

GAA Tobacco, Alcohol and Drug policy and guidelines

A Club & County resource to support the work of the GAA's Alcohol Substance Abuse Prevention (ASAP) Programme

Visit our website at www.gaa.ie/community





Message from An Uachtarán

The good done by the Alcohol and Substance Abuse Prevention (ASAP) programme since its inception in 2006 cannot be truly measured.

Like the introduction of the Codes of Best Practice and Behaviour for Children, the ASAP programme encourages proactive steps designed to enhance the positive experiences our members accrue from engagement with the GAA, and hopefully encourage them to realise some of those health-related benefits in their everyday lives as well.

While drug and alcohol awareness is at the heart of the ASAP programme, it is appropriate to look at its work through the broader spectrum of health and wellbeing. The creation of a National Health & Wellbeing Committee, plus similar sub-committees at county level, provides the GAA with new drivers of the health agenda at every level of the Association. The new role at club level – that of the Club Health & Wellbeing Officer (replacing the Club ASAP Officer position) – brings this work into the grassroots of every community we serve. These structures, combined with a dedicated Community & Health section in Croke Park leaves the GAA in an unparalleled position in relation in an Irish sporting context.

Our strength as the country's leading sporting and community organisation is in enabling access to our players, members, and volunteers. Partnership with appropriate agencies is essential for this work to achieve its potential and we are thankful to the Irish Health sector for their continued support in this regard, and to the variety of other statutory and voluntary organisations who work alongside the GAA.

The positive message of the ASAP programme will remain one of the foundation stones of the Association's work in the area of promoting healthy lives. The addition of the 'Off the Booze and On the Ball' health challenge to the GAA calendar each year offers our members a positive way to bring the ethos of the ASAP programme to life at club level and provides an opportunity to lead by example when it comes to our younger members.

I would like to thank everyone who contributed to this updated support manual for the Association, especially the Best Practise Unit of Foróige for their valued support and assistance.



Acknowledgements

The GAA Community & Health Section would like to sincerely thank Foróige and the members of its Best Practise Unit for their contribution towards the development of this resource. As one of Ireland's leading authorities in youth development, the GAA benefitted enormously from access to Foróige's 2010 Tobacco, Alcohol and Drug Policy and Guidelines, in framing this resource.

The Association would also like to thank Jim O'Shea and Paul Goff, authors of the SAOR Model, for their generosity in making this brief intervention resource available to the Association and in assisting in the delivery of the pilot programme to GAA coaches and ASAP Officers in 2012.

The Association gladly acknowledges the on-going assistance provided by the HSE and the Irish Health Sector to support the GAA to become a leader in the promotion of health through sport. This manual was compiled by Stacey Cannon the National GAA Health & Wellbeing Coordinator.

Finally, the GAA would like to acknowledge and thank all those who sat on and contributed to the work of the National ASAP Committee (2006-2014). Your work, under the enthusiastic guidance of the chairperson Brendan Murphy, resulted in the ASAP programme becoming embedded in the fabric of the Association and resulted in it positively impacted on the lives of an untold number of GAA members.



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Section I - Overview

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- Policy statement
- Role of the County ASAP Officer
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- Why have alcohol, tobacco and drugs guidelines?
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Health & Wellbeing in the GAA – evolving with the times

As Ireland's largest sporting and community organisation the GAA has always played a role in promoting health and wellbeing amongst its members and players. By their very nature GAA clubs are health-promoting units offering excellent opportunities for physical exercise, social interaction and community engagement, a safe environment for recreational activities, intergenerational connections, and life skill development. Your local GAA club is a valuable support system that helps members and communities overcome challenges they may face from time to time.

The GAA's first efforts to help address an Irish societal issue impacting negatively on its members came about in 2006 through the formation of the Alcohol and Substance Abuse Prevention

(ASAP) programme in partnership with the HSE. This programme was the first of its kind in an Irish sporting context and has been widely praised for its work in preventing drug and alcohol misuse, while facilitating a better delivery of education and intervention services to club members. The creation of a Tobacco, Alcohol and Drug policy for our clubs and the addition of the innovative Off the Booze & On the Ball health challenge to our annual calendar have played a part in contributing to a more mature culture surrounding alcohol in our clubs.

As it's evident from the chart below, being an active member of your local GAA club can expose individuals of all ages, but particularly our younger members, to 'protective factors' that help minimise the risk of developing a problematic relationship with alcohol or other substances at any stage of their lives.

**Enhanced
through
participation
in the GAA**



PROTECTIVE FACTORS	RISK FACTORS
Positive outlook	Early use of tobacco, alcohol and other substances
Self-confidence and positive self-belief	Mental health problems
Good communication skills	Aggression/impulsivity
Appropriate Boundaries/ supervision	Risk taking
Assertiveness	Easily influences by peers
Strong sense of community	No sense of belonging to or pride in community
Opportunities to socialize in a safe environment	Lack of facilities and amenities



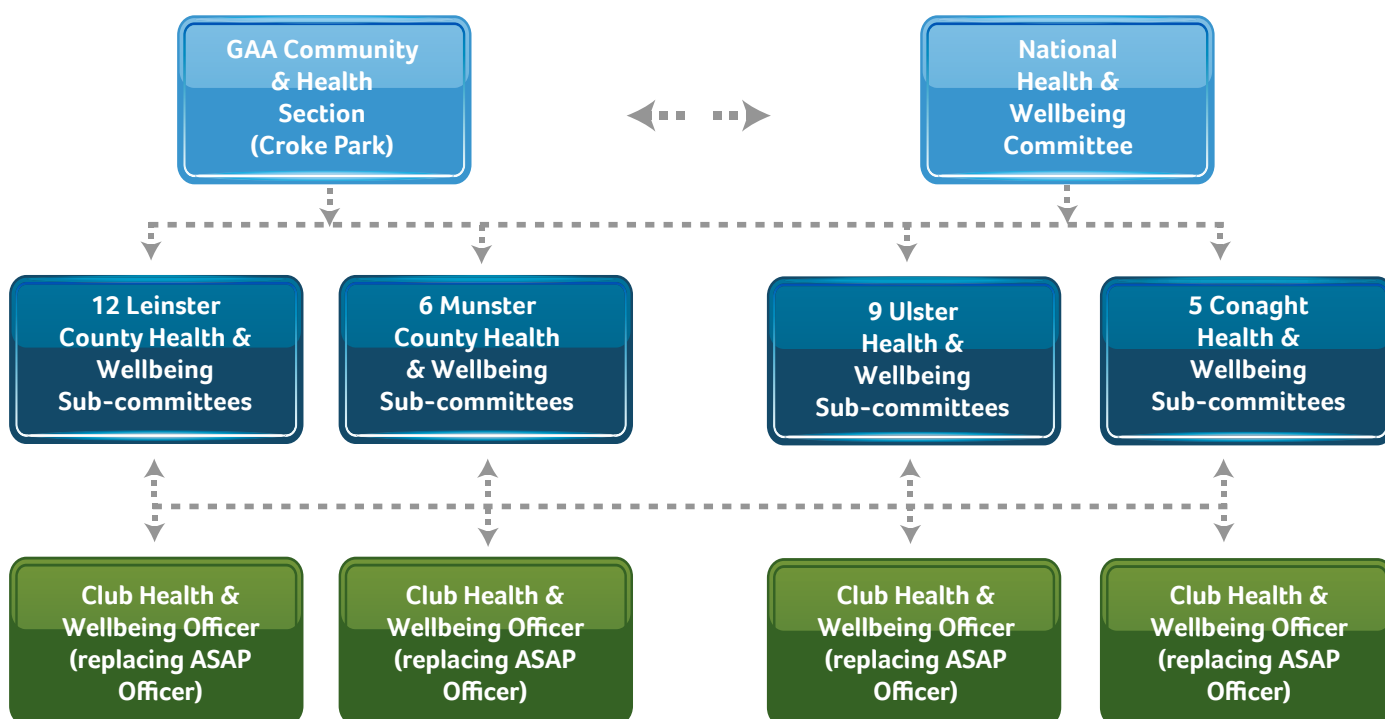
The Community & Health Section

The Association has recently undergone a number of organisational changes to better enable it to respond to the health and wellbeing needs of its members. At the historic annual congress in Derry in 2013 a County Tyrone sponsored motion recommending the formation of Health & Wellbeing sub-committees at county level was passed. This led to Coiste Bainistí endorsing the creation of a National Health & Wellbeing Committee to offer support and guidance to the 32 new County committees and the GAA's fledgling Community & Health Section in Croke Park. Finally, it was also recommended that the position of ASAP Club Officer be replaced by that of a Club Health & Wellbeing Officer, in a move that reflects the more holistic work done by all our clubs in the area of promoting healthy lives. (For more information on the role of the club health & wellbeing officer please go to page 3.)

The existing structure is outlined below:

The GAA's strength lies in our ability to reach into every parish on the island of Ireland and our work in the area of health and wellbeing will be largely dependent on appropriate partnerships with organisations that have the requisite expertise, knowledge, and resources. To aid this process through various initiatives the GAA's Community and Health Section will help empower our members to make the healthier choices while keeping the ASAP programme as one of the flagship health focused programmes available to clubs.

This document has been developed as a resource to assist all our units in this work. It does not claim to have all the answers. Drug related issues can be a complex area and provides challenges and dilemmas for anyone faced with dealing with such issues on the ground. However, the document does endeavour to provide a framework for developing good practice in dealing with drug related issues on the ground.



The GAA's Alcohol and Substance Abuse Prevention (ASAP) Programme

ASAP Policy Statement

The aim of the ASAP programme is to minimise the harm caused by the misuse of alcohol and other substances in the GAA setting. It is the intention of the Association to have GAA units engage with the programme and to adopt and activate a Tobacco, Alcohol & Drug policy to best enable them to foster a culture of health and wellbeing for all our members

The GAA's Community and Health section encourages a holistic approach to health that focuses on education, appropriate actions, building partnerships and signposting to appropriate support agencies that are likely to lead to the healthy growth and development of our members.

Within this holistic approach the ASAP Programme tackles the issue of alcohol and substance abuse in three key areas:

1. **Prevent** alcohol and other drug related problems from occurring
2. **Educate** members about relevant issues
3. **Respond** appropriately should a problem arise

The ASAP Programme is aimed at all GAA members, and is delivered through a structure of 32 county ASAP officers, who sit on the Health and Wellbeing sub-committees at county level. Extensive resources such as this manual, an accompanying DVD, and webpage on gaa.ie/community have been developed along with additional materials provided through established links with relevant partner organisations.

In order to respond effectively to alcohol and drug related problems every club must develop a Club Tobacco, Alcohol and Drug policy that is appropriate to its specific needs and setting. A sample policy for clubs to use as a template has been added as Appendix I. Implementing this policy is the task of the Club's Health and Wellbeing officer with the support of the Club Executive or a club sub-committee. Each respective County ASAP Officer and County Health and Wellbeing sub-committee are also there as additional supports.

Role of the County ASAP Officer

The ASAP programme is dependent on the 32 county ASAP officers whose work on behalf of our members often goes hidden from the public eye. These officers now sit on your County's Health and Wellbeing sub-committee and are charged with promoting the aims and objectives of the ASAP programme and assisting in its roll-out and activation at club level.

The Role of the Club Health and Wellbeing Officer

This position of Club Health and Wellbeing officer is new to the GAA family (it replaces the ASAP officer role at club level). This title better reflects the varied and positive work our clubs do in promoting health amongst our members.

Club Health and Wellbeing officers will provide a direct link with the County Health and Wellbeing sub-committees and will help promote and signpost members to any programmes or initiatives being rolled out at county level. This development offers clubs a chance to show existing and potential members – and prospective sponsors – that health and wellbeing is at the heart of everything it does, and that it works towards this end on the behalf of people and communities, not just players.

Appropriate training for Club Health and Wellbeing officers will be developed by the National Health and Wellbeing Committee and will be made available as part of the overall strategic plan.



Why have Tobacco, Alcohol, and Drug Guidelines?

In Ireland there are individual, social, environmental and cultural factors associated with our use of alcohol and drugs. According to the ESPAD 2011 report, Ireland had decreased its consumption of alcohol since 2007, however Ireland still continues to be amongst one of the highest consumers of alcohol in the world. We have the highest level of binge drinking in comparison to adults in other EU countries. Within the adult population, cannabis is the most commonly used illegal drug. Other substances used include magic mushrooms, ecstasy, cocaine, amphetamines, poppers and LSD.

Although many young Irish people never have used and never will use drugs, there is evidence that drug use among young people in Ireland has increased considerably over the last decade. Alcohol remains the most common drug used and misused by young people in Ireland. A 2008 study conducted by the Department of Psychology UCD in the South East of Ireland reported that young people are now commencing drinking at an average age of thirteen years old. International research has also found that early initiation of alcohol use increases the risk of later development of serious drug and alcohol misuse problems. Rates of binge drinking and drunkenness among young people in Ireland are high in comparison with the European average (ESPAD, 2011).

Tobacco use is also high among young people in Ireland. Cannabis is the most popular illegal drug used among young people. A small percentage of young people are also likely to experiment with ecstasy, LSD, amphetamines and a range of other substances. It is also a concern that the use of inhalants is more common among young people in Ireland than other EU countries and the high level of risk associated with solvent misuse is clearly not understood by young people.

The GAA sits in a unique position in that it interacts with thousands of young people all over Ireland. Many young people, for one reason or another, are vulnerable and at risk of developing problems with drugs. Mentors are in some ways unique in their ability to reach out to all young people, including those who have an ambivalent or negative attitude to more formal education, health and social services. Mentors build up trust and relationships with young people in out-of-school settings and may be among the only adults whom young people trust or the only adults perceived as willing to relate to young people on their own terms.

In and of itself, GAA clubs and sport in general can provide very positive experiences for young people, building resilience and enhancing their leadership skills for the future. The education and pro-social skill development which comes from been involved in the GAA is a significant protective factor in the context of drug misuse prevention.

Therefore in acknowledging the changing trends in drug use and misuse among people in Ireland, the purpose of these guidelines is to provide additional direction and clarification, promote consistency in practice, and support members who seek to prevent drug use and reduce drug related harm among all our members.

* Please check www.ESPAD.org, www.nacd.ie or www.nuigalway.ie/hbsc/ for current statistics.

Understanding Drug Use

A 'drug' is any chemical substance, legal or illegal, which changes the way the body functions, mentally, physically and emotionally. For the purposes of these guidelines the word 'substance' and 'drug' are used interchangeably.

It is widely accepted that there is no single reason why a person uses or misuses drugs. Some drugs may be used to treat an illness or infection, to help us cope with the anxiety and stresses of life, while others are used for recreational purposes, to help us relax and enjoy ourselves. However, there is no such thing as a safe drug; all drug taking involves an element of risk, harm and disease.

Drug misuse is the use of any drug, legal or illegal which damages some aspect of the user's life; whether it is mental or physical health, their relationship with their family, friends or society in general or their vocational functioning as students or as workers both inside and outside the home. This definition includes not only the use of illegal drugs but also the dangerous use of legal drugs such as alcohol, the use of tobacco, the harmful use of prescribed medicines by exceeding the recommended prescribed dose and the illegal use of legal drugs such as drinking and driving or smoking cigarettes in a no smoking area.

While research shows that many young people experiment with drugs, it is our responsibility to guide, inform and enable young people to make healthy choices in relation to all areas of their personal and social development and try to prevent the onset of drug use. Drug use by young people under 18, other than age appropriate medical use, can have negative physical, psychological and developmental effects on a young person.



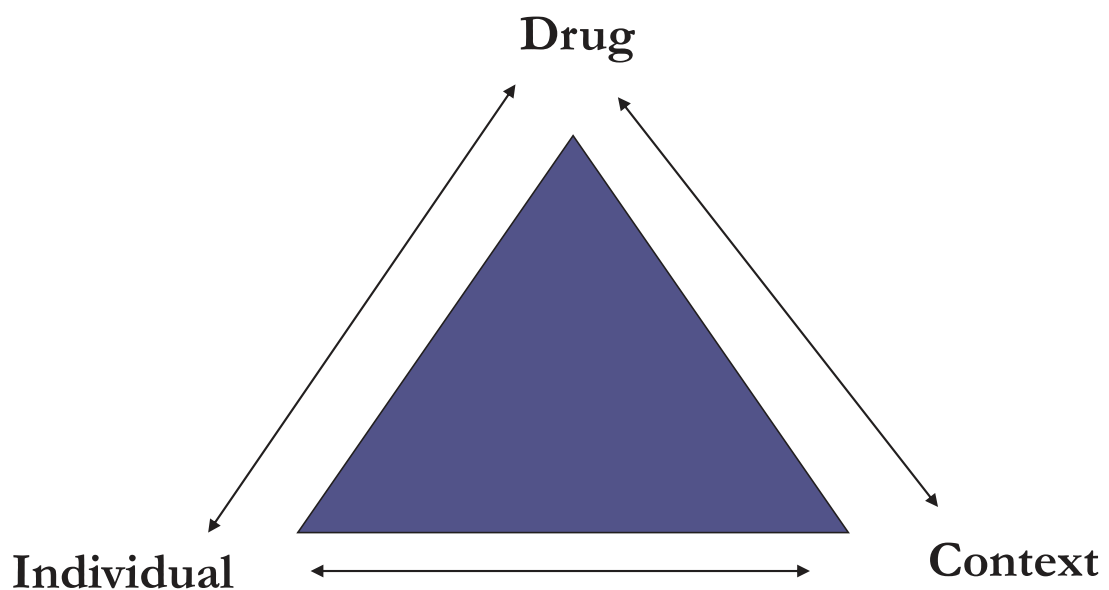
According to Zinberg there is three key factors involved in drug use . These are the characteristics of the individual, the drug being taken and the circumstances in which the drug is used. These factors are interrelated and should not be considered in isolation. Each of these factors influences not only the reasons for using a drug, but also the precise effects on the user.

There are varying levels of drug use and different problems associated with each level. Use varies from once-off experimentation to occasional use, to regular but controlled use, to dependent use or addiction, where the person's health and/or family, social or occupational functioning is impaired. It should be noted that an individual can not only move between the various levels but can also withdraw and re-enter the cycle of drug use (Zinberg, 1984).

A survey of GAA coaches conducted by Murphy & Gottsche in 2010 highlighted the negative impact alcohol and drugs use had amongst some GAA squads. The key findings included players missing training, under-performing and arriving under the influence. The full study can be view at gaa.ie/community. The coaches stated they felt inadequately prepared for dealing with such incidences, resulting in the development of SAOR Brief Intervention training for coaches. More information on SAOR can be found in section III.

Zinberg's Model of Drug Use

Zinberg, 1984





Section II Prevention and Education

■ Prevention and Education

■ How to develop a club Tobacco, Alcohol and Drug policy

■ General Guidelines on Drugs

- Alcohol
- Tobacco
- Illicit Drugs
- Solvents
- Over-the-Counter Drugs
- Prescription Drugs

■ How Alcohol and Tobacco affect sporting performance

Prevention, Education and Response

When forming guidelines for a clubs Tobacco, Alcohol and Drug policy, it is useful to consider the following three stages.



1. Prevention of drug and alcohol abuse

Prevention covers a broad range of strategies, including drug education, which are aimed in building strengths and competencies, preventing problems and minimising harm. The vast majority of people involved in the GAA do not have a drug and alcohol problem and the ASAP programme is helping to ensure that this remains the case. It is important that all parents, officials, staff and mentors follow the law when it comes to illegal drugs, alcohol and tobacco and display leadership and good example particularly when dealing with underage members. There are definite actions that can be taken to strengthen this position and prevent drug and alcohol problems in the GAA. By deliberately changing some of our current behaviours as adults we are helping to reduce the use of drugs and alcohol among our young people.

Some of the things that we can choose to do to reduce young people's exposure to alcohol include:

- Not fill the cup with alcohol during celebrations.
- Not smoke or drink alcohol in the presence of juvenile members during matches, training sessions or club outings.
- Not sell cigarettes in the clubhouse.
- Not have medal ceremonies and celebrations for juvenile teams in pubs.
- Do not bring young people to pubs on the way home from matches, outings or training sessions.

2. Education about drugs and alcohol

Education programmes that increase our knowledge and skills are essential to help us effectively deal with drug and alcohol issues. Education about drugs and alcohol is most effective if provided in the broader context of child protection, sporting performance and club development.

Please see Appendix II - For an event plan guide when holding an education or training night

- Education works best in small bite sized pieces and if it's done over a period of time rather than in one big event.
 - Education should be age appropriate.
 - The use of an outside visitor/speaker to enhance an education event may be helpful.
 - Do not use scare tactics to educate as these have been shown to be the least helpful way of encouraging people to change their behaviour.
 - Education about drugs and alcohol should not just be aimed at young people as adults need to be abreast of what is happening in the changing trends of drug and alcohol use.
 - Visitors are not to be allowed to educate young people in the absence of parents/mentors.
 - Phase out alcohol advertisements on club jerseys.
- All of these actions are recommended in the Club Tobacco, Alcohol, & Drug policy template Appendix I.

3. Response to drug and alcohol incidents in the club

Responding to drug/alcohol related incidents should be dealt with on case by case basis with the support of your club policy. Matters relating to the supply of drugs **MUST** be brought to the attention of the County ASAP Officer and the National Community and Health Manager.

There are many factors that need to be taken into account when a Club Executive is faced with making a decision on what action to take following confirmation of a club member being involved in a drug/alcohol related incident. These include;

- Persons being drunk/stoned on club property.
- Disclosure about problematic drug/alcohol use.
- Finding alcohol/drugs or associated paraphernalia.
- Illegal possession or supply of alcohol or drugs.

(i) The type of drug/alcohol incident

- Was it for personal use or supply to friends or dealing on a wider scale?
- What are the risks to the individual(s), the club and the wider community if another incident like this were to happen again?

(ii) The history of the person(s) involved

- Was this a first offence or part of a pattern?
- Has he/she expressed willingness to change or if necessary, get help?
- What effects will actions taken by the club have on the person's wider life?

(iii) Possible responses

It is crucial that the rationale and reasons for any decisions/ actions taken are clearly recorded. It is also important to form links with professional drug and alcohol services in your county to assist in the management of drug related incidents. The Club Executive can choose to act in any of the following ways in response to a drug/alcohol related incident

- Take no action (i.e. unsubstantiated rumours).
- Inform parents/guardians (almost always advisable if dealing with a minor unless by doing so would put the young person at more serious risk of harm).
- Inform Gardaí/PSNI (necessary if a serious criminal act has taken place).
- Verbal or written warning to person(s) involved.
- Temporary suspension.
- Permanent expulsion.

Matters involving the illegal supply or sale of drugs must be brought to the attention of the GAA's Community & Health section in Croke Park who will offer guidance and support in dealing with such a critical incident. If an individual is charged with such an offence a period of time may elapse before the matter is dealt with in a court of law, and it may be appropriate for the individual to be asked to step aside from club activities until the matter is dealt with in a court of law, notwithstanding the individual's presumption of innocence until proven guilty. Again, the Community and Health section can support a club and individual through this challenging time.

Please see Appendix III – for a drug related situation report form

How to develop a Club Tobacco, Alcohol and Drug Policy

A Club Tobacco, Alcohol and Drug policy sets out in writing the framework the club will use to manage tobacco, alcohol and drug related issues. The policy applies to the entire club including mentors, parents/guardians, players and all users of the club buildings and grounds. The process of developing a Club Tobacco, Alcohol and Drug policy is best undertaken in a step by step approach as outlined below. By following these seven steps every club will educate their members and gain a greater understanding of the issues involved.

STEP 1: ESTABLISH A SUB-COMMITTEE TO DEVELOP THE CLUB TOBACCO, ALCOHOL AND DRUG POLICY

The core committee for developing the policy should involve the participation of management, mentors, parents/guardians and young people.

- Young people must be members of the sub-committee.
- Club Executive should be members of the sub-committee.
- Keep the committee to a maximum of eight people.

STEP 2: STUDY RELEVANT RESOURCE DOCUMENTS AND LEGISLATION

In recent years, many resource materials about tobacco, alcohol and drugs have been developed. The information contained in this manual will also be of use. Other things to consider included:

- Consult the Community and Health website at www.gaa.ie/community.
- Consult the website www.drugs.ie to find up to date information on tobacco, alcohol and drugs.
- Read the Report of the GAA Task Force Report on Alcohol and Substance Abuse. It can be downloaded on www.gaa.ie/page/official_reports.
- Contact the local Health Promotion Department for helpful publications about tobacco, alcohol and drugs.
- Contact local Gardaí/PSNI, to get more details on tobacco, alcohol and drug laws.
- Consult the WHAT IS DOPING? section on the Irish Sports Council website at www.irishsportsCouncil.ie/Anti-Doping

STEP 3: REVIEW THE SITUATION IN THE CLUB REGARDING TOBACCO, ALCOHOL AND DRUG ISSUES

Different clubs may have different details in their tobacco, alcohol and drug policy depending on the type of problems they have encountered in the past and what jurisdiction they are in or if they have a licenced premises.



- Spend time discussing the issues that previously happened in the club.
- Talk about the types of issues that are likely to occur in the future.
- Centre the policy around these issues to make it relevant to the membership.
- Does your club have a bar – if so what additional points of discussion does this raise?

STEP 4: PREPARE A DRAFT CLUB TOBACCO, ALCOHOL AND DRUG POLICY – See appendix I for sample policy

A Club Tobacco, Alcohol and Drug policy is usually only a couple of pages in length and does not need to be particularly complex. To follow is a list of items that it must contain:

A. Name of the policy

- Title it 'Club Tobacco, Alcohol and Drug policy for _____ Club'.
- Sign and date it to signify when and by whom it was drafted.

B. Scope of the Tobacco, Alcohol and Drug Policy

- Emphasise that the policy is in force at all times at GAA facilities and during all activities conducted under the aegis of Cumann Lúthchleas Gael.

C. Definition of the word 'drug'

- A 'drug' is any chemical substance, legal or illegal, which changes the way the body functions, mentally, physically and emotionally. For the purposes of these guidelines the word 'substance' and 'drug' are used interchangeably.

D. Rationale for having a Club Tobacco, Alcohol and Drug Policy

- All clubs are bound by the commitment of Cumann Lúthchleas Gael and the Irish Sports Council to the philosophy of "Discouraging the use of drugs, alcohol and tobacco on the basis that they are incompatible with a healthy approach to sporting activity".

E. Roles and Responsibilities

- The club sub-committee is responsible for overseeing the development, implementation and evaluation of the Club Tobacco, Alcohol and Drug policy.
- List the contact details of the County ASAP Officer in the policy to assist with queries or suggestions.

F. Time frame

- Make sure that the draft policy clearly states when the completed policy will come into force and when it will be subject to review. Review the policy annually and after any significant drug or alcohol related incident to see if it is operating effectively.

G. Education about tobacco alcohol and drug use

- A variety of approaches will be required. Parents and mentors will require education that teaches them how to talk to young people about drugs and alcohol whereas young people will require education that has a healthy lifestyle focus – for example combine events with information/presentations on diet and nutrition; link it to sporting performance.
- State how often and what types of drug education will be provided in the club.

H. Outline of Restrictions

- The possession, use, supply of illegal drugs or presenting under the influence of alcohol/drugs are viewed as unacceptable by Cumann Lúthchleas Gael and are punishable by warnings, suspensions and expulsions as deemed appropriate.

I. Reporting of Incidents

- Suspected, alleged or confirmed incidents in breach of this policy must be referred to the Chairman of the Club concerned.
- The Chairman will inform the Executive and the Executive will decide on the appropriate response in line with the policy.
- Matters relating to the supply of drugs **MUST** also be brought to the attention of the County ASAP officer and the Community and Health Manager in Croke Park, who can give guidance on the appropriate response on a case by case basis.

J. Recording of Information

- Information regarding suspected, alleged or confirmed incidents in breach of the policy received by the Executive should be minuted in the usual way. The recording of factual information is preferable, and all opinions must be stated as such. It is very important that any information received is treated as confidential. This will help protect the integrity of the club and all persons involved.
- Responses of the Executive to cases will also be recorded in this way.
- Only in confirmed cases will names of individuals be recorded.
- Use the 'Drug Related Situation Report Form (appendix III)

K. Involving Parents/Guardians

- It will be standard practice to inform parents/guardians if their child is involved in a drug/alcohol related incident. Their involvement and support is seen as essential in the resolution of these difficulties. Parents/guardians will be invited to discuss what has happened and will be included in deciding which course of action to be taken.



L. Search

- When writing the policy use the sentence... 'Cumann Lúthchleas Gael retains the right to search any part of its property if there is reasonable cause to believe a substance in breach of this policy may be contained therein'.
- Two officials/mentors of the unit concerned must be present during any form of search.

M. Involving Gardaí or PSNI

- In suspected or alleged incidents involving the supply of illegal drugs, it is the policy of CLG to inform the Gardaí/PSNI and have them present during a search of any part of the club property.

N. Disposing of (Suspected) Illegal Drugs

- If an illegal drug (or suspected illegal drug) is found on club property or during a club related activity, it should be brought to the attention of the Chairman of the club concerned.
- Store the substance securely and inform the Gardaí/PSNI to arrange for its disposal.
- Two officials/mentors should be present during any procedures involving handling of illegal substances.
- The substances should not be removed from the building by anyone other than the Gardaí/PSNI or someone acting on their behalf.

O. Availability, Use and Storage of Solvents and Gases

- There are a large number of solvent based products that can be bought easily and have the potential to be abused. These include paints, thinners, deodorants, air fresheners, cleaning fluids, pain relief spray and plaster removal spray.
- All solvent based materials and gases should be stored securely where the public does not have access to them.

P. Use of Performance Enhancing Substances/Methods

- The guidelines set out in the GAA Anti-Doping Code must be adhered to. The Code is based upon the Irish Anti-Doping Rules as adopted by the Irish Sports Council. Information on the GAA Anti-Doping Code can be found on www.medicalwelfare.gaa.ie/antidoping.html
- Detailed information on all aspects of doping in sport can be found on www.irishsportsCouncil.ie/Anti-Doping

STEP 5: AMEND AND FINALISE THE DRAFT POLICY

Circulate the draft policy as widely as possible for the views of young people, parents/guardians, club members and club executive.

- Ask for feedback from a professional legal advisor.
- Involve those parents and young people who might not normally be reached.

- Revise the policy on the basis of the feedback received from this process.

STEP 6: RATIFY, CIRCULATE AND IMPLEMENT THE AGREED POLICY

When the finalised draft policy has been ratified by the Club Executive it becomes the agreed Club Tobacco, Alcohol and Drug Policy.

- Circulate the finished policy to everyone connected to the club.
- Give a copy of the policy to all existing members and all new members upon joining.
- Choose a date when the policy comes into effect.
- Display and advertise the policy on the club website/ newsletter.
- Promote your policy through the local media.
- Inform your County Health & Wellbeing sub-committee and receive a Club Certificate signed by An Uachtarán CLG to display in your clubhouse signalling your club has a policy in place (see image below).


STEP 7: MONITOR, REVIEW AND EVALUATE THE POLICY

A review of the policy should be carried out at least once each year by the club. This will help make the policy a 'living document' and give the club a chance to build on the work that has been done to date and plan for what needs to happen in the future. When reviewing the policy, do so with this question in mind "If were to happen here, what would we do".

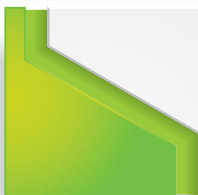
- Review after every drug/alcohol related incident to judge its effectiveness.
- Be aware of changes to legislation and to the local drink and drug scene.
- Evaluate the policy within the club planning and development framework.




Steps 1-7 in Graphic Form



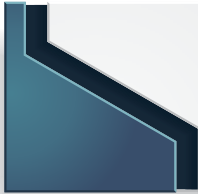
Establish a sub-committee to develop the Club Tobacco, Alcohol and Drug Policy




Study relevant resource documents and legislation



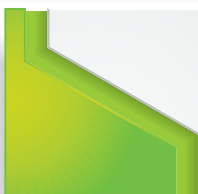
Review the situation in the club regarding drug and alcohol issues




Prepare a draft Club Tobacco, Alcohol and Drug Policy



Amend and finalise the draft policy



Ratify, circulate and implement the agreed policy



Monitor, review and evaluate the policy



IN ORDER TO ACTIVATE YOUR POLICY EACH YEAR HERE ARE SOME IDEAS:



Make sure all members of the club receive a copy of the policy and that your Club certificate is displayed in the clubhouse. Some clubs have taken the step of turning the policy into a small booklet that includes the contact numbers of local support groups and useful community services.



Hold a health orientated evening for a specific underage group, say U14s and U16s. It's important to remember that 'once off' tobacco, alcohol and drug awareness nights are not recommended and are shown to have no positive impact. Instead, why not combine a talk from your local GP or an expert on diet and nutrition for sport with a short presentation on the negative impact alcohol or other drugs can have on sporting performance. By linking substance misuse to performance you can reach your juvenile players on a level that really matters to them – by helping them be the best players they can be. (Information relating to drug use in particular is very age-specific; what is appropriate for one age group may not be appropriate for those younger or older, depending on the content. This should be delivered by someone with appropriate knowledge in the area.)



It's important that parents of underage players are included in such events so why not invite them to come along on the night too. A member of a local youth service, drugs task force, or your local Garda Community Officer, would be more than happy to address parents in a separate room about all relevant issues.



The ASAP programme is not only for underage players. Why not display copies of the Alcohol and Sporting Performance pull-out sheet which can be downloaded on gaa.ie/community and display in all changing rooms. It contains a lot of practical, useful information that can help to ensure senior players who take a drink don't let it affect their sporting performance. We would also recommend management of senior teams address the contents of this sheet at the start of a new season to maximise its potential and minimise the harm inappropriate alcohol use has on performance and recovery. This can often open the lines of communication around alcohol and expectations within a squad and help avoid issues that occasionally occur regarding pre-championship alcohol bans for example.



Engage with events your County ASAP Officer arranges in your county and use him or her as a resource and source of ideas and best-practice information.



Encourage your senior panelists, mentors and all members of the club who are over 18 to engage in the GAA health challenge 'Off the Booze & On the Ball'. Not only does this help kick off the New Year on a healthy footing, it leads by example for younger members of the club. There are more details on this campaign at www.gaa.ie/community.



General Guidelines on Drugs

These general guidelines on drugs provide direction on issues such as possession, consumption, purchase and supply of each drug type which a member might come in contact with over the lifetime of every club in the country.

Throughout this section a 'member' includes all club members players, officials, mentors/coaches and volunteers.

Tobacco

Tobacco use is high among people in Ireland. Smoking poses serious health risks, both to those who smoke and to those who smoke passively, i.e. by inhaling the smoke of others' cigarettes. According to the Department of Health, approximately 7,000 deaths in Ireland per year are directly attributable to smoking. Smoking is the leading preventable cause of disease and death. The exposure of non-smokers to environmental tobacco smoke (passive smoking) is hazardous to health and that non-smokers should be protected.

Please see general guidelines on tobacco below:

- Members should act as positive role models to young people regarding smoking and should not smoke in front of young people.
- Smoking should be actively discouraged at all times, especially the social element of smoking.
- People who wish to stop smoking will be encouraged and supported to stop at every opportunity.
- Where club rules allow, smoking must be in accordance with legal regulations and venue rules.
- Smoking may be allowed in supervised designated smoking areas. Where it is allowed there should be safe bins provided for the disposal of cigarette butts and other litter.
- Members must not purchase for or supply cigarettes or tobacco to young people. Any purchase or supply of cigarettes or tobacco in contravention of this may lead to disciplinary sanctions.
- Members must not request young people to buy cigarettes on their behalf.
- As a society we recognise that some young people smoke. Once a young person adheres to clubs smoking guidelines the young person should not be excluded from club because he or she smokes.

Alcohol

Alcohol is the most common drug used and misused by people in Ireland. Early initiation of alcohol use increases the risk of problematic use or dependence in later life. Prolonged heavy drinking has a serious effect on a person's health and, often, on his or her family, social, and occupational functioning. Alcohol is also implicated in many road accidents and is often associated with other breaches of the law.

Please see general guidelines on alcohol below:

- Members must not bring alcohol to the clubs premises.
- Members must not consume or be under the influence of alcohol while working with young people for the duration of overnight trips/residential/longer excursions - this includes when they are officially off duty (in case of emergency).
- Member should ensure, where young people are collected, carried and delivered to and from training/matches, no adult transporting young people is under the influence of alcohol or any other substance.
- Members should always be cognisant of the effect their own personal consumption of alcohol may have on their abilities and professional judgement. They must ensure this consumption never impacts on the performance of their duties, their professional judgement or behaviour.
- Members must not purchase or supply alcohol to young people. Any purchase or supply of alcohol in contravention of this may lead to disciplinary sanctions.
- Members should not promote alcohol, should prohibit alcohol advertising at underage level, and attempt to phase out alcohol sponsorship at adult level.
- Alcohol must not be served at functions/events primarily involving young people.
- Under special circumstances, young people may be present at an event, primarily for adults, where alcohol is available. In such a situation, parents and young people must be informed of this situation and of the clubs guidelines on alcohol. Written parental/guardian permission for the young person to attend such an event should be obtained. In addition, designated adults, who have not and will not consume alcohol, should be available to the young person(s) at all times.
- At events where alcohol is available, all legal regulations must be adhered to.
- If a young person is found under the influence of alcohol or in possession of alcohol then the guidelines for 'Management of a Drug Related Situation' should be followed.



Illicit Drugs

Cannabis is the most common illegal drug used by young people. The health, social and legal consequences of different levels of use can be devastating for the individual, family or community.

Please see general guidelines on illicit drugs below:

- Members must not use, possess or supply any illegal drugs during activities or on the premises of the club grounds.
- Anyone under the influence of illegal drugs will not be allowed to take part in any club activities or on the premises of the club grounds.
- If a member is found under the influence of an illegal substance or in possession of an illegal substance then the guidelines for 'Management of a Drug Related Situation' should be followed.

SOLVENTS

The short term and long term risks and harms associated with solvent use make it a very volatile and unpredictable substance and this is of great concern in regard to the physical and mental health and general safety of people.

Please see general guidelines on solvents below:

- Members under the influence of solvents will not be allowed to take part in club activities.
- Where possible, non-toxic cleaning supplies should be purchased. Young people should always be supervised when using potentially harmful materials, cleaning products or other solvents.
- When not in use, solvents should be stored in a locked room or cupboard.
- If a member is found under the influence of a substance you suspect is solvents then the guidelines for 'Management of a Drug Related Situation' should be followed.

Over-the-Counter Drugs

All drugs pose risks and over the counter drugs can have negative side effects, cause allergic reactions, or can be misused. Cough medicines, antihistamines, paracetamol, aspirin, codeine and laxatives are among the over the counter drugs that may be misused.

Please see general guidelines on over-the-counter drugs below:

- Over-the-counter drugs should not be kept in a club's First Aid box or stored in club-operated premises.
- Members should not purchase or administer over-the-counter drugs, unless under the instruction of qualified medical personnel or parents or guardians and then only in accordance with manufacturer's instructions.
- Members should not have potentially unsafe quantities of over-the-counter drugs in their possession. Everyone should actively discourage this practice.
- If a person is suspected of misusing over-the-counter drugs then the guidelines for 'Management of a Drug Related Situation' should be followed.

Prescription Drugs

Prescribed medication may be used to treat a number of illnesses for example: Depression, Anxiety, Attention Deficit Disorder, Attention Deficit Hyperactivity Disorder, Asthma and diabetes. Prescription drugs may also be used to stabilise or detoxify a dependent drug user e.g. methadone. It is possible however to misuse prescription drugs, become dependent on them or risk overdose e.g. tranquillisers.

Please see general guidelines on prescription drugs below:

- A person on prescription medication should have evidence of the prescription in his or her possession e.g. be able to verify their name printed on the label or on the Doctor's prescription, or if a young person details should be on their parent or guardian permission and medical consent form.
- In general the responsibility lies with the person to take their prescribed medication. Members should only remind a young person to take prescription medication with parent or guardian or medical consent.
- When necessary members, subject to parent or guardian or medical consent, should store the required amount of prescription medication for a young person if they are not deemed responsible to hold the prescribed medication themselves.
- Reliever medication is very safe therefore do not worry about the young person overdosing. Only people with asthma would look for an inhaler to relax the muscles and open the airways. If the person is not asthmatic and experiments with someone else's inhaler then the inhalers will not provide any relief. At higher doses the person may experience an increased heart rate or tremor but these symptoms are temporary only.
- If a person is suspected of misusing prescription medication then the guidelines for 'Management of a Drug Related Situation' should be followed.



How Alcohol, Tobacco and Drugs affect Sporting Performance

Playing, celebrating and drinking

The social side of Gaelic Games is very important and socialising with team members after a match is a tradition in some clubs. However, if your celebrations involve drinking alcohol and especially if you drink to the point where you get drunk, this can seriously affect your fitness, mentally and physically. If you take your sport seriously, and like to do the best you can for yourself and your team, it's worth knowing the facts and what you can do to reduce the negative impact alcohol can have on your sporting performance.

10 ways alcohol can affect

Sporting Performance

1 Dehydration

Alcohol promotes water loss. It reduces the production of the anti-diuretic hormone, causing you to urinate more. This in turn leads to dehydration.

2 Impairs nutrient absorption

Water loss caused by alcohol consumption involves the additional loss of important minerals such as magnesium, potassium, calcium, and zinc. These are vital to the maintenance of fluid balance and nerve and muscle action and coordination

3 Reduces endurance

Alcohol reduces the body's ability to convert food to energy and also reduces carbohydrate/blood sugar levels. These effects, together with lactic acid build-up and dehydration, combine to reduce aerobic performance

4 Weight Gain

Alcohol is high in calories and transformed directly into fat in your body, resulting in excess weight

5 Slower Reaction Times

Alcohol is a sedative and it can affect your performance during a game for up to 72 hours after you have finished drinking. Some players think they have less tension and increased relaxation as a result of alcohol. The actual result, however, is poorer hand-eye coordination and slower responses

6 Increased recovery period from injury

The usual treatment for injury (rest, ice, compression, elevation) can be negated due to the painkilling effect of alcohol. If you can't feel the pain of your injury you are less likely to take care of it and slow your recovery time or even cause further damage

7 Increases risk of muscle cramping

During exercise, your muscles burn sugar thereby producing lactic acid. Too much lactic acid leads to muscle fatigue and cramps. If you drink in the 24 hour period before a match the alcohol contributes to a bigger build up of lactic acid and dramatically increases your risk of cramping

8 Muscle Injury

Alcohol increases the bleeding and swelling around soft tissue injuries (sprains, bruises, and cuts - the most common sports injuries) requiring a longer recovery period. Alcohol also masks pain, which may lead you to delay in getting treatment - rapid treatment can make all the difference in a speedy recovery. If you've been injured, avoid alcohol, as it will complicate your recovery

9 Affects blood sugar production - essential for energy

Alcohol is a vasodilator (it causes the blood vessels near the surface of the skin to expand) and thereby promotes heat loss and a lowered body temperature.

10 Dulled performance

The blood sugar your body needs for energy is produced by the liver when it releases glucose into the blood stream. Drinking alcohol in the 48 hour period before a match reduces your body's ability to produce this sugar, so you have less energy and less endurance capacity.



Guidelines for surviving a night out with team mates

Enjoying a drink is often a part of relaxing with friends or celebrating a special event or victory. The following is a list of practical suggestions that will assist athletes in managing their alcohol intake when out with friends and team mates. Importantly, athletes need to control their own intake, rather than the team environment dictating their alcohol intake. Athletes should:

- **Plan in advance** - Think about where you are going, who you will be with and how much you are going to drink. Plan ahead. What do you need to do the next day?
- **Eat before or while you are drinking** - Eating carbohydrate-rich foods following exercise helps replenish muscle fuel stores. Furthermore, food in the stomach slows down the rate at which alcohol can be absorbed into the blood stream. Eating slows down your drinking pace and fills you up.
- **Pace yourself** - Space alcoholic drinks with non-alcoholic drinks. You could even start with a water, juice or soft drink. You will drink much faster if you are thirsty, so having a non-alcoholic drink to quench your thirst before you start drinking alcohol is a good idea, particularly after playing sport.
- **Drink slowly** - Sip your drink, do not down it in gulps. Put your glass down between sips.
- **Select low-alcoholic drinks** - Low-alcoholic beers or spirits in large glasses of juice or soft drink.
- **Be the designated driver** - If you have made the decision not to drink and are worried that there might be pressure from your friends or team mates to have a few, let them know that you are the designated driver. They will respect that decision and it will save them money in cab fares.
- **Drink one drink at a time** - Do not let people top up your drink if you have not finished it — it is a lot harder to keep track of how much you have drunk.

- **Keep yourself busy** - If you are occupied you tend to drink less. Have a dance or play pool, do not just sit and drink.
- **Avoid rounds or 'shouts'** — Drinking in a 'shout' with team mates encourages you to drink at someone else's pace. If you do get stuck in this situation, buy a non-alcoholic drink for yourself when it is your turn.
- **Do not take any substances you are not sure of and do not leave your drinks unattended** - There are increased reports of 'drink spiking' so always watch your drink and do not accept drinks from strangers.
- **Look out for your friends and team mates** - Always watch out for your friends or team mates. If you got into trouble you would expect them to watch out for you. Do not be afraid to let them know that they have had too much. They may not be too impressed when you let them know, but they will most probably thank you the next day.
- **Make sure you rehydrate before you go to bed** - One of the best ways to prevent a hangover is to make sure you drink water before you go to sleep. Drinking water throughout the evening is also a good option.



How smoking affects performance

Smoking negatively impacts physical activity – immediately and long-term. In addition to cancer, heart disease and respiratory disease, smokers have less endurance, reduced physical performance and higher rates of injury. Please see below affects smoking has on sporting performance.

Fact: All second-hand smoking is a danger; we actually can't see 85% of second-hand smoke

Fact: There are 4000 chemicals in every cigarette which can stay in a room or car for months afterwards

Physical activity prevents smoking and may help smokers quit

The good news is that individuals who exercise are less likely to smoke, and engaging in exercise may be able to help smokers quit. There are benefits to quitting smoking at any age. While some of the benefits occur long-term, there are immediate benefits that can boost physical performance, too. For example:

- 20 minutes after quitting, your heart rate drops.
- 12 hours after quitting, carbon monoxide levels in your blood drops to normal.
- 2 weeks to 3 months after quitting, your lung function begins to improve.
- 1 to 9 months after quitting, your coughing and shortness of breath decrease. (Quit.ie)



STRENGTH

Smoking reduces oxygen supply to muscles and lungs during exercise – oxygen in the blood is replaced with carbon monoxide. Smoking reduces lung function and slows lung growth.

RECOVERY

Smoking narrows the bronchial tubes in the lungs, reducing delivery of the oxygen muscles need to recover after exercise.

DULLED PERFORMANCE

Smokers reach exhaustion before non-smokers due to the fact that their hearts beat faster than non-smokers. They also obtain less benefit from physical training and suffer from shortness of breath almost three times as often as non-smokers.



Section III – SAOR Intervention

- What is a SAOR Brief Intervention?
- Why we need SAOR?
- The role of the coach
- Does SAOR work?



What is SAOR brief intervention?

There is a considerable amount of research published highlighting the benefits of brief interventions for people at risk from alcohol and drugs use. A brief intervention is any intervention that involves the minimum amount of time to change a particular type of behaviour. A brief intervention may simply start by raising the issue that a particular problem exists. The programme that is currently being delivered to GAA coaches is a brief intervention programme based on the SAOR model. The SAOR Model originated from the Emergency Department & Acute Care Settings for problematic alcohol use and was published by James O' Shea and Paul Goff in 2006. This model provides an evidence-based step by step guide to the delivery of a brief intervention programme for harmful alcohol and drug use. SAOR, the Irish word for "free", is used as an acronym to facilitate people in remembering the key components of brief interventions.

The four principle aspects of the intervention are:

- (1) **S**upport
- (2) **A**sk and assess
- (3) **O**ffer assistance
- (4) **R**efer

The evidence shows the value of brief interventions, the ideal position of the GAA to respond to members requiring support and assistance, the problem of substance abuse in Ireland and the willingness of mentors to undergo training related to these issues.

What to watch out for:

- Regular heavy use during or outside club activities
- Regular drunkenness at club events or activities
- Alcohol withdrawal symptoms
- Needing more alcohol just to get the same effect
- Noticeably strong desire of compulsion to drink
- Difficulties controlling use during or outside club activities
- Regular attempts to stop/cut down
- Large amount of time spent on drinking & related activities
- Noticeable deterioration in game performance (players)
- Neglect of club related activities

How does SAOR work?

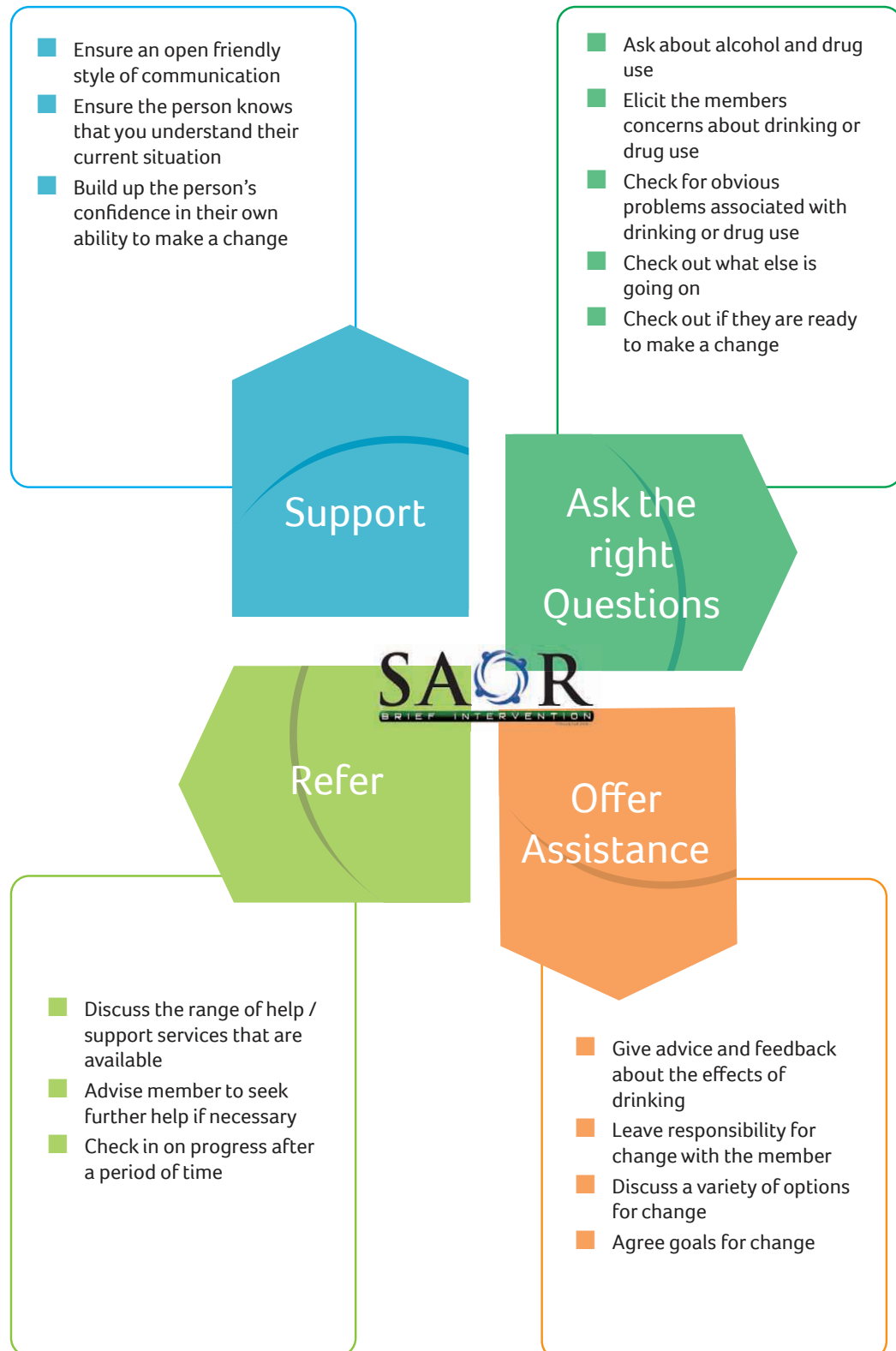
Coaches, who wish to conduct a successful brief intervention with a player should be able to sensitively guide a conversation along the path and at times will need to lead while at other times follow the player towards the goal of change.

Components of a brief intervention

Individuality Focused	one to one basis as opposed to in a group setting specific issues, usually behavioural and goal oriented in nature
Short-term	time limited typically last between 3 and 20 minutes
Person centred	approach taken is one that evokes motivation to change within as opposed to instilling it from without
Information provision	the provision of resources, direction, encouragement and other forms of support are usually required to guide the person to greater health



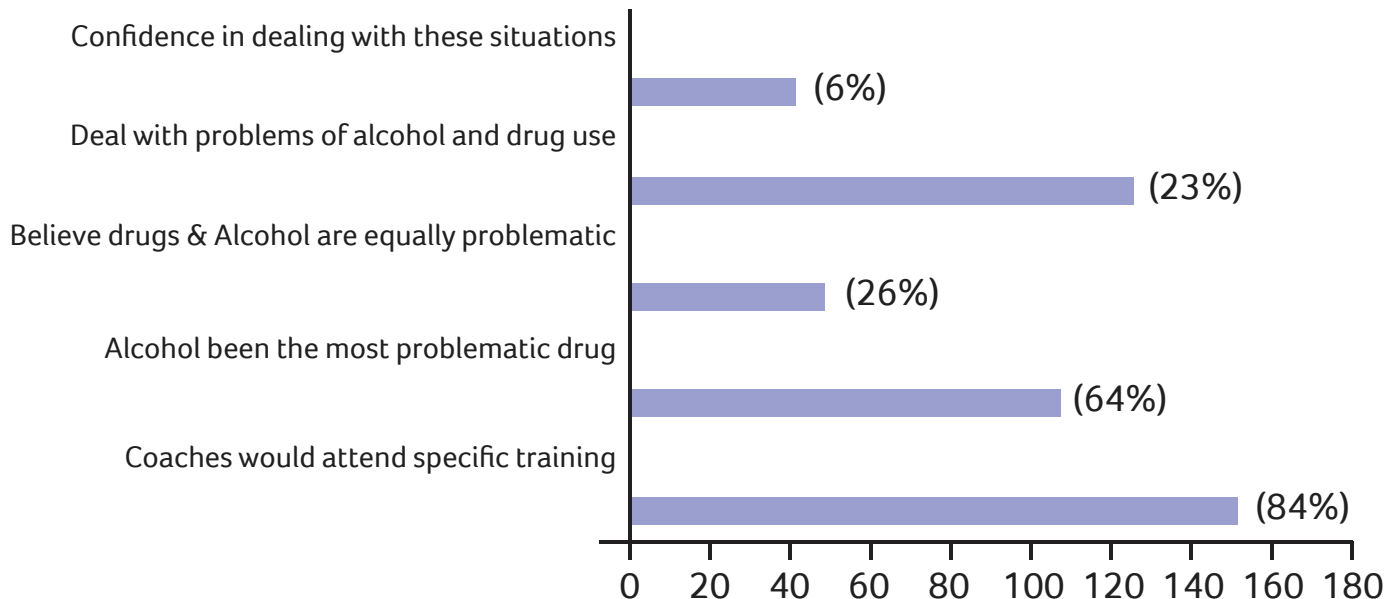
Please see the diagram below, which highlights each area of the SAOR model:



Why do we need SAOR?

The measure of alcohol continues to be a societal issue that is inevitable impacts a small number of GAA members. The use of brief interventions as a response to this growing problem is widely recommended. These brief psychological interventions aim to investigate a potential problem and motivate people to do something to change (Health Research Board, 2006). A study by Murphy and Gottsche (2010) outlined that coaches were aware of the seriousness of the problems caused by alcohol and drugs, that they are influential in the decisions young players make and that they do not have the necessary skills to successfully deal with alcohol and other related situations. The study also showed that the majority of mentors were willing to take part in training to address these issues, as mentors felt they were not equipped with the skills to adequately do so. Below show the key findings of the study:

Key findings of the coaches' survey



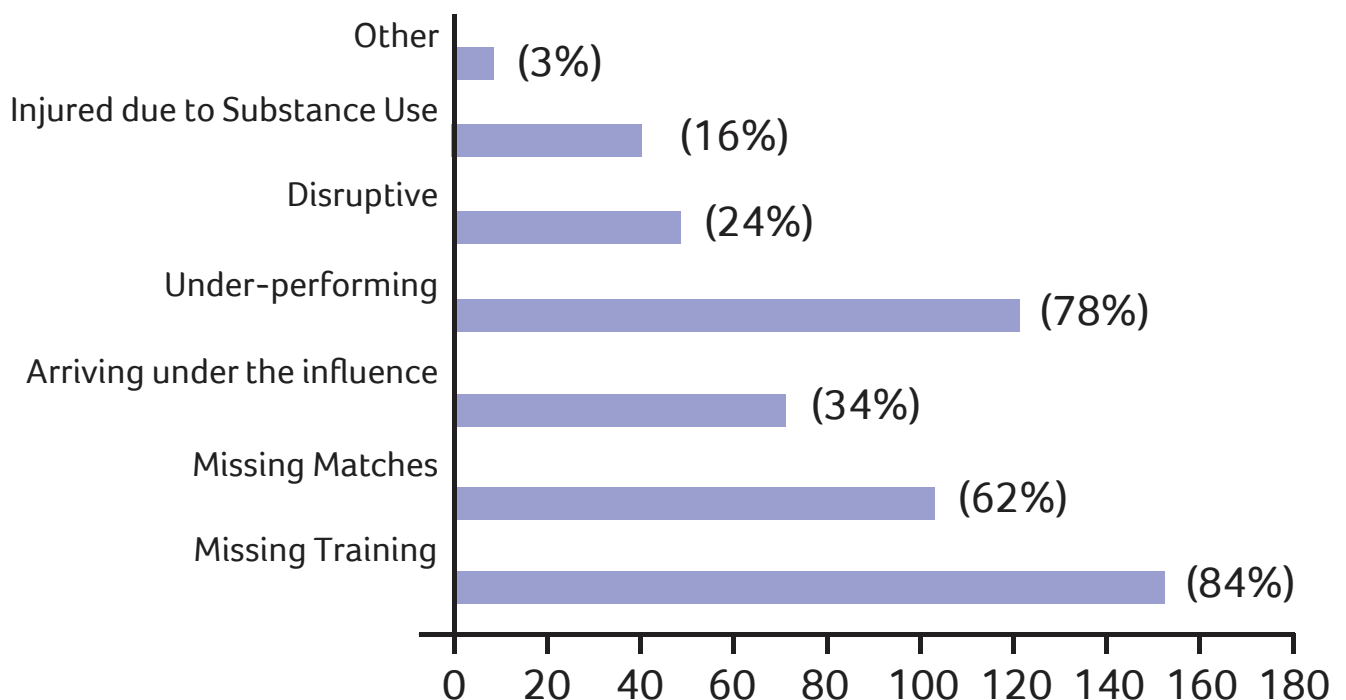
KEY FACT: Only 6% of coaches said they were confident in dealing with alcohol or drug related situations

The role of the Coach

Headstrong's 'My World' Survey, Ireland's first comprehensive national study of youth mental health supported evidence of the damaging link between drinking behaviour and mental health in young people up to the age of 25. The study strongly confirmed that the presence of 'One Good Adult' is important to the mental health of young people. It has a positive impact on their self-belief, confidence, coping skills and optimism about the future. The 'One Good Adult' can be a parent, grandparent, teacher, sports coach/mentor or someone who is available to them in times of need. Talking about problems is associated with lower mental distress and more positive well-being. A study conducted by Murphy 2010, highlighted the negative impact alcohol or drug use perceived by coaches. The results can be seen below.

The role that coaches/mentors play in a young person's decision making and the powerful influence they have in the lives of adolescents is enormous. Adolescents are exposed to many external influences in their development years. These influences will exist in their sporting lives and will have an impact in shaping and forming their attitudes to alcohol and other drugs. A study conducted by Murphy 2010, highlighted the negative impact alcohol or drug use perceived by coaches. The results can be seen below.

Negative impact of alcohol or drug use as perceived by Coaches



KEY FACT: 84% of coaches perceived that missing training as the biggest negative impact



Does SAOR work?

Speaking to people about our concerns and their alcohol use is not easy. It can be uncomfortable through not knowing what to say but it appears people don't mind being asked about their drinking if it is done in a manner that they find it non-judgemental.

A pre and post training study was conducted to measure the effectiveness of the SAOR model in preparing coaches with the skills needed. Findings comprehensively support the positive impact such training has on equipping GAA coaches with the required skills, techniques and knowledge to deal with issues commonly faced in relation to drugs and alcohol. The three levels of competence all experienced comprehensive, positive effects as a result of the pilot training. In conclusion, all data collected from the coaches' survey and the SAOR pilot training confirms that there is a need for coach education in terms of dealing with the issues resulting from drug and alcohol abuse. A pocket size wallet resource called 'coaching for confidence' has been developed as a support tool for coaches.

The beauty of this brief intervention is its quick, simple and you can exit from any stage of the SAOR model at any time. It's believed that sometimes even very little under certain conditions can trigger change. Providing support and asking the right questions can trigger change. The SAOR model is usually significantly more effective than no intervention, commonly shows similar impact to that of more extensive interventions and can enhance the effectiveness of subsequent treatment. The general character of the SAOR model is to focus on raising problem awareness and advising change. For more information on SAOR training or to download our 'coaching for confidence' pocket booklet please visit our website at www.gaa.ie/community.





Section IV – Response

- Management of drug related situations
- Drug related situation checklist
- Do's and don'ts
- Drug situations

- Guidelines for meeting with parents or guardians
- Guidelines for working with a group following a drug related situation
- Best Practice in drug education



Management of Drug Related Situations

Any incident involving drugs requires a measured and sensitive approach. This chapter aims to focus on a range of issues regarding the management of drug-related issues. At the onset, it is important that clear definitions are in place regarding drugs and drug use. Please See Appendix V for signs and symptoms of drug use.

Potential drug related situations include:

- Member arrives at the club under the influence of alcohol or drugs
- Member seeks help for a drug related problem
- Parent expresses concern about a child's substance use
- Drug related litter found on premises
- Medical emergencies when the person may be unconscious

Assessing the situation:

In deciding how to manage a drug-related situation, the club Executive will have to establish the facts and assess the seriousness of the situation. Considering questions such as whether drug use is suspected or confirmed or whether the person was pleasure seeking or in personal turmoil, will help you build a whole picture of the situation and plan the best possible response. Assess the risk or danger to the safety of people from the intoxicated person.

In any situation involving drugs, the most urgent question is always whether medical help is needed. A medical emergency exists if a person is unconscious, is having trouble breathing, is seriously confused or disorientated, has taken a harmful toxic substance or is otherwise at immediate risk of harm.

In case of a medical emergency, or if there is any doubt, send for medical help (doctor or ambulance) immediately. Ensure you have number of local doctor available at all times.

Apart from immediate first aid, any medical emergency should be attended by appropriate medical personnel.

If the person leaves the area and you are still very concerned about the health, safety or welfare of the person, then parent/next-in-kin, and/or local Gardaí/PSNI or Juvenile Liaison Officer should be contacted if appropriate.

Arranging for safe removal of drugs or drug-related litter:

A member should, if possible, remove drugs from possession of the person and place in a locked container. Another adult must witness this action and this should be recorded on the drug related situation form. The substance must then be handed over to Gardaí/PSNI at the earliest available opportunity. The club is strongly encouraged to develop a good working relationship with the local Gardaí/PSNI and particularly the Juvenile Liaison Officer, who can offer support and advice on this matter. Alcohol needs to be disposed of with an adult witness and this needs to be recorded on the drug related situation form.

If the person is not willing to talk with the club chairman or a member of the club about the incident or to hand over the substance, then parent/next-in-kin, or guardians and/or the local Gardaí/PSNI Juvenile Liaison Officer should be contacted if appropriate.

Arranging to meet and talk with a young person after the incident:

Do not judge, accuse or interrogate the young person. Instead, try to remain calm and create a supportive atmosphere in which to talk and listen to the young person. Acknowledge the young person's personal responsibility for his or her behaviour. Also, be aware that the young person may deny drug use. Do not promise confidentiality and be prepared to consult with or refer the young person to relevant others if necessary.

Recording the drug related situation:

It is important to keep a written record of any drug related situation. See Appendix III for a 'Record of Drug Related Situation' report form. The information on this report form is confidential and will be kept in a safe and secure place. However any such report form is subject to production if required, by law.

Reporting the drug related situation to the Chairman:

A member should not handle a drug related situation alone. Always report the situation to the relevant chairman as soon as possible. He or she can support you and help you work out a plan of action.

Involving Parents:

Parents will usually need to be involved when there has been a drug related situation. If you feel that a young person should be sent home, it would be appropriate to accompany them and support them through this situation. Alternatively, it might be appropriate to supervise the young person on the premises until a parent can come to collect the young person. When talking to parents or guardians about a drug related situation involving their child, it is important to handle the situation sensitively. Parents of other young people may also need reassurance while protecting the confidentiality of all parties involved. If by reporting the drug related situation to parents you feel that the safety of the young person may be put at risk please refer to GAA's Child Protection Guidelines.

Involving Others:

It is important for the club to develop a good working relationship with local HSE and drugs services, as it may be appropriate to liaise with these services, or to refer the person to them. If, for example, if the person is regularly misusing drugs, he or she may need professional treatment or counselling.

Visit www.gaa.ie/community for a more comprehensive list of support services available

Considering the needs of the rest of the group:

Although your immediate concern will be for the person(s) directly involved in the drug related situation, there may be issues that need to be addressed with the group or club as a whole.

Confidentiality:

There may be times when it is necessary or in the best interests of the person, to discuss matters pertaining to the person with relevant others. The communication of information about a person involved in a drug related situation should be confined to those who need to know this information. Furthermore, any written communications about the matter should be marked "Strictly Private & Confidential – Addressee Only".

Media:

Do not discuss any drug related situation with the media. Members should refer any media queries in relation to a drug related situation to their chairman and County ASAP officer, or seek assistance from the Community and Health Section in Croke Park.

Drug Related Situation Checklist

In the event of a drug related situation:

- ☐ Follow the guidelines for correct procedures
- ☐ Don't overreact; try to stay calm
- ☐ Assess the situation.

If medical help is required, or if there is any doubt:

- ☐ Send for an ambulance or doctor immediately.

If medical help is not required/after medical emergency has passed:

- ☐ If possible, obtain substance from the person.
- ☐ If substance is an illegal one, place in a lockable container in the presence of an adult witness.
- ☐ Hand substance over to Gardaí/PSNI for disposal at earliest opportunity.
- ☐ Dispose of alcohol with an adult witness and record this on the drug related situation form.
- ☐ Separate person from the group and keep under observation to ensure their immediate safety.
- ☐ Do not attempt to discuss the drug related situation with a person while he or she is under the influence of a substance.
- ☐ Avoid being on your own with the person.
- ☐ **Avoid confrontation – don't judge, accuse or interrogate the person.**
- ☐ Do not promise confidentiality.
- ☐ **Ensure safe return of person to home at the earliest opportunity.**
- ☐ Arrange to meet & talk with the person involved in the incident.
- ☐ Document the full statement of events (Drug Related Situation Report Form) and sign it. Witness must also sign form.
- ☐ Report the drug related situation to the chairman and County ASAP officer.
- ☐ If it's a young person involve their parents.
- ☐ Involve others as appropriate.
- ☐ Consider the needs of the rest of the group.



Suspicion of a drug related situation:

- Monitor situation
- Do not make accusations
- Be careful who you inform – should be on a need to know basis.
- Remember suspicion is not grounds for making allegations and be careful with whom you discuss situation.

ENSURE THAT YOUR RESPONSE BEST PROTECTS THE WELFARE OF THE PERSON.

This is your guiding principle

Do's and Don'ts**DO**

- Follow all legal regulations.
- Discourage smoking.
- Store solvents in a locked room or cupboard.
- Ensure a person has evidence of prescription for prescription drugs

DON'T

- Purchase for or supply cigarettes or tobacco to young people.
- Allow alcohol at any functions/events primarily involving young people.
- Consume alcohol or be under the influence of alcohol while working with young people.
- Allow any illegal drugs or unsupervised use of solvents during any club activities.
- Allow any person under the influence of illegal drugs or solvents to take part in any club activities.
- Search a person who is suspected of possession of alcohol or drugs.
- Store over-the-counter drugs in clubs first aid boxes.
- Administer over-the-counter drugs unless under the instruction of qualified medical personnel or parents or guardians.
- Administer prescription drugs to young person.

Drug Situations - Medical Emergencies

The procedures for a medical emergency apply when a person is at immediate risk of harm. A person who is unconscious, having trouble breathing, seriously confused or disoriented or who has taken a harmful, toxic substance, should be responded to as an emergency.

If in any doubt, call medical help before assistance arrives:**If the person is conscious:**

- Ask the person what has happened and attempt to identify any drug used
- Collect any drug sample and any vomit for medical analysis
- Keep the person under observation, warm and quiet
- **Do not** induce vomiting
- Do not give the person a hot drink as this increases the blood circulation and absorption of a substance

If the person is unconscious:

- **Do not** move the person if a fall is likely to have led to spinal or other serious injury which may not be obvious
- Ensure the person can breathe and place in the recovery position
- Ask friends or others present what has happened and if possible identify any drug used
- **Do not** give anything by mouth
- **Do not** attempt to make the person sit or stand
- **Do not** leave the person unattended or in the charge of a young person

When medical help arrives:

- Pass on any information available, including vomit and any drug samples
- If necessary, arrange for an appropriate adult to accompany the person to hospital
- Contact appropriate persons and complete a drug related situation report form as soon as you have dealt with the emergency

Guidelines for meeting with Parents or Guardians

It is important that young people involved in drug related situations are not isolated or marginalised. The club needs to support parents or guardians involvement in order to ensure that the young person's needs and issues are dealt with appropriately and sensitively.

- Set up a meeting as soon as possible between the member/s if appropriate, young person and parent/guardian. Depending on individual circumstances it may be appropriate to, for example, arrange for the member/s and parents or guardians to meet privately first.
- Decide with parents or guardians if others need to attend.



- Agree the venue and the time of the meeting with the young person and parents or guardians.
- Make sure there is enough time set aside for the meeting and that the environment is comfortable and free from intrusion.

Putting parents at ease:

- Be aware of the fears or anxieties parents or guardians might have.
- Empathise with the family's circumstances.
- Recognise the responsibility and expertise of parents or guardians.
- Build alliance with parents or guardians.

Guidelines for working with a group following a drug related situation

Drug related situations can affect everyone in a club and appropriate follow-up work is essential, especially where young people have witnessed an incident directly. We recognise the importance of the group process as a tool for the personal and social development of the people involved and therefore strive to ensure the adequate support of all people within the club who have been exposed to any type of drug related situation.

During a drug related situation:

- Keep calm when talking to the group.
- Isolate the group from the scene and the person(s) involved.
- Do not leave the group alone – arrange for a responsible adult to supervise if you cannot.
- Where appropriate stop the session and contact the parents or guardians to arrange transport home for the group.
- Be aware of the fears and anxieties of group members and show your support to them.

Immediately after the drug related situation:

- Reassure everyone that the person is getting help.
- Give follow-up information to the group about the condition of the person involved in the incident (only where appropriate and with parental consent).
- Ensure that each person gets home safely.
- Where a group is unable to go home early, e.g. in rural areas, arrange for supervision of group.
- If necessary, outline the club's policy and guidelines.

Content of meeting:

Treat parents supportively. This is a crisis for them.

- Talk about the specific things you have noticed in relation to the person's behaviour.
- Pass on the concerns of the club.
- Seek the concern of, next-in-kin parents or guardians.
- Outline club's guidelines.
- Acknowledge the person's personal responsibility for his or her behaviour and his or her role in

Deciding what to do next:

- Ask parents/guardians how they feel and how the club can have a positive input on the person's situation.
- Inform them of the support services available to them.
- Arrange for a follow-up meeting if necessary.

DO

- Encourage the group to talk amongst themselves over a cup of tea etc.
- Practice active listening.
- Encourage reflection about what the group members would do if they were in the same situation.
- Be flexible and cancel the structured session if the groups want or need to continue the discussion.
- Agree on follow-up sessions with outside agencies where appropriate and/or design a drug education programme for participants.
- Show and express your concern, fears and anxieties about the young person involved in the incident.
- State facts only and play down any scare-mongering among the group members.
- Arrange to speak with individual members of group where necessary.

DON'T

- Change the subject or forbid discussion about the event.
- Make personalised judgements or jump to conclusions.
- Accuse anyone in group of collaboration even if there are suspicions. The group setting is not an appropriate place for this.
- Question the group about where the drugs came from.
- Instruct or lecture on what they should do in a similar situation.
- Start an activity without first getting closure within the group.



Best Practice in Drug Education

“Drug use education encompasses a range of interventions including educational programmes, policies and guidelines. Drug use education should be centred on providing an opportunity to develop skills enabling people to examine their own values and attitudes, by providing age, developmentally and culturally appropriate knowledge in an experiential learning environment”.

(Drug Education Workers Forum 2006)

DO

- **Be realistic.** Drug misuse is a complex problem with multiple causes. Drug education should be part of a wider health promotion programme.
- **Start as early as possible.** It is best to try to deliver drug education to young people before they are likely to begin experimenting.
- **Tailor the programme to suit the groups’ needs.** Drug education needs to be age, developmentally, gender and culturally appropriate and be based in wider health promotion framework.
- **Ensure it is relevant.** Take account of the group’s knowledge, attitudes, experiences and environment.
- **Use resources that are evidence and research based.** Well marketed resources that are popular may not be the most effective. Monitor and evaluate resources regularly.
- **Focus on short term, preferably social consequences** rather than long term effects when providing drug specific information.
- **Be aware of current trends and statistics.** It may influence how you design your programme while being mindful of the needs of your group.
- **Involve others if appropriate.** Multi component drug education programmes which include parents, schools, community and media provide consistent messages for young people and strengthen outcomes of programmes generally.
- **Use interactive approaches** like small group discussions, role play, peer education, games and the media.
- **Monitor and evaluate** your programme with the group and any other stakeholders.

DON'T

- **Do one-off talks.** Short term approaches do not work e.g. unless it is a briefing session on services that are available or an overview of programme content.
- **Normalise drug use.** The idea that everybody is using drugs is not true and needs to be challenged within the context of a programme.
- **Invite guest speakers in to talk to a group.** Unless it’s one part of a wider programme it may only raise curiosity levels e.g. Garda Drug Squad.
- **Just provide drug information only.** Providing accurate information is one part of a programme. It should also include life skills such as decision making, coping skills, peer relationships and communication skills.
- **Seek out testimonials from an ex-user.** Young people may take a different message from the talk than is intended e.g. they took drugs and survived, they may not associate their own experience of use to that of the person in recovery i.e. ‘It’ll never happen to me’, ‘I’ll never be that bad’.
- **Use scare tactics.** Information should not exaggerate danger. It needs to be credible and balanced and reflect the pros and cons of drug use; otherwise it may undermine the whole programme.
- **Use moral lecturing or didactic style teaching.** Just say ‘no’ approaches don’t work. Young people need to be involved in interactive approaches which involve discussion, role-play, group work, peer education, games, media etc.
- **Lecture or be judgemental.** Respect all values and opinions.





Section V – Facts

- Basic facts about drug
- Sport supplements
- Glossary
- Reference

Basic Facts about Drugs

Notes:

1. Different people react differently to drugs and the effects listed below are intended as a rough guide only.
2. Rates and patterns of drug use are constantly changing and you may wish to refer to up to date research.
3. Refer to www.drugs.ie for up-to-date information on substances.

Drug	Street or slang names	What Is It?	Short Term Effects	Long Term Effects
Tobacco	Fags, Smokes, Cigarettes.	Tobacco is a mild stimulant and is generally smoked.	Feeling of relaxation, increased heart rate and blood pressure.	Dependency, cancer, heart disease and ulcers.
Alcohol	Drink, Booze, Grog.	A depressant drug which lowers neurotransmission levels in the body. Alcohol comes in liquid forms such as wine, beer, spirits, etc. and is taken orally.	Feelings of relaxation and increased confidence leading to loss of inhibitions and self-control. Risk of blackouts.	Dependency, damage to brain, liver and stomach. Binge drinking in women increases risk of breast cancer. Increased risk of mouth and liver cancers.
Amyl Nitrite	Poppers, Rush, Liquid Gold.	Amyl Nitrite comes in liquid form in small bottles; the vapour is inhaled through the nose.	Immediate rush, reduction of inhibitions and relaxation of muscles.	Tolerance can develop. There is no adequate research on the long term effects of amyl nitrite use.
Amphetamine	Speed, Whizz, Uppers, Dexedrine, Ritalin.	A stimulant, amphetamine generally comes in powder form and is usually swallowed or sniffed, although it is sometimes injected.	Increased energy, alertness and confidence. Nervousness or panic.	Damage to organs.
Benzodiazepines	Benzos, Bennys, Pills, Sleepers, Valium, Mogadon, Rohypnol.	Benzodiazepines are minor tranquillisers; they are usually taken by mouth but are sometimes injected.	Calms and sedates, reduces anxiety and promotes sleep. Very dangerous when mixed with alcohol.	Possible lethargy and weight gain.
Caffeine	Found in coffee, tea, cola, medicines etc.	The most widely used drug worldwide, caffeine is a stimulant and is taken orally.	Increases alertness, delays sleep.	Possible anxiety, headaches, insomnia.

Drug	Street or slang names	What Is It?	Short Term Effects	Long Term Effects
Cannabis	Marijuana, Dope, Pot, Grass, Ganja, Blow, Weed, Hash	Cannabis comes in herb, resin and oil form; it is usually smoked.	Relaxation, talkativeness and altered perception. High doses can lead to hallucination and anxiety attacks.	Memory impairment, links with cancer and reduction in male virility.
Cocaine	Coke, Snow, Charlie, Nose Candy, Flake, Blow, Big C, Lady, White, Snowbirds	Cocaine is a stimulant and usually comes in a white powder form that is snorted up the nose.	Increases alertness, provides feelings of great confidence and strength.	Dependency, damage to nasal passages and organs.
Crack cocaine	Crack, rock, freebase	Crack cocaine is derived from powder cocaine. White to tan pellets or crystalline rocks. Smoked.	Increases alertness, provides feelings of great confidence and strength.	Smoking crack cocaine can produce a particularly aggressive paranoid behaviour in users.
Crystal Methamphetamine	Crystal Meth, Ice, Crystal Tina, Krank, Tweak	A stimulant made from highly volatile, toxic substances melded together which can be smoked, snorted, swallowed or injected.	Feelings of exhilaration, increased sexual activity, reduced inhibitions. Increased heart rate, blood pressure, body temperature. Paranoia and mood swings.	Psychological dependence, damage to immune system, rotting teeth, brain damage. Convulsions from circulatory and respiratory collapse, coma, death.
Ecstasy	E, MDMA, XTC, Doves, Mitsubishis.	Both a hallucinogenic and a stimulant, Ecstasy is usually swallowed in tablet form.	Feelings of happiness and empathy, stimulation, altered sensory perception, nausea, sweating, a rise in body temperature that may lead to heat stroke and coma.	Damage to organs.
Ketamine	K, Special K, Vitamin K, Kit-kat	Ketamine is an aesthetic used on both animals and humans. It usually comes as a liquid although it is also found as a white powder or pill. It can be either snorted or swallowed as a powder and either swallowed or injected as a liquid.	Ketamine commonly elicits an out-of-body or near-death experience; loss of coordination, sense of invulnerability, muscle rigidity, aggressive/violent behaviour, slurred or blocked speech, exaggerated sense of strength, and a blank stare.	Long-term effects include tolerance and possible physical and/or psychological dependence.
LSD	Acid, Trips, Microdots.	LSD is a hallucinogenic drug that usually comes on small squares of blotting paper. It is taken orally.	Heightened sensory experience, hallucinations, panic attacks, dizziness, bad trips.	Flashbacks. Possible depression or paranoia.



	Street or slang names	What Is It?	Short Term Effects	Long Term Effects
Drug Methadone (Physeptone)	Phy, Green.	Methadone is an opiate, in Ireland it comes in green liquid form and is taken orally.	Possible light-headedness, dizziness, nausea or vomiting. Possible respiratory depression and low blood pressure. Risk of overdose if taken with alcohol or other sedative drugs.	Dependency. Possible weight gain, constipation and sweating.
LSD	Acid, Trips, Microdots.	LSD is a hallucinogenic drug that usually comes on small squares of blotting paper. It is taken orally.	Heightened sensory experience, hallucinations panic attacks, dizziness, bad trips.	Flashbacks. Possible depression or paranoia.
Over- the- Counter Medicines	OTC Medicines. E.g. Codeine, Solpadeine, Uniflu, Feminax, Nurofen Plus	Over the Counter medicines are drugs that can be bought without a doctor's prescription.	Various.	Various.
Phencyclidine (PCP)	Angel Dust, Hog, Rocket Fuel, DOA, Peace Pill, Loveboat, Lovely.	Usually classified as a hallucinogen. Also has the effect of a stimulant. Comes as a liquid, white crystalline powder, pills or capsules. Can be eaten, snorted, injected or smoked.	Depends on the dose: delirium, visual disturbances and hallucinations and, occasionally, violence.	As with many other drugs, regular users of PCP may develop a tolerance to the drug that masks some of the observable signs of PCP's effects.
Prescription Drugs	Various.	Medicines that can be obtained, legally, only on the order of a doctor or dentist.	Various.	Various.
Solvents	Volatile substances, includes glue, aerosols, fuels and cleaning products.	A product's gases or chemical fumes are inhaled, usually through the mouth.	Light headedness, hallucinations, nausea, vomiting, and asphyxiation. Risk of sudden death.	Risk of damage to brain function.



Sports Supplements

What are they?

When someone mentions dietary supplements, nutritional supplements or ergogenic aids, they are referring to the collective that is sports supplements. Such supplements can take the form of drinks, protein powders and bars, liquid meal replacements or creatine, as well as many more. Due largely to the fact that this industry is not licensed, the manufacture of such products, as well as their labelling and marketing is poorly regulated with quality control also being of varying standards. Subsequently, there is a risk that some supplements will contain ingredients either not listed, or incorrectly listed on the product packaging.

Do you need them?

A substantial amount of misinformation exists regarding optimal strategies for achieving peak athletic performance and health. Many 'nutritional' products are sold under the pretence that they hold the secret to enhancing performance, however, it must be noted that these typically lack research and sport medicine literature is filled with cases of athletes who have used such products with negative unintended consequences. There is no substitute for matching good food intake with nutrition needs. Proper nutrition supports training and can improve performance, whereas improper nutrition can be detrimental to performance. A well-planned eating strategy will help any training programme, whether you are training for fitness or for competition; promote efficient recovery between workouts; reduce the risk of illness or overtraining; and help you to achieve your best performance.

Are they safe?

Particular age groups may be more at risk in relation to supplements – adolescents in particular who use muscle bulking agents are at risk of developing potentially career ending injuries caused by ruptures of the tendonous insertion of over developed muscles into an immature skeleton. The use of muscle bulking agents in adolescents and teenagers in particular, is strongly discouraged on health grounds.

Furthermore, due to the possibility of inaccurate labelling of some supplements athletes cannot guarantee the content of what they are ingesting and may be putting their health at risk, by either;

- (a) taking substances that are in themselves harmful
- (b) be counter-productive in terms of performance or;
- (c) taking excessively large amounts of vitamins and/or minerals which may give rise to health problems.

In parallel with the risks to health and performance, there are cost considerations also. Many supplements and sports foods are quite expensive; if the basic nutrition and hydration processes are not correct then they will be of no benefit. Very often athletes will waste money on products and can be in danger of creating a culture of overreliance on pharmaceutical agents in a culture where drug abuse is increasingly prevalent. Athletes and those working with athletes need to be aware that there are risks associated with the use of sports supplements and any use of sports supplement should be done in conjunction with a dietician or as part of a professionally developed strength and conditioning programme.



References

- Björn Hibell. (2011). *The 2011 ESPAD Report*. Available: <http://www.espad.org/en/Reports/Documents/ESPAD-Reports/>.
- Norman E. Zinberg (1984). *Drugs, Set and Settings*. London: Yale University Press. p34.
- O' Farrell. (2010). Alcohol use among amateur sportsmen in Ireland. *BMC Research Notes*. 3 (313), p7.
- Murphy & Gottsche. (2010). Team Problems Caused by Alcohol & Other Drugs for GAA Coaches. *BMC Research Notes*. 5 (4), p16.
- Asthma Society of Ireland. (2011) *Best Practice Asthma Management Guidelines for Schools in Ireland*. Available: <http://bestpractice.bmj.com/>.
- Health Promotion(2011). The Benefits of quitting. Available: <http://www.quit.ie/>.
- Drug Education Workers Forum (2006).

Glossary

■ Confidential:

Of a secret or private nature.

■ Drug:

A drug is any chemical substance, legal or illegal, which changes the way the body functions, mentally, physically or emotionally. For the purposes of these Guidelines the word 'drug' refers to tobacco, alcohol, illegal drugs, solvents, over-the-counter medicines and prescription medicines.

■ Drug use:

Any drug taking.

■ Drug Misuse:

Drug misuse is the use of any drug, legal or illegal which damages some aspect of the users life; whether it is mental or physical health, their relationship with their family, friends or society in general or their vocational functioning as students or as workers both inside and outside the home.

See Appendix VI for information on the Misuse of Drugs Act

■ Drug related situation/incident:

Any evidence of, suspicion of, or concern about an event involving drugs constitutes a drug related situation/incident.

■ Guidelines:

The means of implementing a Tobacco, Alcohol and Drug Policy.

■ Substance:

In these guidelines the word substance is used interchangeably with drug.

■ Young person:

In these guidelines, a person, aged 10 to 25, in line with the Youth Work Act, 2001.





Section VI – Appendices

- Sample Tobacco, Alcohol and Drug policy
- Event plan guide
- Drug related situation report form
- Signs and symptoms of drug use
- Drugs and the law
- Information and support
- Education and training

Appendix I

Sample GAA Club Tobacco, Alcohol and Drug

Policy

Cumann Lúthchleas Gael is committed as part of their overall philosophy to 'discourage the use of drugs and tobacco and the misuse of alcohol on the basis that such activity is incompatible with a healthy approach to sporting activity'.

_____ Club believe that we need to work towards creating a safe, healthy club environment where we can develop the skills and attitudes necessary to cope with drug and alcohol related issues.

All club members, officials, coaches and volunteers as part of this club shall follow the law when it comes to illegal drugs, alcohol and tobacco and shall display leadership and good example, particularly when dealing with underage members. This policy shall also apply to all users of the club buildings and grounds.

1 Definition of Drugs:

For the purpose of this policy the term "drug" shall include all mood altering substances, both legal and illegal and involve substances such as:

- Alcohol and Tobacco
- "Over the counter" medicines that may be misused such as those containing codeine (e.g. Solpadeine), cough medicines, antihistamines, laxatives, and paracetamol.
- Volatile substances such as aerosols, glues, petrol, cigarette lighter fuels etc.
- Products and substances sold online and in "headshops" that cause intoxication.
- Controlled drugs such as cannabis, ecstasy, amphetamines, magic mushrooms, cocaine, etc.
- Performance enhancing sports related drugs as outlined by the World Anti-Doping Agency.

2 Aims and Objectives:

The aim of this policy is to ensure that all club members are kept safe from drug-related harm when involved in club activities.

Our objectives are:

- To promote the health and wellbeing of all club members.
- To develop a consistent approach to drug-related issues to be adopted by all club members.

- To develop procedures and protocols that address drug-related issues in the club.
- To establish clear procedures for managing specific incidents of suspected drug misuse.

3 List of Actions (these are recommended and others can be inserted as required)

The Chairperson and Executive of the club shall adopt and discharge actions from following list in line with available resources and supports.

_____ Club shall take the following actions:

- Adhere to the motion passed at Congress 2014, resulting in the following addition to Rule 1.17 (b) (Playing Gear and Equipment) in Part 1 of the Official Rule Book, coming into effect as of January 1st, 2015: No sponsorship of juvenile (U18) GAA teams or their gear take place by alcohol companies, public houses, or off license premises.
- Club members, officials, coaches and volunteers shall not present themselves at club-based activities while under the influence of alcohol or any other drug.
- No alcoholic drinks promotions (two-for-the price-of-one, promotional giveaways, reduced prices during matches etc) will take place in the clubhouse bar at any time. (This is only relevant to clubs with licenced premises and is in line with recommendations issued by Coiste Bainisti in 2012.)
- Coaches and Club Officials shall not smoke or drink alcohol while representing their club at matches or training sessions.
- All efforts shall be made to ensure Under 18 players/members are not brought to pubs following matches, outings or training sessions.
- Alcohol shall not be served at functions for players aged under 18 years of age.
- Every effort will be made to ensure juvenile medal ceremonies and other juvenile events are not held in pubs.
- Cups shall not be filled with alcohol during celebrations. Where possible, cups should be replaced with plaques.
- Cigarettes shall not be sold in the clubhouse.
- Alcohol and smoking will not be permitted in changing rooms.

All persons associated with our club can help prevent drug-related harm from occurring during club activities.

Recommended roles within club (insert other recommendations as required).

4.1 Club Members:

- Will be aware of the details of and adhere to _____ Club Tobacco, Alcohol and Drug policy

4.2 Parents and Guardians:

- Support the club in the development and implementation of this policy including procedures for handling incidents of suspected drug misuse.

4.3 Coaches:

- Will be aware of the possibility of drug misuse among players and work with the Health & Wellbeing Club Officer, Club Chairman and Executives with the aim of preventing harm.

4.4 Health & Wellbeing Club Officer:

- Is responsible for overseeing the development, implementation and evaluation of this policy in conjunction with the Club Chairperson and Executive.
- Shall have good knowledge of the local drug, alcohol and health promotion services in order to assist the club in organising prevention, education and response activities as such needs arise.
- The Health & Wellbeing Club Officer is _____
Phone no: _____
Email: _____

4.5 Club Chairperson and Executive:

- All relevant information, paraphernalia or suspected substances found or received shall be forwarded to the Club Chairperson who shall consult with the necessary parties before taking relevant action based upon this policy. In the event of the Chairperson not being available to discharge these duties this responsibility will then automatically fall to the Vice Chairperson or Secretary.

Education programme about drugs and alcohol

- The Club Health & Wellbeing Officer in conjunction with the Club Chairperson and Executive shall make arrangements with local drug, alcohol or health promotion services to provide drug education annually for interested adults associated with the club.
- The Club Health & Wellbeing Officer in conjunction with the Club Chairperson and Executive shall make arrangements with

local drug, alcohol or health promotion services to provide age appropriate drug education annually for young people associated with the club.

6 Protocol for dealing with drug misuse:

_____ Club shall endeavour to respond to all drug-related incidents in a firm but fair manner, with due respect for the safety and welfare of individuals involved, other members of the club and the wider community and shall also fulfil any legal obligations that might apply.

6.1 The misuse or illegal supply of drugs is viewed as unacceptable by _____ Club and may be dealt with by way of warnings, suspensions and expulsions as deemed appropriate by decision of the Club Executive on a case by case basis. It is also unacceptable for members or officials to present themselves for club duties while under the influence of a drug. (Suspension, if issued, will mean that the member involved cannot represent the club in any way during their term of suspension.)

6.2 In a case where a club member has been charged with the illegal supply of drugs the Executive will ask this individual to stand aside from club activities until the matter has been dealt with in the court of law, notwithstanding the individual's right of a presumption of innocence until proven guilty. (Any matter involving a member being charged with the illegal supply of drugs **MUST** be brought to the attention of the County ASAP Officer and the Community & Health Manager in Croke Park, who can give guidance on the appropriate response on a case by case basis.)

7. Appeal and Review process

A member so suspended will have the right of appeal to the Hearings Committee of the County Executive where a member of the club executive and the suspended member will have the right to be heard. Normal Standing orders will apply to such a meeting.

8 Reporting of Incidents

Alleged or confirmed incidents in breach of this policy shall be referred to the Club Chairperson and Health & Wellbeing Club Officer. Matters relating to the supply of drugs **MUST** also be brought to the attention of the County ASAP Officer and the Community & Health Manager in Croke Park, who can give guidance on the appropriate response on a case by case basis.



8.1 Recording of Information

Information regarding alleged or confirmed incidents in breach of this policy shall be recorded in writing. The recording of factual information only is preferable and all opinions shall be stated as such. Responses to cases shall also be recorded in this way. Only in confirmed cases shall names of individuals be recorded.

8.2 Confidentiality

While it is not possible to guarantee, every effort shall be made to respect confidentiality.

8.3 Involving Parents/Guardians

Incidents involving any person under 18 years of age will require their parents/guardians to be informed. Parents/guardians shall be invited to discuss what has happened and shall be informed of any course of action to be taken by the club. The Club Chairperson shall nominate a person to inform parents/guardians in each case.

8.4 Garda Síochána/PSNI Involvement

Incidents that involve the illegal supply of drugs shall require Garda Síochána/PSNI involvement. In all other drug-related incidents, each case shall be considered on an individual basis and the decision shall rest with the Club Chairperson as to whether or not the Garda Síochána/PSNI is involved.

9 Search

The Club Chairperson retains the right to direct a search of any part of club property if there is reasonable cause to believe a substance in breach of this policy is contained therein. Two officials of the club shall conduct the search. Club Officials are not allowed to search an individual or their personal property. Where there is reasonable cause to believe a person has in their possession a substance in breach of this policy, they shall be asked to volunteer the substance. If they refuse, the Garda Síochána/PSNI may be called in to conduct a search.

9.1 Disposing of suspected illegal substances

If a suspected illegal substance is found on club property it should be brought to the attention of the Club Chairperson. The substance shall be stored securely and the Chairperson shall contact Garda Síochána/PSNI to have it collected or to inform them who from the club will deliver it to them and when. Any movement of suspected illegal substances shall be recorded and witnessed by two club officials. At no time shall a suspected illegal substance be removed from club property without the knowledge of the Garda Síochána/PSNI.

10 Availability, use and storage of solvents and gases

Many solvent based products have the potential to be abused (e.g. deodorants, paints, thinners, cleaning fluids etc). All solvent based materials and gases shall be stored securely and safely away from public access.

11 Monitoring and Evaluation

This policy is in force at all times and during all activities conducted under the aegis of Cumann Lúthchleas Gael. This policy shall be evaluated annually and after every drug-related incident.

This policy shall come into effect on ____________ and shall be reviewed annually thereafter by the Health & Wellbeing Club Officer in conjunction with the Club Chairperson and Executive.

Signed _____ Club Chairperson

Date ____________

Signed _____ Club Health & Wellbeing Officer

Date ____________



Appendix II

Event Plan Guide

Event	Venue/Date	Personnel involved	Materials	Check list
Education event for ASAP/ Holistic approach through sport	Confirm venue and date with Club Chairperson, County ASAP officer and National Coordinator.	1 Club Chairperson 2 County ASAP Officer 3 Members of County Board 4 National Coordinator 5 Representatives from club and/or surrounding clubs 6 Key high profile sporting contributors e.g. suitable players, managers, commentators, sports psychologist etc. 7 Someone to MC event – e.g. media personality 8 Media to offer coverage/photos	Relevant ASAP material to be supplied by National Coordinator. Additional material from local service providers if desired. Posters to advertise event to be designed and distributed throughout county via clubs.	1 Notification sent to club members in good time through media platforms. 2 Press release for local media 3 Venue booked 4 Overhead projector for presentations 5 AV check-list (microphones etc) 6 Materials from National Coordinator 7 Posters for event PR 8 Refreshments for those in attendance 9 Post event press release



Appendix III

Drug related situation report form

Record of a Drug Related Situation

Club Name:	
Name(s) of person(s) involved:	
Date incident occurred:	Report form completed by:
First aid given? Yes __ No __	First Aid given by:
Ambulance/Doctor called? Yes __ No __	Called by: At time:
Drug involved (if known – or a brief description):	
Sample found? Yes __ No __	If an illegal substance, confiscated and placed in locked box by: In the presence of:
Date handed over to Gardaí/PSNI:	By:
If a legal substance, disposed of by:	In the presence of:
Parent/ Guardian informed? Yes __ No __	By: At time:
Chairman contacted:	
Brief description of situation (continue on blank sheet if necessary) What happened? What was seen? What was said? Who was involved? FACTS ONLY	
Other action taken: (e.g. Other agencies involved or informed; any sanctions imposed; any action taken with other members) (continue on blank sheet if necessary)	
Signed: _____ Date _____ Club Chairperson _____ Date _____ Club Secretary _____ Date _____ ASAP County Officer _____ Date _____ Club Health & Wellbeing Officer	



Appendix IV

Signs and symptoms of drug use

It can be very difficult to tell if a young person is taking drugs, particularly if he or she is experimenting or only taking drugs occasionally. Many of the 'signs' of drug use are the same as the signs of normal teenage behaviour e.g. mood swings, change in friends & interests. It is important not to jump to conclusions. None of the 'possible indicators' below means that a young person is necessarily taking drugs. However, if several of these indicators apply to a young person that you know, it is possible that this young person may be using drugs.

Behavioural indicators of possible drug use/misuse include:

- Uncharacteristic mood swings
- Unusual caginess or secrecy about activities
- Loss of interest in old hobbies, training and friends
- Been distributive at training
- Underperforming in training/matches
- Sudden appearance of new friends
- Excessive spending or borrowing of money
- Petty stealing from within the household
- Deterioration of physical appearance and grooming
- Insomnia
- Bouts of excitable or hyperactive behaviour
- Speech is slurred
- Listlessness, apathy or depression
- Appearing drunk or stoned

Physical indicators of possible drug use/misuse include:

- Very large pupils
- Staring
- Grinding of teeth
- Jerky movements
- Muscle ache
- Balance and coordination is impaired

Possible drug paraphernalia you might come across include:

- The roll-your-own type cigarette papers
- Discoloured or burnt knives
- Plastic bags with glue residue
- Discarded aerosol canisters
- Straws and cardboard tubes
- Burnt or blackened spoons
- Small wraps of paper, plastic or tinfoil

Appendix V

Drugs and the law

There are several laws that restrict and regulate the production, sale and availability of drugs. Some of the most relevant ones are outlined below.

MISUSE OF DRUGS ACTS 1977 & 1984

As stated in the Misuse of Drugs Act:

- Possession or use of an illegal substance is a criminal offence. It is also a crime to aid, abet, counsel or induce a person into committing the crime of possession of an illegal drug.
- "Drug misuse includes possession of a drug, including a controlled drug within the Meaning of the Misuse of Drugs Acts, and/or the sale, supply or consumption by whatever means of any drug or controlled drug."
- A controlled drug is as defined in the Misuse of Drugs Act, 1977 and 1984.
- These Acts are intended to prevent the non-medical use of drugs; they attempt to control a range of illegal drugs.

The Misuse of Drugs Acts states that there are several specific offences which include:

- Simple possession (a small amount for the carrier's own use)
- Possession with intent to supply
- Growing opium poppies, cannabis and coca plants.
- Forging prescriptions.
- Owners and occupiers of premises knowingly allowing drug dealing on their premises.
- Import or export and production of controlled drugs.
- Printing or selling of publications that advertise drug-using equipment, or that may encourage the use of controlled drugs.

To enforce the Misuse of Drugs Acts, the Gardaí/PSNI have powers that allow them to stop, detain and search individuals and vehicles without a warrant if the Gardaí/PSNI have reasonable cause to suspect a drug related offence. Customs and Excise Officials have similar powers.



OTHER LAWS

Child Care Act 1991 – Section 74 of this Act prohibits the sale of glue, aerosols etc to anyone under the age of 18, if there is reasonable cause to suspect that the young person will inhale the product to cause intoxication.

The Intoxicating Liquor Act 1988 – This Act prohibits the sale of alcohol to anyone under the age of 18, the buying of alcohol for anyone under the age of 18, and the possession/consumption of alcohol in a public place by anyone under 18.

The Tobacco (Health Promotion and Protection) Act 1988 – This prohibits the sale of tobacco to anyone under 18 years of age; it also restricts smoking in public places e.g. cinemas.

Penalties

The penalties for being found guilty of drug-related offences vary greatly. In general, penalties for supply or production of illegal drugs are greater than penalties for possession of drugs for one's own personal use. Young people under the age of 18 are dealt with under the Garda Juvenile Diversion Programme.

Possession for Personal Use – Maximum Penalties

Cannabis

- 1st Offence €635 fine
- 2nd Offence €1,270 fine
- 3rd Offence 3 years imprisonment or unlimited fine or both

Other Controlled Drugs – Maximum Penalties

- 7 years imprisonment or unlimited fine or both
- Possession for the Purpose of Supply
- Maximum Penalty: Life imprisonment or fine (unlimited) or both

A CONVICTION FOR ANY MISUSE OF DRUGS ACT OFFENCE CAN AFFECT FUTURE EMPLOYMENT. MANY COUNTRIES, INCLUDING AUSTRALIA AND THE UNITED STATES MAY REFUSE VISAS TO PEOPLE WITH DRUG CONVICTIONS.

N.B.: Drug Laws are complex and the above notes should not be taken as legal advice

Appendix VI

There is a wide range of drug education resources available from many organisations and published agencies. Below is a list of organisations that have a national remit for dealing with drug information, awareness and training. It should be noted however, that there are many other organisations and agencies working in regional and local capacities representing the voluntary and community sectors in dealing with drug related issues. For a more comprehensive list of services (including addiction and rehab services) please log onto www.gaa.ie/community.

Information & Support

Details of national services providing general information on tobacco, alcohol and drugs:

The Health Promotion Unit (Department of Health) – Works to promote health in Ireland.

Department of Health & Children
Hawkins House
Hawkins Street
Dublin 2

See more at <https://www.healthpromotion.ie>

Tel: 01 6714711

Public Health Authority (PHA) – Works to promote health in Northern Ireland.

Public Health Agency
Linenhall Street Unit
12-22 Linenhall Street
Belfast
BT2 8BS

See more info at <http://www.publichealth.hscni.net>

Tel: 0300 555 0114

Alcohol Action Ireland – Alcohol Action Ireland is the national charity for alcohol-related issues. They are independent voice for advocacy and policy change, working to reduce levels of alcohol-related harm in Ireland.

Alcohol Action Ireland
Butler Court
25 Great Strand Street
Dublin 1

See more at: www.alcoholireland.ie

Tel: 01 8780610



Drug.ie is an independent website managed by The Ana Liffey Drug Project. Their mission is to help educate individuals, families and communities to prevent and/or address problems arising from drug and alcohol use.

See more at www.drug.ie

Tel: 1800 459459

Quit.ie Help information and advice on how to quit smoking.

See more at www.quit.ie

Tel: 1800 201203

Education & Training

Details of agencies that provide education and training around tobacco, alcohol and drugs - a valuable resource for anyone wanting to expand their knowledge base.

Foróige - Foróige is the leading and most successful youth organisation in the Republic of Ireland. They empower young people to develop their own abilities and attributes, to think for themselves, to make things happen and to contribute to their community and society. They also work with vulnerable young people who require additional support through a full range of targeted programmes and services. They also provide training in a number of areas.

Foróige, the National Youth Development Organisation
Block 12D Joyce Way,
Park West,
Dublin 12

See more at <http://www.foroige.ie/>

Tel: 01 6301560

National Youth Council of Ireland - the representative body for national voluntary youth work organisations in Ireland. They provide allot of youth health development programmes and services. They also provide training in a number of areas.

National Youth Council of Ireland

3 Montague St,

Dublin 2

See more at <http://www.youth.ie/>

Tel: 01 4784122

Regional Drug Taskforce - There are 10 regional and 14 local drugs task forces covering the Republic of Ireland.

Go to www.gaa.ie/community to download the contact information for each task force.

The task forces were developed to combat the threat from problem drug use throughout the country through the use of an area-based partnership approach between the statutory, voluntary & community sectors including public representatives. The structure is intended to facilitate the development of effective, targeted, local responses through the utilisation of the knowledge and experience of all sectors in designing and delivering those services and through facilitating the improved co-ordination of service provision.

See more at http://drugs.ie/features/feature/what_is_a_drugs_task_force/

ASCERT - is a charity providing service that addresses the impact of alcohol and drugs related issues that affect people's lives. ASCERT are the leading provider of quality alcohol and drug related training and education programmes (including Northern Ireland).

See more at http://www.ascert.biz/Education_Programmes.asp

Tel: 028 9260 4422

A variety of other support services may be available in your local area. If you are unsure about where to begin, contact your **county ASAP Officer** or visit www.gaa.ie/community.

Alcohol & You App

Alcohol & You is a free alcohol related information app available for iOS and Android devices. The aim of the Alcohol & You app is to provide accurate and up-to-date alcohol related information to target audience of those 18 years and over. This information is presented in an easily accessible and interactive manner. The Alcohol & You app was developed by the students of Athlone Institutes of Technology (AIT) as part of a student lead alcohol awareness initiative of partnership with Midland Regional Drug and Alcohol Task Force (MRDATF), Health Service Executive (HSE), AIT Healthy Campus Initiative, and Foróige.



The Alcohol & You app is available by going to www.gaa.ie/community



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