

The children's research centre

Young

TRINITY COLLEGE DUBLIN



## Young People and Drugs: Critical Issues for Policy

Proceedings of a half day seminar held  
November 22, 1997, at Trinity College Dublin

*Edited by Barry Cullen*



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#### **The process of normalisation of recreational drug use amongst young people in the UK**

*Professor Howard Parker, Director, Social Policy for the Management of Social Problems (SPARC) University of Manchester*

Drawing on his research with young people in the North of England, Professor Parker describes patterns of drug use, the meaning of such drug use when seen in the context of youth culture, and its implications for policy makers, youth workers, educationalists, health and social service providers and for adult society generally. Howard Parker is an academic social worker whose current interest is in undertaking social research with an applied, social policy focus.

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#### **Young Irish drug users and their communities**

*Barry Cullen, Programme Director, The Children's Research Centre, Trinity College*

Drawing on his practice experiences in community drug projects since 1980 and research currently being undertaken by The Children's Research Centre Trinity College, Barry Cullen outlines the effects of drug problems on young people and their communities and identifies key issues for developing future drug policies. Barry Cullen comes from a community social work background and currently his main interest is in undertaking research on community aspects of services and policies for children and young people.

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#### **Young people and drugs - challenges for youth workers**

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City of Dublin Youth Service Board is a statutory coordinating agency for youth services in Dublin city which directly funds and monitors the work of a number of community projects that work with disadvantaged youth. Dave Tracey comes from a youth work background and has a particular interest in promoting the position and perspectives of young people in Irish social policy.

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*Owen Metcalfe, Chief Education Officer, Department of Health*

The Chief Education Officer has responsibility for the development of official educational materials and training programmes in the field of health promotion and public health. Owen Metcalfe comes from a teaching background and has a particular interest in the area of drug misuse and young people.

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#### **Young people and drugs - a community response**

*Mary Ellen McCann, Director, Ballymun Youth Action Project*

The Ballymun Youth Action Project was set up as a community response to drug problems in 1981 and over the last seventeen years it has been at the forefront of developing community-based preventive, educational and accredited addiction training programmes as well as providing community addiction services for young people and their families. Mary Ellen McCann comes from a teaching background and has a particular involvement in the project's training activities.

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*Fergus McCabe, National Drugs Strategy Team*

The National Drugs Strategy Team is an inter-departmental committee that was set up in 1996 to oversee the implementation of recommendations contained in reports from the Ministerial Task Force on Measures to Reduce the Demand for Drugs. Fergus McCabe is a community social worker and has been seconded to the Strategy Team by the Eastern Health Board's Neighbourhood Youth Project.

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## INTRODUCTION

The seminar, *Young People and Drugs: Critical issues for Policy*, was hosted, by The Children's Research Centre, Trinity College in November 1997. The seminar was a half day event, held on a bright Winter's Saturday morning, attracting an attendance of over 250. The size of the attendance and the fact that people so willingly gave up their Saturday morning reflects the importance of this event and the topics it addressed.

The seminar was chaired by June Meehan, Projects Manager with the Combat Poverty Agency. The Agency's current Strategic Plan includes commitments to examine links between poverty and drug use and to support local groups who are tackling the issues at local community levels. The Agency provided financial support for the seminar and the publication of these proceedings.

The seminar had a very tight schedule: two keynote papers from Howard Parker and Barry Cullen, both of whom have practical, research and policy experience of this subject, respectively in the UK and Ireland and three responses from David Treacy, Owen Metcalfe and Mary Ellen McCann each of whom have direct knowledge and insight into youth drug problems, particularly from preventive, educational and youthwork perspectives.

Both keynote papers were sincerely thought provoking and stimulating. Howard Parker provided insight into research he has conducted and he illustrated, quite clearly, the changing nature of drug problems and the pathways towards normalisation of recreational drug use. In his paper, Barry Cullen illustrated the distinctions between drug use and problem drug use and highlighted the drastic consequences, particularly for socially disadvantaged communities, of the failure to make these distinctions.

In his response, David Treacy highlighted the challenges for youth workers in responding to drug problems and emphasised the need for such responses to be grounded in partnerships at local community levels. Owen Metcalfe highlighted some of the complexities in the interrelation between research information and drug prevention. He also emphasised that many of the drug prevention programmes to date were community-oriented and facilitative in their overall approach and ethos. Mary Ellen McCann placed the discussion in the context of a single community, Ballymun, and the work of the Youth Action Project, which she described as having a unique community education and community development approach to responding to young people's needs.

Although the seminar had a very tight schedule there was some opportunity for general debate and discussion. Questions and comments varied between those concerned that some papers were unbalanced and over-supportive of normalisation processes and others who welcomed the overall commonsense approach.

In his summary at the close of the seminar, Fergus McCabe, highlighted that there was an absence of sufficient debate on this topic. This seminar had succeeded in initiating discussion and there was a need for more. He was particularly hopeful that the discussion would continue at a local level through the work of

local drugs task forces and other community drug groups. He was also hopeful that this kind of debate would be given new life through proposals coming before the National Drugs Strategy Team on the need for a national policy and research body on drugs issues.

Overall, the seminar was very stimulating, very informative and covered an incredible amount in just a few hours. When the seminar was originally planned it was envisaged that about 50-60 people would attend. The fact that so many people turned up and that the organisers made appropriate arrangements to accommodate them is a mark of the importance of both the seminar and the topics it discussed.

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## KEYNOTE PAPER 1

### THE PROCESS OF NORMALISATION OF RECREATIONAL DRUG USE AMONGST YOUNG PEOPLE IN THE UK

by *Howard Parker*

During the 1990's, rates of drug offers, drug trying and drug use in the UK have risen dramatically amongst young people. Initially we were concerned about Ecstasy use amongst a young adult 18-25 age range via the dance drug (i.e. rave) scene.

Rates of drug trying among mid-adolescents, say 14-17, were also rising during the early 1990's. What has been unprecedented is that the 'incidence' curve, the new triers in each year group, has continued to rise and shows little sign of leaving its current steep upward trajectory.

Whichever technique of measuring young people's drug use we use, whether household surveys (e.g., British Crime Survey, Health Education Authority) annual school administered surveys (e.g., Balding/Exeter University) or the most sensitive method, confidential self-report questionnaires administered personally by researchers to young people, we get similar upward trends. Scotland has the highest rates of drug trying followed by England and Wales. Traditionally Northern Ireland has had far lower levels of drug use and whilst prevalence rates are lower here, there are now irrefutable signs that young people in Northern Ireland are following the trend.

In the early 1990's, media headlines were created by research findings that 3 in 10 fifteen and sixteen year olds had tried a drug. We have now moved to half of all sixteen year olds having tried a drug, based on school based surveys conducted after 1995.

Behind the headline figures lies much complexity which needs unpacking and understanding if we are to make any progress in understanding the implications of these changes in the role of "illegal leisure".

At SPARC at Manchester University we have been studying these processes of 'normalisation' for the past 6 years. Our biggest study has been to follow over 700 typical young people from urban North West England for 5 years, from 1991 when they were fourteen years old, to 1996 when most were around nineteen. We have also conducted numerous other studies of youth culture including new drinking patterns and the night club rave scene. We are also tracking 2,600 13-15 year olds in a longitudinal survey for the Home Office.

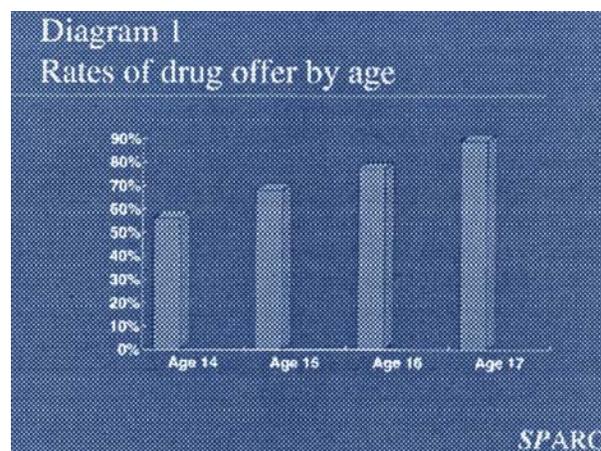
I will quickly review some of the key findings already in the public domain from our 5-year study and in doing so illustrate what we mean by *normalisation*, which most certainly does *not* mean taking drugs is normal. Unless policy makers and in particular politicians begin to grasp the enormity of the shift in attitudes and behavior amongst young people in respect of recreational drug use, we will continue to flounder around throwing tens of millions of pounds at ineffective drugs education; criminalising and stigmatising large numbers of otherwise law-abiding young citizens; widening the

generation gulf between under and over thirties and actually missing the key public health issue, which is that we should stop being obsessed with adolescent drug triers and start planning for the impact of the minority from these young cohorts who will have problems with being drug users and will move into adulthood with worrying drug careers.

### DRUGS AVAILABILITY AND OFFERS

The main drugs used by young people are cannabis, amphetamines, poppers, LSD and in later adolescence, Ecstasy. Thus far, 1990's youth have eschewed heroin and crack cocaine although cocaine powder is beginning to show up. However, we need to keep an eye on heroin use amongst the minority of adolescents, who are delinquent or who have grown up in care or have become homeless or 'chaotic'.

We can see in Diagram 1 that nearly all young people in the North West study had been in situations where drugs were on offer - for free or for money - by their late teens. What these figures hide is how routine and everyday these encounters with drugs are. Drugs are around in schools, colleges, pubs and clubs. Young Britons who want to get drugs can easily do so and not, as the stereotype has it, from pushy dealers but from friends of friends. Getting friends 'sorted' is a routine activity for drugwise young people. A young person who does not want to have anything to do with drugs thus has to say no not once but dozens of times during their adolescence. This is one facet of **normalisation**.

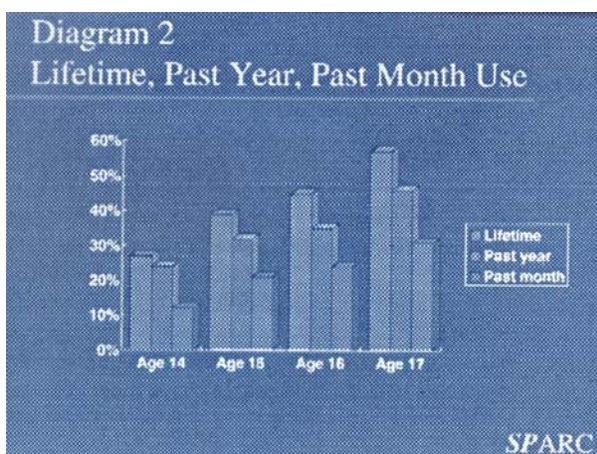


### DRUG TRYING AND DRUG USE

Let's now look at drug trying but distinguish it from more regular drug use which we show here in Diagram 2 as 'past year' and 'past month' use. Most but not all 'past month' users would be more regular drug users.

What we see is that drug trying climbs through adolescence. I should also add that through other studies we know that drug trying is expanding down the age range, whereby 11 to 13 year olds are now trying drugs far more often. All this I'm afraid is the centrepiece of normalisation.

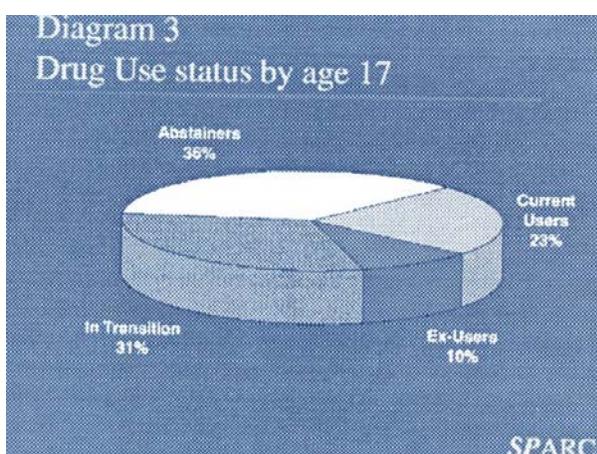
We also have information about drugs used. Cannabis dominates and incidentally, by it becoming readily



available to younger risk taking adolescents, this reduced their highly dangerous use of solvents and gases. Deaths have dropped radically from around 180 a year to about 50 for young people using solvents and gases. Initiation on LSD is also not recommended even by older users and is reported as the most unpredictable by young people.

### DRUG PATHWAYS

Let's distinguish further between drug users and drug triers. In Diagram 3,1 show the way our samples break up into **drugs pathways**. We have only been able to construct this pathway by analysis and following the same young people for 5 years. We can see that only a little over a third are *abstainers*, that is have not tried a drug and have no intention of ever doing so. *Ex-users* or former triers are young people who've tried a drug but claim they won't do so again. The *in-transition* group is made up of three quarters who have tried a drug and a quarter who haven't. What binds them together is that this pathway group expect to try drugs for the first time or again in the future. Cannabis is the key drug here.



The *current users* group imbibe drugs fairly regularly. Within this pathway we have a minority who are already having problems with use and look like they will become problem users mainly through poly-drug use. If we are to find the drugs-crime relationship it will be here. Generally there is no direct relationship between recreational drug use and acquisitive or violent crime. Most young drug-takers obtain their drugs from legitimate resources, primarily pocket money and part-time earnings.

Here again is another feature of normalisation. We now have young drugs-users in England who are almost as

likely to be female as male and whilst very early drug use is associated with more working class 'risk-takers', by late adolescence social class differences are minimal. Indeed higher education students have enormous drugs appetites.

So our young drug-users are not primarily unemployed young men or post-modern hippies, they are young men and women from all social backgrounds but with an increasing tendency to be well-adjusted, successful, young citizens. Whilst some drug use is undoubtedly associated with poverty and deprivation much in the UK is not - namely most recreational use of 'softer' drugs.

The final plank of normalisation is the acceptance of drugs being used in all places where youth gather unsupervised: the car, the train, the bus, the street, friends' houses, pubs, parties, clubs...you name it. Thus those who don't use drugs are also routinely found in situations where friends or acquaintances are using drugs. They are increasingly accepting this, sometimes with reluctance, but it is a fact of social life. Non drug-users must themselves be drug-wise because unless they stay at home and don't go out they will find themselves in drug scenes on a regular basis. The fact that young abstainers in many parts of the UK must accommodate recreational drug use is another plank of normalisation.

### MANAGING NORMALISATION

There is a major misconception in the UK government's drug policy articulated in *Tackling Drugs Together*, and its successo programmes, that youthful drug use leads to crime (over and above drugs possession or supply). This is not the case. Of course we have a minority of persistent delinquents in each generation, we know their social characteristics well, and of course amongst all their other deviant behaviours they will often take drugs. However, most young drug-takers are not delinquent, not persistent truants and no-hopers. Thus criminalising and stigmatising young drug-users involves undermining otherwise law-abiding journeys to young citizenship. If half of all British university students have done drugs, then we have a major problem upholding the law. Those who get caught out or excluded from school or receive a police caution and are perhaps denied access to the chosen occupation etc., are basically unlucky. But with so many young people trying drugs the unlucky numbers will grow. Yet we have no system of fairness here. Schools behave idiosyncratically, police officers make informal, unofficial judgements on the street, higher education institutions bury heads in the sand. The moral authority of the law is undetermined.

We are spending tens of millions of pounds a year on preventative drugs education for which there is no evidence of effectiveness. This needs reviewing and sorting out. The veneer of working together at government level is currently no more than that. Our drugs education strategies are driven by political expenditure, a refusal to face up to the process of normalisation or even discuss the issue honestly and openly. I suspect the real debate will occur when the situation gets so out of hand that the pressure for a rational debate finally gets politicians to change. We have quite a lot of evidence from public opinion surveys in the UK that politicians are actually wrong to believe that a public debate about recreational drug use will seriously damage them. Cannabis dominates young people's drug use and it is with this drug use that we need to grapple. I personally would want to see a drugs cautioning system for

personal use which basically de-criminalised possession. On the other hand I would like to see 'drug-driving' taken far more seriously. I also agree with most young drug-users that no other drugs should be considered in the same way.

The enormous success of the drugs help-lines (demand led) and the almost total failure of other attempts to engage young drug triers or users (supply led) is salutary. Most young drug-users have few negative experiences with drugs and when they do have they want immediate confidential, objective information, advice and help. It is a young adults' drugs service that we should be now developing. The pathways I have described will continue right through adolescence into young adulthood and problems with use, and problem-users will only emerge after several years of these drug careers. Most young drug-users will not attend treatment services and we need to be working hard at constructing a completely new approach to their personal and public health. Again the reason we aren't doing this is because we spend nearly all the public money on what, despite some cosmetic surgery is still a 'say no to drugs' approach, despite the empirical realities.

## CONCLUSION

In conclusion, in the UK we are moving towards the normalisation of recreational drug use. It is a long term feature of youth culture. It won't go away in the foreseeable future. We need to understand the processes at work here and also recognise that managing endemic drug use should involve, despite its moral and political sensitivities, the same approach we use to renovate other social policy. What are the facts? What strategies are cost effective? What can we predict to be the future problems and can they be alleviated? How can legislation and inter-agency policy and practice help manage this situation? We have hardly begun this debate. The situation in Ireland would appear to be less serious or is it simply, as yet, less developed? You will need to decide whether the processes I have described -availability, high levels of drugs knowledge amongst young people, extensive drug-trying, a significant minority of regular users and accommodation of recreational drug use within youth culture - are pertinent in your country.

I suspect you will find that there are regional and local differences in incidence and prevalence and that you should manage these differences at the local level and have a national policy which accepts this as a sensible approach.

My biggest worry for the UK is that we are wasting precious years not tackling our drugs problems because of the "war on drugs" discourse we have been bogged down in. I will finish by giving you one pertinent example which I worry you may also eventually endure. The "war on drugs" too easily fails to distinguish between drugs. It cannot adequately acknowledge that cannabis is not the same as heroin. By failing to make these distinctions we are currently failing to protect our new, early adolescent cohorts from a return of heroin. We have not distinguished between occasional recreational use of say cannabis and amphetamines and alternatively heroin use which clearly tends to produce dependent, problem-users. We are now seeing what were two wholly distinctive drug scenes beginning, and thankfully only beginning to overlap. In short, our late 1990's youth have not - because they don't remember our 1980's heroin/AIDS problems - been warned about

heroin. We are thus seeing a significant increase in heroin use. Nor are they likely to believe adult words anyway because we tell them that cannabis is a highly dangerous drug. Given your heroin problem in Dublin and your growing dance drug and recreational drug scene amongst your youth population, you too face the potential danger of the overlap and blurring of different arenas. I hope you will monitor all this and take rapid action if there are signs of a problem drug-user heroin scene, perhaps associated with socio-economic deprivation, influencing a recreational scene which currently also embraces otherwise law abiding young citizens. There are numerous other examples of how our current policy is dysfunctional, but I know you are sufficiently sceptical about things British not to borrow even good ideas from us, and believe me our current drugs policy is not one.

***[Illegal Leisure: The normalisation of adolescent recreational drug use (Parker, H., et. al.) which provides a full description of the North West longitudinal study was published by Routledge, London, 1998.]***

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## KEYNOTE PAPER 2

### YOUNG IRISH DRUG USERS AND THEIR COMMUNITIES

by *Barry Cullen*

Following on from Howard Parker's paper I want to put the issue of drug use and young people in Ireland into context. One of the main difficulties in relation to Irish research is that there is not enough of it. What the research does indicate is that in this country there are two types of illicit drug use phenomena - 'drug-use' and problem drug-use' which are described below.

#### EUROPEAN SURVEY

Recent research we can refer to is that recently used in the European Monitoring Centre for Drugs and Drug Addiction which highlighted the extent of drug use among Irish teenagers and used figures from a European School Survey Project on Alcohol and other Drugs. The Irish part of this research was conducted by Dr. Mark Morgan in St. Patrick's College and it indicated that 37 percent of Irish students (16 years of age) had said they had used cannabis at some time, which is higher than the European average of 12%. On its own, and particularly bearing in mind that the research does not include young people who have left school, this research does not indicate a process towards normalisation, but it does indicate a sizeable number of young people using drugs and the figures are on a par with the UK study undertaken in the same research project. In fact, 16 year olds in Ireland and the UK reported relatively higher levels of illicit drug use than other countries in the study. Further, over three-fifths of the Irish respondents were of the opinion that cannabis was easily obtained and just over half were of the view that ecstasy was easy to get. These are slightly above the figures for Northern Ireland, England, Scotland and Wales.

#### HEALTH RESEARCH BOARD REPORT

The second body of research we can refer to is the Health Research Board's central monitoring of treated drug use - i.e. data collected from people who are in the drug treatment system because they present as having drug problems. This data does not tell us anything about drug-users who do not present as having problems. Data is available for the Greater Dublin area from 1990 to 1995 and national data is available only from the 1995 report. This national research paints a picture of a divided country in terms of types and the concentration of drug problems - there is a Dublin problem and an outside Dublin problem. The research shows that the primary drugs of use - for which persons sought treatment in Dublin - were opiates (87%) and that heroin was the most likely opiate to have been used. The age at which drugs were first taken was 15-19 years and the first drugs taken were most likely to have been opiates. The research verifies a picture familiar to those working in drug treatment centres, that the drug problem in Dublin is primarily a heroin problem concentrated among young people who are unemployed, who have left school, and who live in the inner city and the local authority housing estates around the outer perimeter - a

concentration that prompted the Government last year to set up local drugs task forces in eleven distinct sub-areas in Dublin city.

The picture outside Dublin is of a distinct problem with cannabis as the primary drug used and also use of ecstasy. The drug-user is most likely to be a young male, slightly less likely to be unemployed, less likely to have left school at or before school-leaving age, will cite cannabis as the primary drug of use and will have started to use as a teenager.

Although the data presented does not allow for useful comparisons between Dublin and outside Dublin it does raise an interesting question: Why do people present to treatment facilities outside Dublin with cannabis as the primary drug used when the same does not occur in Dublin? Is it the case that cannabis use in Dublin is now normalised and not considered - by many who use it - problematic?

#### DISTINGUISHING PROBLEMS

In the Children's Research Centre we are currently undertaking research in conjunction with community and youth projects in one of the Local Drugs Task Force areas. This research initially focused on the social experiences of two groups of young people - drug-users and non-drug users - growing up in socially disadvantaged areas considered high-risk for drug problems. At an early, pilot stage of developing definitions, parameters and methodologies, it became apparent that we needed to distinguish three and not two groups: *non-drug-users* (or abstainers), *drug-users* and *problem drug-users*. The middle group typically consists of persons who use cannabis and/or other illicit drugs on an experimental and/or recreational basis whereas the latter group consists of persons who have tended to use opiates and who have also sought treatment, of one sort or another, for this use.

Many difficulties in relation to policies on drug problems arise because of the failure to make these distinctions between recreational or occasional drug use and problem drug use. Such distinctions need to be understood across a variety of variables, types of drugs, quantities used, place of use, individual and social contexts in which use takes place as well as causes, effects (i.e., both long and short-term) and wider social impact. Across these distinctions and variables however, it needs to be emphasised that the occasional, recreational use of cannabis, ecstasy and alcohol does not lend itself to an easy comparison with the habitual use of injectable opiates.

#### DRUG-USE

Drug-use is something that takes place on a widespread basis throughout Ireland. It is visible in every town, village and townland. It is an activity engaged in at some stage or another by most people - if they don't do it with illicit drugs, they do it with alcohol or legally prescribed drugs. They do it for kicks, for fun, to forget momentarily about pressing problems, to assist love-making, to avoid lovemaking, to keep in touch with their God and to get some insight into their devils.

## DRUG PROBLEMS

Drug problems, on the other hand, are experienced by a relatively small number of people, albeit concentrated in a very small number of communities. Drug problems are when persons' use of drugs has serious consequences in relation to their health, their psychological state, their social relationships, their capacity to work, their involvement with serious crime, their ability to partake in society at a level that most others rightly take for granted, and their capacity to avoid premature death. Drug problems also have serious and often catastrophic consequences for the immediate families and communities of those who are most directly affected including extraordinary levels of crime and lawlessness, community disintegration, and widespread social and emotional traumas.

This approach to separating-out different types of drug-users inevitably leads to a reassessment of drug problems to understand their complexity. Drug use needs to be seen not only in terms of substances and their effects on individuals but in terms of differences in individual attitudes, personalities and socialisation processes that influences intake and behaviour and in terms of the social, economic and cultural environment in which the drug use takes place.

When drug policies focus only on the physiological and psychological effects as if these were the same across territories, social classes and generations, they lose a sense of this complexity. In this way there is an emphasis on national and international legal contexts for controlling individual behaviours - the same laws in the US, Western Europe, South America and Asia. This approach does not take sufficient account of local context. In reality, it makes more sense to see drug problems as a collection of local drug problems that differ across space and time and often requiring different policy responses and strategies. The main drugs of use and the circumstances and contexts in which they are used differ across communities, across groups and across generations, and drugs policies need to reflect this.

## CONSTRAINTS OF DRUG POLICIES

Thankfully government - in its decision to set up local drugs task forces - has begun to recognise these realities. However, despite it travelling some distance to understand the complexity of these problems, government policy itself remains located within the constraints of the tendency, internationally, to see drug-use behaviour in black and white terms. *Drug-use is bad; non-drug-use is good*. Rather than unravel this complexity it seems a lot easier to go to war on drugs: to make laws and to create a control industry. Don't misunderstand my doubts about the efficacy of this approach. I share most people's concerns about the activities of those who would seek to profit from other's misfortune. Drug dealers, whiskey and tobacco smugglers and persons who launder money in foreign bank accounts are the type of people who, throughout history, have always taken advantage of the unusual circumstances of war and other conflicts, to accumulate capital and to profiteer, and I have no quarrel with law that controls profiteering. However, a war framework is hardly a good platform for good law. The first casualty of war, as they say, is truth. War spawns propaganda and the cynical use of phrases such as "zero tolerance", "one

man crime wave" and the spurious notion of "drug-free society". None of these are a proper substitute for thoughtful policies that promote the concerns of young people and debate about the use of drugs. This rhetoric in relation to "drug wars" needs to be rationally revisited. The notion that people who advocate alternative conceptions, or models, can be ridiculed as being "soft on crime" or "soft on drugs" needs to be challenged as indeed, the notion that there could only be *abstinence-only* treatment modules was successfully challenged in recent years, when, in the face of the public health crisis arising from HIV, more humane and reasonable *harm reduction* responses were introduced.

## EFFECTS ON COMMUNITIES

Insofar as society is engaged in this "war on drugs" then the war zones are the inner city flat complexes and suburban local authority housing estates who have already been devastated by other social and economic problems. Sixteen years ago, in 1981, a piece of what you could call popular epidemiological research was conducted in a flat complex in the south inner city area of Dublin. It was the first piece of local head-counting in relation to drug problems conducted in this country during what became known as the "first opiate epidemic, 1979-1985" (opiate-use was virtually unknown as a problem prior to 1979). This community has a population of 1,200 and in 1981 an estimated youth (15-24yrs.) population of less than 200.

The counting was done by three community workers and a local curate. They estimated 57 individual young people who were using heroin in this small community and a further five who were in prison on drug-related offences (total 62). At an institutional level these figures were disbelieved by the authorities for two whole years, and eventually the figures were not considered valid until a Health Research Board-sponsored study in 1985 estimated that the true figure for 1981 was somewhere between 81 and 100. Over thirty-five percent of the age cohort 15-24 in this small community were using heroin intravenously and this fact was being denied by the authorities - because it *was just* popular epidemiological research. At the time that this local research was being conducted local workers had submitted proposals for outreach education and prevention materials including proposals for basic *harm reduction*. They received no official support for these requests.

As things stand today, 26 of the 62 young people identified by community workers in this small community in 1981 have since died prematurely (i.e. 42% of those who used and 13% of the total age cohort). A further four are this day very seriously ill. I am sure if one was to analyse the HRB figures the level of deaths would be even greater. We should not lose sight of the effect of the loss through death of such a percentage of young people on such a small community. And, the effects are felt wider: the number of children who have been bereaved who are being raised by grannies, relatives or in care; the number of families who have experienced two, three and even more deaths; the same experience is replicated in five other nearby flat complexes.

This is an effect of "war on drugs" policy, an effect as equally devastating as the "Troubles" have had on individual Northern Ireland communities. We have to

realise that one of the main effects of constant drug dealing and police activity in this drug war is community disintegration. The drug war has contributed to the emergence of large numbers of unemployed and unemployable youth whose lives have become inextricably linked to drug crimes and who in turn are becoming the parents of yet another generation of children who may get caught in a cycle of poverty, criminality and addiction. We need to get away from our moralising about drugs and call off the war that is destroying these communities and concentrate on policies that are capable of convincing their residents that with institutional supports they could obtain other real benefits from the economy's growing wealth.

Of course one of the more obvious limitations of the "war on drugs" approach is that it is so easily perceived by young people as a war on them, as a war on their aspirations - on their appetite for pleasure and thrills. Young people cannot be coerced to stop seeking pleasure for to do so only adds to the thrill and indeed, the risks. The desires will, undoubtedly be satisfied. The desire to use mood-altering substances is deeply ingrained in human nature: it cannot be wished away through legislation or coercion. The more young people are denied important experiences the more the probability that they will undergo these experiences in ways that are harmful to themselves and society. The issue therefore, is not one of setting out to deprive young people of their desires but rather for society to examine how it can accommodate and limit young people's desires in ways that shows respect. This is an issue for teachers, youth workers and community workers and for the people who formulate the policies that they implement. If we insist on having an education system that is focused almost exclusively on academic achievement then we are limiting the potential of this system to provide meaningful alternatives; if we insist on seeing youth workers as merely a buffer between those who do and who don't do well in education then we are denying them the opportunity to have real impact where education failed; and if we see community facilities - sports, recreation, games, clubs - as the preserve of private investment and capital, then we are reducing some practical alternatives to mere commodities.

### **BEING CREATIVE**

I want to draw your attention to a recent Halloween event that was held in a south inner city community called "Burning the Demons - Embracing the Future". This event arose from an arts/photograph project in which a group of young people photographed the buildings, people and culture of the area. The photos were collaged on a computer and a final design was hand painted on 8' by 4' panels. It took over a year to complete and young people showed immense dedication to the task. The panels show a group of young people swinging from a large arm that is bent over the top of a flat complex: a syringe is stuck in the arm. The panels were erected as a mural at the local community centre - which was also a polling station for the 1997 presidential election. On the evening of Halloween the mural was ceremoniously removed and the panels were carried with a procession with a samba band, torches, whistles and shouts, throughout the area, through the flats complexes, the streets with houses, and eventually placed on a massive bonfire - the traditional site for such bonfires each year. As a local youth band sang familiar pop songs the bonfire blazed. It was a true

community event - it crossed class boundaries; it crossed generations; it involved creativity; it was exciting; it involved fire; it was thrilling; it was emotional and it had an important impact on young people. It made them feel important and valued in the context of doing something that they shared with other members of their community.

### **LITANY OF FAILURES**

If you want to really develop alternatives for young people you have to be able to demonstrate similar levels of innovation and creativity. Anybody who has observed developments in Dublin's drug problem over the last twenty-five years could not but be appalled with how at an institutional level there has been an absence of such innovation and creativity. Indeed, the last twenty years has witnessed many institutional failures. Let me recount some of them: during the period that is now so often referred to as one when Dublin experienced an opiate epidemic, 1979-1985, government went on the record reporting that there was no serious heroin problem. When it became apparent, even at an official level, that a serious drug problem was evident, and that it was most prevalent in a small number of working class communities, an official strategy was adopted to deny this and this fact was not properly conceded until the publication of the Rabbiner report last year.

At an early stage of managing the problem the main thrust of official responses was to support the abstinence-only model as espoused by the Drug Treatment Centre and Coolemine. Even when the limitations of these responses were eventually acknowledged in a government report in 1991, it was decided to operate a dual-system of service delivery rather than face down these acknowledged limitations. Meanwhile, despite an at times hostile institutional climate, a number of important community initiatives got under way, including the Ballymun Youth Action Project which has developed important preventive and training initiatives; the Ana Liffey Drug Project which stuck its neck out to operate harm reduction approaches when these were neither popular nor profitable and the Rialto Community Drug Team which has illustrated that it is possible to mobilise community support for local drug treatment services.

### **NEW RESPONSES**

There have been other local, indigenous and voluntary initiatives and in fairness to the Eastern Health Board, it has, in recent years, demonstrated a new willingness and capacity to become engaged with these. Significantly, the health board has become increasingly reliant on partnerships with local and voluntary groups to assist it in promoting and developing its new range of services. There is an acute irony in all of this and for those of you who have not witnessed it, one of the most striking manifestations of this is evident in the discussions that take place in rundown community buildings in which local volunteers are involved in decisions about methadone doses and controls. If a handful of volunteers, with the backup of a part-time clinical assistant and personnel from a community project, can successfully manage the local operation of treatment services for what, in some instances, are significant numbers of drug users, why, when these services are provided centrally to no more than a small multiple of what is provided in any

single local centre, does this central provision require such vast institutional and professional supports. You can reverse this: if the medical professions require this level of investment to support their provision of services at a central level, why can't the same level of investment exist at a local level through local and indigenous providers.

### **LIMITATIONS OF INSTITUTIONAL RESPONSES**

We need to recognise the limited capabilities of institutional services and responses, and to acknowledge that community and voluntary agencies have shown more insight and innovation. For demonstrating these capabilities, the latter agencies should be rewarded and assisted in developing other services and approaches. In particular there needs to be a better resourcing of local support systems for young people who have, or who are about to have, drug problems. Maybe harm reduction messages are best provided by people who already operate from within the drug scene; maybe counselling and helpline services need to be more accessible and staffed by people who can be trusted by young drug users. Maybe we need comprehensive local drug centres where young people can be encouraged to move out of the drug scene and potential additional participants discouraged, within a model that is facilitative rather than coercive. Whatever, I would feel a lot more hopeful about the potential of such centres if they were to be promoted and developed within local or indigenous structures - and with the direct involvement of young people - than if they were to be structured around medical and professional hierarchies, and also if they were to reject the notion that you simply tell young people not to use drugs, in favour of adopting a much more practical approach of providing young people with practical and accessible information about the relative dangers and limitations of different types of drugs.

### **CONCLUSION**

Finally, I am reminded that a few years ago it was evident to anybody who worked within the voluntary drug treatment system that it was especially difficult to respond to situations where child care issues arose as a result of parents' problem drug use. On the one hand, drug workers were not adequately equipped to deal with child care issues and social workers felt incompetent in relation to drug problems. Over time and through directly working with these difficulties, the fears and obstacles were overcome and there are some indications that social services are finding it possible to combine drug treatment responses with child welfare responses. I have a sense that the situation is somewhat similar today in relation to young people. Drug agencies don't feel adequately skilled or equipped to work with young people and youth workers are fearful of working with drug problems. We need to demystify some of these fears and develop a new confidence that it is possible to deal with these problems from a rational perspective. I hope that today's seminar goes some of the way of facilitating this.

I want to finish off on a much lighter note and indeed a hopeful note. I recently came across a photograph and could not resist the temptation to show it to you today. It's a photograph of a group of men outside a courthouse in Morgan Place nineteen years ago. This group of people are not on drugs charges, although they look as if

they might be. They appeared in court for refusing to be bound over for the peace after they participated in a street protest on the issue of building new houses in the inner city. One of them, the long-haired one in the centre, spent an overnight in prison for refusing to sign the bond binding him to keep the peace. He is of course, currently a member of the National Drugs Strategy Team and he has agreed to address this meeting later to summarise the proceedings and provide some indications as to how further discussion on these issues could be facilitated. Poacher turned gamekeeper - so there is some possibility of change!

## **YOUNG PEOPLE AND DRUGS – CHALLENGES FOR YOUTH WORKERS**

*by David Treacy*

*David Treacy set his response in the context of his work with the City of Dublin Youth Service Board (CDYSB) which is the only statutory youth service in the country with an annual grant of £620,000 for supporting 450 registered voluntary youth groups and it also has a role in supporting and monitoring the 27 Department of Education-funded community projects for working with young people at risk. The Youth Service Board is also acting as funding agency to many of the youth projects currently being set up under the Local Drugs Task Forces in 8 of the 11 areas.*

*David outlined the Board's core principle that it should support communities to develop and manage their own youth work responses to the needs of their own young people. This involves providing a range of supports to communities, such as training, funding and at times staff, to assist them in managing their own youth work initiatives, whether it be a volunteer-based youth club or scout group or a staff-based project working with youth at risk.*

*Against this background, David welcomed the seminar and the opportunity it provided to begin a debate on the issue of drug usage in Irish society. He raised a number of points, as outlined below:*

### **VIEW OF DRUG-TAKING**

The first point is that the papers challenge some of the popular perceptions associated with drug usage, for example:

- the relationship between drug use and crime;
- the impact of recreational drug use; and
- the use of recreational drugs across gender and class.

Implicit in the papers is the recognition that there is a distinction between drug use, drug misuse, drug abuse and drug dependence. Recognising these distinctions means that each requires different forms of responses and interventions. Implicit too, it seems to me, is the call for the debate on decriminalising the use of certain drugs used in Irish society.

In my contact with voluntary youth leaders, they report an increase in the recreational use of drugs, while professional youth workers are working with young people across the spectrum of drug use.

### **PERSON CENTRED-APPROACH**

The concept of a person-centred approach, emphasised in both papers, is not unfamiliar to youth work organisations. Workers are very conscious that they may be the only adult in the young person's life with whom they can name and explore their drug use without fear of sanction.

For this process to be successful, we in youth work must recognise that the process takes place in a community context in which the issues of power, gender, class and inequality are understood to be dominant influences in their lives. The challenge for youth work is to work at both a political and personal level. This approach is not shared among youth work practitioners or among youth organisations.

A second challenge for youth workers presented by the papers is to recognise that the older age group are voting by their feet and are seeking fun and excitement in other ways. Youth organisations need to consider how to develop alternative, exciting provision that will actively engage the older age group.

### **COMMUNITY RESPONSES**

I welcome the emphasis in both papers on the need to recognise that circumstances differ across communities, across groups as well as across generations - a point made in Barry's presentation. He makes the case very strongly that it is important to see the *drug problem* as a collection of local drug problems that differ across space and time and require different policy responses and strategies. This is confirmed by the experience of community-based project youth workers in communities with similar indicators of disadvantage, who report very different patterns of drug taking among young people.

He also emphasised the importance of the involvement of communities in the development of policy and responses.

The initiative of creating Local Drugs Task Forces and involving communities and statutory bodies in preparing local development plans to address areas of prevention, education and treatment, can be seen as a creative attempt to empower communities to address the issue of drugs.

It is fair to say that this initiative by the previous Government was a very important recognition of the principle of community involvement. What was not recognised was that many communities were frustrated at what they perceived as neglect and intransigence by statutory bodies. These frustrations resulted in tensions between the voluntary and statutory sector in some of the Local Drugs Task Forces.

Another contributing factor to the tension was the amount of time available for analysis of needs and the preparation of development plans was very limited. Furthermore, very few resources were put into capacity building within the Task Force and between the Task Force and local groups. Time was of the essence and it became clear to many communities that there was a significant budget available for the first time ever for proposals, in some cases, that had been sitting on shelves for years.

It resulted, in some communities, in a huge diversity of proposals and in some incidences the development plans which emerged can be described as a combination of the 'shopping list' of a community and statutory sectors. They are not integrated service development plans that are based on sound research and community consultation. The important work required for the hammering out of an integrated plan between statutory, community and the voluntary sector was not undertaken.

the commitment to funding community-based initiatives and joint initiatives between statutory and voluntary bodies has been an important development and one to be commended.

## **PARTNERSHIP BETWEEN THE COMMUNITY AND STATUTORY SECTOR**

The empowerment of communities to address issues required an investment in the process if the concept of participation is to be more than a token gesture. For it to be real, the statutory sector needs to be able to develop more flexible systems. What is often not recognised by the community sector is that the statutory sector is governed by rules and regulations that have developed over the years to ensure accountability for the use of state funds. These rules and regulations take a life of their own and the systems can become the most important aspect of the work with the result that the importance of the provision of services can be diminished.

This thinking is beginning to change with the introduction of the new Strategic Management Initiative in the public sector. The language has changed to emphasise the need for partnership with the community and voluntary sectors. However, the statutory sector needs to make significant changes in the way it engages with communities if partnerships are to be successful. It needs to recognise that real partnership requires the allocation of time and resources to capacity building and the creation of open and honest dialogue. It is important too, that within the statutory organisation a culture of risk-taking and flexibility is introduced as well as accountability - a difficult challenge for any organisation.

## **CONCLUSIONS**

**If we accept the propositions presented by the papers then there are a number of important challenges posed at this time:**

- The challenge for voluntary youth work organisations and for CDYSB as a funding body, is to develop a clear policy that is no longer based on the populist policy of the “say no” War on Drugs.
- The challenge for policy makers is to prepare a development plan for services for young people at risk which provides for integrated and co-ordinated approaches to addressing their needs. Services will have to change from issue-based to person-centred strategies at the community level. The time has come to stop the current approach of considering young people only in terms of the problem that they are perceived to present with at the time (i.e., drug usage, homelessness, unemployed, early school leaving etc.)
- The challenge for society and all voluntary, community and statutory bodies involved is to engage in an open honest and objective debate without the emotive and moralistic rhetoric that often accompanies these debates in Irish society - to engage in a debate informed by research, which seeks to involve young people and listen to them in a respectful manner.
- With limited resource available, we need to shift the debate from additional prison places for young

adolescents to resources being made available for such services as hostels, sheltered housing, places in treatment centers, and psychological and counselling services for young people.

If we accept the central argument of both speakers i.e., the normalisation of drug use by large numbers of young people, then we must face the challenge and become involved in harm reduction responses.

Finally, we must as adults face up to the reality that for many young people the positives outweigh the risks in belonging to a drug-taking culture. The challenge for us is to understand this and move away from only seeing drug-taking as a criminal activity, a social problem or an illness.

## RESPONSE 2

### YOUNG PEOPLE AND DRUGS – HEALTH PROMOTION DILEMMAS

by *Owen Metcalfe*

Owen Metcalfe's response focused on four different but related points concerning data, programmes, trends and the future.

#### DATA

In relation to the first of these, data, he highlighted that drugs policies had been bedevilled by the lack of data. This had now changed and there is a better appreciation of the need to obtain and collect research information about prevalence rates and other developments so that the policy response can be more accurate and targeted. However, Owen highlighted that even with good information on developing trends, the interpretation given this data may be more influenced by media and public perceptions than full facts. In referring to the ESPAD survey (mentioned earlier by Barry Cullen), he highlighted this survey's distinctions between life-time and recent (last thirty days) figures, and the fact that the survey also included information about tobacco and alcohol use. Much of the survey's media coverage had not made this important distinction and had focused exclusively on use of illicit drugs. Lifetime prevalence of tobacco use (in a sample of 2000 16 yr. olds) is 71%; last thirty days is 41%. Lifetime prevalence of alcohol is 91% (not really surprising that most 16 year olds will have taken drink at some stage in their life); last thirty days is 69%. These figures stand out relative to those from other countries participating in ESPAD but the figure that received most media coverage was that 37% of Irish 16 year olds had said that they had taken cannabis. The relative position of tobacco and alcohol did not attract much attention and the fact that the cannabis figure decreased to 19% for the last thirty days, and that the lifetime prevalence of other drugs is 16%, was not as highlighted.

While the ESPAD study generated lots of media interest, its cost was probably no more than two health education advertisements during prime time television viewing. Somewhere a policy choice is made between such options and the decisions are rarely as simple as they may appear on the surface. While mass media campaigns have their own immediate attractions it is necessary to build up good data so that developments and increases in use over time can be publicly highlighted. But research, and good research, also attracts media attention and great care needs to be taken to ensure that the full range of data outcomes are adequately reported and learned from.

#### DRUG PREVENTION PROGRAMMES

The second point discussed by Owen concerned the development of programmes and initiatives. He highlighted that while some education programmes over the last twenty years adopted the "war on drugs" or prohibitionist approach, many more come from a participative perspective. The drug education video *My Best Friend*,

the Department of Education and Science schools programme, *On My Own Two Feet*, and the drugs education pack *Drugs Questions, Local Answers* are examples of the latter approach. *Drugs Questions, Local Answers*, in particular, focuses on bringing people together at a community level to assess the nature of the local problems and to design the appropriate training and other supports required in order to come to terms with local drug and alcohol issues. In *On My Own Two Feet*, there is a focus on creating an educational environment that facilitates young people to reflect on their own experiences, thoughts and values and to learn from each other in making considered choices about drug-use. One issue that was not being sufficiently addressed was parent education and whether enough was being done to assist parents to communicate better with their teenage children.

#### CHANGING TRENDS

The third point discussed by Owen concerned changing trends and how these changes reflected the contexts of their time. Trends do not happen in isolation from other developments and some of the more important contexts for current developments are that firstly, there is a better economic situation with decreasing unemployment, and secondly, there is a greater willingness for different agencies and sectors to work together. The local task forces are an example of this latter development. These developments provide a basis for hope and there is evidence of emerging programme initiatives that take account of the complexity of drug problems. There is a greater awareness of this complexity, of the dynamic between the use of the drug, the user and the environment. So it is no longer a case of just saying all drugs are bad and are used by bad people, but a greater recognition of a continuum. The situation that is emerging is not unlike that of alcohol a number of years ago where traditionally the focus was on the alcoholic, but this has now shifted to looking at a continuum of alcohol-related problems. It appears that we are going that way in relation to drug-use as well.

#### FUTURE PROSPECTS

Owen's final point concerned the future and hopes that the spirit of cooperation between different agencies and interests would last and that more creative efforts would be made around involving people, particularly young people who sometimes seemed to be left out of emerging partnerships. If we took young people more seriously than perhaps the level of investment needed for recreational and other facilities could be made, and in this way, a more supportive environment for young people, that effectively challenges the drug use option, could be developed.

## RESPONSE 3

### YOUNG PEOPLE AND DRUGS – A COMMUNITY RESPONSE

by *Mary Ellen McCann*

In her response paper, Mary Ellen McCann, drew largely from her work with the Ballymun Youth Action Project, to explore how youth needs in a community context are responded to in ways that show real respect, understanding and commitment. A key question she raised in relation to drugs policies is: “Can they secure the respect of young people?” She highlighted that how we respond to young people’s issues depends greatly on how we view those young people and the contexts of the lives they live. Key questions concern whether our analysis of their predicament and situation is individualised or considered from a wider, macro perspective.

#### INDIVIDUALISED RESPONSES

With the former approach, the tendency is to assume there must be something wrong with individuals who use drugs and for this reason strategies and programmes focus on how to teach individuals to change. In this approach, normal community structures are not involved in responding to the individuals. The response is seen as specialist and young people are seen as removed from local systems.

#### MACRO PERSPECTIVE

Alternatively, when matters are viewed from a macro perspective, the issue is seen as part of a wider picture. Wider systems are seen as crucial to the resolution of problems and multi-disciplinary, inter-sectoral approaches are required. There is a lot of evidence to support the adoption of a macro vision, involving inter-sectoral collaboration which can make use of all the skills and resources of our systems, in responding to an issue like drug use among children and young people.

#### YOUTH ACTION PROJECT RESPONSE

Mary Ellen highlighted that the Youth Action Project, Ballymun, attempts to meet the needs of young people using a community response and drawing from a macro vision and a belief in inter-sectoral, multi-disciplinary approaches. The project emphasises the training of local people to be full-time project workers, developing community education and peer education programmes and coordinating the involvement of different helping services with individual drug-users.

Mary Ellen elaborated on the complexities of the peer education programme, pinpointing some of these as follows:

1. Making missionaries out of some young people; these young people are sometimes not credible to those we want to reach and they are expected to pass on our messages.
2. Participants come with their own issues, which need to be handled with care;
3. Boundary issues; are peer leaders prepared for the

change in role that this entails?

4. Supervision;
5. Who decides the messages?

#### UNIQUENESS OF RESPONSE

She also used some quotes to highlight the uniqueness of the approach operated by the project:

The first quote is an extract from an evaluation done by a student of an extensive peer education programme:

“From my time on the course I observed that the majority of the group had experienced a great deal of drugs issues, whether it was on a personal, family or community level. This made me think about the difficulties and problems some of the members had to contend with on a daily basis. This could have been a factor in the amount of interest that was shown by the group and the willingness to participate in what could be, at times, painful exercises. Also as the course progressed a sense of team building ensued. Workers-leaders-youth members-students -all working, sharing and enjoying the course and what it had to offer.”

The second quote was from a course run for a local youth club, for leaders, most of whom had received very minimal training in youth work:

“Here was a chance to disseminate information to others. During discussions .... it was put to me that he would, for the most part, facilitate and I would structure the information. At this point, I felt quite ambiguous about this suggestion. What was the difficulty with us imparting information to the leaders and addressing whatever questions that might arise? However, I was about to participate in an educational experience, the like of which, I had not previously encountered.

“The key issue for me regarding this intervention was the style of facilitation utilised and the contribution of this facilitation to a unique atmosphere of learning. The youth leaders played the major role in determining the direction of the programme and were allowed the freedom to do so. They did indeed ‘call the shorts’. There was rarely a sense of disseminating information to or for the group. The leaders for the most part provided the information and our role was mainly one of facilitation, guidance and structuring the information. There was an acknowledgement dialogue and participation flourished.”

#### “AUTHENTIC EDUCATION”

Mary Ellen highlighted that the project drew heavily from community development and the work of Paulo Freire, highlighting that “authentic education” is more about learning with, rather than from others. The importance of community’s own history and the process of telling collective stories and initiating (and implementing) local community actions were also highlighted:

“I want to emphasise that we see as the basis for all our interventions, the quality of the relationships which are formed with young people in their own community, with their social networks and with their more formal networks, and the central role of their

own community in designing and implementing actions. One of the vital roles of services is not to undermine natural helpers such as family or friends and also not to make children purely recipients of help.”

### **OBSTACLES IN PROGRESS**

Mary Ellen highlighted that the project’s way of working with young people was hindered by a number of factors. One major factor is the gaps in provision for young people who experience grave difficulty, particularly those who fall out of school, or those who need specialist care for one reason or another. Services are not localised enough or able to respond quickly enough to prevent further damage. A major issue is that statutory agencies often lack the capacity or know-how to engage with the communities who are in most need. The project’s experience shows that real partnership is very difficult and that communities are being used to implement and validate central policies, rather than being involved in needs assessment, decisions around meeting the needs, and decisions around the allocation of resources.

The project’s lessons from its involvement with the Ballymun Community Drug Team is that partnership approaches are complex. They should assume equality and clarity of purpose, and they require time and priority. They are not easy processes.

### **CONCLUSION**

In looking to the future Mary Ellen concluded that:

“Interventions which are initiated, developed and delivered with the involvement of young people themselves appear to have a better chance of success. These interventions need to be comprehensive, multi-model and delivered over time. Likewise, attention to out-of-school variables and interventions that are broad and include the whole community appears to be associated with more positive outcomes.”

## SEMINAR CONCLUSION

*by Fergus McCabe*

One of the important things coming through from all the speakers was the need for us to be humble and say we don't know the answers to these problems and we should spend more time using fact and research in coming up with the answers. Another important point was that we need to try to involve the key people, that is the young people and the parents, and perhaps also to take account of the media and its role. Until quite recently we have not had the same sort of sensational media as experienced in England, but we are beginning to get it now. Some of you will remember just a while ago a current Minister made a few comments about treating dying patients with heroin and the media translated that into saying that he supported legalisation of drugs, which was outrageous. I think we have to be careful that we are not set up by the media as we attempt to have a sensible debate about these problems. We cannot allow the media to set up the debate as being between hippie radicals calling for legalisation, and the others who want total abstention and prohibition. The realistic position is probably somewhere in between and in searching for this, it should be possible for us to have authentic dialogue about the issues, and we should try and ensure they are based on fact and information.

In relation to the role of the National Drug Strategy Team and how it can respond to this debate, I think there is quite a lot that can happen in terms of sharing the detail and information contained in this seminar. The information presented here and the discussions taking place here reflect the sort of dialogue that should be taking place but has not been taking place. In setting up local drugs task forces we have had a lot of information meetings and I would be hopeful that the proceedings of today's conference could help us set up more information meetings, involving more people, particularly community members. What I would like to see are localised versions of today's seminar, taking place in each of the 12 task force areas here in Dublin and the one in Cork. I think that is what we need to do and the National Drug Strategy Team would, I am sure, be positive about supporting this.

We need to give adequate and appropriate information to the communities. Much of the information currently available is unbalanced, portraying the horror stories of individual families. However, a lot of the information does not take on board that there is a huge distinction between heroin and cannabis; that there is one set of problems around heroin and another set around cannabis. The messages that we put out have to highlight that there are these fundamental differences. The National Drugs Strategy Team, I hope, would be able to stimulate further debate on these distinctions, that has been started here today and if it is possible for us to give financial resources to this debate, I am sure we will do so.

Another point that I want to emphasise here is that unlike the United Kingdom, where there is an Advisory Council on the Misuse of Drugs, we do not have an equivalent body here in this country that is drawing together relevant research, information and policy. We have been doing some work in recent weeks in the Strategy Committee in terms of trying to bring together proposals for such a body that would focus on developing ideas for policy development in the future. A body

such as this is important in terms of inspiring a new confidence that the state institutions will not fail to respond in the way they have been seen to in the past. The failures of the past need to be recognised in order to help this process of moving forward. In this regard, I was glad that both the last government and the current government recognise the failure of past policies and the need to adopt new, more imaginative responses in the future.

Hopefully, these mistakes will not happen in the future and indeed, it behoves us all to ensure that we do not allow drugs to get off the political agenda. It behoves us to ensure that proper structures are put into place to keep politicians and policymakers focused on rational responses to the problem.

Finally, I would like to conclude by thanking all of the speakers for their papers. They were excellent contributions to the debate and I wish to thank the chairperson for the way in which she has conducted the proceedings. and to thank all of you who turned up for the seminar. Thank you very much.

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