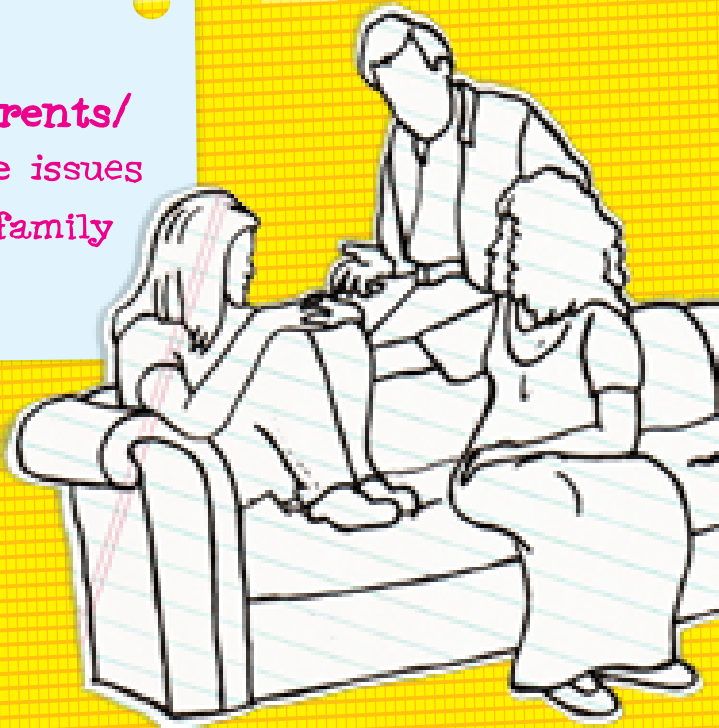


# don't LOSE the HEAD

a **support** booklet for **parents/**  
**guardians** in dealing with the issues  
of **drugs** & **alcohol** in the family



## Acknowledgements

This is the second edition of this booklet and the “Help!” pages (45 on) have been changed to include National information. The first edition listed mainly North Dublin agencies, as it was funded by the Regional Drugs Task Force in North Dublin City and County.

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Siobhán Mc Grory and Louise Monaghan researched and wrote the booklet. They consulted widely and compiled an extensive literature review, ensuring that the finished product has been developed from a strong evidence base. The literature review is available as a separate document for download on [www.drugs.ie](http://www.drugs.ie)

A final round of consultations were held after the booklet was drafted, where parents, young people, educators, counsellors, Gardaí, youth workers, Drugs Task Force Workers, health promoters and family support workers were invited to provide feedback on the draft booklet. We extend our thanks to the many people who participated in these consultations and especially to those who took the time to provide valuable feedback. Although they remain anonymous, they have made a significant contribution to this booklet.

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A final word of thanks to all who supported and encouraged us in this undertaking: THANK YOU.

Chris A. Murphy, Director,  
Crosscare Drug and Alcohol Programme

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First edition - 2008  
Second edition - 2010  
Review date - 2011



“collective  
suggestion”



We met with young people, professionals working with drugs issue and most importantly, with parents to inform the development of this booklet.



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# HELLO!

## What is this booklet about?

This booklet has been written for parents/guardians as well as others who take care of children and young people e.g. extended family members such as grandparents, older siblings or aunts/uncles. In the booklet, the terms child, young person and 'son or daughter' are used in the broadest sense possible in order to cover the age span from 0 to 18 years +. Remember, the earlier a parent/guardian starts to talk to their child about drugs and alcohol the better. This booklet may also be of interest to others who work with young people e.g. teachers, youth workers, community and social care professionals etc.

## How will this booklet help parents?

- It provides support and self-help for parents/guardians in dealing with the issue of drugs and alcohol within the family;
  - It provides guidance for parents/guardians on what they can do if they suspect or know that their child is using drugs;
  - It provides factual information about some of the more common drugs (including alcohol), their effects, signs and symptoms;
  - It provides a list of relevant support services in the North Dublin City & County area.
- \* **This booklet can help parents/guardians to address both the issues of drugs and alcohol within the family**

did you know?

Parents who talk to their children about drugs and know what they are doing and who they are with, can reduce the chances of their children using drugs.

(Biglan et al, 2004, cited in [www.drugprevention.gc.ca](http://www.drugprevention.gc.ca))

did you know?

Children that feel connected to their families are more likely to avoid the dangers of drugs. (Canadian Centre on Substance

Abuse 2007, cited in [www.drugprevention.gc.ca](http://www.drugprevention.gc.ca)).

did you know?

did you know?

We as parents sometimes do not realise that we have a lot of influence on our children's behaviour. We can make a big difference as to how our children think and behave in relation to drugs. If we know about drugs we can more easily talk with our children about drugs, prevent and delay them from using drugs and take action if they become involved with drugs. It should be a comfort to parents to know that the majority of young people do not use illegal drugs on a regular basis.



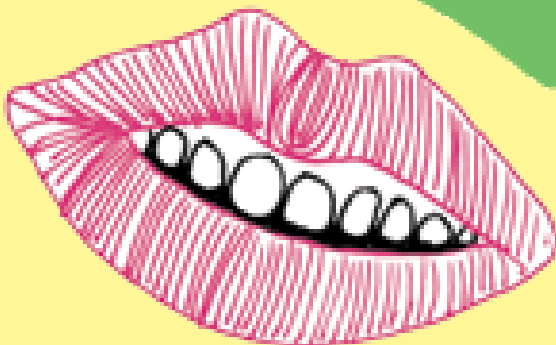
what is a drug?

A drug is any substance other than food that alters the way a person thinks, feels or acts. This includes medicinal drugs and also alcohol, tobacco and caffeine.

(Source: The Facts of Drugs – a parent's guide, HSE)

Active and courageous parenting is the basis for dealing with the issue of drugs and alcohol within the family. This isn't always easy but taking positive action can make a big difference to our children's lives.

**This booklet will help us to learn more about drugs and alcohol and to help us to talk with our children about drugs and alcohol no matter what level of involvement they may have with them e.g. from non-use through to problematic use/addiction. Some key messages are repeated throughout the booklet. This is important as some parents may wish to only read the sections that are most relevant to them. However, the full booklet provides useful information for all parents.**



# TALKING

## to our children about drugs.

### Why do some young people use drugs?

Many adults think that young people use drugs if they are having problems. This is usually not true. Young people often use drugs to experiment, have fun, because they want to or to unwind. Sometimes we think that young people use drugs because their friends do. This is not necessarily the case. While friends or peers may have some influence, there are many other factors which can influence their decision to use drugs or alcohol. These include the following:

- They are curious about the effects of drugs
- The drugs are easily available and affordable
- They enjoy the short-term effects
- Their friends use them – it is a group activity
- To cope with difficult situations including stress or boredom
- ‘Dance drugs’ are a part of their music scene
- Drug use seems part of the local youth culture
- As part of growing up, they might want to ‘break the rules’ – natural rebellion

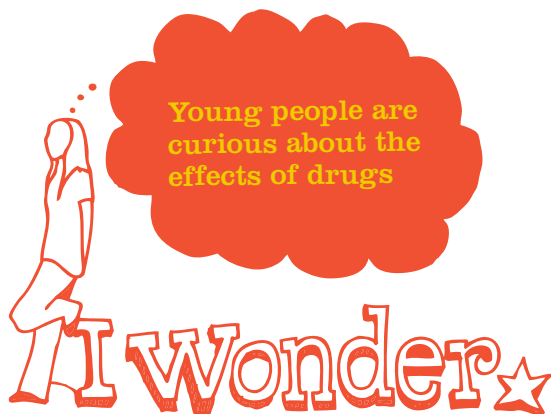


### Drugs – the reality:

We live in a drug-taking society. While there is a lot of concern about illegal drugs, the most harm and the greatest risk to young people comes from using legal drugs such as alcohol, cigarettes and the inappropriate use of medicines. For young people, part of growing up is about trying new things and pushing the boundaries. So, it is not surprising that some young people try illegal drugs. It is good to know, however, that out of those who try illegal drugs, many will not go on to use drugs regularly, and the majority will not develop serious problems.

### Parents’ reactions:

In general, as parents, one of our greatest fears is to discover that our children are using drugs. Our common reactions, along with the rest of society, often include anger, shock, guilt, denial and blame. While it is not surprising that we react in these ways, we also need to be able to take positive action to help and support our children at difficult times such as these. One of the most important ways in which we can help and support them is to keep the lines of communication open.





# general TIPS \* for parents:

- \* When it comes to parenting and drugs, 'actions speak louder than words'. We need to think about our own use of alcohol, tobacco, medications and other drugs. We need to be aware that our homes can be a source of many legal drugs e.g. alcohol, tobacco, medications etc and we need to be careful about who has access to them.
- \* We need to show that we are really interested and involved in our children's lives and this needs to start when they are young. 'Chat to them, don't interrogate them'.
- \* We can teach our children to behave responsibly. We can give them practice at negotiating, making choices and 'saying no'. We can gradually give them responsibility for making their own decisions. We should also make sure they know what they are allowed to do and what we won't allow. Family rules are important, especially for children and younger teenagers. As teenagers get older we can encourage them to take more responsibility for themselves and their behaviour. This is a gradual process as they get older and involves building trust between parents and children.
- \* At all stages in our children's lives, we can think about how we can spend time together as a family, caring for each other and enjoying each other's company e.g. family meals, talking, going out and having fun together.
- \* Children and young people who have hobbies and interests may be less likely to get involved with drugs. We can help our children to get involved in activities and support them in whatever way we can e.g. with praise and encouragement.
- \* We can help to build their self-esteem and their confidence, teaching them to make the most of their abilities and to be happy in themselves.
- \* We can get to know our children's friends and make our home a welcome place for them to visit.
- \* Communication is the key... we can listen to our children's ideas and opinions, even if we don't always agree with them. In this way, they will be better able to tell us things that we may not want to hear but need to hear.
- \* We don't need all the answers; we need to be willing to ask for help when we need it. We also need to encourage our children to ask us and others for help when they need it.
- \* We need to try to answer their questions as honestly as possible and give them relevant information when they need it and when they can understand it. It is important to give our children an opening to talk about drugs e.g. we can use opportunities such as a storyline involving drugs or alcohol in a TV soap to open the discussion.
- \* With the increase in suicide in Ireland, and the links with alcohol and drug use, it is important that we encourage our children to identify someone they feel comfortable talking to when they have a problem if they feel they cannot talk to us. E.g. this might be an older brother or sister, an aunt or uncle or a friend.
- \* Children who know that their parents love them feel good about themselves. Showing our children that we love and care for them is the most important thing.

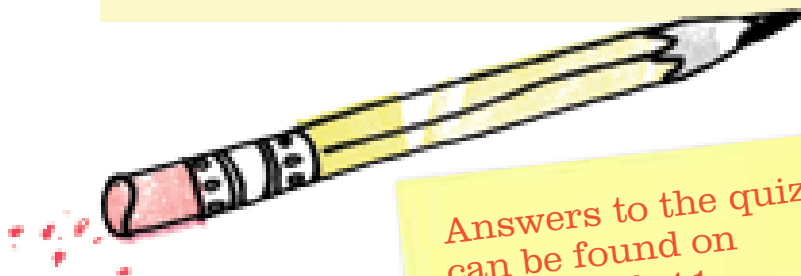
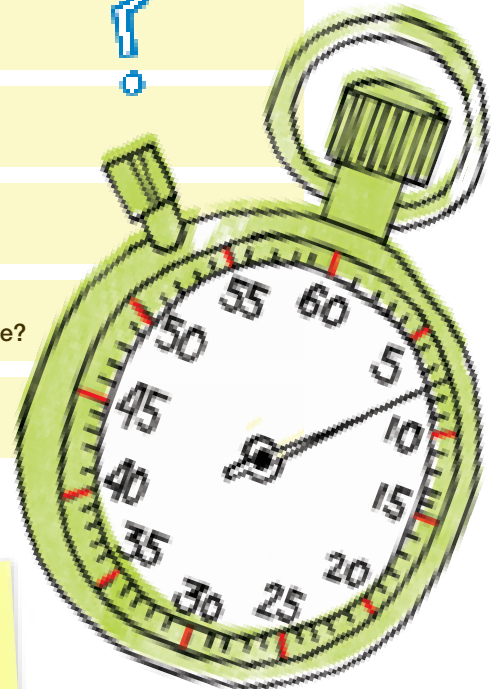
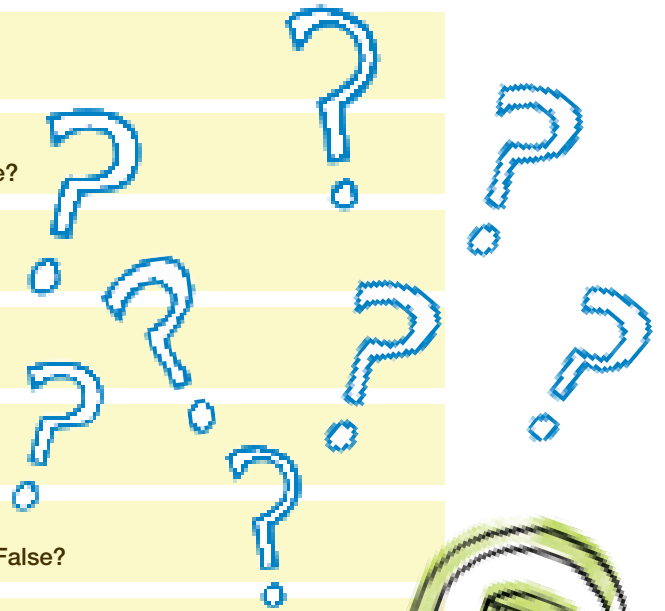
Remember!!!  
"keep the  
communication  
lines open"

Remember!!!  
"active and courageous  
parenting means  
taking positive action"

# what do we know and think about drugs? - a quiz for all the family.

We can use this quiz as a way for the family to discuss facts and attitudes to drugs. We should give everyone a chance to give their opinions before checking the answers overleaf.

1. What drug causes more deaths each year in Ireland than all the other drugs together?
2. If someone has a problem with drugs or alcohol it affects everyone in the family? True or False?
3. What is the most widely used drug in the world?
4. What drug is more used by women than by men in Ireland?
5. It is a parent's job to talk to their children about drugs and alcohol? True or False?
6. The same drug, e.g. alcohol, can affect different people in different ways? True or False?
7. The majority of young people don't use illegal drugs on a regular basis? True or False?
8. It is a parent's job to know where their children are, who they are with and what they are doing? True or False?
9. Every young person should have someone to talk to about their problems, even if it is not their parents? True or False?
10. What do we think about drugs?



Answers to the quiz can be found on pages 10 & 11.

# what can help PREVENT our children from taking drugs?



## A loving family unit that:

- provides support and encouragement for all family members. Families come in all shapes and sizes. Belonging to a family, whatever its make-up, is the important thing;
- builds positive relationship between parents and children and where the family enjoys spending time together;
- looks out for each other – knowing where our children are, what they are doing and who they are with;
- shows an interest in each other's lives, activities and relationships;
- gives clear messages about the dangers and consequences of using drugs, including tobacco and alcohol.

## Children who:

- believe that using drugs will have negative effects on their lives;
- do not use drugs or delay any involvement with drugs for as long as possible (including tobacco and alcohol);
- feel good about themselves, and are able to deal with their feelings and emotions in an appropriate way;
- have friendships and relationships with peers who are a positive influence;
- are able to ask for help when they need it.

## A supportive community which:

- provides opportunities for children, young people and families to be involved in recreational/sporting/ social activities (not involving alcohol or drugs);
- provides access to other supports outside the family (e.g. school, youth projects, voluntary groups).



(Source: Adapted from Dublin North East Drugs Task Force, NYHP Youth Work Support Pack & Teenagers & Drugs...Parent Easy Guide, HSE)

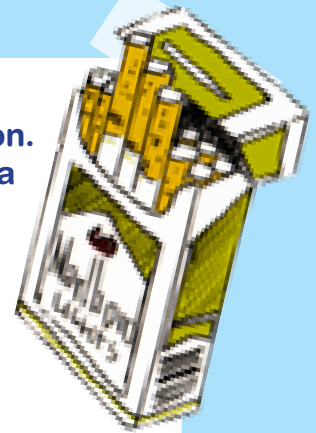
# Quiz - Answers



Our intention in designing this quiz is to encourage discussion. Some of the answers are “true” or “false”, while others are a matter of opinion.

1. What drug causes more deaths each year than all the other drugs together?

**Answer:** Nicotine, in the form of cigarettes, leads to about 5,000 deaths in Ireland each year – by heart disease, lung cancer, emphysema, etc. Alcohol kills about 1000; heroin about 100.



2. If someone has a problem with drugs or alcohol it affects everyone in the family. T/F?

**Answer:** True. On average, five people as well as the person with the drug or alcohol problem, are affected by the upset and chaos. These are often the family members of the person with the problem.

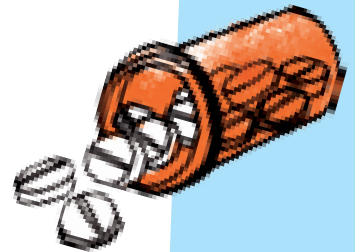


3. What is the most widely used drug in the world?

**Answer:** Caffeine is the most widely used drug. There is caffeine in tea as well as coffee.

4. What drug is used more by women than by men in Ireland?

**Answer:** Sedatives (usually prescribed medicines) are more widely used by women than by men in Ireland.



5. It is a parent's job to talk to their children about drugs and alcohol. T/F?

**Answer:** In our opinion, Yes, parents should discuss drugs with sons and daughters, but not in a preachy way. We prefer a calm discussion which encourages people to think for themselves.

# Q & A



**DON'T BE AFRAID  
TO ASK FOR HELP!**



6. The same drug, alcohol, can affect different people in different ways. T/F?

**Answer:** True. A drug has different effects on different people – and even on the same person at different times.

7. The majority of young people don't use illegal drugs on a regular basis. T/F?

**Answer:** True. Many surveys show that two thirds of young adults in Ireland have NOT used an illegal drug.

8. It is a parent's job to know where their children are, who they are with and what they are doing. T/F?

**Answer:** Up to a certain age, yes. A parent's job is to "give them roots, then give them wings." Parents usually hand over responsibility gradually to teens between 12 and 18 years of age.

9. Every young person should have someone to talk to about their problems, even if it is not their parents. T/F?

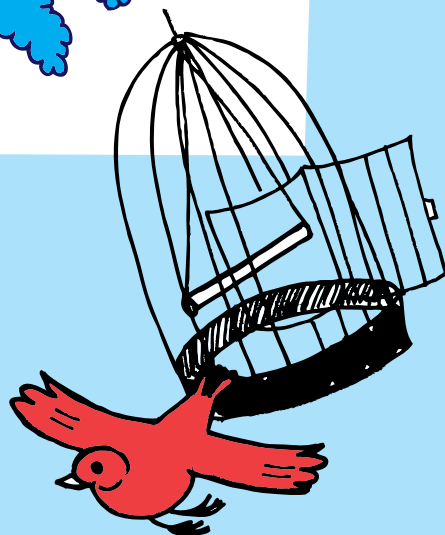
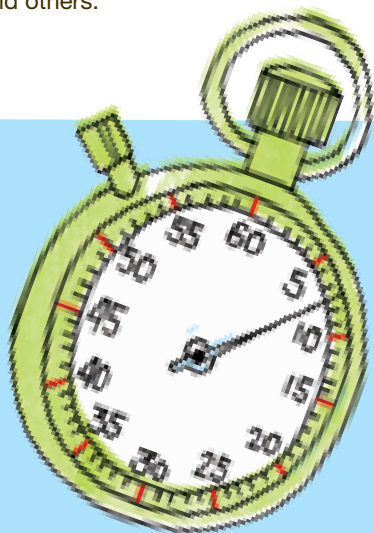
**Answer:** True. Everyone needs to ask for help at times. It makes sense to ask for help sooner rather than later, when you need it.

10. What do you think about drugs?

**Answer:** Everyone is entitled to an opinion on this. Drugs like morphine are very useful (as a pain killer) yet very addictive and harmful if misused. We need to learn how to manage some drugs and avoid others.

**GIVE THEM  
ROOTS  
THEN GIVE THEM  
WINGS**

**FREE**





# what can put our children at **RISK** from taking drugs?



## Difficult family circumstances where:

- there is ongoing hostility and conflict at home. We need to be aware of the effect that family conflict is having on our children and work together to deal with family rows as quickly as possible. If we find it too difficult to deal with conflict in the family ourselves, we may need to get some outside help.
- the relationship between a parent and child is severely damaged. We need to be aware of how our relationship with our children affects their behaviour.
- there is low parental supervision and poor discipline. We need to be aware that children who are not properly supervised can be at greater risk of involvement in a range of anti-social activities. Children need to know that someone is looking out for them e.g. being up when they come home after a night out or collecting them from a party.
- parents' own alcohol and/or drug use is setting a poor example. We need to be aware that our own alcohol/drug use has a major influence on what our children will do... we need to remember that 'actions speak louder than words'.
- parents have low expectations of, or lack of interest in their children's lives. We need to be aware that our children can respond to our expectations of them and if we expect little, that is often what we will get. Children need to know that we are genuinely interested in the day-to-day happenings in their lives.

## Children who:

- drop out of school at an early age. We can take every possible step to encourage and support our children to stay in school for as long as possible or help them to find a suitable alternative.
- get involved with drugs at an early age, including alcohol and tobacco. If we are aware that our children have become involved with drugs, take action to deal with this situation as soon as possible and seek outside help if necessary.
- are involved with friends/peers who are using drugs. We can encourage our children/young people to develop friendships with more than one group of young people. This means that they have alternative friends to be with if one of the groups is using drugs.
- have low self esteem and a lack of belief in themselves and their future. We need to build positive relationships with our children and encourage them to express their feelings and emotions. We also need to encourage and support them and show them that we love them and believe in them.
- are affected by an emotional or mental health issue e.g. depression. If our children are affected by an emotional or mental health issue of any kind, we should look for help immediately e.g. visiting the GP is a good place to start.

(Source: Adapted from Dublin North East Drugs Task Force, NYHP Youth Work Support Pack & Teenagers & Drugs... Parent Easy Guide, HSE)

# RISK through:

## A community where:

- there is a lack of alternatives to drug/alcohol use. We can talk to other parents to find out what is actually available in the community and surrounding area e.g. youth projects, sports clubs and support our children/young people to get involved e.g. provide the bus fare, lifts etc...
- there is little formal support. We can educate ourselves and our families about the agencies and groups available to us. Information is available from many sources e.g. community advice centres, GP surgeries, health centres, youth centres etc. we can encourage our children and young people to ask for help if they need it and help them to identify where they can get help if they do not feel they can come to us.



# DEALING

## with the drugs issue in the family

### Levels of Drug Use:

Once again, we need to remember that many young people who use drugs (i.e. any type of drug, including legal and illegal drugs) do not go on to become addicted or dependent on drugs. There are varying levels of drug use and related problems.

#### From a parent's point of view things might look like this:

- |  |   |
|--|---|
| • 'I know my child is not using drugs – what can I do to keep it this way?'              | <b>Non Use</b>                                |
| • 'I suspect my child is using drugs – what can I do?'                                   | <b>Suspected Use</b>                          |
| • 'I know my child is using drugs on a regular basis – what can I do?'                   | <b>Confirmed Use</b>                          |
| • 'I know my child is using drugs and is having problems because of it – what can I do?' | <b>Confirmed use with additional problems</b> |
| • 'I know my child has become dependent on drugs – what can I do?'                       | <b>Dependence/Addiction</b>                   |

\* The following sections discuss each of these levels in detail.



# i know my child is not using drugs -what can i do to keep it this way?

## non use

When our children are young it is taken for granted that we know exactly where they are, who they are with and what they are doing. As children grow and develop e.g. start school, make friends, take up hobbies, we begin to help them to develop a level of independence. We need to strike a balance between our children growing towards independence and making sure that they are safe at all times.

A normal part of our children's development involves them becoming aware of drugs in our society. Our children can start to learn about drugs at an early age e.g. through television, friends, events in the community. Children will always have questions about things they

hear about, and this includes drugs. It is important that we do our best to answer these questions honestly and openly. It is also important that we answer at our child's level of understanding. Too little or too much information can be confusing. This involves making sure we have the necessary information to answer those questions i.e. that we have some basic information about drugs, signs and symptoms, effects and where to get help if and when we need it. One of the most useful ways to get this information is by attending a drugs awareness programme.



LEARN  
THE FACTS

For further information  
on programmes available,  
please see pages 45 - 51.

**We as parents have a responsibility to make sure that our children are safe at all times, and, regardless of their age, the following key REACH points are important in ‘parenting positively for prevention’.**

A large, stylized red letter 'R' filled with small white hearts. The letter has a hand-drawn, sketchy appearance with black outlines.

**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. We don't have to be experts on drugs to do this.

A large, stylized red letter 'E' with a white checkmark on its right side. The letter has a hand-drawn, sketchy appearance with black outlines.

**E is for example**

Children learn a great deal by watching others, especially parents. We need to show good example in our own use of drugs; we should not use illegal drugs, if we drink, we should use alcohol responsibly. We should always follow a doctor's instructions when using prescription medicines.

A large, stylized red letter 'A' inside a white thought bubble with a scalloped edge. The letter has a hand-drawn, sketchy appearance with black outlines.

**A is for attitudes**

Children's attitudes are influenced at an early age and again, we as parents are a very powerful influence. Children need to get clear messages from us about drugs. We can look for opportunities to talk about drugs with our children e.g. when something about drugs comes on the television or when we are in the car.

A large, stylized red letter 'C' with a white smiling face inside. The letter has a hand-drawn, sketchy appearance with black outlines.

**C is for confidence**

Confidence is important for both parents and children. As parents, we need to have the confidence to learn about and talk about drugs with our children. Children who feel good about themselves are less likely to get into trouble with drugs. Building confidence and self-esteem in our children is another important task in 'positive parenting for prevention'.

A large, stylized red letter 'H' with several white question marks scattered around it. The letter has a hand-drawn, sketchy appearance with black outlines.

**H is for how**

The reality is that children are going to come into contact with drugs at some point in their lives. We need to help them prepare to deal with situations which may occur e.g. when a friend first offers them alcohol, a cigarette or a joint. We can discuss with them e.g. 'how would you say no without losing face?', 'how would you react if someone collapsed after taking something?' Coming up with answers to these questions is better than lecturing them about drugs. In this way we are 'parenting positively for prevention'.

(Source: Adapted from 'Let's Talk Drugs', Irish Examiner, 29.1.08; Chris Murphy, Crosscare DAP)



# I SUSPECT my child is using drugs - what can i do?

## suspected use

While we try our best to protect our children for as long as possible there comes a time when they want to break out on their own and do their own thing. This could involve wanting to experiment with drugs, be that alcohol, smoking or some other type of drug. The first time we have concerns or become suspicious about our son or daughter using drugs is a critical time for everyone. So, what do we need to do in order to respond in the best way possible? Here are some useful pointers.



### Stop and think.

If we suspect that our son or daughter is using drugs, it is probably because we have seen or heard something that tipped us off, or else it is because of problems or behaviours that we have become aware of. The first step is to stop, take a deep breath and think rather than respond with a knee-jerk reaction.



### Don't accuse them.

If we accuse them and we are wrong, this can damage our relationship with them. Present a united front: If two parents are dealing with the situation, it is important to present a united front and avoid giving contradictory messages. This can prevent children from trying to 'play one parent off against the other'.



### Is it drugs or is it something else?

One of the problems for parents is trying to distinguish the warning signs of drug use from the normal aspects of growing up e.g. children or young people can be moody, withdrawn, sleepy and unpredictable for reasons that have nothing to do with drugs. In fact, this behaviour is often a normal part of growing up.

### Who else can help us?

Has anyone else noticed a change in our child's behaviour? e.g. family members, friends, other parents etc. We need to think how others we trust might help us decide what is going on. In some cases, we may need to look for professional advice. We shouldn't be afraid to do this; we haven't got all the answers.



### Trust our own instincts.

We should never ignore our suspicions but neither should we jump to conclusions. A child could have some of these signs and not be involved in drugs. However, there might be something else wrong e.g. bullying, and it is important to talk to them and find out.

## These warning signs may be cause for concern:

### Social problems

- new friends who make poor decisions and are not interested in school or family activities
- problems with the law
- changes to less conventional styles in dress and music

### Family

- starting arguments
- negative attitude
- breaking rules
- withdrawing from family
- secretiveness
- selling personal or family possessions

### School

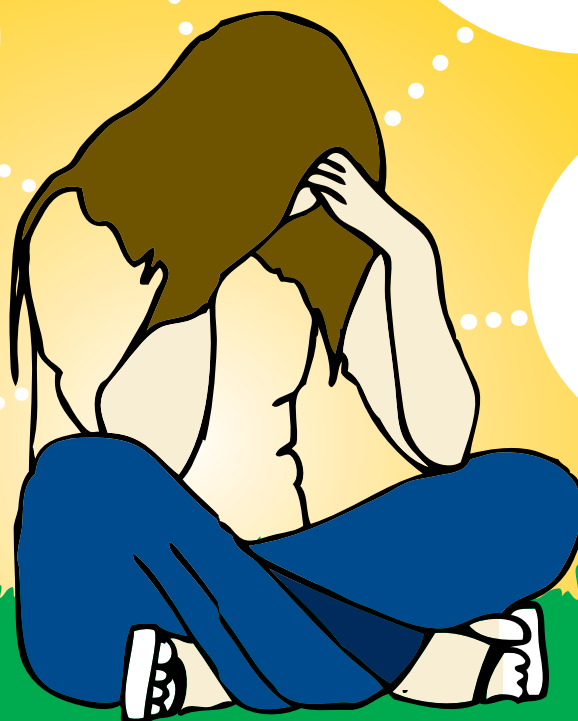
- decreased interest
- negative attitude
- drop in grades
- many absences
- truancy
- discipline problems

### Emotional

- personality change
- sudden mood changes
- irritability
- irresponsible behaviour
- low self-esteem
- poor judgment
- depression
- general lack of interest

### Physical

- fatigue
- repeated health complaints
- red and glazed eyes
- lasting cough



The effect upon the individual of any drug may vary, depending on:

- the expectations and mood of the user;
- the amount used;
- where the drug use happens;
- how often the drug is being used;
- whether it is mixed with other drugs, which can be fatal.

Some drugs are manmade and unsafe. As such they are rarely pure and are often mixed with a range of other dangerous substances.

(Source: [www.focusas.com/SubstanceAbuse.html](http://www.focusas.com/SubstanceAbuse.html))  
Also, go to pages 31 - 42 of this booklet for more information on drugs.

## **TRUST YOUR INSTINCT:**

**Don't ignore your suspicions but also try not to jump to conclusions. A child could have some of these signs and not be involved in drugs. However, there might be something else wrong e.g. bullying, and it is important to talk to them and find out.**

### **Communication**

The first step for us in responding is always to talk with our son or daughter. The timing of this conversation is very important and it should not happen in the heat of the moment or if they are drunk or under the influence of a drug. It is also important not to have this conversation if we, the parents, are under the influence of drink/drugs. When things have settled, possibly the next day, it is important to find out what happened, why it happened and who was involved. This should not be an interrogation but rather an open, caring and frank discussion. We should reassure them that we will always be there to talk and to listen to them. We need to think about how we would react if they tell us that they have tried, or are using drugs and be ready for this.

### **Advice**

Advice is important for both us as parents and our children. Based on what we discover from talking with our son or daughter, we may need to look for advice on how to deal with the situation. This may involve finding out more about the particular drug they used, or making contact with an outside agency that can offer us advice and support. Once again, the following sections in this booklet provide valuable information. We also need to be in a position to offer advice to our son or daughter about the next steps and how to deal with this situation. There should be consequences for their actions and this may involve sanctions because family rules have been broken. We need to be clear about the sanctions and stick to them, especially with children and younger teenagers.

### **Links**

As parents we shouldn't feel that we have to have all the answers and do everything. It is important that we look at links we can make with other people who can help us. There might be a case where we are not the right person to talk to the child/teenager and that another family member e.g. older sibling, aunt or uncle, may have more success. We may feel that we need to talk to other parents whose children may also be involved in this situation. This needs to be done sensitively and without either scapegoating our own child or accusing others. Depending on the particular situation, we may need to talk with people who are trained to deal with these situations. For a list of helping agencies, see section 5 of this booklet.

### **Moving forward**

While it may seem like the end of the world at the time, these situations, once dealt with, should be left behind. It is important that we as parents don't keep revisiting the situation or 'harping on' about it. We should let the child/teenager learn from their mistake and move forward.

### **Who else can help us?**

Has anyone else noticed a change in our child's behaviour? e.g. family members, friends etc. We need to think how others we trust might help us decide what is going on. In some cases, we may need to look for professional advice. We shouldn't be afraid to do this; we haven't got all the answers.

# I KNOW my child is using drugs on a regular basis – what can i do?

## confirmed use

When we become aware that our son/daughter is using drugs we need to take action. The following points will be useful in helping us to take positive action.

### Establish the facts:

This includes finding out the following:

**What drug?** Try and find out which drug/drugs they are using.

**What harm?** This is important. Has any harm happened to your son or daughter recently? When a person uses drugs, there is often a honeymoon period during which the drug use causes little or no visible harm. It is easier to intervene when there is visible harm to focus on.

### TAKE ACTION

One of the ways to take action is to set up a 'family meeting' with the child. We should try to do this at a time when we feel able to talk to them calmly and where there will be no interruptions. It is important not to try to deal with this when they are under the influence of the drug or if we are under the influence of alcohol/drugs. These are useful steps to take in this meeting.

#### 1. Indicate our care and concern:

Let them know that we are concerned, and why. If there has been some sort of harm, name it. If we have discovered that they are using drugs, let them know that we know.

#### 2. Stick to facts:

We need to focus on visible facts, such as drugs found, poor reports from school or work, weight loss etc.

**action!**



**3. Hold the young person responsible for their own choices:**

Remind them that we cannot rescue them from harm that they bring on themselves, whether it is caused by drug use or not. We need to clearly state our expectations, such as that they remain drug-free, that they continue with their normal activities e.g. school, and that they stick to family rules.

# Support

## 4. Offer support and put sanctions in place:

Offer the young person as much support as they need, if they are making an effort to change their behaviour for the better. We need to clearly state what we will do if they do not change their behaviour. We ourselves must decide what sanctions are appropriate, if any.

**We need to remember that, as parents, we cannot “make” our son or daughter change their behaviour. We cannot “make” them not take drugs (once they have reached independence). Each person controls their own behaviour.**

If the young person changes the behaviour, we should acknowledge this and give credit where it is due. However, it is important to recognise that they may choose not to change, in which case we must choose what we ourselves will do next.

facts  
?  
?  
?  
?  
?



## 5. Talk to other parents:

Other parents can be a very useful source of information and support. Sometimes parents are reluctant to share their concerns or suspicions with each other but this information can be really useful.

## 6. Seek professional help:

Sometimes, we may need the help and support of professionals who are trained in this area. Please see pages 43-59 for a listing of support agencies.

(Source: Adapted from [www.dap.ie](http://www.dap.ie) & [www.drugs.ie](http://www.drugs.ie))

**RESPECT** is an important part of dealing with this situation – **Respect for ourselves, Respect for our son or daughter and their Respect for us.** You may find the following key points useful.

### **Relationship**

We may feel angry and disappointed over our child's drug use. But we must remember that a good relationship with them is the most important factor in preventing harm and supporting them. We need to let them know that we are angry and disappointed at their drug use, but not at them. Remember – Don't lose the head!

### **Effect**

If our son or daughter is regularly using drugs, this is likely to have a knock-on effect on the other members of the family and others outside of the family such as neighbours, friends and the wider community. Often the focus of attention can be solely on the young person and their drug use. It is easy to forget others who are also affected by the situation. They need to be considered when dealing with the situation.

### **Safety**

Everyone's safety is important. The safety of our son or daughter is important as we need to show them that we are worried for their health and wellbeing. If we have serious concerns for their safety, we may need to seek external help e.g. addiction counsellor, Garda juvenile liaison officer etc. Asking for external help is nothing to be ashamed of – remember their safety is most important.

### **Power and Powerlessness**

There is nothing that a parent can say or do that is guaranteed to "make" the young person never use an illegal drug. No adult can be expected to watch over an older teenager all day long. Parents can sometimes spend long sleepless nights searching in their heads for a magic formula that will make the young person change, but the answers are not always easy.

### **Encouragement**

Encouragement for everyone is important. Regular drug use is difficult to deal with for everyone. We need encouragement to stick with the situation and have faith in our child. They need encouragement to help them to change their behaviour. We can give them this encouragement but, once again, sometimes we may need outside help both for ourselves and for them.

### **Communication**

Keep the lines of communication open. Nothing will change if communication breaks down. Our children always need to know that we are there to listen and talk to them. We also need to make sure that they understand that they are responsible for what they do.

### **Time**

It is possible that our son or daughter's drug use can become the 'be-all and end-all'. We need to make time for ourselves and for other family members to make sure that we don't get 'burnt-out' by all of this. Looking after ourselves is not being selfish. If we can 're-charge our batteries' we are in a better position to deal with the situation.



# I KNOW my child is using drugs and is having problems because of it - what can i do? confirmed use with additional problems

All drug use can be problematic but some young people may enter a phase of drug use which leads to particular problems in relation to the effect the drug-taking has on their life e.g. their health, safety, trouble with the law etc. This is usually a particularly difficult time for parents.

It is also important to remember that many parents and families have gone through this experience and come out the other side. A moment of crisis can become a turning-point for the better. We should get ourselves firmly grounded and talk to others before we attempt to tackle this situation so that we can be clear and calm.

Many of the same steps discussed in the previous section also apply here; however, there are some additional steps given that the drug use is problematic. As in the previous section one of the ways to deal with the situation is to set up a 'family meeting' with the young person. We should try to do this at a time when we feel able to talk to them calmly and where there will be no interruptions. It is important not to try to deal with this when anyone involved (us or them) is under the influence of alcohol or drugs.



**definitely  
on  
drugs?**

# \* TIPS for the 'meeting':

## \* **Choose a suitable time to talk**

to the young person about our concerns. It may help to have another person or two present, to avoid angry outbursts.

\* **Prepare well** - talking to other adults will help, perhaps phoning a counsellor and talking to anyone else who will be present at the 'meeting' will help us. Other supports include school guidance counsellor, home/school/community liaison teacher or any of the services listed at the back of this booklet.

\* **Focus on the visible harm.** We cannot always tell whether the child has taken a drug or not, so we need to focus on the visible harmful effects, such as poor exam results, not getting up in the morning, strange phone calls, undesirable friends, strange smells, mood swings, law-breaking etc. Make a list of these in advance, if it helps us.

\* **Don't waste time looking for confessions of "guilt".** Most young drug users will not readily admit their drug use to a parent. But this does not matter. Even without that certainty, there is a lot we can do.

\* **When necessary, press the 'pause button'.** If the meeting turns into a heated argument, we can press the 'pause button' and provide time out in order to calm down.

## \* **Carefully consider the outcomes.**

We should ask ourselves what outcome do we want? We will probably want our son or daughter to become a happy, healthy, responsible human being, and we desperately hope that they will not ruin their own life or anybody else's by using drugs.

\* **Point out what is unacceptable** to us as parents and clearly spell out what we will do if the unacceptable behaviour continues. (We should have prepared this in advance).

\* **Assure them that if they need help to change the unacceptable or harmful behaviours, we will provide all the support we can,** as long as the young person is also making an effort. Remind them that we love them and that we want to help them to be happy and well.

\* **After the meeting, we should be prepared to be tested so we need to stick to our promises.** We should not make it easy for them to go on using drugs by rescuing them, giving them money, paying off debts, making excuses for them, covering up for them, etc. However, in some situations the young person's safety may be at risk, e.g. with threats of violence from dealers; therefore we may need to get help and advice from the Gardaí.

(Source: Adapted from [www.dap.ie](http://www.dap.ie) & [www.drugs.ie](http://www.drugs.ie))

**When we find out our child is using drugs and having problems CONCERN can be the first thing we experience – CONCERN for them and CONCERN for ourselves and our family. Here are some more useful pointers to help us deal with this situation**

### **Communication**

Keep talking and listening to them. This includes talking about our fear about the harmful effects that may be caused by drug use.

### **Ownership**

Who owns this problem and who is being affected by it? Remind the young person that they are responsible for their own behaviour and any related consequences and that we cannot and will not assume responsibility for keeping them out of trouble and free from drugs.

### **Need**

We need to think about what needs are being met for the young person through their drug use. Is it a coping mechanism? Is it about the need to rebel? Or is it something else? We also need to remember our own needs and the needs of other family members, e.g. the need for a stable family life, the need to consider everyone's safety and well-being.

### **Coping skills**

Everyone needs coping skills in this situation. As parents, we need coping skills to deal with this situation, to deal with our son or daughter and to deal with the effect this may be having on the rest of the family. The young person is also going to need coping skills in order to make changes.

### **Effects**

This includes the effects of the drug taking on the young person themselves (e.g. on their health and safety) and the effects of their drug taking on others around them, (e.g. family, friends etc). We need to keep an eye on all of this.

### **Respect**

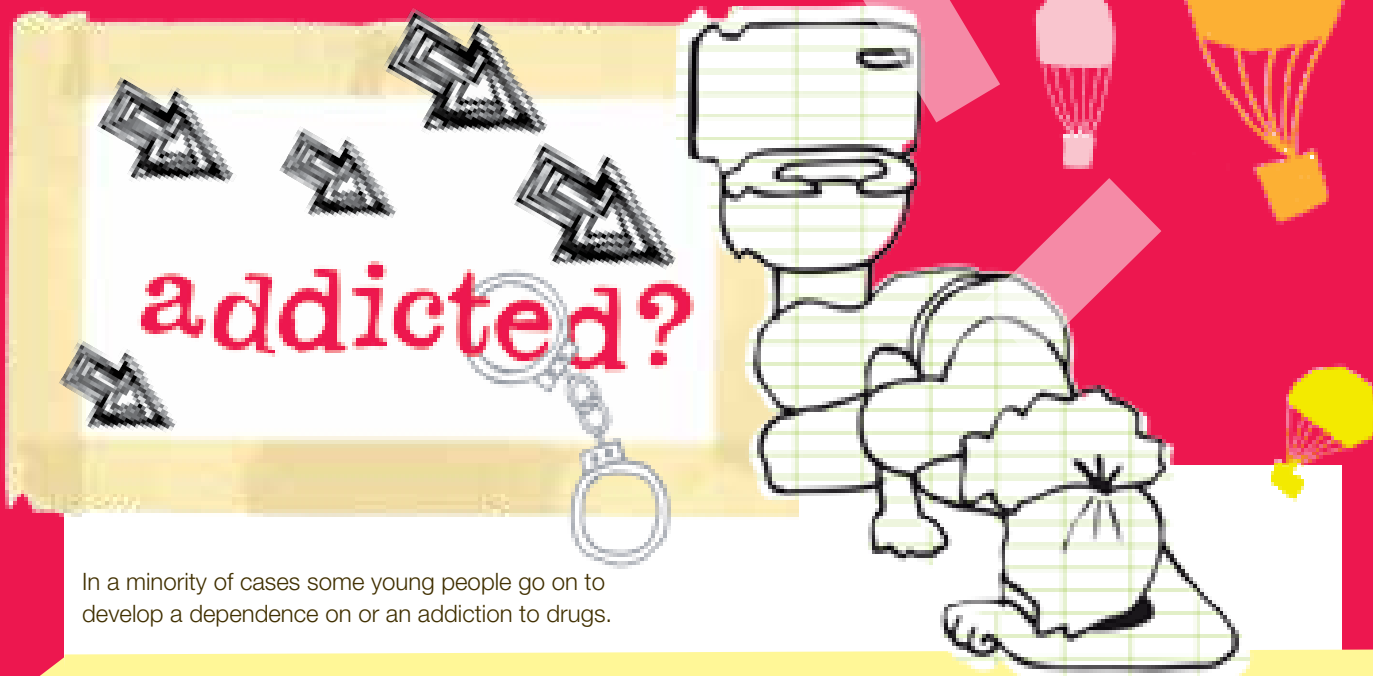
Respect might seem like an old fashioned idea but it is central to moving forward. Everyone needs to have respect for themselves in this situation – both parents and children. We may need to remind the child that they are showing a lack of respect both for themselves and for others affected by their drug taking. Part of having respect for ourselves as parents is setting limits and clearly stating what we are prepared and not prepared to do.

### **Networking**

'No man or indeed woman is an island'. It is likely that we are going to need help to deal with all of this. We may need to talk to other family members, friends, other parents or other professionals. A little timely advice can save a lot of trouble in the long run. Who is best placed to help us and who do we trust?

# I KNOW my child has become dependent on drugs – what can i do?

## addiction



In a minority of cases some young people go on to develop a dependence on or an addiction to drugs.

“Dependent drug use is strongly associated with compulsion, either physical or psychological. It is more likely to be a long-term activity with the user, in most cases, unable to control his drug use. Dependence is associated with increases in the amount and frequency of the drug taking. This level of drug use is usually a solitary or small group activity and is frequently accompanied by emotional, psychological and social problems as well as physical illnesses.” [www.dap.ie](http://www.dap.ie)

This is a very difficult time for the young person, the parents and the family as a whole. It is essential at this stage of drug use that the young person and the family get the help and support of relevant services. This might include drug addiction services, counselling, self help groups or family support groups.

As suggested earlier in the booklet, it is more important than ever at this stage that we as parents take time to take care of ourselves and other members of the family. We also need to remember the issue of power – the only person who can make our son or daughter stop taking drugs is themselves.



TOUGH

LOVE

It may come to a stage where some 'tough love' is required; while we love and care for our son or daughter who is in this situation, we may have to make some tough decisions and face up to the realities of the situation. Once again, outside help or family support can be extremely useful in helping us to think and work through some of these issues. For further information on support services see the list on pages 45-51.

It may be the case that the young person is not willing to get professional help to deal with their addiction and wants to continue using drugs. If the family has tried everything possible to get help for the young person, it may come to a point where parents are left with no other option but to ask the young person to move out of the family home. This may be in the best interests of other members of the family who are affected by the young person's drug use. This obviously would be very difficult for everyone involved and is 'tough love' at its toughest.

It is important for parents to know that there are voluntary, community and statutory services (including HSE, addiction and outreach services) where a young person in this situation can get the help they need. It can be reassuring for parents to know that this support is available and that the young person is not alone.

Parents who find themselves in this situation can contact their nearest family support group for more information on these services. See Directory of Family Support Groups at the back of this booklet.



**we're  
worried  
sick!!**

**In addition to the tips and suggestions discussed previously in the booklet, the most important thing to get at this stage of drug dependence is SUPPORT and the help of relevant services. These pointers are useful reminders of what we as parents should focus on.**

### **Services**

Support services are essential in this situation. Different situations require different kinds of services. We need to think about the time, energy and possibly financial implications of using a particular service. We need to research which option best suits our needs and be aware of the realities of what is available to us.

### **Understanding**

While it can be very difficult for parents to understand and accept what is happening within our family, getting an insight into the nature of dependence/ addiction can be very helpful. We need as much information as possible to help us understand what is happening and to make informed decisions.

### **Protect**

We need to protect ourselves, our family and, in as far as possible, our son or daughter who is going through this.

### **Positive**

While it may seem like the end of the world, being positive and having hope for the future is important. This will help us get through this situation. Many other families have had this experience and have come out the other side with positive outcomes, we can too.

### **Opportunity**

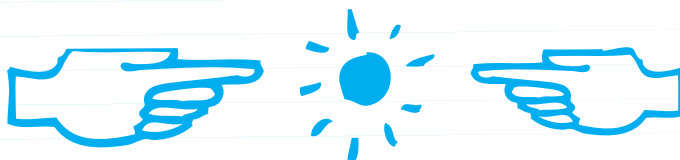
We should use any opportunity that comes along to try to support our son or daughter to get help and to make the best use of this help. We should also use any opportunity to take the help and support that is offered to us. We cannot deal with this alone.

### **Responsibility**

While we as parents may feel responsible in this situation, the main responsibility lies with our son or daughter. They need to face up to their responsibilities in order to make changes and move forward.

### **Time-out**

A situation like this can take over a family's life. We all need to take time-out so that we can have 'a normal family life' and 'recharge our batteries'.



# What to do in an EMERGENCY

# CALL 999 IMMEDIATELY

## When someone has fallen unconscious and you are finding it difficult to wake them:

- Check their airways, breathing and circulation (ABC). If necessary, begin CPR immediately.
- If they are unconscious but breathing, carefully place them in the recovery position.
- Loosen the clothing, keep them warm and reassure them if they are conscious.
- Try to keep them calm. If an overdose is suspected, try to prevent them from taking more drugs.
- Call 999 immediately. If it is possible identify what drugs the individual has taken inform the operator of the type of drug and the dosage taken.

## When someone is unable to stand but is conscious:

- Don't attempt to get them to stand or to try to walk; falling in this 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 person while you call an ambulance.
- Always ensure that airway is clear and the person is breathing.

## If someone needs help after taking Speed, Cannabis, Ecstasy, LSD or Magic Mushrooms:

- If needed, call an ambulance.
- Try not to panic! Speak in a normal voice and try not to let it show if you are scared or worried.
- Explain that what they are feeling will pass.
- Encourage them to settle in a quiet calm room (lower the lights if possible).
- If they start breathing quickly, calm them down by asking them to take long, deep breaths.
- If needed, call an ambulance straight away.
- Calm them down and be reassuring, speak in a low and calm voice.
- Don't allow them to overexert themselves.
- NEVER give them coffee.



Emergency Services:  
Call 999

# What to do in an EMERGENCY

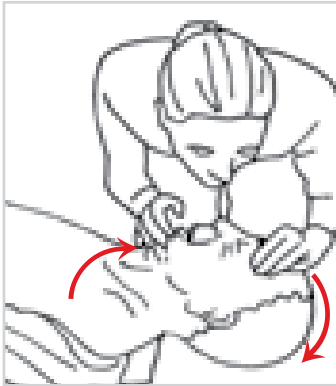
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## CALL

Check the victim for unresponsiveness. If there is no response, Call 999 and return to the victim. In most locations the emergency dispatcher can assist you with CPR instructions.

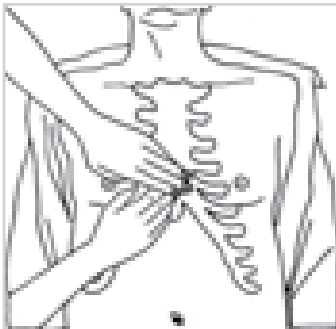
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## BLOW

Tilt the head back and listen for breathing. If not breathing normally, pinch nose and cover the mouth with yours and blow until you see the chest rise. Give 2 breaths. Each breath should take 1 second.

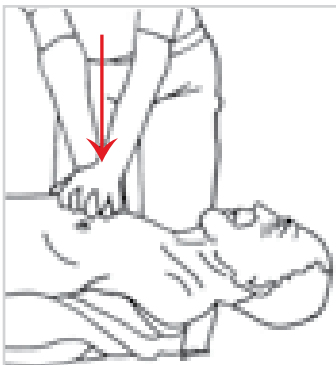
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## PUMP

If the victim is still not breathing normally, coughing or moving, begin chest compressions. Push down on the chest 1.5 to 2 inches 30 times right between the nipples. Pump at the rate of 100/minute, faster than once per second.

CONTINUE WITH 2 BREATHS AND 15 PUMPS UNTIL HELP ARRIVES



NOTE: This ratio is the same for one-person & two-person CPR. In two-person CPR the person pumping the chest stops while the other gives mouth-to-mouth breathing.

(Source: [www.pvac.org/main\\_files/learn/cpr/quickcpr.html](http://www.pvac.org/main_files/learn/cpr/quickcpr.html))



## FACTS ABOUT DRUGS

### Some statistics about drugs:

In a nationwide study;

- On the Island of Ireland, one in four people aged 15-64 years (25%) reported taking any illegal drugs at some point in their life.
- One in fourteen (7%) had used an illegal drug in the last year in Ireland and
- One in 30 (3%) had used an illegal drug in the last month in Ireland.
- Among those aged 15-24 use of any illegal drugs was highest (15%). This age group also reported the highest last year use of cannabis (13%), cocaine (3%), ecstasy (3%), magic mushrooms (2%), poppers (1%) and crack (0.4%).
- The use of LSD (0.5%) and heroin (0.2%) was marginally higher among those aged 25-34 while the use of amphetamines (0.8%) was the same in both age groups.

While cannabis continues to be the most commonly used illegal drug, cocaine use has grown, particularly among the young adult (15-34) population.

(Source: NACD Drugs Prevalence Survey 2006/07)

### A 2006 nationwide study of 10 – 17 year olds highlights these facts:

**ALCOHOL:** about half of children aged 15-17 years old reported that they are current drinkers and just over a third reported that they have been 'really drunk' in the last 30 days.

**DRUG USE:** 12% report using cannabis in the last 12 months.

**SMOKING:** 36% of children reported that they had ever smoked tobacco. Among the 3rd & 4th class children, 4% of boys and 3% of girls reported having ever smoked tobacco. Overall, 15% of children reported that they are current smokers.

(Source: HBSC, 2006)

## Types of drugs:

(Source: [www.dap.ie](http://www.dap.ie) & [www.drugs.ie](http://www.drugs.ie))

It is useful to know that drugs can be categorised into different types relating to the effects they have on the body. It should be noted that different drugs affect different people in different ways. This depends on the type of drug, the amount used, where and how it is used and the personality of the person using it. The main types of drugs include:

**DEPRESSANTS:** Can cause a person to feel more relaxed and less inhibited. In large amounts, they may cause unconsciousness, vomiting and death. Alcohol is a depressant.

**MINOR TRANQUILLISERS:** Are often prescribed to calm people down or to help them sleep at night. They have the same general effects as depressants. These include benzodiazepines.

**OPIATES:** Also known as narcotic analgesics, are strong painkillers that produce feelings of happiness (euphoria) and sleepiness. Morphine and heroin are opiates.

**STIMULANTS:** Are drugs that make people feel more awake, alert and energetic. Cocaine, amphetamines, nicotine and caffeine are stimulants.

**HALLUCINOGENS:** Are drugs that produce strange and intense distortions of perception called hallucinations. These drugs include LSD (acid) and magic mushrooms.

Many drugs don't belong to just one type. For example, cannabis can act like a depressant as well as causing feelings of happiness. Ecstasy can act as a stimulant and a hallucinogen.

---

**We need to accept that tobacco and alcohol are both drugs.  
Tobacco contains nicotine, which is a stimulant and is very addictive.**

**Some people may think that alcohol is a stimulant because it initially makes us more confident and outgoing, however, alcohol is, in fact, a depressant and is addictive.**

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(Sources: [www.dap.ie](http://www.dap.ie); [www.drugs.ie](http://www.drugs.ie); [www.dnedrugstaskforce.ie](http://www.dnedrugstaskforce.ie))

## Type of drug: **ALCOHOL**

**Category:** Depressant

**Short-term effects:** Effects last several hours. Intensity and speed of onset is increased if alcohol is concentrated and the stomach is empty. A standard drink is equivalent to a half pint of beer, a standard pub measure of spirits or a small glass of wine. Clumsiness and impaired judgment can start after even one drink.

**Long-term effects:** Heavy drinking is associated with increased risk of strokes, liver disease, high blood pressure, infertility, diseases of the nervous system and strong physical dependence. Withdrawal after very heavy use can involve delirium which can be fatal. Regular heavy drinking in pregnancy can cause lasting damage to the baby.

**How long it stays in your system:** Lasts in your system approximately one hour per unit consumed. There are approximately 2 units in a regular pint of beer.

### **Scientific / trade or slang name:**

Ethanol, Ethyl Alcohol, Booze, alcohol brand names, beers, wines, spirits, liqueurs.

**Method of use:** A liquid which is swallowed.

(a)  
↓ pub measure  
of spirits

(b)  
↓ small glass  
wine glass

(c)  
half pint  
of lager

All these  
drinks are  
equal to ↓  
alcohol point.

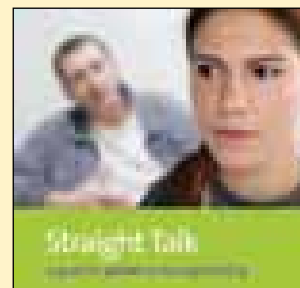
**1**

For more information on talking to your child about alcohol please refer to the Straight Talk resource.

**Straight Talk: A guide for parents on teenage drinking (HPUT00402)**  
Publication Date: 31 January, 2006

A useful guide for parents on how to deal with teenage alcohol use. Either to delay a teenager from starting to drink or deal with the issue of a teenager that is already drinking.

This booklet can be downloaded from:  
[www.healthpromotion.ie/order\\_publications/?category=2](http://www.healthpromotion.ie/order_publications/?category=2)



**Type of drug: TOBACCO**

**Category:** Stimulant

**Short-term effects:** Tobacco smoking involves the inhalation of tar, nicotine, carbon monoxide and other gases. Nicotine is a stimulant drug which increases pulse rate and blood pressure. Regular smokers often find smoking combats anxiety and stress, helps concentration and alleviates boredom. Some also find it suppresses appetite. First time users often feel sick, dizzy and suffer headache. Tolerance develops quickly to the effects of nicotine so more is needed to get an effect.

**Long-term effects:** Most people who smoke become dependent and feel restless and anxious if they try to stop. Very few people find they can just have the occasional cigarette. They tend to either smoke a number per day or not smoke at all. Regular, long term smoking greatly increases the risk of a number of serious diseases including lung and other cancers, heart diseases, bronchitis, bad circulation and ulcers. Women who smoke cigarettes during pregnancy tend to give birth to babies of lower birth weight. Smoking whilst taking oral contraceptives ('the pill') increases the risk of heart and circulatory problems.

**Scientific / trade or slang name:** Tobacco, Nicotine, Fag, Smoke.

**Method of use:** Inhaled or chewed.



## Type of drug: **CANNABIS**

**Category:** Sedative/Hallucinogen

**Legal status:** All cannabis products are controlled by the Misuse of Drugs Act 1984. Cannabis is included in Schedule 1. It is, therefore, illegal to grow, produce, supply or possess. It is also an offence to allow one's premises to be a venue for cultivating, supplying or smoking cannabis.

**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. Effects may include relaxed feelings and talkativeness. Cannabis impairs the ability to drive and operate machinery.

**How long it stays in your system:** Cannabis generally stays in your system for over a week because it lingers in fatty tissue in the body. Complete elimination from an individual's system after a single use may take as long as 5 weeks while chronic users may have cannabis in their system for up to 80 days.

**Long-term effects:** Psychological dependence and respiratory problems are possible, including lung cancer. Cannabis can impair learning and can increase the risk in young people of developing a psychotic illness later in life (Moore et al. 2007). Cannabis can bring on paranoid episodes or schizophrenia.

**Scientific / trade or slang name:** Smoke, Dope, Ganja, Marijuana, Blow, Pot, Draw, Grass, Weed.

**Method of use:** There are three forms of Cannabis: Herbal, Resin and Oil. Cannabis is generally smoked in a cigarette (joint) with tobacco or (more rarely) on its own through a pipe or other device e.g. "bong". Resin is sometimes eaten in cakes or other foods.

### Signs & symptoms of cannabis use:

- Bloodshot eyes
- Giggling (especially in the early stages of using)
- Distracted
- Introverted
- Short attention span
- Verbal tangents





## Type of drug: **ECSTASY**

**Category:** Stimulant/ Hallucinogen

**Legal status:** Under the Misuse of Drugs Act, it is illegal to sell, possess or supply ecstasy. It is also an offence to allow one's premises to be used as a venue for preparation, supply or consumption.

**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.

Additionally, users can experience what is known as water intoxication i.e. where the user drinks more water than the body can deal with.

**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.

**Scientific / trade or slang name:** Methylenedioxymeth amphetamine, MDMA, E, Adams, Eves, Street names inc. E, XTC, Doves, Disco Biscuits, Shamrock, Adam, Edward, Denis the Menace, Yokes.

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

### Signs & symptoms of ecstasy use:

The following symptoms may occur, but some are not definite.

- Hyperactivity
- Unusual confidence
- Thirsty
- Jerky movements
- Insomnia
- No appetite
- Very talkative
- Grinding of teeth
- Staring
- Very large pupils
- Sweating
- "Spittin' cotton", spit is like a cotton ball

**After effects:** Depression, fear, listlessness, apathy, muscle aches, cramps, mood swings.



## Type of drug: **AMPHETAMINES**

**Category:** Stimulant

**Legal status:** The Misuse of Drugs Acts control most of the amphetamine-type drugs, prohibiting the unauthorised production, supply or possession. It is also an offence to allow one's premises to be the venue for same.

**Short-term effects:** Strong stimulants. The effects last 3-4 hours. At higher doses intense exhilaration and feelings of greatly increased mental and physical abilities, sometimes panic and paranoia. After repeated doses over several days, a temporary psychotic state is possible. Direct overdose deaths are rare.

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 approximately 4 days.

### **Scientific / trade or slang name:**

Stimulant, Speed, Whizz, Uppers, Billy, Dexedrine, and Sulphate. When bought on the street it is usually sold in small folded squares of paper in an envelope shape.

**Method of use:** Pills and capsules taken by mouth. Methamphetamine crystals are injected or heated in a glass pipe so that the vapour can be inhaled.

### **Signs & symptoms of amphetamine use:**

The following symptoms may occur, but some are not definite.

- Hyperactivity
- Jerky movements
- Very talkative
- Very large pupils
- Thirsty
- Staring
- Unusual confidence
- Insomnia
- Grinding of teeth
- Sweating
- No appetite

**After effects:** Depression, fear, listlessness, apathy, muscle aches, cramps, mood swings.



## **Type of drug: BENZODIAZEPINES (Sleeping tablets and tranquillisers)**

**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 or death. Pleasurable feelings as 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.

**Scientific / trade or slang name:** Prescribed drugs including sleeping tablets and tranquillisers with various brand names.

**Method of use:** Swallowed as tablets, may be injected from tablets or capsules.

### **Signs & symptoms of benzodiazepine use:**

- Aggression (when used with alcohol)
- Slurred speech
- Gentle, monotone voice
- Distracted
- Tranquil
- Agoraphobia
- Passiveness (when used with opiates)
- Reclusiveness.
- Fear of people and the street.
- After effects: (long time usage).

### **After effects (long time usage):**

Reclusiveness, agoraphobia and fear of people becomes highly exaggerated, tension in neck, idiosyncratic behaviour becomes exaggerated, twitching of eyes.





## Type of drug: **SOLVENTS**

### Signs of solvent abuse include:

Strong smells of aerosols or petrol

An unusual amount of used aerosols or plastic bags

A child appearing drunk for a short time.

### Solvent abuse can result in:

Sudden death

Accidents as a result of impaired judgement

Damage to long term health.

Aerosols sprayed directly into the mouth can result in the freezing of a nerve at the back of the throat, cutting off the supply of oxygen to the brain, resulting in death.

Additionally, if dealing with someone who has used solvents, it is important to try to keep them calm while the body is trying to rid itself of the solvent. Added exertion can result in fatality.

### How long it stays in your system:

Can last in your system approximately 1 hour.



**Type of drug: COCAINE**

**Category:** Stimulant

**Legal status:** It is illegal to sell, possess or supply. It is also an offence to allow one's premises to be a venue for preparation, supply or consumption.

**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.



**WARNING:** Even though many cocaine users think that using alcohol will slow down their metabolism, in fact, it causes a higher heart rate and blood pressure which can result in heart failure. When both Cocaine and Alcohol are entered into the bloodstream they form a toxic substance known as coca ethylene.

**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.

**How long it stays in your system:** Can last in your system approximately 4 days.

**Scientific / trade or slang name:** Coke, Snow, Charlie, Crack, Free Base

**Method of use:** Usually snorted up the nose, also injected. Crack is smoked.

**Signs & symptoms of cocaine use:**

Signs and symptoms are similar to amphetamines with the addition of:

- Nose irritation (runny, itchy - due to snorting).
- Extremely rapid heartbeat after use.

**After effects:** Unlike ecstasy and other amphetamines in which the effects can last up to six hours, the rush of cocaine lasts about 2-3 minutes and the effects start to wear off in 12-13 minutes.

## Type of drug: **HEROIN**

**Category:** Opiate (Painkiller)

**Legal status:** A controlled substance, it is an offence unless prescribed by a doctor or pharmacist to import, distribute, produce or supply it.

**Short-term effects:** Heroin is relatively potent, easily dissolved in water for injecting, and penetrates the blood-brain barrier much more quickly than its parent drug morphine. It can also be smoked giving it a practically immediate effect. For all these reasons heroin is the opiate preferred by many drug users. Effects last 3-6 hours. After injection there can be an intensely pleasurable rush. Withdrawal begins after 8 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 4 days.

### **Scientific / trade or slang name:**

A strong painkiller, Smack, Skag, H, Brown, Gear, Tack, Yack, Junk.

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

### **Signs & symptoms of heroin use:**

- Very small pupils when stoned
- Light coloured eyes turn bright blue; Eyes take on a glassy appearance
- 'Goofing Off' (looks like nodding off, it's hard for the person to keep eyes open)
- Inability to finish sentences; Slurred speech
- Shallow breathing
- Scratching
- Excessive smoking
- Loose facial muscles
- Blood stains on clothes (due to using needles); Bloody tissues
- 'Track' marks on body (marks left by needles, especially on hands, arms and legs although any vein can be used). Long sleeves in warm weather (hiding track marks on arms)
- Burnt holes in furniture, bed linen or clothes caused by "goofing" when smoking a cigarette
- Burnt tin foil (due to "Chasing the Dragon" - smoking heroin)
- Spoons going missing in house, spoons with a blackened underside (due to cooking heroin)
- Cut filters from cigarettes
- Ties or laces in pockets (tourniquets).

**After effects:** Runny nose and eyes, excessive yawning, agitation, cold sweats/ hot flushes, overeating / under eating, severe diarrhoea after constipation, dry retching which produces bile, constant knot in stomach, nausea, the shakes / spasms in arms and legs, highly enlarged pupils, severe cramps in stomach and back of legs, panting, sleeplessness, lack of energy, crankiness, depression, gooseflesh skin, spontaneous orgasms in men and women, violent spasms in the small of the back causing back to arch.

**Heroin detox:** It is important to know that people very rarely die from going 'cold turkey'. One of the real dangers of heroin is in relation to overdose.

**Methadone:** Methadone is a synthetic drug which is widely used to replace heroin or morphine in the treatment of dependence. For this, methadone can be given once daily to prevent withdrawal symptoms. (Source: The British Medical Association New Guide To Medicines and Drugs, 6<sup>th</sup> Edition, 2004) People can become dependent on methadone. In Ireland, it can be prescribed only by doctors who are specially trained and registered to do so.

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**WARNING: Safe storage of methadone: Accidental poisoning by methadone occurs, particularly as a result of children ingesting a parent's methadone. Health care professionals have a responsibility to provide information and guidance to methadone users on safe storage of methadone.**

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While at home, always keep methadone in a safe place – preferably in a locked box or cabinet – out of the reach of children and clearly marked to prevent anyone else from taking it accidentally. Remember: Methadone is a very strong drug. A small amount can kill a child or an adult who does not have a tolerance to it. If anyone in the home accidentally drinks methadone, call 999 or an ambulance immediately.



## “HEAD SHOPS”

In recent years, so-called “Head Shops” or “Hemp Shops” have been opening in many towns and cities across Ireland. These shops sell drugs which are not on the “schedule” of controlled or banned substances – giving rise to the term “legal highs”. As a result, the Garda cannot prevent the sale of these drugs, which can also be obtained via the internet. Most Head Shops claim to sell only to over-18s but this condition is not enforceable by law.



### What kind of drugs do “Head Shops” sell?

The drugs on sale in Head Shops often mimic the effects of illegal drugs. They include sedatives, stimulants and hallucinogens. Some are herbal, meaning they come from a plant. Others are synthetic, meaning they are produced from a variety of chemicals. They can also be a combination of herbal and synthetic products.

Often the terms ‘legal highs’ and ‘herbal highs’ are used interchangeably, but it is not true to say that drugs from Head Shops are all herbal. In any case, herbal drugs can also be toxic.

### Are these drugs harmful?

“Legal” does not mean “safe”. The fact that they are not banned does not mean that these drugs are safe. Some cause disorientation - when a user might have an accident or take foolish risks. Some are toxic, with the potential to cause damage to parts of the body. Some are stimulants which may prevent sleep, leading to exhaustion and depression later on. Some users report feeling “head wrecked” after using a legally-available drug.

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**WARNING: “LEGAL” does not mean “SAFE”**

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### Why are these drugs not made illegal?

Some of the reasons are:

- It takes a long time (years rather than months) to add a substance to the banned list.
- The substance must first be defined in scientific terms.
- The case for banning it must be objectively established.
- Some drugs may have legitimate uses in industry or in animal care.
- There are people who are designing or altering substances just to stay on the right side of the law.



### **Does this mean parents are powerless with regard to these substances?**

Far from it. It means that we have to focus on “demand-reduction” as well as “supply-reduction”. While legislators, Gardaí and Customs are seeking to reduce the supply of these drugs, we can also try to reduce the demand for the substances.

We have to encourage users and potential users to assess the risks for themselves and to make their own decisions, thinking about their own well-being before deciding.

### **The Risk Assessment approach**

Young people do Risk Assessments all the time – “Will I wear a cycling helmet or not? Can I go home on my own at night? Is this pool deep enough to dive into?” If they take part in sport, especially in adventure sports like parachuting or canoeing, they are taught from the start to minimise the risks.

Parents can encourage a realistic appraisal of the risks, neither minimising nor exaggerating the dangers. Parents are often tempted to exaggerate the risks, to counteract the young people’s tendency to ignore the dangers, but a balanced appraisal is more helpful in the long run.

### **How can a parent help?**

Discussion is much better than preaching, because it encourages young people to think for themselves. Attentive listening is also helpful and it can be a great relief to hear young people themselves expressing caution about these substances.

The kind of questions a young person might address are:

- Does “legal” equal “safe”?
- Do I know what substances and what additives are in any package?
- Do I know what this drug might do to me and my brain?
- If it goes wrong, what are the possible consequences? Could it be serious?
- If it goes right and I like it, could I get to like it too much for my own good?
- What kind of people are around me – are they going to look after me if I become distressed? Are they under the influence of drugs or alcohol?
- Would I know what to do if one of the others had a bad trip?
- Do my friends / family know where I am?

And at a deeper level:

- In some way, am I better off without this drug?
- Do I have other ways of enjoying myself?
- What’s important to me?
- Does taking this drug fit in with my own set of values?

There will be some young people who assess the risks and still take these substances. These drugs are new to Ireland and it is hard to tell what the long-term consequences will be.

Meanwhile, **BUYER, BEWARE!**

# Support Services

## Where to find help

In this section we list the Regional Drug Task Forces (RDTFs) and the Local Drugs Task Forces (LDTFs). There are ten Regional Drugs Task Forces which cover the whole of the Republic of Ireland, listed on page 45.

There are fourteen Local Drugs Task Forces which are based in Dublin, each covering a smaller area, the areas seen as having greater need; these are listed on page 47.

Both the Regional and Local DTFs can provide you with information about services in the locality where you live. The Task Forces have an inter-agency brief, including the activities of the Statutory, Voluntary and Community sectors, so they will have information about a wide range of services.

We have also listed a small number of services which have a national outreach. However, there are many more services than we can list here, so we encourage you to contact a Task Force to find out more about services near you.

The website [www.drugs.ie](http://www.drugs.ie) has a national directory of drug/ alcohol services which is being revised in 2010.

The website [www.hse.ie/eng/find\\_a\\_service](http://www.hse.ie/eng/find_a_service) includes other services as well as drug / alcohol services, but this website only lists those operated by the HSE.



## Services involved in the publication of Don't Lose the Head

The management team consisted of personnel from these agencies:

### Crosscare Drug & Alcohol Programme (DAP)

✉ The Red House, Clonliffe College,  
Drumcondra, Dublin 3.

☎ **Telephone:** (01) 836 0911

✉ **Fax:** (01) 836 7166

🌐 **Email:** info@dap.ie

**Web:** www.drugs.ie

€ **Cost Details:** No charge for information, support & counselling services.

DAP offers a wide range of services including:

- Information and support
- Counselling and consultancy
- Drugs education and training

Information, Support & Counselling:

- www.drugs.ie
- live helper – interactive services on website
- phone support service
- online services
- counselling/referral service
- information & project request provision
- research & advocacy

### Crosscare Teen Counselling

✉ Crosscare Teen Counselling  
c/o The Red House, Clonliffe Rd, Dublin 3.

☎ **Telephone:** 01 837 1892

✉ **Fax:** (01) 837 2025

🌐 **Email:** drumcondrateenc@crosscare.ie

finglasteenc@crosscare.ie

clondalkinteenc@crosscare.ie

tallaghtteenc@crosscare.ie

dunlaoghareteenc@crosscare.ie

**Web:** www.crosscare.ie/young\_peoples\_services\_teen\_counselling\_index.htm

€ **Cost Details:** No charge

Teen Counselling is an 'adolescent friendly' service and aims to enable young people and their parents or carers to deal with difficulties, within the context of the family. The young person is always seen as central to the process, not the problem. Young people are usually referred to Teen Counselling by parents, teachers and counsellors, community social workers, family doctors, hospitals, probation & JLO Service and residential hostels.

Reasons for Referrals (12-18yr olds): Behavioural problems, family problems, drug abuse, alcohol abuse, overdose, anxiety, depression, communication difficulties, parental separation, bereavement.

### Community Awareness of Drugs (CAD)

✉ The CAD Co-ordinating Office,  
31 Central Hotel Chambers,  
Dame Court, Dublin 2.

☎ **Telephone:** 01 679 2681

✉ **Fax:** 01 679 7818

🌐 **Email:** info@cadaboutdrugs.ie

**Web:** www.cadaboutdrugs.ie

€ **Cost Details:** not-for-profit course fee/ donations welcome

Community Awareness of Drugs CAD is a voluntary organisation that provides comprehensive drugs education programmes to parents and carers, as well as drugs education and training opportunities for a range of community workers.

All CAD services aim to :

- Reduce the demand for drugs;
- Enable parents, carers and young people to make informed decisions concerning substance use and misuse;
- Promote healthy attitudes regarding the use of legal and illegal substance which cause family and community problems;
- Help parents and carers reduce the risk of their children or partners becoming involved in problematic substance misuse

## Regional Drugs Task Forces (RDTFs)<sup>1</sup>

The Regional Drugs Task Forces are useful sources of information about services throughout Ireland. Contact information is as follows:

<b>Midlands – Longford, Westmeath, Laois &amp; Offaly</b>	Co-ordinator: Antoinette Kinsella Telephone: 057 935 7818 Email: mrdtf@hse.ie Website: www.mrdtf.ie
<b>Mid Western – Clare, North Tipperary, Limerick &amp; Limerick City</b>	Co-ordinator: Gearoid Prendergast Telephone: 061 445 392 Email: info@mwrtdf.ie Website: www.mwrtdf.ie
<b>North Eastern – Cavan, Monaghan, Meath &amp; Louth</b>	Co-ordinator: Andrew Ogle Telephone: 046 924 8630 / 046 924 8642 Email: info@nerdtf.ie Website: www.nedrtdf.ie
<b>North West – Donegal, Leitrim, Sligo &amp; West Cavan</b>	Co-ordinator: Sean O'Connor Telephone: 071 985 2000 Email: drugtaskforce@mailb.hse.ie Website: www.nwdrtdf.ie
<b>Southern – Cork &amp; Kerry (excluding Cork City)</b>	Co-ordinator: Chris Black Telephone: 021 492 3135 Email: chris.black@hse.ie Website: www.srdtf.ie
<b>South East – Waterford, Wexford, South Tipperary, Carlow &amp; Kilkenny</b>	Co-ordinator: Chris Purnell Telephone: 051 841 144 Email: chris.serdtf@gmail.com
<b>Western – Galway, Mayo &amp; Roscommon</b>	Co-ordinator: Orla Irwin Telephone: 091 480 044 / 091 480 151 Email: info@wrtdf.ie Website: www.wrtdf.ie
<b>East Coast – Wicklow and a portion of South Dublin</b>	Co-ordinator: Keri Goodliffe Telephone: 0404 64 978 Email: keri.goodliffe@gmail.com
<b>Northern – North Dublin City &amp; County excluding the 5 LDTF areas</b>	Acting Co-ordinator: Shani Williamson Telephone: 01 813 1786 Email: info@ndublinrdtf.ie Website: www.ndublinrdtf.ie
<b>South West – South West Dublin, Kildare &amp; West Wicklow</b>	Co-ordinator: Lisa Baggott Telephone: 045 848 538 Email: assistance@swrdtf.ie Website: www.swrdtf.ie

<sup>1</sup> RDTF contact details compiled October 2009

## Local Drug Task Forces (LDTFs)<sup>2</sup>

With the exception of Cork and Bray, all the other LDTFs are based in the Dublin area. The LDTF can give you information about drug / alcohol services in its own locality.

<b>Ballyfermot</b>	Telephone: 01 620 6488 / 623 8001 Email: info@ballyfermotldtf.ie Website: www.ballyfermotldtf.ie
<b>Ballymun</b>	Telephone: 01 883 2142 Email: ballymundrugstf@axis-ballymun.ie
<b>Blanchardstown</b>	Telephone: 01 824 9590 Email: admin@bldtf.ie
<b>Bray</b>	Telephone: 01 276 2975 Email: cathadmin@eircom.net
<b>Canal Communities</b>	Telephone: 01 620 6455
<b>Clondalkin</b>	Telephone: 01 457 9445 Email: cdtf1@indigo.ie Website: www.clondalkindrugtaskforce.ie
<b>Cork</b>	Telephone: (021) 493 0100 Email: info@corkldtf.ie Website: www.corkldtf.ie
<b>Dublin North East</b>	Telephone: 01 445 9232 Email: tomdnedtf@gmail.com Website: www.dnedrugtaskforce.ie
<b>Dublin 12</b>	Telephone: 01 620 6457 Email: d12ldtf@gmail.com Website: www.d12ldtf.ie
<b>Dun Laoghaire/Rathdown</b>	Telephone: 01 280 3335 Email: catherinem.blake@hse.ie Website: www.dlrdrugtaskforce.ie
<b>Finglas/Cabra</b>	Telephone: 01 830 7440 Email: info@finglascabraldtf.ie
<b>North Inner City</b>	Telephone: 01 836 6592 Email: info@nicdtf.ie Website: www.nicdtf.ie
<b>South Inner City</b>	Telephone: 01 620 6438 Email: colm.browne@hse.ie
<b>Tallaght</b>	Telephone: 01 466 4243 Email: grace@tallaghtdtf.ie

<sup>2</sup> LDTF contact details compiled October 2009

## National services

This page has a small selection of services which operate at National level

<p><b>Alcoholics Anonymous (AA)</b> is a fellowship of men and women who share their experience, strength and hope with each other that they may solve their common problem and help others to recover from alcoholism.</p>	<p><b>Telephone:</b> (01) 842 0700 / (01) 852 7000 <b>Website:</b> www.alcoholicsanonymous.ie</p>
<p><b>Aislinn Adolescent Addiction Treatment Centre</b> offers inpatient, aftercare, counselling, family support for alcohol, drugs, gambling and prescription drug addiction. Aimed at young people, aged between 15 and 21. The Aislinn Ctr is based in Ballyragget, Co Kilkenny.</p>	<p><b>Telephone:</b> (056) 883 3777 <b>Website:</b> www.aislinn.ie</p>
<p><b>Aware</b> is a national organization which provides information and support to individuals who experience depression and their families. Services include a network of support groups nationwide and a loCall Helpline open 365 days a year.</p>	<p><b>Telephone:</b> (01) 661 7211 <b>Website:</b> www.aware.ie <b>loCall Helpline:</b> 1890 303 302</p>
<p><b>BeLonGTo</b> is an organisation for Lesbian, Gay, Bisexual and Transgender (LGBT) young people, aged between 14 and 23.</p>	<p><b>Telephone:</b> (01) 670 6223 <b>Website:</b> www.belongto.org</p>
<p><b>Bodywhys</b> is a voluntary organization dedicated to supporting people in Ireland affected by eating disorders.</p>	<p><b>Telephone:</b> (01) 283 4963 <b>Helpline:</b> 1890 200 444 <b>Website:</b> www.bodywhys.ie</p>
<p><b>Console</b> supports and helps people bereaved through suicide. Aimed at individuals and/or families.</p>	<p><b>Telephone:</b> (01) 868 5232 <b>Helpline:</b> 1800 201 890 <b>Website:</b> www.console.ie</p>
<p><b>Coolmine Therapeutic Community</b> is a rehabilitation centre for problem drug users in Ireland. Coolmine develops programmes to help clients help themselves. Coolmine Therapeutic Community is based in Dublin.</p>	<p><b>Telephone:</b> (01) 679 3765 <b>Website:</b> www.coolminetc.ie</p>
<p><b>Drugs/HIV Helpline (HSE)</b></p>	<p><b>Telephone:</b> 1800 459 459</p>
<p><b>Drug Treatment Centre Board;</b> its mission is to provide an integrated, centered, specialist addiction service, supported by best practice and leadership in academic excellence. In partnership with other statutory voluntary agencies it provides prevention, treatment, rehabilitation and programmes for out-patients and in-patients in order to minimize the effects of drug addiction.</p>	<p><b>Telephone:</b> (01) 648 8600 <b>Website:</b> www.addictionireland.ie</p>
<p><b>Family Support Network</b> is an autonomous self-help organisation that respects the lived experiences of families affected by drugs in a welcoming non-judgemental atmosphere. There are Family Support groups throughout Ireland which are coordinated by head office in Dublin.</p>	<p><b>Telephone:</b> (01) 836 5168 <b>Website:</b> www.fsn.ie</p>
<p><b>Grow in Ireland</b> is a mental health organisation which helps people who have suffered or are suffering from mental health problems. Grow is anonymous, non-denominational and open to all. There are meetings weekly throughout Ireland.</p>	<p><b>Telephone:</b> (01) 873 4029 <b>Website:</b> www.grow.ie <b>Info. Line:</b> 1890 474 474</p>

Continued overleaf

## National services Continued

<b>Merchants Quay Ireland</b> is a voluntary organisation providing a wide range of services to people who are homeless and for drug users.	<b>Telephone:</b> (01) 524 0160 <b>Website:</b> <a href="http://www.mqi.ie">www.mqi.ie</a>
<b>National Drug Website</b>	<b>Website:</b> <a href="http://www.drugs.ie">www.drugs.ie</a>
<b>Drugs / HIV Helpline (HSE)</b>	<b>Telephone:</b> 1800 459 459
<b>Peter McVerry Trust</b> – Community Detox (The Lantern). Six-week programme for drug users wishing to detox from methadone. Psycho-social support/ relapse prevention.	<b>Telephone:</b> (01) 823 0776 <b>Website:</b> <a href="http://www.pmvtrust.ie">www.pmvtrust.ie</a>
<b>Pieta House</b> offers one to one counselling for people who have suicidal ideation, people who have already attempted suicide and people engaging in self harming behaviours. This service is free of charge.	<b>Telephone:</b> (01) 601 00 00 <b>Website:</b> <a href="http://www.pieta.ie">www.pieta.ie</a>

## National services - Helplines

<b>Alcoholic Anonymous (AA)</b>	(01) 842 0700
<b>Aware</b>	loCall 1890 303 302
<b>Bodywhys</b>	1890 200 444
<b>Childline</b>	1800 666 666
<b>Console</b>	1800 201 890
<b>Drugs / HIV helpline (HSE)</b>	1800 459 459
<b>Grow in Ireland</b>	1890 474 474
<b>Homeless Service</b>	1800 724 724
<b>Narcotics Anonymous (NA)</b>	(01) 672 8000
<b>Parent Line</b>	1890 927 277
<b>Positive Options</b>	Free text the word LIST to 50444
<b>Samaritans</b>	1850 609 090
<b>Teenline Ireland</b>	1800 833 634
<b>Womens Aid</b>	1800 341 900

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- [www.drugs.ie](http://www.drugs.ie)
- [www.dap.ie](http://www.dap.ie)
- [www.positiveparenting.com](http://www.positiveparenting.com)
- [www.spunout.ie](http://www.spunout.ie)
- [www.teenspace.ie](http://www.teenspace.ie)
- [www.healthpromotion.ie](http://www.healthpromotion.ie)
- [www.drugs.ie](http://www.drugs.ie)
- [www.crosscare.ie](http://www.crosscare.ie)







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