REPORT OF THE COMMITTEE
ON
DRUG EDUCATION

PRESENTED TO
MR. BRENDAN CORISH, T.D.
TANAISTE AND MINISTER FOR HEALTH

APRIL 1974
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1.1. Appointment and terms of reference

The Report of the Working Party set up by the Minister for Health to examine the extent of drug abuse in Ireland and to advise him generally on the action that should be taken to deal with the problem included the following recommendation:

"A group representing the Departments of Health and Education, the schools, the university departments, and professional bodies concerned should investigate the general question of communicating information on drugs to young persons, should provide guidance for school authorities and indicate areas where research is needed. This group should include specialists who would advise on medical, psychological and social aspects."

The appointment of the Committee was the Minister's response and the recommendation gives, in brief, the Committee's terms of reference.

On examination of these terms of reference and in the light of the information available to it, the Committee accepted that the most frequently abused drugs were alcohol and tobacco. Therefore in the course of the Report where drug abuse is mentioned it includes alcohol and tobacco except where these are specifically excluded.
1.2. Membership

The following were appointed to the Committee:

Mr. Bunny Carr, Chairman
Dr. John P. Corridan, Department of Social Medicine, U.C.C.
Mr. Liam Daibhis, Assistant Principal Officer, Department of Education.
Dr. Thomas Fitzgerald, Medical Officer, Department of Health.
Mr. Peter Grant, Assistant Principal Officer, Department of Health.
Mr. Donald Hayes, Secondary Teacher, Bangor, Co. Down.
Rev. Aidan Jones, Ferns Diocesan Youth Service, Wexford.
Mr. Michael Kavanagh, Secondary Teacher, Dun Laoghaire.
Miss Noreen Kearney, Department of Social Studies, T.C.D.
Dr. Michael Kelly, Medical Director, Drug Treatment and Advisory Centre, Jervis Street Hospital, Dublin.
Mr. John McKeever, Vocational Teacher, Dun Laoghaire.
Dr. Eoin Meenan, Consultant Psychiatrist, Eastern Health Board.
Mr. Anthony O’Gorman, Senior Psychologist, Department of Education.
Mr. Richard J. Power, Pharmacist, Newtownmountkennedy, Co. Wicklow.
Dr. Marcus Webb, Department of Psychiatry, T.C.D.

Mr. Sean Moore, Higher Executive Officer, Department of Health, acted as Secretary to the Committee.
1.3. Meetings

The first meeting of the Committee was held on 30th October, 1972 and was addressed by the then Minister for Health, Mr. Erskine H. Childers. A report of this address is given in Appendix A. In all, the full Committee met on 24 occasions.

1.4. Interim Report

The Committee furnished an Interim Report to the Minister on 26th February, 1973, a copy of which is given in Appendix B.

1.5. Appreciation

The Committee is grateful for the assistance rendered by those who made oral and written submissions (see Appendix C.)
Chapter 2 - Background

2.1. Behavioural Disease

In the last century when diseases such as cholera and typhoid fever were widespread in Ireland as elsewhere, all that was necessary was for the authorities of the day to provide clean water supplies and proper disposal of sewage to eradicate these diseases. Similarly from the 1940s onwards national immunisation programmes against various infectious diseases particularly diphtheria and poliomyelitis have eradicated these, Today however the great killer diseases such as coronary heart disease and lung cancer are very much associated with personal behaviour such as smoking. Similarly venereal disease is associated with personal behaviour. Public health measures alone cannot eradicate these diseases. The personal decision of each individual is in many cases going to decide whether he or she develops cancer of the lung, coronary heart disease, chronic bronchitis, venereal disease or becomes an alcoholic.

In the light of such circumstances a comprehensive health education programme becomes a necessity so that if a person decides to smoke, drink to excess or be promiscuous, he or she does so with the full knowledge of the possible consequences to himself and his fellowman. The Committee therefore found itself considering the wider field of health education in general of which drug education is just one aspect.
2.2. Existing Services

Alcohol abuse and dependence: An account of the advisory and treatment services provided in the country is given in the Report of the Irish National Council on Alcoholism - (1).

Other Drugs: Special facilities for the treatment of those abusing drugs, other than alcohol or tobacco, are provided at the following centres:

(a) The Drug Treatment and Advisory Centre at Jervis Street Hospital, Dublin - an out-patient service only;

(b) The Eastern Health Board's Day Centre at Usher's Island, Dublin;

(c) The Special Care Unit run on behaviour modification lines, at the Central Mental Hospital, Dundrum, Co* Dublin (in-patient - 9 beds);

(d) The Residential Drug-free Therapeutic Community at Coolmino, Clonsilla, Co. Dublin (9 places available).

Back-up Services

Back-up services to these centres are provided at the Eastern Health Board's psychiatric hospitals and clinics, also at St. Patrick's Hospital, James's St., Dublin, and St. John of God's Hospital, Stillorgan, Co. Dublin.

Other Services

Outside the Dublin area, those in need of treatment may receive it, first of all, from their family doctor. He in turn may refer them to the general and psychiatric hospitals. Help may also be had from the staffs of the Chief Medical Officers in each county*

It is expected that the new in-patient detoxification unit, planned for Jervis Street Hospital, will be operational within the next 12 months.

Future Developments,
The drug scene changes so rapidly that the planning of future facilities must be as flexible as possible. The health boards should address their attention to meeting needs as they arise,

2.3. Advice and Support Services

In addition to the facilities mentioned in paragraph 2.2, advice and support are provided by other agencies including the following

1. Alcoholics Anonymous, (A.A.)
   General Office, 26, Essex Quay, Dublin, and at various centres throughout the country.

2. Comhairle le Leas Oige,
   Open Centre, 12, Westmoreland St.*, Dublin, also at Day Centre, Ushers Island, Dublin.

3. Contact Youth Advisory Service,
   13, Westmoreland St., Dublin.

4. Irish Cancer Society,
   22, Earlsfort Terrace, Dublin.

5. Irish Heart Foundation
   4, Clyde Road, Dublin.

   19/20, Fleet St., Dublin.

7. Pioneer Total Abstinence Association,
   27, Upper Sherrard St., Dublin
   and
   11, Liberty St., Cork.

8. Samaritans,
   66, South William St., Dublin.
2.4. Size of Problem

It is impossible to determine with accuracy the extent of drug abuse in this country. Some relevant figures which may indicate trends are given in Appendices D, S, F and G. A recent study in Cork (1) suggests that the use of marijuana among university students is not inconsiderable.

(1) Parfrey, P.S., "A Social Survey into Alcohol, Drug and Cigarette use among University Under-graduates in Cork" - presented as a project for the examination in social medicine in University College, Cork, 1974 (unpublished at present).
Chapter 3 - The Role of Education in Prevention

3.1. Importance of Prevention

It is an accepted principle that prevention is better than cure. This is particularly so in the field of drug abuse, where the cure rate is generally recognised as very low. For example, the cure rate of opiate dependent persons has been reported to be as low as 5% at the Federal Narcotics Hospital, Lexington, Kentucky (1). Prevention therefore is of paramount importance in sealing with this problem.

Prevention may be achieved by several methods—

(a) International control of distribution,
(b) Control of distribution within Ireland,
(c) Control of advertising,
(d) Clear advice and responsible prescribing by physicians,
(e) Early identification of those at risk,
(f) Improvement in social conditions,
(g) Strengthening of the family unit,
(h) Attention to and investment in leisure-time activities (2),
(i) Education,

Any or all of these methods may be combined* While all are of importance, this Report is concerned especially with education.

3.2, Education and Drug Abuse

Education is central to any programme of prevention, but it should be recognised that it is also an area in which great damage can be done. To quote one expert, "only education enjoys the dubious privilege of having the power to make matters worse". (1)

Where education is confused with propaganda this danger is enhanced. The Committee felt so strongly about this that the first recommendation in its interim Report (see appendix B) was that the Minister for Health issue a letter to all post-primary school authorities requesting that specific lectures or programmes for school children on the subject of drugs should not be provided until it was possible to decide on an approach to this problem that would not carry the risk of making things worse.

We are convinced of the necessity to educate young people to understand the nature of drugs, the problems associated with the use of drugs and the dangers involved in their misuse or abuse. Parents and others involved in such teaching should be sufficiently knowledgeable to impart full and accurate information in an honest way. For this they will need assistance. The lines on which this assistance may be given in the context of on-going community education is given in paragraph 3.6.

(1) Birdwood G., "The 'Don'ts' of Drug Education",
Drugs and Society, Vol. 1, No. 4, 1972.
Health Education

The Committee was unable to find evidence of any successful drug education programme where education and information on drugs were given in isolation. This reinforces the Committee's view that education and information on drugs should not be given in isolation to young persons. They should form part of a broadly based positive health education programme beginning in infancy. This view is further reinforced by the recently published report of a Hamburg Working Group (1) which says, inter alia, "The consensus of opinion was that drug use should not be singled out by specially designating its discussion or its teachers, but that it should be embedded in the curriculum and dealt with in relation to other problems of growing up and the exercise of responsibility,"

Smoking, drinking and the indiscriminate use of other drugs by parents can have a marked influence on a child's future behaviour, health and development. There is strong evidence that the use of nicotine and other drugs by the mother in pregnancy can affect her unborn child (2). The attitudes of parents to drug use in the home may be of crucial importance for the behaviour of their children in relation to drug abuse in later life*. We consider that it is worth emphasising that the parents are the primary educators in this, as in other areas of education. Agencies such as schools and health boards exist to help the parents. We recognise that the school, or any other agency, does not take over but attempts


(2) Butler, N.R. et al.

"Smoking in Pregnancy and Subsequent Child Development"

to confirm and develop wholesome attitudes and habits which the child has already acquired and in some cases attempts to make up for deficiencies. We recognise too that sometimes it may be very difficult and indeed well nigh impossible for the school to do anything worthwhile because of very poor beginnings in the home and the absence of continuous support from parents.

In the school context, programmes should be suited to the various levels of age and intelligence and should be broad in scope. Their main aim should be the preparation of the child for responsible adulthood.

3.4. Present position in schools

It is probably true to say that in this country we have tended to pay little attention to health aspects of education. For instance, the Department of Education has one inspector for physical education in the country with responsibility for primary and secondary schools and there is no officer with direct responsibility for health education as such. The health boards who have a statutory responsibility for health education have no personnel trained specifically for this purpose. We note that a health programme has been included in the new primary school curriculum and no doubt over time this will be fully implemented in all primary schools. In secondary schools the position is that health education elements, where they occur, are mainly contained in the Physical Education Course and in the Home Economics Course in the case of girls. Not all schools have P.E. teachers and the position in boys' is rather worse than in girls' schools. The provision of the Rational College of Physical Education in Limerick has
been noted. Some aspects of health education are integrated with other subject areas, e.g. Civics, Science, Religion and with general school activities.

The excellent work of a number of voluntary organisations in the field of health education in schools is acknowledged.

We mention here briefly that the physical conditions in schools vary greatly (1). Where the conditions continue to be substandard they do not facilitate the development of good health practices.*

There are factors inside and outside of schools which are obstacles to the proration of positive mental health, Examples of these are:-

(a) Exam - curriculum - career pressures,
(b) Parental pressures,
(c) Peer-group pressures,
(d) Insufficient remedial education.

Intelligent children, particularly the less well off, often opt out from conventional aims in schools under the influence of such factors.*

The Committee has noted that some part-time work outside of school hours can be detrimental to the physical and mental health of young people. We deplore particularly the employment of children of school age in licensed premises. This introduces children to aspects of our drug abusing adult society and cannot be condoned.

3.5. Health Education Programmes

We feel, therefore, that there is need for positive health education programmes suited to the particular needs of all ages. The 1973 Conference of the International Union for Health Education stated that the aim of such programmes should be "to help a person to maintain his health through his own efforts and behaviour" (1). They should encourage the development of personal responsibility, an awareness of one's duties to others and by example and the provision of opportunity for practice, try to foster good mental and physical health habits. They should avoid becoming a mere set of rules and, more especially, a set of prohibitions. Obviously, such programmes would include interpersonal relationships, personal responsibility, dignity of the individual and maturity. Within this broad context, it is felt that direct drug education could be usefully given. It is not the function of this Committee to draw up the details of curricula and programmes for all ages and ability groups.

School authorities, at all levels, should be consulted with a view to devising a programme or programmes suited to the particular needs of their schools (1). Early school leavers are recognised as a high risk group and should be catered for by programmes specially developed to suit their needs. Programmes endeavouring to meet the needs of young workers should be designed. The co-operation of employers, trade unions, AnCO, youth clubs, community associations etc., should be sought.

(1) A Working party of young people at the conference already referred to (Page 1-6) considered that youth should be trusted to the extent of allowing them to participate in programme making. They felt this would evoke maximum co-operation.
3.6. Continuing Community Education or Adult Health Education

Accurate information on the numbers involved in adult education is not available, but a recent report to the Minister for Education (1) estimated that some 10% of the present adult population are involved in some type of formal education, another 10% are involved in in-service or retraining programmes and possibly a further 10% in informal courses. The bulk of these people are between 21 and 45 years of age, have had at least two years of secondary education and are members of the upper socio-economic groups. The report notes that "there are now some signs that there is emerging in Ireland an understanding and limited acceptance of permanent education".

The important role of voluntary organisations in this field is recognised.

Under the heading "Mental illness, alcoholism, drug addiction, etc." it is stated that research findings "vindicate the involvement of adult education in the understanding and solution of such great social problems" and it is suggested that the approach of adult education in these areas can be preventive, remedial and rehabilitative.

The Report defines an adult as being - "one who is recognised and accepted by society as fulfilling an adult role, or, one who has completed formal schooling".

For our purposes, we feel that adults may be regarded broadly as older persons and these fall into two groups:—

(a) Younger Adults

This group includes:—

(1) Pupils finishing secondary education,

(2) Young workers,

(3) Persons in third level education,

    Early school leavers.

These are by and large the parents of the future.

(b) Older, Adults

People in this group, because of their responsibility for and contact with children and adolescents, are, in our opinion, of prime importance in shaping the present and future behaviour pattern of youngsters. Included are:—

(1) Parents,

(2) Teachers, including school counsellors,

(3) Educational psychologists,

(4) Social workers,

(5) Doctors,

(6) Ministers of religion,

(7) Youth leaders, and members of other voluntary organisations,

(8) Trade union leaders,

(9) Employers,

(10) Members of training and rehabilitating authorities.

While these are recognised as having particular opportunities for influencing young people, we believe that the whole community shares this responsibility.
Our immediate concern in adult health education is, of course, not just the present state of community health but also and perhaps more importantly, the shaping of its future state. In the area of mental ill health, drug abuse is but one symptom of behavioural disorder and it should be emphasised that it is not confined to young people. Indeed, those dependent on alcohol and nicotine as well as the very large group of older people who abuse sedatives and tranquillisers far outnumber adolescent drug abusers.

We feel that the attitudes of older people to drugs and the example given throughout life by adults have a profound influence on how younger people are likely to behave. For example, it is well recognised that the influence of smoking by parents has a measurable effect on whether a child will be a future smoker or not (1). Further, a small research project carried out on intravenous drug casualties in Jervis Street Hospital clearly pinpoints that in over 70% of the cases reviewed, their drugs were obtained initially from the drawers and medicine cabinets of the home (2). They come from a "drug atmosphere" home.

Other factors in the family unit such as parental disharmony, absent parents and inconsistent attitudes have also been appelled with drug abuse in young people.


(2) "Intravenous Drug Abusers - Retrospective Study" - communication from the Drug Treatment and Advisory Centre, Jervis Street Hospital, January, 1974« (unpublished).
There are certain prerequisites for the prevention of drug abuse and for the recognition and handling of youngsters at risk, of those who are experimenting, of those who are abusing or of those who are dependent upon drugs. For recognition, adults must be aware of the names of the commonly abused drugs, the general manifestation of the abuse of such drugs, and have some knowledge of the more dangerous drugs i.e. those with a high risk of potential abuse. They should also have some knowledge of the emotional development of the normal child and adolescent and the deviations that may be encountered. Lastly, they must have some knowledge of the communication patterns of the adolescent in the community.

Handling of any case of drug abuse is of crucial importance. The word drug is an emotive one which calls forth an over-reaction in many adults. This over-reaction may be the cause of turning a simple drug experimenter into a social and/or medical casualty. It is too often forgotten that the socially acceptable and legalised drugs, alcohol and nicotine, are perhaps at least as dangerous as some of the newer drugs which are abused. We also recognise the peculiar dilemma posed by the double standards of many adults who drink and smoke to excess and are highly critical of similar or other behaviour in younger people. This dilemma is accentuated when parents are aware that they are themselves abusing drugs.

The Committee feels that the same problems and dangers of raising curiosity and perhaps exacerbating a drug problem do not apply to the communication of Information on drugs to adults. In fact, without such knowledge, adults will be unable to intervene effectively to help those at risk or those already abusing drugs.
3.7. The Media

The media might be considered under the following heads:-

(a) as a formal educator,
(b) through its presentation of the news,
(c) through articles, features, etc.,
(d) as an advertiser.

(a) Formal Education

There are conflicting views on the advisability of using the media as a direct vehicle for drug education. The fear is that programmes will, in fact, arouse curiosity in the uninformed young reader or listener and be ignored by the abusers. It is clear that, in the case of television for example, the value and educational influence of informative and instructional programming is, to a marked degree, dependent on the formative training and environment of the younger viewer (1). In the report on the Eastbourne Survey (2) it is argued that "employed alone, films and television are emotional media and should not be used to provide education about drugs unless accompanied by vein-informed discussion". Yet in the same Report it is stated that the majority of those


surveyed were introduced to the subject by television. Young people "at risk" are, in the main, those who already have problems in coming to terms with their environment. Some give very little time to reading or viewing and so tend to be, at once, the most desirable and the most difficult group to reach. The indications are that they can be better reached by adults who gain their trust and respect. Sympathetic teachers, medical and social workers seem to have most success in this area. Even for those who can be reached through the media the formal educational approach would appear to be the least effective.

(b) Fewa Presentations

Health matters generally and drugs in particular, attract quite a lot of attention as news items. For instance reports of court cases where pop-stars or other teenage idols are involved invariably get wide coverage and the aura of glamour gives to the "drug scene" in these reports is not missed by young people. Very often the situation is not helped by irresponsible remarks in court by persons who should be better informed.

(c) Articles, Features etc

It is perhaps in this area that the media have the greatest impact. In fact over the years journalists and broadcasters have made a telling contribution to the development of more rational and humane attitudes to medical problems. Psychiatry is a good example of this. Potentially of considerable value would be programmes on radio and television dealing with the growing up process, i.e. personal relationships, coping with
pressures, values, etc. Magazines with teenage appeal and specialist publications circulating to teachers, doctors, etc., would have special significance in this context. In view of the danger of irresponsible, sensational or ill-informed articles it is important that journalists and broadcasters have easy access to specialists in the health education field, Seminars might also be arranged for them.

(d) Advertising*

Advertising, especially on television, can influence the behaviour of young people. Alcohol advertisements for instance have given cause for serious concern, and in its recent report to the Minister for Health (1) the Irish National Council on Alcoholism recommended the establishment of a stricter standard of ethics in regard to the advertising of alcoholic beverages on television. This Committee whole-heartedly supports this recommendation and in its view, the persuasive media advertising of any drug should be discouraged.

3.8. Educators in Secondary School

There is a great need for effective educators, especially in secondary schools. Suitably trained

teachers are best fitted for this role, supported as necessary by medical and allied personnel. The Working. Party on Drug Abuse (1) recommended "that information and advice in relation to drugs should be provided as a matter of urgency for those who come into regular contact with young people" and that the approach could for a start take the form of seminars and courses for such people. In furtherance of that recommendation, the Department of Health, in co-operation with the Department of Education, has provided a series of seminars for teachers, youth leaders, etc. In all, nineteen seminars at which over 1,000 post-primary teachers attended, were given at various centres throughout the country. All post-primary schools were given the opportunity to send teachers and most of them sent at least one. It is necessary to emphasise that the purpose of these seminars was not to equip teachers to undertake formal preventive education, but to give them accurate basic knowledge regarding the abuse of drugs with some guidance as to how to approach problems they might meet in these fields.

As a further step towards the provision of a force of educators for work in connection with drugs a residential summer course in health education, with particular emphasis on the problems, of drugs, was held for selected teachers in post-primary schools in July, 1973. This was in the nature

of a pilot course and the teachers who participated are expected to explore and evaluate ways of cultivating sound attitudes. In matters affecting health and the approach to living, among their pupils.

Their work should be carefully assessed with a view to evaluating their effectiveness and deciding whether modifications of the training would be required in future courses.

It is notable that among the teachers who attended the seminars and the summer course there was, generally, an awareness of the need for a programme of help and guidance for school children in the age groups at risk, an eagerness to be involved in such a programme, and an agreement that the questions of drugs and alcohol should not be treated in isolation but as part of the wider field of education for living.

It might be worthwhile noting that the Hamburg Working Group (already referred to in Paragraph 3.3) came to somewhat similar conclusions (1). The report on its activities includes the following:

"While it might be necessary at times to involve experts, it was thought that their deployment gave too much emphasis to the subject and also lacked the advantage of the teacher's greater familiarity with the

class and more ready access to its members. Teachers may, however, require some special preparation in dealing with drug use as it cannot be assumed that they will be necessarily well informed or that they possess those other attributes which make them good communicators in this area.

If education in the use of drugs' is to be effective it must be continuous, in the sense that the values taught in the rest of the curriculum must be consistent with those advocated with regard to drug use. It is unrealistic to imagine that single or isolated periods of health education will be persuasive if the setting of such periods contradicts their import."

The committee notes that there is a developing guidance service in secondary schools and we think that the guidance counsellors employed in this service have a role to play in dealing with drug abuse and its prevention* It is necessary to take this fact into account during the basic training courses in counselling
that are provided and, as well, during inservice training,

We wish to draw attention to the need for counselling services in third level educational institutions. We recognise that some counselling provision may be made by having a medical service, appointment officers, chaplains, tutors, together with arrangements for the pastoral care of students. However, we consider that there is a need for the development of existing services and for a sore formal provision of counselling and guidance through the employment of persons who have specific training in this area of activity. We think that the counsellor should provide a service which students would feel free to use in order to discuss a range of personal and confidential scatters.

As far as we can gather there is no widespread use of counselling services by those who leave school early. These young people have a need for such services, and it would be valuable for them to have the opportunity to discuss matters relating to their personal, educational and vocational development with a trained counsellor. Such provision could be made by youth clubs, employers, trade unions and voluntary organisations. The need for such a service should be taken into account when provision is made from public funds for youth services generally. We think that it would be worthwhile having a small number of centres which would have a strong counselling orientation, centres which might provide some organised activity but which would in the main be known to young people as places which would help them with such matters as educational, vocational and personal problems.

The need for a recognised qualification in counselling for those who engage in this work has been mentioned. Counselling services should be initiated only under the supervision of professionally qualified and experienced people.
Chapter 4

Long-term recommendations

4.1. Health Education Authority

Having accepted that a comprehensive health education programme is the best way of conveying information on drugs to young people the Committee considered how this might be implemented. A certain amount of work has been done in the past two years through the co-operation of the Departments of Health and Education, especially in the field of drug education. In spite of the co-operation that has been achieved, it is considered that much more requires to be accomplished.

It is also recognised that the Minister for Health's function in relation to health education and information is not mandatory and that the statutory obligation in this field lies with health boards under Section 71 of the Health Act, 1970. It is regrettable that there would appear to be little evidence of this work being undertaken by the health boards except on a fragmentary basis and in the main, this is undertaken on the initiative of the schools.

It is understood that a pilot health education project is being undertaken by the Eastern Health Board in the Tallaght-Crumlin area of Dublin and we are pleased to note and welcome this development. The North Eastern Health Board is also considering a scheme of health education.

Health education is also being undertaken by many voluntary associations such as the Mental Health Associations, Irish National Council on Alcoholism, the Pharmaceutical Society of Ireland, the Irish Dental Association, the Irish
Heart Foundation, the Irish Cancer Society, etc. There seems to be little co-ordination between such organisations so that much benefit is lost. It is undesirable that health education should be allowed to develop in an un-coordinated and fragmented way.

In the circumstances, it is recommended that a Health Education Authority be set up as a matter of urgency to supply the needs of health education and to co-ordinate all the existing efforts. We note that the necessity for such an institution has already been recognised (1) and (2). This Authority would carry out its functions under the general direction of the Minister for Health. It would carry out functions for health boards on an agency basis, thus enabling them to fulfil their statutory functions. It would plan and develop proper health education programmes on short and long term bases and arrange for the necessary staff to implement these. It would co-ordinate all the voluntary effort in a more positive fashion and utilize existing resources and personnel in a more practical and advantageous manner.

Moreover, it would need adequate authority to carry out these functions and to ensure the co-operation of all concerned - government departments, health boards, voluntary organisations, educational establishments and the general public.


(2) "Mental Health Association of Ireland Report on Mental Health Education", 1973, Paragraph 9.3. *(not yet published)*
The Health (Corporate Bodies) Act, 1961 might be the best vehicle for the establishment of the Health Education Authority. This development would be in line with the Devlin Report’s recommendations on the separation of policy and execution (1). It would also be in keeping with the proposed restructuring of the Department of Health (2).

4.3. Functions

The functions of the Authority might be divided into four areas, viz.

(a) Education:

(i) To ensure the provision of trained health educators •

(ii) To ensure the development of health education programmes (inside and outside of education establishments) in co-operation with the universities, training other colleges and/school authorities*

(iii) To provide an advisory service to school and other authorities;

(iv) To provide text books and visual aids;

(v) To co-ordinate voluntary efforts.


(b) **Publicity:**

(i) To promote campaigns on health education in press, radio and television;

(ii) To produce films, pamphlets, exhibitions;

(iii) To advise on publicity;

(iv) To maintain liaison with the media and keep them informed of developments.

(c) **Research:**

(i) To assess and evaluate all programmes;

(ii) To initiate or commission research;

(iii) To keep in touch with national and international research developments;

(iv) To publish reports, statistics, etc.;

(v) To provide a library service.

(d) **Administration**

To take responsibility for -

(i) Finance;

(ii) Office Management;

(iii) Recruitment of staff*

(iv) Legal matters;

(v) Secretarial services;

(vi) Organisation of seminars, courses, etc. (administrative arrangements only).

(vii) Liaison with government departments, school authorities, health boards, E.E.C. authorities, foreign administrations, etc.

31
(viii) Co-operation with appropriate Northern Ireland agencies in the furtherance of the objects of the proposed Council of Ireland in the field of health education (1).

4.4 Structure and Staffing

It is recommended that the Authority should be controlled by a small Board of Management consisting, inter alia, of representatives of the Departments of Health and Education and the health boards. It should have the assistance of an Advisory Council representative of organisations involved in health and educational fields.

The Authority should employ a Director General and suitably qualified personnel to head the four divisions of education, publicity, research and administration, together with other necessary staff.

()

In the context of the harmonising functions and consultative role of the proposed Council of Ireland the Sunningdale Conference decided that studies would be put in hand to identify and report on areas of common interest. One of the areas suggested for study was "advisory services in the field of public health". Objectives would be

(a) to achieve the best utilisation of scarce skills, expertise and resources,
(b) to avoid in the interests of economy and efficiency unnecessary duplication of effort and
(c) to ensure complementary rather than competitive effort. (Paragraphs 7 and 8 of Communique on Sunningdale Conference, December, 1973).
4.5. **Funding**

The Authority should be funded by a grant administered by the Department of Health. Provision should also be made to allow it accept funds from other sources.
Chapter 5 - Short-term Recommendations

5.1 Special Group

Pending the setting up of the Authority (proposed in paragraph 4.1) it is recommended that a small group of officers drawn from the Departments of Health and Education be constituted immediately with, the full-time task of carrying out the action proposed in the following paragraphs. It is considered that these matters are too important and urgent to leave until the Authority is operational and that they merit the full-time attention of a small group.

In view of the first recommendation of the Interim Report (see Appendix B) it is further recommended that when the group has been set up all school authorities be advised of its existence and its functions.

5.2. Seminars

It is very desirable that the training in health education of teachers who have already attended introductory seminars be pursued. Without the enthusiasm and expertise of teachers effective health education is unlikely to develop in schools. The Committee noted with interest Dr. Wood's experience in London that where there was an appreciation of health education by school authorities progress in the implementation of programmes was much more satisfactory (1).

(1) Dr. A.J. Wood, Principal Medical Officer of Health, oral London Borough of Brent, in/submission to Committee - See Appendix C.
Seminars held for doctors, nurses and clergy in the North Eastern Health Board area have highlighted the need for information and advice in the various professions in direct contact with drug problems.

We, therefore, recommend as follows:

(i) That further seminars be organised for teachers, youth leaders, etc, (See par. 3) not only to cater for any schools or youth groups missed in the original series but to provide the information, etc, to as many additional teachers and youth leaders as are willing to attend. It is vitally important to reach as many teachers as possible, particularly in the larger post-primary schools.

(ii) That follow-up seminars be arranged for teachers who have already attended seminars. On completion of training their functions to be:

(a) availability to the school staffs and students and local communities,

(b) to assist subsequently in the practical development of the health education programmes in schools.

(iii) That with the co-operation of the health boards, seminars be given throughout the whole country to doctors, nurses, clergy, pharmacists, gardai, defence forces, welfare officers, social workers, the legal profession, etc.
5.3. Lectures for adult groups

It is recommended that the panel of lecturers available to give talks to parent groups and other concerned adults be developed and expanded as a matter of urgency so that competent speakers may be available to groups in all parts of the country. The "Special Group" should have responsibility for organising talks or lectures, preferably in co-operation with interested local voluntary organisations.

5.4. Health Education Booklets for Teachers

The Committee is concerned that a number of pupils will have left school before the introduction of the envisaged health education programme. As an admittedly less than ideal method of ensuring that certain health education elements will be made available to them through their teacher, it is recommended that a Health Education Booklet for teachers be distributed as a teacher's aid with particular priority being given to making it available to school counsellors and teachers of Leaving Certificate classes.

5.5. Technology and Teaching

Heavy demands are being made on the time and energies of a limited number of experts who speak at seminars, courses, meetings, etc. It is recommended that a library of video tapes of lectures by the best available authorities be created and kept up to date. It is important that these tapes be shown only when a suitably qualified person is present to deal with any questions or discussion arising.
Involvement of health boards - local teams

Pending the setting up of the Authority it is essential that health boards equip themselves to participate fully in emerging health education programmes. It is recommended that a Health Education Committee be set up in each health board presided over by the programme manager, community care, or other suitable officer. The Committee would be representative of medical and allied personnel together with teachers and should have responsibility for the organisation and direction of back-up teams of experts to assist teachers or participate directly in community health educational programmes. These teams might be organised on a county, or area health board basis. Separate teams might be necessary for the larger urban areas. In Dublin several teams would be necessary and the pilot scheme in Tallaght-Crumlin area might give an idea of the number which would be required. Close liaison would be most important between these teams and the teachers with special responsibility for health education (see paragraph 5.2). These teams would also have special responsibility in adult education.

Evaluation

The *Special Group¹ should continue the analysis of the questionnaires completed by participants in seminars. The 'follow up² seminars (See paragraph 5.2) should be used to the maximum extent for evaluation purposes. An evaluation process should be built into the design of all programmes*
5.8. Research

Effective research projects require careful and expert planning, they take time and are costly. The Committee recommends that the "Special Group" should

- look urgently at methods of encouraging and funding effective research into health education and into the use and abuse of drugs as well as the development and prevalence of dependence on drugs
- Suitable bodies who already have research skills, such as the Medico-Social Research Board, the Economic and Social Research Institute, the universities and specialised hospital departments should be approached and encouraged to carry out studies in these fields.

Suitable personnel to evaluate health education programmes will be required immediately by the "Special Group", as an evaluation process must be built into the design of such programmes.

A knowledge of what young people need and/or expect from health education is useful and necessary to the setting up of any programme. It is suggested that the "Special Group" might sponsor an early survey on this. Such a survey would be of considerable help in expediting the work of the envisaged Health Education Authority.

5.9. Research Library

It is recommended that all current relevant research projects be identified and that copies of research reports be collected to form the nucleus of a library.
We wish to acknowledge our warm appreciation of the very valuable services rendered by our Secretary, Mr. Sean Moore and his assistants in the Department of Health.

Signed

B.J. Carr (Chairman)
John P. Corridan
Liara Daibhis
Thomas M. Fitzgerald
Peter G. Grant
Donald Hayes
Aidan G. Jones
Michael Kavanagh
Noreen Kearney
Michael Kelly
John McKeever
Eoin Meenan
A. O'Gormain
Richard J. Pover
Marcus Webb

S. Moore (Secretary) 2nd April, 1974
The Tanaiste stated that the Working Party on Drug Abuse, which he had set up in 1968, reported in February, 1971, and made many important recommendations for dealing with the problem of drug abuse in this country. Many of those recommendations had already been implemented to good effect, and he was pressing ahead with others.

He regarded the setting up of the Drug Education Committee as a most important development and as an essential part of the overall structure for tackling the drug problem with thoroughness and efficiency.

The drug problem was a changing one with far-reaching social and health implications and it was important that there should be a realisation that it was kept under constant review in all its aspects. Apart from private efforts, there was considerable involvement of public authorities and hospitals in tackling the problem. The Minister said the excellent work of Garda and Customs Officials on one side and of doctors, pharmacies and hospitals on the treatment side was well known already. On the legislative side, controls had been improved and others were in course of improvement.

The Minister said that earlier this year he had set up a co-ordinating Committee on Drug Abuse, representing different agencies mainly concerned with the problem, who would share available information and keep an up-to-date picture of the position...
Regarding drug abuse. This would enable deficiencies or loop-holes to be spotted and effective action decided upon, That Committee would also achieve effective co-ordination between the different agencies*

The work of the Drug Education Committee was a corollary to the work of the Co-ordinating Committee, but of far-reaching importance in its own right.

The Working Party on Drug Abuse, in commenting on the question of communicating information on drugs to young persons, referred to the difficulty associated with this matter and the need for full consideration and care before deciding on firm policy. The Minister gave the following quotation from the Working Party Report:--

"We have considered the question of providing information regarding the use and abuse of drugs to school children and other young people as a preventive measure and have sought the opinions of educationalists and other interested persons. There would appear to be agreement that some work may be done directly with young people in schools and in other settings. However, it is evident too that there is not general agreement about the means to be used and there is a notable lack of research evident which would support firm recommendations.*

For instance, much more would need to be known about what the content and tone of any proposed programme should be; about who should conduct it and communicate the information; about the effectiveness of the various means and media that might be used; about the age groups of the pupils or young people to be involved and the conditions and settings that would be most appropriate.*
It is recognised by expert opinion here and elsewhere that drug education is one field where more harm than good could be done by ill-considered action.

Accordingly, in pursuance of the advice of the Working Party, the Minister said, he had established the Drug Education Committee, to investigate and advise on the general question of communicating information on drugs, particularly to young persons, to provide guidance for school authorities and to indicate areas where research was needed.

Much had been done already in relation to education about drug abuse. Seminars had been held for persons who came into regular contact with young people, i.e., teachers, clergy, youth leaders, representatives of voluntary organisations. These seminars provided expert help on the problem of drug abuse, a better understanding of what was happening and how to recognise and cope with problems of young persons in relation to drugs, and professional advice of a high order was available to participants. Six such seminars had already been held since last January - four in Dublin and one each in Cork and Limerick, and many more had been arranged for the future. To indicate the scale of effort, approximately 400 such persons - representing nearly 200 post-primary schools and other organisations such as Junior Chambers of Commerce, youth clubs, special voluntary groups, universities and social workers - had attended the seminars.

In addition, the Minister added, expert lectures for adult groups had been organised by his Department in conjunction with the Drugs Advisory and Treatment Centre, Jervis Street Hospital. To-date, approximately 20 such lectures had taken place and more had been arranged. The number of these lectures depended mainly
on the availability of competent speakers* He paid tribute to the splendid co-operation received in the organisation of the lectures and seminars, by the experts themselves and, where appropriate, their employing authority.

The Committee however, would no doubt review what had been and was being done about drug education and would assess the new needs and advise on new approaches in the light of the changing drug scene. This review and assessment would be facilitated by the fact that certain persons had very kindly and generously accepted membership of both the Co-ordinating Committee and the Drug Education Committee. The drug scene in Ireland was changing so rapidly that action taken to-day might not be suitable to-morrow or next month, and the Tanaiste urged the Education Committee to be courageous in its recommendations. He looked to the Education Committee for on-going, up-to-the-minute advice and reports given as often as they liked and certainly not in any formal time scale of once a year or so.

The Tanaiste thanked the members for their willingness to act on the Committee and to devote their time and talents to the vitally important work entimsted to them,
26th February, 1973

Dear Mr. Childers,

In your address to our inaugural meeting you intimated that you would welcome interim reports from time to time as the situation demanded. My Committee has been considering various aspects of the drug education problem and consider that immediate action is required on three matters viz.

(1) *Text and already being given in Schools*

Reports to hand indicate that lectures are being given to school children by people unqualified to do so and that some of these are positively harmful. In some cases these lectures are illustrated by sensational films which tend to glamorise drug taking and encourage experimentation by young people whose curiosity would not otherwise have been aroused. It is suggested that a moratorium be recommended, on all lectures and film shows on drug abuse in schools until such time as the Committee is in a position to give guidelines in the matter to school authorities. A similar decision has recently been taken in the U.S.A.

As most post-primary schools are autonomous it is considered that this could best be achieved by an approach from you, as Minister for Health, to all post-primary school authorities, requesting that specific lectures or programmes for school children on the subject of drugs should not be provided, until it is possible to decide on an approach to this problem that will not carry the risk of making things worse.

(2) *Summer Courses for Post-primary Teachers?*

The series of seminars for post-primary teachers and others undertaken by your Department in co-operation with the Department of Education on drug abuse and alcoholism has been considered by the Committee who feel that this has been very successful. It is noted that by Easter every post-primary school in the country will have had an opportunity to send a teacher to one of these seminars. This is considered very satisfactory. By Easter therefore teachers from most areas of the country will have some basic information and advice on the drug problem. It is considered that this educational programme should be taken a step further by the provision of a Summer Course for selected teachers and it is recommended that the Minister for Education be requested to initiate such a course and include it in his programme for the current year. He might also be asked to enlist the co-operation of school authorities and the teachers' associations. My Committee would like to be involved in the selection of participants, the appointment of lecturers and the content and duration of the course.

It is considered that the corps of teachers trained in this way would be available in their own areas to advise other teachers and perhaps parents, youth leaders and others in the educational field.

The Secretary,
Room 36A,
Custom House,
Dublin, 1

An Coiste Oideachais um Druganna,
(The Committee on Drug Education)
Baile Atha Cliath, 1.
(Dublin, 1)

Tel. U2961
E't. 301

26th February, 1973
The Minister for Education might also be asked to allow these teachers sufficient freedom of action to fulfil this role. The urgency of the situation prompted this proposal which is but a temporary expedient to try to contain an escalating problem. The members of the Committee feel that the content of the course and the selection of teachers is of vital importance. They are very firmly of the opinion that information on drugs should not be given in isolation and that at the very minimum the course should embrace also the socially accepted drugs i.e. tobacco, alcohol, and some medicinal drugs (sedatives and tranquillisers) which are often over-used by the older generation. Strong emphasis would need to be placed on the best methods of imparting knowledge and influencing attitudes and also on the psychological factors which motivate drug abusers. Teachers selected (preferably from the younger age group) should be drawn from various areas of the country (particularly the high risk areas) and this course would be regarded as a pilot course.

(3) Involvement of Health Boards

The complete task cannot be left to the teachers alone, in fact the whole community must be involved, but more particularly teachers will need the support of the medical and public health personnel. It is envisaged that a team of doctors, nurses, social workers etc. (especially selected for their expertise) should be available in each area to whom the teachers could refer for guidance with particular problems or for advice generally. The time is now opportune for health boards to consider this aspect of the problem so that an integrated service be made available.

Finally, drug taking is but a symptom of a greater social malaise which must be tackled, but much more investigation and research must be engaged in, before long term proposals can be formulated. It is hoped to be in a position to forward further recommendations in the near future. The timing of these three recommendations is important hence this interim report.

Yours faithfully,

(Sgd.) B.J, Carr

Chairman

Mr. Srskine H, Childerso, T.D.,
Tanaiste and Minister for Health,
Custom House,
Dublin, 1.
Appendix C

List of persons who made oral or written submissions to the Committee:

Dr. Geoffrey Dean, Director, Medico-Social Research Board.
Fr. J. Hartnett, S.J., Gardiner St., Dublin, 1.
Mr. K.C. Humphrey, Department of Education and Science, London.
Mr. Philip Kearney, Comhairle le leas Oigo.
Mr. C. Keogh, Department of Health, Dublin.
Dr. Conor Ward, Department of Social Science, U.C.D.
Dr. A.J. Wood, Principal Medical Officer of Health, London Borough of Brent.
### Appendix D

Notifications to the Department of Health of

(a) Admissions to psychiatric hospitals resulting from alcoholism:

<table>
<thead>
<tr>
<th>Year</th>
<th>First admissions</th>
<th>All admissions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1965</td>
<td>699</td>
<td>1,638</td>
</tr>
<tr>
<td>1966</td>
<td>800</td>
<td>1,757</td>
</tr>
<tr>
<td>1967</td>
<td>864</td>
<td>2,013</td>
</tr>
<tr>
<td>1968</td>
<td>1,081</td>
<td>2,525</td>
</tr>
<tr>
<td>1969</td>
<td>1,186</td>
<td>2,886</td>
</tr>
<tr>
<td>1970</td>
<td>1,252</td>
<td>3,073</td>
</tr>
</tbody>
</table>

(b) Admissions to psychiatric hospitals resulting from the abuse of other drugs:

<table>
<thead>
<tr>
<th>Year</th>
<th>First admissions</th>
<th>All admissions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1965</td>
<td>41</td>
<td>84</td>
</tr>
<tr>
<td>1966</td>
<td>27</td>
<td>64</td>
</tr>
<tr>
<td>1967</td>
<td>34</td>
<td>70</td>
</tr>
<tr>
<td>1968</td>
<td>50</td>
<td>99</td>
</tr>
<tr>
<td>1969</td>
<td>65</td>
<td>119</td>
</tr>
<tr>
<td>1970</td>
<td>73</td>
<td>145</td>
</tr>
</tbody>
</table>

(c) Voluntary notifications of instances of drug dependence or drug abuse:

<table>
<thead>
<tr>
<th>Year</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>1970</td>
<td>159</td>
</tr>
<tr>
<td>1971</td>
<td>268</td>
</tr>
<tr>
<td>1972</td>
<td>252</td>
</tr>
</tbody>
</table>

N.B. The system of notification is being expanded in 1974 to include the casualty departments of general hospitals which were not included at present.
Appendix E

Total Amounts of Drugs Seized by Gardaí 1970–73

<table>
<thead>
<tr>
<th>Year</th>
<th>(1) Cannabis Resin</th>
<th>(2) Cannabis Herb</th>
<th>(3) L.S.D.</th>
<th>(4) Heroin</th>
<th>(5) Synthetic Opiates</th>
<th>(6) Morphine</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Grams</td>
<td>Grams</td>
<td>Units</td>
<td>Grams</td>
<td>Units</td>
<td>Units</td>
</tr>
<tr>
<td>1970</td>
<td>1,172</td>
<td>31</td>
<td>351</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>1971</td>
<td>887</td>
<td>277</td>
<td>2,234</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>1972</td>
<td>3,214</td>
<td>5,387</td>
<td>637</td>
<td>7.5</td>
<td>2,286</td>
<td>4,712</td>
</tr>
<tr>
<td>1973</td>
<td>18,927</td>
<td>1,887</td>
<td>1,583</td>
<td>32.6</td>
<td>3,372</td>
<td>325</td>
</tr>
<tr>
<td>Year</td>
<td>(7) Barbiturates</td>
<td>(8) Methaqualone</td>
<td>(9) Cocaine</td>
<td>(10) Amphetamines</td>
<td>(11) Tincture of Opium</td>
<td>(12) Tincture of Indian Hemp</td>
</tr>
<tr>
<td>------</td>
<td>------------------</td>
<td>------------------</td>
<td>-------------</td>
<td>-------------------</td>
<td>------------------------</td>
<td>----------------------------</td>
</tr>
<tr>
<td>1970</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1971</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1972</td>
<td>6,087</td>
<td>1,376</td>
<td>4</td>
<td>28</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1973</td>
<td>2,427</td>
<td>136</td>
<td>156</td>
<td></td>
<td>40</td>
<td>2.75</td>
</tr>
</tbody>
</table>

N.B. "Units" include tablets, capsules and ampoules.
Figures not available for Item 1, 2 and 3 prior to 1970 and not available for other items prior to 1972.
Appendix E

Number of persons charged with Drug Offences
1965 - 1973

<table>
<thead>
<tr>
<th>Year</th>
<th>Dublin Area</th>
<th>Provinces</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1965</td>
<td>2</td>
<td>-</td>
<td>2</td>
</tr>
<tr>
<td>1966</td>
<td>1</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>1967</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>1968</td>
<td>24</td>
<td>-</td>
<td>24</td>
</tr>
<tr>
<td>1969</td>
<td>59</td>
<td>-</td>
<td>59</td>
</tr>
<tr>
<td>1970</td>
<td>63</td>
<td>8</td>
<td>71</td>
</tr>
<tr>
<td>1971</td>
<td>99</td>
<td>9</td>
<td>108</td>
</tr>
<tr>
<td>1972</td>
<td>195</td>
<td>36</td>
<td>231</td>
</tr>
<tr>
<td>1973</td>
<td>187</td>
<td>98</td>
<td>285</td>
</tr>
</tbody>
</table>

Appendix G

Number of Housebreakings reported at Surgeries and Pharmacies

1972 - 34 premises 1973 - 37 premises

N.B. Figures not available for years prior to 1972.