

Irish Examiner

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LET'S TALK DRUGS

**How to talk to your
children about drugs**

WHY TALK TO YOUR CHILD ABOUT DRUGS

Teenagers spend more than 80% of their time outside school, where the prime influences are the family and the community. The people they learn from are the ones they relate to. If a parent can maintain a reasonably good relationship with a son or daughter during the turbulent growing years, this is the most valuable stone in the foundation of drug prevention.

These foundations are laid before they reach 14 and it is important for us as parents to remember that these foundations do not crumble when the quest for independence starts. We have to hold our nerve, keeping the doors of communication open, availing of any fleeting opportunities for reasonable conversation.

■ On average, 7% of boys took cannabis in 2006, compared with 5% in 2002. Among girls, the corresponding figures were 5% and 3% respectively.

■ 23% of 15 to 17-year-old boys took cannabis in 2006, compared with 32% in 2002.

■ 20% of girls between 15-17 took cannabis in 2006, compared with 17% in 2002.

■ In 2002, nearly twice as many boys aged 15-17 as girls of the same age had taken cannabis. But in 2006, a mere 3% more boys than girls had taken the drug in the previous year.

■ 16% of children surveyed in 2006 reported using cannabis, compared to 12% in 2002.

Source - The Irish Health Behaviour in School-aged Children report 2006

Advice for parents has been provided by Chris Murphy who is a counsellor, supervisor of counsellors, and manager in Crosscare's DAP [Drug and Alcohol Programme] whose website is www.dap.ie. He can be contacted at chris@dap.ie. Case studies and quotes from teenagers provided courtesy of 'SpunOut.ie' — a youth-led online forum for young people. It is run by a youth-led charity and works closely with the HSE and youth health groups throughout the country.

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A young person using drugs is not an indication of failed parenting, nor of a deficit within the youth. Young people from the best of families can experiment with drugs, often in a quest for excitement or for social reasons, or by way of experimentation. It can also be a declaration of independence.

WHAT CAN WE DO AS PARENTS

Here are five simple actions — simple to write, but not so simple in real life. The acronym is REACH.

R

■ R is for Relationship.

A good relationship between a parent and child is the best foundation for prevention of drug problems. Keep the lines of communication open. You don't have to be an expert on drugs to do this.

E

■ E is for Example.

Give good example by how you use drugs: don't use illegal drugs; be moderate in your use of alcohol; use prescribed medicines sensibly. For example, your six-year old will remember hearing you say "I'm not drinking alcohol because I'll be driving later".

A

■ A is for Attitudes.

Attitudes to drugs ("for" or "against" drugs) are formed through debate and discussion, so don't be afraid of the topic of drugs. Let young people express their thoughts, and express your own. For instance, you can debate about whether the threat of prison stops people using drugs. You will clarify your own attitudes as you go along.

C

■ C is for Confidence.

A child with high self-esteem is less likely to run into trouble with drugs. Foster self-esteem by giving hugs, appropriate praise, and by showing love.

H

■ H is for How...

Discuss with them: How could you say "No" without losing face? How would you cope with someone passing round a can of lager, a cigarette or a joint? How might you react if someone collapses from inhaling something? These "How to" questions enable you and the young person to anticipate these events, without your giving them a lecture.



"I've tried various drugs over the past few years and haven't failed exams, dropped out of college, lost my job or my girlfriend. I'm not a criminal or a freak. I've just been interested in the different ways of relaxing and enjoying life. To be honest I've kind of got bored with it all now and am happy enough with sports and music."

JD, 18

WHAT CAN YOU DO IF YOUR CHILD STARTS TAKING DRUGS?

A mother comes into the room where her 12-year-old daughter is doing her homework. She notices the child moving furtively and looks closer. The girl has an open container of nail-varnish remover hidden in her hand and the mother realises that she had been sniffing it.

What should she do? Does she get counselling for her child? Does she tell the school? What would you do?

First, stay calm. Try not to panic. Talk calmly to the child, and explain why it can be dangerous. The fumes have a sedative effect on your brain, which makes you dizzy, but it can make you fall, and some people have died from it.

Maybe that is all that is required. However, there are obvious follow-up actions you can take.

1 ■ **Talk to the girl a bit more, later on. Encourage her to tell her friends about the danger. She may be unwilling to tell you if there are others doing the same, so let her pass on the message. A good question is: What would you do if one of them fainted or fell from it?**

2 ■ **Talk to your partner about it. It's not a secret you should keep.**

3 ■ **Talk to other parents, in case there is a group involved in it, but take care not to expose your own child to possible scape-goating.**

4 ■ **Enquire whether the school has a substance-use policy that includes substance-use education in the SPHE programme.**

5 ■ **You cannot eliminate all volatile substances from the house, or from other places your child goes, so you must share responsibility with the girl herself. She has to share the responsibility for not doing it again.**

6 ■ **There are cases where counselling can be helpful. If there has been a bereavement, or parental separation, or bullying, or if the substance-use continues despite your vigilance, then groups like Rainbows (for loss or bereavement) or other counselling services can help — not focused on the substance-use.**



“Experimenting and taking risks is part of being young. It’s natural. 99.9% of times people take drugs and nothing goes wrong. There’s way too much misinformation about drugs, especially cannabis. Parents, politicians and the media need to be educated about the realities.”

Gary, 16

ADVICE

HOW TO TALK TO 8 TO 12 YEAR OLDS

Up to the age of 12 it's relatively easy to know where your children are, what they're up to, and who they're with. It's very desirable too to talk with the parents of their friends. Kids tell each other a lot. Parents have a right to talk to each other too!

Talking to your kids about drugs is just a step on a journey which begins earlier. As they grow, you let them brush their own teeth, you let them go to school on their own and eventually you let them go to the shopping centre with their friends.

STEP BY STEP, you let them take responsibility for their own safety and their own self-care. Avoiding drugs is just another such step.

Between 8 and 12 they are more receptive (than later on) to the simple message of saying "No" to cigarettes, alcohol and illegal drugs. But when "why?" becomes their favourite word, they need reasons and answers.

Parents really should discuss drugs with other parents, in order to educate themselves and clarify their own attitudes to questions like "If cigarettes are so bad for you, then why do people smoke?" Then you can give a plausible answer to the **"WHY?"**

"I think if you want to talk about drugs you need to take a big look at the booze culture in Ireland. We're drink obsessed. Wait til the day after Paddy's Day and then ask yourself if it's drugs that are the real problem. I think putting people in big housing estates with nothing to do is obviously the best thing you can do to promote drugs."

Mick, 22





- 1** ■ **Chat informally to your child, when the opportunity arises.**
- 2** ■ Take your cue from their questions and answers, as no two children are the same.
- 3** ■ **Keep it simple — “Just say NO” is adequate at this age.**
- 4** ■ Try to give reasonable explanations when they ask “why?”

“Drugs are a common part of Irish life now, the same way drink is. It’s young and old who are taking them, probably as some way of escaping their day to day lives. I think the drugs problem is over hyped by a celebrity obsessed media. Drugs have been around for years and will be in the future.”

Sean, 17



HOW TO TALK TO TEENAGERS

At 12, a young person depends a lot on parents; at 18 they are largely responsible for themselves.

No matter how keen the parents are to shelter their children, there are some things a parent simply cannot do.

No parent can sit the Junior Cert or Leaving Cert for the child.

No parent can undo the damage if a young person has an accident under the influence of drink.

No parent is going to be present the first time the young person is offered an illegal drug.

"I'm fed up hearing about drugs. People take drugs for different reasons."

James, 19

It is important when talking to your children to make it clear that:

We cannot take responsibility for everything they do. We cannot save them from the consequences if they get themselves into trouble. We cannot save them from the harmful consequences of drugs or drink.

Although they act grown-up, teenagers often wish that we (parents) could still do all the hard work for them. They do not make it easy for us to let go. They test the boundaries, to see how much they can get away with.

Always:

- 1** ■ **Keep communicating with your son or daughter**
- 2** ■ Continue to discuss issues so that they (and you) can clarify their beliefs.
- 3** ■ **Set clear guidelines for what is acceptable to you.**
- 4** ■ Express your thoughts and feelings about what is unacceptable.
- 5** ■ **Emphasise that the young person now shares an ever-increasing proportion of responsibility for him or herself.**



“If the Government wants to do something about it they will have to look at stopping demand. You’ll never stop the supply because there’s so much money in it. I think lots of young people take drugs out of boredom. There’s fuck all facilities for young people, especially if you’ve no money. You can get pills for very cheap, even cheaper than alcohol sometime. It would make sense to provide alternative spaces for young people.”

Aine, 20

ADVICE

WHAT IS THE BEST THING TO DO IF IT IS MORE SERIOUS

If I had to pick out one single message for parents, it is this: You can't do it alone. We all need information, support and mentoring from others.

Sometimes it is only after years of struggle that anxious parents ask for help. It is better to do it sooner than later.

There are two main reasons why people (of any age) use drugs — to **reduce pain** or to seek greater elation or **fun**.

Parents should first get support and information for themselves. The website drugs.ie has a map and lists of resources. Crosscare's Drugs & Alcohol Programme (DAP) is available at 01 836 0911. The Family Support Network at 01 836 5168 can be of great help to overcome the feelings of shame and failure which parents often feel in these circumstances.

Although young people are often resistant to the idea of counselling, they usually love it when they get the chance. Young people have very few good mentors and, where there is drug use, they like a mentor from outside the immediate family.

Most young people who use drugs are NOT addicted, so a general counsellor will be able to help them to sort out their life-issues, and usually they respond quickly to counselling. A few weeks will be enough for most.

DRUG USE DOES NOT NECESSARILY MEAN THE PERSON IS UNHAPPY, NOR THAT PARENTS HAVE FAILED.



HEROIN

CATEGORY:	Opiate (Painkiller)
LEGAL STATUS:	A controlled substance, it is an offence to import, distribute, produce or supply it.
SHORT-TERM EFFECTS:	Heroin is relatively potent, easily dissolved in water for injecting, and penetrates the blood-brain barrier much more quickly than its parent drug morphine. It can also be smoked, giving it a practically immediate effect. Effects last three to six hours. After injection there can be an intensely pleasurable rush. Withdrawal begins after eight hours.
LONG-TERM EFFECTS:	Heroin invariably leads to physical and psychological dependency. Dependence can occur after a few days. Withdrawal, once addicted, is difficult, and the symptoms include drowsiness, sweats, bone and muscle pain, diarrhoea, cramps, anxious breathing, vomiting and possibly even coma. Overdosing can be fatal, as can combining it with large amounts of alcohol. Sharing needles carries a greater risk of infection with HIV/AIDS and Hepatitis.
HOW LONG IT STAYS IN YOUR SYSTEM:	Can last in your system approximately four days.
TRADE/SLANG NAME:	Smack, Skag, H, Brown, Gear, Tack, Yack, Junk.
METHOD OF USE:	Smoked, sniffed or injected.



TELL TALE SIGNS

Dry mouth, droopy appearance, disorientation, signs of needle use, shallow breathing or unexplained infections

LSD

CATEGORY:

Hallucinogen

LEGAL STATUS:

Offence to possess, produce and supply.

SHORT-TERM EFFECTS:

Effects peak between one and four hours after taking and fade after 12 hours. Major perceptual distortions common. Hallucinations and usually temporary psychotic episodes possible. Flashbacks possible but rare.

LONG-TERM EFFECTS:

Prolonged psychotic episodes occur rarely, usually in predisposed individuals. No significant physical damage. No physical dependence. Further doses ineffective after three to four days' use.

HOW LONG IT STAYS IN YOUR SYSTEM:

Intense effect lasts between three and eight hours.

TRADE/SLANG NAME:

Acid, Trips, Microdots, Strawberries

METHOD OF USE:

Drug ingested orally in various forms: paper, squares, pills, tablets.

TELL TALE SIGNS

Disorientation, rambling or strange speech, sweating, rapid mood changes, erratic or unpredictable behaviour



VALIUM

- CATEGORY:** Depressant
- LEGAL STATUS:** Diazepam is a prescription-only medicine.
- SHORT-TERM EFFECTS:** Effects of drug last for up to 24 hours and withdrawal symptoms begin up to seven days after last dose. Symptoms include anxiety, restlessness, tremor, feelings of unreality, distortions of perceptions.
- LONG-TERM EFFECTS:** Symptoms may last for many months. There is a risk of seizures following sudden withdrawal. Death from overdose is rare but risks increase if diazepam is mixed with other “downers” like opiates, barbiturates or alcohol.
- TRADE/SLANG NAME:** Vallies, Roche
- METHOD OF USE:** Injected or swallowed.

TELL TALE SIGNS

Difficulty breathing, sores in the mouth or throat, yellowing of the skin or eyes, hallucinations or severe confusion, drowsiness, dizziness, or clumsiness, depression, nausea, vomiting, diarrhea, or constipation



AMPHETAMINES

CATEGORY: Stimulant

LEGAL STATUS: It is an offence to possess, produce and supply amphetamines.

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

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

HOW LONG IT STAYS IN YOUR SYSTEM: Can last in your system for up to four days.

TRADE/SLANG NAME: Speed, Whizz, Uppers, Billy, Dexedrine, and Sulphate

METHOD OF USE: Orally or injected

TELL TALE SIGNS

Euphoric state, paranoia, loss of appetite/weight loss, anxiety, shaking hands, nervousness, increased temperature, chest pain, elevated blood pressure, mood swings and depression



CANNABIS

CATEGORY:	Sedative/Hallucinogen
LEGAL STATUS:	It is illegal to grow, produce, supply or possess.
SHORT-TERM EFFECTS:	After smoking, effects start within a few minutes and can last several hours if high doses are taken. Significant perceptual distortions are relatively rare but possible after high doses. Relaxed feelings and talkativeness.
LONG-TERM EFFECTS:	Psychological dependence and respiratory problems possible, including lung cancer.
HOW LONG IT STAYS IN YOUR SYSTEM:	Light smoker: 1 to 3 days Moderate smoker: 3 to 5 days Heavy smoker: 10 Days
TRADE/SLANG NAME:	Smoke, Dope, Ganja, Marijuana, Blow, Pot, Draw, Grass, Weed.
METHOD OF USE:	There are three forms of Cannabis: Oil, Herbal and Resin. Herbal cannabis is smoked on its own. Resin or oil is smoked in a cigarette (joint) with tobacco or on their own through a pipe or other device. Resin is sometimes eaten in cakes or other foods.



TELL TALE SIGNS

Dilated pupils, blood-shot eyes, smell on clothing or in room, sleepy appearance, cigarette papers in pockets or in bedrooms

BARBITURATES

- CATEGORY:** Depressant
- LEGAL STATUS:** Prescription only medicines
- SHORT-TERM EFFECTS:** If sleep does not occur after the usual medical dose there can be an alcohol-like drunkenness. With higher doses severe intoxication occurs including lack of co-ordination and emotionality. Overdose deaths known after less than 10 times the usual dose. Extremely dangerous with alcohol. Effects last 3-6 hours.
- LONG-TERM EFFECTS:** After heavy use chronic inebriation and respiratory problems can occur. Continued risk of overdose death even after tolerance has built up. Strong physical dependence possible. After very high doses, withdrawal can include seizures and delirium, and may be fatal.
- TRADE/SLANG NAME:** Sleepers, Downers, brands such as Amytal, Tunial and Nembutal.
- METHOD OF USE:** Generally swallowed, although some are injected.

TELL TALE SIGNS

Slurred speech, loss of motor coordination, and impaired judgment. Depending on the dose, frequency, or duration of use, one can rapidly develop intolerance, physical dependence, and psychological dependence



MAGIC MUSHROOMS

- CATEGORY:** Hallucinogen
- LEGAL STATUS:** It is illegal to possess, produce or supply them.
- SHORT-TERM EFFECTS:** Effects similar to mild LSD experience but start more quickly and stop sooner (four to nine hours). Nausea, stomach pain and vomiting common. Danger of picking poisonous mushrooms by mistake.
- LONG-TERM EFFECTS:** No physical or psychological dependence reported and no known adverse effects caused by long-term use (however, this has not been adequately researched). Tolerance is rapid, meaning repeat doses are ineffective after several days' use.

TELL TALE SIGNS

Mental distortion, intensified colour and a feeling of well being. A Magic Mushroom 'trip' tends to last about four hours



COCAINE



- CATEGORY:** Stimulant.
- LEGAL STATUS:** It is illegal to sell, possess or supply.
- SHORT-TERM EFFECTS:** Strong stimulant similar to amphetamines but lasting only 15-30 minutes. Repeated use over several hours may lead to extreme agitation, paranoia and toxic psychosis. Death from respiratory arrest after large doses, more likely if heroin or another depressant drug is used at the same time. After smoking freebase the effects are almost immediate and more intense than after sniffing cocaine hydrochloride, but are even more short lived.
- LONG-TERM EFFECTS:** The short-lived "high" followed by rebound after-effects leads to extreme mood swings and eating disorders. There can be paranoid thinking and psychotic behaviour. If sniffed, possible nose damage; if smoked possible respiratory problems. Withdrawal effects less intense than with amphetamines.
- LONG-TERM EFFECTS:** Can last in your system approximately four days.
- TRADE/SLANG NAME:** Coke, Snow, Charlie, Crack, Free Base.
- METHOD OF USE:** Usually snorted up the nose, also injected. Crack is smoked.

TELL TALE SIGNS

Dilated pupils, hyper-alertness, panic or heightened anxiety, paranoia, fast speech, runny or bloody nose, white powder seen on face or clothes, money problems which can lead to petty crime



BENZODIAZEPINES

- CATEGORY:** Depressant
- LEGAL STATUS:** Prescription-only medicines
- SHORT-TERM EFFECTS:** Relief from anxiety and tension is achieved with less drowsiness and lack of co-ordination than with alcohol or barbiturates. On their own, enormous doses would be required to cause overdose death. Pleasurable feelings with diazepam but not usually with other benzodiazepines.
- LONG-TERM EFFECTS:** Sometimes chronic sedation and lethargy and after high doses chronic intoxication. Physical dependence can occur after long-term use. Withdrawal syndrome commonly includes anxiety, restlessness and tremor, but is usually much less severe than barbiturates.
- TRADE/SLANG NAME:** Valium, Mogadon and Librium, Jellies, Lorazepam.
- METHOD OF USE:** Swallowed or injected

TELL TALE SIGNS

Drunken and sometimes aggressive behaviour. Surprisingly, mixing benzodiazepines with other 'downers' such as barbiturates, alcohol or opiates produce a stimulant effect, which increases alertness and confidence.

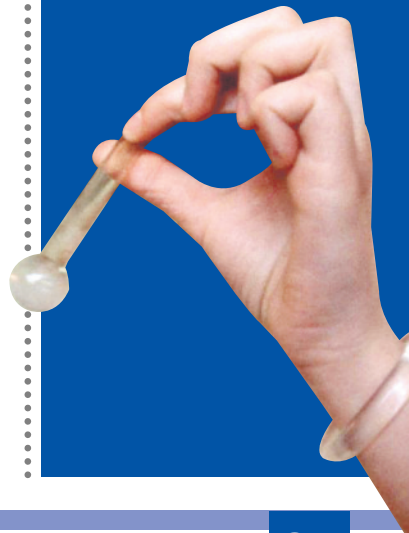


CRYSTAL METH

- CATEGORY:** Amphetamine
- LEGAL STATUS:** It is illegal to sell, possess or supply.
- SHORT-TERM EFFECTS:** Methylamphetamine can bring on a feeling of exhilaration and produces increased arousal and activity levels. It also reduces tiredness and suppresses appetite. It causes a rapid heart rate and a rise in blood pressure, and the higher the dose the greater these effects.
- LONG-TERM EFFECTS:** Other acute effects include agitation, paranoia, confusion and violence. As with other amphetamines, methylamphetamine is a drug that affects the brain reward pathways and use can lead to psychological and physical dependence. Using the drug by intravenous injecting or by smoking is particularly addictive.
- HOW LONG IT STAYS IN YOUR SYSTEM:** Smoking the purer crystalline form (also known as 'crystal meth' or 'ice') produces a very intense 'rush' similar to that produced by crack cocaine but longer-lasting — between four and 12 hours.
- TRADE/SLANG NAME:** Ice, glass, Tina and Christine.
- METHOD OF USE:** Smoked or injected

TELL TALE SIGNS

Heart palpitations, blurred vision, extended wakefulness, and damage to the brain, lungs and liver can affect vision, judgment, coordination and reflexes as well. Also linked to violent mood swings including violence, hallucinations, depression and psychoses

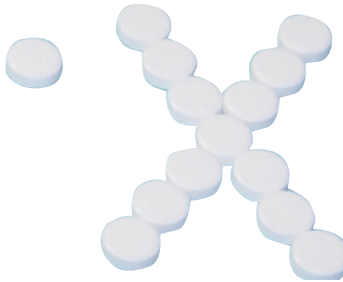


ECSTACY

- CATEGORY:** Stimulant/ Hallucinogen
- LEGAL STATUS:** Illegal to sell, possess or supply
- SHORT-TERM EFFECTS:** Similar to general effects of low-dose amphetamines plus feelings of empathy towards others. Deaths have occurred even at low doses with symptoms similar to heatstroke.
- LONG-TERM EFFECTS:** Similar to amphetamines. Evidence of serious liver damage.
- HOW LONG IT STAYS IN YOUR SYSTEM:** Can last in your system approximately 3 days.
- TRADE/SLANG NAME:** E, Yokes, Pills, MDMA, Adams, Eves, XTC, Doves, Disco Biscuits, Shamrock, Adam, Edward, Denis the Menace.
- METHOD OF USE:** Swallowed as tablet or capsules.

TELL TALE SIGNS

Alertness, sweating, dry mouth, increased heart rate, fatigue, stiff limbs, hyperthermia, increased emotional responses and dehydration.





SOLVENTS

- CATEGORY:** Hallucinogen
- LEGAL STATUS:** Solvent possession or abuse is not a criminal act
- SHORT-TERM EFFECTS:** Effects include strong feeling of intoxication with hallucinations. Risk of vomiting, choking, unconsciousness.
- LONG-TERM EFFECTS:** Sustained abuse can lead to a permanent 'sniffer's rash', conjunctivitis, liver, heart and kidney damage and brain damage.
- METHOD OF USE:** Glues and adhesives, assorted paint products, lighter fluid, surgical spirit, cleaners — all inhaled

KETAMINE

- CATEGORY:** Hallucinogen
- LEGAL STATUS:** Prescription only medicine
- SHORT-TERM EFFECTS:** Initial rush accompanied by nausea, slurring of speech and vision, numbness and irregular muscle movement, LSD-type experiences.
- LONG-TERM EFFECTS:** Possible LSD-type flashbacks, tolerance and possible psychological dependence.
- TRADE/SLANG NAME:** K, Special K
- METHOD OF USE:** Swallowed, sniffed, smoked or injected.

TELL TALE SIGNS

Solvents

Strong odour in room, on clothing or on breath, chemicals missing in the home, or going down very quickly. Extreme drowsy appearance or aerosols hidden around the home

TELL TALE SIGNS

Ketamine

Lightheadedness or fainting spells, fast or slow heartbeat, palpitations, involuntary and uncontrollable muscle movements (may appear like seizures), slow or difficulty breathing

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REGIONAL DRUG TASK FORCES

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Sarah's story

This summer I went to one of the many excellent music festivals with a group of five of my friends.

We met with a group of lads and hung together for most of the weekend. On the second day we were lying outside listening to the music when I noticed a difference in one of the lads. He told us he was on E and that it was an amazing feeling, and we should try it.

The lads kept telling us that E was a very safe drug and that we would be okay. Soon, everyone in the group had taken one.

First off, it felt good, but the buzz quickly went and we took another one. This was my absolute downfall. The second tablet made me really freak out and I couldn't stop crying and shaking. My friend Anna became extremely paranoid and was convinced we were all talking about her, and my other friend Maeve was completely unconscious.

I was mostly scared about Maeve as I saw one of the lads trying to bring her away, and I didn't feel strong enough myself to stop him. Eventually I spotted another friend who hadn't taken anything and she managed to look after us.

It was the stupidest thing I have ever done. E is not a safe drug and it's definitely not worth it.

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Eileen's story

My parent's divorce left me extremely depressed. Mum offered counselling, but nobody talked about feelings in my family. The first time I felt good after the split was the first time I got drunk. I was 14 and that feeling of bliss hooked me. Next came pot. Now that was heaven. Drinking and getting stoned became nightly events. By the time I was 16, I couldn't say no to a drink or a joint. I was also raped for the first time, because I took a drink that had been spiked. I never told anyone, it was too shameful, and who would believe me anyway? This guy was my friend. My problems followed me to college. I used all sorts of drugs. I made a number of suicide attempts after being raped again, more than once. By the time I was 20 I could barely leave the house. I suffered panic attacks and insomnia. I lied, cheated, stole and sold drugs and stole to support my addictions. At 21, I went to see my GP and asked about rehab. In treatment I discovered that I was not the awful person that I thought I was. I am now 26, grateful to be alive, and sure as heck glad to be clean and sober. I no longer feel alone, because I have found like-minded others, and I have found me.



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Brendan's story

I started off smoking fags at 14 to try and fit in with people. I was not very popular.

Through the years, I always let people push me around. I met my first girlfriend at an early age. She broke my heart. I was always paranoid that they would be cheating on me. That's when I found drugs and I loved them more than any girl. They made me forget about everything that bothered me and put me into a world of my own, where no one could upset me.

This continued through my teenage years - always trying to find a better buzz.

My desperation to be popular soon backfired because I got into debt with dealers.

Soon enough the guards got involved with everything. I lost my job, my car and my girlfriend, and it wasn't even started yet. Just a few weeks later I got caught with an unreal amount of drugs and got arrested. This was the end of the line for me.

So, here I am today: sitting around with no friends, no job, no car and €50,000 worth of debt over my head. Waiting to be sent to prison for a good few years. I wasted my teen years on drugs and now I am going to be wasting my adult years in jail.

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Trevor's story

I've mixed prescription medicine and alcohol on one or two occasions in the past but never again. On one occasion, I was suffering from the flu and I decided I was fit enough to go out with the lads. Little did I know what was in store for me.

After two pints, I was slurring my words and after a third I was the laughing stock of the group. I don't remember much after that but my friend later informed me of my antics the previous night such as mooning the Gardai outside the nightclub, trying to grope every girl that was unfortunate enough to walk past me.

I asked some of my housemates what they thought about taking drink and tablets and the answers I got were, "it makes you get drunk a lot quicker than usual", "it's a cheap night out" and "I did it before and I was absolutely locked."

This just shows how people are unaware of the effects of mixing prescribed medication with alcohol. Maybe they should be informed of the effects when they are getting the medication or maybe they are being warned but are choosing to be ignorant (like I was) and ignoring the doctors advice.



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SUPPORT GROUPS

- <http://www.aldp.ie/>
- The Ana Liffey Drug Project is a 'Low Threshold - Harm Reduction' drug project based in North Inner City Dublin.
- www.drugsinfo.ie
- Drugs, There Are Answers!
- www.mqi.ie
- Merchant's Quay Ireland works for justice and opportunity for homeless persons, drug users and others who are excluded.
- www.addictionireland.ie
- The Irish Drug Treatment Centre Board.
- www.nacd.ie
- The National Advisory Committee on Drugs.
- www.hrb.ie
- Health Research Board.
- www.activelink.ie
- Works with Non Profit organisations to develop online communication.
- www.aboutdrugs.ie
- Provides comprehensive drugs education programmes to parents and carers.
- www.drugscope.org.uk
- The United Kingdoms leading independent centre on drug research
- www.eirpharm.com
- The Irish Pharmacy website.
- www.healthpromotion.ie
- Providing information on Positive Health to the Country.

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www.mqi.ie

Merchant's Quay Ireland works for justice and opportunity for homeless persons, drug users and others who are excluded.

www.encare.info

Professional link for E.U. Agencies working with families at risk regarding Alcohol.

www.ihra.net

International Harm Reduction Association.

www.unodcp.org

United Nations Office on Drugs and Crime.

www.ac-company.org

E.U. Network for targeting mobile drug users.

www.hit.org.uk

HIT delivers effective interventions on drugs, community safety and other public health concerns.

www.drugscope.org.uk

The United Kingdoms leading independent experts on drug issues.

www.unodcp.org

United Nations Office on Drugs and Crime.

www.ac-company.org

E.U. Network for targeting mobile drug users.

www.hit.org.uk

HIT delivers effective interventions on drugs, community safety and other public health concerns.

www.drinkanddrugs.net

Is the web portal for substance misuse specialists

YOUTH SERVICES

www.dwec.ie/walktall

The Walk Tall Programme is designed to work in a School setting with Primary School Children.

www.sphe.ie

Social Personal & Health Education website for School Children.

www.nyf.ie

The National Youth Federation.

www.youth.ie

The National Youth Council of Ireland.



CONTACTS

HEALTH SERVICE EXECUTIVE WEBSITES

www.dohc.ie

Department of Health and Children.

www.hse.ie

www.erha.ie

Eastern Region

www.ehss.ie

Shared Services Eastern Region

www.mhb.ie

Midland Area.

www.mwhb.ie

Mid Western Area

www.nehb.ie

North Eastern Area

www.nwhb.ie

North Western Area

www.sehb.ie

South Eastern Area

www.shb.ie

Southern Area

www.whb.ie

Western Area

www.hebe.ie

HSE Project Management Unit



WHAT TO DO IN AN EMERGENCY!

Drugs affect everyone differently. The effects can depend on the amount taken, the user's mood and surroundings. Sometimes people suffer a bad reaction. This is why it is so important to know what to do if you find someone is ill after taking drugs or drinking too much alcohol.

DO NOT DELAY CALL 999

Someone has fallen unconscious and you are finding it very difficult to wake them?

- Check the victim's airway, breathing, and circulation. If necessary, begin CPR at once
- If the victim is unconscious but breathing, carefully place him or her in the recovery position. Loosen the clothing, keep the person warm, and provide reassurance if conscious
- Try to keep the victim calm. If an overdose is suspected, try to prevent the victim from taking more drugs
- Call for immediate medical assistance. If possible to identify what drugs the individual has taken inform the operator of the type of drug and dosage involved

Someone is unable to stand, but conscious?

- Do not attempt to get them to stand and or try to "walk it off" - falling in such a condition can cause serious injury
- Clear a space around them and if possible place them in the recovery position
- Find someone to stay with the individual while you call an ambulance
- Always ensure the airway is clear and the casualty is breathing

Someone needs help after taken Speed, Cannabis, Ecstasy, LSD or Magic Mushrooms?

- If needed, call an ambulance
- Try not to panic! Speak in a normal voice and if you feel scared or worried, try not to let them see it
- Explain that what they are feeling will pass
- Encourage them to settle in a quiet calm room (Lower lights if possible)
- If they start breathing quickly, calm them down by asking them to take long deep breaths

Someone needs help after taken Heroin, Tranquillisers, Glues or Aerosols?

- If needed, call an ambulance straight away
- Calm them down and be reassuring, speak in a low and calming voice
- Do not allow them to over exert themselves
- NEVER give them coffee!



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