

CityWide Family Support Network



Resource Pack

A handbook for families dealing with Drug Use

Revised Edition 2005

Introduction

CityWide Drugs Crisis Campaign was set up in 1995 to bring together people in the most disadvantaged communities across Dublin city who were trying to deal with the devastating impact of the drug crisis on their local areas. From the beginning, the community leaders involved in the campaign recognised that, as well as action at local community level, their campaign had to be aimed at the policy makers and decision makers. The communities most affected by the drugs crisis had to campaign for the right to have a say in how drug policies were developed and how resources were allocated.

In 1997 CityWide became funded as a specialist support agency to the Community Development Programme and all of CityWide's work is shaped by a commitment to involving those most affected by the drug problem – drug users, families and communities – in the response to the problem. The work of CityWide continues to have the dual focus of supporting communities at local level in responding to the drugs crisis, while at the same time increasing their involvement and impact in developing policy at local, regional and national level.

As part of CityWide's commitment to involving those most affected by the drugs crisis, it began to work with individual family support groups in different parts of the city. In February 1999 a number of Family Support Groups came together through CityWide to plan an event for the millennium. These groups represented families from different parts of Dublin. After the first few meetings it was decided to hold a Service of Commemoration and Hope on the 1st February 2000. The aims of the Service was to commemorate all those who had died from their drug use or related causes, to offer hope to the families of those still involved with drug use and recovery and to highlight the invaluable role of Family Support Groups.

At this first Service we remembered 800 people, a conservative estimate of the number of people who had died through drug use or related causes. It was believed by the planning group that the real figure was many times this amount. Over one thousand people, the majority of whom were the families and friends of drug users, attended the Service. The first Service was such a huge success that there has been a similar event on the 1st February every year, so that families can come together in a public expression of grief and to continue to highlight the unacceptable level of drug related deaths.

The CityWide Family Support Network evolved as people came together once a month to plan the event and discovered just how many issues they had in common. As the Network has grown over the last three years, it has become clear how extensive the need is

for improved services, support and information for the families and communities in which drug users live. The Network continues to identify and address issues which need attention ranging from supports to grandparents left to look after the children of the drug users, to developing and influencing local, regional and national policy in ways that will bring about effective change and supports.

Responding to the lack of information for the families of drug users was identified as a priority for the Network. It was suggested that we compile a directory of Family Support Groups and other services that families and service providers would find helpful. It was also felt that there was a need for basic information that would inform and encourage family members to come forward to get the support they need. It was felt that the handbook should provide as much information as possible on the experiences that families of drug users undergo; the benefits of the individual Family Support Groups; the work of the CityWide Family Support Network and the local contacts that are there for people needing support. It should provide information on different drugs, their signs and symptoms and look at the health issues and services and supports provided.

Therefore, this resource pack is a mix of practical information regarding the supports available to family members as well as a brief description of the experiences those family members can go through. It provides information about family support groups, contact names, and their meeting times. It looks at what a local family support group does, the supports they provide and the issues they discuss. The resource pack is not intended to provide comprehensive information but to act as the first port of call and provides reference information to enable families to avail of further support.

The resource pack is also intended to be used as a tool by Local Family Support Groups to enable them to develop networks at local or regional level, as is already happening in some areas. With the support of CityWide, this networking will facilitate local groups in identifying the key issues for families of drug users in their wider area or region. These local networks will also play a key role in feeding into the CityWide Family Support Network and identifying the issues for families of drug users that need to be raised by the Network at a policy level.

The resource pack will be up-dated annually. If you have amendments to the details of your Family Support Group or have established a new Family Support Group, please fill in the form at the back of the pack and send to **CityWide Family Support Network, 175, North Strand Road, Dublin 1** or phone the Network on **(01) 836 5090 / 836 5039**

1000 Voices that tell one story

This same story can be heard in thousands of our homes. There may be different twists, different turns, but each person experiences the same sense of shame, shock, disappointment, guilt, isolation, fear and loss.

“It took us a long time to cop on to what was happening. When your kids are 16 or 17, you make allowances. You kid yourself that it’s usual for teenagers to sleep until the afternoon and stay out late. You tell yourself that it’s normal for them to find new friends. You put their mood swings down to adolescence. You don’t want to be rowing with them all the time. You make allowances.

When the Gardai first came knocking on the door and told me he was found on the street, high as a kite on heroin, it was such a shock. I didn’t really believe them. Not my baby, my boy. It’s not possible that he could have been on heroin without my knowing.

We went to get him. When he pulled up his sleeves and we saw the needle marks... God, it was like a kick in the stomach. After, there was a dreadful confrontation. He and his father hurled terrible abuse at each other. I suppose it was the beginning of the change of our lives.

For months there was an awful silence in our house. We didn’t know how to deal with it. We watched him. Searching for signs but we didn’t really know what to be looking out for. And we saw nothing unusual, nothing that we hadn’t seen before. I’d try to get him up earlier. Encourage him to eat more. It was like we were all acting. We thought maybe he’d stopped. Self-denial. It’s a great thing.

His dad and I, we reassured each other that he was stopped. He swore he was. That there was nothing to worry about. But call it motherly intuition, or what ever. It went on nagging at me. I decided to clean out his room when he was out one day. I swear to God, I wasn’t searching, not consciously. I began to tidy his room. I looked through all his pockets...telling myself it was time for a good spring clean. I found all his equipment – smoking jars, tin foil, and needles in his old shoebox where he kept his childhood treasures. I didn’t know what they were for exactly but I knew it was drugs and that he was still using. I couldn’t believe it.

Then it began to really sink in, I'll never forget it. You feel duped. You feel anger. You feel fear – terrible fear. You realise you don't know what this means. You begin to blame yourself. You think, what did I do wrong? I must have done something wrong. Was it because I lived here? Was it because I worked? Was it because his Dad was travelling on the road? You search for reasons. And the reasons you come up with are irrational but you don't see that. I made a pact with God...I'll do anything if...and you really mean to keep your end of the bargain. I bet every parent who has a kid taking drugs has made a pact – whether they believe in God or not.

You realise you don't know anything about heroin. Or what can be done. You think, I must find out. I need to know how to get him off this. Your mind races, searches through your memory box for any references to heroin, treatment, doctors. Then it dawns on you... it's illegal. It's dangerous. If you start asking questions, people will want to know why and you realise you don't want them to know your son is on drugs. What will they think? They'll think it's your fault. Suddenly, you realise you can't tell anyone. It took me ages to tell his dad what I'd found. I didn't want him angry. I didn't want war in the house. And I couldn't tell my friends. I was so ashamed. The isolation and fear is dreadful. I felt so alone.

After the initial shock, and rows, we began to talk to him – to try to find out from him what it all meant. In the end it was him who told us about the treatment options – the counselling, the methadone, the treatment clinics and how hard they were to get into. I was amazed. Seemingly, there was precious little that we could do. There didn't seem to be services that we could easily go to. We decided to go to a counsellor. I was ecstatic that he agreed and I was so relieved just to be able to go to someone who would know what to do. A professional. He told us that there was a 3-month waiting list for the methadone treatment. But it seemed that to get access to the methadone treatment, you would have to have heroin traces in your urine, so the logic was, you had to take the heroin for the 3 months if you wanted the methadone treatment. That's what the professionals told us. But you are so desperate you believe what you hear. You take what you can get.

As time went on, I was like a headless chicken. Running round the different doctors, and the clinics, seeking advice and getting very little practical support or help. At the same time, my son was like a walking

MIMS (the medical resource pack of drugs). He knew everything about pills – what’s in them, what they are good for. His granny lives with us and she has a repeat prescription. He robbed them. At the time I didn’t dream that was possible. But then, another time, when we lost the script, he was able to tell us what they were!

I can’t describe the loss you feel when your child takes heroin. It’s like you’ve lost them. Like when he took his granny’s pills. She needs them. I couldn’t believe that he would put her life at risk for his own high. He became a different person. I couldn’t trust him. He would lie to us. Rob from us. I would never know if he was telling the truth. But, you’ve got to have a sense of humour. One time he decided to stop the heroin and cold turkey it. We were so relieved. Overjoyed. We wanted to help him in any way we could. There he was up in his room, day and night. We were rubbing oils into his joints. Providing him with anything he needed. He wanted candles to burn oils – we thought it was to soothe and de-stress him. Didn’t we discover later, it was to burn the heroin he was still smoking!

That’s something else you learn – that you can’t sort it for them. After the shock, I truly felt that if I could get the right services, I could help him sort this. As his mother, I was going to do everything I had to in order to protect him. If that meant queues of doctors, I would do it. If that meant money, I would earn it. If that meant giving up work, I would do it. His dad felt that he was the one who had the logical, rational approach and that this could get him through this ‘stage’ of his life. If only we knew then, what we know now.

Anyway, after a lot of false starts, he did go into treatment. And it was good. It seemed to be working. At last, we thought, we will soon get back to normality. We assumed that the doctors, counsellors, the clinic, the medication, the residential, the methadone, would be the cure. That, once he got the treatment and medication, the drug problem would end and that normal life would resume. That is what you think. You still think that, despite having gone through all the emotional traumas of sickness, distrust, hate, fear, isolation, family rows, robbing, police, stigmatisation, that it can go back to normal! Well, that’s what we thought until there was the first relapse. After 2 years being clean.

I couldn't believe it at first. The relapse. There were the symptoms again. Strange sleeping patterns, out late, staying on his own in his room for days. I really couldn't believe it. You think the ordeal is over, that you are back to normal. But then...the signs begin again. This time you recognise them. But you still can't believe it. Not after all you've been through. It's so hard to believe. You don't believe your own eyes. Small items began to disappear again. We were more alert this time. We tried to surreptitiously look into his eyes to check for the dilation of the pupils. I'd constantly search his rooms and pockets to find tell tale signs – desperately hoping not to find a thing. We tiled the bathroom all over – walls and floors to stop him hiding his stuff. I'd accuse him and then back off. Rows started throughout the family. You focus so much on the heroin user, the rest of the family starts to feel resentful. Life is hell. The drug user controls the family. You can't do anything. When he relapses – it's a relapse for us all. We all live with it but we have no control over it. Sometimes, I thought he'd be better off dead... for him... for all of us. That's it – a growing awareness that you would prefer for your child to be dead rather than living a death like this. To have to sit back to watch someone turn from a beautiful child to a pathetic stranger while you are powerless has to be one of the most devastating things a parent has to go through.

Then my ten year old daughter said to me, 'what do I have to do to get any attention round here, start smoking heroin?' I realised that for the past few years we had done nothing but fly around like headless chickens, and focus on nothing but the child taking drugs – to the detriment of the rest of the family. The exhaustion is awful. For our own health and for the rest of the family, I realised we had to let him be – let him take responsibility. I couldn't do it anymore.

In a sense, it is a good stage when you realise that you have to let go. For me it was a slow realisation. You have to give the responsibility back to them. But it hurts so much – and it is so hard to do – just to sit back and watch him.

I found out about the local Family Support Group and went along. I felt I couldn't cope any more on my own. I was amazed to learn that there were other families in the community experiencing just what we were. We were able to share our experiences. Doing that, you begin to let go of it. And the best bit about it... because you're

sharing common experiences... because you know that these people understand what you are going through... you can begin to laugh... you begin to see a funny side. When you sit back and share the images, you have to laugh. Here we are worried sick, running around trying to find cures, excusing their robbing, blaming ourselves, living in constant tension, creeping around them, nursing grief and all the while, they're having a great time, getting high!

Through the support group I learned that there is a process to addiction and this process takes its toll on the whole family. Once we understood the process we could deal with the situation in a more positive way. We learned not to issue orders but to offer choices and to state clearly that there were consequences to these choices. We used the Wheel of Change (see section on Process of Addiction page 13) as our guide. This gave us an understanding of where he was in his addiction and this meant we could support him when he moved from one stage to the next.

Talking about our experiences in the Family Support Group gave me a lot of support and a lot of confidence. We don't all deal with it in the same way but we can share our thoughts. At one stage I was angry. I wanted to put him out of the house – just like that. But talking with the group helped me consider my options and what I could live with and what I couldn't. As the ad says, "It's good to talk".

As a result of all this learning and through my experience and involvement with the Support Group, I was able to bring some normality back into the home I also became confident enough able to challenge the professionals – not just on the basis of my own experience but because I knew the experience of the others. I am much more aware of myself as a person and I am able to recognise my own needs. This is partly because I talk to other people about their own needs, but also I know my needs reflect the needs of other people. And, I tell you something. I can laugh about it – sometimes!"

I wouldn't wish my experience with my child drug user on my worst enemy. Other families have had worse experiences. Their children are dead. But I suppose I now have more self-respect and self reliance than I ever did before. I am certainly much better informed than I was. I no longer feel manipulated by the drug user or the service providers. I now have control of my life.

The Common Threads in every Story



These emotions are the first reactions of parents when their suspicions are confirmed either through a family confrontation or the when the Gardai coming knocking on the door.

To get to this stage takes some time. Despite having suspicions, often mothers and fathers deny that there is anything wrong. And the signs of children taking drugs – the mood swings, staying out, tiredness, bursts of exhilaration – can be put down to adolescence or youth! It is very hard to believe that your child has got caught up in drugs. The home is full, other children distract attention, and family life is in full swing. If there is the occasional twang of suspicion, fear will often help a parent bury it. For if it were true, what would it mean? It becomes undefined and dangerous. It is so hard to believe, that the suspicions are put neatly away.

Shock, hurt, guilt, fear and shame all flood in when a parent discovers the child is on heroin. More often these emotions can often lead to isolation. The shame, the fear and the guilt leave the parent feeling defensive and embarrassed. They feel exposed in the local community. The fear of the child being taken away, locked up, prevents the family from getting support and help.

This can lead to the parent being dependent on the child drug user because they know so much more about drugs and addiction than the parent. The children know the process. They know the rigmarole. They know about withdrawal. They know about the clinics. They know what's involved. They know how to and where to get what they want.

And, with the child knowing more, the parent can become reliant on the child. The parent also wants to trust the child, to have faith that they can help themselves and all too often parents are taken in. As a result, the sense of betrayal is huge. The child will lie, rob, and do anything to get the parent off his or her back. And it is hard for a parent to believe that it is really happening.

A frequent response of the parent, after the shock, is to turn their attention to sorting this problem. Get the child to the doctor, to the clinic. Get them off it. Face up to it and organise. Deal with the problem. Get cured. And then go back to normal.

Sorting the Problem

The 'sorting it' becomes the focus of the family. The mother may believe in her role as mother. She may 'know' that she is the one who can sort it. She has always protected the child, always provided the solution. She feels that if she can just get access to the services, the supports, the medication, she can help the child to overcome the drug. The father may feel that he is the parent to deal with the issue. His logical approach, his detached view, his strength will enable the family to guide the child through this 'stage of his life'.

The assumption is that the doctors, counsellors, the clinic, the medication, the residential, the methadone, the parents will end the drug problem. The assumption is that the professionals will know how to cure the problem – what is best. That assumption is often ill conceived. The professionals do not know the child as well as the parent. They do not give the user support – simply one route map, which may not be the best course of action. Treatment is difficult to access and if it can be, professionals will often advocate without knowing if it will best suit the user. This assumption that the medics and professionals will know best applies to many parents – whatever the health situation of the child, drug use or ill health. But particularly in relation to drugs, parents see the use of drugs as a self-imposed aberration and simply want to get the child cured so that everything will go back to normal.

The difficulty of accessing drug treatment services and the nature of drugs use often mean that the one child on drugs becomes the central focus of the home. Not only in terms of finding a cure, but because the parent is constantly watching the child's behaviour, checking for signs of drug use. And it is usually all done without words, in secret, in strained silence...to try to keep the peace. In order to keep some semblance of order, of family life, silence will often prevail only to finally erupt in a volcanic explosion of emotions. The household will then retreat until the next time.

At some stage the drug user will make a decision to come off drugs. This is part of the process of addiction. The relapse following that decision is often the first time that the parent realises that he or she is inextricably caught up in that wheel of change with no control as to its turning. It is not a definitive line that comes to an end. It is a wheel – it goes round. It is hard to get off. But it is possible with support, encouragement, and motivation and with proper services in place.

FAMILY SUPPORT

Over the past twenty years, the drug crisis, which devastated and continues to destroy many communities in Ireland, has brought particular pain to the families of drug users. These families have not only had to cope with what is happening to their loved ones through drug use, but have often experienced loneliness, isolation and despair in trying to deal with the problem. Some of the responses to drugs within communities (e.g. marches on homes and the public naming of people) have had the unintended effect of isolating and stigmatising the families of drug users.

In the late '80s and early '90s, in an effort to redress this isolation and stigmatisation, families of drug users in Dublin began to respond by forming Family Support Groups. In these groups family members have an opportunity to share experiences and provide one another with support.

What is Family Support?

Family Support, as we understand it is where a number of people with a common problem, in our case living with a family member who is using or has used drugs, come together to talk about their problem. When people come together a group is normally formed and this becomes the Family Support Group.

What is a Family Support Group?

A Family Support Group is a safe confidential place for family members of drug users to come together to discuss their common issues. This is done in a non-judgemental way through peer support. Peer support means all information is based on members' own experiences.

Why should I join a Family Support Group?

The first thing we need to say is that, coming forward for help is not an admission of failure. We recognise and most of us were part of the difficult process family members will have gone through to reach this stage. Most families dealing with drug use are looking for answers. When they first come to the group the answers they look for relate to their child i.e. where can he/she go for treatment or how can he/she detox etc. In a most cases family members don't realise that they need help for themselves. They have been affected more than they could have believed. The group can support members through difficult times sometimes just by listening other times by sharing how they dealt with similar situations.

What does a Family Support Group do?

A Family Support Group meets regularly usually weekly to discuss issues emerging from the problem of drug use within the family. From the shared experiences of the group, members may find the solution to their particular problem. The group can also invite guest speakers to speak on particular topics. Some groups use complementary therapies to help them deal with stress and relaxation methods to get them through difficult times. Most groups are linked into the Family Support Network and this enables them to access support and exchange ideas on a wider scale.

What is the Family Support Network?

The CityWide Family Support Network was formed by CityWide in 2000 and consists of representatives of Family Support Groups, individual family members and those working directly with families of drug users from right across the island of Ireland. Over 60 groups affiliated to the Network at present. The Network is continually growing with new groups being set up.

The Network aims are to:

- Raise awareness of family support work and its role in the community.
- Highlight the importance and value of work done by family support groups.
- Provide information to families and communities on existing services and supports.
- Highlight the extent of the drugs problem and its effects on families and communities.
- Campaign for better services for drug users and their families.
- Support the involvement of the people most affected by the problem (i.e. families and drug users) in the development and running of services and to ensure that adequate supports are put in place to enable this to happen.

- Remember and commemorate those who have died as a result of drugs.
- Offer support to each other as members of the Network.

Being part of the CityWide Family Support Network gives:

- Family Support Groups strength by networking with similar groups and through sharing information with them.
- A sense of security to Family Support Groups in knowing that problems do not have to be solved in isolation – there is support available from the Network for families of drug users.

The Network continues its work to achieve all the aims listed above along with emerging issues that are identified through its development and expansion.

How is the Network run?

A steering group made up of members of the Network who meet on a regular basis -usually monthly; guide the day-to-day running of the Network. The steering group is responsible for ensuring that the aims of the Network are achieved and that emerging issues are prioritised. CityWide Drugs Crisis Campaign is currently facilitating and supporting the work of the Network.

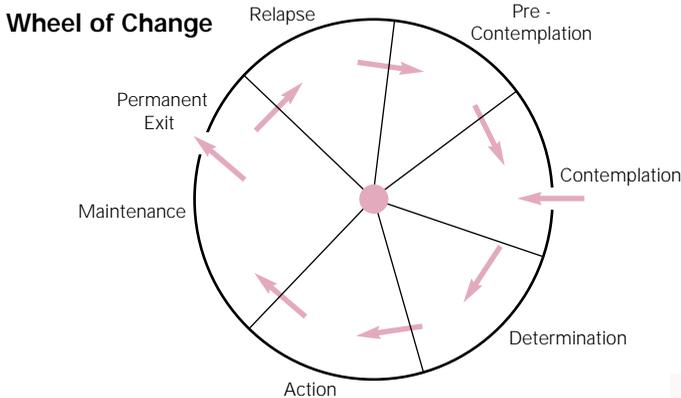
How do I become involved?

If you are a member of a Family Support Group, a family member of a drug user or someone working directly with families of drug users you are welcome to attend Network meetings. Full Network meetings take place three or four times a year. You are also welcome to take part on any of the sub-groups that may interest you. Family Support Group representatives are notified of all Network activities

If you are not a member of a support group but are interested in the work of the Network or if you are interested in joining a support group contact the Family Support Network (see contact details listed in Directory section page 41)

Process of Addiction

When a person is using drugs they go through a number of stages. These stages are known as the process of addiction. Most families when they discover they have a family member using drugs have no idea of what is going on for the person using or where they are at, at any given time. We have found that a useful way for families to understand this process is by using the Wheel of Change. The Wheel of Change was developed to form an understanding of how and why people change risky behaviour either on their own or with assistance. It illustrates the cycle that many drug users undergo and can help families understand how difficult is it to conquer addiction. The Wheel of Change has six segments. Each segment corresponds to a particular stage of the cycle. There is no one speed at which people move from one segment to another, but they generally follow the cycle. We have also found that the Wheel of Change helps us as family members deal with the effects of drug use.



Stage One: Pre-Contemplation.

Often at this stage a person is not aware or concerned that their drug use is an issue. It would appear to them to be under control or purely for recreation. This might not be the case for others – usually their families who might see the use of drugs as too heavy or the use of any drugs as unacceptable.

Stage Two: Contemplation.

Something often happens which forces a person to think about their drug use. It could be a fight with a partner or friend, or a problem at work, which has come about because of their drug use. It could simply be a new year's resolution or a decision to give something up for Lent. The drug is not yet seen a serious problem for them.

Stage Three: Decision/determination.

This is when the person decides to do something and makes the appropriate plans. They might tell a friend they are going to stop or reduce consumption. A word of warning to family members - the drug user may use this stage just to get you off their back.

Stage Four: Action.

The person does what s/he has decided. This may involve contact with a local community group responding to the drug problem or the statutory service provider such as the Health Board. It is important for the family to note that while drug users must do this for themselves they do need as much support as the family can give.

Stage Five: Maintaining the action.

They keep up the action for as long as they can. This is often when the family can have an input to the care of their child. They have seen a positive move and can support it by understanding the problems their child is going through and helping to come up with solutions.

Stage Six: Relapse.

Often people will find it difficult to maintain an action and will use again, sometimes at an increased rate and sometimes they may use just once. This can be more devastating for the family than the initial discovery. A year of watching the harm caused to a family member by their drug use can seem like a lifetime for a family but a year is nothing in the cycle of life on drugs. Neither is a year anything in the process of recovery. As time passes and families begin the process of recovery trust is rebuilt. The drug user begins to trust the family and the family begins to trust the user. When the drug user who has stopped using for months, or years, relapses and begins again, the pain for the family is worse than first time round. They can't get rid of the feeling of disappointment, desolation and the terrible sense of failure as a parent. The mistrust, the fear, the anger and the grief are constant factors in the family home. The cycle starts over again. For everyone! Until at some point the parent begins to recognise the limitations of the family.

Recognising the Limitations of the Family.

The parent has to recognise their own limitations and, indeed the limitations of the family. Often it is another member of the family who says something inadvertently that will make a parent realise that he or she can do no more. Often is it total exhaustion that makes a parent realise that he or she has to give the responsibility of getting off drugs back to the user. At this stage of acceptance, the family can begin to think about how best they can support the drug user living in the home or outside the home. We in the Network have found while we are supporting the drug user we ourselves need support. We found that the best way of getting this support for ourselves was through our Family Support Group.

Permanent exit.

It is important that families have some hope when dealing with the process of addiction. While it is not within the Wheel of Change there is hope in the permanent exit. Some drug users when they receive treatment actually maintain whatever stage they are at and move on to the next stage and eventually reach the stage where they are clean of drugs. They continue to deal with their addiction and recovery through aftercare services, which may be provided by the agency that detoxed them or local groups. They also get support through self-help groups such as Narcotics Anonymous.



The Health Issues

HIV AND AIDS

What is HIV and what is AIDS?

HIV stands for Human Immune-Deficiency Virus. HIV may lead to AIDS (Acquired Immune Deficiency Syndrome). The HIV virus if left untreated will damage the body's immune system so that it cannot fight off infections and illnesses such as pneumonia, skin cancer and fungal infections. AIDS can develop only in the body of someone who has been infected with the HIV virus.

How does someone get infected with HIV?

The HIV virus can be transmitted through the exchange of body fluids. This includes semen, vaginal secretions and blood.

The following are some of the ways that HIV is transmitted:

- Unprotected sexual contact with someone who has the virus
- Sharing injecting equipment with someone who has the virus
- From mother to baby during childbirth (if mother has the virus).
- Blood transfusions from an infected person (Ireland's Blood Transfusion Board screens for HIV, but some developing countries do not have adequate screening procedures).
- Tattoos and piercing in an establishment that does not have the proper sterilising equipment.

How can you guard against becoming infected with HIV?

- Always use a condom during sexual contact - you cannot tell by looking at someone if they have the HIV or not.
- Do not share injecting equipment (equipment means: needles, syringes, injecting spoons etc).
- Use only reputable tattoo and piercing establishments.
- It would be risky to share toothbrushes or razors because there may be blood present.

You cannot become infected by:

- Using the same eating utensils, drinking glass, toilet or swimming pool.
- Being sneezed/coughed on
- Being bitten by an animal/insect.
- Hugging, kissing on the lips.
- Everyday casual contact with a workmate, family member or friend.

Some points to remember:

- No one has been cured of AIDS.
The use of any drug whether it is heroin, ecstasy, cannabis or alcohol, may reduce your ability to make "safe" decisions.
- Condoms reduce, but do not eliminate, the risk of infection.
- The contraceptive pill offers no protection against infection.

Who should get tested for HIV?

- Anyone who has had penetrative, unprotected vaginal or anal sex with an infected person.
- Anyone who has had unprotected oral sex with an infected person.
- Anyone who has shared injecting equipment.
- Anyone who has had a blood transfusion in a country where screening services are inadequate.
- Anyone exposed to a needle stick injury.

What are the signs of HIV infection?

- There is no immediate sign of HIV although some may experience flu-like symptoms some weeks after infection. It can be in the body for 8 – 10 years before someone living with HIV begins to experience the symptoms or illness associated with AIDS (this is not an exact time as cases differ with each individual depending on the person's general state of health and lifestyle).

What treatment is available for HIV?

There are a variety of treatments for HIV known as 'Triple or Combination Therapy'. Treatments are being investigated and new drugs are being developed all the time. The important factor with treatment of HIV is to ensure that a person takes a test as soon as possible after possible exposure, to allow the appropriate medication to be administered while the person is still in good health.

What can a person with HIV do to maintain good Health?

- 1)** People who have tested positive for HIV they should attend their hospital every three months for blood tests. These tests tell the doctor how the virus is impacting on the patient's body. They also tell the doctor whether a person should go on anti-viral therapy.
- 2)** When taking anti-viral therapy it is VERY important to take it exactly as the doctor prescribes it and not to skip days. The body can develop a resistance to this therapy. If you stop using it once but need to start taking the medication again, it may not work.
- 3)** People who are HIV positive should not share works (injecting equipment) with someone else who is also HIV positive. There are different types of HIV and people can be re-infected with a different strain. Also, resistance to the anti-viral medication can be passed on in this way. This means that a person who has shared works with another person who has not been taking their medications properly can develop a resistance to medication before he or she even starts taking it! This also applies to sexual activity and so condoms should always be used.
- 4)** People who are HIV positive should eat extra well, ensuring their diet is balanced and contains plenty of fruit and vegetables, which will help the immune system. Fried foods, fast foods, and junk food should be avoided. People with HIV&AIDS get more seriously affected by food poisoning so it is important that food is properly refrigerated, prepared and that attention is paid to 'sell by' and 'use by' dates. Alcohol puts a lot of strain on the liver and should be avoided by people with Hep C especially if they are using anti-viral therapy.

Hepatitis

What is Hepatitis?

Hepatitis is an infection of the liver. There are 6 different types of Hepatitis. We will focus on two: Hepatitis B (Hep B) and Hepatitis C (Hep C).

One important difference between both of these viruses is that there is a vaccine for Hep B, but not for Hep C. The spread of Hep B can be prevented if people are vaccinated against it. Most people with Hep B will completely recover with proper diet and rest.

All drug users who are in treatment for their addiction will be given the Hep B vaccination.

About 20% of people with Hep C will clear the virus from their bodies spontaneously and treatment may be effective in the remaining 80% of people. The success of treatment depends on:

- The person's general health and if they are eating properly, getting enough sleep etc.
- Drug users need to be stable (i.e. not injecting drugs) for at least one year before they can avail of treatment for Hep C.
- The abuse of alcohol and certain medications can limit effectiveness.

What activities can transmit Hepatitis C?

- Sharing injecting equipment (needles, syringes, injecting spoons etc)
- Needle stick injury
- Unprotected penetrative or oral sex (not a very common mode of transmission)
- Transfusions with infected blood/blood products.
- Sharing razors, toothbrushes

Hepatitis is much more easily transmitted than HIV as it is a stronger virus.

What are the signs of Hepatitis infection?

Not everyone with viral Hepatitis gets symptoms but the following is a guide - some of which may or may not be present:

Hep B:

- Flu-like symptoms: fever, muscle/joint pain, and fatigue.
- Loss of appetite.
- Apathy.
- Itchiness.
- Occasionally colour changes in eyes, skin, urine, and faeces.

Hep C:

- Flu-like: fever, muscle/joint pain, and fatigue.
- Pain around the liver and in the right shoulder (referred pain).
- Nausea and bowel problems.
- Mood Swings, difficulty sleeping or depression.
- Loss of appetite, unwell if fatty foods are eaten.
- Increased sensitivity to medication and alcohol.

What is the treatment for Hepatitis?

If you suspect that you may have been infected with Hep B or Hep C, talk to a Doctor.

Hep B

- In many cases suitable treatment will result in complete recovery. Often simply bed rest and in some cases medication: Interferon
- Alcohol must be avoided.
- Get vaccinated. Booster vaccinations are recommended every five years.

Hep C

Current treatments called Pegylated-Interferon and Ribavirin is effective in the majority of cases. Some people undergoing treatment for Hep C may experience side effects. New drugs are being developed all the time.

Who should get tested for Hep C?

- People who ever shared injecting equipment even those who did so only once or infrequently many years ago.
- Healthcare workers after exposures (needle sticks or splashes to the eye).
- People who have received blood transfusions or blood products in countries where screening services are inadequate.

Can Hep B and Hep C be spread by sexual activity?

Yes, but this does not occur very often. Extra care should be taken during the time of a women's period due to the presence of blood. Condoms should be used to practice safer sex.

Can Hep C be spread within the home?

Yes, but this does not occur very often. If Hep C is spread within a household, it is most likely due to direct exposure to the blood of an infected household member e.g. razors or toothbrushes.

- Do not share razors or toothbrushes.
- Do not clean up blood spills without gloves.

If these precautions are taken there is no risk of passing on Hep C during the normal course of family life.

What is the risk of Hep C mothers to their newborn?

- About 5 out of every 100 infants born to Hep C positive women become infected.

What can a person with Hep C do to protect their liver?

- Stop drinking alcohol.
- See your doctor regularly.
- Do not start any new medicines or use over-the-counter, herbal or other medicines without talking to your doctor.
- See your doctor about getting vaccinated against Hepatitis A and B, if you haven't already done so.
- Try complementary therapies such as massage, acupuncture (body or ear), or reiki. These have been shown to have beneficial effects for people with the Hepatitis. They can reduce stress, which is good for the whole body.
- Eat a healthy diet. Cut down on dairy products, sugar, refined flour, hot and spicy or greasy foods, alcohol and processed foods. The more processed food is the more chemicals it likely to contain – this means more work for the liver. Try to eat as much organic food as possible, so that the liver does not have to breakdown extra chemicals. Also try to cut down on red meat (stick to chicken or fish).
- Avoid eating lamb.

You cannot become infected with Hep C by:

- Being sneezed/coughed upon
- Sharing eating utensils or drinking glasses
- Hugging
- Casual contact

What can a family member do for someone with Hepatitis?

- You have already started by reading this – find out as much as you can about Hepatitis, then you will be able to discuss it if they wish to do so. The liver does not like stress, resentment or built-up anger. Therefore try to encourage people to talk about how they are feeling, in a supportive way. Also encourage people to find ways of relaxing, either through complementary therapies or gentle exercise. Resting, without sleeping during the day, even if only for ten minutes helps many people.
- There are a variety of sources of information many of which are listed in this resource pack. Support groups are also available for people affected by the virus, and their families (see Other Useful Services page 49).

What do you do if you find someone unconscious?

One of the most worrying things a parent or family member of a drug user has to face is finding someone unconscious. There can be a number of reasons for this one of them being an accidental overdose. We in the Network believe that if people are prepared for this eventuality then there is a chance that lives can be saved.

Warning Signs.

When someone overdoses, there are a number of warning signs to look out for:

- They look asleep or unconscious.
- Their face or lips look pale or blue.
- They are having trouble breathing.

What to do if you find a person overdoses...

1. The first thing we advise is "DON'T PANIC"
2. Check and see if they are unconscious – Call their name, Shake them and shout 'are you ok'!
3. If they don't wake up:
 - Dial 112 or 999 and ask for an ambulance.
 - Give your location as accurate as possible.
 - Tell the operator what's happening, explain the problem to them.
 - Make sure nothing is stuck down their throat – vomit or false teeth.
 - Check to see if they are breathing.
 - If you know how to do it, give mouth to mouth.
 - Put them on their side, in the RECOVERY POSITION.
 - Stay with them until the ambulance arrives.
 - If you know what they have taken, tell the ambulance crew.

When you dial 112 or 999 you will only be put through to the ambulance service. Don't be afraid that the police might be called, its more important that your child is saved.

When a drug user's tolerance is low they are more at risk of overdose. We would encourage you be aware of these times when they are:

- Just out of prison.
- Have completed a detox.
- Have been discharged from hospital.
- Have been drug free for any length of time.

With your casualty lying on their back, kneeling at their side:-

A - Move the patient's nearest arm, as though they are stopping traffic;

B - Lift the patient's furthest knee, and bring their furthest hand to the near side of their face;

C - Using the patient's knee as a lever, pull them onto your knees

D - Adjust the patient's position, as shown.

The Recovery Position in four stages



What are the main causes of overdose?

1. **Mixing Drugs and Alcohol.**
Most overdoses happen when people mix their drugs, e.g. Benzos and alcohol or other drugs at the same time as injecting heroin.
2. **Injecting drugs.**
People who inject heroin are much more likely to overdose than people who smoke it.
3. **Using heroin when tolerance is low.**
It only takes a few days for tolerance to heroin to drop. A dose that at one time would not have had much effect can kill.

If you are interested in training in how to do mouth to mouth resuscitation or CPR contact Sadie at Citywide Family Support Network on 01-836 5090 and when we get a group together we will organise a session.

Information on drugs

This section of the gives some brief information on the most commonly used drugs and their effects. It does not set out to be a comprehensive guide. While reading this information it is important to understand that drug use in the family it is not a problem that must be handled alone. There is help available no matter what the scale of the problem. If you think that a member of your family is using drugs and you want to talk to somebody contact your nearest Family Support Group or the Family Support Network (see page no 41). If you need more detailed information on a particular drug contact your local Health Board. Remember the right information can help you make better choices and decisions. It also makes it easier to talk about drugs in an open and informed way.

What do we mean when we talk about drug use?

People in Ireland today use many different kinds of drugs. These drugs may be legal or illegal, helpful or harmful. Every drug has side effects and risks, but some drugs have more risks than others, especially illegal drugs. The most commonly used illegal drugs in Ireland today are cannabis, ecstasy, heroin and cocaine.

Problem drug use results from a combination of factors. These are:

- What drug is being used
- Who is using the drug (especially the mood and the personality of the individual)
- Why are they using the drug
- Where are they using the drug
- How are they using the drug

To begin to understand the problems you have to know what drug is involved and what is happening in the life of the person who is using the drug. **Different drugs create different problems for different people. These problems need different answers.**

Why do people use drugs?

Different people use different drugs for different reasons. There are of course 'legal drugs' which we all come across everyday. For example, some people take medicine when they are sick, alcohol to help them relax or coffee to help them stay awake. What we are

talking about in this section are mainly 'illegal drugs'. Typical reasons why people may experiment with illegal drugs include curiosity, peer influence, or a desire to escape boredom or worries. People also take certain drugs to change how they feel. They may believe it's a fun or fashionable thing to do.

People may continue to use a drug because they enjoy it, or because it's part of their social life or culture. This is often called 'recreational' drug use. Sometimes because of ongoing emotional or psychological problems, or because of social factors, drug use can become an important part of a person's life. The use of some drugs can lead to dependency, where a person loses control over their drug use and feels they cannot function without the drug.

Myths & Misconceptions

There are no easy answers to the problems caused by drug use, but having the right information can help. The facts are important in helping you deal with drugs issues.

"Aren't all drugs addictive?"

Some drugs can create addiction or dependence much quicker than others. However there is no evidence confirming people get 'hooked' after one or two experiences, or that everyone who tries a drug will become addicted (although using a drug even once can have serious consequences). The **what, who, why, where** and **how** of drug use are important in the development of dependency.

"Only drug addicts have a problem"

Addiction or dependency is not the only problem drugs can cause. Some people experience problems the first time they use a drug, or problems develop as their use becomes more frequent. Drug use can affect a person's physical and mental health, their family life, relationships, and their work or study. Using illegal drugs can also get people into trouble with the law or into financial difficulties.

"Aren't all illegal drugs equally harmful?"

Different drugs cause harm in different ways. Some drugs, such as heroin, are regarded as being more dangerous because they have a higher risk of addiction and overdose, or because they are injected. However each drug has its own risks. Drugs are often described as being either 'hard' or 'soft'. These words are not always helpful because it's not as simple as that.

"My teenager is moody and losing interest in school – they must be on drugs"

Often parents ask how they can tell if their child is using drugs. But lists of signs and symptoms need to be approached with caution. Many of the possible signs, such as mood swings or loss of interest in hobbies or study, may well have other causes. It's better to talk to them before jumping to conclusions.

"Young people are tempted to try drugs by pushers"

Most young people are introduced to illegal drugs by a friend, or someone they know. And in many cases drugs are 'pulled' rather than 'pushed', meaning that they ask for it themselves - often out of curiosity.

DRUG TESTING KITS

As a parent you may have heard about drug testing kits and may be wondering how they work. The Ballymun Drugs Task Force have recently produced a leaflet about these kits.

If you are thinking about using a home drug testing kit **OUR ADVICE TO YOU is to contact a drug support worker/group or your local GP and talk it through.**

Do you know that a home drug test does not:

- give 100% accuracy.
- measure how much of a drug is being used.
- tell you how often a drug is being used.
- offer you a solution.
- give you the support you might need.

Why it is not 100%accurate:

Certain drugs and medicines available over the counter can interfere with home drug test results. For example:

- the presence of heroin might show up in a home drug test if someone has taken well-known painkillers such as Solpadeine, Feminax, Nurofen Plus and many more.
- Amphetamines or speed could show up in a home drug test if someone has used a decongestant such as Sudafed.

If you are concerned about someone close to you using drugs please contact Sadie @ CityWide Family Support Network ph. 01 8365090 / 01 8365039

INDIVIDUAL DRUGS

There are five main kinds of drugs that can change a person's mood or how they behave.

- **Depressants** such as alcohol can be used to calm the mind, relieve anxiety and can cause sleepiness.
- **Sedatives** and minor **tranquillisers** include the benzodiazepine drugs, such as Vallium. These are often prescribed to calm people down or to help them sleep at night. They have the same general effects as depressants but they cause addiction in a different way.
- **Opiates**, also known as narcotic analgesics, are strong painkillers that produce feelings of euphoria (happiness) and sleepiness. The opiates include morphine, heroin and methadone.
- **Stimulants** are drugs that make people feel more awake, alert, energetic and confident. Stimulant drugs include cocaine and amphetamines.
- **Hallucinogens** are drugs that produce strange and intense visions called hallucinations. These drugs include LSD (acid) and magic mushrooms.

Depressants and sedatives are sometimes called 'downers' and stimulant drugs are sometimes called 'uppers'. Many drugs don't belong to just one type. For example, cannabis can have depressant effects as well as causing euphoria, and ecstasy has both stimulant and hallucinogenic effects.

Sometimes people use more than one drug at the same time - this is known as 'poly-drug use'. Mixing drugs can be dangerous because the effects and side effects can be added together. For example, taking alcohol with another sedative or depressant drug can cause a person to become drowsier or even unconscious.

CANNABIS

Slang names include hash, blow, shit, dope, grass, weed.

Cannabis is a natural plant and is used in three main forms. The most common type used in Ireland is called resin, which comes as solid dark-coloured lumps or blocks. Less common are the leaves and stalks of the plant, called 'grass' or 'weed', and the third kind, cannabis oil, is rarely seen in Ireland. Cannabis is usually rolled with tobacco into a 'joint' or 'spliff' and smoked, but it can also be cooked and eaten.



Effects - Getting 'stoned' on cannabis makes users feel relaxed, talkative and happy. Some people feel time slows down and they also report a greater appreciation of colours, sounds and tastes. Users can develop strong cravings for food, called the 'munchies'.

Side effects - Cannabis can affect memory and concentration, and can leave people feeling tired and lacking motivation. Inexperienced users or people using a stronger type of cannabis than they are used to, can feel anxiety, panic or confusion. Some people may experience delusions or hallucinations.

Risks - Many people consider cannabis to be a relatively safe drug. Smoking cannabis increases the risk of heart disease and cancers such as lung cancer, and may also affect fertility. Cannabis use may trigger schizophrenia in vulnerable people. In Ireland it is the second most common drug found in the systems of 'drunk' drivers, after alcohol.

ECSTASY

Slang names include E, doves, Mitsubishis, yokes, shamrocks.

Ecstasy is usually produced in back-street laboratories in a number of European countries. It is sold mainly as tablets on which there are different logos or designs. Sometimes ecstasy tablets can also contain other drugs and substances.



Effects - Ecstasy users can feel more alert and in tune with their surroundings. They feel happy and calm and have a warm feeling towards other people. Sounds, colours and emotions are more intense. Users have more energy, which allows them to dance for long periods of time.

Side effects - Body temperature, blood pressure and heart rate can rise. Other physical effects include muscle pain, nausea, jaw stiffness and teeth

grinding. Some users experience severe sweating, tremors and palpitations. Users can feel dehydrated, confused and tired.

Risks - Already research shows that regular weekend users experience a mid-week 'crash' that can leave them feeling tired and depressed, often for days. It could be years before the long-term effects are known. Deaths from ecstasy are quite rare, but can be due to heatstroke, heart attacks or asthma attacks.

HEROIN

Slang names include gear, smack, junk, H.

Heroin is made from morphine, one of the opiate drugs that come from the opium poppy. It is used by injecting or by smoking, known as 'chasing the dragon'.



Effects - Injecting heroin gives a quick 'rush' of excitement, followed by a peaceful, dreamlike feeling. The person feels warm, relaxed and drowsy. Pain, aggression and sexual drive are all reduced.

Side effects - The side effects of heroin and other opiates (such as morphine and methadone) include constipation and weaker breathing. However, most of the dangers of heroin come from overdose, and from injecting the drug.

Risks - What is sold on the streets as heroin often contains other substances, such as sugar, flour, talcum powder or other drugs. These substances may seem harmless, but when injected can cause huge damage to a person's body, such as blood clots, abscesses and gangrene. The HIV and hepatitis B and C viruses can be spread through sharing injecting equipment. Addiction to heroin is often the result of regular use, especially when injected.

METHADONE

Slang Names include Juice, Phy, Molly Molloy, Steak & Kidney Pie, and Soup.

Methadone is a synthetic opiate and a powerful painkiller. The concept of Methadone Maintenance Treatment was pioneered in the 1960's and has become the most accepted form of treatment for opiate addiction for several reasons; one was because a single dose of Methadone could stave off withdrawals for 24 hours where other opiates only lasted 6-8 hours. The dose would not need to be increased unlike other opiates. Patients would experience no euphoria from Methadone and, because it is chemically different from heroin and morphine, they could ensure that patients were not using illicit opiates through urinalysis.



Effects: Pain Relief, Drowsiness, Sleep, Nausea, Vomiting, Respiratory Depression. Although it was claimed that patients would experience no euphoria from Methadone, this is not quite true. The euphoria does not compare to that from heroin but people with a low tolerance would experience a quite pleasant feeling from Methadone.

Side Effects: Constipation, difficulty passing urine, weight gain, itching, sweating, flushing of the skin.

Risks: Overdose, chronic addiction with a longer withdrawal period than from heroin or other opiates.

COCAINE

Slang names include coke, Charlie, snow.

Cocaine is a white powder made from the leaves of the coca plant, which grows mainly in South America. It is usually used by snorting the powder up the nose. 'Crack' cocaine is not a different drug, but a different, more addictive form of cocaine. 'Crack', which is also called 'rock', 'stone' or 'free-base', is usually smoked. Cocaine is sometimes injected.



Effects - Cocaine is a powerful stimulant, and users feel more alert and energetic, and also feel less hungry or thirsty. These effects can last for up to 20 minutes after each use. Smoking 'crack' cocaine gives a shorter but more intense high.

Side effects - Because of its powerful effects, cocaine users are often left craving for more. Large doses can lead to exhaustion, anxiety and depression, and sometimes users may become aggressive.

Risks - Snorting cocaine can cause permanent damage to the inside of the nose. Cocaine use can damage the heart and lungs, and high doses can cause death from heart attacks or blood clots. The depression that follows the 'high' can be severe, and can lead to suicide attempts. With long-term or binge use, the excitement caused by cocaine can turn to restlessness, sleep loss and weight loss. Some people can develop a paranoid psychosis where they may be violent. The strong cravings for cocaine, especially 'crack', can lead to an urge to take the drug all the time, and the person can lose control of their drug use. When injected there is a risk of contracting the HIV and Hepatitis B & C viruses through sharing injecting equipment. Snorting on a regular basis can damage the nasal mucus membranes causing the nose to bleed; the practice of sharing snorting equipment can lead to the possibility of blood-to-blood transmission of Hepatitis C.

AMPHETAMINES

Slang names include speed, whizz, uppers.

Amphetamines are a group of stimulant drugs, some of which were used years ago as slimming tablets. They usually come as a white-grey powder, sold in folded paper packages called 'wraps'. They are usually taken by mouth, but can also be injected or snorted. A type known as 'ice' or 'crystal' can be smoked.



Effects - These differ depending on how the drug is taken. A small dose by mouth makes users feel more alert and energetic. Higher doses are taken when injecting or smoking the drug, and give a 'rush' of pleasure. Some 'speed' users go on binges and become overactive and talkative.

Side effects – As with other stimulant drugs, users experience a 'crash' after the 'high' caused by the drug. High doses of amphetamines can cause panic, paranoia and hallucinations. With long-term use, a condition known as 'amphetamine psychosis' can develop, that has symptoms similar to schizophrenia. The paranoia can cause people to become violent if they believe they are being threatened or persecuted.

Risks - Amphetamine psychosis can continue after the person has stopped using the drug. If a person becomes aggressive or violent, they could get into dangerous situations. The risks from injecting are the same as other drugs, such as heroin.

SOLVENTS

Solvent abuse is most common among teenagers. For most teenagers solvent abuse is a passing fad, but it can cause huge problems at school and in the home.

Commonly abused solvents include products found in most homes, such as glues, paint thinner, nail polish remover, lighter fuels and aerosol sprays such as deodorants. They are inhaled from a soaked rag, coat sleeve or directly from a bottle. Aerosols are often sprayed directly into the mouth and lungs.



Effects - Inhaling solvents can give a 'high' or 'buzz' which is like feeling drunk, and the effects usually wear off after about half an hour. The user can appear drunk, with slurred speech, staggering, giggling and lack of control, and they can feel drowsy afterwards.

Side effects - A person's judgement can be affected and they can become aggressive. Hallucinations, vomiting and blackouts are also common. There is usually a hangover after use, with headache and poor concentration.

Risks - Deaths from solvent abuse are rare but they can happen for a variety of reasons, and can happen the first time they are used. People under the influence of solvents are more likely to have accidents. They may also choke, either on the solvent itself when sprayed into the lungs, or on their vomit. Users who place a plastic bag over their heads to try and get a better effect could suffocate. Many solvents can also cause heart failure.

LSD

Slang name acid.

LSD usually comes as tiny tablets known as 'dots' or 'tabs', in or on small squares of paper or cardboard. These 'tabs' usually have various pictures or logos on them, and are swallowed.



Effects - LSD is a hallucinogenic drug. About one hour after taking a 'tab', it causes a 'trip' where the user's environment appears different, with colours, sounds and objects appearing unreal or abnormal. During a 'trip' the person may see visions and hear voices, and time seems to slow down or speed up. The effects can last for around 12 hours.

Side effects - It's hard to predict what kind of 'trip' a person will have. During a 'bad trip', a person may feel terrified and feel they are losing control, going mad or dying. A 'bad trip' is more likely if the person is already feeling anxious or depressed before taking a 'tab'.

Risks - A 'bad trip' can trigger mental illness in some people.' Good trips' can also be dangerous, for example if a person has delusions that they can fly or walk on water. A person can also get 'flashbacks', where they feel they are back on a 'trip' for a short period of time, during the weeks and months after a 'trip'. These 'flashbacks' can be distressing.

MAGIC MUSHROOMS



Magic mushrooms are hallucinogenic mushrooms that grow in the wild. They can be eaten raw or cooked, or made into a tea. The effects of magic mushrooms are similar to a mild shorter LSD 'trip'. As with LSD, people can have 'bad trips' that

could be frightening. There is also the risk that people might eat poisonous mushrooms by mistake, thinking they are magic mushrooms.

POPPERS:



Chemical names are amyl nitrite, butyl nitrite. 'Poppers' are chemicals that come in liquid form, usually in small bottles. The vapour from the bottle is inhaled through the nose.

Effects - 'Poppers' cause a 'rush' which lasts for about five minutes. The blood pressure falls and the heart pumps faster. Users report an increase in sexual arousal and a greater

sense of enjoyment of music and dancing.

Side effects - These drugs can make a person feel sick and dizzy, and sometimes cause blackouts.

Risks - 'Poppers' are especially dangerous for people with heart or breathing problems. The liquid can be poisonous if swallowed.

KETAMINE



Slang names include Vitamin K, Special K, Kit-Kat.

Ketamine is a powerful tranquilliser and anaesthetic used in veterinary medicine. It is usually taken as a tablet or snorted as a powder. It causes hallucinations, aggressive behaviour, blackouts and temporary blindness.

GHB:

Chemical names are sodium oxybate or gammahydroxybutyrate. Slang names include GBH, 'Liquid Ecstasy'.

Despite the slang name of 'liquid ecstasy', GHB is a totally different chemical to ecstasy with different effects. It is an anaesthetic drug that can very quickly make someone unconscious.

Glossary of Terms

This section explains some of the most common terms used by both drug users and by those working in the area of drug addiction. Some of these terms are used throughout this resource pack and some we have included as terms we would have found useful had we recognised them when we first heard them. We have broken this section into three areas and grouped terms under the headings: Health, Drug Use and Treatment.

HEALTH

- AIDS:-** **Acquired** – you get it from someone else
Immune Deficiency – your body cannot defend itself against illness.
Syndrome – a collection of signs and symptoms, which a doctor may recognise as a disease. (See Health Issues page 17 for further information)
- HIV:-** **Human** – specific to human beings
Immuno-deficiency – your body cannot defend itself against illness.**Virus** – disease (See Health Issues Page 17)
- Hepatitis:-** Inflammation of the liver is medically described as hepatitis and may be caused by viruses, disorders of the immune system and drugs. (See page 20 for further information)
- MIMS:-** Monthly Index of Medical Specialities
Provides current and accurate drug information to the medical profession.

DRUG USE

- Cook-up:-** This term is used to describe the act of preparing the drug for injecting.
- Dilation of the Pupils:-**
When someone uses drugs, their pupils (the black part of the eye) expand and are larger than usual.
- Smoking Jars:-**
Or bongs/hookahs are used as a filter when smoking cannabis.
- Stoned:-** Term used to describe someone under the influence of drugs.
- Tin Foil:-** Used for smoking heroin. The heroin is heated from underneath and the resulting fumes are inhaled using a tube.
- Works/paraphernalia:-**
Describes the equipment drug users need to enable them to cook and inject the drug and would usually consist of a **lighter** or **candle** and **spoon** for cooking up and mixing, **cotton wool**

which acts as a **filter, citric acid** (can look similar to small grains of sugar or a coarse white powder) and water for mixing with the drug, needle and syringe for injecting and a tourniquet usually a belt for bringing up the vein.

TREATMENT AND SUPPORTS

Aftercare:- Support provided to help a former drug user to continue their recovery.

Assessment:-

A procedure carried out by an addiction counsellor or nurse in consultation with the doctor to determine the extent of drug use, which will then determine treatment.

Detoxification (detox, detoxing):-

Medical procedure normally carried out under medical supervision as an in-patient, which clears the toxins (drugs) out of the persons' system. Detoxification involves the gradual reduction in the amount of drugs being taken.

Clinic:- Place where the drug user goes for treatment, these can be large centres or smaller satellite clinics based in local communities.

Residential:- Residential is usually referred to when the drug user is detoxing as an inpatient in a hospital unit.

Recovery:- The process a drug user engages with to deal with their addiction.

Stabilisation/ Maintenance/ Replacement:-

Methodone: A powerful painkiller that is administered to stave off the withdrawal symptoms from heroin. Treatment usually begins when the drug users first presents to the clinic. (See Information on Drugs page 31)

Urinalysis:- Analysis of urine samples to determine if the individual has used drugs

Withdrawal:-When a drug user stop using drugs they experience a number of symptoms usually described as 'dying sick'.

DIRECTORY OF FAMILY SUPPORT GROUPS

Listed below are the Family Support Groups linked to CityWide Family Support Network. If you are a member of a support group not listed here and would like your group included, please get in touch with the Network with the your contact details.

If there is no group near you and you feel you need support or if you would like to start a group in your area you can contact the Sadie at (01) **836 5090** or (01) **836 5039**.

DUBLIN

Balbriggan

Name of Group	ARK, Balbriggan
Area	Balbriggan
Contact Person	Sharon McNamara
Contact Number	01 8416086

Ballyfermot

Name of Group	Ballyfermot STAR Family Support Group
Area	Ballyfermot
Contact Person	Catriona Kearns
Contact Number	01 6238002

Name of Group

Name of Group	Ballyfermot Fathers Group
Area	Ballyfermot
Contact Person	Catriona Kearns
Contact Number	01 6238002

Ballymun

Name of Group	Ballymun YAP Parents Support Group
Area	Ballymun
Contact Person	Mairead Kavanagh
Contact Number	01 8428071

Blanchardstown

Name of Group	Dove Support Group
Area	Mulhuddart/Corduff
Contact Person	Anne Byrne
Contact Number	01 8216601

Name of Group

Name of Group	Mulhuddart Parents Support Group
Area	Open Access
Contact Person	Sr. Rowena Galvin
Contact Number	01 8208440

Name of Group

Name of Group	TARA Family Support Group
Area	Blanchardstown
Contact Person	Anne Byrne
Contact Number	01 8216601

Name of Group Mountview/Blakestown Family Support Group
Area Mountview and Blakestown
Contact Person Maureen Penrose
Contact Number 01 8219140

Name of Group P2P Family Support Group
Area Hartstown and Huntstown
Contact Person Niamh Dowdall
Contact Number 01 8211385

Cabra

Name of Group Cabra Resource Centre
Area Cabra
Contact Person Cathryn O'Reilly
Contact Number 01 838 4377

Clondalkin

Name of Group CASP Family Drop InGroup
Area Clondalkin
Contact Person Pat Dunne
Contact Number 01 6166750

Name of Group Bawnogue Family Support Group
Area South West Dublin
Contact Person Noeleen Kelly
Contact Number 01 4572938

Name of Group Fathers of Addicts Support Group
Area Dublin
Contact Person Derek Jennings
Contact Number 086 6027896

Name of Group Cumas Grandparents Group
Area Dublin
Contact Person Ciara Judge & Niamh Morton
Contact Number 4573515

Coolock

Name of Group Bonnybrook/Fairfield/Riverside F.S.G.
Area Bonnybrook, Fairfield and Riverside
Contact Person Marie Hanlon
Contact Number 01 8472585

Name of Group Moatview Family Support Group
Area Moatview
Contact Person Dinah Fitzpatrick
Contact Number 01 8481812

Crumlin

Name of Group ARC Family Support Group
Area Dublin 12
Contact Person Kathleen Cronin
Contact Number 01 4563131

Name of Group Claddadh Family Support Group
Area Crumlin
Contact Person Evelyn O'Sullivan
Contact Number 01 4563131

Crumlin Lower

Name of Group Lower Crumlin Family Support Group
Area Lower Crumlin
Contact Person Harry Murphy
Contact Number 01 4736404

Darndale

Name of Group Darndale/Belcamp/Moatview Parents Support Group
Area Darndale, Belcamp and Moatview
Contact Person Patty Reid
Contact Number 01 8674158

Donore

Name of Group Donore Family Support Group
Area Dublin 12
Contact Person Kay McEnroe
Contact Number 087 2795744

Dublin North Inner City

Name of Group Crinan Family Support Group
Area North Inner City
Contact Person Bernie Howard
Contact Number 01 8558792

Name of Group Deora Bereavement Group
Area OPEN Access
Contact Person Geraldine Byrne
Contact Number 01 8550730

Name of Group ICON Family Support Group
Area North Inner City
Contact Person Bernie Howard
Contact Number 01 8558792

Dublin South Inner City

Name of Group Casadh Family Support Group.
Area South Inner City
Contact Person Candice Naughton
Contact Number 01 4548419

Name of Group Community Response Family Group.
Area South Inner City
Contact Person Derek Jennings
Contact Number 01 4549772

Name of Group Coolmine House Family Support Group
Area OPEN Access
Contact Person Gerry Sheridan
Contact Number 01 6794822

Name of Group Whitefriar Street Family Support Group
Area OPEN Access
Contact Person David Weakliam
Contact Number 01 4754673

Edenmore

Name of Group Edenmore Drug Intervention Team
Area Dublin North East
Contact Person Siobhan Maher
Contact Number 01 8771957

Finglas

Name of Group FAST (Finglas Addiction Support Group)
Area Finglas
Contact Person Marie Kearns
Contact Number 01 8110595 / 086 4044845

Name of Group Finglas Family Support Group
Area Finglas
Contact Person Joan Finnegan
Contact Number 01 8642802

Inchicore

Name of Group Inchicore Family Support Group
Area Inchicore
Contact Person Maartje Van Stokkem
Contact Number 01 473 6502

Kilbarrack

Name of Group St John's family Support group
Area Kilbarrack
Contact Person Helen McLoughlin
Contact Number 01 8327379 / 087 6201623

Markets Area

Name of Group Chrysalis Family Support Group
Area Stoneybatter
Contact Person Ger Supple
Contact Number 01 6705544

Name of Group SNUG Family Support Group
Area Markets Area Dublin
Contact Person Roisin
Contact Number 01 8786231

Merchants Quay

Name of Group Merchants Quay
Area OPEN Access
Contact Person Celia or Dan
Contact Number 01 6790044

Rialto

Name of Group Rialto Quilt Family Support Group
Area Rialto and Dolphin's Barn
Contact Person Betty Ward
Contact Number 01 4533543

Name of Group Rialto Family Support Group
Area Rialto
Contact Person Ann O'Kelly
Contact Number 01 4541604

Ringsend

Name of Group Spellman Centre Family Support Group
Area Ringsend
Contact Person Teresa Rooney
Contact Number 01 6677666

Swords

Name of Group Swords Family Support Group
Area Swords
Contact Person Ger McGee
Contact No 01 8405100

Tallaght

Name of Group SWAN Family Support Group
Area Tallaght
Contact Person Eamon White
Contact Number 01 4628006

Name of Group PRIDE Family Support Group
Area Fettercain
Contact Person Eamon White
Contact Number 01 4628006

Name of Group REACHOUT Family Support Group
Area Killinarden
Contact Person Jane Wade
Contact Number 01 4626082

Name of Group BASP Family Support Group
Area Brookfield
Contact Person Anne Carey
Contact Number 087 4139267

Name of Group St Dominic's Family Support Group
Area St Dominics
Contact Person Anne Kane
Contact Number 01 4620624

Name of Group NEAR Family Support Group
Area Springfield
Contact Person Tommy Kielthy
Contact Number 01 4628006

Name of Group Jobstown Family Support Group
Area Jobstown
Contact Person Angela Ritche
Contact Number 01 4597756

Name of Group St Aeongus Family Support Group
Area Tymon North
Contact Person Mick Duff
Contact Number 01 4610239

Trinity Court Dublin

Name of Group Trinity Court Family Support Therapy Group
Area OPEN Access
Contact Person Urzula Brennan/Tony Conneely
Contact Number 01 648 8600

CAVAN

Baileboro

Name of Group CDA Family Support Group
Area Cavan
Contact Person Gwen McKenna
Contact Number 087 1357103

CORK

Name of Group Cork CityWide Parents Support Group
Area Cork
Contact Person Willie O'Sullivan
Contact Number 021 4319099

Name of Group Knocknaheeny Family Support Group
Area Knocknaheeny/Hollyhill
Contact Person Celine Hurley
Contact Number 021 4303902

Co. MEATH

Name of Group Alcohol and Substance Misuse Response
Area South Meath
Contact Person Catherine Gibbons/Jenny Murtagh
Contact Number 0864081511

Navan

Name of Group Navan Parents Support Group
Area Navan Meath Area
Contact Person Helen Callan
Contact Number 086 395 9545

Co. LOUTH

Drogheda

Name of Group PILLAR Family Support Group
Area Co Louth
Contact Person Dave Fitzpatrick
Contact Number 086 8827711

Co. KILKENNY

Kilkenny

Name of Group KDI Family Support Group
Area Kilkenny
Contact Person Angela Parker
Contact Number 056 7761200 / 056 7723860

Co. TIPPERARY

Carrick-on-Suir

Name of Group Carrick Family Support Group.
Area South Tipperary
Contact Person Martin Hayes
Contact Number 051 645775

Cashel

Name of Group Cashel Family Support Group
Area Cashel & Hinterland
Contact Person Anne Bradshaw
Contact Number 0876188075/062 52604

Clonmel

Name of Group Clonmel Family Support Group
Area Clonmel
Contact Person Margie Maunsell
Contact Number 052 70876

Tipperary Town

Name of Group Tipperary Family Support Group
Area Tipperary Town & Environs
Contact Person Anne Bradshaw
Contact Number 0876188075/062 52604

Co. WATERFORD

Dungarvan

Name of Group Dungarvan Family Support Group
Area Dungarvan & Environs
Contact Person Ruth Bennett
Contact Number 058 48946

Waterford Town

Name of Group	Waterford Family Support Group
Area	Waterford Town
Contact Person	Breda Fell
Contact Number	051 351100

Co. WEXFORD

Name of Group	Wexford Family Support Group
Area	Wexford Town
Contact Person	Tommy Redmond/Ann Lacey
Contact Number	053 21691

Co. WICKLOW

Bray

Name of Group	Bray Family Support Group
Area	Bray
Contact Person	Marian Davitt
Contact Number	087 9388174

Name of Group	Bray Traveller Group
Area	Open Access
Contact Person	Jim O'Brien
Contact Number	01 2762075

NORTHERN IRELAND

Ballymena

Name of Group	Ballymena Family and Addict Support Group
Area	Ballymena
Contact Person	Jennifer Green
Contact Number	028/048 25632726

Derry

Name of Group	HURT
Area	Derry City/Strabane
Contact Person	Sadie O'Reilly
Contact Number	028/048 71369696

Enniskillen

Name of Group	Enniskillen Family Support Group
Area	Enniskillen/Fermanagh
Contact Person	Seamus Flanagan
Contact Number	028/048 66328676

North Down/Ards,

Name of Group	SADI Family Support Group
Area	North Down/Ards
Contact Person	Lyn Mayberry
Contact Number	028 / 048 91477975

To contact groups from the **Republic** dial **(00 44 and omit the first zero)**
To contact groups within the **Republic** from **Northern Ireland** dial **(00 353)**
and omit the **first zero** of the local area code.

OTHER USEFUL SERVICES

AL ANON FAMILY GROUPS

Al Anon Information Centre, 5/6 Capel Street, Dublin 1.

Tel: **(01) 8732699**

(Monday to Saturday 10.30 a.m. - 2.30 p.m.)

Weekend 24 hour confidential

helpline **(01) 8732699.**

Fellowship of men and women whose lives have been or are being affected by another person's compulsive drinking.

ANA LIFFEY DRUG PROJECT

112 Middle Abbey Street, Dublin 1.

Tel: **(01) 8786899**, 9.30 am. - 5.30 pm.,

Mon. - Fri. Fax: (01) 8786828. E-mail: asterisk@iol.ie

Provides a range of services and supports to drug users, their partners, families and children from many different parts of Dublin.

AWARE

72 Lower Leeson Street, Dublin 2.

Tel: **(01) 6617211**. Telephone Helpline: **(01)6766166**,

7 days, 10 am-10 pm. Fax: (01) 6617217.

E-mail: aware@iol.ie Website: www.aware.ie

Assists and gives support to people suffering from depression and manic depression, their relatives and friends through support group meetings in 60 locations throughout Ireland.

COMMUNITY AWARENESS OF DRUGS

31/31a Central Hotel Chambers, Dame Court, Dublin 2. Tel: **(01) 6792681**.

Fax: (01) 6797818. E-mail: communityawareness@eircom.net

A voluntary organisation which provides drug education programmes for parents, community workers and those who interact with young people on a daily basis. Aims to prevent or intervene at the earliest possible opportunity. Raises awareness of the drug related issues relevant to the average parent/guardian/community worker.

COOLMINE THERAPEUTIC COMMUNITY

19 Lord Edward Street, Dublin 2.

Tel: **(01) 6793765, 6794822**. Fax: (01) 6793430. E-mail: coolhouse@eircom.net

Coolmine Therapeutic Community is a drug-free community which offers drug abusers the opportunity to learn to live without drugs. A key principle of Coolmine is self-help. A Family Association and Family Response Groups and maintains a major prevention programme.

CUAN MHUIRE REHABILITATION CENTRES

Athy, Co. Kildare. Tel: **(0507) 31493** Bruree, Co. Limerick. Tel: **(063) 90555**;

Coolarne, Athenry, Co. Galway. Tel: **(091) 797102** Newry, Co. Down;

Tel: **(0801693) 69121**

Rehabilitation of persons suffering from addiction to alcohol and drugs. Facilitates Family Groups.

DRUGS AWARENESS PROGRAMME, CROSSCARE

Clonliffe College, Dublin 3.

Tel./Telephone Helpline: **(01) 8360911**, 9 am-5 pm. Fax: (01) 8360745.

E-mail: info@drugawareness.ie Webiste: www.drugawareness.ie

Provides training, support and facilitation to enable individuals and groups to develop their own resources so that they can play a central role in preventing and repairing the damaging effects of drug misuse. Services are available to the voluntary, community and statutory sectors.

DUBLIN AIDS ALLIANCE

53 Parnell Square West, Dublin 1

Tel: **(01) 8733799**. Fax: (01) 8733174.

E-mail: aids_alliance_dublin@hotmail.com

Resource Library: 10.30 am. - 4.30pm. Mon. - Fri.

Offers free confidential information, counselling, provides education, training and resources on all aspects of HIV/AIDS.

EXCHANGE HOUSE

Exchange House Traveller Service, 42 James St, Dublin 8.

Phone **(01) 4546488** / Fax 01 4546575

e-mail info@exchangehouse.ie web site

www.exchangehouse.ie

Exchange House serves Travellers in the Dublin area and is a Voluntary Organisation that was established in 1980. It has 14 full time staff and 11 part-time. Services offered: Provides a range of services for Travellers living in the Dublin area. Resource centre, FAS training, MABS clinic, social workers, information on welfare rights, youth service, outreach, addiction counsellor, education programmes and community development.

FOCUS IRELAND

14a Eustace Street, Dublin 2. Tel: **(01) 6712555**. Fax: (01) 6796843.

E-mail: info@focusireland.ie Website: www.focusireland.ie

The mission of the organisation is to advance the right of homeless people to lie in a place they can call home, through the provision of quality services, research and advocacy. Focus Ireland provides a range of quality services including day centres, coffee shop and creche facilities as well as long and short-term accommodation.

GARDA SÍOCHÁNA NATIONAL JUVENILE OFFICE,

D.M.A. Headquarters, Harcourt Square, Dublin 2.

Tel: **(01) 6663831**. E-mail: agecard@iol.ie

There are Garda Juvenile Liaison Officers in all Garda Divisions throughout the country. They deal with Juvenile offenders aged between 7 and 18 years. They operate a system to caution Juvenile offenders where certain conditions are met rather than having them prosecuted in the courts. They are available to offer advice and support to parents who encounter difficulties with some of their children.

GRANDPARENTS OBLITERATED

c/o Parental Equality, 54 Middle Abbey Street, Dublin 1. Tel: (01) 8725392.
Telephone Helpline: **(01) 8725222**, 10.00 am.- 5.00 pm. E-mail: pe@iol.ie
Website: www.parentalequality.ie A support group for grandparents who are denied contact with their grandchildren.

HEALTH PROMOTION UNIT

Department of Health and Children, Hawkins House, Dublin 2.
Tel: **(01) 6354000** E-mail: healthpromotionunit@health.irlgov.ie Website:
www.healthpromotion.ie. Engaged in programmes dealing with health promotion issues, such as immunisation, drugs, smoking, alcohol, cancer and AIDS. A range of health promotion materials are available from the Unit, and also from Health Boards' Health Promotion Offices.

HEALTH RESEARCH BOARD

73 Lower Baggot Street, Dublin 2. Tel: **(01) 6761176**.
Fax: (01) 6611856. E-mail: hrb@hrb.ie Website: www.hrb.ie
Statutory body, set up in 1987 by merger of Medico-Social Research Board and Medical Research Council of Ireland. Functions are to promote, assist, commission or conduct medical research, epidemiological research, health research and health services research.

HEPCATS

Peer-led phonenumber for people affected by Hep C. Tel: **(087 7917742)**
E-mail: info@hepinfo.ie Website: www.hepinfo.ie
Hepatitis Information Point (Community Response) information, support and referral for people affected by Hepatitis.

HOMELESS AGENCY,

6 St Andrews Street, Dublin 2
Tel : **(01) 6705173**. Fax: (01) 6705174. E-mail: homeless@indigo.ie
Homeless Agency established as part of government strategy on homelessness. Responsible for managing and co-ordinating services to people who are homeless in the Dublin area. List of publications available

NARCOTICS ANONYMOUS,

4-5 Eustace Street, Dublin 2.
Tel: **(01) 8300944**, ext. 486. Southern Area: **(021) 4278411**. (24 hours).
E-mail: na@ireland.org Website: <http://www.na.ireland.org/>
A group of recovering addicts who have found a way to live without the use of drugs. It costs nothing to be a member; the only requirement is a desire to stop using.

NAR-ANON

38, Upper Gardiner Street, Dublin 1. Helpline: **(01) 874 8431**
Nar-Anon is the sister fellowship of Narcotics Anonymous. It offers 12-step support for families and friends of addicts who are affected by their using or

behaviour. Nar-Anon recognise that addiction is a disease that not only affects the addict but also causes pain and devastation to those around them. If you feel that you are powerless over an addict in your life then Nar-Anon could be for you.

NATIONAL ADVISORY COMMITTEE ON DRUGS

3rd Floor, Shelbourne House, Shelbourne Road, Dublin 4. Tel: **01 6670760**, Fax, 6670828 E-Mail: info@nacd.ie Web: www.nacd.ie

The NACD was established in response to the drug problem and the continued need to improve our knowledge and understanding of problem drug use. The NACD's primary role is to provide analysis of research findings and information commissioned or available to it and advise the Government in relation to the prevalence, prevention, treatment and consequences of problem drug use in Ireland.

The Committee is funded directly by the Department of Community, Rural and Gaeltacht Affairs and reports to the Minister of State with special responsibility for the National Drug Strategy.

Membership of the NACD reflects the different perspectives in the field of drug misuse. They have been drawn from the statutory, community, voluntary, academic and research sectors together with senior level representation from the relevant Government Departments, by invitation of the Minister.

NATIONAL DRUG STRATEGY TEAM

4-5 Harcourt Road, Dublin 2 Tel: **4754120**.

The National Drug Strategy Team was set up in late 1996 to co-ordinate a response to the drug problem at central level. The Team, which reports to the Minister with special responsibility for the National Drug Strategy is specifically mandated to assist the Local Drug Task Forces in their work. The National Drugs Strategy Team comprises representatives of relevant Government Departments and State agencies. The detailed terms of reference of the Team are set out in the National Drugs Strategy 2001-8.

NATIONAL DRUG TREATMENT CENTRE BOARD

Trinity Court, 30/31 Pearse Street, Dublin 2.

Tel: **(01) 6488600**. Fax: (01) 6779080. Hours of opening: Mon. - Fri. 9.00 am. - 12.15 pm., 2.15 pm. - 4.30 pm. Sat. & Sun. 10.00 am. - 12.15 pm.

Provides services for drug misusers. Treatment is free of charge. Offers advisory service to medical profession, parents, young people and teachers. Facilitates Family Support Therapy Group

NATIONAL SUICIDE BEREAVEMENT SUPPORT NETWORK

Community Centre, Main Street, Killeagh, Co. Cork. Tel: **(024) 95561**.

E-mail: nsbsn@eircom.net, website: <http://homepage.eircom.net/~nsbsn>

Aims: To offer support and comfort to those bereaved by the tragedy of suicide. To advise of the availability of support in the various areas. To accompany the bereaved to inquest if requested and to advise about

entitlements where necessary. We also hold seminars and workshops and help in the setting up of support groups where none exist. Library and information facilities available.

PAVEE POINT TRAVELLERS CENTRE

46 North Great Charles St, Dublin 1

Phone **01 8780255** / Fax 01 8742626 E-mail **pavee@iol.ie** / website **www.paveepoint.ie**

Pavee Point is a Non-governmental organisation, which is committed to the attainment of human rights for Travellers. The organisation seeks to combine local action with national resourcing and direct work with research and policy formation in relation to Traveller issues.

The Traveller Specific Drugs Initiative:

The aim of the TSDI is to highlight the issue of Travellers and drug use and to sensitise the LDTFs, RDTFs, health boards and others relevant to the needs of Travellers and inform them of the implications of these needs; to work and support Travellers and Traveller organisations to disseminate national and local drug policies and to support them in seeking to implement strategies and initiatives which respond to the drug issue experienced within the Traveller community.

SAMARITANS, THE

National Regional Office

(national administration, enquiries and media contacts)

Southern Desk: Room 35, 112 Marlborough Street, Dublin 1.

Tel/Fax: **(01) 8781822**.

Northern Desk: Room 4, Thomson House, 5 Wellesley Avenue, Belfast

BT9 6DG. Tel / Fax: **028 9066 0010**. Republic of Ireland Helpline (cost of a local call): **1850 609 090**. Northern Ireland Telephone Helpline (cost of a local call):

08457 909 090.

Hearing impaired services (textphone): Republic of Ireland: **1890 609 091**.

Northern Ireland: **08457 909 192**. Website: www.samaritans.org

The Samaritans is a charity offering 24 hour confidential emotional support to anyone in distress. The Samaritans believe being listened to and accepted without prejudice can alleviate despair and suicidal feelings. You may also phone or write a letter to your local branch. Face-to-face visits are also possible during certain times - check your local area directory for details of your nearest branch.

VOLUNTARY DRUG TREATMENT NETWORK,

4 Merchants Quay, Dublin 8.

Tel: **(087) 2669910**. Fax: (01) 6771000. E-mail: janekenny@vdt.net

The network is made up of voluntary and community based groups who provide treatment, recovery and training programmes to individuals, families and communities affected by problem drug use. The network represents the continuum of approaches from harm reduction to drug free models.

LOCAL DRUG TASK FORCES

Local Drugs Task Forces Co-ordinators

Ballyfermot	Frank Gilligan Ballyfermot LDTF Addiction Services Bridge House Cherry Orchard Hospital Ballyfermot Dublin 10	Tel. (01) 6206488
Ballymun	Hugh Greaves Ballymun LDTF Axis Centre Main Street Ballymun Dublin 9	Tel. (01) 8832142
Blanchardstown	Joe Doyle Blanchardstown LDTF 22a Main Street Blanchardstown Dublin 15	Tel. (01) 8604845
Bray	Ms Niamh Mc Alinden Unit 2, First Floor 24 Florence Road Bray Co. Wicklow	Tel. (01) 2762975
Canal Communities	Ms. Mary Ryder Canal Communities Addiction Services Bridge House Cherry Orchard Hospital Ballyfermot Dublin 10	Tel. (01) 6206413
Clondalkin	Enda Barron Clondalkin LDTF Unit 5 Oakfield Clondalkin Dublin 22	Tel. (01) 4579445

Dublin N.E.	Tom O'Brien Dublin N E LDTF Coolock Development Centre Bunratty Drive Coolock Dublin 17	Tel.	(01) 8479788
Cork	David Lane Cork LDTF Community Care Offices St Finbarrs Hospital Douglas Road Cork	Tel.	(021) 4923132
Dublin 12	Ms Aoife Fitzgerald Dublin 12 LDTF Addiction Services Bridge House Cherry Orchard Hospital Ballyfermot Dublin 10	Tel.	(01) 6206422
Dun Laoghaire/ Rathdown	James Doherty Dun Laoghaire/Rathdown LDTF Centenary House 35 York Road Dun Laoghaire Co. Dublin	Tel.	(01) 2803335
Finglas/Cabra	John Bennett Finglas/Cabra LDTF Northern Area Health Board Phibsboro Tower Phibsboro Dublin 7	Tel.	(01) 8307440
North Inner City	Mel MacGiobuin North Inner City LDTF 22 Lower Buckingham St. Dublin 1	Tel.	(01) 8366592

South Inner City

Colm Brown
South Inner City LDTF
Addiction Services
Bridge House
Cherry Orchard Hospital
Ballfermot
Dublin 10

Tel. **(01) 6206438**

Tallaght

Lisa Baggot
Tallaght LDTF
Addiction Services
Bridge House
Cherry Orchard Hospital
Ballyfermot
Dublin 10

Tel. **(01) 6206414**

Regional Drug Task Forces Co-ordinators

1. Midland

Bill Ebbitt
Midland Health Board
Health Promotion Service
The Old Maltings
Coote St
Portlaoise
Co Laois
Email: bill.ebbitt@mhb.ie

Work: **0502 - 64566**
Mobile: **086 - 3801164**

2. Mid-Western

Maria McCully
Regional Drugs
Co-Ordination Unit
House 4, LEDP
Roxboro Road
Limerick
Email: unitmwhb@eircom.ie

Work: **061 - 318633**
Mobile: **086 - 8661741**

3. North Eastern

Dr. Nazih Eldin
Health Promotion Unit
North Eastern Health Board
Railway Street
Navan
Co Meath
Email: Lesley.o'sullivan@nehb.ie

Work: **046 - 9076400**

4. North Western

Patricia Garland
Addiction and
Counselling Services
North Western Health Board
12 Johnston Court
O'Connell St
Sligo
Email: patricia.garland@nwvhb.ie

Work: **071 - 9154041**

5. Southern

Willie Collins
Co-ordinator
Drugs and Alcohol Services
Southern Health Board
St Finbarrs Hospital
Douglas Road
Cork
Email: collinsw@shb.ie

Work: **021 - 4923135**
Mobile: **086 - 2574522**

- 6. South Eastern** Tony Barden Work: **051 - 846720**
Drug Co-ordination Unit Mobile: **087 - 2791504**
South Eastern Health Board
Beech House, Cove Roundabout
Dunmore Road
Waterford
Email: barden@sehb.ie
- 7. Western** Fiona Walsh Work: **091 - 561198**
Regional Drugs Co-ordinator
Western Health Board Drugs Service
West City Centre
Seamus Quirke Road
Galway
Email: f.walsh@whb.ie
- 8. East Coast Area** Siobhan Turner Work: **01 2014200**
Acting Regional Drugs Co-ordinator
East Coast Area Health Board
Southern Cross House
Southern Cross Business Park
Boghall Road
Bray
Co. Wicklow
Email: siobhan.turner@erha.ie
- 9. Northern Area** Dr. Jane Renehan Work: **01 8823482**
Park House, 3rd Floor,
191-197, North Circular Road,
Dublin 7
Email: jrenehan@eircom.net
- 10. South – Western Area** Maurice Farnan, Work: **01 6206400**
Addiction Services,
Bridge House,
Cherry Orchard Hospital,
Ballyfermot,
Dublin 10.

ACKNOWLEDGEMENTS

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INFORMATION UP-DATE FORM

This Resource Pack was designed to allow the Network to add updates to keep you informed about new developments on the issue of families living with drug use. Please take a few minutes to forward your contact details by email to sadie@citywide.ie, phone 00353 1 836 5090 or fax 00353 1 836 4849. This information will be used to establish a contact database.

Name: _____

Organisation: _____

Address: _____

Contact details: _____

Phone: _____ Fax: _____

Email: _____

FAMILY SUPPORT GROUP INFORMATION

The main aim of this Resource Pack is to ensure that families living with drug use have somewhere to get support for themselves. If you are a member of a drug-specific Family Support Group not listed or if you provide support to families members living with drug use and would like your group/service included please forward the following details:

Name of Group: _____

Area: _____

Contact Person: _____

Contact number: _____

Please return to: Sadie Grace
CityWide Family Support Network,
175 North Strand Road,
Dublin 1.
Email: sadie@citywide.ie
Phone: 00353 1 836 5090
Fax: 00353 1 836 4849

