adjunct to community drug centres in order to respond to the increased demand. As is evident from the above the government strategy on drug use has been focused primarily on heroin/IV drug use and existing initiatives and their expansion such as: the Methadone Maintenance Programme; Community Drug Teams; and Detoxification and Rehabilitation Centres have been developed with this in mind as were most of the measures being proposed launched by the Minister for Health highlighted above.

Recommendations of Ministerial Committee on Measures to Reduce the Demand for Drugs

The Ministerial Committee was established by the Government on 9 July, 1996. It was chaired by Pat Rabbitte, T.D., Minister of State to the Government and comprising seven Ministers of State. The Committee publicly advertised for submissions and received 123 submissions in total. At the launch of the recommendations arising from the submissions received, Minister Rabbitte announced an allocation of £14m to implement the recommendations, £10m of which would be earmarked for service development in priority drugs area, £3m would go on local estate improvement and £1m for specific anti-drug projects in Health Boards outside the priority areas. He highlighted the recommendation that current drug treatment waiting lists be eliminated during 1997. In this first report, the Ministers concentrated on the heroin problem. The Report identified eleven priority areas in which many of the recommended measures are focused. The eleven areas are: parts of Ballyfermot, Ballymun, Blanchardstown, Coolock, Clondalkin, Crumlin, Finglas/Cabra, Tallaght, North and South Dublin Inner City, and North Cork City. Subsequently 13 Local Drug Task Forces were set up (**see Appendix 2**).

The Committee recommendations, approved by Government, include:

- » The establishment of a Cabinet Drugs Committee, chaired by the Taoiseach and comprising relevant Ministers, to give overall political leadership in the fight against drugs.
- » The establishment of a National Drugs Strategy Team, comprising key personnel seconded from relevant Departments and agencies, as well as persons with a background in the voluntary and community sectors dealing with drugs, and mandated to implement the overall drugs strategy.
- » The establishment of Local Drugs Task Forces in each of the eleven areas identified as having the most acute drugs problem and requiring priority action. The local Task Forces to comprise personnel from relevant agencies along with community representatives and a chairperson proposed by the local Partnership.
- » Speedy establishment of information databases by the Health Boards, in order to establish the extent of addiction.
- » Health Boards to move to eliminate drug treatment waiting lists, with the Eastern Health Board waiting list to be eliminated in 1997.
- » Particular attention to be given to the needs of young drug misusers in the priority areas.
- » Priority status for Community Employment (CE) applications offering integrated services for recovering addicts.
- » A series of education and prevention steps, including enhanced truancy measures and an anti-drug programme for all primary schools in priority areas.
- » An Estate Improvement Programme (£3m in 1997-'98) for run-down urban housing estates.
- » Local Authorities to develop sports and recreation activities in the priority areas, within the national sports strategy framework.

A second report for which the Task Force had also sought public submissions would concentrate on:

- » The effectiveness of the current response to drugs, such as cannabis and ecstasy,
- » Measures to deal with the demand for drugs in our prisons,
- » The establishment of State-run rehabilitation centres, and
- » The development of facilities in therapeutic communities.

The second report of the Task Force reported back in May, 1997 and the key recommendations arising from the report are summarised below.

Summary of Key Recommendations

- » The establishment of a Youth Services Development Fund - with contributions from the Exchequer and the corporate sector - to develop youth services in disadvantaged areas where there is a significant drugs problem.
- » The preparation of development proposals by relevant bodies to meet the prioritised needs of young people in disadvantaged areas where there is a significant drugs problem.
- » The according of a high priority in the allocation of the "demographic dividend" in education to the provision of staff to lead the development of the youth services in disadvantaged areas.
- » The training and employment of youth leaders from disadvantaged communities under Community Employment and other social economy measures.
- » The development and implementation of a substance abuse prevention programme specifically for the non-formal education (youth work) sector, to be introduced with an accredited "Training for Trainees" programme.
- » The employment of a trainee to develop, co-ordinate and implement this education strategy throughout the Youth Service.
- » The development of specialised outreach programmes to reach those not in contact with any services or organisations, i.e. those who are often most at risk.
- » The development and implementation of information designed specifically to target young people with low literacy skills.
- » The establishment of pilot projects in urban areas, where locally-appointed Sports Development Officers will work in partnership with Local Authorities, Vocational Education Committees, Health Boards, sports clubs, sports centres and community groups to attract isolated young people into sport and physical recreation.
- » The establishment of Local Sports Development Forums to co-ordinate local activities and bring local clubs and groups together.
- » The continued development of education/awareness initiatives, including the expansion of the programmes of substance misuse prevention/education in primary and second level schools.
- » The development of information/media campaigns in relation to drugs such as ecstasy, which replicate the approach being taken in some other countries, like Britain.
- » The establishment of an independent Expert Group - containing international expertise - to assess how treatment services inside and outside prison interact and to make recommendations for the improved co-ordination/integration of those services for drug misusers coming into contact with the criminal justice system.
- » The development of properly supervised treatment programmes for "low risk" offenders who misuse drugs and are convicted of petty crimes, as an alternative to prison.
- » The continued development of security measures in Mountjoy to prevent the smuggling of drugs into the prison.
- » The establishment of an Advisory Body to conduct research into the causes, effects, trends, etc. of drug misuse and to evaluate the effectiveness of different models of treatment.

APPENDIX 4

NATIONAL DRUG MISUSE EDUCATION AND PREVENTION PROGRAMMES

There are a number of Government primary education and prevention programmes in place, broadly coming under the heading of National Drug Misuse Prevention Initiatives, which are outlined below.

On My Own Two Feet

Programme developed by the Health Promotion Unit (HPU) and the Psychological Service of the Department of Education with assistance from the Mater Dei Counselling Centre. It is a comprehensive drug education programme, which involves the whole school staff of participating schools. This Programme had an extremely successful two-year pilot phase and is now available to all second level schools. It has been introduced to about sixty per cent of schools and in-service training and wider dissemination are continuing. The programme consists of modules on Identity and Self Esteem; Assertive Communication; Feelings; Influences on Young People and Decision Making. It is a participative programme, the aim of which is to enable students to develop their ability to take charge of their mental health and to make informed decisions about the use of drugs in their lives.

Parent Education on Alcohol, Drugs and Family Communication

This Programme has been developed by the Health Promotion Unit in conjunction with the Cork Social and Health Education Project of the Southern Health Board. This project recognises that young people and their parents must be provided with assistance to help them deal with the problems posed by both licit and illicit drugs. To this end, a course has been developed which focuses, not only on drugs themselves, but also on the skills and personal attributes that help people deal with drug situations. These skills relate to such areas as listening; communication; self-esteem; conflict resolution; discipline and similar issues.

"Parenting For Prevention" parenting programme

This Programme was developed by Community Awareness of Drugs - a voluntary organisation - with financial and practical

assistance from the Health Promotion Unit. It aims to assist parents in exploring attitudes, beliefs and decisions about the issue of drug misuse.

National Youth Health Programme

This Programme is a partnership between the National Youth Council of Ireland, the Health Promotion Unit and the Youth Affairs Section of the Department of Education. The aim of the Programme is to develop Health Education resources and provide training in health issues specific to young people. This includes drug education and prevention. The Programme employs a Health Education Officer.

In 1995 the Programme organised a national one day seminar on Drugs Issues for the Irish Youth Service with the aim of highlighting the problem of drug misuse among young people and discussing a strategy for dealing with the problem in youth work settings. The seminar identified (i) the need for a drugs education programme specifically for the non-formal education sector (ii) the need for appropriate guidelines on dealing with drug misuse situations in youth organisations and (iii) the need for a National Trainers Forum to enable youth workers to avail of specialised training in different approaches in their work. A response to all these issues was developed by the Programme.

Solvent Abuse Resource Materials

The National Youth Health Programme developed Solvent Abuse Materials in 1992. These materials were designed for use by such people as youth leaders, instructors of Community Training Workshops, Youthreach projects as well as the formal education sector. The contents of the package are also flexible enough for use in special schools, residential centres and as an aid to the Juvenile Liaison Scheme of an Garda Síochána. The underlying philosophy is that drug and alcohol education is not only about drugs but also about people. Thus, while young people need accurate information about drugs, this alone is not sufficient to ensure responsible behaviour. Information must be backed up by assistance in the development of skills in relation to the use of drugs. This incorporates, among other things,

the enhancement of self-esteem and decision making skills. Young people also need to examine attitudes to drug use - both their own as individuals and the attitude of the community in which they live. This resource affords the educator the opportunity to do all these things.

Drug Questions - Local Answers?

Community-based training programme for health/education professionals, Gardaí, youth workers and others interested in drug-related problems, which they meet in their own work. The Health Promotion Unit runs convenor-training programmes for this pack in conjunction with the eight regional health boards. As a result of these courses a large number of convenors have been trained to use this pack.

Leadership Training Programme for Primary Prevention of Drug Misuse

This programme, which is a CROSSCARE (Catholic Social Service Conference) initiative, is being partially funded by the Health Promotion Unit, the European Commission and CROSSCARE. It is a pilot project that aims:

- » To develop and implement a flexible process to facilitate the people in the target communities in tackling their own drug prevention issues, and
- » To enable the local people to develop their own skills and resources so that they may address these issues more effectively.

My Best Friend: A Drug Education Story

Video and booklet produced by the Health Promotion Unit of the Department of Health to assist educators in schools, youth organisations and other educational environments. It is primarily aimed at 13-17 year olds but can be used with a variety of groups in formal and informal educational settings. The package is designed to be used as part of an ongoing drug education programme.

Parent To Parent Programme

Parent to Parent is a programme aimed at helping communities create a parent culture that is supportive of children and intolerant of the negative influences which impact on young people and that the best drug

prevention tool to protect young people is an informed, trained and motivated parent.

The programme originates in America and is a cascade model. It is a video-based teaching programme with accompanying ready-made training aids for all levels of programme. It involves initially training a group of parents in the Parent to Parent Course. This course can then be followed by a two-day facilitator course after which people will be trained to deliver the Parent to Parent course to other parents. Finally one can train as a Master Facilitator, who is then authorised to train facilitators.

For further information on Parent to Parent please contact: **Martin Hayes (Master Facilitator), Clonmel Parent to Parent, Tel: 052 70876**

APPENDIX 5

NATIONAL AND DUBLIN-BASED DRUG SERVICE AGENCIES

This appendix on services is divided into two sections: ***Counselling and Treatment Services; Education and Information Based Agencies***. It is not an exhaustive list under either section. Each section provides a range of agencies, which can be used by people to assist them in sourcing information on treatment provision, and general information on drug related issues.

COUNSELLING AND TREATMENT SERVICES

Aiseiri

Town Park, Cahir, Co. Tipperary.
Tel: 052 46004 Fax: 052 42250

Roxborough, Wexford.
Tel: 053 41818

Services provided include professional 12-Step/abstinence-based programme, group and individual therapy, counselling, peer and relapse groups, out-patient family support programme, and bibliotherapy.

Alcohol and Drug Abuse Treatment Centre

Arbour House, St. Finbarr's Hospital, Douglas Road, Cork.
Tel: 021 4968933

Provides support and medical care for drug users.

Alcohol & Drug Counselling Services.

1 Coote Terrace, Portlaoise, Co. Laois.
Tel: 0502 78282

Catchment Area: Laois/Offaly.

Services provided include holistic methods, one-to-one assessment, family counselling and referral where appropriate.

Ana Liffey Drug Project

112 Middle Abbey Street, Dublin 1.
Tel: 01 8786899

Open: Monday to Friday 9.30 to 1pm; 2 to 5.30pm.

The Ana Liffey Drug Project is a voluntary organisation staffed by professionals. The service provides counselling, and has a drop-in centre at the above address. An appointment is needed for counselling. The organisation provides practical help and information for those with drug addictions

and their families. There is also a support group called Cheile for parents who have lost children through HIV and AIDS. There are no fees for the services provided.

Centre Care

1A Cathedral St., Dublin 1.

Tel: 01 8726775

Provides a referral service in relation to alcohol, drugs, smoking and eating disorders.

Clanwilliam Institute

18 Clanwilliam Terrace, Grand Canal Quay, Dublin 2.

Tel: 01 6761363

Services include individual, family and group therapy, utilising rational and emotive Therapy Principals and emotive therapy principles and Minnesota model tasks. Detox can be arranged.

Cluain Mhuire Family Psychiatric Services

Newtown Park Ave, Blackrock, Co. Dublin.

Tel: 01 2172100

Services provided include detox, day hospital group-orientated programme, out-patient assessment and follow-up.

Community Addiction Counselling

37 Castle Street, Dublin 2.

Tel: 01 4785574

Catchment Area: Community Care Area 3

Services provided include individual counselling (out-patient), advice, referral and group work.

Community Addiction Counselling

Edenmore Health Centre, Edenmore Park, Raheny, Dublin 5.

Tel: 01 8480666

Catchment Area: Community Care Area 8

Services provided include assessment, individual and family counselling (out-patient).

Community Addiction Counselling

Glen Abbey Centre, Belgard Road, Tallaght, Dublin 24.

Tel: 01 4516589 Fax: 01 4621283

Catchment Area: Community Care Area 4,5,9.

Services provided include individual counselling (out-patient), abstinence group, aftercare group, and family members group.

Community Addiction Counselling
Health Centre, Seven Towers, Shopping Centre, Ballymun, Dublin 11.

Tel: 01 8420011 Fax: 01 8420187

Catchment Area: Ballymun, Community Care Area 7

Services provided include individual counselling (out-patient), advice, referral and group work.

Community Addiction Counselling
Health Centre, Patrick Street, Dun Laoghaire, Co. Dublin.

Tel: 01 2301897

Catchment Area: Merrion Gates to Bray.

Services provided include individual counselling (out-patient), advice, referral and group work.

Community Addiction Counselling
EHB Poplar House, Naas, Co. Kildare.

Tel: 045 876001 Fax: 045 879225

Catchment Area: Co. Kildare, West Wicklow

Services provided include individual counselling (out-patient), advice, education and referral.

Community Addiction Counselling
Tallaght Community Drug Team, 515 Main Street, Tallaght, Dublin 24.

Tel: 01 4513745 Fax: 01 4513735

Catchment Area: Community Care Area 4

Services provided include individual and family counselling (out-patient), advice, information, community networking and referral, if necessary.

Coolemine Therapeutic Community
19 Lord Edward Street, Dublin 2.

Tel: 01 6794822. Fax: 01 6793430.

The Coolemine Therapeutic Community is a voluntary organisation, which receives some funding from the Eastern Health Board, and from the Department of Justice. It is run by a combination of professionals (with backgrounds in psychiatry, medicine and reality therapy) and trained volunteer 'graduates' of the programme. Coolemine provides separate residential programmes for men and women, and a day programme for people with less serious addictions. There is also a family association, which allows parents to help in a patient's recovery, and a parents' support group. Social Welfare

allowance is used as payment for the residential programme. The Coolemine Community Residential Programme is a very intense programme designed for people with serious addiction to drugs. There is a waiting list for this service with referrals usually coming from the Drug Treatment Centre, the Courts, or Garda Stations.

Cuan Dara Detoxification Unit
E. H. B. Cherry Orchard Hospital, Ballyfermot, Dublin 10.

Tel: 01 6235817

Catchment Area: E.H.B. Region

Provides two-week detoxification followed by one month of counselling/group and family therapy on an in-patient basis.

Cuan Mhuire Rehabilitation Centre
Athy, Co. Kildare; Newry, Co. Down; and Bruree, Co Limerick.

Tel: 0507 31493/31564

Provides rehabilitation services for alcoholics and drug users.

Drug Treatment Centre Board
Trinity Court, 30/31 Pearse Street, Dublin 2. Tel: 01 6771122.

Open: Monday to Friday 9.30am to 1pm, 2.15 to 5.30pm;

Saturday and Sunday 10am to 12.30pm (only for those being treated).

The Drug Treatment Centre Board is a state organisation with a fully trained professional staff. The centre provides confidential treatment and counselling for all drug dependencies including cannabis and ecstasy. The centre gives advice and information and also provides group therapy and support groups. A methadone programme is available for opiate addicts. Family group meetings are held every Wednesday at 11am. There are no fees for the services of the centre.

Eastern Health Board Drug and Alcohol Addiction Counselling Service

There is at least one drug and alcohol addiction counsellor in each of the Eastern Health Board areas. The Eastern Health Board addiction counsellors do not charge for their services. Below is the contact list for counsellors in the Dublin area.

Area 1: Dun Laoghaire Area 2: Dublin South East Area 3: Dublin South Central

**Contact: Baggot Street Clinic, Dublin 4.
Tel: 01 6602189**

Area 4: Dublin South West Area 5: Dublin West

**Contact: Alcohol Services, Belgard Road, Tallaght.
Tel: 01 4516589**

Area 6: Dublin North West Area 7: Dublin North Central Area 8: Dublin North

**Contact: The Stanhope Street Centre.
Tel 01 6773965**

**E.H.B. Satellite Clinic, Aisling
Cherry Orchard, Dublin 10.
Tel: 01 6232200**

Catchment Area: Community Care Area 5

Services provided include: opiate detoxification (in-patient and out-patient); methadone maintenance; medical treatment and psychiatric assessment; H.I.V. testing; counselling and outreach.

**E.H.B. Satellite Clinic, Baggot Street
19 Haddington Road, Dublin 4.
Tel: 01 6602189**

Catchment Area: Community Care Area 2

Services provided include: opiate detoxification (in-patient and out-patient); methadone maintenance; medical treatment and psychiatric assessment; H.I.V. testing; counselling and outreach.

**E.H.B. Satellite Clinic, City Clinic
108-109 Amiens Street, Dublin 1.
Tel: 01 8555310**

Catchment Area: Dublin 1

Services provided include: opiate detoxification (in-patient and out-patient); methadone maintenance; medical treatment and psychiatric assessment; H.I.V. testing; counselling and outreach.

**E.H.B. Specialist Addiction Service
3rd Floor, Trinity Court, 30-31 Pearse Street, Dublin 2.
Tel: 01 6771122**

Catchment Area: Community Care Areas 1,3,4,5,7,8,9,10.

Services provided: include opiate detoxification (in-patient and out-patient); methadone maintenance; medical treatment and psychiatric assessment; H.I.V. testing; counselling and outreach.

**Mater Dei Counselling Centre
Mater Dei Institute, Clonliffe Rd., Dublin 3.
Tel: 01 8371892.**

Services cover a wide range of adolescent problems with special emphasis on the treatment of substance abuse which is dealt with in a family context.

**Merchants Quay Project
4 Merchants Quay, Dublin 8.
Tel: 01 6790044**

Open: Monday to Friday 10am to 4.30pm; opens Thursday at 2pm.

The Merchants Quay Project is a charity, staffed by trained volunteers, professionally trained social workers and reality therapists. The Project provides a contact centre for drug users, and works with every level of addiction from harm reduction to detoxification and recovery. Counselling is available, and people are assigned to a particular counsellor. The families of drug users can also attend and a crèche is available. The centre encourages creative enterprises, such as painting and drama, and clients may also receive acupuncture and massage. There is a Residence Facility, which can cater for up to six people for four weeks. There are no fees for the services provided by the Project and you do not have to be drug free to attend.

**Nar-Anon
C/O 38 Gardiner Street, Dublin 1.
Tel: 01 8748431 Answering machine service.**

Nar-Anon is a voluntary organisation run by the families of people with narcotic users in the family for families in similar situations. There are open meetings on the first Monday of every month at 11am in the Drug Treatment Rehabilitation Board Centre, at Trinity Court, 30/31 Pearse Street, Dublin 2. The meetings are aimed at helping families accept that the addiction is a disease, reducing family tension, and encouraging the user to seek help. Nar-Anon can make

referrals but it is primarily a support group. There are no fees for Nar-Anon.

Narcotics Anonymous

4 Eustace Street, Dublin 2.

Tel: 01 6728000

Aims to help drug users recover from addiction. Services include regular support meeting and a telephone answering service.

The Hanly Centre

The Mews, Eblana Ave., Dun Laoghaire, Co. Dublin.

Tel: 01 2809795

Services provided include Minnesota Model, A.C.O.A., courses, feeling & awareness, therapeutic group for spouses & concerned persons.

Talbot Centre

29 Upper Buckingham St., Dublin 1.

Tel: 01 8363434

Services include one to one counselling for adolescents, group work, compensatory education, and self-development.

The Rutland Centre Ltd.

Knocklyon House, Knocklyon Road, Templeogue, Dublin 16.

Tel: 01 4946358/4946761/4946972

The Rutland Centre is a private centre run by qualified professional staff. The centre specialises in the treatment of addiction, namely alcohol, drug, and gambling addictions, and provides educational information on the nature and effects of addiction. The centre offers a drug free programme, counselling, and support groups for clients and their families. The fees for the centre are calculated on a sliding scale.

EDUCATION AND INFORMATION BASED AGENCIES

Community Awareness of Drugs (C.A.D.)

31a Central Hotel Chambers, Dame Court, Dublin 2.

Tel: 01 6792681

Monday to Friday 10am - 4pm.

Network of voluntary community workers engaged, through education, in the prevention of drug misuse. It assists communities to develop their own preventative strategies. Services include support and advice for parents, training for

voluntary community workers and a Parenting For Prevention Programme.

Regional Branches

Carlow: Tel 0503 40903

Gorey: Tel 055 21179

Leixlip: Tel 01 6245631

CROSSCARE Drug Awareness Group

The Red House, Clonliffe House, Dublin 3.

Tel: 01 8360011

Provides a range of community development initiatives including programmes to increase the awareness of drugs. Services include HIV/AIDS initiatives and drug awareness programmes.

Drug Education Workers' Forum

PO Box 9364, Dublin 1.

Email: dewfireland@lycos.com

Website: www.dublin.ie/dewf

Voluntary network committed to identifying and responding to the needs of voluntary, community and statutory drug education workers in Ireland.

Drug Misuse Research Division

Health Research Board, Holbrook House, Holles Street, Dublin 2.

Tel: 01 6761176 Fax: 01 6618567

Email: dmr@hrb.ie

Website: www.hrb.ie

The Drug Misuse Research Division (DMRD) of the HRB is involved in national and international research, information gathering and disseminating on drugs and their misuse in Ireland. Through its activities the DMRD aims to inform policy and contribute to the academic understanding of drug misuse. The DMRD is funded by national and EU sources and by contract research.

EURAD

8 Waltersland Road, Stillorgan, Co. Dublin.

Tel: 01 2756766 Fax: 01 2756768

Irish headquarters of the Europe Against Drugs campaign.

Hazelden Educational Services International, Ltd.

25D Southside Industrial Estate, Cork.

Tel: 021 4314300

Distributes by post and through bookshops, books, pamphlets, audiotapes and videos on

a wide range of addictions and related problems.

Health Promotion Unit

**Department of Health, Hawkins House,
Hawkins Street, Dublin 2.**

Tel: 01 6354354

Engaged in programmes dealing with health promotion issues, such as immunisation, drugs, smoking, alcohol, hygiene, cancer and HIV/AIDS. Public office is on ground floor of Hawkins House from which a wide range of promotional material is available.

Institute for the Study of Drug Dependence

**Waterbridge House, 32-36 Loman
Street, London SE1 OEE.**

Tel: 0044 020 7928 1211

Contains what is regarded as the best reference section on ecstasy in Britain in its library. Also undertakes research, publishes articles & leaflets, and produces a magazine (Druglink).

Irish Association of Alcohol and Addiction Counsellors (IAAAC)

**Secretary, c/o C.A.D.S., Bishops Gate
Street, Mullingar, Co. Westmeath.**

Tel: 044 48289/41630

National professional body whose aims include: to promote high ethical and professional standards in the field of addiction counselling; to provide ongoing support, education and training for members; to represent the views and interests of members; and to establish a communications network. IAAAC also produce a quarterly newsletter.

Irish Medicines Board

**Block A, Earlsfort Centre, Earlsfort
Terrace, Dublin 2.**

Tel: 01 6764971 Fax: 01 6767836

Established in 1966 under the Health (Corporate Bodies) Act 1961. Assesses the safety, quality and efficacy of marketed drugs for human and veterinary use. Inspection of pharmaceutical manufacturers and wholesalers and advising the Minister on the issue of manufacturing and wholesale licences. Organising and administering a system for the recording and assessing of side effects to drugs. Advises the Minister for Health on precautions, restrictions, testing, manufacture, etc. Disseminates information

on drugs and produces publications primarily for medical practitioners and pharmacists.

Lifeline

**Manchester, 101-103 Oldham Street,
Manchester M4 1LW.**

Tel: 0044 161 8392054

Produces an extensive range of publications, posters, card sets, cartoons/comics on all aspects of illicit drug use, particularly dance drugs. The publications are specifically aimed at young people currently engaged in drug use. Much of the information is written with young people in mind and thus some of the language is explicit in content and should only be used with an appropriate adult. Also provide an advice service and undertake research projects.

National Documentation Centre on Drug Use in Ireland

**Health Research Board, Holbrook House,
Hollis Street, Dublin 2.**

Tel: 01 6761176 Fax: 01 6618567

Website: www.hrb.ie/ndc

Provides information support to researchers in substance use and addiction in Ireland. It was established following a recommendation by the Interim Advisory Committee on Drugs (2000). The Centre is a unique information resource with easily accessible online documentation and a valuable collection of books, serials and other print material. Electronic copies of Irish research and policy documentation on drug use are available online at www.hrb.ie/ndc. The documentation centre makes up-to-date international research available to its users. All aspects of drug use are covered in the book and reports collection, and the library has an extensive collection of periodicals specifically devoted to addiction and substance use.

National Co-ordinating Committee on Drug Abuse

**Room 514, Department of Health,
Hawkins House, Dublin 2.**

Tel: 01 6354000

Established by the Minister for Health to advise the Government on general issues relating to the prevention and treatment of drug abuse; to monitor the effectiveness and efficiency of measures in force to prevent and treat drug abuse; to facilitate communication between the various agencies involved in the prevention and treatment of drug abuse.

National Drug Unit

Dublin Castle, Dublin 2.

Tel: 01 6669900

Aims to protect the community from the illegal distribution of drugs. Will supply speakers on its work to groups on request.

National Youth Health Programme

National Youth Council of Ireland (NYCI), 3 Montague Street, Dublin 2.

Tel: 01 4784122

The National Youth Health Programme is a partnership between the NYCI, the Health Promotion Unit and the Youth Affairs Section of the Department of Education. The aim of the Programme is to develop Health Education resources and provide training in health issues specific to young people. This includes drug education and prevention.

Waterford Drug Abuse Resource Group

52 Upper Yellow Road, Waterford.

Tel: 051 373333

Provides support, information and advice to people directly and indirectly affected by drugs.

APPENDIX 6

DRUGS EDUCATION, TRAINING AND INFORMATION RESOURCES

This section on resources is divided into two sections: ***Education and Training Materials; Research and Information Resources***. Neither section is an exhaustive list. Each section provides a reasonably comprehensive range of materials, which can be used by people to assist them in sourcing resources for drug education and prevention and general information on drug related issues. Where possible publisher/availability details have been included for non-Irish materials.

EDUCATION AND TRAINING MATERIALS

Cocaine to Crack **by Educational Media International**

Video relating a story of how two teenagers develop an addiction to cocaine and eventually crack.

Available from: ***Educational Media International, 235 Imperial Drive, Rayners Lane, Harrow, Middlesex, HA2 7HE.***

Drinking - Know the Score (2002) **by Garda Schools Programme and the Cider Industry Council**

Video aid for schools, youth groups and sports clubs aimed at 12-18 year olds. Produced to facilitate members of an Garda Síochána, Juvenile Liaison Officers, teachers and group leaders in opening up the issue of underage drinking to young people to assist them in their decision making and outlining the problems that can be associated with binge drinking. It comprises a series of vox pops and four separate scenarios to be used as stand alone items or as discussion starters.

Drug Education for Young Offenders **by TACADE**

Specialist pack containing a compendium of learning activities for drug education with young offending drug users. The manual is made up of five units with detailed guidelines. Suitable for group or one to one work it includes handouts, reference materials and a reading list.

Available from: ***TACADE, 1 Hulme Place, The Crescent, Salford, Greater Manchester, M5 4QA.***

Drug Education: A Handbook for Teachers and Youth Leaders **by Graham T. and Linda Davies**

Designed to provide support materials for teachers and youth workers involved in drug education. It contains a record of training, easy reference to drug related facts and the primary considerations involved in implementing a drug education programme.

Available from: ***Health Promotion and Education Centre, Carville House, Rookwood Hospital, Liandaif, Cardiff, Wales.***

Drug Myths: A Parent's Guide **by Lifeline**

Guide for parents on the common myths around drug use that can lead to fear and misunderstanding.

Published by: ***Lifeline Manchester, 101-103 Oldham Street, Manchester M4 1LW.***

Drug Questions - Local Answers? **Health Promotion Unit, Department of Health**

Community-based training programme for health/education professionals, Gardaí, youth workers and others interested in drug-related problems, which they meet in their own work. The Health Promotion Unit runs convenor training programmes for this pack in conjunction with the eight regional health boards. As a result of these courses a large number of convenors have been trained to use this pack.

Available from: ***Health Promotion Unit, Department of Health, Hawkins Street, Dublin 2.***

Drug Warning **by David Stockley**

Practical guide to identifying and recognising illicit drugs such as analgesics, heroin/opium, hallucinogens, tranquillisers, cannabis and solvents. Easy to use with colour coding to help find the chapter on drugs required with pictures and information on what one needs to know about them.

Available on loan from: ***The Breakthru Project, 18 Killymeal Road, Dungannon, BT71 6LJ, Northern Ireland.***

Drugs

Covers some of the most important issues surrounding young people's use of drugs including information on trends, the dangers, drug education, drug-related crime and what

can be done about drug use. Each chapter tackles a different issue and focuses on key questions which young people can discuss with other young people, teachers and parents. It also includes a list of other publications on drug use as well as National & Local organisations who can be contacted for help and information.

Available on loan from: ***The Breakthru Project, 18 Killymeal Road, Dungannon, BT71 6LJ, Northern Ireland.***

**Drugs Issues for Schools
by John Chapman, 1992**

Complete guide to drugs and the issues surrounding them, which directly affect schools. It includes a section on drug education, which evaluates the different approaches from deterrence to peer-led education. It also offers sound practical advice on how to cope with drugs problems within schools including how to develop a coherent drugs policy. The final section contains useful background information on why young people use drugs, trends in drug use, information on drugs and their effects.

Published by: ***ISDD, Waterbridge House, 32-36 Loman Street, London SE1 0EE.***

**Drugs: Your Questions Answered
by ISDD**

Provides a selection of short chapters from other longer works dealing with illegal drugs and is a very good introduction to a wide range of drugs issues. Topics covered include effects of drugs on the family, drugs and crime, the legalisation debate, existing drugs strategy for the UK. It also includes a final chapter exploding myths which have developed about drugs.

Published by: ***ISDD, Waterbridge House, 32-36 Loman Street, London SE1 0EE.***

**Drugwise Drug Free - A Drug Education Programme for 14-18 Year Olds
by Scottish Office**

Video and training manual aimed at 14-18 year olds. It is complete with photocopiable activity sheets, which aid the students to be more aware that the substances, which are sold on the streets, are often of unknown purity, that dealers are only interested in making money. It also explores the legal difference between possessing and supplying drugs and the legal penalties, which accompany. These issues are explored

through group activities and group discussion in order to enable the young person to develop a clearer understanding of the implications for them.

Available on loan from: ***The Breakthru Project 18 Killymeal Road, Dungannon, BT71 6LJ, Northern Ireland.***

**Drugwise First - A Drug Education Programme for 5 to 10 year olds
by Scottish Office**

First in the series of drug education programmes that have been specially written for use in schools. It is aimed at 5-10 year olds. The package contains a training manual and photocopiable activity sheets. The package aims to make children aware of drugs as medicines, that there are simple safety rules regarding drugs and other substances. It highlights the fact that although some people require medicines to live a normal life, drugs may have side effects and are harmful if not used properly. The package also introduces to children the basic techniques for resisting pressure from friends and others in order to be safe in situations where they may be at risk.

Available on loan from: ***The Breakthru Project, 18 Killymeal Road, Dungannon, BT71 6LJ, Northern Ireland.***

**Drugwise Too - a Drug Education Programme for 10-14 year olds
by Scottish Office**

Video and training manual, which is aimed at the 10-14 age bracket. It is complete with photocopiable activity worksheets which aid the students to be more aware of the risks in taking drugs (physical and social) through group discussions and enabling them to make more informed decisions if ever placed in a drug offer situation. There are two sections, one aimed at the 10-12 age bracket and the other at the 12-14 age bracket. The training manual is flexible in that it realises that attitudes constantly change within our culture and especially throughout adolescence making it harder to resist peer pressure.

Available on loan from: ***The Breakthru Project, 18 Killymeal Road, Dungannon, BT71 6LJ, Northern Ireland.***

**Facts about Drug Abuse in Ireland
by Health Promotion Unit**

Third edition of this book aimed at giving people in a non-technical way background

information on legal, medical, social and historical facts on drugs used for non-medical purposes in Ireland.

Available from: ***HPU, Department of Health, Hawkins House, Hawkins Street, Dublin 2.***

Guidelines for Good Practice at Dance Events

by Scottish Drugs Forum, 1995

Guide to all aspects of running a safe dance venue. All aspects are covered including availability of free water, air conditioning and the reduction of heat levels inside venues, staff training, medical/first aid provision and guidelines on stewarding and security.

Available on loan from: ***The Breakthru Project, 18 Killymeal Road, Dungannon, BT71 6LJ, Northern Ireland.***

Joint Effort: A Training Game Promoting Awareness and Development of Drug Policy (2002)

by Lancashire County Council

Joint Efforts is a board game designed to assist in the promotion and development of drug policy by enabling youth and community workers, school personnel and young people to become familiar with existing policy and guidelines around dealing with drug related incidents and by enabling youth and community groups to identify areas of existing policy which need to be developed.

Lets Act

by NYCI/HEB

Training and resource pack for youth leaders to help them in tackling the issue of drug and substance abuse among young people.

Available from: ***NYCI, 3 Montague Street, Dublin 2 (OR) HPU, Department of Health, Hawkins House, Hawkins Street, Dublin 2.***

Locating Drug Education

by Health Education Council

Resource pack aimed at youth and community groups in both club and detached work to assist groups to assess the starting point of young people on this issue and to plan their own programme as a result.

Available from: ***TACADE, 1 Hulme Place, The Crescent, Salford, Greater Manchester, M5 4QA.***

My Best Friend: A Drug Education Story by Health Promotion Unit (HPU, 1996)

Video & booklet produced to assist schools, youth organisations and other educational environments. Primarily aimed at 13-17 year olds but can be used with a variety of groups in formal and informal educational settings. Designed to be used as part of an ongoing drug education programme.

Available from: ***HPU, Department of Health, Hawkins House, Hawkins Street, Dublin 2.***

On My Own Two Feet

by Health Promotion Unit (HPU), Department of Health

Comprehensive drug education programme, which involves the whole school staff of participating schools. It consists of modules on Identity and Self Esteem; Assertive Communication; Feelings; Influences on Young People and Decision Making. It is a participative programme aimed at enabling students to develop their ability to take charge of their mental health and to make informed decisions about the use of drugs in their lives.

Available from: ***HPU, Department of Health, Hawkins House, Hawkins Street, Dublin 2.***

Safer Dancing Guidelines

by Dr. Russell Newcombe

Written for Lifeline/Manchester City Council, the guidelines aim to promote good practice in nightclubs and raves. Covers temperature regulation, provision of cold water, training of security staff, etc.

Published by: ***Lifeline Manchester, 101-103 Oldham Street, Manchester MW 1LW.***

Snowdrops, Snowballs and Blue Bananas

by Contact Youth and N.I. Youth Forum

Excellent, locally produced resource, which contains a training manual and video and concentrates on 'dance drugs'. The 30-minute video was scripted by Martin Lynch, one of Northern Ireland's best-known playwrights. It is set in Belfast and tells the story of a teenager who enjoys the rave scene. He succumbs to peer pressure and gets into recreational drugs. The training manual describes what the drugs are and their side

effects. It gives guidelines as to how the video can be used in a group setting.

Available on loan from: ***The Breakthru Project, 18 Killymeal Road, Dungannon, BT71 6LJ, Northern Ireland.***

Solvent Abuse: A Guide for Professionals and Parents

by Health Promotion Unit

Resource handbook offering background information, recognition and prevention of solvent abuse and guidelines on helping the abuser for parents, youth leaders, teachers, social workers, probation and juvenile liaison officers, Gardaí and community and voluntary groups.

Available from: ***HPU, Department of Health, Hawkins House, Hawkins Street, Dublin 2.***

**Solvent Abuse Programme
by NYCI/HPU/Youth Affairs Section
(Department of Education)**

Programme designed to provide youth leaders with specially designed materials and information to plan and implement a solvent abuse programme with young people.

Available from: ***NYCI, 3 Montague Street, Dublin 2.***

**The Big Blue Book of Dance Drugs
by Lifeline**

Provides detailed coverage of Cannabis, LSD, Ecstasy, Amphetamine, The Law, Drug Set and Setting and Drugs and Sex, (suitable for use in schools).

Published by: ***Lifeline Manchester, 101-103 Oldham Street, Manchester MW 1LW***

**Working with Solvent Sniffers
by Richard Ives**

This booklet outlines some possible danger signs and details the legal position. It suggests a number of practical approaches for dealing with people who are using drugs or solvents.

Available from: ***ISOD Publications, 1 Hatton Place, London EC1N 8ND.***

**Youth Work Support For Dealing With the Drugs Issue
by National Youth Health Programme,
NYCI, 1996**

Resource pack aimed at supporting youth organisations/workers dealing with the drugs

issue and/or involved in drug education and prevention work. It is divided into four sections: Youth Work in a Drug Using Society; Youth Work Responses to Drug Use; Policy Development; and Supporting Information.

Available from: ***National Youth Health Programme, NYCI, 3 Montague Street, Dublin 2.***

**RESEARCH AND INFORMATION
RESOURCES**

**A Collection of Papers on Drug Issues in
Ireland (2001)**

**by Various for the Drug Misuse Research
Division**

Collection of papers on drug misuse that was developed as part of the work undertaken by the Drug Misuse Research Division in the context of its work as Focal Point to the European Monitoring Centre for Drugs and Drug Addiction. Papers cover issues such as the main institutional mechanisms involved in the implementation of the Irish Government strategy in relation to illegal drugs; the current situation in Ireland in relation to drug-related infectious diseases; and it presents findings from an exploratory study of cocaine users.

Available from: ***Drug Misuse Research Division, Health Research Board, Holbrook House, Holles Street, Dublin 2.***

***Tel: 01 6761176 Fax: 01 6618567
Email: dmr@hrb.ie
Website: www.hrb.ie***

**An Overview of Cocaine Use in Ireland
(2003)**

**by National Advisory Committee on
Drugs**

Report that provides baseline information on cocaine, its use and treatment options in addition to patterns and trends of usage in Ireland.

Available from: ***NACD, 3rd Floor, Shelbourne House, Shelbourne Road, Ballsbridge, Dublin 4.***

***Tel: 01 6670760 Fax: 01 6670828
Email: info@nacd.ie***

**Adolescents and Alcohol/Drug Addiction
Services: A New Initiative is Needed
(2004)**

by The Wheel

Report describes the extent and character of the abuse of alcohol, heroin, methadone and

other drugs being used by the under 20s in Ireland. It highlights the consequences of methadone drug substitution for addicted adolescents and its counterproductive, demotivating influence. Recommendations include services needed for parents and their children in the area of prevention, early intervention and problem solving and support facilities. The report also raises concerns about the lack of drug free recovery facilities including detoxification, day programmes, drug free residential and aftercare programmes urgently required by under 20s who become addicted.

Available from: ***The Wheel, Irish Social Finance Centre, 10 Grattan Crescent, Inchicore, Dublin 8, Ireland.***
Tel: 01 4548727 Fax: 01 4548649
E-mail: info@wheel.ie

**Drug Misuse in Britain 1994
by ISDD**

Gives reliable and factual information on the drugs situation in Britain, it lists all the major studies and projects. The main drawback of this book is that Ireland is not included.

Published by: ***ISDD, Waterbridge House, 32-36 Loman Street, London SE1 0EE.***

**Drugnet Ireland
by Drug Misuse Research Division (DMRD)**

Newsletter of the DMRD produced three times a year. Aims to disseminate information, news and research findings among those involved in the drugs area in Ireland.

Available from: ***Drug Misuse Research Division, Health Research Board, Holbrook House, Holles Street, Dublin 2.***
Tel: 01 6761176 Fax: 01 6618567
Email: dmr@hrb.ie
Website: www.hrb.ie

**E Ecstasy and the Dance Culture
by Nicholas Saunders, 1995**

Probably the most comprehensive source of information about ecstasy and the dance culture ever produced. It provides a detailed background to the history of ecstasy, the dance culture, the effects of ecstasy (positive and negative), its possible uses, personal experiences, other dance drugs etc.

Published by: ***Self published, London.***

**Ecstasy and Eve: The Rainbow Series
by Lifeline**

Looks at the story of ecstasy to date, latest information on ecstasy, what's bought as ecstasy can often be Eve, and what is actually in some of the more common tablets/capsules bought in Britain?

Published by: ***Lifeline Manchester, 101-103 Oldham Street, Manchester MW 1LW.***

**Fixing It: Young People, Drugs and Disadvantage (2000)
By Margaret Melrose**

Based on interviews with young people who have offended, been excluded from school or 'looked after' in public care, Fixing It describes why young people use drugs, the patterns of their drug use and the meaning it has for them.

**Go Ask Alice
by Anonymous**

Diary of a drug addict who didn't quite make it which has become a landmark publication.

Available from: ***Corgi Books, Century House, 61-63 Onbridge Road, Ealing, London, W5 5SA.***

**If it Weren't for the Alligators: A History of Drugs, Music and Popular Culture in Manchester
by Rowdy Yates**

Funny and moving book that provides a personal account from Lifeline's ex-director of the history of Lifeline from the Barbiturate haze of the early 70s to the rave generation of the 90s.

Published by: ***Lifeline Manchester, 101-103 Oldham Street, Manchester MW 1LW.***

**Just Say.....Know about drugs (2000)
by Paul Delaney (COAIM)**

Resource written to provide the reader with a one-stop resource for knowledge and information about drugs and substance misuse in an Irish context. This manual will help users to understand the complexities of the drug problem.

**Mid Tipperary Drugs Initiative – Report on young people and drug misuse in the Mid Tipperary region: Survey Analysis and Recommendations
by Sinead O'Mahony**

Report which looks at the perceived extent of drugs misuse among young people in the Mid Tipperary region. Among others the aims of this project were to support young people in acquiring knowledge and skills to make positive life choices; to increase awareness of drug related issues and to develop a community based strategy to identify and respond to local needs relating to drug misuse. The report outlines the findings and draws conclusions from the research.

Overview of Drug Issues in Ireland 2000: A Resource Document (2001)
by Various for the Drug Misuse Research Division

Resource document that provides a general overview of the situation in Ireland regarding different aspects of the drugs phenomenon. Much of the information presented is not readily available in the Irish context, thus this volume which gathers a wide range of information together, should be of use to individuals and groups interested in the drugs area in Ireland. Various topics are covered such as Government strategies, body of legislation available, results from studies, descriptions of reduction programmes and data gathered from law enforcement agencies.

Smack in the Eye: An Evaluation of a Harm Reduction Comic for Drug Users
by Michael Linnell, 1993

Report that explains the rationale and theoretical s for Lifelines publications approach. Data from over 400 drug users who responded to a questionnaire is used to evaluate what effect the comic has on its audience, does it do any good?

Published by: **Lifeline Manchester, 101-103 Oldham Street, Manchester MW1LW.**

Street Drugs
by Andrew Tyler, 1995

Excellent introduction to the whole range of drugs issues. It deals chapter by chapter with the different drug groups including tobacco and alcohol. It includes histories of each drug group and self-help tips and advice for coming off. The author presents all sides to each debate covered but is not afraid to give

his own opinions and addresses the substantial shifts in culture, policy, treatment and services.

Available on loan from: **The Breakthru' Project, 18 Killymeal Road, Dungannon, BT71 6LJ, Northern Ireland.**

The Agony of Ecstasy
by Julian Madigan, 1996

Insightful book written by a young Dublin man who has been through the ecstasy experience (and other drugs) and come out the other side. It provides a compelling account of his experience and a number of chapters are written by his father outlining his perspective as events were occurring.

Published by: **Poolbeg Press Ltd, 123 Baldoyle Industrial Estate, Dublin 13.**

The Ecstasy Papers
by ISDD, 1993

Collection of articles taken from Druglink Magazine produced by the ISDD. It gives an excellent rundown on the 'dance culture' and the drugs scene that goes with it. The articles are extremely readable, accompanied by cartoons and quotations from young users and ravers.

Published by: **ISDD, Waterbridge House, 32-36 Loman Street, London SE1 OEE.**

Young Women, Sexuality and Recreational Drug Use
by Sheila Henderson, 1993.

Report focused on the use of 'dance drugs' amongst young women, their sexual behaviour, attitude to sex and AIDS and their leisure and wider lifestyles.

Published by: **Lifeline Manchester, 101-103 Oldham Street, Manchester MW1LW**

All of the above resources and those included in the Bibliography are available for loan or reference purposes from:

**Irish YouthWork Centre,
National Youth Federation,
20 Lower Dominick Street, Dublin 1.
Tel: 01 8729933 Fax: 01 8724183
Email: fbissett@nyf.ie / ghalpin@nyf.ie
Website: www.iywc.com**

APPENDIX 7
DEFINITIONS AND EFFECTS: DRUG BY DRUG

Breakdown of the main drugs of use with a brief explanation on what each one is, other names for them and the effects of each of them.

DRUG	NAMES	BACKGROUND	EFFECTS
ALCOHOL	Drink Booze Scoops	Alcohol is a depressant and is usually taken orally.	Short-term effects include relaxation, removal of inhibitions and self-control, increased confidence. Blackouts/memory loss can occur. Long-term effects include depression, addiction and dependency, brain/liver organ damage, stomach problems and ulcers.
AMPHETAMINES	Amphetamine- sulphate Speed Whizz	This is the most widely used dance drug and is generally felt to be more reliable than ecstasy, i.e. there is a greater likelihood that the user will know what s/he is using. It is a little bit cheaper than ecstasy and is usually sold in wraps (packs of silver foil). It is normally cut with filler or sometimes other drugs. It can be taken in a variety of ways: snorted; dabbed with a finger onto the gums; added to a drink; or injected.	Provides energy and is often used for dancing. Carries the same physical dangers as ecstasy but is regarded as having a high potential for psychological addiction with the tendency to cause binge and crash behaviour and may result in amphetamine psychosis or paranoia. Overdose results in feeling irritable and even violent. Its effects usually last for approximately 8 hours, depending on the initial amount taken.
ANABOLIC STERIODS		Should not to be confused with the steroids used to treat conditions like eczema and asthma. The most common use is by athletes to build up muscle in power sports which require a level of explosive energy like weightlifting, sprinting and American football, and for body building competitions and in training. Often injected which brings its own problems especially if equipment is shared.	Heavy regular use in men can lead to problems with sexual activity, can inhibit male erection or prevent erection from going down and cause the testicles to shrink. Tendency to make the user tense, on edge, with a short fuse and a propensity for violence. Consistent use can also cause liver and blood pressure problems. Heavy regular use in women can lead to the development of male features such as body hair, deep voice, and reduction in breast size, which are not reversible when usage is stopped. In young people who are not fully grown, they can stunt growth. Psychological dependence is also quite common
ANGEL DUST/P.C.P.	Crystal Peace pill Loveboat Rocket Fuel DOA	Its scientific name is Phencyclidine and it was originally produced in the U.S.A. as a veterinary anaesthetic. It comes in the form of a liquid, white crystalline powder in pills and capsules or sprayed on leafy substances so it can be smoked. It can be swallowed, smoked, snorted or injected.	Has the properties of a tranquillising anaesthetic with hallucinogenic effects causing distortions of perception and disorientation. The effects can be very long lasting and involve the risk of a 'bad trip' similar to using L.S.D. Short term health risks can include anxiety, panic, vomiting, convulsions, and respiratory failure. Long-term health risks include kidney damage.
BARBITURATES	Barbs Downers sleepers	Man-made drugs manufactured for medical use to treat anxiety and depression and as sleeping tablets. Barbiturates come in many different types - amytal, nembutal, seonal, soneryl and tuinal. They usually come in tablet form but can be ampoules, suppositories,	Strong sedative drug that acts as a ' <i>downer</i> '. Slows people down and in small quantities helps people relax. A large dose is like being drunk - slurred speech, loss of co-ordination, falling asleep. Significant risk of overdose, which can be fatal. Tolerance and physical dependence can develop quite quickly. Dependent users who try to stop abruptly may

		capsules or syrup. Commonly prescribed by doctors in the 1960's and 1970's as sleeping pills. Prescribing fell drastically due to the number of accidental and deliberate fatal overdoses. Now mainly replaced by tranquilisers.	experience severe withdrawal symptoms, fits and in some cases death. Barbiturates are sometimes injected and this adds to the many dangers.
ENZODIAZEPINES	Benzos Bennys Sleepers	Benzodiazepines are minor tranquilisers such as Valium, Mogadon and Rohypnol and are usually taken orally but can be injected.	Short-term effects are to calm and sedate, reduce anxiety and aid sleep. They are extremely dangerous when mixed with alcohol of any kind. Long-term effects can include lethargy and weight gain as well as dependency/addiction.
CANNABIS, MARIJUANA	Hash Smoke Blow Dope Pot Grass Draw Weed Ganga	Normally smoked either as dried leaves (grass/blow) or the resin (hash) from a cannabis plant mixed with tobacco and rolled into a 'joint/spliff/reefer'. It can also be eaten but the effect is not as immediate. It is also available in the form of cannabis oil although this is rare. It is a liquid extracted from the plant and then concentrated into a black oily substance with the consistency of liquid tar. Skunk has come on the scene in recent years and is a particularly potent variety of marijuana developed in Holland.	The effects are well known and include amusement, mellowness, enhanced sound and colour, hunger pangs and memory loss. It can also produce paranoia and hallucinations when taken in large quantities. Widely regarded as harmless, but scientific medical research has shown that consistent use can lead to a deterioration of brain cells and that long-term chronic use of cannabis can increase the risk of: developing cancers of the aero-digestive tract; leukaemia in offspring; respiratory diseases; birth defects in children of pregnant women who use cannabis; and cognitive impairment. Cannabis has been prescribed medically in certain cases as a pain reliever and relaxant.
CAFFEINE	Java	Caffeine is a stimulant derived from the cocoa bean and is found in coffee, tea, cola and some over the counter medicines and is taken orally.	Its primary short-term effects are to increase alertness and delay sleep. Long-term effects of consistent use can include anxiety, headaches and insomnia.
COCAINE (COCAINE HYDROCHLORIDE)	Coke Snow Flake Charlie	Stimulant that usually comes in the form of white powder and is snorted up a nostril. It is more expensive and less long lasting than amphetamine, with the effects happening quickly but only lasting about half an hour.	Cocaine is similar to amphetamine in the effect it creates but with a stronger tendency to binge and crash behaviour. It sometimes causes numbness where it touches the mouth or throat. Consistent use may dissolve the division between nostrils.
CRACK COCAINE	Crack Rocks Freebase	'Crack' as it is commonly known is the name given to small pieces of freebase cocaine, which is smoked in cigarettes, pipes or tinfoil and gives a shorter, bigger burst of energy than cocaine.	Regarded as more addictive than cocaine with stronger tendencies to binge and crash. The high is almost instant, but quickly diminishes. The physical risks include increased heart and pulse rate, chronic coughing and wheeziness, angina and in some cases death due to cardiac arrhythmia or respiratory failure.
DEXEDRINE	Dexys	Comes in the form of a 5mg white scored tablet marked EVANS.DB5 which consists of dexamphetamine sulphate.	The effect when taken is similar to amphetamines and causes high blood pressure.
ECSTASY	E MDMA XTC Yokes Doves Mitsubishis	Ecstasy is an hallucinogenic and stimulant and is normally taken in tablet form orally.	Short-term effects included feelings of happiness, empathy and euphoria, enhanced stimulation, altered sensory perception. Nausea, profuse sweating, extreme thirst, jaw clenching and grinding also can occur. Rise in body temperature, which can lead to heatstroke and coma or water toxification if too much water is ingested. Comedown can be difficult and can cause depressive tendencies. Long term damage to major organs is now being documented

EPHEDRINE	Ephedra Ma Huang	Ephedrine and the related Pseudoephedrine are found in prescription cough and cold remedies. About 3 tablets (60mg each) have a similar effect to caffeine or speed.	Physical effects last 3-4 hours with gentle comedown, but the general high can last for several days. It is a prescription drug with a maximum dose of 60mg. The recreational dose is several times the prescription dose and is potentially dangerous for people with weak hearts. An overdose produces restlessness, muscle spasms, racing heart, dry throat and cold extremities.
GHB (GAMMA- HYDROXYBUTYRATE	GBH G Liquid E Liquid X Blue Verve Gamma-On Fantasy	Central nervous system depressant, which had a medical use as a form of anaesthetic to help people go to sleep before an operation. A colourless, odourless, liquid with a slightly salty taste usually sold in small bottles. It has become a very trendy drug to use, particularly in Britain but is becoming increasingly prevalent in Ireland, and has been predicted by some as the drug, which will replace ecstasy over time. Also used as a date rape drug.	Essentially a 'downer' drug in its effects. Small doses (perhaps one capful) feel like the effects of having a few drinks. Larger doses (perhaps a whole bottle) can cause a variety of side effects including vomiting, nausea, stiff muscles, disorientation or even fits and collapse with life-threatening danger. The main dangers with GHB are mixing it with alcohol and the unknown strength of the drug, some batches being weak, others a lot stronger.
IN	H Gear Junk Smack Skag Brown	Heroin was originally developed as a safer form of painkiller than morphine whose use was limited by its addictive qualities. However, heroin was ultimately found to be four times as addictive and potent as morphine. It is made from the opium poppy and usually comes in powder form (white or brown) and is usually heavily diluted with substances like flour, talcum powder, glucose, caffeine etc.	It is sniffed, smoked or injected and its immediate effects are an intense rush lasting less than a minute, which involves a flushing of the skin and a burst of sexual excitement. After the initial rush the feelings are pleasant, peaceful and content. Pain, aggressive tendencies and sexual drives are often reduced. It can cause nausea and vomiting and other side effects of regular use include constipation, palpitations, reduced sex drive, rashes and itching. Tolerances to the effects develops thus making it highly addictive.
ISO-BUTYL NITRATE OR AMYL NITRATE	Poppers Rush Liquid Gold	Legal in most countries it comes in liquid form in small bottles. It is sniffed or breathed into the mouth. A less common form of poppers is amyl nitrate. It is traditionally popular among gay men for sex as it acts as a muscle relaxant for the anus.	It gives strong rushes of euphoria for a minute or two, especially while on ecstasy. It can cause blackout, headache, nausea and even heart attacks in some cases.
KETAMINE		Sometimes sold as ecstasy but usually cut with other drugs such as ephedrine and caffeine or ecstasy. Ketamine is medically prescribed as an anti-depressant and normally comes in tablet form.	Low doses produce a relaxed feeling but higher doses produce dissociation (feeling separate from your body), near death experiences and insights. Higher doses may cause hallucinations of a different type to those experienced on LSD that can be confused with reality and are harder to relate. Since it is used as an anaesthetic in far higher doses, ketamine is not widely regarded as physically dangerous but it can result in coma, if the dosage used is high enough, the mental effects may be disturbing and it can become psychologically addictive.
LSD	Acid A. Trips and type names	LSD (lysergic acid diethylamide) is an illegally manufactured drug that usually comes in the form of small squares of blotting paper, which are then dissolved,	In low doses it can enhance vision and sound, but in higher doses it can produce strong visual and emotional effects (often negative) and psychedelic and hallucinogenic effects, the strength of which will

	such as Microdots or Strawberries	on the tongue. A square contains about 75 micrograms of LSD.	depend on the amount taken. Bad 'trips' can lead to depression, dizziness and panic and the hallucinogenic effects can cause users to react to what they believe they are seeing thus putting themselves at personal risk.
MAGIC MUSHROOMS	Psilocybin Liberty Caps Mushies Shrooms	Similar to LSD with the added attraction of being natural, free and legal in some countries (not the Republic of Ireland) if eaten fresh from the field. The mushrooms are dried and are usually thin and dark brown in appearance, but may be powdered. They are found in pasture in the autumn, but tend to be hidden in the grass. They are among the smallest mushrooms, and are distinguished by being an uneven grey colour with pointed caps and wiggly stems. The whole stem is active and they can either be eaten or stewed/strained and then drunk as tea.	The effects are similar to those caused by LSD (see above).
METHADONE	Physeptone Phy Green	Methadone is an opiate substance, which usually comes in green liquid form and is commonly used as a maintenance and/or reduction treatment programme for heroin addiction.	Short-term effects to counteract heroin withdrawal symptoms and can include light-headedness, dizziness, nausea and vomiting. Long-term effects can lead to respiratory difficulties and low blood pressure.
METHAMPHETAMINE	Ice Crystal meth	A very pure form of amphetamine, which comes in the form of a white crystalline solid. It can be smoked, snorted or injected and its effects last up to 24 hours. When heated it gives off a vapour which is inhaled.	The major risk associated with taking Methamphetamine is cardiotoxicity and a magnification of all the effects one would associate with taking amphetamines (speed).
TEMAZEPAM	Jellies Wobbly eggs	Sold in 10-30mg capsules or 10-20mg tablets. Medically used as a muscle relaxant and sleeping pill. Becoming popular to use when coming down after taking ecstasy.	Normally swallowed and it induces a calming effect, but when melted and injected can solidify and cause circulation problems. In 1994, 50 deaths were linked to Temazepam in the Glasgow area alone. It has a high potential for dependence and for resulting in irrational behaviour.
TOBACCO	Fags, Smokes, Ciggies	Tobacco is a mild stimulant with addictive properties and is normally smoked	Short term effects include relaxation, removal of stress/anxiety, increased heart rate and blood pressure can occur. Long-term effects include addiction/dependency, cancer, heart disease, and ulcers. Discolouration of teeth and fingers and halitosis (bad breath) can occur.
VOLATILE SOLVENTS & INHALANTS	Glue	Glues, butane gas, many aerosols, petrol, dry cleaning fluids, typewriter correction fluids, nail varnish remover etc. Mainly used amongst the younger age range and primarily in groups. Although some use solvents very heavily, every day often by themselves. They are inhaled through the nose and mouth from a bag or some other receptacle or squirted down the throat. The recent trend has been away from glue use to the more dangerous use of butane gas and aerosols. Their use tends to go in and	Effects come on fast but are short lived. Users often feel light headed and dizzy. Some users get dreamy and have hallucinogenic visions. Others feel sick and drowsy. Their use can also cause severe headaches, nausea, diarrhoea and irregular heartbeats. As it wears off the after effects are similar to a hangover. Accidents are more likely when people are high on solvents and are hallucinating, especially, when they are used in dangerous places like riverbanks or near main roads or train lines. Users sometimes lose consciousness. Usually they come round quickly, but there have been deaths from people choking

		out of fashion quickly	on their own vomit or suffering heart failure. Suffocation is a serious risk if solvents are put in a large bag and the bag is then put over the head. Squirting butane gas or aerosols straight down the throat can be fatal. They can freeze the airways or cause heart failure. Long-term use can result in fatigue, depression, brain, liver and kidney damage and lead poisoning if sniffing leaded petrol but this happens rarely. Tolerance can develop with regular use so more is needed to get the same effect. Physical addiction does not result but there is a high risk for psychological dependence.
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APPENDIX 8

LEVEL OF ALCOHOL USE INDICATOR AND ALCOHOL USE DISORDER IDENTIFICATION TEST

LEVEL OF ALCOHOL USE INDICATOR

*BAC (%)	Stage	Clinical Symptoms
0.01 - 0.05	Subclinical	Behaviour nearly normal by ordinary observation
0.03 - 0.12	Euphoria	Mild euphoria, sociability, talkativeness Increased self-confidence; decreased inhibitions Diminution of attention, judgment and control Beginning of sensory-motor impairment Loss of efficiency in finer performance tests
0.09 - 0.25	Excitement	Emotional instability; loss of critical judgment Impairment of perception, memory and comprehension Decreased sensory response; increased reaction time Reduced visual acuity; peripheral vision and glare recovery Sensory-motor incoordination; impaired balance Drowsiness
0.18 - 0.30	Confusion	Disorientation, mental confusion; dizziness Exaggerated emotional states Disturbances of vision and of perception of colour, form, motion and dimensions Increased pain threshold Increased muscular inco-ordination; staggering gait; slurred speech Apathy, lethargy
0.25 - 0.40	Stupor	General inertia; approaching loss of motor functions Markedly decreased response to stimuli Marked muscular inco-ordination; inability to stand or walk Vomiting; incontinence Impaired consciousness; sleep or stupor
0.35 - 0.50	Coma	Complete unconsciousness Depressed or abolished reflexes Subnormal body temperature Incontinence Impairment of circulation and respiration Possible death
0.45 +	Death	Death from respiratory arrest

****Blood Alcohol Content Percentage***

ALCOHOL AND THE BODY: CONTRIBUTORY FACTORS

Healthy people will eliminate alcohol at a relatively consistent rate. As a rule of thumb, a person will eliminate between 7ml and 12ml of alcohol from their body per hour, with an average of about 9.5ml/hr. The process is mainly by metabolising the alcohol through oxidation, with some alcohol eliminated directly through breathing and urination.

General Assumptions Used In Calculation of Blood Alcohol Content

Alcohol Metabolism Rate: 7.0 grams/hour (male and female and assumed constant with time)

- » Specific Gravity Of Alcohol: 0.79 grams/millilitre
- » Water Content Of Blood: 81.57%
- » Body Water Volume Adjustment Factors:
 - Height: ~ +0.11/cm
 - Weight: ~ +0.34/kg (male) and ~ +0.25/kg (female)
 - Age: ~ -0.10/yr
- » No adjustments made for liver function or variations in gastric absorption levels
- » No adjustments made for body temperature or ambient temperature

The ability of the body to eliminate alcohol is affected by several factors:

Age: Total body water also tends to decrease with age, so an older person will be more affected by the same amount of alcohol. Blood alcohol concentrations may be up to 10% higher in a 60 year old individual compared to a 30 year old individual where their body compositions are similar.

Exercise: Strenuous exercise increases the body's metabolic rate on the one hand, while associated increases in breathing rates and air volumes increase the flow of alcohol across the lung membranes, causing the alcohol to be expelled through breathing at a greater rate. In one study the blood alcohol content of subjects before and after running up a flight of stairs decreased 11-14% after one trip, and 22-25% after two such trips. In another study, a 15% decrease in blood alcohol was reported in subjects following vigorous exercise or hyperventilation.

Gender: Generally women tend to have a higher percentage of body fat, and thus a lower percentage of body water, and if a man and a woman of the same weight ingest the same amount

of alcohol the woman will tend to achieve a higher alcohol concentration. This, of course, would not be true if the woman was very fit and the man was somewhat obese, but on average, this is the case. The differences in alcohol concentration due to average body composition differences based on gender would be between 16% and 10% depending on age. Although not completely supported by clinical studies, another gender-based difference is in the elimination of alcohol. Studies appear to show that women eliminate alcohol from their bodies at a rate 10% greater than that of men, which may counteract gender differences in body composition.

Level Of Fitness: For people of the same weight, a well-muscled individual will be less affected by the same volume of alcohol than someone with a higher fat percentage. Fatty tissue does not contain much water and will not absorb very much alcohol; hence more alcohol makes its way into the bloodstream.

Weight: In general, the less you weigh the more you will be affected by a given amount of alcohol. Alcohol has a high affinity for water and one's blood alcohol concentration is a function of the total amount of alcohol in one's system divided by total body water. In two individuals with similar body compositions and different weights, the larger individual will achieve lower alcohol concentrations than the smaller one if ingesting the same amount of alcohol. *Taken and adapted from: www.rupissed.com*

ALCOHOL USE DISORDER IDENTIFICATION TEST

PLEASE CIRCLE THE ANSWER THAT IS CORRECT FOR YOU

1. How often do you have a drink containing alcohol?

- Never
- Monthly or less
- 2-4 times a month
- 2-3 times a week
- 4 or more times a week

2. How many standard drinks containing alcohol do you have on a typical day when drinking?

- 1 or 2
- 3 or 4
- 5 or 6
- 7 to 9
- 10 or more

3. How often do you have six or more drinks on one occasion?

- Never
- Less than monthly
- Monthly
- Weekly
- Daily or almost daily

4. How often during the last year have you found that you were not able to stop drinking once you had started?

- Never
- Less than monthly
- Monthly
- Weekly
- Daily or almost daily

5. How often during the last year have you failed to do what was normally expected from you because of drinking?

- Never
- Less than monthly
- Monthly
- Weekly
- Daily or almost daily

6. How often during the last year have you needed a drink in the morning to get yourself going after a heavy drinking session?

- Never
- Less than monthly
- Monthly
- Weekly
- Daily or almost daily

7. How often during the last year have you had a feeling of guilt or remorse after drinking?

- Never
- Less than monthly
- Monthly
- Weekly
- Daily or almost daily

8. How often during the last year have you been unable to remember what happened the night before because you had been drinking?

- Never
- Less than monthly
- Monthly
- Weekly
- Daily or almost daily

9. Have you or someone else been injured as a result of your drinking?

- No
- Yes, but not in the last year
- Yes, during the last year

10. Has a relative or friend or a doctor or other health worker been concerned about your drinking or suggested you cut down?

- No
- Yes, but not in the last year
- Yes, during the last year

Scoring the AUDIT

Scores for each question range from 0 to 4, with the first response for each question (e.g. never) scoring 0, the second (e.g. less than monthly) scoring 1, the third (e.g. monthly) scoring 2, the fourth (e.g. weekly) scoring 3, and the last response (e.g. daily or almost daily) scoring 4. For questions 9 and 10, which only have 3 responses, the scoring is 0, 2 and 4 (from first to last answer).

A score of 8 or more is associated with harmful or hazardous drinking, a score of 13 or more in women, and 15 or more in men, is likely to indicate alcohol dependence.

Saunders, J. B., Aasland, O. G., Babor, T. F., de le Fuente, J. R. and Grant, M., (1993), *Development of the alcohol use disorders identification test (AUDIT): WHO collaborative project on early detection of persons with harmful alcohol consumption - II.*, (*Addiction*, 88, 791–803)

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