LDTF & RDTF Community Reps Seminar

April 4/5/6 2008

Killeshin Hotel, Portlaoise

Hosted by the **NDST & IDG Community Reps**
Facilitated by **CityWide** Drugs Crisis Campaign

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Liam O'Brien's presentation is available on the CARP website: www.carp.ie

Minister of State Pat Carey T.D
Opening of LDFT/RDTF Community Representatives Conference

I am pleased to be here this evening to open this Drug Task Force community representatives conference to discuss and formulate your views on the responses and actions needed to address the drug problem in our communities, and to make recommendations on how communities can continue to play a lead role in developing, planning and delivering our National Drugs Strategy.

I am delighted to see this level of engagement and I am sure it will prove a very valuable exercise for you. I have no doubt that your exchanges, and the opinions formulated on foot of your discussions, will make a significant contribution to the work of the Steering Group that I appointed in January.

While our key focus is obviously on the development of a new Strategy, I think it is important that, during the process, we develop an overview of what has been achieved to date and what still needs to be done - and to learn the lessons from the implementation of the existing strategy. Real progress has been achieved under the existing Strategy including:

- The programmes developed by Local and Regional Drugs Task Forces and the capital projects developed under the Premises Initiative Fund
- The level of drugs seizures by the Gardaí and the Customs Service has been well in excess of the targets set out in the Strategy and they include a number of significant operations;
- Under the prevention pillar, the SPHE and Walk Tall programmes have been rolled out to all schools; awareness campaigns have been organised and tremendous achievements have been made under the Young Peoples Facilities and Services Fund;
- Treatment facilities have increased significantly, with approximately 8,600 now in receipt of methadone, and a range of services are being provided across the statutory, voluntary and community sectors for various types of problem drug use; and
- Research in areas such as drugs prevalence, the outcome of heroin treatment, families and drugs, the effect of drugs on communities and cocaine issues have all helped to inform our progress.

But there are significant areas where additional progress is necessary. I am particularly keen to ensure that the recommendations of the Report of the Working Group on Drugs Rehabilitation are implemented, as committed to in the Programme for Government. Recently, the HSE agreed to recruit a Senior Rehab Coordinator and to establish the National Drug Rehabilitation Implementation Committee and I will be pushing to ensure that this is done speedily. There will be a continuing focus on rehabilitation over the coming years and I hope that establishment of the Committee will act as a catalyst for real inter-agency co-operation, with a continuum of care approach for those recovering from problem substance use.

The overall collaborative and partnership approach of the statutory, voluntary & community sectors makes a significant contribution to the roll out and effective running of drugs programmes. This partnership approach has been a key element in achieving the progress that we have made so far. While a continued partnership approach is critical to our future success, we now have an important opportunity to look at the structures through which we deliver that partnership and to consider whether there are different and more effective ways of achieving our goals.

The community sector role has been particularly important in the successes to date of the National Drugs Strategy. Your local communities have experienced at first hand the devastation that drugs can inflict. You are in the front line. Your knowledge in that regard is acknowledged and your views will continue to be listened to and valued.

I have no doubt that a wide variety of opinions will be aired here over the next two days on the direction that a new Strategy should take. The development of this new Strategy gives all of you an opportunity to voice your views and I believe that "everything is up for grabs" in relation to developing a new Strategy. However, it will be challenging to formulate overall views. This will also be the case when recommendations on the Strategy are being finalised at Steering Group level.

The drugs situation in Ireland is constantly evolving and we must continue to be flexible in our attitudes, structures and policies so that we can adapt our approach to meet whatever challenges arise.

In this respect, it would be my ambition that the next Strategy will be adaptable enough to effectively deal with current trends, along with any new trends as they emerge over the 8 years involved. There is no readily available solution to the overall problem. Illegal drug use is a global issue and no country as succeeded in coming to terms with all dimensions of the problem. If any country could provide a ready-made solution to this problem, then we would all be implementing it.

As part of the development of the new National Drugs Strategy it is very much a priority to get the views of as many people as possible. We are undertaking a comprehensive consultation process to achieve this. More than 40 meetings have been scheduled, including public meetings around the country, meetings with all of the key Government Departments and Agencies along with the key sectoral groups. There will also be a number of meetings with appropriate focus groups.

A Steering Group including representatives of all relevant agencies, be they statutory, voluntary or community, has been established in order to oversee the development of the Strategy. I see that forum as being central to drawing the different strands together to create the new Strategy, and I know that your representatives will be central to that process.

I am sure our paths are going to cross regularly over the coming months as work on the new Strategy takes shape. I am sure many of you here this evening will be playing a role and I know that you will take the opportunity to contribute to making this work a very worthwhile exercise.

In conclusion, I wish you all well and hope that your Conference proves a very worthwhile and successful. I have no doubt that the outcome of your discussions will contribute in a very significant way to the deliberations of the Steering Group.

Supply Control. Johnny Connolly, Health Research Board

What do we know about drug markets and drug-related crime in Ireland?

- Of great public concern but very poorly understood (data limitations and research)

- International, middle and local markets
  - Can be open or closed (familiar/strangers – on/off street – clubs, bars, mobile phone - which affects local impact & policing and treatment response

- Local markets
  - Develop in poorer areas
  - Cause massive disruption (intimidation, fear, undermines community/agency cooperation & intelligence led efforts)
  - Can be integrated economically with local community
  - Many in 'community' benefit from them
  - 80% people first introduced to drugs by friend/family, myth of the dealer at the school gates

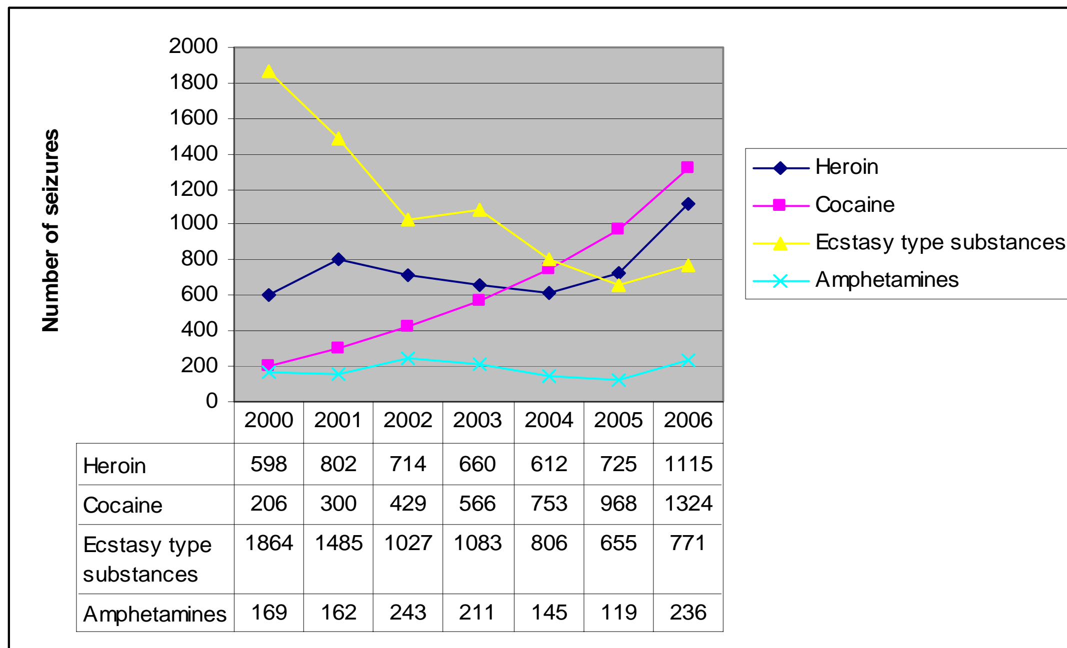
What do we know about supply control in Ireland?

- Very heavily resourced (Customs, police, courts, prison etc) but very poorly understood (data limitations, research and evaluation)
- Police interventions seek to disrupt dealer activities, reduce and deter dealing and thereby reduce supply
- Try to reduce novice drug use by making purchase more difficult and risky
- Community seeks action against open street level markets - anti-drug marches
- Community seeks evictions and convictions

Is supply control working?

- Drug strategy measured by seizure number and volumes
  - Continue to increase but a measure of police activity not necessarily effective supply reduction
  - Could be due to greater availability and use of drugs (survey prevalence and treatment data
  - Prices continue to fall
- Arrest, offence and conviction data
  - Approx 60-70% for cannabis possession & use
  - Some evidence for disruption & displacement of market activity
  - Most of those imprisoned for drug-related crime, due to addiction and for short prison terms
- Is community reassured?
  - Difficult to measure but community studies and anecdotal evidence don't inspire optimism

Trends in the number of seizures of selected drugs, excluding cannabis, 2000–2006



	2000	2001	2002	2003	2004	2005	2006
Heroin	598	802	714	660	612	725	1115
Cocaine	206	300	429	566	753	968	1324
Ecstasy type substances	1864	1485	1027	1083	806	655	771
Amphetamines	169	162	243	211	145	119	236

Getting real about supply control

- Third biggest market globally after oil and arms
    - Global value $94 billion, $24 billion for wine and beer $21.6 billion for tobacco
    - Street prices far higher so massive profits to be made from drug dealing
    - Retail value four times higher than the wholesale value
- Little evidence supply control efforts have long-lasting impact on dealing levels – some evidence of containment/ displacement
    - Estimated that seizure of 10–20 per cent of the drugs in circulation
    - Amount undetected means long-term impact of successful enforcement will be minimal
    - UK study suggests that 80% need to be seized to have any real effect
    - Drug distribution systems adapt quickly, so arrested dealers will quickly be replaced
    - Demand inelastic for problematic drug users, relative to moderate or recreational users, and increased prices may simply lead them to engage in greater levels of crime in order to pay the higher prices

Supply control & harm reduction

- Traditional approaches unsustainable, generally un-measurable and often counter-productive
- Supply reduction and demand reduction can contribute to overall harm reduction
- Need to re-examine rationale of street level policing
  - Intensive enforcement can increase risk of harm to users
  - Some police activity can discourage treatment
  - Some community demands can increase harms (e.g. evictions can increase social problems)

Towards evidence-based law enforcement

- Effective strategies combine attempts to disrupt local markets, with attempts to divert drug offenders into treatment services
- Can reduce drug-related harms to individuals and communities.
- Police enforcement & treatment can be targetted at defined geographical market or group of offenders (eg travellers/ persistent offenders)
- Police sensitivity to drug service provision
- Police arrest referral can work if treatment is provided
  - Depends on available places (3 weeks in UK)

Ag smaoineamh taomh amuigh den bosca

- Growing evidence & consensus that partnership working offers the most sustainable method of responding to many drug problems
  - Community Fora in Ireland

- Strategic thinking and long-term planning
  - target and link enforcement action to treatment provision

- In-depth problem analysis and problem solving approach
  - Collaboration in finding solutions

- Partnership between agencies and stakeholders including local communities
  - Coordination and communication systems

- Monitoring and evaluating outcomes

Local policing fora – the infrastructure for a new approach

- Background and current status
  - An Irish approach informed by other experiences
- Minimum requirement is accurate and relevant data (GNDU, NDST, CSO, NACD, HRB, other??)
  - Numbers referred to treatment/ pre-post intervention analysis
- Discussion - How to progress Action 5 of National Drug Strategy

- How to ensure the potential of policing fora is realised
  - Political imagination
  - Resource issues
  - Learning from best practice – EXASS Net/ Euro Forum Urban Safety

- Focus on community safety and protection
  - Local-based analysis and solutions (dealing with hotspots)
  - Building links
  - Preparing for roll-out of local policing fora

Developing Community Level Indicators for Problem Drug Use - Dr. Gemma Cox, NACD

Structure of Presentation

- **What are Social Indicators?**
  - Definition of social indicators
  - Types of social indicators
  - Function of social indicators
  - Key indicators for (problem) drug-use prevalence

- **Community Level Indicators**
  - Definition of Community Indicators
  - A Community Drugs Study' (Loughran & McCann, 2006)
  - Community Indicators for Problem Drug Use

- **Challenges to Developing Community Level Indicators**

What are social indicators?

Social indicators are needed to find a pathway through the maze of society's interconnections. They delineate *social states*, define *social problems* and trace *social trends*, which by *social engineering* may hopefully be guided towards *social goals* formulated by *social planning* (Rice, 1974)

- Social indicators are statistics which, similar to economic statistics of the national accounts, are intended to provide a basis for making concise, comprehensive and balanced judgements about aspects of well-being & welfare within society.

Types of social indicators

1. **Objective social indicators**: statistics which represent social facts independently of personal evaluation
   - Unemployment rate, Crime rate etc.
   - Treatment demand: no. drug users in treatment
   - Housing tenure: no. of local authority dwellings

2. **Subjective social indicators**: emphasise the individuals perception and evaluation of social conditions
   - Satisfaction with service provision & deliver
   - Perceptions of community safety: fear/safety in public places
   - Satisfaction with maintenance of local environment

Objective indicators based on consensus
Subjective based on the premise 'quality of life in eye of the beholder'

Function of social indicators

•Administrative function: produced according to the major functional service provision roles of government departments.

•Descriptive function: provide empirically valid measures of key dimensions of human well-being.

•Analytical function: monitor social change over time, and across different population groups and areas.

•Policy function: provide information on effectiveness of policies in tacking specific issues, and inform policy development and resource allocation.

Indicators of drug-use prevalence

Direct Measures of drug use

•Prevalence Studies: i.e. General Population Surveys, School surveys
•Studies of 'high risk' population groups: e.g. prisoners, the homeless

Indirect Measures of drug use

•Drug Treatment Data: i.e. HRB-National Drug Treatment Reporting System; CMTL
•Data on Drug-Related Mortality: i.e. HRB National Drug Related Death Index
•Data on Drug Related Morbidity: i.e. health related data including HIV, HCV,
•Police & Criminal Justice Data: i.e. offences under Misuse of Drugs Act.

What are Community Indicators?

A limited, yet comprehensive set of coherent and significant social indicators, which can monitor over time, and which can be disaggregated to the level of relevant social units (i.e. 'community')

•Concise (brief but comprehensive) set of appropriate indicators
•Indicators need to be consistent for all spatial units
•Indicator data needs to be consistent over time
•Indicator data ought to be timely

The Community Study (Loughran & McCann, 2006)

•Aim: To capture communities experiences of the drug problem since 1996 with a view to informing the development of a set of community indicators of community drug problem.

•Location: 3 communities with varied social and economic environments.

•Results: A portrait of a community drugs problem emerged from the study that the current indicators of drug problems does not capture – including increased polydrug use, alcohol misuse/public nuisance, open drug dealing associated with violence/intimidation, fear/safety in public place.

Community Indicators

1. Treatment

Indicators: NDTRS, waiting lists for treatment*, prevalence of alcohol/drug use while in treatment, client satisfaction with services*

2. Health

Indicators: Drug use locally*, drug/alcohol affected births, alcohol and drug-related A&E visits, drug/alcohol related deaths, incidence of HIV & HCV.

3. Housing

Indicators: housing tenure, maintenance i.e. no. complaints received, no. of request for transfer, tenant participation & satisfaction*, use of public space, drug/alcohol specific incidents, levels of homelessness

4. Education

Indicators: School drug prevalence surveys, suspension & expulsions from school for alcohol/drug use, attendance records, literacy levels.

5. Justice & Law Enforcement

Indicators: Headline & non headline crimes, perceptions of safety, reporting of crime, experience of crime, local drug markets.

6. Social Capital

Indicators: Informal social support networks, informal sociability, community participation/volunteering, political participation, trust in institutions.

The Challenges

•Disaggregating data

–Data not always available at a local /community level

–Data that are available may be extremely sensitive when disaggregated, which can lead to further stigmatisation of a community, or individuals/families therein.

–ED's are a starting point – but do not always reflect the geographical boundaries as perceived by the community or by organisations within the catchment area.

–For data to be available at small geographical levels need postal code system with point level X/Y coordinates

–Disaggregating data needs to happen at a pan-government level. Therefore infrastructures need to be developed across government department and subsidiary agencies.

•Data Collection

–Inconsistency across data sets about boundaries/areas covered in collection process (Garda divisions/districts, RDTF areas, HSE administrative divisions, Local Authorities, City Councils)

•Frequency

–Ranges for annual to every five years

•Immediacy

–Delays in getting data to print and/or available to communities.

•Relevance

–Must look at community concerns.

Sinead Smyth, Pavee Point
Travellers: A community of interest?

Who are Travellers?

- Travellers are a minority ethnic group who have a long shared history and value system. They have their language, customs and traditions. The distinctive Traveller lifestyle and culture based on a nomadic tradition sets Travellers apart from the settled population

What is a Community of Interest?

- It is not a **geographic community** but it is a group or community who may have shared identity, experiences and in some cases purpose e.g. Travellers, ethnic minorities, women, young people, drug users, gay people, homeless people(another term often used is **target groups**).

Communities of interest live in and are members of geographic communities so they have a range of identities and experiences e.g. Traveller living in a local area who is a drug user

Challenges of being a CI?

- In community development work Communities of interest are groups who experience inequalities, discrimination and social exclusion etc

- CI are often under represented in policises and service delivery, often have high levels of social exclusion and particular needs to that group so active measures re services and policies need to be put in place to ensure they are included

- General or universal approaches to services or policy may not take consideration of their needs e.g. NDS one action re Travellers and no mention re their inclusion underpinning the whole strategy

- Always having to advocate to have your issue on the table or to be discussed and justifying this e.g. arguing for Traveller representation on drug task forces and getting told if you are not there then your issues wont be reflected

- Burn out of CI reps who are on a range of committees representing their community

- Equality Costs?: Being told we treat everyone the same which is **not Equality**, we can't do something different for every different group, resources are not available this year, no policy or funding impetus to do it (this is also the case in relation to drug issues)

Targeting Vs. Mainstreaming: often have specific supports but no change takes place in the mainstream

- Targeted: Funding has been made available for targeted initiatives to the Traveller community which can make huge differences, however, with very little or no mainstream changes taking place e.g. drug policy, drug service delivery, Traveller employment within mainstream services, CR, drug policy e.g. Travellers being part of community networks; drug services and policies naming particular actions for Travellers and inclusion within the overall planning of services. The targeted initiative can have little impact on their own without the above happening.

Traveller Agenda: NDS +

- Being linked into Citywide and being supported by community reps
- Commitment by Director who was clearly interested and had experience working on Traveller issues in the past
- Slow incremental changes e.g. RDTF guidelines naming target groups such as Travellers was reflected in 9/10 area action plans (happened quicker than local), the completion of the NACD report and commitment to an action plan
- Overall we would say there needs to be a big push within the NDS to support equality issues as current policy commitments are ad hoc and piecemeal.

Traveller participation in the NDS+

Increased funding to local Traveller organisations to work on drug issues and two Traveller men have been employed to date as drug workers

- Increased Traveller **participation** on drug task forces e.g. East Coast sub group, Midlands, Dun Laoghaire Rathdown
- Negative: No national 'space' for Traveller orgs to feed into however we do currently link into community rep on NDST and meet with NDS on a number of occasions in the year

Community Networks+/-

- Could provide a real space for Traveller inclusion particularly where Travellers/Tr organisations not in a position to have direct representation
- Building solidarity among all community reps looking at shared experiences and supporting each other's issues and common issues (building consensus) Traveller issues represented by all reps
- Would give Travellers an opportunity to learn from other community reps (hone skills)
- Negatives: Non existence/not many community networks in some areas
- Traveller organisations being asked to join voluntary networks instead of community networks

Next NDS: Challenges Ahead

- Inclusion of Equality and Intercultural issues and how will this **practically** happen? It has to be put **into policy and a chapter of the next NDS should state clearly how these issues will be addressed.**
- **National forum on equality and intercultural issues** e.g. families, drug users, Travellers?
- Different groups have different service needs, experiences but there is common ground and overlap, communities **need to build on common issues while support diversity its not either/or**
- **Solidarity:** communities supporting equality, the review of the NDS in 2004 had one mention of Travellers and homeless people in 2008 we need a strategy that states its commitment to the whole community and all its interest groups

LDTF/RDTF Community Reps Seminar 5/04/08

Notes from Supply Control Workshop

Priority issues.

- Dealing with supply control is not just about policing, it requires a multi-agency approach. The multi-agency approach should include the Gardai, local authorities, Probation Service, Customs, HSE, Courts Service and community representatives. Overall co-ordination should take place through involvement of these agencies and the community in the Supply Control sub-committee of the Drugs Task Force.

- The work of the Gardai in disrupting the supply of drugs needs to be linked more directly to provision of treatment and support services for drug users. When Gardai come into contact with people who are involved in drug use, there should be formal systems like arrest referral in place.

- There are significant levels of fear and intimidation in communities as a result of the activities of people who are selling and supplying drugs. This affects all generations in the community, including elderly people, who are not usually taken into account in drugs strategies, and who can be badly affected and their lives made a misery. Fear in the community is a huge barrier to involvement by the community in responding to the drugs problem and in co-operating with the Gardai and we need to look urgently at how it can be addressed.

- When people do report drug dealing activities to the Gardai, they often don't see any outcomes or follow-up. There is a need for accountability on the part of the Gardai, the Courts Service and other supply control agencies for the effectiveness of their activities.

- The inconsistency in sentencing by judges in drug related cases gives the impression to communities that judges can do what they want and that they are completely out of touch with the situation on the ground. There is a strong sense that judges have no accountability and this needs to be addressed.

- The issue of drugs supply is very problematic in the Traveller community and on Traveller sites, in particular because of the family relationships between those living on sites. There would be suspicion of the Gardai and reluctance by Travellers to get involved with them or to be seen to get involved with them.

- Communities have long been demanding that the money collected by the Criminal Assets Bureau should be returned to the communities from which it was originally taken by drug dealers and be re-invested in community services and facilities. A previous Minister for Justice said that the Government's approach was to provide adequate funding for drugs initiatives through mainstream funding and the CAB money wasn't needed, but this is clearly not the case. Dept. of Finance has also had objections to ring-fencing money, but there are examples of ring-fencing that have worked e.g. plastic bag tax.

- Reps are seriously concerned about the lack of control over the availability of alcohol in their communities and widespread availability is contributing to the increase in alcohol- related problems. The availability of alcohol, in particular off-licence sales in grocery shops, supermarkets and garages, needs to be restricted and the laws in relation to supply of alcohol to underage need to be more strictly enforced.

Priority actions.

Action 1 – Community Policing Fora

Action 11 of the current NDS says "to extend to all LDTF areas and to others areas experiencing problems of drug misuse, Community Policing Fora, taking into account the provisions of the Garda Siochana Bill 2004."

Community Policing Fora must be put in place in all LDTF areas as a matter of urgency. The CPFs should be based on the best practice model as outlined by the existing policing fora in their agreed document (available from Citywide). The general principles outlined in this document are being incorporated into the Dept. of Justice guidelines for Joint Policing Committees.

There also needs to be a discussion on how the model of the Community Policing Fora can be adapted to work in the RDTF areas.

Action 2 – Local policing plans.

Action 8 of the current NDS says "To establish a co-ordinating framework for drugs policy in each Garda district, to liaise with the community on drug-related matters… to be required to produce a drug policing plan to include multi-agency participation in targeting drug dealers."

Each community will have its own particular needs and priorities in relation to policing, within communities there are particular "hotspots". The Task Forces, in conjunction with the CPFs where they are in place, need to carry out research to identify and analyze the problem at a local level. This involves gathering information that is currently available at a local level, identifying gaps in that information and carrying out research locally, with a particular focus on the experience of the local community. There is a need to develop a more intensive and targeted response to the "hotspots", as they are identified at local level.

Action 3 – Arrest referral schemes

Action 13 of the current NDS says "To monitor the efficacy of the existing arrest referral schemes and expand them as appropriate."

The following information needs to be gathered:
What existing schemes are in place?
What evaluation has taken place?
What plans are there to expand the existing schemes?

A national programme of arrest referral schemes should be implemented as a matter of priority.

Action 4 – the Courts Service and the judiciary

The Courts Service should establish a working group, in partnership with the NDST and Drugs Task Forces, to look at how Action 72 in relation to training of members of the judiciary can be progressed.

Pavee Point have developed an In-service Training Pack with the Bar Council, this can be looked at as a possible model of good practice.

Action 5 – dealing with community fears re reporting.
There needs to be an expansion of safe and anonymous methods for people to contact the Gardai in relation to drug dealing and drug related activities in their areas e.g. phone lines, websites, text messaging. These can be developed through the Task Forces and advertised widely in local communities e.g. Dial to Stop Drug Dealing.

Action 6 – Criminal Assets Bureau

The money obtained through the work of CAB, after the seven year freezing period, should be ring-fenced into a fund that will be used for the development of facilities and services in the communities most affected by the drugs crisis.

Action 7 – Inclusion of Traveller issues

Local and regional policing plans must also address the issues in relation to supply control within the Traveller community and each Task Force should ensure that local Traveller reps are fully engaged in the development of the local policing plans.

Prevention Workshop
Saturday April 5th 2008

Q. 1: What are the Prevention priority issues?

Awareness building - advertisements that target local communities/work places/young people/parents

SPHE & Walk Tall – in some areas not being implemented at all and patchy in other areas Parents/Community & teachers should all train together for the delivery of these programmes and locally trained facilitators need to be supported and recognised

Families of new communities need to be supported with culturally specific programmes. We need to work with new community leaders to develop supports.

Children of drug users need targeted supports around the exposure they have to services and the normalisation of drug use, in addition to developmental supports.

YPFS – the catch all phrase of "at risk" meant that this fund is devalued and funding has not gone specifically to youth in risk. The delivery of this fund needs to be examined

Some areas experiencing lack of facilities and are in need of co-ordinated delivery of youth services to prevent duplication

What are the Priority Actions?

1. Audit of how schools are delivering programmes – with local projects or task force signing off on them.

2. There needs to be a Community Rep on the National SPHE Committee

3. Health Promotion that is more focused and websites that are attractive and accessible to different audiences need developing

4. All players have to re-commit to working in full partnership. And the structures need to revert to the original concept.

5. Provision of Facilities where necessary and integration of service delivery.

6. Implement best practice in supporting parents and strengthening families

7. Support for new community leaders to develop culturally sensitive supports

Treatment/rehab Workshop

Saturday April 5th 2008

Issues

- Poly drug use - Cocaine and alcohol but heroin too
- Not enough detox beds
- How successful is methadone?
- People are getting stuck on methadone.
- There is a need for after care
- Detox 5 needs more support and recognition
- There needs to be a community influence in the medical model
- More services for under 18's
- More supports for homeless drug users
- Specialist training programmes for women during pregnancy / child care issues/ day care programmes
- Rent allowance issues
- Community based GP and methadone programmes needed
- Information needed on "mad cures"
- Assessing alternative programmes
- Family care/ treatment
- Alcohol should be included in strategy but monies should not be diverted from drug treatment
- Premises
- Strengthen at Cabinet table
- HSE interpretation of treatment
- Working together depends on the individual doctor
- Drug use and mental health – people fall between the cracks
- Primary health care
- Residential doesn't suit Travellers
- Supporting the minister – post should be in the dept of the Taoiseach

What are the Priority Issues?

- Treatment should be available locally in every community
- Services should meet the need
- There should be a menu of options, for individuals & their families
- There is a need for a shared ethos among professionals – doctors etc and community workers

What are the Priority Actions?

- Implement the NACD recommendations on Drug Use and Mental Health
- Services implemented in areas with little or no services
- Review existing treatment options – what works best
- Detox
- Women
- Implement the rehab report

Role of communities

- Equal partners
- Should have an active role in the delivery of services
- Shared policy of care
- Bring knowledge to services

How have the community reps experienced their involvement in the drugs task forces? Dr Mary Ellen McCann

Research collaboration – CityWide, NDST, UCD.

Overall aim:

◆The research aims to learn more about what the community reps are actually doing on the drugs task forces, and consider if the roles they are carrying out actually have the possibility to contribute to long term change in community drug problems.

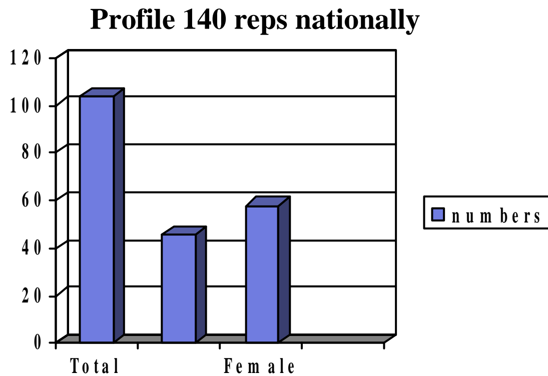
Objectives:

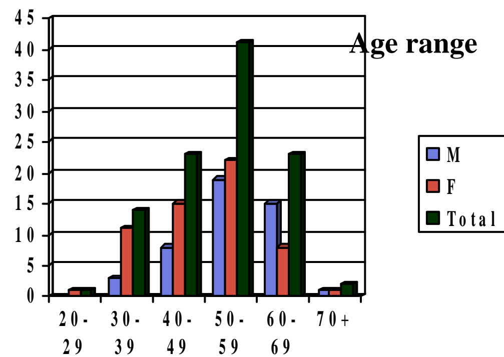
◆To accurately capture what it's been like to serve as a community rep on the drugs task forces, from the perspectives of the reps themselves.

◆To begin the process of preparation for the end of the current NDS, and the introduction of the next strategy.

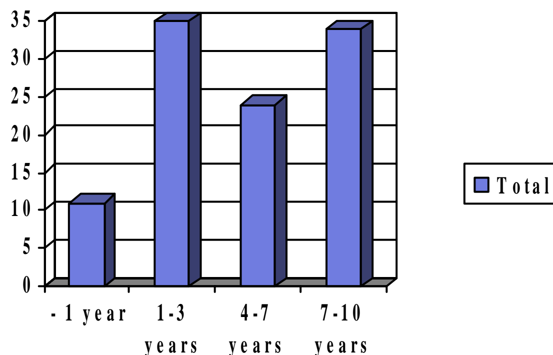
◆Citywide will learn more about what supports the reps need, and be able to make submissions using the findings.

◆The community reps will develop a plan for making submissions into the review

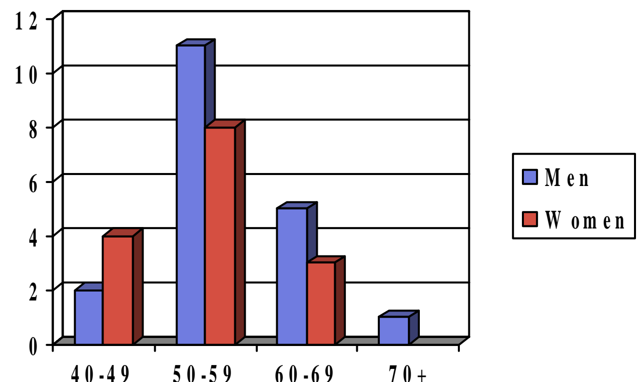




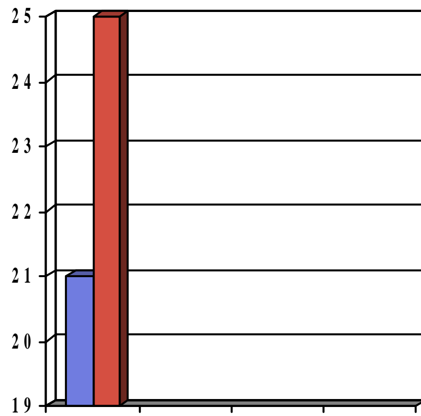
Length of time on task force



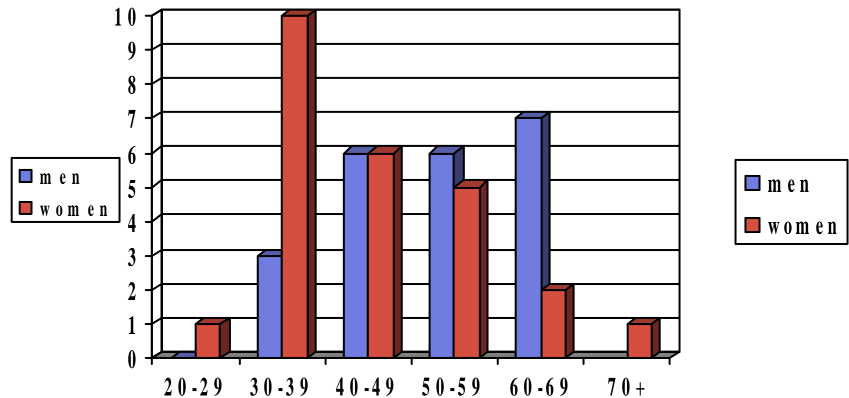
Longest serving by age



3 years and less by gender



3 years and less by age



Structures

How people get on the task force in the first place

- Varies
- Some elected
- Some nominated
- Some chosen/invited
- Some as part of their job

We need to make a comment on this, and think about what we want – take the lead on this.

Time frame

- There doesn't seem to be any particular time frame on representation

Question: should there be, or is it better to leave it open?

Structures for feedback

- Often there are no structures for this
- Some people unclear about who their constituency is
- There are some examples of good structures

Issue: Building structures for feedback and for involving people is difficult

Tasks carried out as part of the role

- Reading documents is now a prominent job in being on the task force
- Attending meetings takes the largest chunk of time
- Drawing up plans takes a lot of time, and may not even get funding
- Informing ourselves, learning
- Dealing with emergencies
- Attending/organising local meetings
- Take the issues from the ground and feed into task force;
- Bring new ideas to the table;
- Support another local person on the task force;
- Bring in value of prevention work;
- Bring in wider thinking – e.g Quality of Life and Community Safety.

Networking with others in the community, and on a regional basis

How does this happen?

- Example CityWide
- Most task forces (Dublin area) have at least one rep who attends regularly
- Is this an organised approach?
- Do they report back to the others?
- How is it decided who attends?

Concerns

- Lack of information and induction
- Not enough time for discussion of local drugs issues in meetings
- Community voice not listened to
- Not able to change the situation
- Lack of follow up on issues
- Concern about lobbying and advocacy role, on broader policy issues

What do you like about being on the task force?

- Puts me in the picture
- Informs my other work
- Moving forward with new ideas
- To feel I'm part of the community
- Learning
- Being part of changing things
- Share my good fortune
- Feel I'm contributing

Community engagement – A self evident virtue?

◆*'There are very few who write about or comment on regeneration, however it is defined who do not claim that public involvement is an important if not essential component of effective and successful regeneration'*

Stairway to heaven or road to nowhere?

(Paul Burton 2003, Community Involvement in neighbourhood regeneration: stairway to heaven or road to nowhere. Bristol, Centre for Neighbourhood Research.)

But

- Practice has often disappointed
- It was embarked upon too late;
- Insufficient resources were provided to make it effective;
- The local environment was not very conducive;
- And key decisions continued to be taken by people not living in the areas affected.
- A gap
- Large hopes and small realities
- Bridge?
- National Standards for Community Engagement
- 10 National Standards

National Standards for Community Engagement (Scotland)

The National Standards for Community Engagement set out best practice guidance for engagement between communities and public agencies. These standards were commissioned by the Minister with responsibility for communities, developed by communities in Scotland and endorsed by statutory agencies.

Each of these standards has relevant indicators. More information can be found at www.scdc.org.uk

10 National Standards for Community Engagement

The Involvement Standard
We will identify and involve the people and organisations with an interest in the focus of the engagement.

The Support Standard
We will identify and overcome any barriers to involvement.

The Planning Standard
We will gather evidence of the needs and available resources and use this to agree the purpose, scope and timescale of the engagement and the actions to be taken.

The Methods Standard
We will agree the use methods of engagement that are fit for purpose.

The Working Together Standard
We will agree and use clear procedures to enable the participants to work with one another efficiently and effectively.

The Sharing Info Standard
We will ensure necessary information is communicated between the participants.

The Working With Others Standard
We will work effectively with others with an interest in the engagement.

The Improvement Standard
We will develop actively the skills, knowledge and confidence of all the participants.

The Feedback Standard
We will feedback the results of the engagement to the wider community and agencies affected.

The Monitoring and Evaluation Standard
We will monitor and evaluate whether the engagement meets its purposes and the national standards for community engagement

The Community Development Process

- Unit of action is the community – define it.
- The development of local leadership
- The use of internal and external resources
- Not only about what is done, but about how it is done

Plan for the development of local leadership

- Don’t leave it to chance
- How will we enable the local people to participate?
- What outcomes are we looking for and how will we define success?
- What methods will we use and what action will we take?

Review

- How good was the community development process?
- How well did the community engagement achieve its purpose?
- Overall, how good was this community engagement?

And did we have some fun doing it??

Final Open Session - Comments from conference participants

- The Primary function of Task Forces has to be drugs
- Get local and young people involved initially in sub groups as they are less intimidating than the full taskforce meetings
- Allowing new reps to shadow existing reps helps to build confidence in the role
- Local community groups need to be strengthened in order to get more local involvement
- It's good to highlight the age profile of existing community reps as it highlights the need to get more young people involved
- There should be a national co-ordinator for induction and on-going training for all reps on taskforces
- There needs to be an induction standard
- There needs to be standards for all partners in the National Drugs Strategy
- Work needs to be put into areas where community representation is not up to full capacity
- The issue of who is a voluntary rep and who is a community rep especially in the Regions needs further attention
- Should Citywide change its name?
- Whose job is it to find community reps?
- Many reps do not feel that the community expertise that they bring to task forces is recognised nor are they treated as full partners

National Structures

Fergus McCabe proposed and that we write to the incoming Taoiseach to look for the re-establishment of the National Structures that were first put in place in 1996 to deliver on the National Drugs Strategy:

- A cabinet sub- committee on Drugs (which should be expanded to include alcohol),
- Appoint a senior minister or a "super" junior who can attend full cabinet meetings to drive the process,
- Re-organise and expanding the National Drugs Strategy structures so as to include alcohol as well as illegal drugs.
- Responsibility for the Drugs Strategy also needs to return to the Dept. of an Taoiseach, so that the full engagement of all government departments and agencies can be assured.