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DIT: Students' Union

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Marguerite Fitzpatrick
Overall President

On behalf of the Dublin Institute of Technology Students Union (DITSU) I would like to congratulate all first years on getting into college and welcome back all those returning to DIT for another year. You are now automatically a member of the Students Union and ours is the largest in the country and can also be the best if you help us make it that way.

DITSU has offices in the 6 main constituent DIT sites, Aungier St, Bolton St, Cathal Brugha St, Kevin St, Mountjoy Sq and Rathmines. There are two full-time officers and a Union Manager in each Union office and they are there to help you, so don't be afraid to drop in and have a chat with them. The DIT offers some of the best student services in the country and it is up to your local site officers to let you know of these services and guide you in their direction.

As Overall President I am based in the Students Union head-office in DIT Rathmines Rd. I have been elected and am employed by you the students to represent, lobby and defend your interests at all times. During the Summer months we the Union Officers have been training hard in preparation for your return. We are students just like you but upon election we have taken a year out to work for you full time. The Students' Union is here to help you with any problem big or small, whether it is personal, educational, financial or otherwise. We also co-ordinate all the entertainments for the year including the much talked about Fresher and Rag weeks and we facilitate the running of Clubs and Societies.

Apart from the many services you will find through our offices we also provide pool, video games, photocopying and the Student Union Shops, DITSU Trading. Our shops sell a wide range of products at reduced prices, so please use them as the money goes back into providing more services for you in the future. Make good use of your Students Union. Like most things in life it's only as good as you make it, so don't hesitate in getting involved. We need and appreciate your participation, whether it is as a Class Rep,

Part-time Union Officer, member of a club or society or member of the Entertainments Crew.

It's a great achievement to get into college, but it can also be daunting at first, we've all been there! The most important thing to remember is to try and find the balance between work and play. I believe it's very important to get involved socially to truly experience college life at it's best, but don't forget why you're really here. Play hard, but work hard too and you'll be fine. If you ever have a problem drop into us or give us a call and we'll do our best to help you; you're not on your own.

I wish you all every success with college, but most of all, I hope you'll enjoy your years here in DIT.

Ag thún le bheith ag obair libh,
Tabhair aire,
Marguerite
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Discount tickets on all the films all the time.
All you have to do is be a student. Nothing else.
On behalf of the Dublin Institute of Technology, may I extend the warmest of welcomes to you on your arrival to third level education. I hope the year ahead will be a productive, rewarding and happy one. The diverse academic courses, extracurricular activities and social life, which DIT affords its students, should ensure that these will be counted as the most memorable days of your life.

Like thousands of students before you, I'm sure you have some concerns about acclimatising to college life. With the help of a dedicated staff of over 2,500 serving the student body of DIT, these challenges are met and overcome by our students every year. Services such as the chaplaincy, counselling, careers and Students' Union are there to discuss and help solve any concerns or problems you may have.

We all recognise that there are competing pressures on students trying to complete third level education, so it is important to remember we are here to assist.

I think it is fair to say that the staff of DIT are truly committed to the success of each and every student who walks through our doors. We believe a college education is much more than academic involvement; a college should do more than just teach skills; a college should help you grow as a professional and as a person. We at DIT aim to help every student get the most out of higher education - academically, personally and socially.

DIT is indeed a unique third level institute. With over 21,000 students pursuing more than 100 different programmes at apprenticeship, certificate, diploma, degree and postgraduate level, DIT is undoubtedly the largest and most popular higher educational institute in the State.

With our origins dating back to 1887, in choosing to come to DIT you are entering into a long tradition of teaching excellence. As we go forward into a third century in existence, it is a great privilege to be ranked as the favourite choice of Irish students seeking a higher education.

DIT is proud to boast Dublin City as our campus. Our seven main sites at Adelaide Road, Aungier St., Bolton St., Cathal Brugha St., Kevin St., Mountjoy St., and Rathmines dot the city. DIT has, as a result, become integrated into the fabric of Dublin in a way no other educational institution can.

We are a very dynamic institute with developments and improvements being made to our programmes and facilities continually. Amongst these exciting developments is a £21 million extension to Aungier Street, which is nearing completion at present. Located on a site once occupied by rebels during the 1916 rising, this development will vastly improve the provision of facilities for students, staff, and recreation in DIT.

On a final note, I would like to welcome you once again to DIT and encourage you to take advantage of all that the Institute has to offer from both an academic and social perspective.

As a parting thought I think it is important to highlight that sometimes we may not value our education until we have closed the doors on our opportunities to acquire a good one. As an anonymous but astute person once remarked "shortchange your education now and you may be short of change the rest of your life". As such I hope you fully exploit your time in DIT to ensure you make the most of the educational opportunities open to you and, in years to come, when you reflect on what you became as a result of attending the Institute, it will be, we hope, independent, intellectually stimulated and self-fulfilled individuals.

I wish you the best on your journey through DIT and in all your endeavours in the future.

Sincerely,

Dr. Brendan Goldsmith
President, DIT
September 2001
Renting a Home from a Private Landlord: A Guide for Tenants

This section is a general guide only, and not a definitive interpretation of the law. For more detailed information, contact Threshold or look for further advice.

Tenants' Rights and Duties
Tenants have legal rights and duties. Your legal rights derive from general landlord/tenant law as well as from any written or verbal tenancy agreement between you and your landlord.

Duties include paying your rent, keeping the place in good order, avoiding damage or nuisance and complying with any special terms set down in your tenancy agreement, verbal or written. It may be more difficult to assert your rights where you have broken conditions of your tenancy.

Rent Books
Your landlord by law must provide you with a rent book or written letting agreement or lease. All payments made to the landlord, must be recorded either in the rent book or by written statement. In addition, the rent book, or letting agreement, must contain other information about the tenancy, specified by the Rent Book Regulations:

- the address of the rented dwelling
- the name and address of the landlord and his agent (if any)
- the name of the tenant
- the term of the tenancy
- the amount of rent, when and how it is to be paid, (e.g. cash, cheque, standing order)
- details of other payments (e.g. telephone, TV, Cablelink)
- the amount and purpose of any deposit paid and the conditions under which it will be returned to the tenant.
- a statement of information on basic rights and duties of landlords and tenants

If your landlord refuses to supply a rent book you should contact your local council or corporation. They are responsible for ensuring that rent books are provided and, if necessary, will prosecute landlords failing to do so. Rent Books are available from stationers and all Threshold centres.

Deposits
Most landlords look for a deposit, often a week's or a month's rent. The amount and purpose of the deposit, as well as the conditions under which it will be returned, must be recorded in the rent book.

Generally the landlord holds the deposit as security against your breaking the tenancy agreement. You may forfeit some or all of the deposit if you:
- don't give proper notice or if you leave before the end of your lease or tenancy agreement
- cause damage to the landlord's property over and above normal wear and tear
- leave rent or bills unpaid.

Advertising or reletting costs are not normally valid reasons for withholding a deposit. If you feel that your deposit has been unfairly withheld, you may be able to recover it through the Small Claims Court.

Application to the Registrar must be made on a special form and accompanied by a fee of £6. For further information contact your local District Court, Threshold or other information services.

It is illegal for a landlord to hold tenant's goods in lieu of money owed.

Inventory of Contents
Your landlord must record, in your rent book or letting agreement, details of furnishings and appliances provided. It is desirable (though not compulsory) to also record their condition as this can help prevent disputes about damaged or broken items.

This only applies to tenancies which commenced after September 1st 1993. Check the inventory list to make sure that it is accurate - this could save trouble later on.

Leases and Letting Agreements
If you are signing a lease or agreement, it is important to read it carefully and to consider what you are agreeing.
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A formal lease or letting agreement is usually for a fixed period (e.g. a year). You cannot be asked to leave during that time unless you break one of the terms of the lease. You are entitled to formal notice of any claim that you have broken the tenancy conditions and to be given time to set things right.

If you want to leave before the lease is up you could be held liable for the rent for the balance of the letting period. However, if you can arrange for another tenant to take over the rest of your lease, the landlord may agree to this.

When the lease is up, the landlord may sign a new lease or agreement with you. Otherwise if the tenancy is continued on an informal basis, you may then become a weekly or monthly tenant depending on how rent is assessed.

Expenses incurred in drawing up a lease must be met by the landlord and may not be charged to the tenant, although stamp duty, where it applies, may be payable by the tenant. Tenants should be given the original lease and the landlord keeps a copy.

**Rent Increases**

Landlords can legally raise the rent by as much and as often as they like, unless there is a specific agreement to the contrary, e.g. in your lease. You must be given proper notice of any increase, dating from the rent day. On a weekly tenancy the landlord must give a week’s notice of any increase; on a monthly tenancy, a month’s notice.

If you think a proposed rent increase is too high, you could try and negotiate a lower increase with your landlord. Although the landlord does not have to do repairs in order to raise the rent, this may be a good time to ask for outstanding repairs to be done.

In most cases, you are entitled to remain a tenant just for the length of time agreed between you and the landlord.

Tenants have long term security in rare cases only:
- if the tenancy was rent controlled
- if your tenancy (or a tenancy you have taken over) has lasted twenty years, you may be entitled to a new 35 year lease.
- if you fall into either of these categories and receive notice to quit, seek further advice from Threshold or a solicitor.

**Notice to Quit**

A landlord can give you notice to quit, without having to give a reason, unless you have security of tenure or a tenancy agreement that says otherwise.

Notice to Quit must be in writing and must be served at least four weeks before it is due to come into effect. This rule applies equally to landlords and tenants. There is no need for formal notice when a lease is up. Once Notice to Quit has expired your tenancy is legally over.

If you think you may not be able to leave by this date, ask your landlord for more time and contact your students’ union for advice.

**Court Order for Eviction**

If you don’t leave on the appointed day, the landlord may go to court for an eviction order. Where a tenancy is legally over, the court will grant an order which is carried out by the Sheriff.

Even though the landlord may not collect it, you are still liable for rent until you leave. You should put it aside e.g. in a post office account. If you have no legal grounds for staying on, you may be held liable for the landlord’s legal costs.

An eviction by a landlord without a Court Order i.e. removing your belongings or locking you out is unlawful and if this happens you should seek advice immediately from the students’ union.

**Privacy**

As a tenant you are entitled to quiet and peaceful enjoyment of your home. Your landlord is only allowed enter with your permission.

If the landlord needs to carry out repairs or inspect the premises, it should be by prior arrangement with you.

If the property is put up for sale, ask the landlord to agree viewing times with you. If your landlord repeatedly enters your flat without your permission contact the union for advice.
Visitors
You are entitled to have friends to stay overnight, unless specifically forbidden in your tenancy agreement. An extra person moving in would be a different matter.

Noise
You should check with your landlord if there are set conditions about parties and noise.
Remember the landlord has duties to other tenants and neighbours. If noise from other tenants or neighbours is causing a nuisance to you, tell your landlord.

You may also make a complaint to your local authority, which has some power to act, or to the local District Court under the Environmental Protection Act, 1992 (Noise) Regulations, which can make an Order to deal with the nuisance.

Contact Threshold, your local authority or District Court for more information.

Standards
Your landlord must, by law, ensure that your flat complies with certain minimum standards (e.g. free from damp, in good structural repair, hot and cold water, adequate means of heating and ventilation, appliances in good working order, electrical wiring, gas, pipes in good repair).
If your flat does not comply with these standards, report it to your local authority.

An inspection will be carried out and the landlord ordered to do any necessary repairs.

It is best to establish from the outset, when you make the tenancy agreement, which repairs are the landlord’s responsibility.
If repairs are needed at that stage get the landlord to do them before you move in. Bring any repair problems to your landlord’s attention as soon as they arise. As a tenant you are not responsible for repairs due to fair wear and tear.

If minor repairs are being ignored, you could offer, preferably in writing, to have them done and to deduct the cost from the rent. Agree it first with the landlord and keep receipts for work done. Holding back rent for repairs if this has not been agreed in advance, could put your tenancy at risk.

If the landlord is looking for a rent increase it is a good time to ask about outstanding repairs. If there are serious problems, which pose health or safety risks, such as vermin, problems with water, sewage or electrical or structural problems, contact your local council or corporation.

If you want to redecorate, you must get the landlord’s permission first.

If agreed you may deduct the cost of redecoration from the rent. Be sure to keep receipts.

**Services**
Details of when and how payments for services are to be made must be set out in full in your rent book e.g. direct debit, meter, bill etc. All payments made must be receipted in full in the rent book, or by written receipt.

Electricity and gas coin meters are set at a standard rate. If you think that the setting is too high, check it with the ESB or the Gas Co. landlords should not charge more than the standard rate for electricity and gas.

They are entitled to recover the standing charge but not by including it in the calibration of the meter.

In some areas it is the practice of the ESB not to put the electricity account in a tenant’s name unless the tenant has a lease for a minimum period of one year. A landlord is not entitled to disconnect the power or water supply.

**Water, Refuse, Services Charges**
Local authority service charges for water, bin collection etc. may be payable by the tenant as the “occupier” of the premises rather than the landlord. Check with the local council. Make sure you are not billed for arrears for previous tenants or for charges due from other people living in the house.

It is possible for the local authority to waive charges in cases of hardship.

**Registration**
Any properties for rent are required by law to be registered with the local authority. There are some exceptions including: holiday lets, where the landlord is a relative of the tenant; where the landlord is resident and there is no more than one other flat on the premises.

For further information contact Threshold or the local authority. Landlords who fail to register are liable to prosecution.

**Insurance**
Your landlord’s insurance policy is unlikely to cover your personal belongings. It can be difficult and expensive to obtain such insurance, especially where there are a number of flats or bed-sits in the same house.

Many companies charge a minimum premium. Contents insurance is often easier to get where you have other goods insured such as a car, with the same company or if you are a member of a Credit Union. Shop around.

**Help with Rent and Deposits**
If you claim social welfare, are on a FAS scheme or working part-time, you may qualify for help towards your rent from the Community Welfare Officer at your local health centre. In exceptional circumstances, you may also get help with a deposit.
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*See reverse of HMV Student Card for full terms and conditions or visit our website at www.hmv.co.uk for details.
Counselling Service

The DIT Counselling Service wishes a warm welcome to all students. The prospect of pursuing a third level course in the Dublin Institute of Technology can give rise to a mixture of emotions, you may be feeling excited but also you may also be feeling a little apprehensive and possibly fearful. You may feel anxious about how well you will be able to cope with adjusting to the new culture, both within and outside of the college environment. You may feel anxious about how well you will be able to cope with the new academic as well as social demands. The DIT counselling service can provide you with the support to enable you to enter, move through, and exit the college successfully. In many ways, we can be viewed as one of your tour guides in your journey through your college years. We provide a range of services, which include the following:

Individual counselling. On average we would see students over four to six therapeutic sessions. Sometimes students would only come in for a short chat while other students may need to see a counsellor over a longer period of time. Sessions are 50 minutes long. We help students with a wide range of issues such as adjusting to a new environment, coping with new demands, relationship issues, self esteem, eating disorders, depression, stress etc. Self-help groups such as study skills, bereavement, personal development groups. Special Assessment. For example assessment of learning difficulties.

Special programmes and courses, which will equip you with the kind of skills that will help you to cope with the demands/challenges of college life. For example, we run courses on Unlocking your potential as a college student, Return to learning, Stress management, Taking Tests with Less Stress etc.

How do you contact a counsellor? There is a counsellor in each of the main six DIT centres and appointments can be made by calling into the office directly or by phoning 402 3352 for appointments or email Cornelia.Kearns @dit.ie

Remember: Give yourself the chance to discover your potential. Entering higher education is all about breaking new ground and discovering what was unknown. Like all worthwhile experiences, it can involve risks and sometimes knock, but you don't have to cope alone. Make contact personally with the support services in the DIT and you can discover how we can be of help

Dr Susan Lindsay
September 2001

COUNSELLING SERVICE SCHEDULE
Please note that there may be some changes in times and staff during the year.

Please contact the secretary in the central office at 402 3352 for further information.

Hi and welcome to the DIT. Congratulations on having got a place. Whatever course you are on, we hope that you will really enjoy your time in DIT and will participate in a wide range of social and cultural activities.

Something about us
The chaplaincy team comprises a group of men and women drawn from the different Christian traditions. Most DIT centres have a full-time chaplain. Feel free to contact any of us. We are here for YOU - in whatever way we can be helpful to you.

A few points:
- Chaplains are there for everyone, regardless of whether you have a Church affiliation or not
- Chaplains will help you to connect with other students
- Chaplains will not try to 'indoctrinate' you but will help you explore your own questions
- We offer 100% confidentiality
- You can come with or without appointment
- Where an issue requires different expertise we offer referrals
- If you are interested in making a contribution in the local community (helping the elderly, coaching students etc) we can help you connect
- If you are interested in a stint in a developing country, we have contacts
- If you are just a friendly person and would like a chat, we'd love to meet you
- We provide Religious services, meditation groups etc

Stop us on the corridor or pop into the office, you don't need a big agenda.
- If you are interested in making friends among the International students, watch for news of the Friendship Lunch
- If you just need a bit of friendship and support (on a bad hair day!) we are there
- We are just one of the services made available by DIT. We encourage you to use any and all of the services. They are there for you.
- If there's anything you feel the chaplaincy service could offer and isn't, we'd be happy to hear from you.

Have a wonderful year and make lots of new friends.
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The Dublin Institute of Technology is a comprehensive higher educational institution providing full-time and part-time programmes in technical, technological and business education at undergraduate and postgraduate levels in Ireland. It is closely involved with the latest developments in technology in all areas, while maintaining a continuing commitment to industrial, economic and cultural development.

The new Millennium heralded many exciting developments for DIT, one of which was the authorisation by the Government to purchase a site of approximately 65 acres, at St. Brendan's hospital, Grangeogorman.

Its phased development has been welcomed by all at DIT, as it marks a significant step in DIT's overall strategy to provide modern facilities appropriate to its role as a first-class university-level technological institution.

The acquisition of Grangeogorman and the pending developments at Aungier Street will enable the provision of facilities for students, staff, and recreation in DIT.

Grangeogorman creates a new focus for DIT and marks the move towards a campus-based institution from a college-based institution, which is what we are now. DIT is not a college with one singular campus rather we are scattered through the heart of a living city. Despite this we present a unified approach in the pursuit of excellence in so many of the disciplines that shape us in our emergence as a leading edge player.

Established under the DIT Act 1992, the Institute has seven main centres as follows:

DIT Bolton Street
DIT Kevin Street
DIT Aungier Street
DIT Mountjoy Square
DIT Cathal Brugha Street
DIT Rathmines
DIT Adelaide Road

These constituent colleges are, of course, much older dating as far back as 1887.

Since 1 January 1993 DIT has been operating as an independent entity with its own Governing Body. It is in the process of re-organisation from a College-based to a Faculty-based structure comprising the Faculties of Applied Arts, Built Environment, Business, Engineering, Science and Tourism & Food.

Today DIT has an enrolment of nearly 10,000 whole-time, third-level students, pursuing some 85 different programmes at certificate, diploma, degree and postgraduate levels, as well as another 8,000 part-time day and/or evening students and 4,000 apprentices, giving a grand total of 22,000 students - the largest enrolment of any higher education institution in the State.

There are also a number of EU exchange students participating within the SOCRATES framework.
My name is Maura Cunningham and I am the General Manager of DIT Students' Union Ltd and on behalf of the DIT Students' Union I would like to extend a warm welcome to all students in the DIT and in particular to those students based in the Rathmines Road and Rathmines House campuses.

The Head Office for the Students' Union is based in Rathmines Road where, the Overall President, Marguerite Fitzpatrick and myself are located. Also based here is the DIT Societies Organiser, Anita Conway. Anita works closely with students in helping them set up societies and run many society events throughout the year.

The Rathmines campus of the DIT houses approximately 600 students. At present Rathmines has no full-time sabbatical officers but hopes to elect a part-time Executive Committee of three.

Elections for these positions will take place in October 2000, so keep an eye on the notice boards for more details. If in the meantime you would like more information about this executive please call into the DITSU office for a chat!

If any student requires details of the services available to them we would encourage them to drop into us where we will do our best to answer their questions.

We have the accommodation listing together with the application forms for the various student services available i.e. Student Assistance Fund, Dental/Optical Scheme and Childcare Scheme.

During the year entertainments events will be organised for the students in Rathmines, perhaps in conjunction with some other colleges. Looking forward to meeting you during the year to come.

So good luck for the coming year in the DIT but most of all enjoy the year!
Ta suil agam go bhfuil athas ar gach einne a bheith ag freastal ar an Institiúd Teicneolaíochta Atha Cliath i Sraíd Cathal Brugha. Beidh a lán craic agus spraoi agaínn an bhliain seo chugainn. Is mise John McKenna agus taim an Uachtaran d' Aontas Mac Leinn anseo. As mentioned above I am your Site President for the coming academic year. I was elected last year by the students’ of Cathal Brugha Street to represent them this year. Therefore, I am working for every single student that attends Cathal Brugha Street. If at any stage during the year you have a problem with any aspect of your life, whether its academic or personal, you can always come into the Students’ Union for advice or help. I would ask as many of you to get involved or call in to the union because we are only as strong as the number of students behind us.

Education: As well as being President, I am also the Education Officer. This means that I am responsible for representing students’ in regards to academic matters such as facilities, equipment, standards of lecturing, organising students’ to sit course committees, handling any complaints and resolving conflict when it arises. I also have a seat on the academic committees, which help to run the education process within the college.

Entertainments: We have a great social calendar planned for you this year. We will have a weekly social night out, monthly themed nights and some different types of entertainments during college hours. But if you have any suggestions on entertainments for the year please do call in to us and let us know what you would like. I would encourage you all to join up to Clubs (Caragh O’Buachalla is the Sports Officer) and Societies (Anita Conway is the Societies Organiser) during Fresher’s Week and at any time throughout the year. They are a great way to meet people from other courses and have an excellent social side to them as well.

John

Hello, unfortunately your summer has come to an end and your finding yourself in college. I can assure you that the sun, sea and sand will quickly fade from your mind when you get a hold of the new and exciting agenda the Students’ Union have put together for you.

My name is Jenny O’Connor, and I am the Deputy President/Welfare Officer in Cathal Brugha Street this year. My job is to ensure you have all the necessary help in coping with college life. Welfare is my main job and can include anything from an accommodation crisis to pregnancy options. Over the summer months I have undergone intensive training in relation to all the welfare issues. In certain cases where I feel the matter needs more professional help, I will work in conjunction with the full time college counsellor, Catherine Bolger, to deal with the matter. Between both of us we will refer you to the relevant authorities if and when necessary.

My door is always open for every student, be it a complaint, query, problem or just for a chat. Rest assured that my service is totally confidential. I have taken a year out from college to do this job. Last year’s students elected me. Throughout the year you will notice various welfare campaigns going on around the college that have been put together by the Welfare Officer’s from all the DIT sites. It is worth you while to take 5 minutes and see what each campaign is about. You should stop into the Students’ Union to find out what we have to offer. Remember that the Students’ Union is run by students for the students.

As you are a member of the union, don’t hesitate to call into us and voice your opinion on any matter. I hope you all have a blast this year and really enjoy yourself. But do try to strike a happy medium between getting the necessary work done and socialising and this will make the year better for you.

Jenny.
The Union Manager:
Hi, my name is Gabrielle Dalton, and I am the full time Union Manager here in Cathal Brugha Street. My role primarily is to oversee all financial matters that arise within the Students’ Union. I keep accurate financial records of the day-to-day business of the Union, Clubs and Societies and prepare these accounts for the annual audit. I am involved in the budgetary control of Clubs and Societies, as well as the advising and organising of Society outings. I am a mandatory signature on all Student Union accounts and cheques. I am available during office hours for general queries, information and advise on all aspects of the Students’ Union and student life. A wide range of services is provided including the purchase of ISIC cards, photocopier facilities, fax, part-time employment and many other services. Please do not hesitate to call in and see me at any time.

The Students’ Union Shop:
The shop is located in Marlborough Street between the reception area and the canteen. The Shop Manager is Maurice McCabe. It provides a brilliant service and a wide range of products at lower prices than you would find in other shops. We provide passport photos and a photo development service. We also stock:
- Photocopying Cards
- Minerals
- Confectionery
- Sandwiches
- Cigarettes
- Newspapers
- Stationery
- Bus Tickets
- Phone Cards
- Course Equipment

Annexes:
At some stage during the year you might have lectures scheduled in the following buildings:
- Denmark Street: Located just off Parnell Square and beside Belvedere College.
- Sackville Place: Located at the back of Clerys Department Store on O’Connell Street.
- Rathmines House: Located opposite the Swan Centre on Rathmines Road. Bus Routes - D'Olier Street (over O’Connell Bridge) 14/14A
- College Street (outside Trinity College) 15/15A/15B/15C

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WHAT IS A DRUG?
A drug is any chemical which alters how the body works, or how a person behaves or feels. A drug's effects depend on: Its type and strength, the amount taken, the user's mood and other factors like body weight, age, gender etc.

USE OR MISUSE?
Misuse occurs when the use of a drug (legal or illegal) is harmful, or potentially harmful to the physical, mental or social well-being of an individual, group or society.

WHAT ARE THE RISKS AND DANGERS OF DRUG ABUSE?
1. Accidents or injury
2. Even a small amount of some drugs can cause mental and emotional disturbance.
3. Relationships with family and friends suffer.
4. Dependence/Addiction
   Regular drug taking can result in the need for larger doses to achieve the same effect.
5. Contamination: If a contaminated drug is used, there may be severe reactions.
6. Infections: Unclean needles can cause blood poisoning, abscesses, and infections.
7. Drug misuse can be costly and this can lead to financial problems, debts and crime.
8. Illegal drugs carry the risk of involvement with the law.

HOW DO YOU SPOT DRUG TAKING?
Because the symptoms are similar, a drug taker can be mistaken for someone who is merely "off form". However, the following list provides a useful guide:
- Abnormally sleepy or drowsy.
- Sudden mood changes.
- Lack of concentration, memory loss, black-outs, hallucinations.
- Lack of interest in work, old friends and hobbies.
- Keeping unusually late hours.
- Secrecy.
- Telling lies and/or stealing.
- New and strange friends.
- Unusual smells, stains or marks on body and/or clothes.
- Unusual powders, capsules, tablets, syringes, needles, or scorched tin-foil.

WHAT TO DO IF YOU KNOW SOMEONE IS ABUSING DRUGS?
Firstly, get advice from a parent or counsellor. Any drug user should be referred to a doctor, college counsellor, community addiction counsellor, or the Drug Treatment Centre, Trinity Court, Pearse Street, Dublin 2; Tel: 01 - 6771122.

IN AN EMERGENCY
If someone overdoses and is drowsy or unconscious:
- Never leave them alone, but comfort and reassure them.
- If unconscious, turn them on their side to prevent them inhaling vomit.
- Ring for a doctor or ambulance.
- Give any substance or implement they used to the doctor.
LEGAL DRUGS

TOBACCO - Cigarettes - Smokes - Fags
What is it?
The most widely misused stimulant is the drug Tobacco contained in cigarettes. Tobacco is derived from the leaves of a plant - nicotiana tabacum.

Its leaves contain a chemical, nicotine, which affects the heart, blood vessels, stomach, kidneys and central nervous system.

The Highs
It gives a feeling of relaxation and may help the smoker face stressful situations more easily. Heart rate and blood pressure are increased and appetite is reduced.

The Lows
People who smoke are more likely to suffer from various health problems including: heart disease, blood clots, heart attacks, bad circulation, ulcers, lung infections, bronchitis and 90% of lung cancers are believed to be caused by the chemical components in cigarette tar.

Tolerance rapidly develops to the effect of nicotine and those who begin to smoke tend to become regular smokers. If they stop they experience withdrawal symptoms such as restlessness, irritability and depression.

ILLEGAL DRUGS

AMPHETAMINES - Speed
What is it?
Otherwise known as speed or the poor man’s cocaine, this generally comes in powder form and is snorted up the nose. It can also come in pill form or be injected.

The Highs
Speed is a powerful stimulant which speeds up the entire nervous system. Energy and movement increase rapidly. Users may talk very quickly and find it difficult to keep up with their thoughts.

The Lows
Users often experience feelings of tiredness and depression afterwards, and in the long run, can feel physically and emotionally exhausted. The drug is psychologically addictive and regular users can find it difficult to give up.

ALCOHOL - Booze - Drink
What is it?
One of the most commonly used drugs of all, alcohol comes in many different forms like wine, beer and spirits. Addicts sometimes turn to extreme forms like chemical alcohol or meths. Alcohol is a depressant.

The highs
It helps people relax socially. They can become more animated and it can appear to drown worries. It has been known to increase sexual desire.

The lows
Within safe limits alcohol is not dangerous. But drinking too much can cause vomiting, dehydration and hangovers. It has been related to violence more than any other drug. It is both physically and mentally addictive and drinking too much over a long period of time can cause liver damage.

REMEMBER
- Starting to accept that alcohol is - or could become - a problem in your life is stage one in getting help.
- You don’t need to tackle a drinking problem on your own.
- Even if you have tried unsuccessfully in the past, give yourself another chance.
- Do contact your local alcohol and addiction counselling service or your GP for confidential help and advise.

AMYL NITRITE - Poppers
What is it?
This comes in liquid form in small bottles and the vapour from the bottle is inhaled through the nose.

The Highs
It reduces blood pressure and makes the heart pump faster, causing a “rush”, dizziness and sometimes a blackout. Some users claim it heightens sexual arousal.

The Lows
These include dizziness, blackouts, headaches and vomiting.

Amyl can be dangerous to those who have low blood pressure or a heart condition and swallowing the drug is also dangerous.
CANNABIS - Split - Blow - Hash - Draw

What is it?
This comes in the form of dried leaves from the plant, or resin, which is usually smoked in a cigarette called a joint or spliff. It is also eaten on its own, or taken in cakes or tea. Cannabis is one of the most commonly used of all illegal drugs.

The highs
Users experience feelings of relaxation and euphoria and become receptive and sociable towards those around them. Some have said it helps them to concentrate on boring tasks, however there is also evidence to suggest that this may not be the case. It also tends to increase the appetite of users.

The lows
Some users report reactions of fearfulness, confusion and anxiety. Long term use has been linked to memory loss, paranoia and lethargy. Smoking joints carries an even greater risk of certain forms of cancer than smoking cigarettes and may lead to an increased risk of acute and chronic bronchitis.

ECSTASY - E - Disco Biscuits - Love Doves

What is it?
Ecstasy usually comes in tablet or capsule form. The main ingredient in "E" is a chemical substance called MDMA, but this is often mixed with other ingredients, such as amphetamines, tranquillisers, or even rat poison.

Why it's taken
Ecstasy is usually taken at 'raves' or discos to produce a feeling of relaxation with increased energy, happiness and flexibility. Someone using ecstasy may feel less inhibited, experience everything more intensely, feel mellow and calm. It can bring a sense of vulnerability. Ecstasy takes effect in 20-60 minutes, usually at its height for about 2 hours and can last several hours after that.

Taking any stimulant increases body temperature. The hot atmosphere of a dance floor and the dancing itself raises it again, so that 'ravers' start losing fluid (dehydrating).

They need to take a pint of fluid (not alcohol - it also dehydrates) per hour to avoid heat-stroke which has killed ecstasy users here and in other countries. This is best done by sipping no more than a pint of water, fruit juice or isotonic drink in any one hour.

Ecstasy-plus
Less than half the drugs bought as Ecstasy are pure 'E'. The rest are 'Snidey', i.e. a combination of MDMA and any range of substances. Many 'E' tablets are cut with other stimulant drugs such as amphetamine sulphate. Others are cut with hallucinogenic drugs such as LSD, or perhaps a mixture of both. Most worrying of the substances being used as 'mixers' are anaesthetics such as 'Ketamine' and depressant drugs such as barbiturates.

Barbiturates are very dangerous, especially when used with alcohol. So any 'E' tablet/capsule may be an experiment with the unknown.

Short-term effects
These may include intense sweating, dry mouth, loss of appetite, increase in heart rate and blood pressure, nausea, and sometimes pain and stiffness in arms, legs and jaws.

COCAIN - Charlie - Coke

What is it?
Cocaine is often called "coke" or "snow". It is a white crystal-like powder without a smell. Cocaine is normally sniffed, but it may also be injected. Crack is a cheaper version of cocaine which is smoked. Smoking crack may lead to severe addiction and carries the risk of sudden death.

The Experience
The person who is taking cocaine will rarely feel hungry or tired and can stay awake for long periods. He feels superior and very confident and sometimes becomes aggressive.

The Effects
Cocaine is likely to produce dependence because after the buzz wears off, the person can be left feeling very depressed. The easy way to feel great again is to have some more. In the end they are taking it all the time. There is also the chance that they will have to increase the dose of the drug to get the same effect as the "first buzz". The drug makes the person push the body further than it would normally go, so that when the effect wears off the person crashes down and is more tired. In this state the drug users may neglect their health, their eating and sleeping. This leaves them open to disease, illness and exhaustion. In some cases, sudden death may occur.

Drugs - your choice, your life
20 Edt
This pressure on the heart and respiratory system can kill after a single dose. Anyone suffering from epilepsy, diabetes, asthma or pre-existing heart disease is particularly vulnerable to having symptoms brought on suddenly with severe consequences.

Long-term effects
These can include insomnia, lethargy, anorexia and weight loss. Although it does not on its own produce major hallucinogenic effects this may happen if it is mixed (or 'cut') with other substances such as Ketamine (an anaesthetic). Other effects may include psychiatric problems such as depression, anxiety and panic attacks. Liver problems can be caused or made worse by 'E'. Although ecstasy is not physically addictive, users may become psychologically dependent on the drug. Studies in animals indicate the possibility of brain damage but it is not yet known whether humans can be affected in this way.

The Highs
Ecstasy can cause a euphoric rush that makes users feel elated, energetic and intimate with those in their company. It has been known to heighten sexual experience and gives users the ability to dance for hours on end.

The Lows
Soon after ingestion, ecstasy can cause nausea, diarrhoea and sweating. Some users have experienced muscle pain, depression and fatigue days after the effects of the drug wear off. The heart rate increases greatly, and dehydration is also a problem. There have been several recorded deaths from ecstasy use in this country, mainly caused by respiratory collapse.

HEROIN AND OTHER OPIATES
These are strong painkilling drugs. Heroin is commonly called “smack” or “h”. It comes in a white or off-white powder form. It is sometimes sniffed, smoked or more usually injected. Injecting a drug is called intravenous (IV) drug use. Other strong painkilling drugs are also used.

Experience
When opiates are taken, the person quickly becomes drowsy, feels happy and peaceful. It causes the muscles to relax and perhaps the person will fall asleep.

When a person is using opiates regularly and the level of the drug in the body increases, they will need the drug every 4 to 6 hours to avoid the withdrawal symptoms which are bouts of nausea, vomiting, diarrhoea, cramps, twitching and symptoms of a heavy cold. With regular use, dependence/addiction may develop within a few weeks.

Whereas, at the beginning, the person took the drug to feel good, they now need it to feel “normal”. It may cost an addict up to £200 per day to obtain a supply of heroin.

Effects
One of the main side-effects of injecting heroin is the risk of infection, caused by the use of unsterilised needles and contaminated equipment. A user may contract HIV, the virus which leads to AIDS, or hepatitis which affects the liver. There is also the danger of taking an overdose and of dying.

Methadone is a synthetic drug used in the treatment of heroin addiction. Because it is taken by mouth and is prescribed, it reduces the spread of HIV, and reduces crime levels. However, it too is poisonous and addictive so it needs to be used carefully and under strict supervision.

HEROIN - Smack - H - Gear

One of a number of opiates derived from the poppy plant, heroin comes most commonly in the form of a white powder which is either injected (after being mixed with water) or smoked (known as chasing the dragon).

It is also known as horse.

The Highs
Heroin creates a rush of pleasure and users tend to feel they cannot be harmed and may feel detached from the outside world.

The Lows
Heroin is, both physically and emotionally a highly addictive drug. Withdrawal, once addicted, is difficult, and the symptoms include drowsiness, sweats, anxious breathing, vomiting and possibly even coma.

Overdosing can be fatal, as can combining it with large amounts of alcohol.

Sharing needles carries a greater risk of infection with HIV, AIDS & Hepatitis.
**LSD - Acid**

LSD comes in the form of micro-dot pills, tiny stars of paper or ink blots on blotting papers. It is swallowed or "dropped". Only a tiny amount is needed to produce hallucinations which may last for up to 12 hours.

**Experience**

There are two major types of experience or "trip". The "good trip" can make colours appear brighter than usual. The senses of sight and sound can become mixed so that the user might start "listening" to colour and "seeing" music. In a bad "trip" the user can become very frightened. People on "bad trips" sometimes try to harm themselves or others very badly. LSD is a very dangerous drug and no-one knows in advance what the effect of experimenting with it will be.

A person loses touch with reality and often believes that they can do extraordinary things. If you come across someone on a "trip" it is very important that you do not leave them alone. You should "talk the person down" from the "trip" bit by bit, and they should be brought to hospital as soon as possible.

**Flash-back**

The experience of a "trip" can be repeated without taking LSD again. This is known as a "flash-back" and may happen at any time for up to 5 years.

**MAGIC MUSHROOMS**

This is a mushroom which grows on high ground and is often found on golf courses. It grows from late summer through to winter.

It is a brown colour with a long stem and an umbrella shaped top. The mushrooms are either eaten fresh or dried and perhaps crushed into a fine powder or made into tea. They are taken in quantities of thirty or more at one time. Distinguishing hallucinogenic mushrooms from their poisonous, deadly relations is difficult.

**Experience**

A person who eats enough magic mushrooms will become confused and begin to stumble. Magic mushrooms can cause hallucinations. In general their effects are similar but milder than LSD.

**SOLVENT ABUSE**

Solvent abuse does not involve drugs but products which can be found around most houses. There are many household products which can be misused to give a "drug experience".

These include adhesives and thinners, dry cleaning fluids, aerosol sprays and fuels, e.g. petrol and gas.

**Experience**

Solvent abuse (sniffing or inhaling), is often done from a cloth or from a bag. Fairly soon the person feels relaxed and content in much the same way as with alcohol. However, many young people become aggressive under the influence of solvents. The person's vision may become blurred and they may appear to be drunk. Hallucinations may occur.

**Dangers**

Some people who use solvents can come to depend on the feeling of contentment and find themselves "sniffing" or inhaling regularly. Solvent abuse burns the skin around the lips and nose of the users.

It affects the lungs, kidney, liver and bone marrow. If a person sniffs or inhales too much at one time he/she may die. Death sometimes occurs through choking, drowning or burns. Sudden death is more likely with cigarette lighter fuel or tippex thinner. Even one experiment may be fatal.

**TRANQUILLISERS - Tranks - Downers - Bennys**

**What is it?**

There are literally thousands of different prescription tranquilisers on the market and they generally come in tablet or capsule form. Many are benzodiazepines, the most common of which are Flunitrazepam, Diazepam, Lorazepam and Temazepam. They are sometimes circulated on the black market among addicts.

**The Highs**

The reduce stress and anxiety and help peaceful sleep.

**The lows**

Tranquilisers should only be used under medical supervision. Used unsupervised they can cause tiredness, drowsiness and mood swings. They can be addictive and overdosing can be dangerous, but seldom fatal. However, if they are combined with alcohol then a fatal dose is reached at a much lower level.

**Drug Treatment Centre Board**

30-31 Pearse Street, Dublin 2.
Tel: 01 - 6771122

**Drug Awareness Programme,**

Cross Care
Clonliffe College,
Dublin 3.
Tel: 01 - 8360911
The Drugs HIV Helpline.

Freephone 1800 459 459
7 Days a Week   10 a.m 5 p.m.

East Coast Area Health Board
Bórd Sláinte Limistéir an Chósta Thoir
The East Coast Area Board covers a wide geographic area including South-East Dublin and East Wicklow with a population of 325,000. The Board provides a range of health and personal social services to the people of its area. Administration Headquarters: Southern Cross Building, Southern Cross Business Park, Boghall Road, Bray, Co. Wicklow. Tel: (01) 2765682/3. Fax: (01) 2765680. Customer Services Department: 1 800 520 520.

South Western Area Health Board
Bórd Sláinte an Limistéir Thiar Theas
The South Western Area Health Board serves the people of Dublin South Inner City, South County Dublin, County Kildare and West Wicklow with a population of over 500,000. As a person-centred organisation, we work with service users, communities and other providers, to deliver, evaluate and develop quality, responsive health and personal social services. Administration Headquarters: Oak House, Limetree Avenue, Millennium Park, Naas, Co. Kildare. Tel: (045) 880400. Fax: (045) 880493. Customer Services Department: 1 800 520 520.

Northern Area Health Board
Bórd Sláinte an Limistéir Thuaidh
The Northern Area Health Board, headquarters in Swords, serves a population of approximately 445,000. The geographic area covered by the Board is Dublin City north of the Liffey and Fingal County Council Area. The Board provides a range of health and personal social services to the people of its area. Administration Headquarters: Northern Area Health Board, Swords Business Campus, Balheary Road, Swords, Co. Dublin. Tel: (01) 8131800. Fax: (01) 8131870. Customer Services Department: 1 800 520 520.
Welcome one and all to DIT Bolton St. for some of you this will mark the beginning of a long journey both of learning and education, but also of self discovery, personal growth, a lot less sleep and some of the most memorable times of your life.

The old saying goes that schooldays are the best days of your life, well pants to that, lets make it college days O.K.!

Those of you returning to Bolton St. for another year of hard slog, late nights and missed projects, Good Luck(and well done for making it this far). My name is Neal Cromien and I will be the president of your Students Union for the following year.

Its my job to ensure you have the strongest union possible working for you.

The Students Union is about helping all students get the most from their time in college. That could mean really good nights out, lots of clubs and societies to join, help with an exam query or more or less anything you can think of.

Both Donna and myself work for you. We were elected by you and are answerable to you, never forget that. If there is anything we can do for you or if your not happy for any reason with the union, then let us know.

Help us to help you have a good stressless year,

Neal Cromien

Hi, my name is Donna Mulligan and for the coming year I will be your Deputy President and Welfare Officer here in Bolton Street. I am here to ensure that your stay in Bolton Street will be as enjoyable as possible.

Firstly I'll start by saying to all the first years a very special welcome and congrats on making such an excellent choice with Bolton Street the biggest and best D.I.T. To those of you returning for another year of madness congratulations on passing your exams.

The union is situated beside your students union shop so don't be afraid to call in, be it with a problem or just for a chat our doors are always open. Part of my job is to help you with any problems you may have, big or small, personal, financial or academic in the strictest confidence.

DIT Bolton Street is a big place and may be quite daunting at first. However it's a great place when you get to know it and you'll make plenty of great friends. There are lots of societies and clubs to get involved with, but if we don't have the particular club or society you are looking for we'll help you set it up.

Finally, the union is here for you, we are always pleased to see new faces around the office, get involved in your union whether its becoming a class rep or students union officer after all its your union and it is what you make it

Looking forward to working for and with you all during the year.

Is mise le meas

Donna Ni Mhaolagain

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mile failte to our students and non students alike. For those who don’t know me my name is Orla Cassin and I’m the union manager.

See the smooth running of the office and available during office hours for any issues you may have. I can also give you an insight into student life. Feel free to come in any time and there is no need to knock.

Look after your cards and help run the clubs and societies on Bolton Street. My advice to you is get involved as it is a great way to make new friends.

The shop is located within the common room along with our manager Jimmy and all his staff are there to be of service to you. The shop is open from 8.30am all week and has been newly renovated this year. The shop offers a selection of products such as teas, coffees, sweets, cigarettes, stationery, photocopying cards, phonecards and newspapers.

We have a new deli counter, so for some really filling sandwiches and rolls at excellent prices you would be hard pressed to find them anywhere else. You can also buy your bus tickets and stamps from the student union shop.

The common room is also run by the students union and you can access the best video games and excellent pool tables there. They are put together with the juke box and comfortable seating to make a good place to hang out and take a break from study.

Of the other services we provide are;

- Vision of DIT Accommodation lists and advice on finding a place to live
- Advice for Health Centre, where a free student medical service is available
- Information on Medical, Ophthalmic, Dental and Creche entitlements
- Advice for Careers Adviser
- Welfare information in relation to Welfare
- A Special Student Offer
- A Special Rental Agreement with a speedy, reliable service and our unique rental guarantee means we replace faulty equipment. Rental customers also enjoy discounts when buying additional products. It makes sense to rent from RTV.
A constant companion throughout your time in third level education - money. More properly, the lack of it will be the problem. And if you are not careful, it will haunt your every waking moment. Because the grants system remains woefully inadequate it is very likely that your time in college will involve much scrimping and scrounging but in spite of your best efforts you may well find yourself in financial difficulty at some time or another. You have to be very careful with such a problem. You have to remain in charge of it and not let it become in charge of you, dominate your life and maybe force you to leave college. It is therefore essential to have a methodical and consistent approach to managing your money.

Budgeting
Compile an honest and accurate budget, listing all your sources of regular income and all expected regular expenditure. Be careful not to exclude any debt arrears or credit payments. Don’t forget about occasional expenses, TV licence for example. Be realistic about basic needs for fuel, food and clothing and examine your expenses to see where economies can be made. Clearly, if your regular expenses exceed your regular income you have money problems.

Don’t panic. You can sort it out.

It is most important that you do not ignore the problem. Be honest. The problems won’t go away just because you try to ignore them. If you are in over your head seek advice. Your students union will either advise you or put you in touch with people who can do so. DO IT NOW. The longer you put it off, the worse the situation gets. For many students borrowing money and being in debt is a fact of life. What is important is that it is manageable debt. It is very wise to keep in mind the practicalities of borrowing money. A loan of any kind is usually paid back over a period of time. It is therefore vital that you not only consider your present financial position but what it is likely to be throughout the period of the loan. Put simply, do not make repayments arrangements on a loan that you cannot afford.

Bank Accounts
The first thing to do to avail of the wide variety of services offered by a bank is to open a bank account. This is a very simple procedure and simply involves you going to any branch of a bank with some formal means of identification and asking to open a bank account. Fortunately, as banks are keen to have your business, they make special introductory offers in and around registration and freshers’ week, offering free ISIC travel cards, WAP phones and other such inducements. The banks also have designated students’ officers in specific branches who are very approachable and very familiar with students and student lifestyles and will therefore understand and appreciate all your requests, be they for short term overdraft/cash advance because your grant payment is late, a loan for you to bankrupt working summer overseas (on the understanding that you actually make some money during the summer months and pay back the bank on your return) and possibly overdrafts during term time to supplement your normal meagre income. This latter would probably only occur if your repayment record is up to scratch.

Different Types of Account
In reality, not much depositing or saving will be carried out by students and their bank account, almost irrespective of its name will be a transaction account. For example if your course is ESF funded, your ESF grant will be paid directly into your account. You will use this account to withdraw cash, be it over the counter, by means of a special money draft or through an ATM (automated teller machine), more commonly known as the drink link machine. Although the exact benefits and conditions differ in the various banks and their bank accounts the following example represents the typical banking service provided to the student:

Student Current Account: pays interest on any credit balances, and may provide an overdraft facility if needed. You get free banking, which basically means you don’t have to pay any bank charges. You also get discounts on foreign exchange facilities and a £7 voucher for an ISIC card. With this type of account, any interest accruing to you will be credited quarterly and you will receive regular bank statements detailing all transactions on your account. You can also receive a card which with your PIN (Personal Identification Number), allows you to withdraw your cash from any ATM machine throughout the country.

Applying for a Loan
Should you need cheques for special payments, such as college charges, accommodation
Similarly as the tax year runs from April to April you are credited with your weekly allowance from the previous April on a cumulative basis so that should you start working during a year, you will be able to earn up to your cumulative tax free allowance from the previous April before you begin to pay tax.

Apart from the fact both you and your employer are legally obliged to register and pay the appropriate income tax it is in your own interest to do so since it may be possible to reclaim tax when you finish the job. The procedure for claiming a tax rebate is to send the relevant part of your P45, which will be given to you by your employer on your last day, to your tax office and four weeks from this you will become eligible for a tax rebate if due and a cheque will automatically be issued to you from the revenue commissioners.

PRSI (social insurance) is a deduction from your wages intended to cover health care, social insurance and other government levies. Recent budget changes mean that if you earn less than £80 per week you will pay no PRSI. Should you earn above this, you will pay PRSI which is deducted on your gross salary and will begin at 2.25% and increase to 7.75% of your gross salary depending on the size of that salary.

You cannot claim a rebate of PRSI contributions but the benefits of them are in relation to your possible future claims for unemployment benefit and they also ensure that you will be covered once you accumulate sufficient contributions for disability/sick benefit should you suffer an illness or injury related to your job.

**Educational Grants**

There are two main types of grants available to DIT students.

1. Local Authority grants, ie, VEC, Co Council, Corporation.
2. ESF (European Social Fund) grants. Both these are organised before you enter college and the theory is the grants will arrive on time and for the correct amount once the academic year commences. Unfortunately, our experience is that many local authorities are very tardy.

They claim they do not have the resources to process so many applications at once and that there is a problem with the system or it's someone else's fault. It has been said, not by us of course, that the real reason local authorities are late paying grants is they are using the money to accrue interest on the short-term money markets. Who knows?

With the ESF grant, recent changes have seen a means tested element for the maintenance portion of this grant. The benefit of this system is that once the amount has been decided upon, it is paid directly to your bank account for the appropriate period. If you are a student in the DIT whose is not on an ESF funded course or who is presently ineligible for a local authority grant you should always remember that if your financial circumstances change during your time in college, you may reapply to the appropriate authority who can then issue the grant if you are now eligible.

**Social Welfare Entitlements**

You are basically entitled to nothing. In the good old days of being treated as individuals and normal human beings, we were entitled to medical cards in our own right, and we could sign on for dole/assistance both during the vacations and for the summer. Those days are gone. The student summer job scheme is a creation of the Dept of social welfare which basically means you work for a reduced dole payment or you don't get any. While the former minister for social welfare has improved on the scheme somewhat, it is fundamentally flawed, but it is all that is available for now.

Each May, the Department will advertise in the national press and the colleges the starting dates and terms and conditions of the job scheme for the coming summer. Forms and information leaflets will be available from the students union offices from this time.

With regard to medical cards, even though you should avail of the DIT free medical service you should apply for a medical card which will entitle you to free visits and free prescriptions. The application form has a space where you can list special circumstances and each form is decided upon by a discretionary officer which means you may well be able to persuade the health board that you deserve a medical card once you provide them with sufficient details. You may not but it is well worth trying.

Again, application forms are available from the Students' Union.

In conclusion, money management is essential. The simplest and most important thing to remember is not to panic, not to ignore it but endeavour to sort it out. You should also realise that there are certain priorities of debt. Should you somehow manage to become a financial disaster zone, you should prioritise who gets paid when and how. Your accommodation is essential so make sure you pay the rent. Next, you need food and heating so make sure these needs are taken care of also. After that it is up to the individual to decide on the relative importance of each bill. Do not be fooled into thinking those who shout the loudest and demand to be paid first are the most important, you must decide what is the most important.
Racism can be broadly defined as referring to any beliefs or practices, which attribute negative characteristics to any group of persons either intentionally or unintentionally on the basis of supposed “race” or ethnicity within the context of differential relations of power. Consequently, there are many forms of racism that can be expressed in a variety of social situations.

While for most majority groups, racist behaviour is unconscious and unintentional; this does not serve to lessen its impact on those who experience its effects.

Racism often takes the form of an incoherent assembly of stereotypes, images, attributions and explanations which are constructed and employed by individuals or groups to negotiate and make sense of their everyday lives.

As such, people may use racisms to make “practical” sense of their world. It offers an explanation for the housing crisis, the lack of jobs, the continuance of poverty - experiences which many marginalised groups face.

Racisms are therefore appealing insofar as they offer a superficial explanation to what are often complex issues such as social change, deprivation, and poverty by blaming people who are powerless to respond to these accusations. This is principally the case when the truth lies in part with government decisions in relation to the economy. It also allows individuals to distinguish themselves from others in such uneven power contexts.

Has Racism always existed?

Racism is by no means a new phenomenon in Irish society. The failure of the majority culture to acknowledge difference has perpetuated ignorance and ultimately prejudice about difference, e.g. between Travellers and settled people. The systematic assumptions of Whiteness, Catholicism and Sedentarism become standard, assuming all others to be on the margins and irregular.

Furthermore, institutionalised and racist stereotypes view minorities as inferior through the misrepresentation of “third world” cultures as somehow uneducated, inferior and dependent upon the benevolent intervention of the “first world”. However, the rise in overt racism has coincided with the rise in asylum seekers in the Irish State.

The increased visibility of minority groups has made them particularly vulnerable to racist attacks both verbal and physical. With the existing level of ignorance about cultural differences, one would have expected the government and the media to have displayed leadership by confronting the issues and presenting the information in a balanced manner. However, this has not been the case.

At best, successive governments have consistently put the issue on the backburner by not bringing forward appropriate legislation and at worst they have contributed to the negative atmosphere by dismissing asylum seekers as “bogus” and calling them “illegal immigrants”, a term which is factually incorrect as everybody has the right to seek asylum and the governments have an obligation to process these claims efficiently and fairly.

Asylum seeker effects of racism

In 1992 only 39 people sought the protection of the Irish State. At that time there were no formal procedures in place to process these claims. It was not until 1996 - when the number of asylum claims had risen to 1,179 - that the Irish State passed legislation to deal with the issue.

This legislation sought to define a refugee in Irish law and to create procedures to process the claims; however only 5 sections out of the 23 were implemented. Today we continue to process asylum claims using ad hoc guidelines agreed with United Nations High Commissioner for Refugees.

The lack of a fully resourced fair and efficient procedure has lead to a backlog of over 12,500 people awaiting a decision on their claim for the protection of the Irish State.

Over the last several years the government and state officials have actively encouraged the depiction of refugee and asylum seeker issues in terms of crisis.

Furthermore, asylum seekers have been depicted in negative terms in the statements of government ministers and opportunistic politicians.

As put by the Minister of Justice, Equality and Law Reform:

In the early years of this decade and prior to that, our relatively high unemployment rates and low social welfare payments ensured that illegal immigrants invoking the asylum convention targeted the more prosperous countries - even small ones like Denmark and Finland.
Let us be clear about it. Our current economic boom is making us a target. This statement fails to put the rise in the number of people seeking asylum worldwide into context. There are 20 million refugees in the world. Ninety percent of those who seek asylum do so in the developing world, only five percent come to Western Europe, and of that a tiny portion come to Ireland.

Moreover, policies introduced by the Government to deal with the increased number of asylum applications have tended to treat asylum seekers as second-class residents, denied the right to work, to decide where to live, and what and when to eat.

Only a minority of asylum seekers have the right to work. Forcing asylum seekers to depend on the State for “handouts” further marginalises them and heightens the already negative perception of a people here in Ireland for the “generous benefits”. Furthermore, those who were granted the right to work have not been given access to State training opportunities, thus they are unlikely to get the skilled employment for which many are qualified.

If forced unemployment was not enough, all asylum seekers who arrived in Ireland after April 2000 do not receive State support to live in private accommodation and are put into hostels or in rural areas - on full and are only given £15 cash per adult per week.

A widespread acceptance by the public of the stigmatisation of one section of society in such an inhuman way perpetuates the negative images and stereotypes about undervalued people, without questioning their treatment of human beings. Since many Irish citizens do not directly come into daily or regular contact with asylum seekers, the media provide an important source of information for Irish citizens about asylum seekers and refugees. Yet, stories concerning asylum seekers and refugees tend to employ sensationalist headlines and emotive language that play upon the fears and anxieties of Irish people about social change. Asylum seekers have been variously portrayed as illegal, criminal, drug-pushers, bogues, fraudsters, diseased individuals, who have flooded Ireland as economic migrants or come disguised as refugees. They are represented as a drain on resources or as responsible for the housing crisis, continuing unemployment or the lack of social facilities.

As asylum seekers are socially and economically marginalised, they are also denied access to having a voice or expressing themselves through the mass media. Thus, when asylum seekers attract media attention, the attention is often focused on exceptional or negatives situations. Journalists have a significant power to represent groups in a manner that is largely out of the control of the group represented.

Although the effects of racism on the minority cultures are severe they are not limited to them. The effects of racism are on the majority culture determine the way in which we define ourselves and whether or not this definition will be inclusive and positive or exclusive and negative.

The continued existence of such an exclusive cultural definition - e.g. Settled, White, Christian, Heterosexual - can only be inward looking and in itself will be a source of conflict, as differences in our society have always and will continue to exist.

Anti-racism must serve to empower and give a voice to ethnic minorities. In order to tackle this issue the majority society must first facilitate the participation of the minority group on an equal basis.
Hi everybody,

Congrats to those of you who have made it back for another year of mayhem. To all you freshers I'll just say one thing, welcome to the best years of your life.

My name is Karl Bonner and I'll be your Students' Union President for this year. I've been a student here in Aungier Street for the past two years and took a year out to work full time for you!

Part of my job is to help you with any problems you may have, big or small, personal, financial or academic in the strictest of confidence.

We are a friendly bunch down here in the students union so don't be afraid to say hello – in the canteen, the pub or wherever.

The Students' Union shop is located in the basement beside our office and common room and is open from 8.30 till late. Marcella our shop manager will be glad to assist you. The range of stock includes stationery, confectionery, calculators and computer discs, student priced newspapers and bus tickets. The shop also sells phonecards and very good sandwiches.

Remember the shop is run by the Students' Union for you, so be sure to use it.

Socially, there will be events all over the city throughout the year, but Planet Murphys on Camden st. is host to our regular student night on Wednesdays. Watch out for freshers week (October 1-4) . . . Its gonna be wild.

I look forward to seeing you around, have a legend year.

Karl

Hello there and welcome to Aungier Street, whether it is your first year here, or are just back after a glorious summer. My name is Noel Renehan and will be your Deputy President/Welfare Officer for the coming year 2001/2002.

My job entails deputising for Karl in his absence and helping you with any problems that you might have, be it academic, social or personal.

I can be found in the college any time, even if all you need is someone to talk to. Whatever the reason do not be afraid to come into the Students Union and use it, as we are really quite friendly! My office can be found in the basement off the commonroom.

Just opposite my office is the pool room with pool tables and video games so be sure and pay it a visit.

The TVs in the common room are there for you viewing pleasure so feel free to come down and chill out whenever you want.

We urge everyone to enjoy the coming year, as it is a unique experience. Good Luck

Noel.
Hi. My name is Ellen Mc Glynn, Student Union Manager of DIT Aungier Street.

To begin, I would like to welcome all students and hope this year lives up to all your expectations. The Student Union is located in the basement of the college with my office situated beside the president's office. At the moment Aungier St, accommodates approx. 1,500 students and we are looking forward to seeing these numbers grow with the extension to the college next year.

The Student Union is here to help all students with any queries or information they may need. Our services include the provision of Usit cards, information on Welfare matters, Student Assistance Funds, Accommodation listing, and all the various student services.

So if at any time you require assistance with anything, do not hesitate to contact me or anyone else in the Student Union – we are here to help you.

During the year there will be various events organised to help you enjoy your time in college e.g. Freshers week, Ragweek etc. The Union is also the place where you will find all the information you need on forming or joining one of the many Clubs or Societies that can play a big part of college life.

Every student is encouraged to join these and they are a very good way of meeting new people.

Enjoy your year and call on us anytime.

Ellen.

DIT SPORTS & RECREATIONAL ACTIVITIES

The DIT Centres at Bolton St, Kevin Street, Aungier Street, Mountjoy Square and Cathal Brugha Street all have their own individual clubs. Clubs provide a wide range of extra curricular activities for the student while studying at the Institute. There are a number of different sports, both recreational and competitive which provide a valuable service to those who wish to play sport at an elite level i.e. Intervarsity and also at an inter-club and recreational level.

Without a doubt there is something for everyone to get involved in.

DIT teams are a combination of a number of students from each individual Centre. In order to play on a DIT team, the student must also be playing on their own Centre's team.

This year will be the first year to see The Martial Arts Council in DIT Kevin Street set up and running, therefore all of the Martial Arts which would include, Judo, Kickboxing, Taekwon-do, Wada Ryu, Kempo Karate, Fencing, Shotokan Karate and Yoga. Therefore all of the Martial Arts training will take place in the same place, a full time table will be available on the Sports Website. Activities will take place in DIT Kevin Street Sportshall and DIT Bolton Street Sportshall.

There are a variety of active sports and recreational clubs throughout the College sites which include non-competitive recreational sporting activities such as kick boxing, taek-won-do, swimming, aerobics, step aerobics, mixed hockey, karate, soccer and yoga. Information on the local activities can be received from the local Sports Officer, the website or on the Noticeboards around the College.

In each individual college campus, a Sports Development Officer is responsible for the development of sport and recreation at the particular site. The emphasis at local level is on FUN. It is never too late to join in an activity throughout the year, therefore freshers come along and join an activity. It is as simple as going along to a training session, and the degree of involvement is entirely at the discretion of the student. The Sports Officers play a key role in the life of DIT assisting students in the organisation and running of the Clubs, they facilitate students and their Clubs.

The contact numbers for the Sports & Recreation Team are as follows:

Herbie McGlelland, DIT Aungier St - (01) 402 3042 or 087 2245507
Niamh O'Callaghan, DIT Mountjoy Sq - (01) 402 4153 or 087 2985849. Niamh.ocallaghan@dit.ie
Caragh O’Buachalla, DIT Cathal Brugha St - (01) 402 4341 or 087 2933344, Caragh.obuachalla@dit.ie
Seamus Byrne, DIT Kevin St - (01) 402 4634 - seamsus.byne@dit.ie
Michael Whelan, DIT Bolton St - (01) 402 4009 - michael.whelan@dit.ie
Des O’Donnell, GAA Development Officer - (01) 402 3424

Ellen McGlynn, Union Manager
FOR DIT STUDENTS BY DIT STUDENTS

watch out every month student news

INSIDE

News - Sports
Features - Competitions
Reviews and more.....

Contributors always wanted

Student Union survey showed 80% readership
Most of us have nothing more than a vague idea of what our legal rights are, or what procedures should be followed by the gardaí in circumstances where we are arrested or detained, and how we can ensure that our rights under the law are protected. The following is a brief outline of what is likely to happen where a person is arrested.

Stop and search:

There are a number of powers given to the Gardaí by which they can stop and search a person either in the street or in a vehicle. These powers include:

S. 30 Offences against the State Act (1939)
Gardaí may stop and search any person suspected of involvement in offences to which the Act applies.

S. 8 Criminal Law Act (1976)
A garda acting on reasonable suspicion may stop a vehicle search both the vehicle and its occupant if it is suspected that they are involved in one of a number of offences including murder, manslaughter, fire arms offences, burglary, malicious damage or explosive offences.

S25. Misuse of drugs Act (1977)
A garda acting on reasonable suspicion may search any person whom he/she has a reasonable cause to suspect is in possession of a controlled drug.

ARREST

Arrest, in the context of the criminal law, is the restraining or apprehension of a person on foot of some lawful authority so he shall answer an alleged or suspected crime. Arrest is a process by which a Garda can bring a person before a court at the earliest opportunity. There are no general powers to detain for “questioning” nor can a person be asked to accompany a Garda to a police station unless they are actually under arrest, which arrest must be authorised by law.

Arrest with warrant:

Gardaí may arrest by obtaining a warrant from a District Justice, whereby the Garda swears an information before the Judge, and if it discloses a criminal offence, the Justice may, in the exercise of his/her discretion, issue a warrant. If the Justice believes that a summons will suffice to ensure attendance, he/she should issue a summons. This procedure is not frequently used, although it is worth noting that there are, for example, certain circumstances in which a warrant may be issued to arrest a defendant who fails to appear in answer to a summons.

Arrest without warrant:

There is no general power of arrest for a crime, and arrests are carried out under specific statutory provisions. There are many such provisions, and a person being arrested is always entitled to know under what provision he/she is being arrested.

The Criminal Law Act 1997 abolished the distinction between felonies and misdemeanours and widened powers of arrest and powers of entry to effect an arrest in respect of arrestable offences. An arrestable offence is defined as one which carries a maximum term of imprisonment of at least five years A garda who suspects that an arrestable offence has been committed may arrest a person suspected of such offence. Under this Act a garda may enter any premises or dwelling in certain circumstances to effect such an arrest.

The gardaí have extensive powers of arrest under the Criminal Justice Public order Act 1994 for offences committed in a public place such as breach of the peace, drunk and disorderly, obstruction and failure to comply with the direction of the gardaí.

Under the Criminal Justice Act (1984) a person arrested on suspicion of an offence punishable by a maximum period of at least five years imprisonment may be detained without charge for a period of six hours, (which period can be extended for a further six hours if authorised by a Superintendent) to allow for the “proper investigation” of the offence.

If the arrest happens late in the evening, the periods of questioning may be suspended to allow for sleep, once the arrested person consents in writing to such break and the suspended period does not form part of the six hours.

Under S. 30 of the Offences against the State Act (1939) a person arrested for an offence coming within the ambit of this Act is obliged to give his/her name and address. Under S. 52 of the Act the gardaí are entitled to question him/her and to require him/her to give an account of his/her movements or give all information in his/her possession relating to the commission of an offence coming under this Act, and failure or refusal to do shall be an offence.

Under this Act someone being questioned in relation to an offence under this Act can be held without charge for 24 hours (which can be extended to 48 hours with the authority of a chief superintendent)
If you are arrested:

✔ You should ask to see the garda’s identification or get his/her number.
✔ You are entitled to know under what power and for what offence you are being arrested
✔ You are not obliged to say anything when arrested although there are exceptions to this, such as the Offences against the State Act and the Road Traffic Acts
✔ Do not resist arrest, as this in itself is an offence and even if no other charges are proved against you can be convicted of this offence
✔ Once in the station ask to phone a solicitor. If you do not know one, phone the Students’ Union or a friend. The Gardai must allow you to consult with your solicitor in private. There is no right to a solicitor under the free legal aid scheme while in custody
✔ Do not sign any statement without legal advice. Ask to see your solicitor immediately

In the station

A person under arrest has constitutional rights, which must be protected. These rights have now been set out on a standardised form, and the person must be given, on their arrival at the station, a copy of these rights, which must be explained to him/her in ordinary language.

Where a person asks to see a solicitor he/she should not be asked to make a written statement until a reasonable time has elapsed to allow the solicitor to arrive. He/she also has the right to receive a visit from a relative or friend if they so wish.

Where a person is arrested and informed of his/her right to object but does not do so, he/she may be photographed, measured and fingerprinted on the application of an inspector. If he/she does object he/she may nevertheless be photographed, measured and fingerprinted with the authority of the Minister of Justice or if an Inspector makes an application to a District Justice or the Commission or Deputy Commissioner of the Garda Síochána.

If arrested and charged you must be brought before the District Court at the earliest opportunity (NB If arrested on Friday evening this could be Monday morning). Failure to do this would make continued detention unlawful.

Bail

The sergeant or other person in charge of a Garda Station is empowered to admit to bail any person who is brought in custody to the station, providing there is no warrant outstanding against the person in question. Remember to ask for bail as the Gardai will not volunteer the information. Once the person is admitted to bail they are bailed to appear at a particular date before the District Court and they are obliged to appear on that date, with a failure to appear resulting in a warrant for the arrest of the person being issued to bring him/her before the Court.

Failure to account for firearms and/or property

Under the Criminal Justice Act, where a Garda finds a person in possession of a firearm or property, which the Garda believes to be stolen, the Garda can require the person to give an account of why he/she has the firearm or the property.

Evidence

(a) If a Garda finds any object, substance or mark on a person’s clothing or in his/her possession and the person fails to account for such object, substance, or mark, the court is entitled, in a subsequent trial, to draw inferences from his/her failure to account, and to use any failure to account as corroboration for any other evidence.

(b) If a person is detained at the scene of a crime and a Garda believes his/her presence is due to their participation in the crime and the person fails to account for their presence there, the court is entitled in a subsequent trial to draw inferences from this and to use any failure to account as corroboration for any other evidence.

(c) If a person is asked to participate in some form of forensic test and refuses to do so, the Court is entitled, in a subsequent trial, to draw inferences from such failure.

Legal Aid

There is a State scheme of civil aid for non-criminal charges which makes the services of solicitors, and if necessary, barristers available to persons of modest means at little cost. The service includes anything from writing a solicitor’s letter on your behalf to representing you in court proceedings. You should contact a law centre or a solicitor for further advice on civil legal aid. For legal aid for criminal law cases you apply to the District Justice / Judge on your first appearance in court.
A very warm welcome to all students coming to Kevin Street and indeed Dublin for the first time. During Induction Week and your tour of the college, your Course Director will take you into the students’ union to meet your elected officers and each year I’m there to greet you all and tell you all about the services the SU provides. Apart from issuing Usit cards, accommodation information, Freshers Week, Rag Week etc., we also provide all the information you need to join a range of Clubs and Societies. Just because you’re a first year does not mean that you can’t get involved with the organising and running of a Society or Club.

The funding is there for your use. It is your money, so make good use of it - get involved with the Societies. If you feel it all sounds daunting - organise a team of mates from your class to help you start a Society. Ask questions. Keep coming back. During Freshers Week we will have lots of stands in the Gleason Hall where you can join a society or club but make it your business to follow up on this. All too often you put your name down and never actually participate.

The societies are great fun and a great way to get to know people. So, read the posters around the college and look at the data display in the Snackery for different upcoming events. I also hope to hold some ‘Second-hand Book’ days in the Gleason Hall, so all those 2nd and 3rd year students, please read the posters and take in those books you want to sell - remember we can’t have a sale unless we have the books!

This year we have made some big changes to our Students Union Offices and made more room for those of you wanting to use the computer for your societies, so again I hope to see lots more new faces this year. Finally, tickets for all events are sold from ‘Christy in the Snackery’, just in the door on the left as you enter.

The students' union shop is in the foyer of the new building and is open from 8.30 till late. The shop manager Geraldine Gill and her staff will be happy to assist you. So remember our door is always open, we are here to help you make your time in Kevin Street both enjoyable and fulfilling. See you all in September.

Ann Pounch
Union Manager

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- **DUBLIN - SLIGO**: £13.00
- **DUBLIN - CORK**: £15.50
- **DUBLIN - BALLINA**: £13.00

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Lismore Kempis Stationery would like to wish all students the best for the new academic year

Why not ask the Students’ Union shop to see our range

Lismore Kempis has been manufacturing a quality range of products for the past 20 years
The Gotham Café South Anne Street
Another theme restaurant, this time it’s Rock ‘n’ Roll. It can be found on South Anne Street and offers a delicious menu of mainly Italian food. If pizzas are you’re thing this place is perfect for you as it boasts a large and unusual variety of pizza. Price range is middle of the road to expensive.

The Bad Ass Café Temple Bar
For the best of both worlds, food and drink, The Bad Ass Café in Temple Bar offers a sociable and relaxed atmosphere. Especially for those of you who get peckish after a night’s drinking due to its late opening. It offers a wide range of tasty meals from pizza to American Style burgers. A main meal and drink can be purchased for under a £10.

Nude Suffolk Street
This is a relatively new, trendy and chilled out place to eat. It makes eating healthy seem enjoyable. They offer a wide range of freshly squeezed juices and an abundant selection of pitta wraps. The perfect way to compensate for all those beer fuelled student nights out on the town.

Captain Americas Grafton Street
What can I say ‘The Famous Cookhouse and Bar’, and that it is! Its menu offers the créme de la crème of American style food. Anything from their extensive menu proves delicious and the deserts are to die for. The laid back atmosphere lends to their student friendliness. A visit here during the hours of 12pm-9pm finds happy hour on all cocktails. Don’t forget to avail of the 10% discount you can get with your USIT card. Various student nights are hosted here!

The Cathedral Deli Cathedral Street.
Although this is a small place the food is excellent. It has the best Panini’s with such a choice of fillings. They do great coffees. They also deliver if you order five or more sandwiches.

Yamamori’s George’s Street
Oriental cuisine of the highest order. The staff couldn’t be friendlier and are always on hand to help you with those hard to pronounce meals. Not too expensive and thoroughly satisfying makes Yamamori’s, a welcome change from rolls or sandwiches for lunch.

Deli-Baby Bolton Street
If you like lunch to be a sit down and relax affair, then Deli-Baby could be the place for you. A simple café when it comes to décor, the food is always good. They have a large menu which is sure to suit all tastes, and the staff are always friendly. Deli-Baby also cater for take away rolls and sandwiches.

Anne’s Bakery and Coffee Shop Henry Street.
Just down past the Ica Centre, this place has the best slap up fry and it doesn’t cost the earth. Good for the morning after the night before!!

Epicurean Food Hall Abbey Street/ Liffey Street
This wonderful addition to the city contains various eateries offering excellent food from around the globe. Even to walk through the bright airy hall is a joy in itself. A great place for breakfast, lunch or to grab a quick snack. The selection of well-priced good food makes a welcome change from chips and crisp sandwiches! A little bit of continental Europe right here in Dublin.

Flanagans Restaurant O’Connell Street
Located on O’Connell street, Flanagans is a well known restaurant and pizzeria. The restaurant opens from noon until 11. It serves a la carte and also a bistro menu from 12 - 3. Pizza and pasta on the top floor, both parts of the restaurant reasonably priced. Also has a bar and wine licence. Staff could be a bit more helpful and friendly but the food is worth going for.

Prince Restaurant Middle Abbey Street
Extremely cheap lunch menu. About £6 for a three course meal. Cantonese and Szechuan specialists, with a menu you can mix to suit your pallet. Excellent service, friendly staff. Handy for a quick lunch. Takes group and party bookings. Open Monday - Saturday, noon - 9.00pm, also does evening specials.

The Alamo Temple Bar
The Alamo can be found right in the heart of Dublin’s cultural epicentre. This small, cozy restaurant speciality is Mexican food and this theme runs through the quaint little spot. Great for all you students as it is cheap and makes a nice alternative from fast food.

Le Caprice Andrew Street
Beautiful Italian restaurant. Not only does Italian but also serves Continental cuisine and Dublin Bay seafood. Friendly atmosphere with top class pianists each night. Open Tuesdays - Sundays, 6pm - 11.15am. Expensive enough so perfect for treating you and your friends.

Maud’s, O’Connell Street (Beside Savoy Cinema).
This place rules are far as we are concerned. It has the nicest Ice Cream bar in the whole country. It has seating upstairs and I hear that it’s ideal for talent spotting!! It does a selection of toastie’s and some great coffees.

Fans Cantonese Restaurant Dame Street
Not too expensive. Great for group bookings. Excellent menu with comfortable surroundings. Friendly staff, take your time to enjoy your meal instead of being rushed out of the restaurant.
Hello everybody. My name is Joe and I am the president of your Students Union for the coming year. For those of you who don't know me or know much about the students union, please feel free to drop in, say hello and we'll try to answer any queries you may have.

To all our Freshers, welcome to Mountjoy Square and congratulations on your successful Leaving Certificates.

We hope that we can make your first year at college one to remember. You are all members of the students union and all the services are open to you so please use us.

To everybody else, congrats on passing your summer exams and we hope you all enjoyed your holidays. To all the J1 travellers, it is nice to see you all back safe and sound, we hope the summer lived up to your expectations.

For those of you who have played an active role in the students union over the years I would be delighted if you continue to do so. For those of you who haven't been actively involved and to all the freshers, I urge you to participate in any way that you can. You are all members of the union and you are all entitled to benefit from our wide range of services. I look forward to working with you all.

If you get the chance check out our new website, www.ditsu.ie

Joe

Hello. I'm Andrew Kavanagh-Doyle the Deputy President/Welfare of DIT Mountjoy Square students union.

Welcome to all first years and welcome back to all the other students in Mountjoy. I hoped you enjoyed your summer.

If you have any difficulties during the year don't hesitate to come down and see in the students union offices and I'll try my best to help, as your problems are my problems.

When dealing with students on personal matters the students union's policy is one of discretion and confidentiality and it is 100% assured. So please if you need help don't hesitate to come down and see me in the welfare office. Remember I'm elected by the students in Mountjoy Sq. and they pay my wages so avail of the services we offer and provide.

Part of college life is the experiences of meeting new people and making a lot of new friends and involving yourself in lots of new things.

P.S. "Life passes you by pretty quick and if you don't stop and look around once in a while you'll miss it IT"

Andrew

42 Edit
Hello all and a very special welcome to the First Years and Erasmus students joining us here in DIT Mountjoy Sq. My name is Vivienne and I am the Manager of the Student Union.

You will find the Student Union office located in the basement beside the Canteen and it is from here that we try to provide you with information and advice on all aspects of the Student’s Union and College life.

Some of the services offered through the S.U. office include:

- Provision of DIT Accommodation lists and advice on finding your way around Dublin.
- A large map of Dublin is available for your information.
- Issuing of ISIC cards
- Rental of lockers
- Assistance with organisation of Societies and Sports
- Organisation of Entertainments
- Organisation of Formal Graduation Ball
- Appointments for Health Centre, where a free student medical service is available.
- Information on Medical, Ophthalmic, Dental and Creche entitlements.
- Appointments for Careers Adviser
- Referral information in relation to Welfare difficulties.
- The AIB (Bank) Student Officer is available in the Student Union area, one afternoon per week, for help and advice relating to financial matters.

The list goes on and on.... And if you have any suggestions, drop in and share them with us.

Do please call in to say HELLO and remember no question is ever too silly or too serious. If we don’t know the answer, we’ll find someone who does.

Hope you have a great year in College. Looking forward to meeting you soon.

Vivienne
In college life is not always a beach...

... but help is at hand

The Student Services Office in DIT administers a number of very important and helpful services for students in the institute. The Student Services Officer is Diarmuid Hegarty who is based in DIT Head Office, Fitzwilliam House, 30 Upr Pembroke Street, Dublin 2. ph: 402 3353

In order to help you through, Student Services provide:

- **Student Assistance Fund** - provides a rescue service for students in unexpected financial difficulty. Its primary aim is to stop students dropping out of college for financial reasons. Contact your students' union or chaplain for details.

- **Childcare Fund** - provides up to £65 a week for students who are parents to help cover the cost of childcare while in college. This scheme is means tested and applicants are advised to apply early.

- **The Student Assistance Fund** and the Child Care Support Fund are co-financed by Dublin Institute of Technology with the Department of Education and Science and the EU.

- **Personal accident insurance scheme** - all DIT students are covered 24 hours a day, 52 weeks of the year worldwide in respect of injury arising from certified accidents. Details of payments payable are available from the students’ union.

- **Medical Services** - free health centres in Bolton Street and Aungier Street are available to all students and a dental and optical fund for specialist medical consultation is available where it is recommended by the college doctor.

- **Counselling Service** - 7 counselling psychologists provide this service which aims to assist students in overcoming difficulties or concerns, large or small, which might interfere with the attainment of their personal and/or educational goals. See page 12.

- **Accommodation Service** - this service provides accommodation listings at the start of the academic year for both digs and flats. The lists are available from the students' union or the registration office.

  *These services are provided from funds paid for from your capitation fees*
Information

DITSU H.Q. 496 9741
Overall President 496 9742
Aungier Street 402 3110
Bolton Street 402 4621
Kevin Street 402 4654
Rathmines 496 9742
Mountjoy Square 402 4110
Cathal Brugha Street 402 4370
Central Switch 402 3000

Medical Centre (Aungier St) 402 3051
Medical Centre (Bolton St) 402 3614
Careers and Appointments 402 3441
Chaplaincy 402 3307
Counselling Service 402 3352
Health and Social Services Advice 1800 520520
Free Legal Advice Centre 679 4239

DITSU STUDENT SUPPORT NUMBERS
Alcoholics Anonymous 453 8998
Aware (Depression) 661 7211
Ahead 475 2386
Gay Switchboard 872 1055
Well Woman Centre 661 0083
Rape Crisis Centre 661 4911
Threshold (Housing) 872 6311
Bodywhys (Eating disorders) 283 4963
Dublin Aids Alliance 873 3799
Irish Family Planning Association 1850 495051
Brainwave Epilepsy Association 455 7500
Well Man Clinic 288 9838

IRISH RAIL
General Information 836 6222

Dublin - Cork 805 4200
Dublin - Limerick 805 4211
Dublin - Galway - Westport 805 4222
Dublin - Waterford 805 4233
Dublin - Sligo 805 4255
Dublin - Killarney - Tralee 805 4266
Dublin - Belfast 805 4277
Dublin - Wexford - Rosslare 805 4288

DUBLIN BUS
General Information 873 4222

BUS ÉIREANN
Passenger Information 836 6111

INTERNATIONAL
USIT 677 8117
Aer Lingus 886 8888
Ryanair 609 7800
Sealink 240 7700
Irish Ferries 661 0511

Edit 45
Anytime you have sex you risk becoming pregnant. Contraception greatly reduces the risk but is not foolproof. Many are lucky, but some find themselves in the position of having an unwanted pregnancy. If you are in this position, the important thing to remember is that there are plenty of people and organisations who can help you.

Although your life will definitely change you don’t have to stop living. Reading this section may be of some help but you can also see the Union Welfare Officer and they can offer advice or put you in touch with someone who can help you. Your visit will be treated in total confidence. You are strongly advised to seek professional, non-directive counselling if you are pregnant. You will be confused at first, you may not know what to do. You should talk to an agency which will support you and offer non-judgmental advice.

The Irish Family Planning Association will help you with regard to all options as well as advising on future contraceptive needs. Counselling at the IFPA is free of charge to students. The IFPA will provide post-abortion counselling free of charge as well.

In the case of an unwanted pregnancy it is important to take some time when making your decision. It is important to remember that the decision rests ultimately with you. An unwanted pregnancy is not the end of the world, despite what you may think!

Firstly it is important to have a pregnancy test. If positive, then you can start to consider the options available to you. A problem shared is a problem halved - you will be surprised how much easier it can be to put things into perspective once you have talked to somebody.

How do I know if I’m pregnant?

Early symptoms include a missed period, nausea or morning sickness, a heavy or painful feeling in your breasts, excessive tiredness, period type pains with no bleeding or slight discharge, a slight change in the colour of your nipples.
Pregnancy and Childcare

Not all women experience these symptoms so if your period is late and there is the slightest chance that you may be pregnant, have the test done immediately.

Pregnancy Test

If your period is 14 days overdue you should go for a pregnancy test. You simply need to bring an early morning urine sample to your doctor or a maternity hospital. Once the pregnancy has been confirmed you can fully explore all the options open to you.

"Now that I am pregnant, what are the options open to me?"
1. Continue the pregnancy and keep the baby.
2. Go ahead with the pregnancy and give the baby to another family, either temporarily (foster home) or permanently (adoption).
3. Terminate the pregnancy.

Keeping the Baby

Medical Care Once you discover you are pregnant and have decided to keep the child you should go to a hospital or doctor for a check-up. Regular check-ups are important to make sure you and your baby stay healthy. Be sure not to miss any visits.

You should book into hospital for delivery early in your pregnancy. Drugs, alcohol and tobacco can damage your baby.

Accommodation

While staying at home is nearly always best for you, some women may find themselves homeless as a result of pregnancy. If this is the case you need to find somewhere to live as quickly as possible.

The Welfare Officer may be able to help or alternatively you could contact CURA who have mother and baby homes and can provide you with a place to live.

Finance

It is important to find out all your benefits and grants entitlements e.g. child benefit and single parent allowance from the Department of Social Welfare. If you do not have a Medical Card you should contact your local Health Centre and apply for one, as most single pregnant women with insufficient income are eligible. Single mothers can claim the Lone Parents Allowance from the Department of Social Welfare.

This allowance is means-tested and varies depending on the mother’s income and financial situation. As a student you may be eligible for a DIT Student Assistance Award - contact your Welfare Officer. Also, if you have previously had an application for a grant refused, you should re-apply as your situation has changed and you may now be eligible for one. You are also entitled to seek maintenance from the father of the child.

If the father is unwilling to provide maintenance you can apply to the Court for an Order of Payment. To get such an Order, paternity (fatherhood) must be proven and this is usually done through use of blood tests.

Registration of Birth

Within three months of your child’s birth, he/she must be registered. You must decide whether the father’s name is to be entered. Once entered it cannot be removed so you should take time to decide on this.

Adoption

Adoption is a process where you continue with your pregnancy and give the child up to a family. A permanent legal relationship is created between the adoptive parents and the child. If you are considering this option it is important to talk to a social worker about it early in the pregnancy.

After the baby is born you will be asked to sign the consent form. Sometimes after the baby is placed, the adoptive couple will apply for an Adoption Order.

After that you will be asked to sign the final consent to the Adoption Order. You will be in contact with a Social Worker whose job it is to make sure you are placing your child for adoption of your own free will.

Once you have signed the order, all your duties and rights cease with respect to the child.

Foster Care

This is an option sometimes taken by women who are unsure about the option of adoption but unable to look after the child at that particular time. It involves the placement of a child with a family or individual who would provide for the needs of the child but the natural parent retains parental rights.

It usually involves some sort of financial arrangement. It can be arranged through the Health Boards or privately although the local health board must be notified.

A lot of women find fostering to be an ideal temporary solution. It can be especially helpful during the first few months allowing the women time to decide about keeping the baby or to sort out problems like accommodation.
Abortion

You may decide for a variety of reasons not to go ahead with the pregnancy and to have an abortion. This can be a major decision in your life. You may sometimes feel you have to make it in secrecy and in a hurry, however, it is advisable to give it time and consideration and to seek non-directive counselling.

Counselling staff do not make a judgement on your choices, they will offer you practical support and advice and they will encourage you to take time to consider all your options carefully before you make a decision. At the Irish Family Planning Association you will be given counselling (the number of times you want to go for counselling is up to you).

Similarly, they run a support group for women who have terminated pregnancies and offer free post-abortive counselling and contraceptive advice.

As you may know, abortion is unavailable in Ireland and you will have to travel to Britain to have the operation. If you decide to have an abortion there are certain conditions which must be satisfied.

The 1967 Abortion Act in Britain, does not give women the right to terminate their pregnancies on demand. Two doctors have to agree that if a woman continues with her pregnancy her own health is in danger, or if the child were born that there could be a substantial risk that it would suffer from mental or physical abnormalities and so be severely handicapped.

These grounds may be interpreted widely or narrowly. You must sign a form consenting to the treatment you will receive. For some clinics a non-resident must be in the country at least 24 hours before the operation is carried out.

For Irish women the operation will be carried out under general anaesthetic and they must spend the night following the operation in the clinic. Women must obtain counselling before they decide if they wish to proceed with the abortion. Most clinics will not operate after 22 weeks of pregnancy.

Abortion Medical Procedures

8-12 weeks
The usual method is the vacuum suction or dilation and evacuation method, where the cervix is dilated to 7-9mm to allow a tube to be inserted into the womb.

The contents are then removed by suction. The procedure is simple and carries few dangers and it takes almost 10 minutes, usually performed with a mild general anaesthetic.

12-16 weeks
The D & C Method (Dilation and Curettage) is used, whereby the cervix is dilated to 11-12mm and a curette is inserted into the womb to remove the contents.

This is also a safe and simple method which takes 10 minutes, some clinics perform this up to 18 weeks of the pregnancy.

16-22 Weeks
After 16-18 weeks and up to 22 weeks, it is considered safer to induce a miscarriage which may be done by inserting a needle through the lower abdominal wall into the womb, draining the amniotic fluid and replacing it with a solution of urea and prostaglandin.

This injection causes a miscarriage and induces contractions which usually begin about 10-15 minutes after the injection.

After 8-24 hours of labour the foetus is delivered in a 'still birth'. This method means that you would have to stay another 24 hours in the clinic.

Please Remember
1. Make arrangements for the operation before you go to Britain. Do not go on spec unless you have plenty of time at your disposal.
2. Prices vary depending on the method of abortion and on the clinic.
3. Depending on your circumstances and the clinic chosen the quickest period over which you can have an abortion is now 3 days. Although for some clinics this period has been shortened considerably.

Day 1: Counselling session, visit to doctor (called consultation)
Day 2: Operation and stay the night in Clinic.
Day 3: Discharged - you travel home this day.
Before the Operation
Do not eat or drink from midnight before the operation. Bring a nightdress and plenty of sanitary towels. (You cannot use tampons for 4-6 weeks after operation).

The Operation
It is performed under the general

British Pregnancy Advisory Service (BPAS)
Clinics throughout Britain -- London, Brighton, Liverpool. Contact: BPAS Action Line on 00 44 121 455 7333

Pregnancy Advisory Service (PAS) London (Richmond) 00 44 208 891 6833
Pregnancy and Childcare

anaesthetic. When you wake up you may experience cramps which are similar to period pains. They are caused by the womb contracting into place.

After the Operation
You will bleed afterwards for anything from a week to three weeks. Do not use tampons or have sexual intercourse until you have your 6 week check-up as this can cause infections. All Irish women are given antibiotics before leaving.

When you are discharged
For 24 hours after the operation, do not drink alcohol or drive. Try to rest as much as possible. There is no safe period after an abortion - you can become pregnant immediately.

Post Abortion Check-up
It is very important to have a check-up 6 weeks after the operation. This is completely legal and very important. A sympathetic doctor or the IFPA will do it for you.

Accommodation
As you have to make your own arrangements for the 1st night, we have included B & B numbers:

Escort
Escort is a service in Liverpool that was set up to help Irish Women travelling for an abortion. They will meet you at the airport, take you to and from the clinic, put you up in their home for the first night and bring you back to the airport. While you have to pay for your operation and travel yourself all other expenses are met by ESCORT. This can be arranged through the Students' Union. Contact the Welfare Officer for help and remember your visit will be dealt with in complete confidence.

Irish Women's Abortion Support Group. Like ESCORT, this is an informal group of Irish Women in London who offer the same help to women travelling to London although they cannot help financially, they can offer accommodation etc, again contact through your Students' Union.

Post Abortion Counselling
"How will I feel afterwards?" After an abortion most women feel relief, some a little sadness because in other circumstances, they might have welcomed the pregnancy. Also hormone levels change during pregnancy and are altered suddenly by abortion which may cause some women to feel depressed until their hormone levels get back to normal.

Some women feel more upset than they can cope with alone and may need help from an understanding friend, a relative or a professional counsellor. Post abortion counselling is available from the IFPA.

Menstruation
Your next period will occur 2-6 weeks after the operation. Many women find that they suffer from severe PMT before their first period after the operation. This is nothing to worry about and it is a sign that your body is adjusting to not being pregnant. You are strongly advised to seek non-directive pregnancy counselling here in Ireland before you decide to contact any of the above organisations.

Miscarriage
A miscarriage is a very distressing event in a woman's life and women often feel isolated at this time feeling often that their grief is not understood and that many of their questions remain unanswered.

"A miscarriage is defined as a termination of a pregnancy prior to the foetus achieving a weight of 500grms or a gestation period of 27-28 weeks." About 15% of all pregnancies end in spontaneous miscarriage, although the exact incidence is difficult to determine. Some miscarriages take place very early in pregnancy before the woman even suspects she is pregnant. This is a likely explanation for a period that is a little late and heavier than usual. It is estimated that about 14,000 women miscarry spontaneously every year in Ireland.

Symptoms of Miscarriage
Most miscarriages start with bleeding and pain of some sort, whether mild or severe. The blood may be of any colour from bright red, as in fresh blood, to dark brown, as with older, stale blood. The pain is usually in the lower back, stomach or thighs.

Many women describe feeling unwell for several days beforehand. They may complain of flu-like symptoms and nausea or they may simply have a feeling that something is wrong.

Types of Miscarriage
An inevitable miscarriage

If a woman has been threatening to miscarry there may come a point of no return. This happens when the cervix or the neck of the womb starts to dilate and open up. Once this action starts it is unlikely the pregnancy will be saved. Bleeding and pain are the outstanding features here.

There may be associated nausea and vomiting and in many cases large pieces of tissue are passed.
Pregnancy and Childcare

Incomplete Miscarriage

As a woman miscarries sometimes not all of the products of conception are passed from the womb. There is usually continuous bleeding and cramp pains.

Sometimes an ultrasound exam is carried out to confirm the diagnosis. Preparation is then made to take the woman to theatre and to remove by curettage (d&c), under general anaesthesia, the remaining pieces of tissue inside the womb. The whole procedure takes about 10 to 15 minutes.

Complete miscarriage

When a complete miscarriage occurs all the products of conception have been passed from the womb. This type of miscarriage occurs most frequently before 6-8 weeks or after 14-16 weeks and seldom in the intervening period.

Treatment will include continued observation of blood loss in hospital. Where some tissue still remains a curettage will be necessary.

A Missed Miscarriage

In this type of miscarriage the embryo fails to develop in the womb and instead of being passed from the womb it is retained inside. There is little or no bleeding perhaps just a dark brown discharge from the vagina. The woman will spontaneously miscarry the foetus but this may not happen for several weeks after the initial bleed. Alternatively treatment can consist of a gentle curettage.

Causes of Miscarriage

Factors that are believed to be related to an increased risk of miscarriage include: errors in the development of the foetus. These errors may range from minor abnormalities in the development of the foetus to a situation where the foetus has scarcely developed at all. In some cases these errors in development are due to genetic error.

Hormonal causes

One of the most persistent theories about miscarriages has put the emphasis on low levels of female sex hormones. Fortunately successful treatment is available for these hormonal problems and women with such problems can have their hormone levels boosted with injections or tablets.

A physical cause

Occasionally the womb may be an unusual shape and this may cause an increased likelihood of miscarriage both before and after 14 weeks. Additional information may be obtained from the Miscarriage Association of Ireland Ph: 837 0590 (4-6pm.)

Any calculations regarding the percentage of conceptions that result in miscarriage are estimates owing to the difficulty in compiling firm data concerning early miscarriages (before 6 weeks). Most early miscarriages go unrecognised and are dismissed as late or heavy periods.

ADOPTION & FOSTER CARE

BARNARDO'S ADOPTION ADVICE SERVICE
244/246 Harold's Cross Road
Dublin 6
Ph: 496 0042
(Tuesdays 2.00-6.30pm)

ADOPTION BOARD
Hawkins House
Hawkins Street
Dublin 2
Ph: 671 5888

EASTERN HEALTH BOARD
Childcare Section,
Park House,
North Circular Road,
Dublin 7.
Ph: 838 7122

KEEPING THE CHILD

CURA
30 Sth Anne St., Dublin 2.
Ph: 671 0598

CHERISH
2 Lr Pembroke Street, Dublin 2
Ph: 6682744

PACT
15 Belgrave Rd.,
Rathmines, Dublin 6.
Ph: 497 6788

FAMILY PLANNING ASSOCIATION ( N.I)
113 University Street
Belfast
Ph: 028 90 325488

IRISH FAMILY PLANNING ASSOCIATION
Comprehensive Pregnancy Counselling
42 A Pearse street,
Dublin 1.
Ph: 1850 49 50 51

WELL WOMAN
Non-Directive Pregnancy Counselling,
72 Lower Leeson Street,
Dublin 2
Ph: 661 0083 / 661 0086

MARIE STOPES CLINIC
10 Merrion Square, Dublin 2.
Ph: 676 7852
If you have an unexpected pregnancy and you need help, support and understanding the

WOMEN'S HEALTH UNIT

East Coast Area Health Board

South Western Area Health Board

Northern Area Health Board

funds the organisations listed below to provide

FREE and CONFIDENTIAL PREGNANCY COUNSELLING

Cherish, 2 Lr Pembroke Street, Dublin 2. Tel: 6629212

* Cura, 30 South Anne St, Dublin 2. Tel: 6710598 or 1850 62 26 26

Dublin Well Woman Centre, 35 Lr Liffey St, Dublin 1. Tel: 8728051

* Irish Family Planning Association, Callsave: 1 850 49 50 51

* Life, 29 Dame St, Dublin 2. Callsave: 1 850 281 281

Pact, 15 Belgrave Rd, Dublin 6 Tel: 4976788 or 1850 67 33 33

*These organisations have centres throughout the country

See individual advertisements in the Golden Pages for more details

All are welcome regardless of

age, income or any other circumstances

Your College Health Centre or any local Family Doctor can also support and advise

See also web-site of the Eastern Regional Health Authority: www.erha.ie

This information also appears in The Golden Pages under ‘Pregnancy’
Hello and welcome to third level education. All that hard studying for the Leaving Certificate paid off and now you get to reap the rewards of college life!

When you start in college you automatically become a member of your local Student Union and your national union, the Union of Students in Ireland (USI). Be proud, you are part of a national union which consists over 250,000 students, from across the Republic of Ireland and Northern Ireland.

All around this page you can see the officers of USI who represent you at a national level. We exist to fight for and provide solutions to problems that you experience at a national level, be it accommodation problems to problems with finances like an inadequate grant system. We are also in the business of trying to pre-empt potential problems for students by representing you on numerous government committees that impact on the lives of students. We are also the back-up function for your local union. We provide training, for all levels of your union and advice throughout the year.

If you want to get more information on USI, just check out our publication the "The Voice" or look up our website at www.usi.ie.

Get involved, make a difference, but most of all enjoy yourself and good luck with those studies!

Richard Hammond / Ríostárd de Hammáin
USI President / Uachtarán AMLÉ

Fáilte go Aontas na Mac Léinn in Éirinn (AMLÉ). Dia dhuit agus fáilte go oideachas sa tríd leibhéal. B’fhéidir go mór an straidéar a ríomhaíodh tú don Airdeice mar an tosaíochtaí a chaitheann an choláiste bainte amach agat.

Láithreach náisiúnta a thosaíodh tú ar an gcéadtaiste faigheann tú ballrafocht do d’aontas náisiúnta agus do d’aontas náisiúnta - Aontas na Mac Léinn in Éirinn (AMLÉ). Ba chóir duit a bhíteadh bródúil mar gheall go bhfuil tú mar bháil d’aontas náisiúnta le níos mó de 250,000 mac léinn ann, ó Pholaitíocht na hEireann agus Tuaisceart na hEireann.

Is féidir leat Oifigigh AMLÉ, a dhéanann ionadachacht ar do shon ar leibhéal náisiúnta, a féicteadh thú ar an leathchur seo. Táimid ann le troid a dhéanachal ar do shon agus le do fhadhbanna náisiúnta a roint, ar nós tíorthacht nó córas deontaisí nach bhfuil maith go leor chomh maith le sin blonn muid a bhíonn ina raíracht teacht ar an fhadhbanna sula lathairn siniad, tríd ionadachacht a dhéanamh ar do shon ar go leor cosúil ríaltáis. Blonn muid ann le tacaíocht a thabhairt do d’aontas náisiúnta. Cuirteann muid truaumlah ar fáil dó gach leibhéal do d’aontas agus cuidteann muid coinmhair le ar fáil i rith na bliana.

Is féidir leat níos mó eolas a fháil ar AMLÉ in ár bhfoilseachán "The Voice" nó tabhairn cuí ar ár suifhmhád láidir ag www.usi.ie.

Glac páirt, déan dícheacht, agus déan cinnse go mbaineann tú taitneamh iomlán as. Go n-eirí leat le do chuid staidéir!
When people are young they often feel they don’t need to worry about their health. However, when you come to college and are really looking after yourself for the first time it is important to make sure you eat well, exercise and generally stay healthy.

College is supposed to be good fun, however if you have too much fun in any one year it might be your last year in college. Pace yourself.

The following section gives you information on how to look after your diet, and your health.

Photograph: Vincent O’Byrne
GUIDE TO DAILY HEALTHY FOOD CHOICES

Each ▲ is one serving.

The number of servings needed each day for adults and children is shown on the Food Pyramid. Start on the bottom shelf of the Pyramid and choose more of these foods than those from the top shelf. Servings in each group are interchangeable.

For example to get at least four servings from the fruit and vegetable shelf you could have:

- 1/2 glass of fruit juice = 1
- 1 portion of vegetables = 1
- 1 apple = 1
- 1 banana = 1

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Drink water regularly - At least eight cups of fluid per day.

Others

Fats and Oils: use about 1oz low fat spread/low fat butter of 1/2 oz margarine/butter.

Use oils sparingly. Ovenbake foods instead of frying or deep fat frying.

Sugars, confectionery, cakes, biscuits, and high fat snack foods: if you drink or eat snacks containing sugar, limit the number of times you take them throughout the day. Eat high fat snacks only in small amounts and not too frequently. Choose low fat, sugar free alternatives.

Alcohol: in moderation, preferably with meals - and have some alcohol free days.

Milk, cheese and yogurt

Choose any three of the following each day

▲ 1/3 pint of milk
▲ milk pudding - rice or custard (made with 1/3 pint of milk)
▲ 1 carton of yogurt
▲ 1 oz Cheddar cheese or Blarney/Edam

Choose low fat choices frequently (not suitable for young children).

Meat, fish and alternatives

Choose two of the following each day

▲ 2oz cooked lean meat or poultry
▲ 3oz cooked fish
▲ 2 eggs (not more than 7/week)
▲ 6 tablespoons cooked peas/bean
▲ 2oz cheddar type cheese (preferably low fat)
▲ 3 oz nuts.

Fruit and vegetables

Choose at least four of the following each day

▲ 1/2 glass of fruit juice
▲ 1 medium sized fresh fruit
▲ 2 tablespoons cooked vegetables or salad small bowl homemade vegetable soup
▲ 2 tablespoons cooked fruit or tinned fruit

choose citrus fruits and fruit juices frequently

Bread, cereals and potatoes

Choose at least six or more of the following each day

▲ 1 bowl of breakfast cereal
▲ 1 slice of bread
▲ 2 tablespoons of cooked pasta or rice
▲ 1 medium potato boiled or baked

Choose high fibre cereals and breads frequently. If physical activity is high up to 12 servings may be needed.

Healthy eating simply means eating a wide variety of food, in the correct amounts, to ensure that you get all the energy and vitality you need. The Food Pyramid will help you plan your daily food choices.

Food Groups

Foods which contain similar nutrients are grouped into shelves on the Food Pyramid. This allows you variety and flexibility in your choices from each group. Choosing food servings from the four main food shelves provides you with the balance of nutrients you need daily - extra energy should be obtained from cereals, bread and potatoes as required. Variety comes from not always selecting the same foods from each group.

Depending on your age you need a particular number of servings from each of these food groups every day. Check the following table for individual serving needs.
**Healthy eating guidelines**

- Eat a variety of different foods using the food pyramid as a guide.
- Eat the right amount of food to be a healthy weight and exercise regularly.
- Eat four or more portions of fruit and vegetables every day.
- Eat more foods rich in starch - bread, cereals, potatoes, pasta, rice.
- Eat more foods rich in fibre - bread and cereals (especially wholegrain), potatoes, fruit and vegetables.
- Eat less fat, especially saturated fats. Make lower fat choices whenever possible. Ovenbake instead of frying.
- If you drink or eat snacks containing sugar, limit the number of times you take them throughout the day.
- Use a variety of seasonings - try not to rely on salt to flavour foods.
- If you drink alcohol, drink sensibly and preferably with meals.

**DAILY EATING PLAN**

**Breakfast**
Wholegrain cereal with low fat milk
Wholemeal bread or toast*
Fruit juice or fresh fruit
Tea or Coffee

**Mid-Morning**
Fruit, wholemeal bread or scone* or wholemeal biscuit
Tea, coffee or water

**Lunch**
Cheese, egg, lean meat, poultry or fish (small serving)
Large serving of raw or cooked vegetables
Wholemeal bread or roll*
Yogurt or glass of milk
Fresh fruit
Tea, coffee or water

**Mid-Afternoon**
Fresh fruit
Tea or Coffee

**Main Meal**
Fish, chicken, lean meat or vegetarian alternatives (moderate serving)
Large serving of vegetables
Potato, rice or pasta*
Glass of milk or yogurt
Fresh, cooked or tinned fruit in own juice
Tea, coffee or water

**Supper**
Tea or milky drink
Wholemeal bread, scone or wholegrain biscuit*

*number of servings needed depends on activity levels.

**EATING DISORDERS: ANOREXIA AND BULEMIA NERVOSA**

**What are the main features of Anorexia Nervosa and Bulimia Nervosa?**

Anorexia Nervosa and Bulimia Nervosa are eating disorders where the person affected has an excessive desire to remain thin and to control body shape and weight. Both disorders are much more common in women than in men.

People with Anorexia Nervosa usually deny they have any problem. They will often disguise an emaciated appearance by wearing bulky, loose-fitting clothes.

Frequently it is other family members who are more concerned than the person who is affected.

On the other hand, those with Bulimia Nervosa often realise they have a problem with eating, but unlike Anorexia Nervosa, which is a very visible condition to others, Bulimia Nervosa is often disguised and kept secret for a long time. Individuals can have some of the symptoms of both disorders.

**What is Anorexia Nervosa?**

Anorexia Nervosa is a disorder characterised by deliberate attempts to lose weight, usually by voluntary starvation, but also by inducing vomiting, abusing laxatives and exercising excessively. There is an intense fear of becoming fat and an excessive and overwhelming desire for thinness.
Whom does Anorexia Nervosa affect?
It usually occurs in adolescent girls, often around the age of 16 or 17 years and in young women, but it may also affect older women, adolescent boys, young men and children nearing puberty. It is uncommon in women after the age of 30 years. In a wider sense Anorexia Nervosa also affects the whole family and friends because, as the person becomes more and more concerned with weight and diet, other aspects of daily living take second place.

How common is Anorexia Nervosa?
Surveys have suggested that it affects one to two percent (1-2%) of adolescent girls and young women. It is much more common in females, affecting approximately 9 females to every 1 male.

What is the cause of Anorexia Nervosa?
This is still uncertain. It appears to result from the interaction of a number of factors including social, cultural, biological, psychological and personality factors.

What are the symptoms of Anorexia Nervosa?
Symptoms include:
• Weight loss, often severe.
The strategies used to lose weight include:
• Avoidance of foods considered “fattening”
• Self-induced vomiting.
• Abuse of laxatives.
• Abuse of diuretics (water tablets)
• Abuse of appetite suppressants (slimming pills)
• Excessive exercise.
• An intense fear of becoming fat or gaining weight even though they may be underweight and thin.
• A preoccupation with food, calories and weight.
• A distorted image of one’s body and appearance e.g. claiming to look or feel fat, even when very thin.

What are the physical consequences of having Anorexia Nervosa?
These are really the symptoms of starvation such as:
• Intolerance to cold.
• Low Blood Pressure.
• Slowed heart rate.
• Lowered temperature.
• Constipation.
• Abdominal Pain.
• Susceptibility to infections.
• Growth of downy hair on body.
• Serious complications affecting the heart, kidneys, brain etc, which can be fatal.
• Osteoporosis (brittle bones)

What is the treatment for Anorexia Nervosa?
This will depend to some extent on the severity of the weight loss and the presence of physical symptoms and complications.

The person concerned may need hospitalisation particularly if there has been significant weight loss, if there are serious complications, if the individual is also depressed or if out-patient treatment has failed. The aim of treatment is to restore and maintain an adequate weight and to establish a regular eating habit. Medication is not used very often. Education about the nature of Anorexia Nervosa and about healthy eating habits is a very important part of treatment.

Psychological Interventions such as Individual Psychology (“talking therapy”) and Family Therapy are the main forms of treatment.

In individual Psychotherapy the person with Anorexia Nervosa is encouraged to talk about personal difficulties and any other issues that may have a role in causing or maintaining the Eating Disorder.

Support from family and friends is very important in helping the individual to make progress.

What is Bulimia Nervosa?
Bulimia Nervosa is a disorder in which there are repeated episodes of overeating (binges) and an excessive preoccupation with control of body weight. Binges are usually followed by self-induced vomiting in order to avoid gaining weight. Other measures taken to avoid weight gain include starvation, taking laxatives and diuretics. However weight is usually within the normal range in Bulimia Nervosa.

Whom does Bulimia Nervosa affect?
It is much more common in women, especially young women, and it usually occurs at a slightly later age than Anorexia Nervosa. The ratio of female to male is the same as in Anorexia Nervosa i.e. 9:1.

How common is Bulimia Nervosa?
Surveys have suggested that it affects between 5-10% of young women. However, Bulimia Nervosa is a disorder that is often kept secret so it is difficult to give an accurate figure.
What are the symptoms of Bulimia Nervosa?

Symptoms include:
- Persistent preoccupation with eating.
- Irresistible craving for food.
- Binge eating of large amounts of food in a short period of time.
- During the binge there is a feeling of loss of control over eating.
- Feelings of guilt after the binge episode followed by self-induced vomiting.
- Laxative abuse.
- Alternating periods of binge eating and starvation.
- Using appetite suppressants (slimming pills) and diuretics.
- Fear of fatness.
- Over-concern with body shape and weight, though body weight is more often normal in Bulimia Nervosa than in Anorexia Nervosa.

What are the physical consequences of Bulimia Nervosa?
Repeated vomiting leads to several complications: loss of potassium, which can cause weakness, abnormalities of heart rhythm (which can be fatal), kidney damage, erosion of the teeth and swelling of the Salivary Gland. Many of the symptoms that occur in Anorexia Nervosa can also occur in Bulimia Nervosa.

What is the treatment for Bulimia Nervosa?
The aim of treatment is to help the individual gain control over eating such that there is a return to eating regular meals without engaging in vomiting or bingeing.

A particular type of psychological intervention known as Cognitive Behavioural Therapy is often used in order to help the individual change his/her way of thinking. Medication has been shown to be of value.

Further Help
Whether you are concerned about yourself or someone else it is best to seek advice from your family doctor. Your doctor may decide that specialist help is necessary and you may be referred to a psychiatrist or a psychologist.

BODYWHYS provides help, support and understanding for Anorexia and Bulimia Nervosa sufferers.

Helpline 01 - 2835126. You may also like to join a self-help group in your area. Your local library or bookshop will likely have several books on eating disorders.

diabetes

Diabetes Mellitus is a condition in which the amount of glucose in the blood is too high because the body is unable to use it properly. Normally, the amount of glucose is carefully controlled by hormone insulin, produced in the pancreas. Insulin enables sugar in the blood to enter sugar in the blood cells where it can be converted into energy. When there is a shortage of insulin or if the available insulin does not function correctly, glucose will accumulate and diabetes will develop.

There are two types of diabetes:
- Insulin dependent diabetes
  - This develops when there is a severe lack of insulin in the body because most or all of the cells which make it have been destroyed. This type of diabetes usually appears before the age of 40. The cause is not known, although viruses may play a part. It is treated by insulin injections and diet.
- Non insulin dependent diabetes
  - This develops when the body can still make some insulin, though not enough for its needs, or when the insulin that the body does make is not used properly. This type of diabetes usually appears in people over the age of 40. It is common among the elderly and overweight.

The tendency to develop diabetes is passed from one generation to the next, although the development of the condition is not automatic. It is treated by diet alone or by diet and tablets or, sometimes by diet and insulin injections.

Diabetes in Ireland is the primary cause of:
- Heart Disease
- Kidney disease
- Eye Disease
- Limb Amputation

It is estimated that 70,000 people in Ireland have diabetes and that there are another 70,000 people who are unaware they have the condition as it can take on average seven years from onset of the condition to diagnosis.

Symptoms of Diabetes, include tiredness, excessive thirst, frequent passing of urine and rapid weight loss in the region of 7-14 pounds.

If these symptoms are present a doctor should be consulted.
Mental Health is . . .

- Joining a group
- Achieving balance
- Working on relationships
- Getting enough sleep
- Getting emotional
- Sensible drinking
- Knowing when to quit
- Relaxing
- Talking about it

. . . and seeking help and support when you need to
BREAST CANCER

How common is breast cancer?

In Ireland, one in fourteen women will develop breast cancer. Approximately 1,000 women develop breast cancer each year. It is an uncommon disease in women under 30 years of age, but the chance of developing breast cancer increases with age. Breast cancer is rare in men and accounts for 1.1% of all breast cancers.

What causes it?

In most cases there is no known cause. Hormones are probably involved. Late child bearing and having no children are linked with a higher chance of developing breast cancer. In some families, genes are inherited which put women at a slightly higher risk of developing breast cancer. This accounts for only 5% of all breast cancers. If more than one close female relative has developed breast cancer, particularly if she developed it at a young age, you should consult your doctor.

How do you reduce your risk?

To breast aware - be aware of normal developmental changes, carry out breast self-examination, maintain a normal body weight, exercise regularly.

How do you detect breast cancer?

Women of all ages should observe and feel their breasts regularly. This helps them to become aware of their breasts and therefore, recognise changes early. It is recommended that women should ask their family doctor to examine their breasts once a year. In addition to the mammogram, a careful examination of the breasts by your doctor is important. This screening can detect very small tumours and can result in saving many lives.

The earlier a cancer is diagnosed and treated, the greater the opportunity for a cure. Early detection also permits less extensive surgery and provides an opportunity for preservation of the breast. Remember that nine out of ten lumps found by women are not cancer. A woman who notices lumps in her breasts, or is concerned about them should seek her family doctor's advice. The doctor can assess the change and, if necessary, refer her to a surgeon for further assessment including mammography.

Photograph: Vincent O'Byrne

Medical Centres

Northside
Linenhall Lodge
Henrietta Street
Dublin 1
Ph 4023614

Nurses
Helen Byrne & Helena Nugent

Doctors
Eugene O'Connor
Antoinetta Robinson

9.30-12.30 & 1.30-5.00
Doctors Surgery - Appointment only
Mon-Wed 1.30-3.30
Thurs-Fri 2.00-3.00

Southside
DIT Aungier Street
Dublin 2
Ph 4023051

Nurses
Barbara O'Connell & Deirdre Adamson

Doctors
Brendan Clune
Janet Durkin

9.00-5.00
Doctors Surgery - Appointment only
Daily

Services are free of charge, however a medical card should be produced if you have one.
A current DIT Student card must be produced
How to Examine Your Breasts

1. In the shower or bath:
Fingers slide easier over wet skin, so with the flat of your hand, move gently over each breast in a circular motion. Check for any lump, hard knot or thickening.

2. In front of a mirror: Hands by Sides: Look at your breasts with your arms at your sides while slowly rotating your upper body from side to side. Hands on Head: Next, put your hands on your head and look for dimples in your breasts, particularly underneath. Dimples which are equal in size and shape and occur in both breasts are normally harmless. Hands Over Head: Then, raise your arms high above your head and look again for changes, especially in the nipple area. Hands on Hips: Finally, rest your hands on your hips and press down firmly while holding the shoulders back so that your chest muscles are flexed. Check for any changes in appearance. During each of these four steps you should rotate your upper body from side to side. By regular inspection, you will see what is normal for you.

3. Lying Down: Put a pillow or folded towel under your right shoulder and place your right arm behind your head. Using the fingers of your left hand, press gently in small circular motions around an imaginary clock face. Start at the top of the breast for 12 O'Clock and move in a clockwise circle until your return to 12 again. Then move in one inch and repeat. Keep doing this until you reach the nipple. The procedure should take at least four circles in total. Repeat this process with the pillow under your left shoulder and your left arm behind your head. When finished, put your arm by your side and feel under the armpit for any lumps.

Finally, gently pinch each nipple between thumb and index finger. Any secretion, particularly if it comes from a single pore, should be checked by your doctor. If you find any changes in your breast, consult your doctor immediately. Do not be afraid to raise a false alarm. Nine out of ten lumps are not cancerous and may be treated simply.

Treatment
+ Some breast cancers can be treated by removing the lump, and giving radiotherapy (the use of radiation treatment to destroy cancer cells) to the rest of the breast. For some women the most appropriate treatment is removal of the breast (mastectomy). The patient will have the opportunity to discuss which option is best for her.
+ Chemotherapy is frequently used and involves the use of a combination of drugs to prevent the disease recurring.
+ Hormone treatment - e.g. Tamoxifen - may be used, especially in postmenopausal women.

These treatments are often used in combination. After treatment, regular check-ups are necessary to make sure that no further action is required. Most women lead normal lives after treatment for breast cancer.

What help is available?
If you are concerned about breast cancer, you can telephone the Irish Cancer Society's Helpline. Irish Cancer Society can also supply you with a range of leaflets on various aspects of cancer including breast self-examination and healthy eating.

What are the symptoms of breast cancer?
✔ Breast lump
✔ Changes in size, shape, appearance or colour.
✔ Nipple discharge or change in nipple position.
✔ Puckering, swelling or pain.

If you have any of the above symptoms, contact your doctor as soon as possible.

Cervical Cancer

How common is cancer of the cervix?
Cervical cancer ranks fourth of the female cancers after breast, ovary and uterus (womb). It accounts for 2% of cancer deaths in women.

What is the cervix?
The cervix is located at the lower part of the womb (uterus) which protrudes into the vagina - the passage used in childbirth. There is a small opening in the cervix which leads into the main part of the womb.

What are the risk factors?
Age: Sexual intercourse at an early age before the cervix is fully developed (under 18 years)
Smoking: Smoking cigarettes increases the risk of getting cancer of the cervix. The more you smoke the greater the risk.
Sexual partners: There is a link between this cancer and a certain type of virus, Human Papilloma Virus (HPV), which can be transmitted during sexual intercourse. The more sexual partners a woman or her partner has had, the greater the risk.

However, if you develop cervical cancer it does not mean that you or your partner has had many sexual partners.

It takes only one contact with an infected person for the virus to be transmitted. Using a condom or diaphragm during sexual intercourse offers protection from this virus, particularly if you are not in a steady relationship.

How is cervical cancer detected?
A cervical smear test (pap test) can detect cervical cancer before it has fully developed and when it is completely curable. All women who are sexually active should have a cervical smear every 3-5 years.

What is a cervical smear test?
Cells are taken from the cervix and sent to the laboratory for examination. The smear test is a very short procedure taking less than five minutes and will be carried out by a doctor or nurse.

It can be slightly uncomfortable but it is not painful. Your doctor/nurse will explain the procedure to you.

Why have a cervical smear test?
The cervical smear test shows if there are any changes in the cells of the cervix (pre-cancerous cells) which might develop into cancer. It can also detect cancerous cells when cancer has actually developed so that early treatment can be given to halt the spread.

Who should have a cervical smear test?
All women who are or have been sexually active between the ages of 20 and 64 years should have a regular cervical smear test every 3-5 years.

Women who have had sexual intercourse at an earlier age should have a cervical smear test within 1-3 years of having sex. Your first cervical smear test should be followed by another test one year later.

Where can I have a cervical smear test?
The cervical smear test is available from:
- Family doctors.
- Maternity hospitals.
- Family Planning Clinics.
- Well Woman Centres.
- Some Health Board Clinics.

If you have recently had a baby, you post natal check up may include a smear test. Remember: Most women with an abnormal smear do not have cancer of the cervix. The earlier a change is found, the easier it is to treat.

What are the symptoms of cervical cancer?
- Increased vaginal discharge.
- Irregular bleeding.
- Painful intercourse.
- Bleeding after intercourse.

If you develop any of these symptoms, consult your doctor. Remember - you need a cervical smear test every 3-5 years, even though you have no symptoms.

What is the method of treatment?
When pre-cancerous cells are diagnosed, a special procedure is carried out in a hospital to treat these cells. This procedure is usually done on an out-patient basis. For established cervical cancer, the treatment is either surgery or radiotherapy (the use of radiation treatment to destroy cancer cells).

Can I reduce my risk of cervical cancer?
Yes you can reduce your risk by:
- Having a regular cervical smear test every 3-5 years.
- Practicing safe sex.
- Not smoking

Cervical Cancer Research
Research is looking at new ways of detecting and treating this cancer and the outlook for those with the disease is improving steadily, particularly if the cancer is detected early.

The Irish Cancer Society is the major voluntary funder of cancer research in Ireland.

What help is available?
If you are concerned about cervical cancer, you can telephone the Irish Cancer Society's Helpline.

Your family doctor can carry out the cervical smear test. Alternatively, you might like to contact your public health nurse who can advise you about the services available in your area.
CYSTITIS

What is it?
It is a feeling of discomfort when you pass water - usually described as a burning sensation. When this comes the urge to pass water even though there is only a small amount to pass. These symptoms are due to inflammation of the bladder and its outlet pipe, the urethra, which may be slightly irritated. Cystitis is caused by a variety of illnesses and infections often difficult to diagnose.

Is it common?
Yes, it is a very common illness and probably as many as half of all women suffer from it at some time or other in their lives. Some women suffer repeated attacks.

How does it start?
Nearly all of the infections are "Ascending" meaning that the germs go up the urethra into the bladder.

Can it be sexually transmitted?
If an infection occurs from sexual intercourse giving rise to a bladder infection as well, yes. Cystitis after intercourse is very common but not always due to an infection.

Is it dangerous?
Sometimes the infection can spread to the kidneys and this makes it a more serious illness. Because of the risk to the kidneys all people who have these symptoms should consult their doctor for advice. This is especially important for young people (aged less than 15) whose kidneys are growing.

Some women worry about a cancer connection. Bladder cancer in women is extremely rare and cervical smears each year will give early warning of cancer in the reproductive organs.

DON'T BE SHY!
If symptoms persist you should contact your GP

What can the doctor do?
1. He can confirm the type of germs causing the infection from your urine specimen which will be subjected to a range of tests.
2. He may prescribe an antibiotic to kill the germs. However only about half of all attacks are due to germs which can be killed by antibiotics. Many attacks of cystitis have no germs present. Antibiotics always carry the risk of vaginal thrush which itself causes much soreness, discomfort and discharge.
3. He can carry out investigations, arrange for an X-ray to see if there is any evidence of kidney damage or of any correctable abnormality which makes you especially vulnerable to attacks. He can also take vaginal swabs to see if the trouble comes from the vagina.

The following rules of prevention are important.
1. Help the natural defences of your bladder
   (i) Keep up a good flushing through effect by drinking large quantities of fluid so as to maintain a urine output of at least 2 litres (5 pints) every day.
   (ii) Empty your bladder frequently - at least six times a day
2. One bath a day is not sufficient
   It is necessary to keep a specific flannel for the purpose of washing the perineum (this is the skin area around the entrance to the urethra) each morning and evening and always after passing a stool.

No strong soaps, deodorants, antiseptics, creams or powders, just simple cool water. If you have a discharge of any sort, your doctor will be treating you medically but you must also play your part by washing frequently.

3. If your symptoms are related to sexual intercourse occurring regularly sometime during the 48 hours after intercourse, you may prevent attacks by the following measures: (i) Both partners wash before intercourse with plain cool water. Dry gently. Use a lubricant to prevent soreness and bruising. (ii) Empty your bladder within 15 minutes of intercourse.

4. Frequency
   If your normal urine burns and you need to pass water quite a lot, it could be that it is too strong. With blue litmus papers from the chemist, test one in your urine. If it turns red there must be an uncomfortable amount of acid crystals present, so drink plenty of water. If the urine hurts then a level teaspoon of bicarbonate of soda in water will also help.

5. If an attack starts
   Drink 1/2 pint of water every 20 minutes. Each hour for 3 hours take a level teaspoon of bicarbonate of soda to lessen the burning sensation. Keep very warm and wash the perineum front to back after every visit to the lavatory. After these three hours the attack will have lessened sufficiently for you to go to the doctor. Finally, make sure your doctor knows about your cystitis problem and that he approves of the action you are taking. You may learn more about cystitis and its associated conditions by reading Understanding Cystitis by Angela Kilmartin.

Testicular Cancer

What is cancer of the testis?
The development of a growth, tumour or cancer in one of the testicles, the male reproductive glands.

Is Testicular Cancer Common?
Yes it is the most common type of cancer in young men. But bear in mind that almost all cases can now be cured by simple treatment, if found early. The risks are greater if the condition is discovered later, but even then there is a good rate of cure.

Who is at Risk?
Young men especially get the disease, but the risk is much greater if one testicle is missing or has not come down into the scrotum (the 'sack'). If you have noticed this condition, see your doctor because it can be easily corrected.

What Might You Notice?
The first warning is generally a swelling, or lump on one of your testicles. This may be painful but is usually not. Early discovery allows the simplest treatment and practically guarantees cure.

What Can You Do?
Early discovery means certain cure; you must examine yourself once a month. The best time is after a warm bath or shower. Gently roll each testicle between the thumb and fingers using both hands. Make a habit of doing this simple test. If you notice any lump or hardness in the testicle, see your doctor. It may be harmless but only a doctor can decide.

Treatment
A small operation is performed. If the disease is discovered late, the x-ray treatment or special drugs may be given.

Premature ejaculation

Definition:
Ejaculation that occurs prior to when a man wishes it or too quickly during intercourse to satisfy the partner.

Causes, incidence, and risk factors:
The cause of premature ejaculation is primarily biological. The normal physical response is for the man to experience climax, and therefore, ejaculate approximately 2 to 3 minutes after penetrating the vagina. The normal physical response for women is to build to a climax, or orgasm, about 12 to 14 minutes after coitus (intercourse) occurs. However, many women may not experience orgasm at all, particularly if intercourse involves only penetration of the vagina by the penis. Other methods of sexual stimulation may be necessary for the woman to attain orgasm. Premature ejaculation may also be caused or aggravated by psychological factors such as guilt (believing the activity is sinful e.g., premarital or extramarital sex); fear (associated with concerns regarding potential pregnancy, sexually transmitted diseases, or getting caught or discovered); performance anxiety (especially in the inexperienced partner or with partners new to each other); and interpersonal issues affecting the couple. Premature ejaculation is the most frequently encountered sexual complaint of men and couples. It is most common in adolescents, young adults, and other sexually naive males. Increased risk is associated with lack of sexual experience and lack of knowledge regarding normal male and female sexual responses.

Prevention:
Attaining adequate knowledge regarding normal sexual responses of males and females prior to engaging in sexual activity may prove useful in preventing this condition. Premature ejaculation is less likely to occur if the couple engages in sexual activity in these situations: only after they know each other well, feel comfortable together, and both partners are consenting, without feeling coerced; in a comfortable, relaxed and private setting; and after contraception issues have been discussed, decided and acted upon.

Such techniques may include:
The "stop and start" method:
* This involves sexual stimulation until the man recognizes he is about to ejaculate; the stimulation is then removed for about thirty seconds and then may be resumed. The sequence is repeated until ejaculation is desired, the final time allowing the stimulation to continue until ejaculation occurs.

The "squeeze" method
* This involves sexual stimulation until the man recognizes that he is about to ejaculate; at that point, the man or his partner gently squeezes the end of the penis (where the glans meets the shaft) for several seconds, withholding further sexual stimulation for about 30 seconds, and then resuming stimulation. The sequence may be repeated by the person or couple until ejaculation is desired, the final time allowing the stimulation to continue until ejaculation occurs.
Stress

Students should take as good care of their mental health as they do of their physical health. The effort of studying, especially nearer exam time, can bring about high levels of stress.

Other causes of stress

In the case of a student could be difficulties in a relationship, problems at home, money problems, etc. The classic stressful situation is one where you are affected in some way by a problem that you have no immediate or direct control of. Stress isn’t necessarily bad. A person under no stress will under-achieve as they will have very little motivation. A person under a moderate (acceptable) level of stress will be working at the optimum level of their capacities. When “stress” is referred to below, we are referring to high levels of stress or “problem” stress.

Stress is closely associated with depression, anxiety, panic attacks and neurosis (obsessions). Anxiety and depression are of course quite normal; it is only when the depth of depression being experienced is out of all proportion to the supposed cause can a disorder be deemed present.

Some people are prone to depression as a result of their personality; others may be genetically predisposed towards depressive illness.

Identifiable symptoms

It’s probable that you wouldn’t recognise these yourself, but your friends and relatives might.

Some of the symptoms are as follows:

- Poor Concentration and memory recall (particularly short-term)
- Muscle tension in head or shoulders Feeling unnaturally fatigued or tired.
- Tightness in Chest and/or palpitations.
- Loss of Appetite Change in personality (more tearful, irritable).

If you feel that you are overstressed or depressed, don’t be afraid to seek help; try talking to friends, relatives or professional counsellors. Ask your GP’s advice; they might recommend rest, some medication or an appointment with a psychiatrist. The earlier such a problem is tackled, the quicker it will be resolved. The following people can be contacted in the college: College Doctor, College Nurse, Student Counsellor (Student Services) or S.U. Welfare Officer.

Guidelines to avoid stress:

1. Don’t work too hard; always leave time for yourself to relax in a proper fashion. Undue stress affects both memory and concentration so too much work may actually cause a deterioration in academic performance.
2. Don’t work too little either; by doing this you will of course be under intense pressure come exam time.
3. Relax regularly; remember your body and mind isn’t a machine. Suggestions include going to the pub or other social events, watching TV, playing computer games or becoming active in a Club or Society.
4. If you are stressed, we recommend cutting down or abstaining from alcohol (and indeed other drugs) as long as the stress lasts. Drinking alcohol to relieve stress (even if stress relief wasn’t the original intention) is regarded as the most frequent introduction to an alcohol dependency.
5. Don’t set yourself goals or standards that are too high. Don’t make promises that you can’t keep.
6. Try not to mull over failures, and congratulate yourself on your successes.
7. Make sure to get adequate sleep and rest.
8. Don’t worry about things outside of your control. Overall a healthy mind will help ensure a healthy body; and vice versa. Be motivated by all means; but don’t let things get out of hand.
Sex would just be too good to be true if there weren't some risks involved. STDs are unfortunately becoming ever more common among students and a recent report shows Syphilis and Gonorrhoea (yikes!) are on the increase among young people in Ireland. In the following section the main STDs are listed. They can be uncomfortable, painful or downright dangerous if left untreated.

STD's are not the end of the world but if you suspect that you may have been exposed to one of them make sure you go to see a doctor, promptly. Your health and the health of your partner are a damned sight more important than your feelings of embarrassment. Here's what to look out for.

Photo: Vincent O'Byrne
Non-Specific Urethritis

What is it?
Non-Specific Urethritis is an inflammation of the urethra (water passage) in men, usually caused by a sexually transmitted infection. It can be caused by a number of different germs, the most common of which is called Chlamydia.

Some men with NSU have no symptoms. Symptoms that can occur include:
- irritation of the water passage (urethra)
- redness or swelling at the opening on the tip of the penis
- burning or discomfort passing urine
- discharge (cloudy fluid oozing from the penis)

How is it Caught?
The infection is usually passed on when you have sex with a new partner. However, NSU may occur within a steady relationship as the infection may remain dormant for quite a while before causing symptoms, or only come to light when a partner develops symptoms. You cannot get it from swimming pools, towels, toilet seats or a friendly kiss or hug.

Testing and Treatment

If you think you have NSU you should see your GP or attend the STD (Sexually Transmitted Diseases) clinic. It may be possible to tell immediately if you have an infection or you may have to wait a few days for results to come from the laboratory. If possible, do not pass urine for at least four hours before attending the clinic. If you have NSU you will be treated with a course of antibiotics. It is important to take them correctly. You will be asked to return when you have finished the course of antibiotics to check that the infection is cured. In a few cases, the infection will not be cured and a second antibiotic will be required. It is essential to avoid sexual intercourse until you are told that the infection is cured.

Possible Complications

If you are not treated the infection may, in a few cases, spread to the prostate gland or the testicles, causing swelling and pain. It may be possible rarely for this to damage the testicles and cause difficulty in having children. Having NSU once does not protect you from getting it again. It is also possible that it may flare up again at a later date. It is very important for your sexual partner to know if you have NSU. So it is important that they come to the clinic for a check up. She will have swabs taken and be given antibiotics if necessary.
**CHLAMYDIA**

**What is it?**
Chlamydia is a germ which affects the genitals in men and women. It is the commonest cause of NSU. In women, the infection which is on the increase, usually produces no symptoms but some may notice:
- discharge from the vagina
- pain passing urine

In women, usually the cervix (neck of the womb) or the urethra (water passage) are affected. However, occasionally it may spread up into the womb and the Fallopian tubes and cause:
- pain low down in the abdomen
- pain in intercourse
- irregular periods.

This is called Pelvic Inflammatory Disease (PID). This is more likely to occur if Chlamydia is not treated early.

**How is it Caused?**
Chlamydia is usually passed on during sex with a new partner. It may occur within a steady relationship as the infection may remain dormant for quite a while before causing symptoms.

**Can Chlamydia infection be Treated?**
Yes. A course of antibiotics can cure the infection. It is vital that after finishing the course of antibiotics, you return to the clinic for follow-up tests to ensure the treatment has been successful.

To prevent re-infection, sexual intercourse should be avoided until the doctor has advised that you are cured. It is important that your partner(s) are also cured before you resume sexual intercourse.

**Possible Effects:** Chlamydial infection can be treated and cured.

However, the infection can lead, in women, to damage of the fallopian tubes and pelvic inflammatory disease, which may, in turn result in infertility.

**Hope do I Protect Myself from Infection by Chlamydia?**
The risk of becoming infected by Chlamydia and other sexually transmitted diseases e.g., HIV, can be reduced by practising “safer sex.”

“Safer Sex” means always using a condom during vaginal and anal penetration and during oral sex.

It also includes choosing to do things which avoid penetration altogether, such as sensual massage, erotic strip tease, masturbation and the use of sex toys (if they are not shared).

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**SYphilis**

**Luckily this is a rare one. In this case a small pimple like sore (chancre) appears on the penis or on the women's external genitals (vulva), around the mouth after oral sex or the anus after anal sex.**

In the women's case the symptoms may be internal which hinders detection.

The sores, which last 2 - 3 months, are hard around the edges with clear fluid developing in the middle as they become ulcers.

At the same time the lymph glands in the groin swell up giving another noticeable symptom. Left untreated, they clear up as the primary stage runs its course.

Following on from this may be a rash, headaches, nausea, loss of hair and feverishness. After this second stage is over there is a third stage which may occur years later, the results possibly being intense pain, tumours, harm to unborn children or death.

Please don't ever let it go this far when it is so easy to treat.

**GENITAL HERPES**

There are two types of herpes simplex virus - herpes simplex type 1 and 2. These viruses are almost identical and can only be differentiated in the laboratory. Traditionally, herpes simplex type 1 was thought only to cause cold sores on the mouth and around the nose, and herpes simplex 2 was thought to cause genital type herpes infection.

However, both types are found in both areas. Herpes simplex is passed through sexual contact from one genital area to another but can also be passed from the mouth where there is a cold sore to genital area during oral-genital sexual contact (this is actually the most common method of transmission).

Rarely, herpes can affect a finger, causing the classic herpes whitlow, which may also be a source of infection.

It is important to remember that once there are lesions present, these are infectious and any sexual contact risks the possibility of transmission of herpes simplex to a partner.

The greatest risk is in the first 48 hours of an active infection.

Genital herpes in women may cause the following symptoms:
- there may be stinging and itching in the genital area for 24 hours prior to the development of some sign
• A woman may feel generally unwell with some aches and pain in the genital area; such pains may spread down the legs and 24-48 hours later, water type blisters may develop along the vulva.
• There may also be blisters in the cervix and the rectum.

In men, small water type blisters develop on the penile shaft, underneath the foreskin or around the head of the penis, which when they burst, form small ulcers. These are extremely painful to touch, particularly if they come in contact with urine. The main complications with genital herpes is that approximately 50% of people who contract it will suffer recurrent attacks. However, such recurrences are generally less severe than the first attack. In order to limit the number of further attacks, it is important to avoid trigger factors. Stress is one of the major such factors, so it is important to avoid any physical and emotional stress. Over-exposure to sunlight or sunbeds may also act as a trigger and hence these should also be avoided.

**Treatment**
Treatment is with anti-viral tablets, which are specific against herpes viruses. Other measures include salt baths, cold showers and pain killer. In rare cases, admission to hospital maybe required.

**GONORRHEA**

In this case the man usually sees a creamy yellowish discharge around the penis (yuk!). It usually appears within 3 - 7 days of picking up the infection. Try ignoring that. Passing water (pissing) may result in a burning sensation and be quite painful. If untreated the infection may pass up the urethra and into the bladder resulting in the person feeling feverish and ill. Visible signs may disappear within a few weeks but if left untreated it may result in long term damage so if you have any suspicions see your doctor. In a woman's case there may not be any external signs but you may notice that sex is painful and the genital area may be swollen. A foul smelly discharge may appear and if the condition is left unchecked it could result in diminishing your child bearing capacity due to internal damage to the fallopian tubes.

**BV & THRUSH**

**Vaginal Infections**
Vaginal infections are very common and most women experience some form of vaginal infection at least once in their lives. Two of the most common infections are bacterial vaginosis (BV) and candidiasis (thrush).

**What is BV?**
BV is a condition in which the natural balance of bacteria found in the vagina is changed.

**What is Thrush?**
Thrush is a condition usually caused by fungal or yeast-like organism called Candida.

**What is the difference between BV and Thrush?**
Although both BV and Thrush are vaginal infections, BV is caused by bacteria whereas thrush is caused by a fungal or yeast-like organism called Candida.

**How are the symptoms of BV and Thrush different?**
The common symptoms of BV are an unpleasant or “fishy” odour and a thin milk-like discharge. BV does not usually cause itching or irritation but these can be present in some cases. In comparison, the symptoms of Thrush are a cottage cheese-like discharge and itching. This type of infection is usually odourless. It is important to know what type of infection you have because the treatment differs for each one. Your doctor is the best person to advise you which infection you have.

**Does my partner need to be treated?**
It is not generally recommended that your partner is treated when you have BV but your doctor will advise you on the best course of action.
**PUBLIC LICE (CRABS)**

People can catch crabs through body contact with an infected person, bedding or clothing used by that person. These are crab-like lice which effect the pubic hair area mainly. They are not easy to see, but on close examination the louse (blood sucker) can be seen as a dark speck.

The bites of the louse can cause people severe itching, others feel nothing but notice eggs or nits on underclothes. Normal washing with soap and water does not kill the lice or its eggs. Special lotion can be obtained from a chemist which kills both adult louse and its eggs. ‘Prioderm’ - lotion or shampoo and “Quelleda” shampoo are just some of those available.

**HEPATITIS B**

Is more common than HIV and kills more people each year than AIDS. It is an infection of the liver which is caused by a virus. The virus is present in virtually all body fluids. It is at least 100 times more infectious than HIV and could be contracted through open mouth kissing or sharing a tooth-brush. The most common routes are unprotected sex and sharing hypodermic needles. The symptoms can take up to 6 months to develop. They include flu-like symptoms, tiredness, and pain in the joints. There is no satisfactory medical cure. Healthy diet and rest may help recovery. It can be prevented by vaccination. You can find out more about the vaccine from your G.P. or G.U.M Clinic, James’s St. Hospital.

**AIDS**

The facts
- AIDS is still a serious threat. Rumour and half truth have mislead a lot of people into being worried without cause - or worse, careless about the risks.
- Misinformation about AIDS has also resulted in needless discrimination.
- You owe it to yourself and your children to make sure the real facts are known and understood.

What is AIDS?
AIDS stands for Acquired Immune Deficiency Syndrome. ACQUIRED means you get it from someone else IMMUNE DEFICIENCY means your body cannot defend itself against certain illness. SYNDROME means a collection of signs and symptoms which a doctor may recognise as a disease. In the case of AIDS, such diseases include pneumonia, skin cancer and fungal infections.

No one has ever been cured of AIDS.

What causes AIDS?
AIDS is caused by the virus HIV (Human Immuno - Deficiency Virus) which attacks the body's immune system and makes it vulnerable to various infections. People who are infected with HIV may look healthy and not even know that they are infected, but they can still pass on the virus to others.

How is the virus spread?
There are four proven ways in which HIV can be passed from person to person:

1. Sexual contact - heterosexual or homosexual - involving exchange of infectious body fluids (semen, vaginal secretions and blood) with an infected person.
2. Sharing injection needles and equipment, with an infected person.
3. From an infected pregnant mother to her baby.
4. Injection or transfusion of blood or blood products taken from an infected person.

It is unjust to victimise persons with HIV or AIDS either socially or at work. You cannot get infected by being with a workmate or friend.
sexually transmitted diseases

You cannot get HIV by...

- Hugging and kissing on the lips.
- Sharing cutlery and crockery.
- Shaking hands.
- Using the same toilet facilities.
- Being sneezed or coughed upon.
- Insect or animal bites.
- Sitting beside someone.
- Using the same laundry facilities.
- Using swimming pools.
- Mouth to mouth resuscitation.

How to avoid infection

Remain faithful to one sexual partner who is also faithful to you. This assumes that neither of you has had previous sexual partners or engages in intravenous drug abuse. Never share injection equipment for intravenous drug use. Any devise that punctures the skin may be infectious. This includes needles for syringes, tattooing and for acupuncture; ear piercing and electrolysis equipment. Avoid their use unless they have been properly sterilised (soaking at 56 C for 10 minutes). Of course, abstaining from sex altogether is obviously a certain way of avoiding the sexual transmission of HIV infection.

These are the High Risks

- Having penetrative unprotected vaginal or anal sex with an infected person.
- Having oral sex with an infected person.
- Being unaware of your partner’s sexual history.
- Abusing intravenous drugs, particularly if you share needles.
- Having a blood transfusion in a country where screening services are inadequate.

The use of any drug, whether it be heroin, ecstasy, cannabis or alcohol, may reduce your ability to make ‘safe’ decisions.

HIV and condoms

To avoid sexual transmission of HIV, the most effective way of all is to:

✓ Stay with one partner.
✓ Remain faithful to that one partner (this assumes that neither partner is already infected with the virus).

However, for sexually active people who are not in ‘one faithful partner’ relationships, a good quality new condom, correctly used, is the single most effective defence against HIV infection.

✓ Never use the same condom twice.
✓ Check the expiry date.
✓ Be careful not to damage the condom with fingernails, rings or its foil covering.
✓ Never have genital contact with a partner without the protection of a condom.
✓ If using a lubricant it should be water based. Oil lubricants weaken the condom.
✓ After sex, carefully remove the condom to avoid spilling the semen, and dispose of it hygienically.
✓ Remember, condoms reduce, but do not eliminate, the risk of infection.
✓ The contraceptive pill offers no protection against infection with the HIV virus.

Some actions are safe:

- Masturbation, either mutual or solo.
- General body contact (kissing, stroking, massaging and body kissing).
- Orgasm of semen onto partner’s body.
- Sex toys (not shared).
- Bondage and other activities that do not involve the exchange of sexual fluids or blood.

HIV and Blood

If you donate blood in Ireland there is no risk of being infected, as sterile equipment and new needles are used for each donor.

Remember that the need for blood is always acute and you should have no reservations about being a donor.

Testing for HIV

If you think you have become infected with HIV, a test is available which will find out if you have antibodies to HIV in your blood. If you are thinking about having a test contact your local GP, STD Clinic or AIDS Service Organisation.

The Baggot Street Clinic,
19 Haddington Road, Dublin 2.
Tel: 01 - 6602149

The following information is subject to amendment

HIV testing

Tuesday: 2.30p.m. - 5.00p.m.
Thursday: 5.00p.m. - 7.00p.m.

HIV Counselling

Monday - Friday: By appointment

Dublin Aids Alliance,
53 Parnell Square West, Dublin 1.
Tel: 01 - 8733799
Monday - Friday: 10.00a.m. - 5.30p.m.
Genital HPV (human papillomavirus) is one of the most common sexually transmitted infections and is believed to be carried by one in ten people, only one in one hundred of whom have visible warts.

What is HPV?
HPV is the name given to a group of over 70 closely related viruses of which two are known to cause genital warts. Certain types of HPV cause warts on the hands or feet, while others can cause visible genital warts. Not every person with HPV infection develops warts, and many people with condyloma do not even know they have it.

What do genital warts look like?
Genital warts are growths or bumps that appear on the vulva, in or around the entrance of the vagina or anus, on the cervix and on the penis, scrotum, groin or thigh. They may be raised or flat, single or multiple, small or large.

Who gets HPV or genital warts?
HPV infection, including genital warts, can occur in sexually active men and women of all ages. Because it can take a long time before the warts appear, they can also affect people who have not been sexually active for several years.

How do you get HPV or genital warts?
HPV and genital warts are most commonly spread by direct, skin-to-skin contact during vaginal, anal or oral sex with someone who already has the infection.

Warts on the other part of the body, such as the hands, are caused by different types of HPV. Warts may appear within three weeks to a year after sexual relations with an infected person or they may never appear. This makes it hard to know exactly when or from whom you got the virus and explains why your sexual partner may not be infected.

How would I know if I had HPV or genital warts?
In some cases, it's difficult to know. Sometimes people do not notice warts because they are inside the vagina, on the cervix or in the anus. In addition, they are often flesh coloured and painless. Only rarely do they cause symptoms such as itching, pain or bleeding.

You should go to a doctor or clinic if:
✔ You notice any unusual growths, bumps or skin changes on or near your penis, vagina, vulva or anus.
✔ You notice any unusual itching, pain or bleeding.
✔ Your sex partner tells you that he or she has genital HPV or warts.

How are genital warts diagnosed?
You can check yourself and your partner for warts, but remember warts sometimes can be very difficult to see. If you think you have warts, or have been exposed to HPV, go to a doctor or clinic.

How are genital warts treated?
The aims of treatment are to remove visible genital warts and reduce the amount of virus, which should help your body fight the infection. Acid, freezing and laser are all used to remove warts. There is not a general rule about how painful treatment is, as tolerance levels vary considerably from one person to another one. It is the nature of a virus to remain in the body, which means that whilst warts are removed, the virus may still be there.

Should I talk to my partner?
Whether you are in a steady, monogamous relationship, or whether you have just started a relationship, the general rule is: if you have genital warts you must tell your partner.

It is important for their health to be aware of this. He or she will need to go to the doctor for a check-up.
What do we mean by Sexual Assault?

Sexual assault occurs if you are forced to participate in a sexual act without your consent. It may include rape or other types of sexual assault. The force involved may take the form of threats, coercion or physical violence. Sexual assault is an act of violence. It is an invasion of your physical and personal integrity. Research shows that the primary motivating factor in sexual assault is to meet non-sexual needs, including anger and power, not sexual gratification.

Sexual assault is a subject surrounded by ignorance, fear and myths: ignorance on the part of people who do not understand the brutal reality of sexual violence; fear on the part of people who are vulnerable or who have been victimised; and myths which serve to minimise the problem and which contribute to ambivalent attitudes about the role of the victim in incidents of sexual assault.

Anybody, regardless of age or circumstances, may be the target of a sexual attack. Although the majority of victims are women, men may also be subject to attack.

Myths about sexual assault and rape

Sexual assault and rape are frightening and distressing topics. We try to distance ourselves from the possibility that we, or somebody we love, could be violated in this way. As a society, we have adopted certain beliefs and attitudes about the role of the victim in incidents of sexual violence in an attempt to deny the brutality of what actually happens, and to reassure ourselves that it could never happen to us.

A common belief about sexual assault is that it is the result of an overwhelming sexual urge where the man loses normal self-control. The reality is that sexual assault is a vicious, violent act, and research shows that the primary motivation factors are anger and the wish to dominate and degrade, not sexual desire.

The belief that rape is a sexual act contributes to the idea that the victim is in some way responsible for the assault. Women who have been raped may agonise over what it was in their dress or behaviour that precipitated the attack, a question which would be considered ludicrous in any other violent crime.

Women censor their activities in an attempt to avoid being targeted, but this does not prevent women of all ages, in diverse situations, being sexually assaulted. There is also a belief that women are usually assaulted by strangers in dark, lonely places.

In 1996, 69% of the women who sought assistance from the Dublin Rape Crisis Centre following sexual violence had been assaulted by men that they knew. Furthermore, 42% of the assaults took place in the victim’s own home. Some people still believe women make false accusation of rape, out of malice, or fear of disapproval following consensual sex.

A woman who reports a rape undergoes a lengthy Garda interview and an internal medical examination. Months later she may be cross-examined on the details of the rape. It is unlikely that a woman would put herself through such an extended ordeal just to substantiate a false allegation. The persistence of these myths about sexual assault and rape contribute to the fear which victims experience in seeking help or reporting the attack.

Frequently, the victims are afraid they will not be believed, or will be blamed for provoking the attack. This contributes to the silence that continues to surround crimes of sexual violence.

Effects of sexual assault

Sexual assault is one of the most devastating of human experiences. The terror, helplessness, humiliation and pain involved result in severe distress which can have an impact on every aspect of the victim’s life.

The effects will vary from person to person, because we all have different ways of dealing with crisis. However, certain common patterns emerge.

Common immediate effects

These may persist for several days or weeks:

- Shock and withdrawal: the victim may be unable to speak about the experience. She may appear ‘frozen’.
- Panic and confusion: the victim may be very distraught and show signs of extreme fear.
- A tendency to dwell on the details of the assault.
- Recurrent and intrusive flashbacks of the assault.
- Sleeplessness and nightmares.
- Hyper vigilance: a tendency to startle easily.
- Inappropriate calm and rationality: behaving as if nothing unusual had happened.
- Obsessive washing: the victim may feel dirty and tainted.
- Physical trauma: bruising, cuts or soreness, particularly around the genital area.
Common long-term effects

- Dramatic mood swings, particularly following exposure to events or places similar to the setting of the assault.
- Recurrent and intrusive recollections of the assault.
- Self-blame and guilt: the woman may agonise over what it was she did which provoked the attack, regardless of the fact it was not her responsibility.
- Fear: the woman may feel unsafe, even in familiar places with people she knows.
- Deep emotional pain: the woman may experience strong feelings of anger, sadness, etc.
- Difficulty in trusting men, even those whom she knows and cares for.
- Sexual difficulties: recollections of the assault may impinge on the woman’s sexual relationship with her partner.
- Impaired concentration and memory.
- Difficulty in coping with normal routines.

Help is available in coping with the after-effects of sexual assault and rape. The victim can visit her local Rape Crisis Centre, where a counsellor will be available to help her work through the experience.

The Dublin Rape Crisis Centre offers a comprehensive, professional therapeutic programme for victims of rape and sexual abuse. A 24 hour Crisis Line is open for immediate help and support. No matter how great the victim’s difficulty in coping with the assault, it does not mean that she has developed serious or permanent psychiatric or emotional problems. The process of recovery will enable her to develop insights and strength.

Medical Information

When a person has been raped or sexually assaulted, they need to see a doctor as soon as possible. The idea of a physical examination may be distressing to the victim, but from the point of view of her personal health, and for forensic evidence if she decides to report the crime, it is vital that she should seek medical help. Friends or relatives can support the victim by accompanying her.

Personal Health

Sexual assault or rape may produce bruising, tearing or lacerations. The injuries may be internal, in the vagina or anus, and need skilled medical help. Sexual assault may cause an infection with a sexually transmitted disease. The victim needs to be tested so that appropriate treatment can be prescribed.

Forensic Evidence

If a victim decides to report an incident of rape or sexual assault to the Gardaí, she will be asked to undergo a medical examination to collect forensic evidence.

This evidence will be used to support her case. The victim should not wash or shower before seeing a doctor, as this could destroy evidence. She should keep the clothes she was wearing when attacked.

The doctor will take a note of any cuts, burns, abrasion, etc. on the victim’s body.

She will carry out a pelvic examination, which involves examining the victim’s genital area, and inside her vagina for injuries. The doctor will take samples of any semen or blood present. Samples of the victim’s hair, and swabs from under her fingernails and her mouth may be taken. This evidence is sealed, and given to the Gardaí for analysis.

The victim may be asked to return after a few days in order to photograph any bruising which has developed.

The doctor will be called later to give evidence in Court, and her testimony will carry a great deal of weight.

The Sexual Assault Treatment Unit in the Rotunda Hospital, Dublin, is a specialised medical unit for victims of sexual violence. A team of trained women doctors and nurses are available to carry out the medical examination.

Some victims prefer to visit their own doctors, who can also carry out the examination. After a sexual assault, a woman often feels more comfortable with a woman doctor, and this should be facilitated.

Legal Information

A major concern a the Dublin Rape Crisis Centre is that fewer than 30% of the women who seek our assistance following sexual assault decide to report the crime to the Gardaí.

This reflects the perception of many victims that the court proceedings are insensitive and intimidating, and that they will not be treated fairly.

Whilst we encourage women to report the crime, we also totally respect whatever decision they make.

Sexual Offences

A sexual offence is a serious crime, and conviction may carry a heavy prison sentence for the offender. At present there are four categories of sexual offence:
Rape

Rape is defined as "unlawful sexual intercourse with a woman who at the time of intercourse does not consent to it", where the man "knows that she does not consent...or he is reckless as to whether she does or does not consent to it."

Rape under Section 4

This is defined as a sexual assault that includes "penetration (however slight) of the anus or mouth by the penis, or penetration (however slight) of the vagina by any objects held or manipulated by another person."

Aggravated Sexual Assault

This is a sexual attack that involves serious violence or causes grave injury, humiliation or degradation of the victim.

Sexual Assault

This is a sexual attack with a less serious level of violence. Rape, Rape under Section 4, and Aggravated Sexual Assault carry a maximum penalty of life imprisonment. Sexual Assault carries a maximum penalty of five years. Since 1991, a married woman may charge her husband with a sexual offence.

Procedure for reporting a sexual offence If a person has been sexually assaulted or raped, and decides to report the crime, she should contact her local Garda Station. The Gardaí will interview her to find out exactly what happened. Usually, she will be interviewed by a woman police officer.

The type of questions she will be asked includes the identity of the assailant, if she knows him; a description of the assailant; where the incident happened; what precisely was done to her; where she had been before the assault and what she had been doing; if there were any witnesses. When she has finished making her statement, she will be asked to sign it.

While it can be distressing and embarrassing for the victim to speak about her experiences, the Gardai have to get as detailed a statement as possible, in order to build up a case.

If the victim remembers other details about the assault at a later stage, she can contact the Gardai to make a supplementary statement. The victim is entitled to receive a copy of her statement as soon as possible, and should ask the Gardai to send it to her.

The victim will have to undergo a medical examination if she has not already done so. The Gardai will then interview the accused, if his identity is known.

The Gardai will prepare a Book of Evidence, comprising the victim’s statement, and any forensic evidence which was collected at her medical examination or at the scene of the assault. This is sent to the Director of Public Prosecutions (DPP), who will decide if there is sufficient evidence to proceed with the case.

Because rape and sexual assault are criminal offences, the State prosecutes the accused assailant, and the victim is simply a witness for the prosecution.

For friends and relatives of sexual assault victims You have an important role to play in helping the person who has been sexually assaulted in her recovery.

You can give her the same comfort and support you would give anyone in crisis, be it due to bereavement, an illness, or a sexual assault.

The victim may have different feelings - rage, helpless ness, fear, guilt, anxiety, depression, etc. It will be helpful to her if she has somebody she can trust to listen as she lets the feelings emerge. Don’t try to make her “forget about it”. Let her talk, if she needs to.

On a practical level, you may be able to offer help with child minding, shopping and other household chores which the victim may find difficult to cope with. Other practical support might include accompanying her to the doctor, the Gardai or to court.

Rape can affect a woman’s feelings about sexuality. While some women have little difficulty, their partner must accept the possibility of a temporary change in their intimate relationship. You must be aware that helping someone you love to cope with the impact of sexual assault will take a toll on you as well. You may need to talk to somebody about your own feelings and concerns.

Remember, it may take some time for the victim to recover from the experience. Try not to put pressure on her to get back to normal before she is ready or able.
date rape

How to tell if you've been spiked

Everyone is aware of his or her own personal tolerance to alcohol. If you feel odd, nauseous, slightly drunk, or wasted after only a couple of drinks, or you know that you cannot be drunk, there is more than a chance that your drink has been spiked. If so go immediately to a place of safety. If you are with a friend tell them of your worries, get them to get you out of the place as soon as possible and to get you home either in their car or by cab. Once safely home ask them to stay with you until the effects of the drug have worn off the following morning.

However, be very sure that you implicitly trust the person or friend you are asking. Many of our victims have been raped by people they know, in some cases work mates and colleagues, in some cases friends of friends or acquaintances and in may cases the date that they went out with that night. If you are alone or with a stranger go to the landlord or manager and tell them. It is important to get to a place of safety as soon as possible, get the landlord to put you in his private accommodation or an office whilst they ring a taxi or a friend, or your parents to get you home safely. If possible always make sure you are accompanied by a trusted friend.

Under no circumstances let a stranger offer to help you or take you anywhere - they could be the rapist. It is alarming how many victims have been taken to their own home by their attacker and raped in their own beds.

If you think you have been raped

Sounds odd doesn't it, but remember these drugs take away your memory. If you wake up in a strange place with your underwear scattered around the room, if you have physical evidence on your body, if you have sore genital areas, or bruises, you probably have been raped. If you fear you have been raped whilst under the influence of drugs, taken willingly or not - report it! Go straight to the police and insist that they take a urine sample. If could prove to be vital forensic evidence. Make sure you are accompanied by a friend, or even better a solicitor. Also make sure you visit your doctor or a STI clinic. Never forget the risk of aids. The police are very anxious to point out that anyone reporting being raped whilst under the effect of drugs will NOT be prosecuted for drug taking and will be treated as a normal rape victim.

It is important to get across that, in some cases, the traces of the drug in the body disappear before the memory of the event comes back. Many different times have been given for the drug passing through the body. Some say 5-8 hours, others 6-12 hours. Evidence in America says that their forensic tests can pick up traces of the drug after 72 hours, but their police seem to be using different tests, are much better equipped and are much more aware of the problem. If by any chance you do not want to go to the police and report the crime then go immediately to your doctor and tell him/her what has occurred - ask them to check you over and do any tests.
Thanks to Bank of Ireland's Generous Sponsorship Every Pound Raised by Irish Students Goes Directly to the Chernobyl Children's Project
Sex & Contraception

Sex sex sex. We love it (I think I can speak for most people on this one). But according to a survey carried out last year not as many of us are having as much of it as we would like to pretend. However if we’re not doing it we’re thinking about it, looking for it, talking about it, wondering about, marvelling at it, planning it, hoping for it or, on the saddest of occasions, begging for it in the most undignified manner.

Sex is in our music, our books, our films, it is generally, in one form or another, unavoidable. Sex is an expression of love, a moment of relief, a way of reproducing.
Sex & Contraception

Sex should be fun, lots of fun, but it must be approached in a responsible, mature way and it is important that partners in a sexual relationship be fully aware of what they are undertaking, and what the consequences may be. Let's start at the beginning.

Sexual relationships can take place between:
(a) Two men
(b) A man and a woman
(c) Two women

Some people are attracted to people of their own sex, some people are attracted to people of the opposite sex while others are attracted to people of both sexes.

Relationships between people of the opposite sex are called HETEROSEXUAL, while relationships between people of the same sex are termed HOMOSEXUAL.

Because we live in a heterosexual dominated world, when most people talk about 'sex' (fuck, screw, bang, shag, bonk), they mean vaginal intercourse. This is the insertion of the man's erect penis (prick, dick, cock, willie) into a woman's vagina. (fanny, crack, pussy, muff). Foreplay normally precedes intercourse. Foreplay involves kissing, touching, holding, rubbing, licking, stroking etc. your partner's body.

The purpose of foreplay is to increase pleasure and to make the penis erect (so it can enter the vagina) and to moisten the vagina (so it is lubricated enough to accept the penis without hurting the woman). Intercourse normally continues until one or both partners reach orgasm - the moment of highest pleasure which involves muscle spasms and, for men, the ejaculation of semen (cum, spunk).

Vaginal intercourse can of course result in pregnancy. It is therefore essential to use a reliable method of contraception to prevent this (unless of course you want a baby) and also to avoid Sexually Transmitted Diseases.

There are of course other types of sex. Oral Sex for instance, which involves mouth to genital contact. The penis and scrotum (balls) can be licked, kissed or sucked and similarly, for women, the vagina and clitoris can be kissed licked and caressed with lips and tongue. Oral Sex can be very pleasurable and has the added benefit of not causing pregnancy. However, some people aren't too keen on the taste.

Then there's Anal Sex where the penis is inserted into the partner's anus (hole, arse). There is an increased risk of HIV infection with this. You could of course try masturbation (wanking, jerking off, fingering). This you can do on your own or with a partner. For women it involves stroking the clitoris or inserting fingers into the vagina. For men it means stroking the penis. This is entirely free from the risks of pregnancy and sexually transmitted diseases.

But there are many more ways of having a sexual relationship, the above is just a sample. Every couple will have their own favourite activities.

Contraception
If you are involved in a heterosexual relationship whether it is casual or constant, it is important, assuming you're not planning a family, to use some form of contraception. Contraception should not be considered solely the responsibility of one or other partner. Sex has the power to create life and must be approached responsibly.

If you don't feel able to discuss contraception or safe sex with your partner, you shouldn't be having sex in the first place. Unprotected sex can result in pregnancy, AIDS, STDs or death. The choice is yours.

Apart from condoms and spermicide all other forms of artificial contraception must be prescribed or fitted by a doctor.

Condoms
The Male Condom
Effectiveness (with careful use) 85%-98%

The condom is a rubber sheath which covers the penis and collects the sperm after ejaculation, stopping the sperm from reaching the vagina. Condoms are available from chemists, family planning clinics, some shops, pubs, night clubs, and toilets everywhere. There's no excuse. And let's have none of this embarrassment nonsense. Spermicides should be used with condoms to improve their effectiveness. Spermicides are chemicals which are inserted into the vagina and act both by killing sperm and by forming a thick barrier to stop sperm swimming into the womb.

They come in four different forms: jelly, cream, pessaries (tablets inserted into the vagina) and foams. The jellies and creams are inserted into the vagina with an applicator. Spermicides are not effective on their own, but should be used as a back-up for condoms and other barrier methods of contraception.

Directions for use of condoms

1. The woman should insert whatever spermicide she is using into her vagina.
2. Be careful not to allow the penis near the entrance to the vagina before the condom is on. Sperm can be released long before ejaculation and can travel quickly up into the vagina and into the womb.
3. Instructions are provided either in or on
the condom pack so please read them carefully.

3. The condom can only be put on after the penis has become hard and erect.

If you do not withdraw quickly after ejaculation the condom may slip off the penis completely and stay in the vagina after the penis is withdrawn. Some couples get a fright when this happens, worrying about how to remove it. Using your long finger you should be able to retrieve it. It is not a cause for alarm - if you yourself can't get it, it's a simple matter for a nurse or doctor.

Do's
(i) Most condoms are lubricated. If you get one that isn't, or you need further lubrication, use KY Jelly. Never use Vaseline or any oil based lubricant as these will destroy the condom. Insufficient lubrication can cause the condom to tear.
(ii) Always check the condom after you have taken it off the penis to make sure that there are no tears or leaks.
(iii) Always check that the condoms carry the British Standard kite symbol.

Don'ts
(i) Never use the condom more than once.
(ii) Never unroll the condom before use, or put water into it as a check for leaks.
(iii) Never use after the date on the packet.

Advantages
1. They are easy to obtain and use.
2. There are no harmful physical side effects to worry about.
3. For men who have a tendency to ejaculate too quickly, the reduced sensitivity can delay this.
4. Condoms offer protection against sexually transmitted disease and can help prevent AIDS.
5. Unlike the coil or the pill it does not involve constant use of birth control. This can be an advantage if the instances of sexual intercourse are not very regular.

6. If failure occurs, it is generally evident and therefore you can use morning after birth control.

Disadvantages
1. Condoms may slip off and have a quite high failure rate if used improperly. If used carefully, according to instructions and with a spermicide, they have a theoretical failure rate of 4%. However, in practice condoms have a use failure rate of 20%.

Therefore
(i) always use a spermicide.
(ii) Always be careful when unrolling it down the penis.
(iii) Always check afterwards for bursts and leaks.
2. Some couples don't like the interference with spontaneity, or the reduced sensitivity.

THE FEMALE CONDOM

Effectiveness: No large-scale studies have yet been done, but research to date suggest it should be as effective as the male condom. The female condom is a tube made of very thin polyurethane plastic or rubber. It is closed at one end and designed to form a loose lining to a woman's vagina with two flexible rings, one at each end, to keep it in place.

The loose ring in the closed end fits inside the vagina, just behind the pubic bone. The fixed ring at the open end stays outside, lying flat against the area around the entrance to the woman's vagina. The only female condom currently available in Femidom, which is made of polyurethane. The Femidom is pre-lubricated, but you may add further lubrication to the inside, if you wish.
Condoms (male and female) are no longer defined legally as contraceptives, and female condoms can be sold via vending machines, Family Planning Centres, Pharmacies, filling stations, newsagents, etc etc etc. No age limits apply to condoms.

**Directions for Use**

The female condom may be put in them or you can ask.

1. Hold the condom at the closed end and squeeze the inner ring between your thumb and middle finger, to keep it steady.
2. With your other hand, separate the folds of skin (labia) around your vagina. Then insert the squeezed ring into the vagina and push it up as far as you can.
3. Now put your index or middle finger inside the open end and push the inner ring further into the vagina so that it is lying just above your pubic bone. (You can feel your pubic bone by inserting your index or middle finger into your vagina and curving it forward slightly.) Make sure that the outer ring lies close against the vulva.

During intercourse, it is a good idea for the woman to guide the man's penis into the condom. The condom will move during sex, but you will still be protected because the penis stays inside the condom.

4. To remove condom, simply twist outer ring to keep semen inside, and pull condom out gently.

**Do**

1. Use a new female condom each time you make love.
2. Always check the expiry date.
3. Put the condom in before the penis touches your genital area.
4. Seek immediate advice about emergency contraception from your Family Planning Centre if an accident happens (e.g. condom splits or tears, condom gets pushed too far into the vagina or penis enters vagina outside the condom).

**Don't**

1. Never re-use condom.
2. Never use after expiry date.
3. Never flush condoms down the toilet as they cannot be broken down in the sewage system.

**Advantages**

1. Easy to obtain and use.
2. There are no harmful physical side-effects to worry about.
3. Properly used, a good quality condom is the single most effective protection against HIV, and other STDs, for sexually active people.
4. You can use a condom safely throughout your monthly cycle.
5. Unlike the coil or pill, it does not involve constant use of birth control.
6. If failure occurs, it is generally evident, and therefore you can use emergency or post-coital contraception ("morning after pill").

**Disadvantages**

1. The outer ring may be pushed inside by your partner's penis if there is not enough lubricant at the opening.
2. The penis can "miss" the condom, and go into the vagina "beside the condom".
3. Some couples don't like the interference with spontaneity, or the reduced sensitivity.
4. More expensive than the male condom.
5. Some people complain about the "rustling plastic bag" noises which they say are made during lovemaking while using the female condom (though others find that the sound effects add an element of fun!).

**The Diaphragm or Cap**

**Effectiveness (with careful use)**

- **85%-97%**

A diaphragm is a dome of soft rubber which is held in place in the vagina by a flexible spring. The diaphragm must always be used with spermicidal cream or jelly. The cream/jelly is the important contraceptive and the diaphragm exists only to hold them in place. It works by holding the spermicidal cream or jelly over the cervix so the sperm are killed before reaching the womb.

**The Contraceptive Pill**

**Effectiveness (with careful use)**

- **99%**

The contraceptive pill is the most effective reversible method of birth control available now. For many women the pill is exactly what they want. It is simple to use and does not interfere with making love.

How does the pill work?

When a woman is pregnant certain hormones in her body stop the
release of an egg cell each month. The pill contains substances which have the same effect. This is why a woman taking the pill regularly does not become pregnant. The most widely used type of pill is a combination of two hormones, oestrogen and progestogen. It is taken for 21 days followed by a break of seven days during which monthly bleeding occurs. The packets are designed so as to make the regular use of the pill as simple as possible.

1. The pills used most commonly nowadays contain the lowest amount of hormones which will prevent pregnancy occurring. In these pills the proportions of these two hormones are constant for the 21 days of pill taking.
2. In another type of pill, the ‘triphasic pill’, the ratio of the particular progestogen to oestrogen used is changed during the 21 day course, according to the phase during the 21 day course, according to the phase of the menstrual cycle. This means that a lower dose of progestogen is taken each month, still combined with a low dose of oestrogen.
3. A third type of pill sometimes called a ‘mini pill’ contains only progestogen and is less reliable than the combined pill, but is useful in some cases where oestrogens may be hazardous for the woman.

Advantages
1. Very reliable.
2. Regularises and lightens periods and relieves menstrual cramps and pre-menstrual syndrome in some women.
3. It does not intrude on love-making.

Disadvantages
1. A woman who both smokes and is on the pill runs a serious risk of suffering from heart and lung disease.
2. There are some unpleasant side-effects: depression, nausea, headaches, breakthrough bleeding, weight gain and loss of libido are common. These should disappear in the first few months. If these symptoms persist a woman should see her doctor immediately.
3. It is important to have regular cervical smears as the relationship between cervical cancer and the pill is not yet known.
4. The pill can increase blood pressure - it is important for a woman who is on the pill to have her blood pressure checked regularly.
5. Women on the pill run 3-5 times the risk of getting a heart-attack.
6. Thrombosis - all women on the pill run a greater risk of getting blood clots - which can be fatal.

Risks and Side Effects
See a doctor if you show signs of any of the following:
- Severe pain in your leg.
- Swelling of either leg.
- Sudden and severe chest pain.
- Changes in vision with blurring or spots before the eyes.
- Shortness of breath.

Who should Not Take the Pill?
(a) Those with a history of blood clotting.
(b) Those with some forms of cancer.
(c) Those over 45 - (unless no side effects reported and other birth control methods pose a serious health problem).
(d) Heavy smokers.
(e) Women menstruating for less than 3 years.
(f) Diabetics unless supervised by a Hospital or Gynaecologist.

All women who take the pill should do so under medical supervision. The first check-up should be 3 months after taking the pill, thereafter every 6 months.

MINI PILL
Effectiveness (with careful use) 98%

Unlike the combined pill it does not contain the oestrogen hormone and only minimal doses of the progestosterone hormone. It is therefore a useful method of contraception for women who cannot take oestrogen such as older women, diabetics, heavy smokers, women who are very overweight and breast feeding mothers. It is slightly less effective than the combined pill.

To enhance the effectiveness of this method one may use either a spermicidal cream or pessaries mid cycle. Although it is taken in pill form - it is a completely different form of contraception from the combined pill in that it does not usually inhibit ovulation.

Instead it creates changes in the cervical mucus making it hostile to sperm. It also can make the environment in the womb unfavourable to implantation.

Advantages
1. Useful for older women as there is less risk of blood pressure and blood clotting problems.
2. It is easy and convenient to use.
3. Suitable for use while breastfeeding.
4. Does not interfere with lovemaking.

Disadvantages
1. Irregular periods or none at all is the commonest reason why this method is discontinued.
2. A woman who has had an ectopic pregnancy may not use it.
3. The narrow time limit within which this pill must be taken can make it more difficult a method for some women.

The injectable contraceptive
Effectiveness: 99.7%

The injectable contraceptive is a very effective method which provides reliable contraception for 12 weeks from a single dose. There is only one type of injectable contraceptive available in Ireland: Depo-Provera. The injectable contraceptive contains only one hormone: progestogen.
SEX & CONTRACEPTION

It works in 3 ways; 1) it prevents ovulation (ie the release of an egg each month from the ovaries), 2) it thickens the mucus at the cervix (entrance to the womb) thereby making it more difficult for a sperm to get through and 3) it alters the lining of the uterus (womb), therefore, making it difficult for an egg to become implanted in the womb.

The injectable contraceptive is suitable for women of all ages. It is especially convenient for those women who appreciate the freedom from having to remember to take a pill every day.

The injectable contraceptive can also be used by women who cannot use oestrogen (eg smokers, women over 35). Your doctor or family planning clinic can prescribe the injectable contraceptive for you. It is injected into a muscle, usually the buttock.

To ensure you are not pregnant at the time of your first injection, it is important that it be given during the first five days of your period. Further injections are given every twelve weeks.

The most common side effect experienced by women using the injectable contraceptive is changes to their periods. Some women have irregular bleeding or spotting. After four injections most women have no periods. This is nothing to worry about.

A very small number of women have heavy and frequent bleeding. This happens rarely but can be easily treated.

Advantages
1. Effectiveness: 99.7% effective in preventing unplanned pregnancies
2. Convenience: 12 weeks reliable contraception from a single injection
3. Does not interfere with lovemaking
4. After four injections women are period free
5. Suitable for women of all ages
6. Effectiveness is not affected if you have upset stomach, diarrhoea or are using antibiotics

Disadvantages
Initially a small number of women have heavy and/or irregular bleeding. This can be easily treated. As with the combined contraceptive pill, some women may gain weight. There is no way of reversing the injection once given for 12 weeks.

THE COIL OR INTRA UTERINE DEVICE (IUD)
Effectiveness 96-99%
The coil is a small, white plastic device which is inserted in the womb by a doctor or a nurse. It is still unclear how the IUD prevents pregnancy but it is thought to work mainly by preventing the egg and sperm meeting, or by delaying the egg coming down the fallopian tube, or by preventing the egg from settling in the womb.

The IUD must be inserted by a trained doctor, the best time for insertion is during a period as the entrance to the womb is open. It is necessary to use spermicides for the first 3 months following insertion and thereafter mid cycle.

It is necessary for the IUD to be checked 4-6 weeks following insertion to ensure that no infection has occurred and that it is still in place. It is possible for a woman to check herself that the IUD is in place as the string of the IUD will hang down in the cervix.

IUD's can be kept in for a few years depending on the type used. Those with copper must be replaced every 5 years. Removal is quick and easy and must be carried out by a trained doctor. If a woman intends having her IUD removed she should abstain from intercourse or use a condom for 7 days prior to its removal.

Disadvantages
1. Most women experience severe cramping for a few days following insertion.
2. Periods become heavier.
3. Danger of Pelvic Infection which may spread to the fallopian tubes and cause infertility. This is less likely in a woman with previous pregnancies. ANY UNUSUAL PAIN OR DISCHARGE SHOULD BE IMMEDIATELY INVESTIGATED.
4. Occasionally the IUD can be expelled without the woman realising it.
5. If you become pregnant with a IUD there is a possibility of this being an ectopic pregnancy. (This is when the fertilised egg settles outside the womb, usually in a fallopian tube and starts to grow). This is rare but serious.

Women who cannot have IUD inserted
1. Women who are pregnant.
2. Women who have a history of pelvic infection.
3. Women who have previously had an ectopic pregnancy.
4. Women who have abnormality of the uterus including fibroids.

Sterilisation
As these operations are usually irreversible, they should be undertaken only after careful thought by both partners. For this reason a counselling visit to a clinic is needed.

The most common method for a woman involves blocking the fallopian tubes by tying, sealing or clipping the tubes. For the male, a vasectomy involves the severance of the tube which carries sperm from the testicles to the penis.

The operations make no physical difference whatsoever to your health or sex life. On the contrary, by removing the fear of pregnancy it often makes for a happier sex life.

It is 99.8% effective. Vasectomies are available in family planning clinics. Female sterilisation is becoming more widely available.
After Sex Birth Control
So called ‘Morning After’ contraception should be used in emergencies only after unprotected sexual intercourse or if another method of contraception has failed.

Emergency Contraception
For this treatment a higher dose of hormones is required than is contained in the normal daily dose of the pill and therefore needs to be prescribed for this purpose by a doctor.

In order to be effective the treatment has to be started AS SOON AS POSSIBLE after sexual intercourse and at least within 72 hours after intercourse, although some doctors consider that it should be used within 48 hours. 50% of women experience nausea for a few hours after treatment. You are given two anti-sickness pills to counteract this. Another side effect is breast tenderness. Both the nausea and tenderness should disappear within 25 hours.

The morning after pill works in a number of ways: it can delay ovulation; it creates hormone changes in the lining of the womb so that the fertilised egg cannot attach itself and passes unnoticed out of the body in the menstrual flow; it may slow down the passage of the egg through the fallopian tube. Since there has been little or no research into the possible effects of the Morning After Pill on a pregnancy should the treatment fail, medical opinion remains uncertain as to the risk of foetal abnormalities in such circumstances. There is, however, as yet, no firm evidence to suggest such a risk.

Studies done on the Contraceptive Pill have been put forward to suggest a possible risk of congenital hearing effects and limb deformities when women continue to take the pill while pregnant.

MORNING AFTER COIL
The Morning After Coil is exactly the same as the coil used for continuous birth control.
• The Coil is suitable for women who are too late for the Pill and it will be inserted up to 5 days after unprotected sex.
• However the nearer to the time of unprotected sex that the coil is inserted, the greater the chance of success.
• It is necessary to have a Pregnancy Test before insertion of the coil.

How does the Morning After Coil work?
If the coil is inserted into the womb within 5 days of unprotected sex, it can prevent the implantation of a fertilised egg.

Advantages
• Many studies show no failures.
• Women who have had children can keep it in for future birth control.

Disadvantages
• Insertion can be painful and unsuccessful.
• There can be heavy bleeding and cramping after insertion.
• Women who haven’t had children can run a risk of pelvic infection, especially if the coil is left in for future birth control.
• Unsuitable for women who have had vaginal infections in the past.
• Unsuitable for some other women, this can be discussed with the nurse and doctor.

Note: Any woman using post coital (after sex contraception) will have to sign a consent form. “She should be sure she fully understands all the risks involved in the form of contraception she is taking before she signs the form and she should read the form carefully.”

Sex, Drugs & Loads of Pints...
...and poverty, lectures, deadlines, exams, dirty laundry, cereal for dinner....

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Queer at College

(LGB stands for Lesbian, Gay or Bisexual. The word queer is used here as an umbrella term for homosexual, bisexual and all other varieties of non-heterosexuality and is not intended to be derogatory.)

Many LGB students see college as their first opportunity to be open about their sexuality. Being out at home may not have been an option they felt they had, due to fear of a negative reaction from parents, family or friends.

Negative reactions are based on fear and lack of knowledge: people don’t understand being queer and therefore fear what they don’t understand.

Homosexuality and bisexuality are just different to heterosexuality and difference is not automatically a bad thing!

What’s it all about?

At college, LGB students have to decide whether or not to be “out” about their sexuality. This does not necessarily infer being ashamed of being queer but is because society assumes everyone is heterosexual.

How many straight students ever have to come out to their parents? LGB students come out in order to be themselves, not what society assumes they are.

They do it to be honest and to avoid the exhausting and often painful process of being “in the closet”.

Coming Out

The process of coming out is what you make it and can depend on the situation.

You can stand in the middle of your campus, if you like, and scream “I’m gay!”, you can tell friends or colleagues out of the blue or you can just let it come out naturally in conversation, “Yeah, that concert was excellent - my boyfriend/girlfriend managed to get tickets”.

When you do come out, you can experience a variety of reactions.

Positive: it’s not seen as anything out of the ordinary, people are supportive.

Negative: people are shocked, treat you as a different person. Unfortunately, you have to be prepared for a bad reaction, even a violent one, because they still sometimes happen.

Therefore, it is vital to carefully weigh up the pros and cons of telling particular people and have a plan of action in case things go badly: have a supportive friend with you, arrange alternative accommodation.

When you come out to someone, you may be the first LGB person they have ever met and they may have questions they want to ask. It’s a very positive thing to promote understanding of homosexuality and bisexuality but remember: at the end of the day, your sexuality and sex life is personal.

Just because people find being queer fascinating does not give them the right to violate your privacy.

A final word on coming out: it is up to the individual - you should come out because you want to, not because someone else thinks you should.

Queer on Campus

The experience of being LGB on campus differs with the individual and the college. For the person themselves, it depends on how open they are and how comfortable they are with their sexuality.

The atmosphere in your college can play a huge part too. Some colleges have an open atmosphere that is accepting of diversity. Some do not. The climate of tolerance can even differ between faculties.

Some LGB students find that coming out in their particular situation would be more hassle than they can put up with and possibly even dangerous.

If you encounter discrimination and harassment, whether overt or subtle, spoken or unspoken, verbal, physical or sexual, from fellow students or staff you do not have to put up with it and you do not have to endure it alone.
Within your course, you could bring it up with your class rep, talk to a sympathetic tutor or lecturer or contact your department head.

Seek advice and support from your Students' Union: they are there to defend the rights of students and to aid in their welfare.

Above all, if your college has an LGB Society it can prove to be a source of support, understanding, fun, friendship and even refuge.

Look out for the LGB Society during your Freshers' Week/ Orientation Week / Clubs and Socs Day. Look it up on the LGB section of the USI website.

If your college doesn't have an LGB Society, set one up. Talk to your Welfare Officer and contact the LGBRO in USI who will help you get underway.

And finally...

Being LGB need not be an issue at all in college but this can depend on circumstances.

Either way, it shouldn't negatively affect your participation in and enjoyment of your time at college.

In reality, college is where everyone comes out in one way or another. Students discover, develop and express their individuality and your sexuality is just one of the ways in which you are an individual.

In your time at college, you will meet people from a whole range of backgrounds, with many different viewpoints and life experiences.

College should be a place to celebrate that diversity.

DIT LGB Society
Meets on weekly on campus, contact LGB@dit.ie for details.

Union of Students in Ireland
Contact the LGBRO on 01-4353400 or 086-6079018.
Email: mailto:lgb@usi.ie
Website: www.usi.ie

Outhouse
Queer community resource centre: library, cafe and meeting rooms. 6 South William Street (upstairs), Dublin 2.

Gay Switchboard Dublin (GSD)
Helpline for information or just a listening ear. Phone: 01-8721055, Sunday-Friday 8-10pm.

Listings

Lesbian Line
Supportive information and listening service. Phone: 01-8729911, Thursdays 7-9pm.

OutYouth
Social group for under 25s. Meets on Sundays, 4pm @ Outhouse, new members welcome 1st and 3rd Sunday of the month @ 3.30pm.

First Out
Confidential support group for women exploring their sexuality. 1st Wednesday and 3rd Saturday of the month 7.30 - 9.30 @ LOT (Lesbians Organising Together), 5 Capel Street, Dublin 1.

Bi-Irish

Bisexual support and social group. Meets 1st Tuesday of the month @ Outhouse, 8pm.

Parent Support: Information and support for parents of queer children, run by parents of queer children. For details, contact GSD (see above).

Gay Community News (GCN)
Free monthly LGB newspaper covering news, reviews, entertainment, classified ads, full LGB listings for Ireland. Available free from Outhouse and various outlets such as Books Upstairs, College Green; Tower Records, Wicklow Street; Waterstones, Dawson Street.

Time Out
Women's social group. Meets Thursdays, 7.30 @ Outhouse.
Societies Organiser
Anita Conway
(Cultural & Social Societies)

A graduate from DIT Cathal Brugha Street. Anita studied Leisure Management&Business Studies) and graduated in 1997. Her previous experience with the union was through her active involvement in clubs/societies while attending DIT.

As a full time societies organiser her duties are to develop, promote and assist societies within DIT individual sites and to organise inter-campus events.

Anita is based in DITSU head office Rathmines Road and can be contacted at 01- 4057844, her mobile number is 086-6376374 or e-mail her at mailto:societies@ditsu.ie" Societies@ditsu.ie. Anita and your Students' Union are available to assist with any problems/questions you have with regards to societies n funding, sponsorship, event organisation etc.

Societies play an integral and very important part of the extra-curricular side of College life. Students with similar interests can meet and get involved in new activities on a regular basis.

There are about 90 student societies throughout DIT covering a wide range of interests n there's bound to be at least one to suit you n and if there isn't, you can easily set one up. Anything from the mundane to the completely bizarre. All societies are run by students and supported by the Students' Union through advice, administration and finance. Societies are at the heart of the Union, you can run all sorts of events, publish your own newsletter, hold debates, organise charity events, travel, hold exhibitions and competitions.

Regular and once-off events can be organised both on and off campus, and by participating in these activities you can be sure of making new friends and having a bit of craic into the bargain!!

You can gain skills through the organising and participation in society activity, often very good for your CV but off course you never the memories that helped you lessen the stress studying at third level. Here is a list of some the societies available:

How to set up a club/society

Some 150 Clubs and Societies operate in The Dublin Institute of Technology. These represent all of the major (and many minor) sporting disciplines, as well as cultural and social activity and numerous course-related societies. Sports range from Rugby and Gaelic to Canoeing and Mountaineering, with a huge selection of societies including Drama, Film and Photography.

Any DIT student is entitled to join these Clubs and Societies and if we do not have the sport or social activity you enjoy then you can set up the club yourself! Setting up your own club is easy with the help of your site Clubs and Socs officer.

This involves filling out a budget form, accompanied by a list of interested students and aims and objectives for the club or society.

As events come along the club or society treasure will be required to fill out a requisition form to receive funding. It's as simple as that, so get involved.

Some of the D.I.T site have well equipped Gyms, and the swimming pool in Kevin Street is available to all registered students. College life is 20% academic qualification and 80% LIFE. Live a little and be part of what is the biggest and best social and sporting scene in third level Ireland!

Societies Annual Events to look out for:

DIT Drama Week - March 2001, DIT Arts Week - March/April 2001,
DIT Mountjoy Square Art & Design Week - March/April 2001

Competitions/Festivals

Irish Students Drama, Film, Music Awards
DIT Annual Societies Awards the winners of which will go to represent DIT at the Annual AIB National BICS (Board of Irish College Societies) Awards

Categories include: Best Society, Best Event, Best New/Improved Society and Best Society Individual, an award that DIT has won for the last two years.
In the Careers Service we aim to provide a programme for you to enable you to devise a strategic career plan, and to start acquiring key skills to ensure your employability. Your working life will take up such a huge part of your life, ensuring that you follow the correct career path is vital.

From the time you enter into first year, you will start to develop a range of key skills. From here through collaboration with academic staff, the careers service aims to enable you to build on this range of skills so that you leave 3rd level education as a rounded graduate with a variety of both technical and key transferable skills.

What is a career strategy? A career strategy is the formulation of your career aspirations into a flexible plan, it will take into consideration your abilities, personality, interests, the economic climate, lifestyle and ambition.

So, how can we enable you to form a career strategy?

It can be broken down into 4 main areas that we provide

- One-to-one guidance
- Opportunities to meet with employers e.g. organising career fairs, employer presentations, providing information on employers that regularly recruit graduates.
- Careers information - we have a well stocked library located in DIT 30 Upper Pembroke Street which is open every day 9.30 - 5pm with relevant and up to date publications

Finally we carry out a careers education programme, through Collaborative projects aimed at embedding key skills into the curriculum and projects enabling you to devise a career strategy.

Stand alone modules - which aim to equip you with job search skills in order to be able to avail of opportunities that arise e.g. devising CVs, interview skills, familiarity with psychometric testing.

DIT Careers Service is staffed by six professional career consultants and two administrative staff.

Students who would like to discuss personal career issues with their Careers Consultant should make an appointment by contacting the appropriate person below, or by making an appointment directly through the Students' Union.

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<thead>
<tr>
<th>Faculty</th>
<th>Consultant</th>
<th>Phone</th>
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<tbody>
<tr>
<td>Applied Arts</td>
<td>Dave Kilmartin</td>
<td>4027500</td>
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<tr>
<td>Built -</td>
<td>Carol Kelehan</td>
<td>4027503</td>
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<td>Environment</td>
<td>Carmel McDonald</td>
<td>4027503</td>
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<tr>
<td>Business</td>
<td>Laurence Whitson</td>
<td>4027501</td>
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<td>Engineering</td>
<td>Eileen Fitzpatrick</td>
<td>4023351</td>
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<td>Science</td>
<td>Christiane Brennan</td>
<td>4027504</td>
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<tr>
<td>Tourism &amp; Food</td>
<td>Jill Barrett</td>
<td>4027502</td>
</tr>
</tbody>
</table>

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Email:(general) careers@dit.ie
Website: www.dit.ie/admin/careers
The last word in beer
The Abbey Abbey Street
Named after the street it's on, this pub deceives the eye due to it's surprisingly large interior. The wooden theme inside lends itself to the cosy yet lively atmosphere. It offers live music entertainment for those of you looking for the typical Irish night out.

BackGate Cathal Brugha Street
Open 7 nights a week and with a late bar at the weekend the BackGate is both bar and nightclub alike. For all you all-night party goers with hungry hangovers it opens before 9am for the all too familiar and popular Irish fried breakfast. 'Always something happening' is their motto so go along and check it out.

Bodkins Bolton Street
This is a pub that earned a serious reputation as one of the pubs in the DIT social scene of last year. This pub really caters for the students in a big way. The proprietor Colm Bodkin welcomes all students and certainly goes out of his way to provide a top quality pint at a reasonable price. When it comes to Freshers week and Rag week, Bodkins of Bolton St. is sure to be a Rockin' and a Rollin' all night long. Friendly staff, good beer, late bar and good music makes Bodkins a must for the student that likes a good night out.

Bruxelles Harry Street
Perfect for a drink in the sun. On a sunny day Bruxelles lay out the tables and chairs right outside the pub. Inside is a different story. Downstairs is extremely dark, and loud, rocker type music is blared from the speakers.

Dicey Reilly's at the Russell Court Hotel Harcourt Street
This is a great place for those of you who like a good down to earth, old-fashioned pub. An excellent place to go during the day for a nice pint or a bite to eat, as they have a great menu. The best feature this bar has to offer is its massive Victorian style beer garden. The garden has trees, lots of seats, a beautiful water fountain display and a large open pit barbeque.

Devitts Camden Street
Devitts is a great bar, with beautiful Guinness and friendly staff. Always popular with Kevin Street students. The upstairs section is also available to hire out.

Sidewalk Café Cathal Brugha Street
Great hot food, not expensive. The place to sit down and relax after a hard days study! Perfectly located, straight across from the college. Plenty of space to dance, and a big thing these days, friendly bouncers. Late bar, and live music every Wednesday night.

Drumms Exchequer Street
This large pub just off George's Street is a real comfort zone with friendly staff and big comfy sofas. Drumms serve an excellent array of cocktails, but it must be said that their pints are not the cheapest in Dublin.
/ Flannery's Wexford Street
The newly renovated Flannery's have reopened with a new back area downstairs and a totally refurbished upstairs section. Flannery's is popular with the older students and gets a great crowd in, particularly at the weekend. Always a great place for food and they serve drink until 2am.

/ Hill 16 Gardiner Street
The Second home of the Mountjoy Square student, Hill 16 is less than a 5 minute walk from O'Connell Street and is a student friendly as ever. An excellent selection of pub food from tasty carvery dinners to toasted sandwiches and at a reasonable price too! Whether it be for a few drinks or a bite to eat Hill 16 is another must for all students.

/ Planet Murphy's Bar and NightClub Camden Street
Possibly the most student friendly bar and nightclub in Dublin, Planet Murphys are open seven days a week with a late licence every night. The venue is divided over two floors, with a capacity of 2,500. You are almost guaranteed to meet people you know anytime you go there.

The majority of the crowd are students and the management and staff are very student friendly. The big night for students of Aungier St. and Kevin St. is Wednesdays where Planet Murphys plays host for the number one student night in the city. Half price and no queue for south DIT students plus £1.50 a drink all night makes this an unmissable weekly event. Once you are in you will have access to both pub and club.

Downstairs in Planet Murphys the music is generally commercial chart hits with a few classics thrown in. Upstairs in the Palace the music is mainly dance orientated with the DJ playing commercial house and trance. There is a large dance floor and the light show is a visual treat, with lasers, strobes, UV lights, and strip lighting along the ceiling. This is always a great place to meet people and have a good time.
Quinns Drumcondra
Quinns, on Drumcondra Road, is as popular as ever with students from Bolton Street, DCU and Mountjoy Square alike. Right in the heart of the Northside Student accommodation area, it's a great place to go and get to know your neighbours. Always a great spot to be on match days in Croke Park, especially for all you away supporters.

Ryans Camden Street
This quaint pub on the corner of Camden Street is a handy option for a quiet drink after those exciting lectures. Ryans is also a good spot for the Monday night Football, and you can usually find a seat with a satisfactory view of the match.

Shooters Parnell Street
This is a pub/disco and we sometimes host some of our nights out here. It is situated in the Parnell Centre beside the UGC Cinemas. It's a great venue as the interior is spacious and comfortable.

Shakespeare Parnell Street
Home to the best Guinness around, the Shakespeare is as student friendly as ever and for all you sport fans, Premiership games are shown regularly. These are usually in conjunction with drink promotions. It's a popular spot with Northside DIT campus sites. Friendly staff add to the good atmosphere. Ask for Eugene if you have any problems at all.

Fraizer's, O'Connell Street
It has four floors with a lot of room to move around. They have a late night disco called Gas Works. The pints are good and the price is reasonable. They also serve a carvery lunch and have an evening menu from which I would recommend the Chicken Baguette!!

Legends of Sound, O'Connell Street
It is part of the Gresham Hotel and is quite a vibrant pub. It serves hot and cold lunches. The food is very appetising with a menu consisting of soup, sandwiches, baguettes and the usual burger and chips job!

GUBU - Capel St.
In keeping with the renaissance, GUBU is a great looking "trendy" pub. It's door policy is friendly as long as you have ID and because no-one is really sure what's trendy at the moment, there doesn't seem to be a dress code. Prices are a little high but its worth it for the open atmosphere and excellently stocked jukebox. A must on the Capel st. pub crawl, the straight friendly label is a little confusing but just try and forget that.

JACK NEALONS -Capel St.
Situated across from Gubu, Nealons is a delightfully charming pub. A great place for soup and sandwiches at lunch time, it becomes a happening nightspot any time after six. Upstairs is situated a second bar with comfortable leather seating (isn't it always), and a good atmosphere. The layout and style of Nealons makes it seem like your at a party and with the right crowd that's exactly what you get!
FireWorks Pearse Street
The newest edition to Dublin's recent burst of trendy late bars, Fireworks stands tall on Pearse Street with its three floors of state of the art facilities. With some of the best dance music around, it is a definite must especially at the weekends. Go early to avoid the long queues, even if you leave it too late don't be scared of by the queue because it's well worth a visit.

The Clarendon Clarendon Street
This pub would suit a quick daytime pint. The Clarendon is a very small pub but is very accommodating and cozy. It also serves up some tasty pub grub.

The Kings Inn Bolton Street
Always a favorite haunt for the architecture students, The Kings Inn is a cozy little pub with a good atmosphere. For those of you who remember this is where we ran our very successful karaoke every Tuesday night. Staff are friendly and the management accommodating. No doubt there will be many a good night had here over the coming year.

The Madison Rathmines
A new trendy addition to the pub scene in Rathmines. Great back bar and a very comfortable upstairs section. They also do some very tasty food during the day not cheap but not bad value either.

The Porterhouse Temple Bar
Microbrewery pub, worth going to sample all the different beers and stouts, just to see if you like one. Good place to meet people from around the globe, brilliant live music and friendly staff make for a great pub. Noisy enough for a good laugh and quiet enough for a chat.

Graces Rathmines
Located across from the Grada station Graces combines an old style bar downstairs with a lively student venue in the loft(upstairs). Recently taken over by an ex DIT student it promises to be a great addition to the southside student scene. Very good food served all day and their breakfast has to be sampled, a hangover cure from the gods.

Zanzibar Lower Ormond Quay
Located on Lower Ormond Quay, Zanzibar is one of the more exclusive hot spots in Dublin City Centre. It's a frequent haunt of visiting celebrities and would be well suited to the more mature student. Along with its late bar 7 nights a week it has a strict door policy so dress to impress!
night clubbing

Club 92 Leopardstown Racecourse Complex
Club 92 can be located in the Leopardstown Racecourse Complex. A bit far out but well worth the visit. Good lively atmosphere and good music. But beware the door policy is quite strict, it is better suited to the older more mature student so always dress to impress.

Rí-Rá Dame Street
For a change from the norm, Rí-Rá is the place to be. Chilled out and comfortable, Rí-Rá plays some of the funkiest sounds around. Pinball and Fussball tables add to the fun if the music is not to your taste so either way go along a check it out you won’t regret it.

Temple Theatre St. George’s Temple Street
Only 5 minutes from Dublin City centre, the Temple Theatre is one of the biggest and best clubs in Ireland. A converted church, it’s mix of gothic architecture with the best in dance music makes for a unique and unforgettable clubbing experience on all three levels - balcony, main auditorium and the atmospheric Crypt. As well as MIA on Wednesday’s Temple Theatre presents the Rhythm Corporation, Dublin’s best and freshest RnB night on Fridays featuring stars such as Trevor Nelson, Dodge and Puff Daddy.

Downstairs in the crypt, Pasha resident Darren Flynn plays host to an innovative night of progressive house and hard Tech Trance each and every Friday night. Saturday night sees Ireland’s very own super club, Sp@ce, bringing the very best Dance DJ’s to the venue. Previous headliners include Pete Tong, Tall Paul, Mauro Picotto, Seb Fontaine and Judge Jules. To add to this, the Temple Theatre has 4 bars with full bar extensions.

The established student venue
Late night 7 nights a week

Pegs Nassau Street
This club is situated in the basement of the Kildare Hotel. It is a relatively small club with very low ceiling (so no jumping too high on the dance floor). Although Pegs is a small club, it can create atmosphere as good as some of the bigger clubs in Dublin. Watch out for their Monday night drink specials!

The Pod and Red Box Harcourt Street
The Pod is a well renowned spot for big name DJ’s such as Nick Warren and the like. If you are into hardcore dance music then this is the place for you, however, the dim lighting and lack of seating makes it an unpopular location for the less fanatic of dance fans. The Red Box is the larger brother of the Pod located above it.

The last word in beer
Club M Temple Bar
The place to go with your mates, have a few drinks and a laugh. Club M plays a wide range of music from chart to dance to the golden oldies, depending on which night you try to get in. Not to everyone’s taste, but go along and find out for yourself. One night you get in and the next you don’t.

Velvet Harcourt Street
This venue is located in the basement of the Harcourt Hotel. It is a relatively small club, but nevertheless they put on some good student nights, which usually create a good atmosphere. There are, however, very few seating areas for those of you who like to take a rest from your dancing.

Sidewalk Music Bar & cafe
cathal brugha street
Reg promos and live music
Sanctuary
New club every Saturday with top UK DJs
Don’t forget our new Indie club on tues nights

Tramco Rathmines Road
Good venue with plenty of dancefloor space. The balcony surrounding the dance floor give the essential bird’s eye view. Lots of counter space and also some comfy seating. Handy if your out late around the Rathmines area. Supposed to be a very good place if you are on the pull, this of course applies to males and females or does it really ?.

Boomerang Temple Bar Hotel, Temple Bar
This club has often been a favourite for student balls and as clubs go it’s pretty good. A good size with 2 bars and an excellent dance floor; this club offers something for everyone. Door policy strict when it comes to dress, must be smart and NO runners, but making the effort to dress up is well worth it. Be careful though, because when full, the club can become very hot and sticky.
Down Under South King Street
Previously Major Toms this place is a very lively venue. Can get very jammers, especially on a Thursday night when the queue is nearly down to Grafton Street. A good venue with a good crowd who are either students or those who have just left college. The lack of an actual dance floor means people just dance where they are and this adds to the relaxed and friendly atmosphere. Has refused very casually dressed students in the past.

Club Anabel Burlington Road
Classy Club is the words that come to mind when Club Anabel is spoken of. Plush interior, plenty of very comfortable seating, a large dance floor and buckets of space makes Anabels an attractive club. All this said watch out for the ever-increasing drink prices.

Break for the Border Lower Stephen's Street
Three floors of music, but the door policy is over 21s. Good music and dancing on the first floor. Theme restaurant upstairs with pitchers of beer, cocktails and large portions of meat. Generally free admission to the nightclub from the restaurant.

Isoldes Tower Off Parliament Street
Live DJs and dancing until 2am seven nights a week. Space can be a bit tight although the friendliness of the service makes up for it. No cover charge and only a short walk from Temple Bar make this a convenient choice for late night bear.

Sinnotts South King Street
Conveniently located just off St Stephens Green it generally has a good atmosphere although infrequent cover charge can be a bit of a bummer. Mostly full of desuitied suits types from local offices.

Eamon Dorans Temple Bar
Dublin's premier live music venue for up and coming bands. Late seven nights a week with live music until 11 and a disco afterwards. Cover charge varies from £3 to £5.