



*Irish Examiner*

A SPECIAL INVESTIGATION

NOVEMBER 20, 2007

# drugs

and Ireland

# Gardaí seize drugs with street value of €400,000

## Fourth man in cocaine seizure sent for trial

by Eoin English

THE fourth English man charged in connection with the seizure of cocaine in...

## Cannabis resin worth €50,000 seized

by Kathryn Hayes

DRUG dealers in the...

was the second haul in Limerick in recent days.

The man who is from the mid-west region was questioned by...

€20,000 was seized when officers searched a car in...

## X-ray shows where man packed vitals for jail term

## Three face trial for €100m cocaine haul

by Eoin English

THREE men charged in...

were brought from Cloverhill Prison to Clonakilt District Court yesterday.

## Drugs worth €1.4m found off Irish coast

## Accident lands €200m cocaine haul

by Eoin English

Timeline

### INSIDE

4 and 5

The alarming growth in heroin and cocaine use in Dún Laoghaire and Kerry

6 and 7

Talking to mothers whose families have been devastated by drugs

8 and 9

Kim was just a year out of school with her life before her when she died

10 and 11

How to recognise the various drugs used and know the damage they cause

12 and 13

Is Cork burying its head in the sand about its drug problem?

14 and 15

The rewards are enormous, but murder rules the drug trade

16 and 17

The reality of drug use on the ground in Tipperary and Offaly

18

Why alcohol is a gateway to drugs for many teenagers

19

Should drugs be legalised — the arguments for and against

20

Cormac O'Keeffe talks to an addict about her 14-year battle with drugs

**A** GLANCE through reports from the coroners' courts gives a quick insight into the problem.

Karen Power and David Dunne were a young couple with their life ahead of them as a family.

They had only recently christened their nine-week-old son, Callum.

The couple, from Clondalkin in west Dublin, were staying at a hotel in Ballsbridge in August 2006 after attending a wedding.

The Dublin City Coroner's Court heard they had gone back to their room to take cocaine after the festivities.

Karen, aged just 25, suffered a fatal overdose. David, 26, overwhelmed by despair, flung himself off the balcony and plunged six floors to his death.

Last September, the same court heard how two young friends, John Kinlan, aged 21 and Amy Kin-sella, aged 18, died in May 2006 after Kinlan lost control of the car he was driving. The Finglas youth had taken a cocktail of drugs, including cocaine, ec-stasy and alcohol.

In the same month, the court heard how Annette Lawlor, aged 22 and from Leixlip, Co Kildare, died from toxic levels of alcohol after a night out with friends in Leixlip and Dublin city centre in October 2006.

Last month, Cork Coroner's Court heard how 27-year-old Anthony Staunton, originally from Co Mayo, died at a Simon homeless hostel last Christmas after smoking heroin.

A week previously, Limerick Coroner's Court was told that Kenneth Kelly, aged 22 and from St Mary's Park, died in Limerick Prison after smoking heroin.

These six inquests sum up the main drug problems facing Ireland: cocaine, polydrug use, alcohol abuse and the spread of heroin.

The amount of cocaine coming into the country has risen sharply in the last four years, with 32kgs in 2002 and 190kgs in 2006.

That trend is reflected in treatment data, with a 900% rise in number of people seeking assistance between 1999 and 2005.

Provisional figures show nearly 2 tonnes of cocaine have been seized so far this year — the biggest annual haul in the State's history.

While there are no official figures, reports from inquests strongly indicate a sharp rise in cocaine-related deaths. Cocaine crosses all classes.

Not surprisingly, the impact is at its worst in disadvantaged areas of Dublin. It is here that intravenous cocaine use is destroying individuals and families. Community groups say the impact is worse than the heroin epidemics of the 1980s and 1990s.

The physical impact is worse, and unlike heroin, there is no methadone. The financial debt is also worse. Many addicts are resorting to crime, prostitution and dealing, while those who cannot pay are subject to beatings, shootings and even murder.

Families of addicts are considered legitimate targets by dealers and moneylenders.

Crack cocaine is also a growing problem. Polydrug use, or the consumption of different drugs, is considered by many activists, and drugs strategy minister Pat Carey, as one of the biggest problems in the country.

At the hard end of drug use, polydrug use revolves around heroin, methadone, cocaine, alcohol, benzodiazepines (tranquillisers), sleeping pills and cannabis.

For recreational users, alcohol and cocaine, is one of the most common combinations, with cannabis often in the mix.

A related trend here is the growth in the supply, and use, of herbal cannabis — which is stronger than resin — with more than a tonne seized this year, compared to 290kgs last year.

Many experts still emphasise that alcohol remains our single biggest drug problem.

A few weeks ago, the Health Research Board

published a report detailing the problem.

Deaths directly attributed to alcohol have doubled in the last ten years. Alcohol-related admissions to hospital are up 90%. One in five of the under 30s admitted for alcohol-related reasons have liver disease.

The market is being saturated with alcohol, and cheaper alcohol.

The onward march of heroin across the country is a slow burning crisis. As in Dublin, it is grabbing a hold in disadvantaged areas.

The spread has been pushed by a sharp rise in the supply of the drug from abroad.

There were record hauls of heroin in 2006, with the seizure of 128kgs. This was four times the

Activists say there are still lengthy waiting lists for treatment in certain areas. They point out if there is a window of opportunity where an addict wants help there must be immediate access to treatment.

Key aims of the drugs strategy have not been met. These include the two central supply objectives: "To significantly reduce the volume of illicit drugs available in Ireland" and "to significantly reduce access to all drugs".

While gardai and customs have exceeded their target — to increase the volume of drugs seized by 50% by 2008 — drug availability and accessibility have not fallen.

Much of this is outside the State's control. Global production of drugs, particularly cocaine and hero-



The drug crisis is real. It is time for the Government to act, says **Cormac O'Keeffe**

amount seized the previous year. More than 80kgs of the drug have been seized so far this year.

Limerick gangs are involved in trafficking heroin and are also supply towns like Clonmel and Tralee as well as Cork and Galway cities.

Earlier this year, 11 suspected heroin dealers were arrested in Galway.

There has been a rise in heroin deaths and arrests in Cork. Recently, Cork had its first one kilo seizure of heroin — not a good sign.

Court cases in Cork and Limerick highlight the involvement of African nationals in the supply and street sale of heroin.

A Government rehabilitation report published earlier this year said while the number of new heroin addicts seeking treatment for the first time in Dublin fell between 1998 and 2005 (from 889 to 438), the number outside Dublin jumped by almost 500% (from 71 to 413). It said this presented "major challenges" in terms of treatment and rehabilitation.

The State's response to drugs is contained in the National Drugs Strategy 2001-2008. It built on the work of the 14 local drugs task forces — 12 in Dublin, one in Cork and one in Bray.

The task forces bring together the state agencies — health, gardai and education — with community and voluntary groups.

The strategy identifies five main pillars of work: supply, prevention, treatment, research and rehabilitation.

The strategy has been widely praised by community and voluntary groups and by EU institutions.

There has been a considerable rise in the number of addicts being treated, from 5,000 in 2000 to 8,500 now.

There has been significant public expenditure on drugs, with more than €200 million spent in 2006 alone.

More than 440 local projects are funded, employing 650 people. In addition, 470 facilities and services have been set up through the Young People's Facilities and Services Fund.

But there have been trenchant criticisms from community groups that the State has taken its "foot off the pedal" in recent years.

They claim the State has failed to:

- Heed warnings, from 2002 onwards, of an impending cocaine crisis, particularly in Dublin.
- Respond to the spread of heroin.
- Set up, resource and staff regional drug task forces with greater speed.
- Sufficiently boost garda resources to combat local drug dealing and expand the number of community policing fora.
- Fully implement prevention programmes in schools.
- Increase the dire lack of residential rehabilitation places and structured after-care (now promised).

in, is up.

This does not mean law enforcement activities don't have an impact. Indeed, more can be done.

Drug units in some areas are too small and members can be taken off drug duties and put on other investigations.

In the communities worst affected, people are not seeing local dealers (who are plying their trade openly) being harassed.

They want to see the Criminal Assets Bureau targeting their wealth.

More importantly, they want community policing. They want to see gardai present in their area.

They see the need for gardai to make contact with the younger generations, as early as possible. But they know that gardai can only do so much.

With just a year left in the drugs strategy, many schools in task force areas still don't have drug prevention programmes. Early school leaving is still a significant problem in these areas. These youngsters disproportionately end up problem drug users.

Why has education and prevention not worked? Research has shown education and prevention programmes may only change people's attitudes, but not their actual behaviour.

Some research argues that drug usage is, to varying degrees, a rite of passage for many young people.

Experimentation with drugs, particularly cannabis, is now a "normal" part of growing up, they say.

Surveys show the bulk of drug takers are experimental or occasional users.

The last population survey found that 26% of young people aged between 15 and 34 had taken drugs. But only 10% had taken a drug within the last year and just 5% within the last month. Most of these had taken cannabis and no other drug.

This suggests that education programmes need to distinguish between experimental and occasional use of drugs and problem use of drugs.

This does not mean there are no health problems associated with experimental or occasional use.

But if education campaigns assume all users are addicts and contradict the experiences of users they will lack credibility and fail.

Minister Carey has said he wants to push the issue of education and provide "discreet" services to attract more people with drug problems to seek help.

There are other signs of hope. As this supplement shows, there are great projects out there and amazing individuals driving them.

Many are parents of children who have died or who are battling with addiction.

Some of them took to the streets in the mass campaigns of 1996. This, along with murder of journalist Veronica Guerin, forced the State to act then.

# A news report turned into a 10-month journey with Rachael

**R**ACHAEL KEOGH simply couldn't stop using drugs. She told me: "I literally can't get out of the bed without heroin in my system." She was dying from heroin addiction when I first interviewed her in July 2006. The 26-year-old from Ballymun in Dublin had been caught up in the grips of drug abuse for 14 years and didn't have the strength to fight her demons anymore.

Rachael and her family knew it was only a matter of time before her body gave up. She told me she was better off dead.

Her arms were destroyed from injecting. The veins in her body had collapsed and she was now injecting into capillaries which weren't strong enough to handle the heroin, so the citric acid had burned huge holes in her arms.

Her mother Lynda released shocking pictures of the open wounds in

the hope Rachael would be hospitalised. I had read Rachael's story in one of the tabloids. I was so surprised at the state of her arms and wondered how anyone could do that to themselves, but at that time I didn't know a whole lot about drug addiction, or what Rachael was going through.

We both got on from the start. We sat down and did our interview. My report was aired on Sky News in Britain. At the time I was working in the Ireland office in Dublin. The report received a huge reaction, and by that evening five top magazines contacted me trying to organise an interview with Rachael.

The next day she was arrested over eight outstanding shoplifting charges and sent to prison for a week. I had already made one documentary and asked my producers at Sky if we could follow her story — to which they agreed.

I decided to investigate drug treat-



**Rachael's arms were destroyed from injecting, but Alison O'Reilly witnessed a rebirth**

ment facilities in Dublin and try to understand why Rachael wasn't getting the proper treatment she needed.

There are approximately 13,000 drug addicts in Dublin alone and only 20 detox beds. The first step when trying to get off drugs is a stabilisation or methadone programme.

Every day Rachael works on a 12-step programme. "Imagine feeling like you are wrapped up in cotton wool. You feel so safe, like no one can hurt you. That's what it's like when you

take heroin, it's so overwhelming it's very hard to stop, it takes away all your cares".

Rachael put so much pressure on herself to get clean. She never stopped trying going from the methadone clinic and then to see her counsellor.

What started out as a news report slowly turned into a 10-month journey filming Rachael's battle to get clean. She remained positive through sheer grit and determination, but often

broke down when she found it difficult to cope.

We spent a lot of time in Dublin city centre filming on the boardwalk where most of the addicts hang out. I hadn't really noticed these people before, but soon found myself chatting and getting to know them, many of whom were homeless. This was a whole new world to me. I was saddened by it all but also grateful I never fell into the world of drug abuse — which could happen to anyone.

Rachael finally got a detox bed at Cherry Orchard Hospital in Ballyfermot and emerged drug free six weeks later. It was just before she entered Keltioi rehabilitation programme in the Phoenix Park that she really opened up to me about her feelings of hurt and despair. I think she was now ready to face her fears and get well.

Earlier this year, Judge Cormac Dunne acquitted Rachael on eight counts of shoplifting and said she

was a "role model" for all acutely addicted persons. She didn't receive probation or a conviction, and he congratulated Rachael on her efforts to rehabilitate herself.

It was a wonderful experience working with Rachael Keogh. She has proved you can achieve anything if you put your mind to it.

I continue to support Rachael and we have remained very good friends who look out for one another. I never saw Rachael as a heroin addict, just a girl with a lot of potential who really wanted help, asked for it, and got it, eventually.

■ 'My Way Back, Rachael's Story' will be aired on Sky News over Christmas. It shows Rachael studying at Trinity College as well as giving drugs awareness talks at schools. It will also feature cult singers Damien Dempsey, and Christy Dignam of Aslan.

## DEPTHS OF DESPAIR TO A NEW LIFE



Recovering heroin addict

**Rachael Keogh** says the fear of relapse will always be with her

**T**O THINK this time last year I was attending Trinity Court methadone clinic and one year on I'm a student in the Trinity Access Programme at Trinity College.

How my life has changed. I'm expecting my baby in March and everyone in the family is very excited.

It's hard to believe how far I've come. It's not that long ago I was living in a grotty flat surrounded by syringes, having to shoplift against my own will to feed my habit. I had no hope for the future and I was convinced that my next destination was death.

My weight had plummeted to seven stone; my arms were covered in open sores which I was injecting into repeatedly. Most of the veins in my body collapsed so I was injecting into anywhere I could.

could never understand why they would want to live such a boring life when they could do what I was doing and feel the way I was feeling.

It wasn't long before someone offered me heroin to come down off the ecstasy.

At 13, smoking the drug became my daily routine. I started off by taking a couple of lines, thinking I was completely in control. As each day passed my tolerance became lower and lower.

I fell in love with the feeling of being wrapped up in cotton wool. My addiction had rapidly progressed and within two years I found myself with a syringe in my hand. I used to look at older heroin addicts injecting and I remember thinking "that'll never happen to me". Little did I know.

Back then there was very little aware-

ness about drug addiction and its ef-

fects and besides that, I was living in Ballymun, the drugs capital of Ireland at the time. Most of us were doing it. In my mind it was all fun and games. I had no idea what I was getting myself into. I hid the problem from my family but the worse I got, the harder it became to disguise.

By then, I was already in the grip of my addiction and there was nothing my family or I could do. I spent my days hanging around with other drug addicts and quickly learned how to adapt to my new life on the streets. My whole personality changed. I

went from being a model child with lots of potential to somebody who had to lie, steal and manipulate in order to get the only thing that mattered to me, heroin. I was still only 15.

My family were at their wit's end and did everything in their power to try and help me, including taking me to various GPs, counselling services and Trinity Court Methadone Clinic, where we were told I wouldn't be recognised as a drug addict because of my age.

I knew I had a problem but my fears wouldn't allow me to let go of the drugs. They were like my suit of armour. And because of that, the years flew by. I remained addicted to heroin, I was a familiar face in Mountjoy Prison and I was taking any drugs I could get my hands on.

I was lost; I was stuck in a time warp. Before I knew it, I was 26 and it was either get clean or die. I had gone as far as I could go.

My story became known all over the country and my rotting arms were photographed in every paper. I was Rachael Keogh, 'the face of heroin'.

After a long time of fighting red tape and refusals, I got my detox bed and after becoming drug-free, eventually a place in rehabilitation became available.

Although being medically detoxed (cold turkey) was a nightmare, this was the easy part. My suit of armour was gone and it was time to face up to my own demons. I had filmed the last year and a half of my life and I was now ready to show it to the world.

Because of the shame and stigma attached to drug addiction, I thought that by being open and honest, it may help people understand the problem more. I



Rachael Keogh in Trinity College Dublin, where she has enrolled in a course and, above left, the arms she almost lost at the height of her addiction.

Pictures: Paul Sharp; Collins

69

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69

I was so ashamed of the state of my arms that I wouldn't even show other addicts.

My whole life revolved around my next fix. I was addicted to heroin. I never aspired to being a drug addict but after 14 years of chronic drug addiction, I was living a hell on earth.

At 12, I started going to various different raves and parties with my friends. Taking ecstasy back then was the norm. Although I was still at school at this time most of my energy went into thinking about the weekend ahead and taking as many pills as possible.

I looked at friends of mine going to school and others going to work and I

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also wanted to highlight to lack of treatment facilities and long waiting lists in this country for drug addicts.

Another reason for doing the documentary for Sky News was to remind myself of all I had achieved.

The response to the film was really positive and I would like to think I gave some people in similar situations hope.

The icing on the cake for me was being accepted into the TAP programme in Trinity College. It was a dream come true. I have now become one of those people who have what I thought was a boring lifestyle, in college at 9am, working and studying really hard and aiming to do a degree in psychology.

My life has moved on in many ways but I still battle with my ad-

dition on a regular basis and this is what people don't know.

Just because you're free of drugs you're not free of the fear of relapse. I still have to attend my aftercare programme once a week and I receive one to one counselling on a weekly basis. It is something that I believe will never leave me and something that I have to stay on top of constantly.

# COMMON GROUND

Drug use in Dún Laoghaire was traditionally confined to disadvantaged areas. But as Noel Baker discovered, this is no longer the case

**D**RUG users have a reputation for being unreliable, but Dún Laoghaire can count on its small population of heroin addicts.

Even on a sunny day in October, they are easy to spot, weighed down by layers of clothing and stumbling through the crowds like arthritic ghosts. Since the dog days of the 1980s, they have become as much of a fixture here as the ferries docking in the harbour.

Dún Laoghaire is a well-to-do spot and the vast majority of those scuttling through it bear all the hallmarks of prosperity. When, during the summer, a number of sail boats were blown over in the harbour by strong winds during a junior regatta, some reporters joked that they needed subtitles to understand the posh south-side accents.

Away from this, however, disadvantaged estates in and around Dún Laoghaire have remained heroin black spots, where experts refer to different generations of the same family falling prey to the perils of drug use.

What these same experts are worried about, however, is not the visible problem of heroin, but the growth in drug use among a greater number of people from all walks of life. Cocaine is increasingly prevalent — a drug that is seemingly flourishing amid the affluent classes and beyond.

In Dún Laoghaire-Rathdown it is a double-up between catering for the continuing, but accepted heroin problem, and this seemingly rampant surge in cocaine use. As head of the local Drugs Task Force, Jim Doherty is in an ideal position to view the drugs landscape and he believes it is complicated terrain.

"I have 22 projects that I look after in terms of trying to ameliorate the drugs problem either through prevention, education, supply reduction, stuff like that," he said.

"All of my projects that would have contact with drug users or drug users' families would have reported an increase in the use of cocaine. Yes, it would be anecdotal because these people are not social science researchers, but they are in contact with clients, and in fairness, their funding does not depend on them enlarging the drugs problem, so they have no major reason to exacerbate the problem."

Drugs were traditionally a problem in disadvantaged areas in Dún Laoghaire-Rathdown, where low educational attainment and high unemployment levels went hand-in-hand with grinding poverty.

"When the drugs task force was set up 10 years ago it was tasked to concentrate on about 20, 21 pockets of disadvantage in DLR, because we're in the most affluent county in the country," said Mr Doherty.

"However, Ireland being fairly unequal in how it distributes wealth, there are some places in the middle of Dún Laoghaire which are extremely deprived. I would say that everything I am hearing from projects, from workers on the ground, indicate to me that there is a significant problem now outside of those areas."

Not that the problem in those areas has been wiped out — it hasn't. Mr Doherty calls it "a disgrace" that the overriding issues of social exclusion have not been tackled over the past 10 years. He maintains that while, in the past, areas of drug use could be picked by the postcode, today these traditional problem zones have been joined by greater drug use virtually everywhere.

Occasionally, its effects are thrown into stark relief, such as the death of one local man last year, who was found in the McDonald's on one of the borough's main streets. A coroner's court heard that a number of needles were found stuck into, or lying around, the man, who died from a morphine overdose.

Insp Bill Wilde has become familiar with such cases over the years. He began working in the area



in 1977 and recalls how heroin hit in 1981. He has seen dynasties of drug use in families over the years and still sees people from the same estates carrying out a small trade, primarily to feed their own habit.

"Some people are selling bits and pieces — it's what they are at," he says. "For some of them they don't know anything else."

As he sees it, there are three options for young heroin users: Steal, deal or sell themselves; the latter is something more prevalent in the city centre than out here in the borough.

"If I speak to people addicted to heroin here, the Celtic Tiger does not exist for them," the inspector said.

But what of the newer phenomenon, that of widespread drug use? Perhaps understandably, given its broad base of operations, the data at Garda level does not seem to support the stories of a blizzard of cocaine.

"I'm not seeing huge amounts of cocaine in nightclubs. There is lots of anecdotal stuff, but I'm not hearing about it in pubs and clubs," said Insp Wilde.

It is fair to say that this is far from a universal view. According to Mr Doherty, while the issue regarding heroin has stabilised, many more people are using many more drugs.

"People used to talk about drug of choice, now you could say it's a smorgasbord, it's a buffet," he said. "If you said to me, 'here's a map of DLR, point to an area that doesn't have a drugs problem', I'd probably keep my hand in my pocket."

This state of play runs from the old working class estates to plush areas around Dún Laoghaire and even University College Dublin. Addressing a class of first year students there last year, Mr Doherty was informed by some that they had taken cocaine on their Debs night. Nor did this revelation come as a huge surprise.

This greater acceptance of cocaine as a socially acceptable drug has also been clocked by the Dún Laoghaire-Rathdown Community Addiction Team, based close to the Luas stop in Sandycroft. While the majority of their clients would still be receiving treatment for opiate addiction, they have noticed an increase in younger users, and in those taking cocaine, often in tandem with other substances. It is a change of dynamic which presents itself in all kinds of ways.

One of the team's project workers, Peter Curtin, said: "The distribution network for cocaine is actually a hell of a lot more complex than for heroin. People I've come across — and this is the funny thing about the upper end of cocaine users — is that there's massive, massive money involved. I know a fella who drives a Bentley Continental around Dublin and all he does, all weekend, is from about 6pm on Friday evening he just drives around town and delivers cocaine to different people at different parties. You would never have had that with heroin."

"What we would find mostly is that in the disadvantaged areas you have severe addiction, severe social, physical, emotional problems coming from a constant and high level of cocaine use. And the difference between that and your kind of middle class or upper class cocaine user is that mainly the impact is more financial and emotional. Most of the middle class users would still be snorting, they would not be IV (intravenous) users, so the IV thing has stayed within the lower class."

The team has up to 500 people on its database, and the drugs used by its clients are broken down evenly between the four groups: Cocaine, opiates, alcohol and cannabis/grass. Gaps in the system, as they see it, affect users across the spectrum.

The team's manager, Geraldine Fitzpatrick said aftercare is a particular problem. "There doesn't seem to be an initiative there to try and detox the patient or link them in with the likes of community addiction teams," she said.

From Mr Curtin's point of view, the State is too complacent regarding its use of methadone for heroin users and not pro-active enough in looking at alternatives. "There's no care plan goals or anything like that for them. The goals of people who operate methadone programmes is to get people on to methadone programmes because they view it as, if they come off opiates and start using methadone at least



In Dún Laoghaire-Rathdown, it is a double-up between catering for the continuing, but accepted, heroin problem and the surge in cocaine use across all social groups and classes.

physically they are going to be a hell of a lot better, emotionally they can start work, there's a bit of stability in their lives."

He also criticises what he views as the "bureaucracy" which means there is a delay, often running into months, in accessing detox beds.

The changes in people's use of drugs are set to present problems for all of us, Mr Curtin continues, despite the differences between the old problem of heroin and the new threat from cocaine.

"People are beginning to become aware that cocaine is going to cause a serious problem and that the infrastructures that we have at the moment, we're helpless really — 99% of the services out there are opiate based and methadone is no use to a cocaine addict."

This theme continues elsewhere. Ruth McClaughry, manager of DROP (Dun Laoghaire Rathdown Outreach project), found that in a survey of clients — many of whom are recovering from heroin addiction — most were using cocaine in conjunction with other drugs. The paranoia, aggression and anxiety, not to mind the adverse effects on health, will take their toll on any user, she says, regardless of their class or social background.

Despite this, she feels that many people, particularly from well-heeled stock, are perfectly happy to compartmentalise their drug use, and will demure from seeking help even when the alarm bells start to ring.

"I wouldn't go to anyone for an awfully long time because I wouldn't understand the link between my weekly despair, panic, anxiety and anger and the fact that I'm high as a kite on coke at weekends," she says of the attitude of many of her clients. "I wouldn't go to my doctor because it's illegal [drug use]. I would just quietly try to deal with it and keep it secret."

For Mr Doherty, changing trends in future could be seismic, and he believes the country's view of the drugs issue will have to change to keep pace with events.

"It's a horrible expression, but we might be looking at a paradigm shift in terms of our whole attitude to drugs. We might be getting into an era of managing the [effects of] drug use, as opposed to fighting or combating or the war on drugs. We might be getting to a point where we think, look, this is all around us, people are using it and it's not just kids and not just from one socio-economic background, so what we have to do now is focus on harm reduction, focus on educating people on what it is they're doing, in the same way in which there was a point when people realised that cigarettes were killing people."

"I feel that there has been a huge amount of initiatives aimed at breaking down some of the root causes of people ending up in drug

abuse, but that there is not enough coherence between those. They are very piecemeal and staggered and as a consequence it hasn't really had the kind of effect. I also think that people have been unwilling to bite the absolute bullet. Personally I believe that poverty is at the root of all of these and that there is no easy way to solve it without investing enormous amounts of money."

He argues that the existing National Drugs Strategy, if implemented in full, could make a huge difference at both local and national level, but concedes: "We are wise enough to realise that we don't work with the most popular group of people."

In a previous job, working in north Dublin, he dealt with a nine-year-old who had begun injecting heroin. Complacency is the real enemy, he maintains, at a time when polydrug use is on the rise, and substances such as crystal meth and crack cocaine could appear on the horizon like two horsemen of the apocalypse.

"We've only seen narrow drug use in a recession and widespread drug use in a boom," he says. "The next bit we haven't seen yet, and that will be a whole new phase for us."

The denizens of Dún Laoghaire might walk around their heroin addicts as though they're not even there, but the spectres might, in future, be harder to avoid.



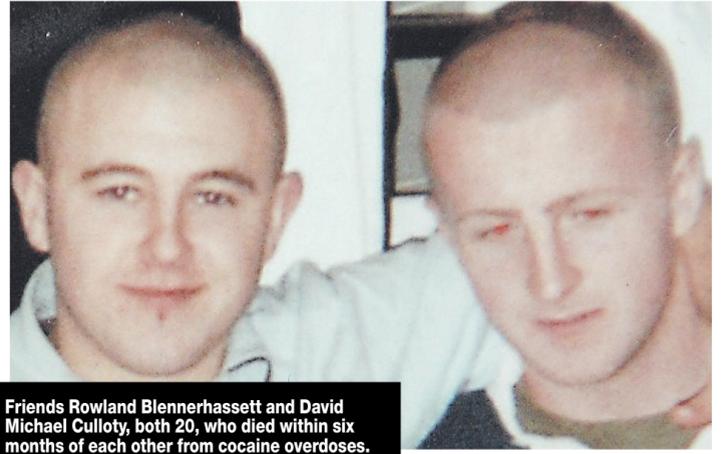
Dún Laoghaire Rathdown Community Addiction Project's Peter Curtin and Geraldine Fitzpatrick: 'The reality is that most of the big dealers are not using drugs themselves.'

Pictures: Paul Sharp



Jim Doherty of the local drugs task force, says that while, in the past, areas of drug use could be picked by the postcode, now these problem zones have been joined by greater drug use virtually everywhere else.

# FROM THE CITY TO THE COUNTRY



Friends Rowland Blennerhassett and David Michael Culloty, both 20, who died within six months of each other from cocaine overdoses.



**Conor Ryan** examines the growing drug problem in Kerry and the ease with which it is crossing geographical and social boundaries

## The needle and the damage done

**Conor Ryan** says heroin has already been introduced into Kerry to a new generation

**T**HE continued spread of heroin throughout Kerry is the biggest fear among drug workers.

"At the moment it is being smoked rather than injected, but recently I have heard of people shooting up."

"It is still only very small, but it is showing up at parties which means it is being normalised. Kids are getting used to seeing it and therefore are more at risk of experimenting with heroin," said Pat Hannafin.

Mr Hannafin is the youth intervention worker at the new drugs' project based in Tralee Partnership.

His views are supported by Con Cremin, director of the Talbot Grove addiction centre. He said heroin has already been introduced into Kerry to a new generation of user.

There is no methadone programme available to people in the south-west and no dedicated treatment programme.

For more than two decades heroin addicts have lived in the county, but there was no local supply. Users would have begun using the drug elsewhere and after they moved to Kerry they commuted to Dublin to feed their habit. In the past year this has changed and reports suggest heroin is being supplied by indigenous dealers to a new breed of user. Recently there have been significant seizures on the south coast to support this view.

After watching the drug ravage communities in Dublin in the 1980s and early 1990s, those working in the area are already trying to prepare a response.

Dermot O'Regan is one of the country's first link workers to support drug addicts after coming through treatment.

"I think Cork and Kerry are almost in a privileged position compared to Dublin be-

**I**T IS a way of life. In the same way people who smoke are aware what it is doing to them, people who take drugs know it could kill them, but they are happy to take the chance."

Terence Casey is the coroner for south and east Kerry.

He said the trend among the tragedies coming before him is that a pervasive drug culture has short-circuited common sense.

"People are going away to hotels rather than spending their money in pubs. It's always ecstasy or cocaine. They are lethal," he said.

The people of Kerry cannot plead ignorance about the deadly effects of drugs. In 1993, a local teenager, who returned from Britain to his parents, was the first recorded ecstasy death in Ireland. He collapsed at home in the middle of day.

His death went unheeded and signalled the beginning of the mass infiltration of ecstasy into the south west. It took Kerry from being a community buffered by geography to facing the same drugs' war as the rest of the country.

By the end of the 1990s hundreds of people were attending community meetings to plot a response. Vigilante beatings were also taking place.

The drugs trade carried on regardless and simultaneously cocaine was starting to find its way to towns and villages.

Pat Hannafin is the newly appointed intervention worker dealing with young people taking drugs in Tralee. He remembers the early 1990s when drug use was linked to a sub-culture easily recognisable by a certain dress code or social clique. However,

today those social labels are redundant and nowadays only serve those still denying the fact that teenagers in Tralee often find it easier to buy drugs than drink.

Recent research carried out on the Greater Tralee area, by Peadar King, found teenagers had little difficulty sourcing whatever they wanted.

The days when ravers took ecstasy, stoners smoked pot and rich people snorted cocaine are over, drug users are trying everything.

"Ecstasy changed the drugs culture here, connected with the dance scene and made drug use more fashionable and mainstream.

"All of a sudden kids of all backgrounds were taking drugs. But it is so plentiful that what is happening now is poly-drug use, you rarely get somebody coming into me who only takes one drug," he said.

These shifts are borne out in the coroner's court.

Rowland Blennerhassett did not fit the profile of a drug user but this did not spare his life.

The 20-year-old was a talented brick layer with six people working under him. He worked hard and reaped the rewards. He signed off on the plans for his new house the night before he died.

Mr Blennerhassett's family did not realise he even took drugs. His uncle Billy Leen said: "My information is that among young people that age living around here between 70%-80% have dabbled in drugs."

"There was a time when cocaine was a rich man's drug but these young people are well able to earn money, they all have good jobs and are pulling in €500, €600 a week.

"I am told it is gone very common in the building industry locally," he said.

Contrary to reports, Mr Blennerhassett was not at a wild party the night of his death but with a handful of friends who arrived home to take some drugs after a night out.

Six months later, one of his friends, David Michael Culloty, was found dead in a hotel room, also after a reported cocaine overdose.

The 20-year-old, from Alderwood Road, Tralee, was in Killarney for a wedding. Emergency services were called to the hotel room on the morning after the celebration, but were unable to save his life.

Mr Leen said far from representing an anomaly, his nephew represented a typical drug user in Kerry.

"These are all respectable lads from respectable families. It is not the junkies or the drop outs you are dealing with any more.

"The present system is not working for controlling drugs," he said.

Tim Somers was 20 when ecstasy killed him a month before Christmas 2005.

However, Malcom Halpin was 42 and had moved to Kenmare from Liverpool before he died on his way to hospital on February 27, 2005.

Separated by 22 years neither man's heart was able to function after being sent racing by ecstasy tablets swallowed shortly beforehand.

Brian Daniels, from Cork Road in Waterford, was also 42 when he was found dead at the bottom of the stairwell in the Great Southern Hotel, Killarney in January 2006.

Mr Daniels arrived disorientated and paranoid looking for a late drink. He checked into the hotel but never used his room. He drank in the hotel bar but made little sense in conversation. He was last seen staring out a window, fearful of people he thought were coming after him. His body was found the next morning. Very high levels of cocaine showed up in his postmortem.

Instead of acting as a deterrent, their deaths are treated as a footnote to a new social scene not only in towns like Tralee, Killarney and Listowel but in villages like Lixnaw, Sneem and Castlemaine.

While some have ended up in early graves, others are washing up in addiction treatment centres such as Talbot Grove in north Kerry.

Director Con Cremin has noticed the shift in emphasis in what people are addicted to and how problems manifest themselves.

"The type of use has changed, everybody we meet now who has used an illicit drug will have used cocaine."

"We are seeing more people coming into us in their 20s or 30s. Drugs will bring people to a crisis earlier than alcohol. It tends to burn them out a lot more quickly," Mr Cremin said.

Those using drugs no longer have to go to cities to source their fix. There is now an established local drugs supply chain.

Mr Cremin said "rural Ireland is no longer rural".

In Tralee, Mr Hannafin described a community which is not in denial.

"The families do not care about the stigma, they know what is going on and they just want their children to get help," he said.

But as drugs continue to pour into Kerry, the death-toll is rising.

The latest victim passed out on a hotel floor in Killarney at the end of September. His friends thought he was asleep until the next morning when they could not resuscitate him. A local man, his inquest has still to join those already before Mr Casey's coroner's court.

cause they can see what is coming down the line. We have to learn the lessons and not repeat the mistakes," he said.

Projects such as Mr Hannafin's and Mr O'Regan's are among the first line of defence. The link work is there to put the pieces in place for people trying to rehabilitate after drug use.

In Kerry this can mean finding housing, getting work or returning to education. It allows people who want to go clean to get their life in order.

The groundwork is in recognition of the large number of people in their late teens and early 20s who are already taking drugs. This is the age group at most risk.

"The age group starts from 16 which was a surprise to me because I thought it was too young, but they got it just right.

"They are the age where there is already a significant drug use history," he said.

For those referred to the project the aim is not to get their life back in order as in many cases their lives have yet to begin. Instead it is

designed to act as a stabiliser during an erratic stage in growing up.

It is these young people who will be the first confronted with a local heroin scene.

"In my opinion a lot of the services were more suited to adults whereas young people who attempt to give up drugs very often tend to relapse. And that cannot be seen in a negative light, it is all part of the process. A lot can just be about harm reduction, but it is also about motivating them to allow them get to a place where they want to be clean themselves.

"It is a big challenge to move away from their old friends. The peer pressure is very crucial if a person has significant drug problems. If they are being told to avoid people and places where there is drugs it can be a very difficult transition for them to make. In my service we are trying to help them make the links which help ease that transition," he said.

Both these services were established under the Regional Drugs' Task Force which has been operating for more than a year in Kerry and Cork.

Co-ordinator Dr Chris Black said heroin and cocaine represented major challenges to all support services. This included the need to free up treatment places for young people as there is a wait of more than 12 weeks for a residential place. He said this is too long to keep teenagers from losing the initiative.

However, he said, the single biggest problem in keeping people away from hard drugs is the unquestioning acceptance given to alcohol in society. He said this provided a scene for people to access harder drugs and wore down the threshold at which teenagers embraced sub-

stance misuse.

This is a view reflected in Substance Use/Misuse research carried out in the greater Tralee and north Kerry area last year. Its author, Peadar King, spoke to a number of young people about the drugs they were taking.

Alcohol was still the number one drug and provided the social setting for subsequent drug use. It also found that among drug users once they had stepped over the moral hurdle of using drugs and alcohol they gave little thought to what substances they took afterwards.

For those young people it became a question of availability.

However, this is no longer an issue for those growing up in Kerry.



Beldale View Treatment Centre in Darndale: 'This is a community which buries its young people with a terrible frequency.'

## At the end of the lane

**T**HE location of the treatment centre in Darndale could hardly be more inhospitable. It's at the end of a bleak lane on the edge of Darndale.

You pass a number of Traveller sites. Rubbish and waste greet the visitor. At the end of the lane are a number of grim buildings. They are fenced in by 10-foot-high, sharp railings manned by security guards.

"People come here when everything has failed," said Dr Paul Quigley, a substance abuse specialist at the centre. "It's not nice."

But inside the walls, Dr Quigley and the other staff are proud of their work. "In the last 10 years here we have brought the situation around, from a totally chaotic state, to a stage where we have no waiting list."

"The original problem was heroin addiction. Treating with methadone, even with best practice, as we do, is a maintenance approach, it's long term."

He said they now faced a number of problems. First, was the large number of drugs — five on average — in addition to methadone, being used by clients. These are heroin, hash, alcohol, cocaine and sleeping tablets.

"Methadone can improve the situation, but clients compensate with other drugs and are continuing to be unstable," said Dr Quigley.

"The supply of cocaine has vastly increased. In addition we already had heavy supplies of sleeping tablets."

He said alcohol abuse was "a very serious problem" at clinics, posing risks of sclerosis and violence.

Secondly, many of the clients have "very serious" psychological problems. He said the biggest problem was poverty

and housing.

"There is a particular problem of homelessness young males."

He said Darndale was one of the communities at the "losing end" of economic changes. "This is a community which buries its young people with a terrible frequency, because of the nature of the environment."

Cocaine was a major problem. "Where heroin lasts for four hours, and a person would not inject more than three times in a day, with cocaine a person could easily inject 40 times if bad. The high only lasts four minutes, 15 minutes comedown, then back to zero."

He said cocaine abuse had "destabilising" effects on mental health. "It causes irritability. People can't sleep, they're cranky, aggressive, there are difficulties with families. People can purchase a large amount of sleeping tablets to balance out the effects."

He said alcohol was the most common drug combination with cocaine. "There are a lot of incidents driven by binge drinking and cocaine, aggressive behaviour, driving cars too fast and sexual risks."

He said they've had cases of clients being forced to flee the area because of debts.

He said the simplest way for regular users to keep afloat was to start handling drugs. "If they are in possession of substantial supplies, they can use impulsively, they end up owing for them. These debts are often paid in blood, both inside and outside prison."

Dr Quigley said: "The hard end of the drug business is here in Darndale, in assaults, shootings, drug debts, suicides and murders."

He said psychiatric services were struggling to deal with cocaine. He said the cheap availability of alcohol was "disastrous" for local young people.



Resident artist, Tony Furlong, Sphere 17 Regional Youth Service, Darndale: 'Kids need to take part in doing positive things.'

## Positivity is the key for change

**T**HINK positive: that's Tony Furlong's motto.

"There's so much coverage on drugs, young people look at people doing drugs and getting all the attention. The message is 'If I want to get attention this is what I should do'."

Tony is running art classes at Sphere 17, a new regional youth centre in Darndale. Bright and good natured, Tony gets on well with the kids.

"These are great kids. Kids need to see this is the way to go, to join in youth clubs, take part in positive things. Give coverage to these young people. He said children loved to be praised. "They need an environment where this is happening. If you raise their self-esteem they will be positive about the world around them. Drugs need to be de-glorified, stuff like this needs to be glorified."

Mary Clarke is the youth facilities host at Sphere 17. She said the centre is open weekdays until 10pm and until 5pm on Saturdays.

It has a bright, cheerful cafe/ drop-in area, where young people can walk in and talk to youth workers. They run a range of classes, from hip-hop to guitar to stage school. They have an indoor soccer pitch and run school outreach

programmes and breakfast clubs.

"There are far more facilities now. Young people can't say there's nothing to do. All they have to do is knock on our door."

And they don't even have to do that. The centre engages in "street work" where youth workers go out to gangs and tell them about the place. They also do "detached work", for kids who don't want to come in to the centre.

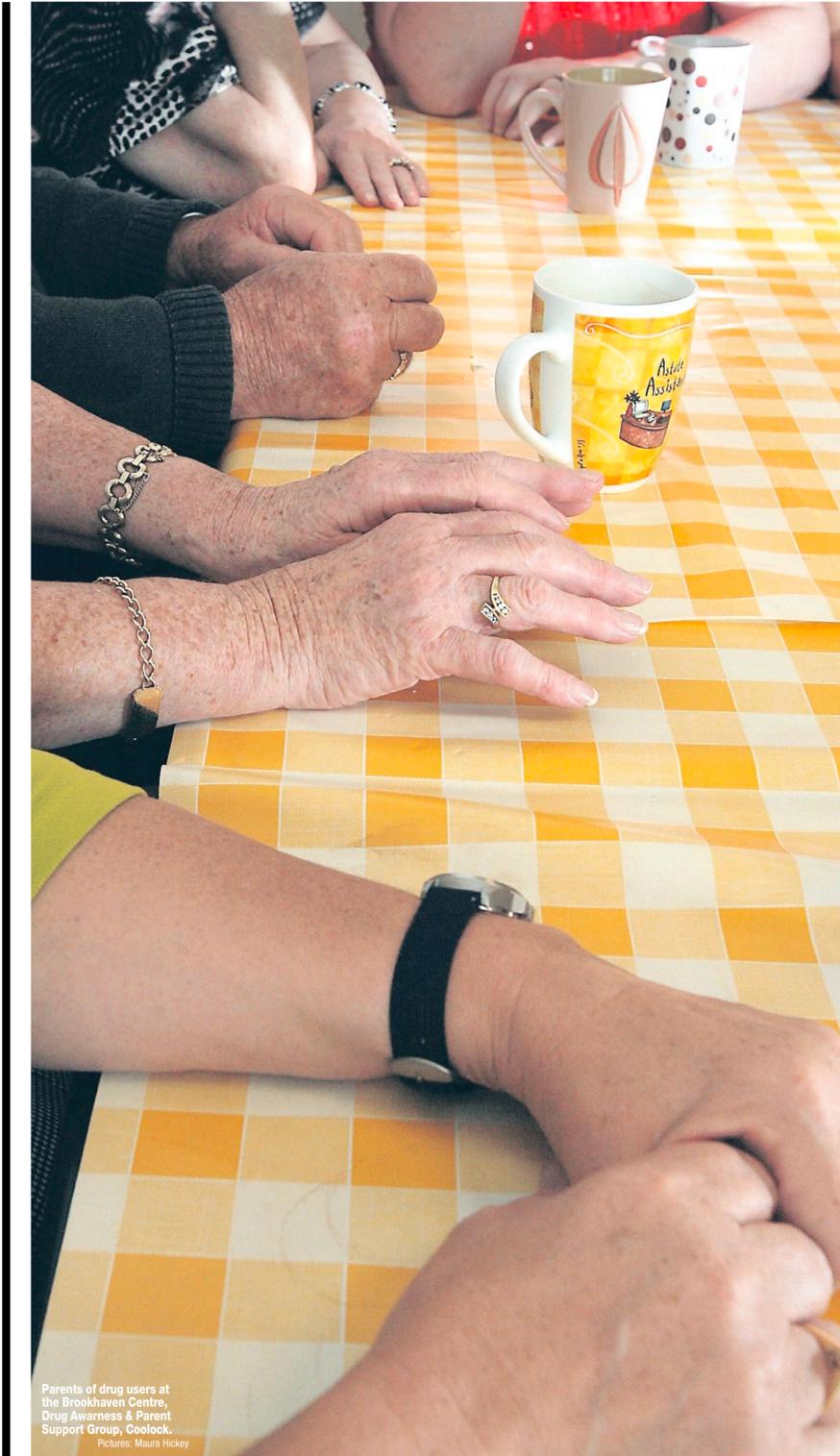
"We go out to them, play football with them or whatever," said Mary.

Nearby, in the New Life Centre, run by the parish, Fr Terry Murray and his staff run a lively facility for young and old alike. Manager Sinead Griffin said about 300 people attend their youth programme. They have after-school groups, homework groups, a grinds programme, arts classes and personal and social education classes.

"We think education is the key in making a difference. We provide leadership training and have around twenty 18 to 19-year-olds that can run clubs."

She said they helped ten people in 2005 get into third-level colleges.

"That is huge for this estate where their parents could have left school at 15. We have hope for this community."



Parents of drug users at the Brookhaven Centre, Drug Awareness & Parent Support Group, Coolock. Pictures: Maura Hickey

# BEYOND MOTHERS' HELP

Sharon loves her daughter, but sometimes she almost wishes she was dead.

Cormac O'Keefe talks to the mothers whose families have been devastated by drugs

**J**UST seven months ago, Sharon's 24-year-old daughter, Jane, was a loving mum-of-two. She had never been in trouble with the law and Sharon had a good relationship with her.

But since March, Jane has developed a serious cocaine addiction.

Not only that, but she has been caught by gardai with €10,000 worth of cocaine.

"Seven months ago she was never in trouble in her life. She's a completely different girl. It is like she was taken off the planet and another girl put in her place," said Sharon.

She said she noticed sudden changes with her daughter last March.

"She wasn't looking after her children, she wasn't eating. I'd open the fridge in her house and there was no food. I'd seen children minding her children. I started seeing people coming and going in her house. It happened very quickly, overnight. I still can't believe it."

Sharon soon discovered her daughter was taking cocaine and heroin.

Sitting in a meeting room in the New Life parish centre in Darndale, Sharon talks to local parish priest Fr Terry Murray about the whirlwind of the last seven months. She said Jane is facing lengthy jail terms, one for drugs supply here and one for firearms possession in Belfast.

Sharon said Jane was asked to hold a bag of cocaine in her house for someone. When gardai raided her house they found the drugs, worth around €10,000. Soon after, she was caught in Belfast with another gang and firearms were seized.

"She could lose her children. She's after losing her home. She's back living with me. It is a major strain, I have two boys." She said her daughter was beaten up a couple of weeks ago and nearly died from an overdose the previous week.

Sharon said the strain is taking a severe toll on her own health. "The worry and strain of it, I keep thinking is she going to be found dead?"

"I have unconditional love for her, the love for her I can't explain, but I think I'd rather be visiting her graveyard."

Sharon is not alone. In the adjoining neighbourhood of Bonnybrook, a number of parents have gathered at the local family support group.

Hugh and Phyllis have lived through enormous trauma over the last 12 years with their only son. In their 70s, they are behind the picture of decent people, who have been dealt a very heavy hand in life.

"I blame myself, him being a lonely child. He was well brought up, very intelligent, but got caught up in drugs."

In 1995, John told his parents he was on heroin. Like many parents, they were ignorant of drugs, but frantically sought help.

They even tried to set their son up in business and bought him a van and a car worth €60,000, which he sold for drugs. "He cleaned me out, any money we had for our old age I either gave him or he robbed. I would put a conservative figure of €200,000 on it," said Hugh.

"Losing the money is one thing, but to lose your son, your only child, to drugs is heartache."

Their trauma entered a new level when

John got involved in a car accident a number of years ago. The three of them were staying at a holiday home in Wexford.

"He got a phone call and the person said our house would be burned down if he didn't pay the money he owed," said Hugh. He said John was destroyed on drugs that night and took about 20 valium tablets and tablets for a heart condition both he and his wife had.

"He drove off in the car. He could have been trying to kill himself, I don't know, but he had a car accident and a woman in her 30s in another car was killed. That is a life sentence for him and us." John was sentenced to three and a half years. In addition he has a one-year drug conviction.

Hugh said when that case came to court two years ago three guys came up to his son.

"In front of the guards they said to my son 'you owe us €1,000'."

"We were terrified. The guards said there was nothing they could do. For our own protection the guards had to drive us home."

Phyllis said her son was now locked up in his own cell 23 hours a day, on his own wishes.

"This is to stay away from drugs."

Hugh said John told him when he got out he would not be coming home. "He's so terrified of meeting some of the people he

want to know. There's no help there. He's on everything, cocaine, ecstasy, alcohol, except heroin.

Derek is now back home and under close watch. "He gets very depressed. When I go out I lock the bedroom door. I'm afraid he'll do it again."

Another parent, Pauline, said her son, Noel, tore her family apart.

"He came from a good home, his dad worked for 44 years, we did everything possible to help him, but it was like banging your head off a stone wall. I used to walk the streets at night looking for him."

Pauline said her son even looked for money off his dad as he lay dying. "I don't think he realised his father was dying. He was lying in bed in Beaumont, getting chemotherapy. He went up and asked him for money. It's so sad, it is awful."

She said her son was in recovery and is in the process of getting his child back.

All the parents said they have gained strength and comfort in the family support group, which is run by Marie Hanlon.

"We would call on parents affected not to be embarrassed, to seek help. Drugs are part of society, it is nobody's fault," said Marie.

She said cocaine was creating an awful lot of problems in Bonnybrook and neighbouring estates.

"We have more young people presenting here, taking alcohol and cocaine and getting

by Kilmore from a suspected cocaine-induced heart attack. "We see the reality of cocaine. A lot of people think it's just a recreational drug and that it does no harm," said Patty.

Margaret said the major concern they had was people "banging up" or injecting.

"Back in the 1990s many of them were heroin users. They've come through that and are parents or young grandparents, but are now addicted to cocaine, injecting it. It's taking a worse toll on their bodies. We have one girl who lost three of her fingers from injecting cocaine, other girls have abscesses the size of eggs. Their lives are chaotic."

She said dealers take their children's allowance books until they pay off debts and in some cases they take passports. "Debts are a huge thing. They'd say 'tell your ma to give me €5,000 and you won't get a bullet'."

"It is a fear and terror that we've never experienced before. It was bad with heroin, but the devastation with cocaine is totally worse."

Betty is one of the parents Patty's family support group is helping.

She lost one son, aged 28, to heroin and cocaine two years ago. Another son, 27, is now in the grips of addiction.

"Sometimes you wonder, being such good mothers, where did we go wrong," said Betty. "But they're not our children. We loved them to bits, but they are not our children."

Mick was 18 when she realised he was smoking heroin. Like the other parents, she didn't know anything about drugs and did everything to try and help him.

"He had a detox for eight weeks. I sat with him throughout. Then one night he went out and he was out of his face."

She said he began to settle down in the year before he died. "He was on a low amount of phyl (methadone), he was living with a girl. He was going to the gym every day."

Betty said he looked great when she saw him the morning he died. "He had new clothes, had his hair spiked. He went back to the flat and hanged himself."

She said he had a heart attack, caused by cocaine and vodka. "He was going to hang himself, he had the thing around him, but he was dead from the drugs. I think his tolerance for the drugs was down and he thought he was able for it."

Betty said she had a heart attack afterwards and is now on medication.

Her younger son, who was 25 at the time, already had a drug problem and had been diagnosed with schizophrenia linked to cannabis use. Now a heroin addict, he recently spent time in Portrane Psychiatric Hospital, from where he was released a couple of weeks ago.

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The grave of Kim O'Rourke, who died of a drug overdose in September 2006 at the age of 18. Her parents visit the spot every night to light a candle for their daughter, who was afraid of the dark.



# 'The system failed my son'

Paul's mother says he was not offered help in prison. Georgina O'Halloran investigates

**P**AUL Kelly was just 22 when he was discovered unconscious in his Mountjoy prison cell on the morning of February 9, 2006.

The father-of-one was immediately rushed to the Mater Hospital, but he had died in the early hours of the morning and nothing could be done to save him.

A postmortem indicated the 22-year-old died from drug-induced bronchial pneumonia and a toxicology screening revealed the presence of a cocktail of drugs in Paul's blood and urine including methadone, benzodiazepine (a sedative-type drug) and cocaine, as well as breakdown products of heroin and cannabis.

While Paul lay unconscious due to drug intoxication, his breathing became depressed and he developed pneumonia which killed him.

Paul's mother, Jackie, says her son did not have a drug problem before he went to prison and has called on the authorities to tackle the chronic drugs problem which exists in Mountjoy, where prisoners can get their hands on any drug they want. She has also called for the provision of services to enable those with drug addiction problems to deal with their addictions.

"Before he was in prison Paul used drugs recreationally and was doing some cocaine, but he definitely wasn't a user," she says of her only son.

Paul was sent to Cloverhill prison in November 2003 on remand, following his involvement in a robbery. In April 2004, he was sent to Mountjoy and it was then he confided in his mother that he was smoking hash because he couldn't sleep.

"He never even smoked cigarettes before that," she says of her son, who was a keen footballer and boxer in his teenage years.

"He used to put it in his yoghurt and then he started smoking it. He was locked up and there were so many drugs available."

Paul had two other overdose attempts in prison, one in June 2005 (which Jackie says she was never told about) and another in September 2005. On both occasions he was rushed to the Mater Hospital and was lucky to survive.

When he died in February 2006 Paul was on special observation due to risk of drug overdose, which entailed checks at 15-minute intervals, but he was not discovered for hours after he had died.

Jackie believes her son took an overdose because a man outside the prison had a contract on his life, something the prison staff were aware of, and this pushed him over the edge. One of his best friends had also changed himself just weeks before.

"I knew there was something wrong and Paul told me who had a contract out on his life... I spoke to one of the governors and I told him not to send Paul home in a box."

The following morning Jackie was working in Tesco when she received unofficial word, through

Paul's girlfriend, that Paul was dead.

It was later that she took a call from the Governor, Sean Quigley to tell her to go to the Mater Hospital, that he thought Paul was dead.

"I reckon it was the contract out on his life that drove him to take whatever he took, but I don't think he meant to take his life," she says.

Jackie feels the prison system failed her son. After the September suicide attempt, Paul wrote her a letter which read: "Tables — I never took them before I came into prison — never again. I'm stupid for taking them. Didn't need them on the outside...so \*\*\* them ma...I'm not going out like that."

However, drugs were to be Paul's downfall. "They need more treatment in there. There are not enough (drugs) treatment programmes there. They've no help in the prison for anyone who has a problem with drugs or is starting to take them. And they need sniffer dogs," says Jackie.

"And they need more prison officers. There's no way the prison officers can get around every 15 minutes. You can be banging on the cell door for one hour and no one will come to you. There are not enough prison officers and it's not right," she says.

Since her son's tragic death more than a year and a half ago, Jackie and her two daughters, Charlene and Shauna, are trying their best to get on without the son and brother who "idolised" them. A member of three local GAA clubs growing up, Paul was a keen footballer and from the age of ten, he was an avid boxer. Before he went to prison he was working as an apprentice bricklayer.

"Paul was a friendly outgoing chap with a large circle of friends and everybody knew him. Everyone makes mistakes and while most people don't end up in prison, Paul did. They need to be treated better in prison."

Memories are all the Kelly family have now. Their front room is a shrine to the 22-year-old, with pictures depicting the good times on every wall.

In the corner, Jackie keeps Paul's much treasured boxing gloves in a material bag to protect them from the light, along with a football signed by his many relations and friends saying their goodbyes.

"Nobody is right in the home since Paul's death. There's some nights I go to sleep crying and I wake up crying and I can't go to work. Sometimes I get to work and I get all shaky and panicky and can't stay. One day I got to the door and I couldn't go in. At one stage I went for a whole week without eating," Jackie is on anti-depressants and valium to help her cope.

"I'm afraid of staying awake at night — that's when I do most of my thinking and I don't want to think too much. Paul is on my mind all the time. Sometimes I go to ring him — momentarily I forget he's gone."

## 'Small bit' of cocaine was fatal

SEAN WALSH was on a night out before Christmas with friends when he suffered cardiac failure after consuming a small amount of cocaine.

The 22-year-old from Fortfield Road Terenure, met a friend, Lee Cullen, for drinks at the Old Mill pub in Tallaght on December 21, 2006.

Mr Cullen took "a small bit of" the drug and Mr Walsh, who took cocaine "the odd time", took a small amount too. After the pub, the pair returned to Cullen's parents' house in Tallaght for a few more drinks.

Walsh stayed up all night and early the following morning he went with his mother to the shop. When he returned to the Cullen household he fell asleep at the kitchen table and slid to the floor.

His parents contacted the emergency services and tried to resuscitate him but he was pronounced dead at Tallaght hospital at 2pm, a little over 24 hours after consuming the drug.

A subsequent toxicology screening revealed he had 0.03 mgs per ml of cocaine in his blood while traces of methadone and diazepam were also found, which contributed to his death.

# HER FIRST AND LAST TIME

**M**ARIAN and Gerry O'Rourke visit their daughter's grave every day just before nightfall.

Eighteen-year-old Kim didn't like the dark and so each evening the couple make the lonely trip to her graveside and light candles to ward away the dark. Every morning Gerry comes back to blow them out.

This has become a daily ritual in the O'Rourke household since the loss of the youngest member of the family last year to the combined effects of methadone and a sedative drug.

The vivacious and fun-loving twin, who had a large circle of friends and a passion for music and dancing, took methadone and a type of sedative drug together with her boyfriend Dean on August 31, 2006. It was to be her first and last time taking drugs.

Dean woke up the following day and found his girlfriend lying lifeless beside him.

His own mother had checked in on the couple before leaving for work earlier that morning and had found them sleeping peacefully.

Hours later Kim was pronounced dead on arrival at the Accident and Emergency Department of Beaumont hospital.

As far as her family, her twin sister Leanne and her friends were concerned, their Kim just didn't take drugs and so when an inquest into the circumstances surrounding her death in August revealed her death was drug-related (and in particular methadone-related), the family was devastated.

"We were totally shocked. We had said to her

## Georgina O'Halloran on the aftermath of a tragic death caused by a fatal combination

boyfriend, to Dean to tell us what happened. And he never said. He said it was a sleeping tablet, but wouldn't elaborate on it," says Gerry.

"We thought it was Sudden Adult Death Syndrome. We asked that at the hospital. So when we were told what it was at the inquest — it was like it [Kim's death] was happening all over again. It was awful. We were totally unaware going in. For us to hear that in a courtroom; it was devastating," he says.

"It was like a punch. We had no inclination," adds Marian. "But we don't blame Dean. He was a victim too."

The couple thought their daughter would be the last person who would touch any drugs, particularly in light of her fussiness about taking medication. Kim had always hated using her inhalers and taking tablets for headaches and other ailments.

"But she tended to be a bit vulnerable and trusted people when she knew them. She probably just tried it and thought she'd be grand," says Marian.

Kim was just a year out of school with her whole

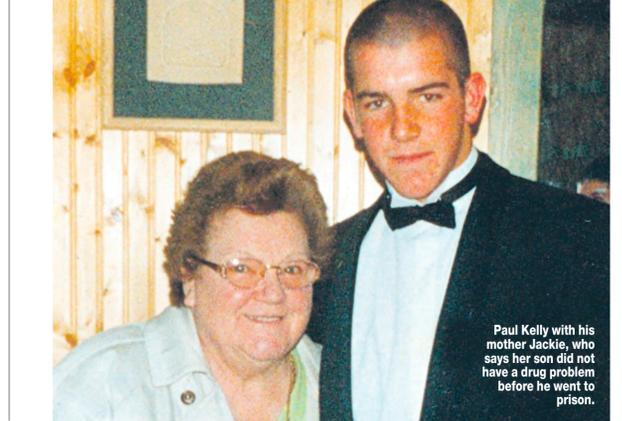


life before her when she died. Just a week after her death, Marian received a phone call from FAS in Finglas to say that Kim had been accepted on the hairdressing course she had been waiting for.

What makes her tragic death even more difficult for the family to handle is the knowledge that Dean bought the drugs from a neighbour who lived just two blocks away from the Cronins.

"What I can't understand is how these people are selling methadone when it's prescribed for themselves? I rang up Ballymun Clinic to state that my daughter had got methadone from this man, but they said they had no proof. This fellow is in his 40's and he has kids himself," says Marian who believes that people on methadone programmes should have to take the methadone in the pharmacy or go without.

Particularly distressing for the couple is the fact that as far as they are aware, the dealer is still at large, although not in their area, and is potentially damaging other young people's lives if not destroying



Paul Kelly with his mother Jackie, who says her son did not have a drug problem before he went to prison.

## Family believed addict was 'clean'

THE family of Martin Chaney believed he was clean and hadn't used drugs in over a year.

Mr Chaney of Redmond Close, Kilmanshagh, Tallaght, was pronounced dead at St James's hospital on September 22, 2006 after consuming a fatal quantity of heroin.

The 24-year-old had 1.3 micrograms per ml of morphine in his blood, a quantity which is "within a potentially fatal range", Coroner Dr Brian Farrell told the Dublin Coroner's Court recently.

Mr Chaney, who was homeless, had been living with a friend, Patrick Doyle at Mr Doyle's home at Emmet House, Inchicore, for the two months prior to his death.

Mr Doyle told the court he gave Mr Chaney a lift home on the evening of September 21, while Mr Chaney stayed up watching TV.

At 2am Mr Doyle entered the sitting room where he found Mr Chaney slumped on the ground.

The Coroner recorded a verdict of death by misadventure.

## Heroin addict dies from pneumonia

MARK MCGUINNESS developed a heroin addiction from a young age.

He began using drugs at the age of 15 and was a heroin addict at 16. He had been intermittently attending a service for drug users at St James's hospital since July 2005. He tested positive for HIV and Hepatitis C that same year.

In June 2006, McGuinness, 29, of Cremona Road, Ballyfermot, presented at the St. James's clinic after vomiting blood and was admitted to St James's on June 9.

He had developed a rare fungal blood infection. He subsequently died from a rare form of HIV-related pneumonia.

At an inquest into Mark's death in

July, his father and sister told the Dublin City Coroner that they had been unaware that Mark was HIV positive.

"He never discussed it with us. He was a very quiet lad. He wouldn't have wanted to say it," said his father, Danny McGuinness.

The Coroner, Dr Farrell said: "Mark is a tragic victim of the drug problem in our city. He was only 29 and he had come to terms with his drug dependency, but unfortunately his health was irreparably damaged because of the drug use. This is something we see quite frequently in the coroner's court — people die years later from infections relating to their drug use."

## Fatal cocktail of cocaine and heroin

PAUL CUMBERTON died from pneumonia after he took a cocktail of cocaine and heroin on a night out with friends.

Cumberton, 24, of 114 Rory O'Conner House, Dublin 1, died at home on the morning of December 18, 2006.

A postmortem toxicology screening revealed he had significant levels of cocaine and morphine in his blood and urine.

Paul's mother, Christine Cumberton heard her son come in from a night out in the early hours of December 18. He went to bed immediately.

She called him the following day at around 1pm but was not unduly surprised when he didn't

respond because he was often difficult to wake. She went into the room to rouse him, but when she still couldn't wake him she called her other son to help.

He told his mother to call the emergency services as Paul's lips were black in colour. He was rushed to the Beaumont hospital at 2.30pm, where he was pronounced dead.

Speaking at an inquest into Cumberton's death at the Dublin City Coroner's Court, the coroner issued a warning of the dangers of "experimenting" with drugs.

"There is always a risk of sudden death, even if you only take the drugs for the first time," he said.

## Man dies after small dose of cocaine

DARREN GRIFFIN died after taking small amounts of cocaine and ecstasy at a house party.

When he woke up the following morning he began drinking wine and later in the morning he took ecstasy.

At a recent inquest into Mr Griffin's death, the Dublin City Coroner, Dr Brian Farrell told the court he frequently sees cases where people die after consuming small amounts of drugs — particularly when cocaine and ecstasy are involved.

"The levels are relatively low, but deaths associated with use of cocaine and ecstasy are not dose related. Both of these drugs can cause effects on the heart. It's an unpredictable toxic reaction."

cause his death.

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## Man dies after swallowing cocaine find

FATHER-OF-TWO Edwin Onyango was on a night out with a friend when the car they were travelling in was pulled over as part of a routine Garda check.

Onyango panicked, and swallowed a bag of cocaine he was carrying.

The bag containing between €500-700 worth of coke burst, releasing an lethal dose of the drug into his blood stream.

Onyango (27) from St John's Court, Artane, Dublin city died from hypoxic brain damage caused by cocaine toxicity 20 hours later on June 25, 2006, at the A&E department at Beaumont hospital.

A subsequent screening revealed Onyango had an extremely high level of cocaine in his blood.

He returned home around 4am and when he woke up later that morning he complained of stomach pains, but Mrs Onyango didn't believe her husband.

Later that day he had fits and began foaming at the mouth and the emergency services were contacted.

Despite all efforts to assist him, he died at the hospital from hypoxic brain damage caused by cocaine toxicity just 12 hours later.

Sergeant Michael Higgins said it was common practice for people to swallow pills or try holding them in their mouths when caught.

He said it was an extremely dangerous practice, especially when the drugs are ready for the street and the plastic dissolves very easily.

## Brain injury for ecstasy 'first-timer'

IT WAS Paul McCormack's first time taking E.

The 19-year-old was at the Tiesto concert at the Point Depot with a group of friends on June 16 when he took two small white tablets. Seven days later he died from drug-related brain damage. A friend of Mr McCormack's, Lee Walker, told the inquest he was shocked when they arrived at the concert and Mr McCormack, who he knew since the age of 13, offered him an ecstasy tab.

"I had never seen him taking drugs before," said Mr Walker.

Minutes later Mr McCormack, of Sharon Avenue, Brownshill Road, Co Carlow, returned and said he was going for a walk. Mr Walker left the concert at midnight. He texted Mr McCormack to tell him he would meet him back at North Wall, where they had parked the car.

At 2.20am he found his friend sitting on a bench beside the Liffey.

Mr McCormack didn't seem to recognise Lee and it took him a while to convince him to get into the car to go home. "At Heuston Station Paul started getting hysterical and tried to get out of the car. I lost my grip and he jumped out."

When Mr Walker managed to get Mr McCormack back into the car they continued their journey home and he rang a mutual friend, Jason Kelly, who Paul seemed to recognise to calm him down.

Mr McCormack became agitated once again. Mr Walker called an ambulance. Mr McCormack was removed to Tallaght hospital, where he was diagnosed with extensive hypoxic brain injury. Coroner, Dr Kieran Geraghty, recorded a verdict of death by misadventure.

## Men in house died after drug party

LAURENCE ADE ONOJOBI and Roy Flynn were found lying on the floor of a house by members of the Dublin Fire Brigade.

The firemen forced their way into the rented house in Blanchardstown, Co Dublin, following an emergency call on October 15, 2006.

Mr Onojobi, 20, of 82 Westhaven, Blanchardstown and Mr Flynn, 31, of 6, Village Green, Stamullen, Co Meath, appeared lifeless when approached.

"A white powder" was clearly visible on the floor of the living room.

The two were taken to James Connolly Memorial Hospital where they were pronounced dead. Post-mortems confirmed that both men died from heart failure caused by cocaine toxicity.

Earlier that evening a fellow tenant of Mr Onojobi, Philip Kelly, returned to the rented house to find Mr Flynn — who was blue in the face — unconscious.

His housemate, Mr Onojobi, was walking around in an agitated state, sweating and not making any sense. Mr Kelly rang an ambulance.

The emergency services arrived shortly after 4pm where they made the grim discovery.

## Woman overdosed near mother's home

CATHERINE Cooney was found collapsed on a street near her mother's house.

The 28-year-old mother of two from Dublin's North Circular Road was discovered lying on the road in the north inner city near Aughrim Church wearing tracksuit bottoms and a T-shirt on August 17, 2006.

She was brought to the A&E department of the Mater hospital in a comatose state following a cardiac arrest and was admitted to the Intensive Care Unit with evidence of brain swelling and clots in the lungs. She also had pneumonia and was seen by a range of medical experts.

Ms Cooney suffered a number of cardiac arrests and died at the hospital on September 2.

Pathologist, Dr Michelle Harrison who carried out a post-mortem, found she died from swelling of the brain due to cardiac arrest, after a suspected cocaine overdose.

Ms Cooney had been taking pills with drugs and had begun taking them when she was around 16 or 17. She was also on a methadone maintenance programme.

Ms Cooney's mother Carmel told the inquest into her daughter's death that Catherine had no shoes, socks or jacket on when she was found. She said "it was like someone was after taking her out of a flat and dumping her".

There were no witnesses to the event, but a subsequent Garda investigation found that there were no suspicious circumstances.

EXPERT VIEW

# Dangerous habits

**Mairéad Lyons and Des Corrigan, right, on the vulnerability of certain age groups and professional groups to drugs**



**I**LLEGAL drug use is a youth phenomenon, more men than women use drugs and cannabis is the most commonly used drug, followed by cocaine for last year use.

Heroin has the smallest prevalence yet historically has caused the most problems (addiction, involvement in crime, disease, overdose and deaths). Cocaine is fast emerging as a problematic drug with consequences for both individuals and communities.

Injecting of heroin and cocaine is not uncommon and has consequences for mental and physical health. Blood borne infections continue to rise with an estimated two thirds of injecting drug users in treatment positive for Hepatitis C.

Whilst fewer drug users are HIV positive than have Hepatitis C, there continues to be new cases of HIV every year.

Some groups are more vulnerable than others, people who are homeless, involved in prostitution, have left school early, Travellers and some ethnic groups experience greater marginalisation than others in our communities.

In addition, some problem drug users face multiple issues such as poly substance use, mental ill-health, literacy issues, poverty and homelessness which can have a negative impact on positive outcomes in the short to medium term.

The National Advisory Committee on Drugs (NACD) has over the last six years provided advice to Government based on information it has gathered.

The NACD was first to commission a population drug prevalence survey which established that one-in-five people have taken an illegal drug in their lifetime and that young people aged 15-34 are five times more likely to have used illegal drugs in the last month than older people aged 35-64.

Cannabis is the most commonly used illegal drug across all time periods, lifetime, last year and last month use.

On average, men are twice as likely to have used an illegal drug as women in their lifetime, in the last year and in the last month. Whilst cocaine was ranked 5th most commonly used drug in one's lifetime, it is the second most commonly used drug for last year use.

Other research commissioned by the NACD has shown the consequences of cannabis use which can be very serious for individuals.

Whilst it is impossible to know in advance how a person might react to cannabis, it is clear that about one-in-five people in Ireland will have a negative experience. This can range from the unwanted effects of feeling dizzy and ill, to having a psychotic episode.

Cannabis use heightens the risk of heart disease, of head, neck and lung cancers and of mental ill-health. Some heavy users of cannabis will experience short term memory loss and interference with co-ordination.

Cannabis appears to be the drug of experimentation in Ireland given the numbers that start and stop use. People can become dependent on cannabis.

Cocaine has very profound consequences for users regardless of the amount consumed.

Cocaine purity is decreasing and averages at about 25%, with the most common adulterant being lignocaine, a local anaesthetic. Whilst most people reported stopping cocaine use for cost reasons, one-in-five reported they stopped for health reasons.

Cocaine can have a major effect on the heart, lungs, brain and kidneys leading to heart attacks, respiratory failure, kidney failure and strokes or brain haemorrhage. Frequent or binge use can lead to mental health problems such as anxiety, depression, paranoia, aggression and compulsive behaviour.

Nose bleeds are not uncommon and so sharing equipment to snort cocaine increases the risk of hepatitis infection. Those who inject cocaine increase the risk of abscess, clots, hepatitis and HIV infections.

The NACD survey showed that 91% of those who had used cocaine in the last month had also taken alcohol. Combined use of alcohol and cocaine produces another drug in the body called cocaethylene which can be more toxic than either drug alone.

Cocaine use can quickly lead to dependence. Communities are seeing growing levels of intimidation and violence associated with cocaine use. Hospitals have seen a four-fold increase in admissions due to cocaine use, treatment demand has increased three-fold and offences relating to cocaine have increased exponentially.

More men than women have been treated for cocaine and cannabis use

and the numbers seeking drug treatment increase each year.

Access to illegal drugs is considered easy by most people. Moreover, when asked about where people obtain illegal drugs, most report getting them from family and/or friends. Cannabis was twice as likely to be shared amongst friends as cocaine. More people got cocaine from strangers than those who took cannabis.

Over the last 10 years, NACD research has shown that fewer young people aged 15-24 took up opiate use in 2001 than in 1996. Communities have reported seeing a visible difference in their experience of problem drug use with increases in availability of services, reductions in unemployment and increased opportunities for young people together with reductions in early school leaving.

Equally, communities are describing worrying changes such as worsening of underage drinking and increasing anti-social behaviour, greater absenteeism from school and lack of respect for institutions such as An Garda Síochána. These changes are associated with cocaine and alcohol use.

Information from the Drug Trend Monitoring System Pilot (DTMS) study pointed to similar experiences with a shift in interest from ecstasy to cocaine and greater levels of underage drinking.

The DTMS also highlighted that different areas in Ireland had different drug experiences, with heroin use outside of Dublin increasing but is at proportionately smaller levels relative to other substance use.

Nonetheless, it is important to remember that most people in Ireland have never taken an illegal drug and that one-fifth had never taken either tobacco, alcohol or an illegal drug.

Whilst 75% of people have taken a drink in the last month, the frequency of use is distributed across all social strata.

On closer examination, those in social grade A, B (professionals, senior & middle management, senior civil servants and business owners) were more likely to have drank more days in a month than those in other social grades (C2 skilled manual workers; D semi-skilled and unskilled workers).

However, those in social grades C2 and D were more likely to have consumed five or more drinks on one occasion (binge drinking) each week than those in higher social grades.

It is clear that some people in society are more vulnerable to problematic use than others. Internationally, risk factors for problematic drug use have been identified as leaving school early or poor educational attainment, unemployment, family history of addiction and/ or of mental health issues, family conflict or breakdown, involvement in crime, anti-social behaviour, socialising in drug-using networks. The greater the number of risk factors present, the greater the risk and complexity.

Recent NACD research has shown that Travellers in Ireland experience many of these risk factors and thus are particularly vulnerable to developing problems with drugs.

Furthermore, NACD research has shown that over one-third of those who are homeless are problematic drug users, at least one-third has a diagnosis of a psychiatric illness and over half are problematic drinkers.

About one-fifth used five or more drugs, injected drugs and risk behaviour was spread across all areas of homelessness from B&Bs to hostels to sleeping rough. This adds to the difficulties of providing drug treatment and caring for the person in an holistic manner.

Having a dual diagnosis (mental ill-health and drug dependence) makes it harder for people to comply with either treatment, take medications and attend appointments.

Finally, so much knowledge and insight has been gained in the last number of years due to improvements in data collection, availability of information and completion of Irish based research.

This knowledge has informed policy and the delivery of drug treatment and harm reduction services.

Alcohol continues to be a major problem drug in Ireland and is linked closely to the majority of drug related deaths.

Families continue to experience isolation, lack of support and loss. Drug users continue to need a range of treatment and rehabilitation options and information needs to be more readily available and widely accessible.

■ Mairéad Lyons and Des Corrigan are with the National Advisory Committee on Drugs (NACD).



## HEROIN

**Category**  
Opiate (Painkiller)  
**Legal Status**  
A controlled substance, it is an offence to import, distribute, produce or supply it.

**Short-term effects**  
Heroin is relatively potent, easily dissolved in water for injecting, and penetrates the blood-brain barrier much more quickly than its parent drug morphine. It can also be smoked, giving it a practically immediate effect. For all these reasons heroin is the opiate preferred by many drug users. Effects last three to six hours. After injection there can be an intensely pleasurable rush. Withdrawal begins after eight hours.

**Long-term effects**  
Heroin invariably leads to physical and psychological dependency. Dependence can occur after a few days. Withdrawal, once addicted, is difficult, and the symptoms include drowsiness, sweats, bone and muscle pain, diarrhoea, cramps, anxious breathing, vomiting and possibly even coma. Overdosing can be fatal, as can combining it with large amounts of alcohol. Sharing needles carries a greater risk of infection with HIV/AIDS and Hepatitis.

**How long it stays in your system**  
Can last in your system approximately four days.

**Trade or Slang Name**  
A strong painkiller, Smack, Skag, H, Brown, Gear, Tack, Yack, Junk.

**Method of use**  
Smoked, sniffed or injected.

## CANNABIS

**Category**  
Sedative/Hallucinogen

**Legal Status**

It is illegal to grow, produce, supply or possess. **Short-term effects**  
After smoking, effects start within a few minutes and can last several hours if high doses are taken. Significant perceptual distortions are relatively rare but possible after high doses. Relaxed feelings and talkativeness.

**Long Term effects**  
Psychological dependence and respiratory problems possible, including lung cancer.

**How Long it stays in your System**

Light smoker - 1 to 3 days

Moderate smoker - 3 to 5 days

Heavy smoker - 10 Days

**Trade or slang name**  
Smoke, Dope, Ganja, Marijuana, Blow, Pot, Draw, Grass, Weed.

**Method of use**

There are three forms of Cannabis:

Oil, Herbal and Resin. Herbal

cannabis is smoked

on its own. Resin or

oil is smoked in a

cigarette (joint) with

tobacco or on their

own through a pipe

or other device.

Resin is sometimes

eaten in cakes or

other foods.



# KNOWLEDGE IS POWER:

## AMPHETAMINE

**Category**

Stimulant

**Legal Status**

The Misuse of Drugs Act prohibits their unauthorised production, supply or possession. It is also an offence to allow one's premises be the venue for same.

**Short-term effects**

Strong stimulants. Effects last 3-4 hours. At higher doses intense exhilaration and feelings of greatly increased mental and physical abilities, sometimes panic and paranoia. After a run of repeated doses over several days, a temporary psychotic state is possible. Immediate and intensely rush after injection. Direct overdose deaths are rare.

**Long-term effects**

Regular frequent use is associated with generally poor health due to lack of sleep and poor appetite. Withdrawal effects can be severe.

**How long it stays in your system**  
Can last in your system for up to four days.

**Trade or Slang Name**  
Speed, Whizz, Uppers, Billy, Dexedrine, and Sulphate

**Method of use**  
Orally or injected



## CRYSTAL METH

**Category**

Amphetamine

**Legal status**

It is illegal to sell, possess or supply.

**Short-term effects**

Methylamphetamine can bring on a feeling of exhilaration and produces increased arousal and activity

levels. It also reduces tiredness and suppresses appetite. It causes a rapid heart rate and a rise in blood pressure, and the higher the dose the greater these effects.

**Long-term effects**

Other acute effects include agitation, paranoia, confusion and violence. As with other amphetamines, methylamphetamine is a drug that affects the brain reward pathways and use can lead to psychological and physical dependence. Using the drug by intravenous injecting or by smoking is particularly addictive.

**How long it stays in your system?**

Smoking the purer crystalline form (also known as 'crystal meth' or 'ice') produces a very intense 'rush' similar to that produced by crack cocaine but longer-lasting — between four and 12 hours.

**Trade or slang name**  
Ice, glass, Tina and Christine.

**Method of use**  
Smoked or injected

## BENZODIAZEPINES

**Category**

Depressant

**Legal status**  
Prescription-only medicines

**Short-term effects**

Relief from anxiety and tension is achieved with less drowsiness and lack of co-ordination than with alcohol or barbiturates. On their own, enormous doses would be required to cause overdose death. Pleasurable feelings with other benzodiazepines.

**Long-term effects**

Sometimes chronic sedation and lethargy and after high doses chronic intoxication. Physical dependence can occur after long-term use. Withdrawal syndrome commonly includes anxiety, restlessness and tremor, but is usually much less severe than barbiturates.

**Trade or slang name**

Valium, Mogadon and Librium, Jellies, Lorazepam.

**Method of use**  
Swallowed or injected

## ECSTASY

**Category**

Stimulant/ Hallucinogen

**Legal Status**

Illegal to sell, possess or supply

**Short-term effects**

Similar to general effects of low-dose amphetamines plus feelings of empathy towards others. Deaths have occurred even at low doses with symptoms similar to heatstroke.

**Long-term effects**

Similar to amphetamines.

Evidence of serious liver damage.

**How long it stays in your system**  
Can last in your system approximately 3 days.

**Trade or slang name**  
E, Yokes, Pills, MDMA, Adams, Eves, XTC, Doves, Disco Biscuits, Shamrock, Adam, Edward, Denis the Menace.

**Method of use**  
Swallowed as tablet or capsules.

